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 Persons in Care

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

An exception to the above is for those persons in care who require “emergency admission” to a licensed community care facility whereby assessment prior to admission would impede the admission process. E.g. Detox Centres, Emergency Mental Health Programs.

In these situations, persons in care are to be assessed 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.
**GUIDELINE**
Tuberculosis Testing and Immunization Guideline in Adult Residential Care - (For Persons in Care)

<table>
<thead>
<tr>
<th>AUTHORIZATION</th>
<th>DATE APPROVED</th>
<th>DATE REVISED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Director, Health Protection</td>
<td>9 April 2002</td>
<td>6 May 2005</td>
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<td>4 May 2007</td>
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<td>26 April 2010</td>
</tr>
<tr>
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<td>February 2016</td>
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**SECTION**
Community Care Facilities Licensing

- Routine skin testing or chest x-rays for all persons in care is no longer required.
  - 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. *(Refer to Appendix 1 – Tuberculosis Screening Tool for Persons in Care of Community Care Facilities, 60 years and older)*
    - 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
  - For residents **less than 60 years old** only those considered as at-risk are required to have TB testing.
    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

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. *(Refer to Appendix 2- Tuberculosis Screening Tool for Persons in Care of Community Care Facilities less than 60 years old).*
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 persons 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.
IV REFERENCES

Residential Care Regulation B.C. Reg 96/2009 enacted October 1, 2009


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 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 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: ____________________________

Revised: March 14, 2018
CCFL – RES 301b
TUBERCULOSIS RISK ASSESSMENT FORM
FOR PERSON IN CARE OF COMMUNITY CARE FACILITIES – LESS THAN 60 YEARS OLD

Residents less than 60 years old: if any of the following risk factors exist for you (person in care named above) you must be referred to the local Health Unit or your doctor for further testing. 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).

- 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 drug or alcohol addiction
- those with a known contact to infectious TB disease within the prior two years

Please check one of the following boxes:

- 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 person in care)_________________________

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) ________________________________________

Revised: March 14, 2016

Community Care Facilities Licensing, Health Protection

CCFL – RES 301c

Page 1
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)

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Frequency of Booster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus and Diphtheria (Td)</td>
<td></td>
<td></td>
<td></td>
<td>Date of last booster (if known)</td>
</tr>
<tr>
<td>Measles Required if born after 1956</td>
<td></td>
<td></td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Mumps (MMR) Required if born after 1956</td>
<td></td>
<td></td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td>Annually - Date of last immunization</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(if known)</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis B Developmentally challenged or certain chronic illnesses only</td>
<td></td>
<td></td>
<td></td>
<td>No booster required.</td>
</tr>
</tbody>
</table>

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: ________________________________