Roles and Responsibilities within TB Management

February 2015

The TB Assistant/DOT Worker

Assists the nurse managing the TB program using their knowledge of the community and community members. Carries out tasks delegated and supervised by the nurse. The worker dispenses medication as a delegated task under the license of the supervising nurse who is responsible for ensuring correct patient, medication, dose, route and day.

The TB Nurse

Is responsible for running the TB program in the community that involves, education, assessment, screening, treatment, documentation and reporting. The nurse uses their clinical judgment and assessment skills to make decisions regarding testing, treatment, and follow up action. The TB nurse has the knowledge and skill to assess, make decisions and take action in general uncomplicated daily management of the program. They refer to the current Interim Guidelines for Management of Active TB, the Nunavut TB Manual, and the Canadian TB Standards to inform their practice. The TB nurse uses their critical thinking skills to decide when to seek advice from RCDC who in turn communicates with the TB MD, and when to refer back to CHN and community MD for comprehensive medical follow up. The TB nurse is responsible for ensuring good patient care is carried out and reporting unsafe situations or clinical errors to their supervisor. In Iqaluit an MD sees all clients before starting on treatment. In the communities most clients do not see an MD before or throughout their whole assessment and treatment - the TB nurse is taking on this delegated role which assumes a high level of knowledge, judgment and clinical practice.

The Supervisor of Community and Health Programs (SCHP)

Is responsible for overseeing the TB Program, TB nurse's practice and the DOT workers. The TB nurse is currently hired as a staff nurse not as a 'Supervisor of Community TB Programs' in the manner that the Homecare nurse is a 'Supervisor of Home Care Services'

The Regional Managers and Directors (ie of Baffin, Kivalliq, Iqaluit)

Are responsible for staffing communities in their region that have TB cases to adequately address the workload and provide both quality patient care in treatment as well as prevention services. Education and orientation of staff hired is currently the responsibility of the region into which staff is hired and comes out of the regional budget.

Region Communicable Disease Coordinators (at Iqaluit Public Health)

Are the go-to persons for advice on unusual cases and act as the conduit to the TB MD in Baffin. The coordinator advises on exceptional cases or situations, consults with the TB MD, the Territorial Communicable Disease Consultant (Office of the CMOH) and the external TB Physician Consultant (Dr. Alvarez) as appropriate.

TB Educator and Program Support (out of Iqaluit Public Health - temporary position)

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This position is hired and funded out of Iqaluit Public Health under the Iqaluit Regional Department. The purpose is to develop orientation and education materials for training and support of staff working in TB programs in Nunavut to support RCDC who is currently shouldering the burden of education. Areas of need are standard TB case management and monitoring, contact investigation, screening for active TB, completion of reports and knowledge as to appropriate information to provide when requesting basic medical advice and ensure that patient treatment and monitoring are being carried out . The TB educator also fields calls regarding routine practice and receives referrals from RCDC for specific support and education for staff.

TB Physician (based in Iqaluit)

Is the medical resource and 'expert' for TB related concerns generated by nurses and physicians throughout Baffin. Reviews patient information, makes recommendations, writes prescriptions for treatment, advises on care. The TB MD depends on the TB nurse doing a thorough assessment of all clients and communicating this and all other relevant information accurately and in a timely fashion. In Iqaluit the TB MD sees all clients before recommending they start on any TB treatment (active or latent).

Territorial Communicable Disease Consultant (Office of the CMOH)

Develops policy and procedures regarding tuberculosis management in Nunavut, provides advice to RCDC on request, helps interpret policy and protocols in complicated situations, advises on outbreak management, communicates with health units outside Nunavut regarding patients travelling in and out of Baffin, receives reports from the regions, submits numerous reports to Public Health Agency of Canada. Works with the CMOH.

External TB Physician Consultant

Is a TB expert who provides advice to the Territorial CDC, RCDC, and the TB MD when requested and helps clarify best practice in complicated situations or extenuating circumstances.

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Please fill in <u>OR</u> addressograph/affix label:
Last Name:
First Name:
Sex: □ M □ F
Date of Birth: (DD) (MM) (YY)
Chart #:
HCP#:
Community of Residence:

Munaqhiliqiyitkut Ministère de la Santé TUBERCULOSIS ASSESSMENT FORM Part 1: Client Assessment	Sex: M Date of Birth: Chart #: HCP #: Community of Residence:	
PERSONAL CLIENT INFORMATION		
House/Building #:	P.O. Box:	
)
Parent/Guardian:	School:	
Work:	Occupation:	
BOX 1.1 – REASONS FOR SCREENING CLIENT (check <u>all</u> boxes that	apply)	
□ Walk-in □ School screening □ Work □ TB Re	eferral (s <i>pecify</i>):	
☐ Surveillance ☐ Other (specify):		
☐ Contact of a confirmed case (<i>continue below</i>):		
Name of Source Case:	Source Case HCP #:	
Date of diagnosis: _(dd/mm/yy) If known, date of last co		
Bacterial status of source case: Smear: ☐ Pos: + ☐ Neg ☐ Un		
Type of contact: ☐ Close household ☐ Close non-household	□Casual	□ Community
Specify relationship:		
BOX 1.2 – SYMPTOMS AND CLINICAL CHARACTERISTICS		
Note symptom duration in weeks:		
Cough	☐ Yes,	□ No
Night sweats	□ Yes,	
Fatigue	sputum 🗆 Yes,	
	oss (kgs)	
	t: □ N/A □ Yes, EDC:	
- Trognan		
BOX 1.3 – PREVIOUS TB SCREENING AND VACCINATION HISTORY		
BCG Immunization:	□ No □ Unknown	
TST History : Previously tested? ☐ Yes	□ No □ Unknown	
Two most recent <u>TSTs</u> : Date read: <u>(dd/mm/yy)</u> Result:		□ Neg □ Unknown
Date read:(dd/mm/yy) Result:	_mm Interpretation: □ Pos	□ Neg □ Unknown
BOX 1.4 – PAST TB DIAGNOSIS AND OUTCOME		
, ,	□ No □ Unkn	own
	☐ Active TB (specify):	
Treatment received?:	□ # Doses: □ No	□ Unknown
If yes, was treatment completed: ☐ Yes	□ No □ Unkn	own
If treatment not completed, reason(s) why:		
If more than one diagnosis: Year of previous diagnosis:		
Year of previous diagnosis:		
Adverse reactions to treatment:		☐ No ☐ Unknown

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(MM)(YY)

	Part 2: Screening As	ssessment	SSMENT FOR and Outcome		Community	of Residence:			
	BOX 1.5 – SCREENING T	ESTS PERF	ORMED (ALL ABNO	RMAL F	RESULTS MUST BI	E SENT TO REGIO	ONAL CD	C)	
Eligible		TST #1	,			TST #2		-/	
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回	(dd/mm/yy) (dd	1 1 1	Interpretation (circle):		(dd/mm/yy)	(dd/mm/yy)		erpretation	
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put	Requisition date: (dd/mn			Date	Sputum Bottle Given:			Pos.:	
미	1			Colle	ection #1 Date:(dd/	mm/yy)	Culture	: Pos / Neg	9
and	Date done: (dd/mm/yy)	_		Colle	ection #1 Result Date:	(dd/mm/yy)	Cultured	l@	_ days
CXR	Result date:(dd/mm/yy)	_		Date	Sputum Bottle Given:	(dd/mm/yy)	Smear:	Pos.:	/ Neg
	Result:			Colle	ction #2 Date:(dd/	mm/yy)	Culture	Pos / Neg)
g	☐ Normal			Colle	ction #2 Result Date:	(cld/mm/yy)	Cultured	@	_ days
ijd	☐ Abnormal, (specify):			Date	Sputum Bottle Given:	(dd/mm/yy)	Smear:	Pos.:	/ Neg
neligible					ction #3 Date: (dd/			Pos / Neg	-
ISI				Colle	ction #3 Result Date: _	(dd/mm/yy)		@	
	BOX 1.6 – CURRENT ASS	ESSMENT O	UTCOME						
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	☐ TST Negative, window								
	☐ LTBI identified: ☐ Pre	evenuve LTBI							
					epted: Surveillance	initiated (F/U q6m	o x 2yrs:	CXR/sp	outum)
	ЦPre		treatment <u>not</u> offered						
-	_4		Surveillance initiated						
L	☐ Active case identified	l (**proceed t	o Boxes 1.7 and 1.8	below,	do blood work, an	d start DOT Moni	toring Fo	rm**)	
E	Box 1.7 – RISK FACTORS	(complete O	NLY for suspect or	known	active cases)				
- 1	Previous abnormal CXR	☐ Yes	□ No	□ U/ŀ	Contact of case	in last 2 yrs	☐ Yes	□ No	□ U/ŀ
	Steroid use	☐ Yes	□ No	□ U/k	HIV infection	-	☐ Yes	□ No	□ U/k
	Diabetes	☐ Yes, type:	🗆 No	□ U/k	End-stage renal	disease	☐ Yes		□ U/k
- 1	Liver disease	☐ Yes	□ No	□ U/ł	Peripheral neuro		□ Yes		□ U/k
- 1	Cancer	☐ Yes, speci		□ U/k	COPD	opaniy			
- 1			s): 🗆 No	□ U/k			☐ Yes		□ U/K
					Transplant immi	unosuppression	☐ Yes	□ No	□ U/K
	Corrections facility inmate		□ No	□ U/ŀ	· _ · · · · · · · · · · · · · · · · ·				
	Corrections facility inmate Alcohol			□ U/K	0 11 /1 11 1	☐ Yes: sticl	ks/packs	□ No	□ U/K
	Corrections facility inmate Alcohol	☐ Yes	□ No □ No		Smoking (<u>daily</u>)	□ Yes: sticl	s/packs □ Yes		□ U/K
	Corrections facility inmate Alcohol	□ Yes □ Yes	□ No □ No	□ U/K	Smoking (<u>daily</u>)	□ Yes: sticl			
	Corrections facility inmate Alcohol Travel abroad last 2 yrs	☐ Yes ☐ Yes, speci	□ No □ No fy below: □ No TUS (complete ONL	□ U/K □ U/k Y for su	Smoking (<u>daily</u>) Drug(s) spect or known ac	ctive cases)	☐ Yes	□ No	
	Corrections facility inmate Alcohol Travel abroad last 2 yrs OX 1.8 – HOUSING AND Current housing situatio	☐ Yes ☐ Yes ☐ Yes, special SOCIAL STA	☐ No☐ No☐ No☐ No☐ No☐ TUS (complete ONL☐ e ☐ Unstable	□ U/K □ U/k Y for su	Smoking (<u>daily</u>) Drug(s)	ctive cases)	☐ Yes	□ No	
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	Corrections facility inmate Alcohol Travel abroad last 2 yrs OX 1.8 – HOUSING AND Current housing situatio # people living in the house	☐ Yes ☐ Yes, speci. SOCIAL STA on: ☐ Stable se: r residence:	☐ No ☐ No ☐ No TUS (complete ONL e ☐ Unstable _ # people sleepi ☐ Yes* remind	U/k U/k U/k U/k V O O O O O O O O O O O O O O O O O O	Smoking (daily) Drug(s) spect or known actable, reside in shell house: NU Quit line	ctive cases) ter: □ Yes, <i>specit</i> # of bea □ No	☐ Yes	□ No	□ U/k
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Last Name:		
First Name: _		
Sex: ☐ M	\Box F	
Date of Birth:	(DD) _	(MM) (YY)
Chart #:		
HCP#:		

Nunavut	Ministère de la Sar	nté) (MM) (
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Surveillance	Fever □ No	☐ Yes x	weeks Night sweats				n □ No □ Yes x _	
Screening	1 -		weeks Blood in sputum			Weight loss	□ No □ Yes, _	=
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TUBERCULOSIS CONTACT IN	CONTACT	T INVESTIGATION R	RECORD
Community:			

	Smear + C+
	gnosis (dd/mm/yy): Bacteriological Status:
	UPDATED on (dd/mm/yy) :
save and email form to the Regional CDC	Community:
After 1st round contact tracing, again after 2nd	TUBERCULOSIS CONTACT INVESTIGATION RECORD

Name:	Date of Diag	Date of Diagnosis (dd/mm/yy): Type of TB:	m/yy):		Bacteriol Smear +	logical S	tatus: C+				
Name (Last, First)	M/D/Y	HCP#	Sex (M/F	Type of Contact and Relationship	BCG	Date of Last Contact	Previous TST	Post Exposure TST	CXR	Sputum	!
			_	to case (see below)	(100)	(dd/mm/yy)	Date Result	Date Result	Date Result (N or Abn)	Date Result (S and C)	Status
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* Enter 1st circle of contacts first: close house	sehold contacts, per	ople who live in same h	ousehold	with source							Closed
* Enter 2** circle of contacts secondly: close non-household contacts, people who have prolonged daily contact with source * Enter 3** circle of contacts thirdly: casual contacts, people who spend time regularly but less frequently with source * Enter 4** circle of contacts last community contacts, people who have infrequent, occasional contact (Refer to Canadian Tuberculosis Standards 6** edition on 252 for 15 circle of contacts last community contacts, people who have infrequent, occasional contact (Refer to Canadian Tuberculosis Standards 6** edition on 252 for 15 circle of contacts last community contacts, people who have infrequent, occasional contact (Refer to Canadian Tuberculosis Standards 6** edition on 252 for 15 circle of contacts last community contacts, people who have infrequent, occasional contact (Refer to Canadian Tuberculosis Standards 6** edition on 252 for 15 circle of contacts as the contact of the contacts of the contact of the co	e non-household co contacts, people wh y contacts, people v	ontacts, people who have spend time regularly lend to spend time regularly lendo have infrequent, oc	e prolong out less fro casional c	ed daily contact or equently with south	with source Irce Canadia	ce an Tuberculosis S	andarde 6th edition no One for	fullbar information.	CXR results write Sputum result wr	CXR results write: N = Normal or A = Abnormal Sputum result write: S-, S+ , C- or C+	: Abnormal
GN DHSS TB Contact Investigation Record (April 24 2012)	d (April 24 2012)						9	idi di ci i i i ci i i di ci i		Dage 1 of	<u> </u>
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RD - INITIAL PHASE OF TREATMENT Community of Residence:	MCP 非	Date of Birth:(DD) Chart #:	Sex: M F	First Name:	Initial Name I last Name:	Record of DOI Providers Diogo till in OU oddroom
Residence:		Date of Birth: (DD) (MM) (YY)	די		act Name:	Oddroop and by the total

PART 1: Prescription DOT 7 DAYS PER WEEK x DOSES OR (specify): ALL DOSE: OBSERVED (DOT). DO NOT ADJUST TREATMENT WITHOUT CONSULTING RCDC. Initial phase of TB treatment continues until all prescribed doses have been taken. **ACTIVE TB DOT RECO** Diagnosis: Date of Diagnosis: Treatment Start Date: **ALLERGIES**

ALL DOSES MUST BE DIRECTLY

				1
Drug	Dose (mg)	Date Started (dd/mm/yy)	Date Stopped (dd/ mm/vv)	
Isoniazid (INH)				
Pyridoxine (Vitamin B6)				
Rifampin				
Pyrazinamide (PZA)				
Ethambutol				

Drug Dose (mg) Date Started (dd/mm/yy) Date Stopped (dd/mm/yy)

or barriers to adherence are identified. At month end, mark number of doses taken and number of doses that should have been taken (doses due), then submit DOT record to RCDC. blood test results, or the client becomes pregnant. Mark dates of observed doses with your initials. Mark dates of missed doses with an "O". Consult RCDC as soon as adherence issues arise PART 2: DOT Record Assess for side effects / symptoms of hepatotoxicity* with EVERY DOSE. Consult with RCDC PRIOR TO ADMINISTERING NEXT DOSE if any are noted, there are abnormal

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PART 3: Monitoring Record | Maintain a growth chart for cases 5 years of age and under and submit to RCDC each month with DOT record.

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If pregnant, consult with	Specimen(s)	lests	N/I	י טייטיי טמימטייינט יין יינומימימימי	(1.9)	(dall	
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PA and Lateral Chest X-Ravs [^]	Sputum	Colour Vision / Visual Acuity	JUE	Diood Lesis Dolle (nate/list)	וופושור	, addoding it	
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child or weight loss in an adult or adolescent case, and when dosage adjustment indicated. A Sputum testing and chest x-rays after baseline required only for cases with respiratory TB disease. Record of DOT Providers onfirm dosing remains at a therapeutic level. Consult RCDC about failure to gain weight in a growing

GN Dept. of Health Active TB DOT Record - [ATB-1] vSep新福码件_FINAL

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ACTIVE TB DOT RECORD – CONTINUATION PHASE OF TREATMENT

Sex Community of Residence: First Name: Please fill in OR addressograph/affix label: エのマ本 Chart #: Date of Birth: Last Name: (MM) 3

OBSERVED (DOT). DO NOT ADJUST TREATMENT WITHOUT CONSULTING RCDC. The continuation phase of TB treatment continues until all prescribed doses have been taken. PART 1: Prescription DOT 3 DAYS PER WEEK (Mon/Wed/Fri) x 54 DOSES OR (specify):

ALL DOSES MUST BE DIRECTLY

od (dd/mm/ Drug Dose (mg)	
	Dose (mg)
Dose (mg)	
	Date Started (dd/mm/yy)

or barriers to adherence are identified. At month end, mark number of doses taken and number of doses that should have been taken (doses due), then submit DOT record to RCDC. blood test results, or the client becomes pregnant. Mark dates of observed doses with your initials. Mark dates of missed doses with an "O". Consult RCDC as soon as adherence issues arise PART 2: DOT Record Assess for side effects / symptoms of hepatotoxicity* with EVERY DOSE. Consult with RCDC PRIOR TO ADMINISTERING NEXT DOSE if any are noted, there are abnormal

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PART 3: Monitoring Record Maintain a growth chart for cases 5 years of age and under, and submit to RCDC each month with DOT record.

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PA and Lateral Chest X-Rays^	Sputum	Visual Acuity and Colour Tests		Pregnant	Blood Tests Done (date/list)	weight	Assessment	
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are AFB smear- and culture-negative. Collect three specimens and repeat PA and lateral chest x-rays within 1 month of anticipated treatment completion date (usually during Month 6). child or weight loss in an adult or adolescent case, and when dosage adjustment indicated. A For respiratory cases only: collect one sputum specimen each week until three consecutive specimens reme fatigue, stomach upset, nausea/vomiting, dark urine, yellow sclera, abdominal pain. ** Confirm dosing remains at a therapeutic level. Consult RCDC about failure to gain weight in a growing

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Please initial each section when comp Educator (Naomi Davies - ndavies@go Complete BCCDC Online TB course a sign in, select TB course, click 'enrol		TRN pama & cianatina.	IBN name & signature:	י פוע וומוזור פג פוצוומרטו פי.
November 2014	4 Plant and read 3 TSTs accurately observed by preceptor or designate 5 Review info on 4 main TB meds: INH, RMP, PZA, EMB & know side effects 6 Review Guidelines for Active TB treatment 7 TB Assessment Form a. when to complete TBAF b. understand/discuss reasons for information requested in each section c. when to submit to RCDC d. when a new one needs to be completed 8 Review DOT record for Active & Latent Tx, review how to calculate monthly totals 9 Review and know where to find Ongoing Monitoring Tables and documentation for Active and Latent 2 weeks if concerned re ongoing rise, collect sputa if cough reported) b. Know when to report abnormal lab values, weight changes to RCDC ## Know how to fill out End of Treatment completion forms, reporting applicable test results and what forms to attach (DOT record). ## Understand what is Window Period Prophylaxis, who it applies to, importance of immediate reporting eligible clients. ## Review 'Ordering CXRs' info sheet ## Review 'IB meds administration and Food' ## Review Inter-Community Travel form and what documents to send with it ## Understand reason for surveillence, know where list is kept in community and timing *some of these items are assessed by discussion with preceptor or the TB Educator			
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