
Section 3: **Tuberculosis Prevention**

Policy Number: **3.4**

Subject: **Infection Prevention and Control and
Respiratory Protection**

Issued: **June 2007**

Revised: **July 1, 2018**

1. BACKGROUND

- 1.1 Infectious respiratory TB (tuberculosis of lungs or larynx) is an airborne disease and requires special infection prevention and control practices to reduce the risk of transmission of *M. tuberculosis* in health care settings. As part of infection prevention and control, use of N95 respirators that filter 95% of droplet nuclei larger than 1 micron is required to protect workers when in contact with clients who have or are suspected to have active respiratory tuberculosis.

2. POLICY

- 2.1 All health care facilities must maintain a high index of suspicion to ensure early identification of patients with suspected TB.
- 2.2 A confirmed case of infectious respiratory TB should be transferred to a facility with an infection prevention and control program and airborne isolation facilities for initial treatment.
- 2.3 In health care facilities in First Nation communities, all health care workers will adhere to infection prevention and control (IPAC) practices including airborne respiratory protection to reduce the risk of transmission of *M. tuberculosis* when caring for a suspected or confirmed case of infectious respiratory TB.
- 2.4 At the time of fit testing, the health care worker will be instructed on how to wear the respirator properly to ensure optimal effectiveness, and educated regarding the importance of wearing respirators.
- 2.5 As per the Canada Labour Code, employers are responsible for the health and safety of their employees. First Nations and Inuit Health Branch - Ontario Region (FNIHB-OR) provides fit testing for N95 respirators as outlined in the Respiratory Protection Plan.
- 2.6 The use of safety engineered needles (SENs) is required effective July 1, 2010, in accordance with Ontario regulation 474/07 of the Occupational Health and Safety Act
- 2.7 CHNs are required to undergo TB screening before and during employment as outlined in the FNIHB-OR Infection Prevention and Control policies.

3. PROCEDURE

- 3.1 When encountering a suspected or confirmed infectious respiratory TB case (i.e. TB of lungs or larynx) in the clinic/nursing station:
 - 3.1.1 Put patient in a well-ventilated/separate room if available.
 - 3.1.2 Patient will wear a surgical mask.
 - 3.1.3 Health care workers will wear a fit tested N95 respirator while treating and/or caring for the client.
 - 3.1.4 For information on management of TB cases refer to Policy 4.3: Sputum Collection and Policy 4.4: Consultation with TB Medical Experts.
- 3.2 Respiratory protection measures should continue until the clinician treating the patient deems them no longer necessary.
- 3.3 After a diagnosis of active respiratory TB is made, arrange for patient transfer for treatment to a facility that has appropriate infection prevention and control measures in place (e.g., airborne isolation). For infection prevention and control practices during transportation, discuss the transfer with the CD nurse.
- 3.4 When a health care worker visits an infectious TB case in a client's home, the client will wear a surgical mask and the health care worker will wear a N95 respirator until advised by the treating clinician that the client is no longer infectious.
- 3.5 In special situations where an infectious TB case is discharged home from hospital while still potentially infectious, the following conditions should be met before the discharge (CTBS 7th ed., page 378):
 - 3.5.1 Directly Observed Therapy (DOT) has been arranged.
 - 3.5.2 No infants or children under age 5 years or persons with immunocompromising conditions are present in the household, as they are at higher risk of progressing to TB disease if infected. An exception would be if they are already receiving treatment for TB disease or LTBI.
 - 3.5.3 All immunocompetent household members have been previously exposed to the patient. Therefore, household members and the client do not need to wear a mask.
 - 3.5.4 The patient should not have visitors while isolated in the home.

4. REFERENCES

- 4.1 First Nations and Inuit Health Branch – Ontario Region. (2013). Respiratory Protection Program.
- 4.2 PHAC (2014) Canadian Tuberculosis Standards, 7th Edition. Retrieved from: http://strauss.ca/OEMAC/wp-content/uploads/2013/11/Canadian_TB_Standards_7th-edition_English.pdf