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<p><u>AUTHORIZATION</u> Regional Director, Health Protection</p>	<p><u>DATE APPROVED</u> 9 April 2002</p>	<p><u>DATE REVISED</u> 6 May 2005 4 May 2007 4 July 2007 26 April 2010 February 2016 31 January 2019</p>

I LEGISLATION

Section 49(1) and 91(2)(b)(c) of the Residential Care Regulation states:

Other requirements on admission

49(1) A licensee must require all persons admitted to a community care facility to comply with the Province's immunization and tuberculosis control programs.

91(2) In respect of a record referred to in this regulation, a licensee must

- b) keep a record other than one referred to in paragraph (2) in a place from which it can be retrieved within a reasonable time, on request and*
- c) produce records on demand, to the medical health officer.*

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.

III PROCEDURE

PART 1: TUBERCULOSIS SCREENING FOR RESIDENTIAL CARE

For Residents (Persons in Care)

Prior to admission, all residents in care admitted to a licensed community care facility will be assessed for the possible presence of tuberculosis(TB). Assessment will be performed using an established set of criteria, as outlined below.

Residents 60 years and Older

- Residents 60 years and older will be assessed for signs and symptoms and risk factors of active TB. If symptomatic or are at high risk of developing active TB disease, residents will be referred for further evaluation including a chest x-ray prior to admission. Skin testing for TB (TST) is not required for residents 60 years and older. **(Refer to Appendix 1 – Tuberculosis Screening Tool for Persons in Care of Community Care Facilities, 60 years and older)**

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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

Residents Less than 60 Years Old

- For residents less than 60 years old, **skin testing for latent TB (TST)** is required, however, it may be done after admission to the facility within one month, if the resident is asymptomatic. Previous TST results are valid if done within the past 6 months, and no new TB signs or symptoms are present.

The following persons in care less than 60 years old will be considered at-risk and need to be screened for tuberculosis:

- those who in the past five years have lived or worked in a country with a high prevalence of tuberculosis. (Including China, Vietnam, Philippines, Hong Kong, Indian Subcontinent, Eastern Europe, Africa, Mexico, Korea)
- those of aboriginal ancestry
- those who are symptomatic (i.e. chronic cough, weight loss, night sweats)
- those with a previous history of tuberculosis
- those who are immunocompromised
- those with a history of non-resolving pneumonia
- those with a history of substance abuse (drugs or alcohol)
- those with a known contact to infectious TB disease within the prior two years

If it has been determined that tuberculosis testing is required, please contact your local Health Unit or the person in care's physician. Testing should begin within one month after the person in care's admission to the care facility. If the TST is positive and/or the resident is symptomatic, a chest x-ray would be required. **(Refer to Appendix 2- Tuberculosis Screening Tool for Persons in Care of Community Care Facilities less than 60 years old).**

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The tuberculosis guideline allows “*emergency admission*” to a licensed community care facility whereby TB assessment (TST) prior to admission would impede the admission process. The TST screen is required, however, it may be done at the discretion of the facility. E.g. Residential Drug and Treatment Programs, Mental Health Programs.

In these situations, persons in care are to have symptoms assessment for the possible presence of active tuberculosis at the time of admission. It is recognized that persons in care admitted to this type of program generally stay for a very short period of time and may be difficult to trace after discharge. It is reasonable, therefore, to adapt the screening procedure to this reality.

For ease of reference, refer to the following Table adapted from the BCCDC Guideline for tuberculosis testing.

TB Screening Guideline for Residents Based on Age and Type of Facility

Clients		TB symptom screen to rule out active TB [▲]	Screen for LTBI (TST [¥])	CXR [*] Indications	Refer to TB Services
Entering residential drug and alcohol treatment program		Yes, before admission to facility	Yes. TST is required before or after admission to facility [¶]	If TST positive and/or symptomatic	If TST positive and/or CXR done
Entering adult residential care facility	< 60 years old		Yes. TST is required before or after admission to facility ^Ω	If TST positive and/or symptomatic	If TST positive and/or CXR done
	≥ 60 years old		No	Only if symptomatic	If CXR done

▲ The TB symptom screen should be accompanied by a TB risk factor assessment and TB testing history.

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

■ TST is required, however, the timing of LTBI screening may occur at the discretion of the facility to promote client-centred care. The purpose of TST testing in this instance is primarily for the benefit of the client and therefore lack of TST testing should not delay or otherwise impact admission.

Ω May be done within 1 month of admission if 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.

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PART 2: IMMUNIZATION STATUS GUIDELINE

For Persons in Care

- Recommendation for immunization of BC residents at all ages are laid out in the BC Communicable Disease document "*Communicable Disease Control- Immunization Program*". Immunizations are not required of persons in care but are strongly recommended as a best practice for the protection of the persons in care.
- Licensees must at the time of person in care admission, obtain and keep a record of each person in care's immunization status. This information is required, as it will allow public health and medical staff to quickly identify each person's susceptibility should a case of a vaccine preventable disease occur. (**Refer to Appendix 3 – Person in Care Immunization Record**) The persons in care or their alternate is required to complete the record to the best of their knowledge at the time of admission. There is no requirement to have this immunization record updated annually.
- Influenza vaccine is the only immunization recommended annually. The Licensee is to maintain a record of each person in care's participation in the annual influenza immunization program. Facilities must comply with the Fraser Health **Influenza Control Program Policy** and the **Influenza Outbreak Program Policy**.

Immunizations for Adult Persons in Care

- Persons in care should receive all routine immunizations, as appropriate for their age and risk status.
- Routine, recommended and publicly-funded immunizations for adult persons in care are continually reviewed and updated by the BC Centre for Disease Control: *Immunization Manual Section III, Immunization of Special Populations*

It is a person in care's informed choice whether or not to receive immunizations.

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 laboratory tests. (**See Appendix 3– Person in Care Immunization Record, Sample**)
- **Ensure** persons in care are familiar with the facility's policies regarding accommodating persons in care who are not immunized or incompletely immunized.

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IV REFERENCES

Residential Care Regulation B.C. Reg 96/2009 enacted October 1, 2009
Community Care and Assisted Living Act, [SBC 2002] CHAPTER 75 – 2002, Assented to November 26, 2002.

BCCDC TB Manual

<http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis>

BCCDC immunization manual

<http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization>

Health Link BC TB Health File

<https://www.healthlinkbc.ca/hlbc/files/documents/healthfiles/hfile51a.pdf>

External RI outbreak link

<https://www.fraserhealth.ca/health-topics-a-to-z/residential-care-licensing/clinical-and-safety-resources-for-residential-care/respiratory-outbreaks#.XFHnZiWYUI>

Canadian Immunization Guide

<https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>

V APPENDICES

Appendix 1 Tuberculosis Risk Assessment Form for Persons in Care of Community Care Facilities 60 years and older (Sample Form)

Appendix 2 Tuberculosis Screening Tool for Persons in Care of Community Care Facilities less than 60 years old (Sample Form)

Appendix 3 Person in Care Immunization Record (Sample Form)

Name of Person in Care: _____

**TUBERCULOSIS RISK ASSESSMENT FORM
FOR PERSONS IN CARE OF COMMUNITY CARE FACILITIES, 60 years and older**

Residents **60 years and older** will be assessed for symptoms of active TB and risks for developing active disease, and if symptomatic or at risk, referred for further evaluation including a chest x-ray prior to admission.

Symptoms of TB include: productive, prolonged cough (lasting more than three weeks); hemoptysis (coughing up blood); fever, weight loss, night sweats (with no other confirmed diagnosis); non-resolving pneumonia.

Risk factors for developing active TB disease include: substantial immune suppression (especially people with HIV/AIDS), and known contacts to individuals with infectious TB disease within the prior two years.

Please check one of the following boxes:

- Yes**, presence of symptoms or risk factors is applicable and documentation of further tuberculosis testing will be provided.
- No**, presence of symptoms or risk factors listed above is not applicable.
- Unknown**, cannot determine presence of above listed risk factors as history is not known.

Name of person filling out form:

(Print Name) _____

(Signature) _____

(Relationship to Person in Care) _____

To be completed by the facility:

*** Presence of symptoms or risk factors or an unknown history requires documentation of further follow-up.**

- Documentation Received

Date of Receipt: _____

**TUBERCULOSIS RISK ASSESSMENT FORM
FOR RESIDENTS OF COMMUNITY CARE FACILITIES, less than 60 years old**

Residents **less than 60 years old**: In all cases, routine skin testing (TST) is required, however, it may be done within one month after admission to the facility. If any of the following risk factors exist for you (resident named above) you must be referred to the local Health Unit or your doctor for further testing. Note: For substance use facilities, the TST screen is required, however, it may be done at the discretion of the facility. Please read the list of risk factors carefully and indicate if you need to be referred for further testing: *(Please note that you do not need to indicate which risk factor exists).*

The following persons in care less than 60 years old will be considered at-risk and need to be tested for tuberculosis:

- those who in the past five years have lived or worked in a country with a high prevalence of tuberculosis. (Including China, Vietnam, Philippines, Hong Kong, Indian Subcontinent, Eastern Europe, Africa, Mexico, Korea)
- those of aboriginal ancestry
- those who are symptomatic (i.e. chronic cough, weight loss, night sweats)
- those with a previous history of tuberculosis
- those who are immunocompromised
- those with a history of non-resolving pneumonia
- those with a history of substance abuse (drugs or alcohol)
- those with a known contact to infectious TB disease within the prior two years

Please check one of the following boxes:

- TST is done positive negative
- Yes**, one or more of the above risk factors is applicable and documentation of further tuberculosis testing will be provided.
- No**, none of the risk factors listed above is applicable.
- Unknown**, cannot determine presence of above listed risk factors as history is not known.

Name of person filling out form:

(Print Name) _____

(Signature) _____

(Relationship to Resident) _____

Note: Previous TST results are valid if done within the past 6 months, and no new TB signs or symptoms are present.

To be completed by the facility:

*** Presence of any of the above risk factors or an unknown history requires referral to a physician for further follow-up.**

Referred to physician Date of referral: _____

Name of physician: _____

Referred by: **(Print Name)** _____

(Signature) _____

Note: This form is only applicable to persons in care age 13 years and older. As vaccination recommendations change frequently please check the BC Communicable Disease Control website for current recommendations:
www.bccdc.ca/imm-vac/immunizationschedule/default.htm

Name of Person in Care: _____

PERSON IN CARE IMMUNIZATION RECORD
PART A - To be completed upon admission to the facility.

To the best of my knowledge my current immunization status is as indicated below.

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

Immunization	Yes	No	Unknown	Frequency of Booster
Tetanus & 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) _____
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None
Hepatitis B Developmentally challenged or certain chronic illnesses only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No booster required.

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

Person in Care or Alternate's Signature: _____

Relationship to Person in Care: _____

Date: _____

PART B – To be completed by the Facility

Resident immunization status for the above recommended immunizations is:

Complete (person in care 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)

Person in Care encouraged to obtain recommended immunizations.

Person in Care has obtained recommended immunizations or boosters and provided verification.

Facility's policy regarding accommodating persons in care who are not immunized or incompletely immunized was reviewed with this person in care or alternate.

Reviewed by: _____ Date: _____