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IS0500B Tuberculosis Risk Screening – Adult Long-term Care Facilities, Group Homes, Mental Health Care Facilities	<p style="text-align: right;">EFFECTIVE DATE: July 2007</p> <p>REVISED DATE: November 2010, June 2016, October 2019</p> <p style="text-align: right;">REVIEWED DATE:</p>
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1.0 PURPOSE

To ensure persons with **active respiratory** tuberculosis (TB) are **excluded** from admission to an adult long-term care facility (including group homes and mental health care facilities) until they have been appropriately treated and are no longer infectious. The Medical Health Officer may make alternative policy decisions based on local disease incidence and prevalence.

2.0 DEFINITIONS

Immune compromised

Immune compromised persons are defined as persons with HIV infection; transplant recipients on immune suppressing treatment; persons with chronic renal failure and/or dialysis and/or other conditions per clinical judgment/consultation with TB Services; persons taking (or about to begin) treatment with immune suppressing therapies such as TNF alpha inhibitors, chemotherapy, or systemic corticosteroids (equivalent of ≥ 15 mg/day of prednisone for 2 weeks or longer)

3.0 GUIDING PRINCIPLES

3.1. All persons entering a facility require screening the for active TB prior to admission **unless:**

- Person stays less than 30 days
 - Person is admitted to a community hospice bed (palliative care)
- (See [Table 4-3b](#), Chapter 4 Tuberculosis, of the BCCDC Communicable Disease Control Manual)

3.2. Screening consists of a symptom assessment, a risk factor assessment and a review of any previous TB testing or treatment in the past. Refer to [BCCDC TB Screening Form](#)

Symptom assessment:

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|---|---|
| <ul style="list-style-type: none"> • Fever* • Night sweats* • Loss of appetite (anorexia) • Unexplained weight loss • Fatigue Cough (dry or productive) for two to three weeks or longer with or without fever or phlegm | <ul style="list-style-type: none"> • Bloody sputum (hemoptysis) • Chest pain • Shortness of breath • Abnormalities on chest x-ray** |
|---|---|

* May be absent in the very young and elderly

** Radiographic presentation can be atypical in clients who are immune compromised

Risk factors assessment:

- Contacts to active cases of TB disease
- Persons born in or travelled to high TB incidence countries
- Current or historical residence in a First Nations, Métis, or Inuit communities
- Homeless or under-housed (i.e. shelter users, those with no fixed address)
- Residents of congregate living settings (i.e. correctional facilities, long-term care facilities, residential treatment programs)
- Immune compromised or illness affecting immunity (i.e. persons with HIV)

Review of previous TB testing history- if any

- Previous TST results are valid if done within the past 6 months and no new TB risk factor or no new TB signs or symptoms present.

3.3. Perform screening prior to the person being admitted to the care facility .This can be done in the person’s home or in the hospital

3.4. Screening can be done within 1 month prior to admission if the person is asymptomatic. If a client’s TB screening is completed, but there is a delay in admission to facility, there is no need to repeat TB screening unless new TB risk identified

3.5. Persons admitted for short term care but **remain** in convalescent or respite care for greater than 30 days will require TB screening

3.6. Depending on the setting, length of stay, and a person’s age, a TST **may** also be required

3.7. TST requirements are as follows:

1. Clients entering an acute, short term detox program (typical stays of one week) do **not** require a TST.
2. Clients entering residential drug & alcohol treatment programs require a TST - which **may** be done after admission.
3. Clients <60 years of age entering an adult Long term care facility (including group homes or mental health care facilities) require a TST which **may** be done within one month of admission.
4. Clients \geq 60 years entering an adult residential care facility do **not** require a TST.

3.8. A chest x-ray is required:

- For persons who have symptoms of respiratory TB disease- regardless of age (based on the screening tool)
- If person has a positive TST - regardless of age
- If the person has a TST contraindication but requires further investigation
- If person is significantly immunocompromised - regardless of age

4.0 PROCEDURE

4.1 Perform symptom and risk assessment using the [IH Tuberculosis Risk Screening for Long-term Care Facilities, Group Homes and Mental Health Care Facilities form #811217](#):

- The Home Health Nurse performs for persons in community
- The Transition Liaison Nurse performs for patients in hospital
- Mental Health staff perform for persons entering mental health care facilities
- Can be done within one month prior to admission if person not symptomatic

4.2 For all persons who are less than 60 years old a tuberculin skin test (TST) must be done, unless contraindicated*

- Person doing the client assessment completes all sections under Part 1 and 2 of the [BCCDC TB Screening Form](#)
- If client is in the community, refer client to Public Health Nursing for TST
- If client is admitted to hospital, nursing staff will perform the TST

*Contraindications for a TST include prior allergic response or severe reaction to a TST, previous positive TST reaction, previous reactive IGRA (interferon gamma release assay), previous active TB disease and burns or eczema at test site

4.3 For persons who are 60 years and over:

- With no symptoms of respiratory TB disease, no further action is required

4.4 Process for having chest x-ray done

- Person doing the client assessment completes all sections under Part 1 and 2 of the [BCCDC TB Screening Form](#)
- Ensure that the most responsible physician's (MRP) name is listed on the form
- Ensure that the name of the person who needs to receive recommendations back is listed in the "Additional Comments" section (i.e. 'Please send recommendations to Jane Smith, Home Health Nurse'; include mailing address)
- Send the last page of the BCCDC TB Screening Form with the client to the radiology provider (this page automatically populates when information is entered electronically into Part 1 and Part 2 of the form)
- Send the first page of the BCCDC TB Screening Form to BCCDC TB Services
- Recommendations from BCCDC TB Services are communicated back to providers via the BCCDC TB Screening Form and/or physician narratives
- If a chest x-ray is required, refer person to MRP for follow up; (MRP to order sputum for AFB/TB culture if person has productive cough)
- Person cannot be admitted to a long-term care facility until assessment by MRP and BCCDC TB Services has ruled out presence of active respiratory TB disease

4.5 Documentation

- Place the completed [IH tuberculosis risk screening form #811217](#) on the person's file
- When the person is admitted to an adult-long-term care facility, group home or mental health care facility, send a copy of the completed [IH tuberculosis risk](#)

[screening form #811217](#) to the admitting facility; this meets the licensing requirements by having the completed form on file

- If person was sent for chest x-ray and referral to BCCDC TB Services, include recommendations from TB Services

5.0 REFERENCES

- 1) British Columbia Centre for Disease Control: Tuberculosis Manual Section 4, July 2018.
<http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/4.0%20TB%20Screening%20and%20Testing.pdf>
accessed October 2019