

TUBERCULOSIS: IP&C HIGHLIGHTS

NOTE: Refer to the WRHA IP&C Manual for the full Tuberculosis Specific Disease Protocol

TUBERCULOSIS	
Contact Site IP&C	For any patients presenting with TB like symptoms, as well as any suspected or confirmed cases
GENERAL TUBERCULOSIS INFORMATION	
What is Tuberculosis (TB)?	<ul style="list-style-type: none"> An airborne-spread disease caused by the bacteria, <i>Mycobacterium tuberculosis</i> (MTB) Usually affects the lungs, but can also affect other systems or organs including the brain, kidneys, or spine, and most commonly the lymph nodes or genitourinary system Can be a latent TB infection (not infectious) or active TB disease (infectious)
Transmission (Airborne)	<ul style="list-style-type: none"> Carried in airborne particles that settle slowly and may remain suspended in air for hours, particularly in locations without negative pressure ventilation Communicable mainly by aerosol route. Droplet nuclei are created by forceful expiratory efforts, such as coughing, sneezing, singing, playing wind instruments and speaking Certain procedures (e.g., bronchoscopy, sputum induction, specimen processing, autopsy, irrigation or other manipulation of non-respiratory tuberculosis fluids) may produce infectious aerosols People who are AFB smear positive and culture positive for MTB are most infectious; people who are smear negative and culture positive for MTB are also infectious
Signs & Symptoms	<ul style="list-style-type: none"> Symptoms depend on where TB bacteria are growing; TB bacteria usually grow in the lungs (respiratory TB) Classic symptoms of respiratory TB include Cough > 3 weeks Unexplained weight loss Night sweats Hemoptysis Fever Chest pain Hoarseness Fatigue Unexplained loss of appetite People with TB infection do not have any symptoms, do not feel sick, and cannot spread TB
High Risk Groups	<ul style="list-style-type: none"> People living with persons diagnosed with active TB Urban Poor People who previously had active TB Staff & residents of homeless shelters People born in, or previously residing in countries with high TB incidence Staff & inmates of correctional facilities Aboriginal Canadians residing in communities with high TB rates HCWs serving at-risk groups People who use injection drugs or crack cocaine People with: transplantation; silicosis; chronic renal failure; carcinoma; recent TB infection; abnormal chest x-ray Immunocompromised people Previously incarcerated people Infected with/at risk for HIV/AIDS Elderly persons
INFECTION PREVENTION & CONTROL MEASURES	
Patients with signs/symptoms of TB	<ul style="list-style-type: none"> Instruct patient to don a procedure or surgical mask until appropriate room placement is established Implement Airborne Precautions immediately
Additional Precautions & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> Implement Airborne Precautions Post sign on room door in visible location Provide PPE as per signage: N95 respirator <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="background-color: yellow; padding: 5px; border: 1px solid black; text-align: center;"> <input type="checkbox"/> Contact Precautions </div> <div style="background-color: green; padding: 5px; border: 1px solid black; text-align: center;"> <input type="checkbox"/> Droplet Precautions </div> <div style="background-color: blue; padding: 5px; border: 1px solid black; text-align: center;"> <input checked="" type="checkbox"/> Airborne Precautions for AGMPs until _____ am/pm _____ date </div> </div>
Patient Accommodation	<ul style="list-style-type: none"> Place patient in an AIIR; notify site ICP/designate If an AIIR is unavailable place patient in a single room with dedicated hand hygiene, toilet, and bathing facilities. The door shall remain closed; notify site ICP/designate
Testing	<ul style="list-style-type: none"> Collect specimens in a sterile, leak-proof container using Airborne Precautions, regardless of age 3 separate specimens must be obtained, regardless of collection method (i.e., spontaneous, induced, bronchoscopy), at least 1 hour apart, with one collected early morning when patient first awakens Presumed cases of non-respiratory TB must also be assessed for respiratory TB
Transport of Patients with Suspected or Confirmed Tuberculosis	<ul style="list-style-type: none"> Notify Patient Transport Services & the receiving department regarding the need for Airborne Precautions in advance of the transport/procedure Patient performs hand hygiene and dons procedure or surgical mask Staff performs hand hygiene and dons PPE (N95 respirator) Patient should only exit the room for medically essential purposes
Discontinuation of Airborne Precautions	<ul style="list-style-type: none"> Consult site ICP/designate prior to discontinuing precautions DO NOT discontinue precautions based solely on AFB smear negative specimen results Discontinuation of precautions for both confirmed and suspected cases of TB is based on the clinical judgment of the Attending Physician and/or Infection Prevention and Control when discontinuation criteria is met
Visitor/Accompanying Individual(AI)/Designated Caregiver(DC) Management	<ul style="list-style-type: none"> Educate visitors regarding hand hygiene, respiratory hygiene, and correct use of PPE Visitors/AI/DC perform hand hygiene on entry and exit of patient care areas Visitors/AI/DC don and seal check an N95 respirator prior to entering the patient space Let visitors/AI/DCs know the protection afforded by an N95 respirator is at a reduced level as it has not been FIT tested Advise visitors with symptoms of a respiratory infection to stay home (exceptions may be considered in extenuating circumstances; contact IP&C) Unit staff to screen close visitors of pediatric patients by symptomology for active infectious TB disease; they must wear a procedure or surgical mask while in hospital until infectiousness ruled out