



TUBERCULOSIS (TB) SCREENING AND TESTING

COMMUNITY CARE FACILITIES LICENSING PROGRAM

Tuberculosis (TB) is a contagious infectious disease caused by the bacteria *Mycobacterium Tuberculosis* which is a slow-growing bacteria that grows best in areas of the body that have an abundance of blood and oxygen. For that reason, it is most often found in the lungs. TB can damage a person's lungs or other parts of the body and cause serious illness. TB is spread through the air when a person with TB disease in the lungs coughs, sneezes or speaks, sending germs into the air.

In British Columbia, there are approximately 300 new cases of active TB disease per year. Maintaining appropriate awareness of TB among health care professionals is critical to reducing transmission and initiating early prevention and treatment. Screening refers to a process that attempts to discover conditions suitable for early preventative or curative measures. The goal is to prevent transmission of TB to staff and residents. The Tuberculosis Manual can be found on the Ministry of Health/British Columbia Center for Disease Control website: <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis>.

Licensed Child Care Facilities:

Routine tuberculosis screening is generally not recommended for employees of, or those parents ordinarily present at, licensed child care facilities, except those working in facilities located in aboriginal communities.

A review of provincial TB cases shows that no child had been infected as a result of exposure to a child care worker in non-Aboriginal communities in BC within the last ten years. Screening of child care employees is logistically difficult and can be costly due to the large turnover of employees. Historically, high rates of latent TB infection and active TB disease in First Nations communities have created an environment at increased risk for the development and transmission of TB. The incidence of TB disease in some First Nations communities is greater than that of Canadian-born/non-Aboriginal persons. These recommendations may be changed at the discretion of the local Medical Health Officer depending on local context and in consultation with First Nations partners including First Nations Health Authority.

Licensed Adult Residential Care Facilities:

All persons being admitted to a licensed community care facility and employees of these facilities should be assessed for their risk of tuberculosis by a health care professional and that health care professional must document the screening process. Resident screening should be completed using the TB Symptom and Risk Factor Screening Tool [sample provided below], as well as tuberculin skin test (TST) or chest x-ray (CXR) if indicated on the chart below. The Medical Health Officer may make alternative policy decisions based on local disease incidence and prevalence.

Screening is done to minimize the risk of spreading active TB disease as residents in care facilities tend to remain for long periods of time in an environment which would pose a risk to both the staff and the other residents. Preventing a case of TB from spreading within a facility reduces the need for extensive contact tracing and keeps others healthy. Routine screening also identifies residents with latent TB infection who may be eligible for preventative treatment.

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Timeframe for Initiating TB Screening	TB Symptom & Risk Factor Screening Tool	Tuberculin Skin Test (TST)	Chest X-Ray (CXR) & Referral to TB Services
Residents <60 years of age: Complete prior to admission (May be done within one month prior to admission if not symptomatic) *See exclusions below [Appendix A Sample Screening Tool Below]	Yes	Yes	Yes. If symptomatic, or TST contraindicated, or TST result >10 mm, or immune compromised
Residents > 60 years of age: Complete prior to admission (May be done within one month prior to admission if not symptomatic) *See exclusions below [Appendix A Sample Screening Tool Below]	Yes	No	Yes. Only if symptomatic OR screening indicated by TB Symptom & Risk Factor Screening Tool
Employees: (applies to all employees of Adult Residential Care Facilities including Detox Centres & Residential Drug & Alcohol Treatment Programs): Upon starting employment or at the discretion of the employer/institution	No	Yes. At time of hire OR documentation of negative TST screening at the time of first hire in BC AND no subsequent TB exposures/risk factors since that screening	Yes. If symptomatic, or TST contraindicated, or TST result >10 mm, or immune compromised
Volunteers: [Appendix B Sample Screening Tool Below]	Yes. Upon hire, facilities should develop a TB screening tool and must retain a record of the screening	Optional. But recommended for all healthcare volunteers wishing to have baseline screening	Yes. Only if symptomatic

Exceptions in Licensed Adult Residential Care Facilities*:

1. Exclusions:

Specified Group Homes:

- Community Living, Hospice and Child/Youth Residential Group Homes:
 - Routine screening is NOT required. (For the purposes of this Infosheet, “licensed group home” is defined as the residential service types of Community Living, Hospice and Child/Youth Group Home as set out in the Residential Care Regulation (RCR)).
 - Licensed group home screening should be based on contact tracing of active TB cases.
- Mental Health Group Homes, Acquired Brain Injury and Substance Abuse Group Homes:
 - Residents of these types of group homes fall under the same screening requirements as Licensed Adult Residential Facilities and are NOT excluded from screening. Adults under 60 years of age should be screened with TST (or CXR if TST contraindicated) prior to or shortly after admission.
 - Adults over 60 years should be screened with the TB Symptom & Risk Factor Screening tool and CXR if indicated after completion of the screening tool.

Exclusions for Employees:

- TST is the preferred screening test for employees.
- Documentation of previous TB screening (TST or CXR) done for another BC employer is an acceptable alternative if there were NO subsequent TB exposures (including travel to endemic regions) or new risk factors since the time of the previous screening.
- TST screening is safe in pregnancy. Pregnant employees should have CXR screening following delivery. Contact TB Control if symptomatic.

Exclusion for Tuberculin Skin Test (TST) (Employees and Residents):

- Previous treated TB disease.
- History of anaphylaxis or severe reaction to TST.
- Documented previous positive TST—should proceed to CXR.

2. Employees Rejoining a Facility, Coming From Another Facility or Without Documentation:

The following employees of licensed adult residential care facilities should be screened for tuberculosis as follows:

- All current employees who have no documentation of a TST test or other tuberculosis specific screening (i.e. CXR).
- Employees rejoining the facility after an absence with complete documentation of previous TB screening in BC do not need to have this screening repeated unless there has been known contact with active tuberculosis OR other new TB risk factor since the time of previous screening.

3. Retesting:

- No routine TB screening of residents is required unless specifically recommended by Island Health TB Program or Infection Control (VIHA operated facilities).
- On occasion, routine screening of employees by a facility may be done for an exceptional reason, in consultation with the Island Health TB Program or Island Health Occupational Health (for VIHA operated facilities).

4. Respite Clients:

- Respite clients should be considered as if they are being received into full-time care at the first admission i.e. a TB Symptom & Risk Factor Screening Tool or TST (depending on client's age) should be administered for the first admission. Results should stay with the chart/client's admission record for future admissions but screening does not need to be repeated for subsequent readmissions.

5. Transfers From Other Residential Care Facilities:

- If a person in care is transferring between residential care facilities and has continuously been in care, whether in a licensed or unlicensed facility, and documented screening was completed prior to that person's admission to the transferring facility, repeat screening (including a chest x-ray) is not required prior to admission to the next facility. Screening results should stay with the chart/client's admission record to the facility receiving the transfer.

6. Detox Services:

- For detox services, the goal is to identify and treat individuals with active TB disease and prevent transmission to a vulnerable population in group settings. Detox facilities are often short stay settings. Thus, TB Control does not recommend TB skin testing as it requires a reading 48 to 72 hours after initial planting and only indicates infection as opposed to active disease. Chest X-rays (CXR) and symptom assessment, using the TB Symptom & Risk Factor Screening Tool are more valuable tools in ruling out active disease which is the goal in screening for admission to detox and treatment centers. Sputum collection may be required if the resident is symptomatic or has an abnormal CXR.
- Admission to detox and residential treatment should not be delayed or denied because of barriers to accessing TB screening. TB screening may occur after admission to a facility and screening should occur as soon as possible after admission, ideally less than one week after admission.

7. Residential Substance Use Treatment Centres:

- For residential substance use treatment centres, the goal is to identify and treat individuals with active TB disease and prevent transmission to a vulnerable population in group settings. Depending on the length of stay in residential treatment, it may be appropriate to screen residents using the TB Symptom & Risk Factor Screening Tool, CXR (recommended for shorter stays) or with TST (recommended if residents likely to return for TST read). Symptom assessment is also necessary. Sputum collection may be required if the resident is symptomatic or has an abnormal CXR.
- Admission to detox and residential treatment should not be delayed or denied because of barriers to accessing TB screening. TB screening may occur after admission to a facility and screening should occur as soon as possible after admission, ideally less than one week after admission.

Residents and Timeframe for Initiating TB Screening	TB Symptom & Risk Factor Screening Tool	Tuberculin Skin Test (TST)	Chest X-Ray (CXR) and Referral to TB Services
Entering Detox and/or Residential Drug & Alcohol Treatment Programs: Complete prior to or following entry to facility if not symptomatic	Yes	Yes. If client likely to return for TST read in 2 days	Yes. If client is unlikely to return for TST read, or symptomatic, or TST is contraindicated, or TST result >10 mm, or immune compromised

8. Recordkeeping:

- All records and chest x-ray reports should be kept for as long as the client is a resident of the facility or as long as the individual is an employee of the facility. Screening results for all persons and all employees in care should be available to be reviewed by Licensing staff.

9. Records for Residents Are Missing:

- It may be that residents were screened and/or tested at one time, but that the records no longer exist at some facilities. If the records are “missing or lost”, the facility should discuss with the physician for the person in care to obtain screening records, or should arrange to have affected residents screened for TB using the TB Symptom & Risk Factor Screening Tool. If a facility has no record of either TB screening or testing for a person in care, they are in non-compliance with the RCR. *Note:* Records may be available through the physician/health unit/TB clinic depending on how long ago the screening occurred, but it is possible that to be in compliance with the legislation, the facility might have to arrange for screening for a person in care. Please consult with your Licensing Officer.

TUBERCULOSIS SYMPTOM & RISK FACTOR SCREENING TOOL

***Symptoms of active TB may include:**
Cough (esp. productive), Hemoptysis, Night Sweats, Fever,
Recent Weight Loss, Chest Pain and Lymphadenopathy

CURRENT ATTENDING PHYSICIAN MUST COMPLETE AND SIGN PART A OR PART B

PLEASE ONLY MARK THE APPROPRIATE BOXES

PART A For patients who are currently LESS THAN 60 years of age	
<p>1. Unless contraindicated, a TUBERCULIN SKIN TEST (TST) within the past six months is REQUIRED <i>(Please check all appropriate boxes on the right)</i></p>	<p><input type="checkbox"/> TST Contraindicated <i>(proceed to Section 2 below)</i></p> <p><input type="checkbox"/> TST Completed RESULT:</p> <p><input type="checkbox"/> Negative. If <u>NEGATIVE</u> no further testing is required <i>unless</i> patient is symptomatic (see Section 2)</p> <p><input type="checkbox"/> Positive. If <u>POSITIVE</u> a CHEST X-RAY is REQUIRED</p> <p><input type="checkbox"/> Chest X-Ray Completed RESULT:</p> <p><input type="checkbox"/> Negative. If <u>NEGATIVE</u> no further testing is required</p> <p><input type="checkbox"/> Positive. If <u>POSITIVE</u> referral to TB Services is required</p> <p><input type="checkbox"/> Referral to TB Services completed <i>(completion of Section 2 is not required)</i></p>
<p>2. IF TST is contraindicated OR IF the patient is symptomatic* a CHEST X-RAY is REQUIRED</p> <p><input type="checkbox"/> TST Contraindicated</p> <p><input type="checkbox"/> Patient is symptomatic <i>(Please check all appropriate)</i></p>	<p><input type="checkbox"/> Chest X-Ray Completed RESULT:</p> <p><input type="checkbox"/> Negative. If <u>NEGATIVE</u> no further testing is required</p> <p><input type="checkbox"/> Positive. If <u>POSITIVE</u> referral to TB Services is required</p> <p><input type="checkbox"/> Referral to TB Services completed</p>

I have checked the appropriate boxes above AND have attached the results of the TST and/or CXR as indicated.

SIGNED:

Date: <u>YYYY/MM/DD</u>	Name: PRINTED	CPSID:	Telephone:
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***Symptoms of active TB may include:**
*Cough (esp. productive), Hemoptysis, Night Sweats, Fever,
 Recent Weight Loss, Chest Pain and Lymphadenopathy*

CURRENT ATTENDING PHYSICIAN MUST COMPLETE AND SIGN PART A OR PART B

PLEASE ONLY MARK THE APPROPRIATE BOXES

PART B For patients who are 60 years of age or older	
1. Is this patient symptomatic?* <input type="checkbox"/> Yes. (CHEST X-RAY is required; please indicate results in the column to the right) <input type="checkbox"/> No. (proceed to 2 below)	<input type="checkbox"/> Chest X-Ray Completed RESULT: <input type="checkbox"/> Negative. If NEGATIVE no further testing is required <input type="checkbox"/> Positive. If POSITIVE referral to TB Services is required <input type="checkbox"/> Referral to TB Services completed (completion of Section 2 is not required)
2. Does the patient have any of the following risk factors (mark all that apply): <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Organ Transplant <input type="checkbox"/> Substance use <input type="checkbox"/> Is an immigrant from a High Prevalence Country** <input type="checkbox"/> Recent travel to a High Prevalence Country** <input type="checkbox"/> Homeless or under-housed <input type="checkbox"/> Immune suppressing medication <input type="checkbox"/> History of hepatitis <input type="checkbox"/> History of tuberculosis (now complete the right hand column)	<input type="checkbox"/> None of these risk factors are present and therefore CHEST XRAY IS NOT REQUIRED <input type="checkbox"/> One (or more) risk factors apply as indicated on the left and therefore a CHEST XRAY is REQUIRED <input type="checkbox"/> Chest X-Ray Completed RESULT: <input type="checkbox"/> Negative. If NEGATIVE no further testing is required <input type="checkbox"/> Positive. If POSITIVE referral to TB Services is required <input type="checkbox"/> Referral to TB Services completed

I have checked the appropriate boxes above AND have attached the results of the TST and/or CXR as indicated.

SIGNED:

Date: <u>YYYY/MM/DD</u>	Name: PRINTED	CPSID:	Telephone:
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****High Prevalence Countries:** Brazil, Russian Federation, *AFRICA* (including Angola, Central African Republic, Congo, Democratic Republic of Congo, Ethiopia, Kenya, Lesotho, Liberia, Mozambique, Namibia, Nigeria, Sierra Leone, South Africa, Tanzania, Zambia, Zimbabwe); *SOUTH ASIA* (including Bangladesh, India, Pakistan); *SOUTH EAST ASIA* (including Cambodia, China, Indonesia, Myanmar, North Korea, Papua New Guinea, Philippines, Thailand, Vietnam)

If unsure of the TB incidence in a country not listed above please consult with the Island TB program.

SAMPLE

TUBERCULOSIS SYMPTOM & RISK FACTOR SCREENING TOOL FOR VOLUNTEERS

Please complete the following questions:

1. Have you ever had active Tuberculosis? YES /NO

2. Have you been experiencing any of the following symptoms for longer than one month?

Persistent cough:	YES / NO
Excessive fatigue:	YES /NO
Unexplained weight loss:	YES /NO
Coughing up blood:	YES / NO
Excessive night sweats:	YES /NO
Persistent fever:	YES /NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE:

- You will need to make an appointment with your family physician to rule out a communicable condition (such as active tuberculosis). If a TB scratch/skin test is required by your physician you will need to go to the Island Health TB Clinic (Victoria) or the nearest Public Health Unit. Inform the clinic/unit that you are planning to volunteer at a residential care facility.

- The results of your TB screening will need to be documented below and returned to your Manager/Coordinator of Volunteer Resources before you may begin volunteering.

Please note: It is recommended by Health Canada that people who travel to areas of high TB prevalence (e.g., China, India, Pakistan, Bangladesh, Philippines, some countries in South East Asia and Africa) have TB testing before and upon their return through a travel clinic.