



Tuberculosis and Shelters:

Guidelines for staff, volunteers and students of agencies
serving people who are homeless or underhoused

North Bay Parry Sound District Health Unit
Communicable Disease Control Program

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Introduction

People who are homeless or under-housed are at a higher risk for tuberculosis (TB). Early detection and treatment completion is the key to protecting their health and the health of others. Clients in homeless shelters are at an increased risk of contracting TB, because shelters are an ideal setting for this airborne disease.

TB outbreaks occur at homeless shelters in Canada and its spread is affected by overcrowded living conditions, poor nutrition and lack of regular healthcare.

Knowing how to protect yourself and your clients from this disease is the key to preventing its spread. By working together and being alert to the signs and symptoms of TB, it can be prevented in our community.

TB is preventable, treatable and curable and you can create a healthy and safe environment for your clients.

TB Education/Training Process:

Initial Education:

- Presentation by Public Health Nurse, North Bay Parry Sound District Health Unit to managers, frontline staff and volunteers.

- Following the presentation, managers, frontline staff, volunteers and students are to review this booklet on Tuberculosis and Shelters.

Ongoing Education:

- Shelter staff will provide TB education to new staff via presentation material provided.
- Following the presentation, new staff are to review this booklet on Tuberculosis and Shelters.

Preventing the Spread of TB

What Shelter Managers Can Do

Shelter managers can help create a healthy and safe shelter by establishing a TB control policy and procedure.

What Frontline Staff Can Do

Frontline staff are the best resource for stopping TB in its tracks. It is recommended that frontline staff utilize the following checklist.

Checklist for Staff

Plan and Prepare BEFORE an active TB case appears at your shelter

Attend TB training to learn about TB infection and TB Disease. Know your shelter's TB control policy and procedure.

Get screened for TB and participate in regularly scheduled TB screenings at the shelter.

Implement a "Cough Alert" policy by observing and being aware of clients who cough. Refer clients with TB symptoms to the shelter manager and/or on-site healthcare workers for evaluation.

Observe the shelter environment for:

- Open windows and fans
- Placements of beds
- Availability of tissues and surgical masks to cover coughs

*Refer to Appendix C

Recommended TB Policy for Agencies/Shelters

1. Tuberculosis screening for Staff, Volunteers and Students pre-placement. (Refer to Appendix B for information on the TB Skin Test.)

1.1 TB screening should be performed prior to placement (except for those that fall under 1.4, 1.5 or 1.6) to provide a baseline in the event of a future exposure.

1.2 Initial screening should be a two-step skin test unless there is appropriate documentation of a previous TB skin test (see 1.4).

1.3 If an individual has a positive TB skin test, a medical exam and chest x-ray will be required. There are no workplace or employment restrictions for the individual. The Health Unit will be notified and will follow up with the individual (see page 4).

1.4 Previous Negative Skin Test

Individuals who have a documented previous TB skin test result recorded in mm of induration (not “positive or “negative”) within the preceding year require a single initial skin test and will be managed on the basis of that result. There is no need for a two-step test when an individual has been tested previously.

1.5 Previous Positive Skin Test

Individuals with a previous documented positive TB skin test do not require repeat TB skin testing. The individual should have a baseline pre-placement chest x-ray and be medically assessed in order to rule out active TB disease. They should be instructed to promptly report any symptoms suggestive of TB to their health care professional.

1.6 History of treatment for TB infection or disease

Individuals with documented history of successful treatment for TB infection or disease do not require TB skin testing.

1.7 The results of the TB skin test (medical exam and copy of CXR if needed) should be kept in a separate, confidential health file.

2. Bi-Annual Follow Up

2.1 Bi-Annual TB skin testing is recommended for all staff, volunteers and students if the initial two-step skin test is negative.

2.2 Bi-Annual chest x-Ray and medical assessment is recommended for those who fall under 1.5 and/or 1.6.

3. TB Education

3.1 Staff, volunteers and students should receive TB education within 30 days of starting work (see page 3). Regular TB updates should be provided as needed.

Role of Public Health in TB Prevention and Control

TB is a Reportable Disease. This means that every case of both active and latent TB infection must be reported by a health care professional to the North Bay Parry Sound District Health Unit as per the Health Protection and Promotion Act.

Management of Latent TB Infection

The Public Health Nurse will do the following:

- Contact the physician/hospital/health care professional for additional information and to determine if TB disease is ruled out.
- Meet with the client/staff/volunteer in order to:
 - Educate them about TB infection versus TB disease;
 - Discuss signs and symptoms of TB disease;
 - Discuss medication for prevention of TB disease;
 - Encourage any necessary medical follow up appointments.
- Provide medication free of charge to those persons with latent TB who are started on preventative therapy.
*Refer to Appendix A for information on Latent Tuberculosis.

Management of Active TB disease

The Public Health Nurse will do the following:

- Verify that the client has active TB disease;
- Contact the physician/hospital for additional information.
- Meet with the client in order to:
 - Educate them about active TB disease and how to prevent its spread;
 - Discuss TB medicines and their side effects;
 - Ensure that medicines are being taken properly;
 - Encourage medical follow up appointments;
 - Identify contacts and refer them for follow up;
 - Refer clients with other health/social needs to other sources of help;
 - Assess the need for Directly Observed Therapy.
*Refer to Appendix A for information on Active TB Disease

Contact Tracing

- All people with active TB disease are assessed by public health to determine if they are contagious to others.
- The purpose of contact tracing is to identify, notify and educate anyone who has been in close prolonged contact with someone who has active TB disease and to make sure they are tested.
- If someone is contagious with active TB disease in a shelter or drop-in site (such as a soup kitchen), the Health Unit will educate and follow up with staff, volunteers, and clients.

Infection Control Measures

The following infection control measures will help reduce the spread of TB and other common respiratory illnesses.

- Instruct persons in the shelter who are coughing or sneezing to cover their nose and mouth. Provide a mask to persons with a chronic cough.
- Supply disposable tissues to staff, volunteers and shelter clients.
- Ensure all staff, students and volunteers have had appropriate TB skin testing (see page 5) and education (see 3.1).
- Practice hand hygiene regularly and encourage shelter residents to do the same. (See Appendix D)
- Stay home if you are sick. While minor colds and illnesses may not physically stop you from working, simple infections can be very serious for the people who stay in shelters or use homeless services.
- Refer to the Ministry of Labour and Ministry of Health and Long Term Care May 5, 2005 document in Appendix C for information on General Measures and Ventilation Guidelines.