First Nations Health Authority
Health through wellness

Tuberculosis Services

Paddling Together

Community Programming Guide

KLAHOWYA! WELCOME!

FNHA's Tuberculosis (TB) Services program includes consultation and support to Community Health Nurses (CHNs), Community Wellness Workers and First Nations Health Service Organizations. Persons experiencing TB are not alone; we are paddling together to get across the divide of illness and colonization to the shores of wellness and Indigenous revitalization.

FNHA TB Services aims to close the gap between TB incidence for First Nations peoples of BC and the all-population rate of TB in the province.

Farther range targets include the WHO goal for low-incidence countries which aims for a 50% reduction in TB incidence, and less than 10 cases of TB per million population, by the year 2035. High level strategies include assurance of timely and culturally safe diagnosis, treatment and follow-up care for those exposed to and/ or diagnosed with TB. In addition, this good work requires transformation of medicalized TB models of prevention to integrated, community-driven interventions informed through Indigenous perspectives.

This Community Programming Guide directs you in how to launch TB services in your community. Training and clinical program guidance is aimed at CHNs or Home Community Care Nurses (HCCN). The Canadian TB Standards Manual, the BC Centre for Disease Control (BCCDC) Provincial TB Manual, and the BCCDC TB Screening Decision Support Tool provide clinical guidelines, competencies and standards. FNHA TB Nurse Advisors are your resource for guidance on all aspects of TB programming for First Nations communities.

FNHA TB Services Community Program Guide

1.0 PROGRAM DEVELOPMENT

1.1 CULTURAL-HISTORIC CONTEXT OF TB FOR INDIGENOUS PEOPLES IN BC

The first steps for clinicians in this journey is to learn, respect and support the expert knowledge of lived experience within First Nations communities; to understand and acknowledge the strength of Indigenous wellness perspectives as the most critical protective forces against TB disease; and to understand and acknowledge that TB sanatorium and residential school institutions produced multiple violations of human dignity. Even as historic trauma continues to impact current TB experiences, self-determination and cultural revitalization are the most important factors shaping the geography of TB today.

"TB NO LONGER HAS THE POWER OVER FIRST NATIONS IT ONCE DID. THE GHOSTS OF FORCED INSTITUTIONALIZATION, DEATH AND LOSS ARE A FEATURE OF THE PAST. TODAY FIRST NATIONS PEOPLE ARE TAKING CONTROL OF THEIR DESTINY USING THE INDIGENOUS SCIENCE EXPERTISE WE HAVE ALWAYS HAD - BASED IN LAND, CULTURE AND COLLECTIVITY. TB IS PREVENTABLE, CURABLE AND OUR PEOPLE WILL ACCEPT NO LESS THAN RESPECTFUL, CONSIDERATE AND QUALITY TB INTERVENTIONS."

- Anonymous TB survivor.

CULTURAL HUMILITY

Strategize to work in harmony and equal partnership with community. Key competencies for Community Health Nursing include understanding cultural safety, relational trust, trauma informed care, outreach services, as well as knowing local protocol, systems and resources, both formal and informal.

LISTEN & LEARN

Meet with community members, participate in community activities and, with permission, visit important sites in the territory. Learn about the language, traditional territory, governance structures, traditional and cultural beliefs, and current perspectives on the CHN role in healing and care for community.

Hold conversation with Elders or cultural support workers around the context of TB for the community that you serve. Consider traditional medicines, wellness strategies, and the legacy of TB for this community. Research the community's history in terms of residential school and TB sanatorium experience. What generations were effected directly? What generations continue to be impacted?

Seek recommendations on how to sensitively and effectively approach the topic of TB and conduct screening for community members. Consult on the best way forward to embed TB work within a greater wellness context.

PERSONAL GROWTH

Do your own personal work prior to implementation of services. Utilize Indigenous learning resources. Evaluate your work and obtain feedback. Is the approach too medically based? Is it creating fear? What is working well? What can be changed?

SOCIAL DETERMINANT LEVEL PERSPECTIVE

Consider the determinants of health and indicators pertinent to First Nations communities, including economic and environmental factors.

HOLD CONVERSATION WITH ELDERS OR CULTURAL SUPPORT WORKERS AROUND THE CONTEXT OF TB FOR THE COMMUNITIES THAT YOU SERVE

1.2 NURSING/PUBLIC HEALTH TRAINING

The British Columbia College of Nurses and Midwives (BCCNM) classifies tuberculin skin testing (TST) and ordering of chest xrays (CXR) as restricted activities that do not require an order, but DO require adherence to standards, limits and conditions set by the College.

Nurses should review the BCCDC TB Screening Competencies document (April 2019) and TB DST to determine their competency and complete the BCCDC Courses online, and outlined below.

- **BCCDC - TB DST and TB Screening Competencies:**
  http://www.bccdc.ca/health-professionals/clinical-resources/tuberculosis-guidelines

- **TB Essentials Online Course:**
  www.bccdc.ca/health-professionals/education-development/tuberculosis-online-courses#Essentials

- **TST Training Online Course:**
  www.bccdc.ca/health-professionals/education-development/tuberculosis-online-courses#TST

- **TB Screening Guidance for CHWs, LPNs, and RNs:**
  https://partners.fnha.ca/sites/HomeandCommunityCare/FNHA_Resources_TB/Forms/Document%20Type1.aspx

- **TB Manual:**
  www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/tuberculosis

- Confirm you are added to the FNHA Communicable Disease Population & Public Health All Nurses Distribution List by emailing: CDC@fnha.ca

- Know your local Public Health Nurse or Communicable Disease Team and the nearest locations for labs and medical imaging. Contact the FNHA TB Services team for support at FNHATB@fnha.ca. For IGRA screening sites, refer to the BCCDC website at: IGRAsites.pdf (bccdc.ca)

EDUCATION - FNHA TB SERVICES

Requests nurses to also complete required **Cold Chain, Anaphylaxis and Adverse Events** as part of the education competencies for nurses working in First Nations communities.

- **BCCDC Cold Chain:**
  http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Appendix_E_ManagementBiologicals.pdf

- **BCCDC Vaccine Storage and Handling Course:**
  http://www.bccdc.ca/health-professionals/education-development/immunization-courses/vaccine-storage-and-handling-course

- **BCCDC Anaphylaxis:**
  http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part_3_Anaphylaxis.pdf

- **BCCDC Adverse Event:**
  http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part_5_AEFI.pdf

- Attend the FNHA Paddling Together TB Workshop for Community-Centered Practice (LPN/RN/NP), when feasible. Invitations are sent by email to all nurses working in First Nations communities.

- The FNHA TB Services team can also come to you for program planning, training and capacity building in community.

ADDITIONAL EDUCATION:

BCCDC Immunization Course:

Is recommended, but not mandatory unless the Band/Employer requires it.
www.bccdc.ca/health-professionals/education-development/immunization courses/immunization-competency-course

PRACTICE UPDATE:

The Canadian TB Standards - 8th edition (2021)has updated TB terminology used in practice and will be reflected in this document.

TB Infection - formerly known as Latent TB Infection (LTBI)
TB Disease - formerly known as Active TB

This change draws attention to the practitioner and the client that a diagnosis of TB Infection and TB Disease require monitoring, follow-up, and to discuss treatment options with their Primary Care Provider/ or Community Health Nurse.

1.3 RESOURCES: EQUIPMENT, FORMS, SUPPLIES

- Assure fridge, thermometers (min/max, data logger), back-up power supply, temperature monitoring and documentation, cold chain transportation equipment are in place: www.bccdc.ca/health-professionals/clinical-resources/immunization/vaccine-management
- Order PPD from local Health Unit, provided free of charge through BCCDC
- Order TB syringes, anaphylaxis kit contents and other materials needed for PPD administration from the Provincial Distribution Centre (PDC). Contact your Practice Consultant for details to sign up for an account.
- Download and Print BCCDC TB Screening form: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/TB/CPS_TB_ScreeningForm.pdf
- Order sputum bottles, biohazard bags and requisitions from PHSA: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/PHLOrderForm.pdf
- Order TB Starter Unit (medication) order a starter pack if you don't have local access to a Regional Health Authority Health Unit (the Health Unit can supply TB starter medications when needed): www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Pharmacy/TBStarterUnitorderform_v4_Mar2011_.pdf
- Download or order additional TB program forms, educational materials, and other resources (e.g., TB caliper rulers) through FNHA: www.fnha.ca/what-we-do/communicable-disease-control/respiratory-infections-tuberculosis

2.0 PROGRAM IMPLEMENTATION

CHANGES TO TB SCREENING PROGRAM EFFECTIVE OCT 29, 2020:

The top priorities for TB Screening in BC First Nations communities include screening those at high risk of exposure to TB and screening those at higher risk for progression to TB disease if infected with TB infection.

Enhanced TB Screening protocols for preschool and school age children in BC First Nations communities were established in conjunction with the discontinuation of BCG vaccination in 2003. Recently, an evaluation of the BCG discontinuation and screening protocol was done. The key findings of this evaluation were:

- No adverse outcomes related to the discontinuation of the BCG vaccine
- Very few TB infections or TB disease cases found through screenings efforts
- TB screening of children can be safely discontinued

A review of the employee screening program was also done and found there was a low yield for the screening, and that coverage was both inconsistent and resource intensive. Accordingly, it was recommended that employee screening be brought into alignment with the following BC provincial guidelines:

- Health Care Workers: 2-step TST upon first hire in BC and no further testing unless TB risk identified
- Other employees (public service, corrections, shelters, treatment centres, educators): TST upon starting employment or at the discretion of employers, and no further testing
- Students: at request of the institution

The changes outlined above will allow a better focus on top priorities for TB screening. As such, FNHA TB Services would like to provide more guidance and support to enable communities to implement this practice.

ESSENTIAL CONCEPTS UNDERPINNING PRIORITY SCREENING FOR TB:

- Untreated TB infection (formerly known as LTBI) can progress to TB disease at any time;
- Certain risk factors increase the probability of progression from TB infection to TB disease;
- Increased risk for exposure to TB results from specific activities and living situations; and
- The most important aspect of the TB Screening Program is sharing knowledge so that clients are empowered to manage their own wellness.

2.1 GOALS FOR PRIORITY SCREENING FOR TUBERCULOSIS

1. Increase early detection of TB to reduce mortality and morbidity, and to minimize transmission to others.
2. Prevent progression to TB in those at risk through the treatment of TB Infection (formerly known as LTBI).
3. Empower community members who are at increased risk for TB exposure or progression to TB disease to manage their health through knowledge and action.

TB INFECTION (FORMMERLY KNOWN AS LTBI)

- TB Infection is established when an individual is exposed to TB, breathes the TB bacteria into their lungs, and the immune response successfully walls off the bacteria,rendering it dormant.
- It is estimated that 10% of people with TB infection will progress to TB disease over their lifetime.
- A number of co-morbidities or other risk factors can significantly increase a person's lifetime risk.

RISK FACTORS THAT INCREASE THE PROBABILITY OF PROGRESSION FROM TB INFECTION TO TB DISEASE

1. AGE:

- Seniors over the age of 65 have the highest incidence of TB.
- Seniors are more likely to be diagnosed late and die from TB than any other age group.
- Older community members are more likely to have co-morbidities which results in primary care providers (PCPs) often looking to other diagnoses before considering TB. The declining prevalence of TB also contributes to delayed diagnosis as HCPs do not have a high degree of suspicion for TB.
- Many older community members have had TB in the past, been in the sanatoriums, or have had exposures to TB throughout their lifetime. Their risk for progression to or recurrence of TB disease is significant, especially if they have not had treatment or the treatment taken was inadequate.

2. MEDICAL RISK FACTORS:

Community members with known TB infection or previous inadequately treated TB disease may be at increased risk for TB disease if they have medical conditions that are known to increase that risk.

a. HIV: HIV increases the risk of progressing to active TB by 50 to greater than 100 times. Risk is highest for clients who have not achieved viral suppression and whose CD4 counts are lower.

b. Transplant: Transplantation increases the risk of progression by 2-70 times. This risk is related to immunosuppression caused by anti-rejection drugs. As a golden rule, clients are screened for TB infection treated prior to their transplant.

c. Diabetes: A person with TB infection and diabetes is 3 times more likely to progress to TB disease. Treatment failure, relapse and death from TB is also increased up to 5 times in this group.

d. Chronic Kidney Disease/Dialysis: The relative risk for progression to TB disease in a person with end stage renal disease receiving hemodialysis is increased by 50 times. This is related to impaired immunity in the context of uremia.

e. Cancer: Cancers, particularly hematologic or of the head and neck, increase the risk for progression to TB disease by up to 11 times.

f. Immunosuppressing Medications: This includes biologic anti-TNF agents and corticosteroids. Depending on the agent or the study, biologic agent's relative risk is 1.5-5.5 times. For corticosteroids such as prednisone, a daily dose of 15mg or greater for 1 month or longer requires screening and treatment of TB Infection (formerly known as LTBI).

3. CHEST X-RAY ABNORMALITIES:

There are 2 types of radiographic changes on chest x-ray that signify an increased risk of TB reactivation. Granulomas double the risk of a person with TB infection progressing to TB disease. Fibronodular scarring increases the risk by up to 19 times.

4. SUBSTANCE USE:

Heavy alcohol consumption, cigarette smoking of a pack or more per day, or daily cannabis use increases risk by up to 3 times.

5. TB HISTORY:

a. Known TB exposure(s)

- Recent exposure to TB disease with a new positive TST (when a previous TST was negative less than 2 years ago) puts a person at their highest lifetime risk of progressing to TB disease.
- Documented historical TB exposures increases the chance that an individual has true TB infection (formerly known as latent TB infection, LTBI).
- Multiple exposures may increase an individual's risk of progressing to TB disease.
- If an individual spent time in residential school they should be assumed to have had exposure to TB.

b. Previous Incomplete Treatment

- If a person did not complete a full course of treatment for TB they are at risk for developing TB at some point in the future.
- If treatment for TB was self-administered (ie., not directly observed) it is difficult to say with certainty that treatment was adequate.
- Medications used during the Sanatoria era were often less effective, making the risk of TB recurrence more likely.

RISK FACTORS FOR EXPOSURE TO TUBERCULOSIS

Some community members may be at increased risk of exposure to TB:

- Those without stable housing are naturally exposed to more people. The risk of exposure is also increased for people transient to urban centres, where TB is more common.
- Those who live in overcrowded homes may have an increased risk of exposure.
- Spending time in congregate settings, especially shelters or correctional facilities, increases the risk for individuals to be exposed to others. Outbreaks in shelters are particularly common.
- Some individuals have very large social networks because of their work, family, or lifestyle. Individuals with substance use disorders may have many social contacts, increasing exposure risk.

2.2 STEPWISE APPROACH TO SETTING UP AND CONDUCTING PRIORITY SCREENING FOR TUBERCULOSIS

GATHER COMMUNITY TB HISTORY

Learning about the TB history of the community you work in is vital.

- Community health staff often have a wealth of knowledge, or can point you in a good direction.
- Community Elders are key individuals with memories and knowledge of the past.
- Conversations around TB can be extremely difficult. It's important to acknowledge that many people were taken from their communities for treatment in TB hospitals without explanation or understanding. Often times, they spent years there without contact with family, subjected to similar abuses known to have existed within the Residential School system. Many people died in these hospitals and it was common for families to never know what happened.
- Sometimes a good way to start the conversation is by bringing community members together to share their stories. There are some excellent videos available to stimulate the conversation, such as: https://www.youtube.com/watch?time_continue=2&v=fO-Rn70X3Io.

GATHER INDIVIDUAL TB HISTORIES

There are many sources of information that you can use to begin building a list of individuals who may benefit from TB screening:

- Start by reviewing individual client records for information about TB history, previous TSTs, etc.
- Focus on high risk groups such as seniors and people with health problems known to increase the of risk progression to TB disease.
- Run Panorama report "TB009 - First Nations Screening Summary" to get a list of people who have had a TB skin test in the past along with their result.
- If you do not have Panorama, or need help, contact FNHA TB Services.

IDENTIFY COMMUNITY MEMBERS WHO ARE A PRIORITY FOR SCREENING

- Determine who has a history of previous TB, positive TB skin test, or positive IGRA.
- Prioritize those with higher risk for progression to TB disease based on their age, medical risk factors, and/or social determinants of health.
- Consider making a spreadsheet to assist you with your TB screening. You may also want to consider flagging charts in some way that alerts other HCPs to a client's TB risk.

OFFER SCREENING

Do your screening using the TB Screening Form from the BCCDC website. Refer to the BCCDC TB DST and Manual for clinical guidelines, competencies, and protocols. Fax the completed form to FNHA TB Services at 604-689-3302, as indicated on the form (page 2), **not** to BCCDC.

a. Symptom Assessment:

- Cough
- Fever
- Lymphadenopathy
- Chest pain
- Sputum production
- Loss of appetite
- Night Sweats
- Hemoptysis
- Weight loss
- Fatigue

- When discussing symptoms with clients try to obtain detailed information, such as onset, duration, quantity, progression over time, etc.
- Symptoms of TB disease tend to have an insidious onset and are easily attributed to other issues, such as coughing due to smoking, fatigue due to stress, or sweating due to menopause.
- By the time symptoms of TB are really bothersome the disease may be very advanced.
- Be aware that people who use substances may have difficulty recognizing symptoms.
- Take the opportunity to discuss the nature of TB symptoms with the client, what to watch for, and the importance of seeing a health care provider early.

b. Risk Factor Assessment:

- Ask about risk factors that you may not already be aware of.

c. TB History:

- Document TB history, including TB exposures and/or previous treatment.
- Document date of past positive TSTs and/or IGRA results.

SCREENING TESTS

- Clients at risk of exposure to TB should get a TB skin test unless they've had a positive TST in the past.
- Chest x-rays are not routinely recommended when screening clients with previous positive TSTs. Instead, CXR is appropriate for people experiencing symptoms or going on treatment for TB infection.
- **All clients** who are symptomatic with a cough, sputum production or hemoptysis should have 3 sputum collected and sent for AFB testing. Be aware that older individuals may have difficulty producing sputum and need extra support. **Sputum is key to TB diagnosis**, so be persistent.
- IGRA testing – a tool used to confirm TB Infection (formerly known as LTBI) – may be appropriate for clients who have had a BCG vaccination and who have never been treated for TB infection or TB disease. Contact an FNHA TB Nurse Advisor to discuss this option, if appropriate.

FREQUENCY OF SCREENING

- At minimum, screening should be done annually. How you structure the screening is up to you. You may want to do it all at once, work on different target groups, or simply take the opportunity to screen those who are high priority whenever the opportunity arises.

SHARE KNOWLEDGE

- The most important aspect of your TB Screening Program will be the knowledge you share with clients that enables them to better protect their health and advocate for themselves to care providers.
- Many people who have had positive TB skin tests in the past do not remember, or do not fully understand, the significance of TB infection. Some may not recall ever having been treated for TB infection or TB disease, especially those who were treated as children.
- Community members with risk factors may not have been told, or don't fully understand, the impact this has on increasing their chance of developing TB disease.
- Educating people about the signs and symptoms of TB is especially important because symptoms are not specific to TB and are frequently attributed to other diagnoses. Armed with this knowledge, and an understanding of their risk based on TB infection status and co-morbidities, they can alert health care providers to check for TB if symptoms arise.
- Community members with TB infection may not be aware of the benefits of treating this infection. Treatment of TB infection is estimated to reduce the likelihood of progression to TB disease to less than 1%. Treatment of TB infection also reduces the potential of transmitting TB disease to family members and others.

SUPPORT TB TREATMENT

- Community members who are knowledgeable about their own risk of TB and the benefits of treatment for TB infection will hopefully opt for preventative treatment.
- Today, shorter regimes exist, including 4 months of daily Rifampin or a once weekly 12-dose regime of Isoniazid and Rifapentine, making treatment much easier for people.
- TB Community Wellness Champions can be employed to help you support clients throughout their TB treatment.

Refer to FNHA TB Priority Screening Quick Guide (Appendix A). Consult with FNHA TB Services with any questions, concerns or practice support.

COHORT Screening Assessment/Test	**1ST PRIORITY** At high risk for progression to TB disease if infected or at high risk for exposure to TB	**2ND PRIORITY** Provincial Congregate, Occupational and Travel Screening
Screening Schedule	Screen at time of diagnosis/identification and annually thereafter, at minimum.	Congregate setting: screen at time of referral. Occupational: Upon new hire. No further screening unless TB risk identified. Travelers: screen at baseline and following travel of 2 months or more to a high incidence country.
TB Symptom, Exposure and Risk Factor Inquiry	All.	All.
Tuberculin Skin Test (TST)	If no previous positive TST.	If no previous positive TST. 2-step TST for Health Care Workers.
Check x-ray (CXR)	Immunocompromised or initiating immune suppressing treatment. Persons with TB symptomology. Persons starting treatment for TB infection.	New positive TST. Persons with TB symptomology. May done if required by the institution but clearance based on negative symptomatology alone is acceptable and preferred.
Sputum for AFB	Persons with TB symptomology.	Persons with TB symptomology.

CLIENT SCREENING EDUCATION REMINDERS

Ensure the client has a clear understanding of the following key points:

- The purpose of the screening and diagnostic tests and why they are being recommended.
- The difference between TB infection and TB disease.
- Window periods and timing for repeat testing if necessary.
- How the test is done.
- When to expect results.
- The significance of negative or positive TST and IGRA results.

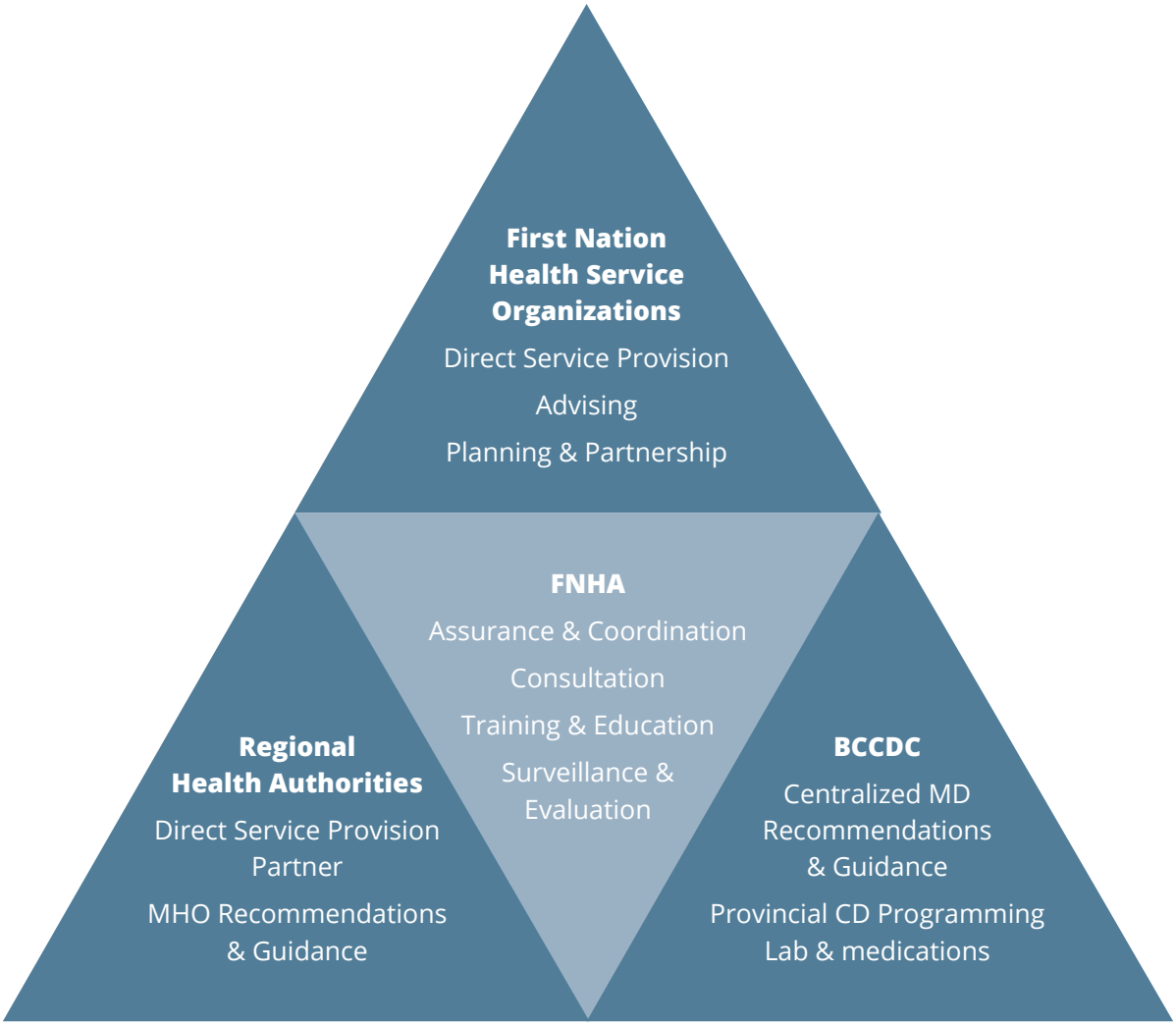
If TST positive discuss the following:

- The client should not have a skin test again. Instead, future screening may require and IGRA and/or CXR.
- A positive TST result does not exclude the client from school, work or volunteering after TB disease has been ruled out.
- TB Physician recommendations and follow-up (e.g., IGRA, treatment of TB infection).
- Certain risk factors could increase the chances of acquiring a TB infection and developing TB disease. Provide resources and referrals, as appropriate (e.g., HIV care, Diabetes management, Smoking Cessation).
- If the client does not take treatment for TB infection (formerly known as LTBI), review the signs and symptoms of TB disease and when to report to a health care provider.

Source: BCCDC TB DST 2017

3.0 PROVINCIAL TB SERVICE DELIVERY MATRIX FOR FIRST NATIONS COMMUNITIES

TB Prevention and Control is a mandatory Public Health program that takes place through collaboration between FNHA TB Services, First Nations communities and Provincial partners. Services are primarily delivered in First Nations communities and include community-level assessment, monitoring and prevention of TB, holistic Case Management of TB disease, and contact investigation. Capacity building through culturally-informed TB awareness and prevention activities, as well as surveillance, data collection and evaluation are also importance aspects of TB Services.



TB SERVICES MATRIX ROADMAP

TB ACTIVITY	FNHSO CHN ACTION Communicates with FNHA	FNHA TBS ACTION Communicates with both FNHSO CHN's and BCCDC	BCCDC TBS SERVICES Communicates with FNHA
TB Screening	Conduct Screening. Direct care management. Document into Panorama. Panorama Users: Notifies FNHA through email of any screening requiring CXR review or other clinical evaluation. Non-Panorama Users: FAX TB Screening Form to FNHA.	Provides guidance on clinical pathway. Reviews CHN documentation. Assures complete diagnostic lab submission. Assures MD recommendations are clear & coordinated. Notification between FNHSO CHN & BCCDC TBS.	MD reviews and provides recommendations. Emails notification to FNHA TBS.
Case Management (LTBI and TB Treatment Monitoring & Completion)	Direct care management with FNHA partnership. Completes collaborative client/family/provider care plan, including pre-treatment and monthly treatment monitoring. Panorama and non-Panorama users: FAX paperwork for adherence and monitoring logs to FNHA monthly.	Enters treatment information into Panorama and conducts case and contact management coordination. Orders medications from BCCDC. Provides guidance on clinical pathway. Ensures diagnostic and monitoring labs uploaded and reviewed. Ensures BCCDC MD recommendations are clear & coordinated. Provides notification between FNHSO CHN & BCCDC TBS.	MD reviews and provides recommendations. Emails notification to FNHA TBS. Pharmacy dispenses medications.

3.1 BC FIRST NATIONS TB SERVICES ROLES AND RESPONSIBILITIES

Effective TB programming in First Nations communities requires collaboration and coordination across many roles. The responsibilities of each role include, but are not limited to, the following:

THE ROLE OF THE BCCDC TB SERVICES PHYSICIAN CONSULTANT

- Advises on all matters related to the control of TB in BC First Nations communities.
- Provides consultation and recommendations regarding screening, treatment and/ or management of TB infection (formerly known asLTBI) and TB disease.
- Provides consultation regarding epidemiological trends of TB in BC First Nations populations.

THE ROLE OF THE FNHA TB NURSE ADVISOR

- Provides case management, support and direction to the CHN regarding diagnosis and treatment of TB infection and TB disease, including contact investigation coordination.
- Reviews medication and monitoring records submitted by the CHN.
- Provides consultation services and assists the CHN with community TB screening and education.

THE ROLE OF THE FNHA TB NURSE EDUCATOR

- Provides TB education to community members, CHNs and other health care providers, upon request.
- Assists with coordination of community-based TB programs and projects.
- Acts as a resource person for FNHA TB and other BCCDC staff on issues of cultural competency and the health of First Nations populations.

THE ROLE OF THE COMMUNITY HEALTH NURSE

- Provides comprehensive, community-based TB programming to First Nations communities.
- Provides direct care for all persons with TB infection or TB disease, and assists FNHA TB Nurse Advisors with contact investigations.
- Directly supervises TB Community Wellness Champion.

THE ROLE OF THE TB COMMUNITY WELLNESS CHAMPION

Under the supervision of the Community Health Nurse;

- Participates in TB education within the community.
- For those TB Community Wellness Champions with adequate training, assists with sputum collection, reading TB skin tests, and observes client TB medications administration through Directly Observed Therapy.

STRONG TB PROGRAMS INCLUDE EARLY DETECTION AND TREATMENT OF BOTH TB DISEASE & INFECTION, AND THE PROMOTION OF TB AWARENESS IN COMMUNITIES.

3.2 WHOLISTIC CASE MANAGEMENT MODEL

The aim of the First Nations Community TB Services is integrated, holistic case management of persons experiencing TB disease and those exposed to infectious TB. Efforts strive for a culturally safe, client-centered approach to all aspects of care. Team members include CHNs, Wellness Champions, Elders/cultural leaders and Primary care providers. FNHA TB Services Nurse Advisors provide consultation, coordination and guidance. BCCDC provides expert TB MD recommendations.

- Clients and their close relations – whether by blood, social network or culture – are experts on their own lives, motivations and needs. Respectful inclusion of clients in the development of a TB care plan is essential.
- BCCDC and RHA CD Teams provide expert clinical and public health guidance while Primary Care Providers (PCPs) oversee clinical monitoring.
- CHNs oversee care management and align treatment with existing health conditions and services.
- FNHA TB Services Nurse Advisors act as a coordination hub assuring care progresses according to quality standards and that services are provided with equity and safety.
- TB Community Wellness Champions are community members who provide treatment support/directly observed therapy, education, cultural navigation and encouragement to persons affected by TB. Community Wellness Champions may already be working in community or may be hired through FNHA.
- The Ho'kumelh O'pekwan (Gathering Basket) aspect of the FNHA TB Services program provides assistance with basic needs – including, but not limited to, food and transportation – in order to ensure that TB clients can complete treatment safely and successfully.

APPENDIX A FNHA PRIORITY TB SCREENING QUICK GUIDE

1. OFFER SCREENING TO COMMUNITY MEMBERS WITH LATENT TB INFECTION AT HIGHER RISK FOR PROGRESSION TO TB DISEASE

- Seniors aged 65 years or older
- Medical risk factors
  - HIV
  - Transplant
  - Diabetes
  - Chronic kidney disease/dialysis
  - Cancer
  - Immune suppressing medications
- CXR abnormalities (scarring, fibronodular disease, granulomas)
- Substance use, including tobacco
- TB history
  - Recent TST conversion
  - Known TB exposure(s)
  - Previous incomplete treatment

2. OFFER SCREENING TO COMMUNITY MEMBERS AT HIGHER RISK FOR EXPOSURE TO TB

- Homeless/under-housed
- Living in overcrowded homes
- Congregate settings
  - Shelters
  - Correction facilities
- Many social contacts

GATHER COMMUNITY TB HISTORY

- Invite community members, Elders and community health team to share stories about TB from the past
- Be aware that such memories can be triggering because of the traumatic history around TB

GATHER INDIVIDUAL TB HISTORIES

- Review charts
- Interview Seniors
- Obtain Panorama Community TB profile
- Review individual Panorama client records
- Ask your Community Health team

IDENTIFY COMMUNITY MEMBERS WHO ARE A PRIORITY FOR SCREENING

- Previous positive TST or IGRA
- History of active TB
- Risk factors (page 11)

OFFER SCREENING

- Signs & Symptoms
- Risk factors
- TB history
- TST (if previously negative)
- Consider IGRA
- CXR NOT required unless symptomatic, new TST positive or starting treatment.
- Complete screening form and fax to FNHA at 604-689-3302. Notify FNHA by email: FNHATB@FNHA.ca or phone:1-844-364-2232 if client has symptoms

"The nurse told me that since I have Diabetes I maybe at risk for getting TB.

I had a positive TB test in the past when my brother had TB. They wanted me to take medication to prevent TB then but I was too busy working.

The nurse told me if I get a cough that doesn't go away or have other symptoms I should get checked for TB right away!

The best way to check if someone is sick with active TB is with a sputum test.

I am thinking I might take the medicine to prevent TB now so I don't have to worry!"

SHARE KNOWLEDGE

- Signs & Symptoms of TB and importance of seeing health care provider early
- Individual risk factors
- Benefits of treatment of LTBI

SUPPORT TB TREATMENT

- New shorter course medication regimes make treatment easier
- TB Wellness Champions can support community members through TB treatment

FNHA TB SERVICES: 1-844-364-2232
CONFIDENTIAL FAX: 604-689-3302

APPENDIX B FNHA TB SERVICES INFORMATION

WHAT DO WE PROVIDE?

- Culturally-informed TB education, training and consultation to CHN's, CHR's, Health Directors and community members
- Coordination and guidance in the case management of TB disease, latent TB infection and contact tracing
- Coordination to BCCDC TB Services in the provision of physician, lab, pharmacy and epidemiology

CONTACT INFORMATION

General Contact: FNHA TB Services Email: FNHATB@fnha.ca Tel: 1-844-364-2232 or 604-693-6998 Confidential Fax: 604-689-3302 Hours: Mon-Fri 8:30-4:30, Closed Stat Holidays	**Clinical Nurse Specialist – TB** ***Shawna Whitney***, RN, BScN, MPH Email: shawna.whitney@fnha.ca Cell: 250-212-1457
CDC Nurse Coordinator - TB ***Jennifer Sammartino***, RN, BScN Email: Jennifer.Sammartino@fnha.ca Tel: 604-693-3277 Cell: 604-319-1808	**Clinical Nurse Educator – TB** ***Heather Fenner,*** RN(c), BScN Email: heather.fenner@fnha.ca Cell: 604-788-1453
Clinical Nurse Advisor - TB ***Sheila Hourigan***, RN, BScN Email: Sheila.Hourigan@fnha.ca Tel: 604-661-3899 Cell: 236-993-7730	**Clinical Nurse Advisor - TB** ***Diana Mounce***, RN, BScN Email: Diana.Mounce@fnha.ca Tel: 604-661-3886 Cell: 604-329-3615
Clinic Nurse Advisor - TB ***Liza Sam***, RN, BScN Email: liza.sam@fnha.ca Cell: 604-785-4752	**Panorama TB Support Module** Email: Panorama@fnha.ca
TB Resource Coordinator & Data Entry ***Tracey Olson*** Email: Tracey.Olson@fnha.ca Tel: 604-693-6573	**After Hours / Weekend / Holiday TB Urgent Support:** Fraser Health: 604-527-4806 Interior Health: 1-866-457-5648 Northern Health: 250-565-2000 Vancouver Coastal: 604-527-4893 Island Health: 1-800-204-6166

NOTES

First Nations Health Authority
Health through wellness

501-100 Park Royal South
Coast Salish Territory
West Vancouver, BC
Canada V7T 1A2

TELEPHONE	TOLL-FREE	FAX	WEBSITE
604.693.6500	**1.866.913.0033**	**604.913.2081**	**www.fnha.ca**