

<u>GUIDELINE</u> Tuberculosis Testing and Immunization Guideline in Adult Residential Care - (For Staff)		<u>SECTION</u> Community Care Facilities Licensing	
<u>AUTHORIZATION</u> Regional Director, Health Protection	<u>DATE APPROVED</u> 9 April 2002	<u>DATE REVISED</u> 6 May 2005 4 May 2007 26 April 2010 February 2016	

I LEGISLATION

Section 37(1)(e) and 39(1) of the Residential Care Regulation states:

Character & skill requirement

37(1) A licensee must not employ a person in a community care facility unless the licensee or, in the case of a person who is not the manager, the manager has obtained all of the following:

- e) evidence that the person has complied with the Province's immunization and tuberculosis control programs.*

Continuing health of employees

39(1) A licensee must not continue to employ a person in a community care facility who does not provide to the licensee evidence of continued compliance with the Province's immunization and tuberculosis control programs.

II INTENT

Unless otherwise authorized by the Medical Health Officer, the Ministry of Health tuberculosis control program requirements and immunization program guidelines serve to guide the local Community Care Facilities Licensing program in its approach toward communicable disease prevention, as outlined in the following information.

III PROCEDURE

PART 1: TUBERCULOSIS TESTING

Employees, Volunteers and Other Individuals Working at the Care Facility

Due to the low prevalence of active TB disease within Adult Licensed Residential Community Care Facilities within Fraser Health, the following outlines the recommendations authorized by the Medical Health Officer for TB screening for Health Care Providers, staff, volunteers, and students working in adult residential care facilities.

The Licensee must ensure that all Health Care Providers, staff, volunteers, and students working in the care facility are (i) screened for symptoms of active TB disease and risks for developing active TB disease and (ii) receive information on recommended tuberculosis screening *prior* to commencing work (**per Appendix 1**).

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- Signs and symptoms of active TB include:
 - Productive, prolonged cough (lasting more than three weeks)
 - Hemoptysis (coughing up blood)
 - Fever, weight loss, night sweats, unexplained weight loss, fatigue (with no other confirmed diagnosis)
 - Non-resolving pneumonia
- Risk factors for development of active TB disease include:
 - Those with substantial immune suppression, especially people with HIV infection/AIDS
 - Known contacts to infectious TB disease within the prior two years, especially those with substantial immune suppression

Documentation of screening for active disease and risk factors for active disease and documentation that information has been provided on routine TB screening must be kept in a place from which they can be retrieved within a reasonable time, on request by a Licensing Officer.

Refer to Appendix 1 for sample documentation – Tuberculosis Screening for Staff/Volunteers/Students working in Community Care Facilities.

PART 2: IMMUNIZATION STATUS GUIDELINE

Employees, Volunteers and Others Working at the Care Facility

- Staff immunization is not mandatory in Community Care Facilities. It is, however, strongly recommended as a best practice for the protection of staff and residents. It is also important for employees to be aware that some circumstances, such as a vaccine-preventable disease outbreak (e.g. influenza), may result where an employee, who is not immunized and not otherwise immune, is required to be excluded from the facility to prevent transmission of infection.
- Licensees must at the commencement of employment, obtain and keep a record of each employee's and volunteer's immunization status, even if the immunizations are incomplete. This information is required, as it will allow public health and medical staff to quickly identify each person's immunization status in the event of an outbreak. (**Refer to Appendix 2 - Immunization Form for Employees.**) The employee is required to complete the form to the best of their knowledge at the time of hire. There is no requirement to have this form updated annually.
- Influenza vaccine is the only immunization recommended annually. The Licensee is to maintain a record of each employee's participation in the annual influenza immunization program. Employees, volunteers and other workers must comply with the Fraser Health **Influenza Control Program Policy** and the **Influenza Outbreak Program Policy**.
- Routine, recommended and publicly-funded immunizations for health care workers are continually reviewed and updated by the BC Centre for Disease Control: *Immunization Manual Section III, Immunization of Special Populations*

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Health care providers or health care workers (HCWs) are persons who provide health care to patients (persons in care) or work in institutions that provide patient (persons in care) care (e.g. physicians, nurses, emergency medical personnel, dental professionals, laboratory technicians; medical, dental, nursing and laboratory technician students; hospital (facility) volunteers; and administrative and support staff in health-care institutions).

The Ministry of Health, Immunization for Health Care Providers in BC, October 2006, identifies that “health care providers are at risk of exposure to communicable diseases in the workplace due to their contact with infected patients (residents) blood or body fluids”.

“Many communicable diseases can be prevented with vaccine programs. Vaccinating health care providers helps protect their health and prevent disease transmission between patients and providers and among providers and their family and friends outside the workplace.”

It is an employee’s informed choice whether or not to receive immunizations.

Employers (Licensees) shall;

- **Obtain** full vaccination history, including, if available, documentation of the doses received and dates of administration.
- **Encourage** immunization at the earliest opportunity to persons who cannot provide acceptable information or evidence of adequate immunity.
- **Maintain** records of all immunizations and serologic tests. **(See Appendix 2– Employee Immunization Record, sample).**
- **Ensure** employees are familiar with the facility’s policies regarding accommodating employees who are not immunized or incompletely immunized. (E.g. exclusion of a non-immunized employee from the work site during an outbreak).

IV REFERENCES

Residential Care Regulation; B.C. Reg. 96/2009 enacted October 1, 2009
Community Care and Assisted Living Act; [SBC 2002] Chapter 75
 B.C. Centre for Disease Control (BCCDC). Immunization Manual, <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization>
 B.C. Centre for Disease Control (BCCDC). Tuberculosis Manual. http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/TB_Manual_2015.pdf
 Health Files: Tuberculosis (TB) Disease – What is it? (#51a), and Tuberculosis Screening
 Fraser Health Corporate Policy, Standards and Procedure: Influenza Control Program. (July 2013)
 Fraser Health Corporate Policy, Standards and Procedure: Influenza Outbreak. March 2014

V APPENDICES

- Appendix 1: Tuberculosis Screening for Staff/Volunteers/Students working in Community Care Facilities (Sample Form)
- Appendix 2: Employee Immunization Record (Sample Form)



Tuberculosis Screening for Staff/Volunteers/Students

The BC TB Screening Guidelines have been recently updated (November, 2015)¹. BC TB Screening Guidelines are explicit for Health Care Providers, and recommendations for screening of volunteers and students are determined locally based on risk.

Due to the low prevalence of TB within Adult Licensed Residential Community Care Facilities within Fraser Health, the following local guidance has been authorized by the Medical Health Officer:

- 1) **All health care providers, volunteers and students are required** to be screened for *symptoms of active TB disease* and *risks for developing active TB disease*, and provide proof of follow-up assessment if symptomatic or at risk *prior to commencing work*.
 - a) *Symptoms of active TB include:*
 - Productive, prolonged cough (lasting more than three weeks)
 - Hemoptysis (coughing up blood)
 - Fever, weight loss, night sweats, unexplained weight loss, fatigue (with no other confirmed diagnosis)
 - Non-resolving pneumonia
 - b) *Risk factors for development of active TB disease include:*
 - Those with substantial immune suppression, especially people with HIV infection/AIDS
 - Known contacts to infectious TB disease within the prior two years, especially those with substantial immune suppression

Symptom and Risk Factor Screening (select one)

- I confirm that I do NOT have symptoms of active TB OR risk factors for developing active TB disease;
OR
- I will provide the facility documentation from my health care provider that I have been assessed for either my symptoms of active TB or my risk for developing active TB disease.

- 2) **All health care providers, volunteers and students are recommended** to undergo a TST upon starting employment. A chest x-ray and referral to TB Services may be necessary if the individual is symptomatic, a TST is contraindicated, the TST is positive (>10 mm) or the individual is immune compromised. **Health care providers, volunteers and students are no longer required to provide proof of TST/chest x-ray screening to the Facility.**

- a) Staff/volunteers/students seeking TST screening and do NOT have symptoms or risk factors for developing active TB should follow-up with their health care provider or a local travel medicine clinic. Please note, local public health units are no longer providing TST screening for employment purposes.

Acknowledgement of receipt of information of TB screening

- I acknowledge that I am aware of the recommendation to undergo TB screening (TST and/or chest x-ray and referral to TB Services as required).

Name (please print): _____

- Employee
 Volunteer
 Student

Signature: _____ Date: _____

¹ www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%20-%20-%20TB/TB_Manual_2015.pdf



As vaccination recommendations change frequently, please check the BC Communicable Disease Centre website for current recommendations: www.bccdc.ca/health-info/immunization-vaccines/immunization-schedules

Employee Name: _____

EMPLOYEE IMMUNIZATION RECORD

PART A - To be completed by the employee upon hire.

Recommended Immunizations: (check one box for each immunization listed)

Immunization	Yes	No	Unknown	Frequency of Booster
▪ Tetanus and Diphtheria (Td)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of last booster (if known) _____
▪ Measles Required if born after 1956	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None
▪ Rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None
▪ Mumps (MMR) Required if born after 1956	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None
▪ Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annually Date of last immunization (if known) _____
▪ Poliomyelitis (OPV / IPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-time adult booster for health care workers.
▪ Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No booster required.

Medical certificate/record of vaccinations is provided (if available) Yes No

Employee signature: _____

Date: _____

PART B – To be completed by the Employer

Employee immunization status for the above recommended immunizations is:

Complete (employee has all recommended immunizations)
 Medical certificate/record is on file Yes No Not available

Incomplete
 If incomplete or unknown immunization status: (check all that apply)

- Employee encouraged to obtain recommended immunizations.
- Employee has obtained recommended immunizations or boosters and provided verification.
- Facility's policy regarding accommodating employees who are not immunized or incompletely immunized was reviewed with this employee.

Reviewed by: _____ Date: _____