Section 15: Infection Prevention and Control

Table of Contents

Introduction **2**

Home Isolation Guidelines **2**

Transportation and Medevac of Clients with Suspected or Confirmed Active TB **3**

Non-respiratory TB *3*

Children with Active TB *4*

Introduction

Transmission of TB bacteria is primarily person-to-person through inhalation of airborne droplets (droplet nuclei) released by an infectious case during forceful expirations, such as coughing.

Identifying, isolating, and treating infectious cases promptly is critical to stopping TB transmission.

Table 13.1: Mask types

Surgical/Procedure Type Mask	**Disposable N95 Particulate Respirator**
Captures droplet nuclei to reduce release into surrounding airspace.	*Filter droplet nuclei to prevent inhalation.*
To be worn by clients with known or suspected infectious active TB.	To be worn by health care providers and others during exposures to clients with known or suspected infectious active TB.

Home Isolation Guidelines

During home isolation:

- The client must not travel outside of their home community without prior approval from the CDCN.
- The client must not go to work, school or any other public indoor places (e.g. churches, stores, arena, gym, community centres, etc.).
- No visitors should be allowed in the client's home.

- The client should wear a surgical/procedure type mask (see **Table 13.1**) during health care provider visits to his/her home (e.g. for DOT).

- Health care providers must wear disposable N95 particulate respirators (see **Table 13.1**) while in the client's home.

Unless contraindicated for other reasons, it is usually safe for clients on home isolation to spend time outside. Masking is not necessary while clients are outside, however they should cover their mouths when coughing and sneezing, and not spend time in close proximity to others.

Transportation and Medevac of Clients with Suspected or Confirmed Active TB

Clients with suspected or confirmed infectious active TB (e.g. pulmonary TB) should postpone all travel by commercial air transportation OF ANY DURATION until they are no longer considered infectious.

When circumstances require a client to leave his/her home community or to travel between communities (e.g. for further tests and/or treatment in hospital) while s/he is still considered infectious, medevac services must be used. Medevac arrangements must be made in advance.

Once a client with suspected or confirmed infectious active TB is on treatment AND clearance for air travel has been received from Public Health (through the CDCN), s/he can travel via scheduled flights for medical follow-up. No precautions (e.g. masking) are required and the airline does not need to be informed.

Non-respiratory TB

Clients with non-respiratory TB (e.g. TB lymphadenopathy) can travel for medical care or follow-up without any restriction or precautions once concurrent infectious active TB has been ruled out.

Children with Active TB

Restrictions or precautions for children with suspected or confirmed active TB (any form) traveling on scheduled flights are determined on a case-by-case basis by Public Health, through the CDCN. Considerations include: TB risk/exposure history; clinical assessment and chest x-ray findings (e.g. presence of cough, cavitary disease); and when available, results from testing of respiratory specimens (e.g. sputum, gastric aspirates).