Section 10: Guidelines for Working with Clients

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Introduction

In the Labrador-Grenfell Health Region, all treatment of LTBI and active TB is directly observed and referred to as Direct Observed Treatment (DOT).

DOT helps clients to take treatment for LTBI or active TB safely, and to complete treatment as quickly as possible. With DOT, each dose of treatment is observed by a trained provider, a Community Health Nurse (CHN) or Community Health Aide (CHA). **It is not appropriate for close family members to give DOT.**

Ideally, the CHN or CHA and the client negotiate dates, places, and times for the DOT visits to minimize barriers for the client. Some locations commonly used include:

- A client's residence or work
- The Health Centre or Regional Community Clinic
- The Community Health Office
- The client's school

For day care or school-aged clients, the parent/guardian must sign a **Medication Administration Consent Form** (see **Appendix D**).

Giving DOT is relatively simple most of the time, and includes:

- Delivering TB drugs to the client.
- Verifying the treatment **before** giving it to the client (i.e. correct client, correct TB drug, correct dose, correct route, and correct time).
- Checking for adverse reactions to treatment with the client or the parent/guardian **before** giving the next dose of TB drugs.
- Observing that the client has swallowed the full dose of treatment (for TB drugs given by mouth).
- Documenting the DOT visit appropriately.

The CHN or CHA administering the dose also:

- Provide clients with information on TB and LTBI, and treatment care plans.

- Help clients keep appointments (e.g. for blood tests, with the physician or nurse).
- Consider incentives/enablers to support clients to adhere to treatment.
- Connect clients to other services (e.g., smoking cessation, social services, and transportation).
- Draw on their familiarity with the client's home environment to help identify people who should be tested for TB (e.g. TB contacts, people with TB signs/symptoms).

This section of the TB Manual includes information on how to give and document DOT. Toward the end of the section you will find additional information on how to:

- Administer TB drugs
- Build strong DOT relationships
- Communicate effectively
- Share information on TB

Policies and Guidelines

Medication Administration

Refer to and review the policies and guidelines for DOT administration of medications on the LGH intranet or within Nunatsiavut, refer to the **Nunatsiavut Public Health Manual (Communicable Disease Section, H-230 and H-240)**.

Medication administration is the process of giving a medication to a client. In the Labrador-Grenfell Health Region, TB drugs can be ***administered*** (given) by:

- Physicians
- Nurse Practitioners
- Register Nurses/CHNs
- CHAs

Communication among Team Members

Regular and as-needed communication between CHAs and the CHN supervising a client's treatment is critical for ensuring safe and appropriate care. To support this:

- The CHN (or a designated alternate) must be available in-person or by phone during DOT visits to provide support or direction to the CHA.

- CHAs and the CHNs supervising clients on treatment for active TB or LTBI must meet **at least weekly** to review each client's progress and care plan.

Protecting Client Confidentiality

Protecting client confidentiality is a professional obligation and a **legal requirement**.

Confidentiality:

- Enables clients to seek care and share information with health care providers without fear that their personal information will be inappropriately shared or used.

- Preserves the client's right to self-determination.

- Helps build a strong and cooperative provider-client relationship.

To protect client confidentiality, consider the following:

- Confirm the client's identify the first time you meet (unless you are already familiar with them).

- **NEVER** discuss a client situation with **ANYONE** (including the client's family and friends) without the client's permission.

- **Before using an interpreter**, seek the client's permission to do so. Ensure the interpreter understands the importance of confidentiality. Avoid using the client's family members as interpreters if at all possible.

- Do not leave hard copies of forms or records where unauthorized people could access them.

- Use only secure ways to send client information, and always mark sealed envelopes as "Confidential". Consult your supervisor if you are uncertain about how to send client information securely.

When in an office, clinic or institution:

- Conduct client interviews or phone calls in private rooms or areas, with the door closed if possible.

- **NEVER** discuss clients or use client names in public areas.

- When a staff member or health care provider requests information about a client, establish his or her authority to do so before disclosing anything.

- Keep records that have client names and other identifying information in closed, locked files.

- Restrict access to electronic databases to designated staff.

- Carefully protect computer passwords or keys and **NEVER** give them to unauthorized people.

- Carefully safeguard computer screens (e.g. minimize or close client records, turn the computer screen so it is not visible to others).

When in the community:

- Be discreet.

- Conduct client interviews and DOT visits in private – **NEVER** in public places.

- **DO NOT** leave sensitive or confidential information in messages for clients on doors.

- **DO NOT** leave messages with sensitive or confidential information on answering machines or phones that other people can access.

- **DO NOT** leave sensitive or confidential information with a client's neighbor or friend.

- **DO NOT** leave client information visible in the vehicle.

- **BE VERY CAREFUL** not to disclose the client's condition when gathering information on his or her whereabouts.

Practicing Personal Safety

Protect your personal safety at all times while providing DOT.

- Choose safe DOT locations.

- Follow infection prevention and control policies, such as wearing a disposable N95 particulate respirator during DOT visits for clients with infectious TB (see **Section 15: Infection Prevention and Control** for information on masking).

- Consult with your supervisor and the CDCN to create a plan for visits with clients where safety issues could arise. For example, give DOT only at the Health Centre or do the visit with a colleague and administer DOT at the front entry, versus inside of the home.

Immediately withdraw from any situation where you have safety concerns. Document and report any safety concern you have, including threatening behavior from a client or other person present at the location.

TB Drugs

See **Table 10.1** for information on how commonly used drugs for TB work and other important information.

Table 10.1: Drugs commonly used to treat active TB and latent TB infection (LTBI)

Drug	Important information see Table 7.1 for more information on side effects / adverse reactions
Isoniazid (also called 'INH')	• Kills TB bacteria • Used with other TB drugs to treat active TB, or with vitamin B6 to treat latent TB infection (LTBI) • Can cause liver toxicity • Can react or interfere with many other medications (see Table 7.2) • Can cause numbness/tingling in fingers and toes • Also available in 100 mg tablets and as a liquid (syrup)
Vitamin B6 (pyridoxine)	• Prevents numbness and tingling in fingers and toes caused by INH • Does not affect TB bacteria • Usually used with INH (at physician's discretion)
Rifapentine	• Kills TB bacteria • Used to treat latent TB infection (LTBI) with isoniazid and vitamin B6 for some clients • Can cause liver toxicity • Can react or interfere with many other medications, including hormonal contraceptives (see Table 7.2) • Can turn body fluids (saliva, urine, tears) red/orange • Can stain fabric and skin • Also available in 150 mg tablets
Rifampin	• Kills TB bacteria • Used with other TB drugs to treat active TB • Used to treat latent TB infection (LTBI) instead of isoniazid and vitamin B6 for some clients • Can cause liver toxicity • Can react or interfere with many other medications, including hormonal contraceptives (see Table 7.2) • Can turn body fluids (saliva, urine, tears) red/orange • Can stain fabric and skin • Also available in 150 mg capsules • Pharmacy can assist with compounding into liquid form
Pyrazinamide (PZA)	• Kills TB bacteria • Used with other TB drugs to treat active TB • Most effective during first two months of active TB treatment • Usually stopped once the initial phase of treatment has been completed • Can cause liver toxicity • Can cause joint pain (gout)
Ethambutol	• Prevents development of drug resistance • Used with other TB drugs to treat active TB • Usually stopped once test results confirm the client does not have drug-resistant TB • Can cause changes in vision and in colour perception (red and green) • Also available in 100 mg tablets

TB Drug Supplies

Once a TB prescription has been written by the TB physician, the client's TB drugs will be sent by the pharmacy to the Health Centre/Regional Clinic or Community Health Office in blister packs.

To avoid delays in treatment starts, use stock medications if available, until the client's blister packs arrive from the pharmacy. In Nunatsiavut communities the stock medications can be obtained from the Regional Community Clinic.

When a client's TB drugs are not blister-packed and are to be administered by a CHA, the **CHN** must dispense DOT doses into an appropriate and properly labeled container for the CHA. The label must include the client's name, the drug name, and the dose.

Blister Packs

Every blister pack must be inspected by a nurse before any doses are dispensed from it. Inspected blister packs will be initialed and dated (see **Figure 10.1**).

To inspect a blister pack:

1. Inspect the packaging to make sure it is not damaged (e.g. crushed, water damage).

2. Look at the bottom RIGHT cover of the package:

    - There should be individual labels for **each drug** in the client's prescription.

    - Check **EACH LABEL** to make sure the information matches the client's prescription **EXACTLY** (drug name, dose, route, frequency).

3. Carefully inspect the packaging:

    - Press around the outside edges of the page to make sure all sides are firmly sealed.

    - Check **EACH BLISTER** to ensure the TB drugs in them match the labels on the **LEFT SIDE** of the package **EXACTLY.**

4. Initial and date each blister pack after you have inspected it.

Figure 10.1: Example of how to initial and date a TB DOT blister pack after inspecting it

Administering TB medication

- Administer DOT doses as prescribed.

  NOTE: The TB physician determines when an active client may transition from daily doses to intermittent doses (e.g. twice-a-week DOT or three-times-a week DOT).

- All doses of TB drugs MUST BE OBSERVED by the provider.

- DO NOT leave the dose for the client to take at a later time.

- Consult the CHN if you are uncertain whether/when to give a next dose.

<u>LTBI and WPP Treatment</u>

Clients with LTBI are infected with Tuberculosis germs and are at risk of developing active TB at some point in their lives. They are offered treatment in order to decrease this risk. Not all clients are eligible for treatment due to other medical conditions and others may refuse.

Children under five years of age who have been exposed to someone with active TB but have a negative TST may develop severe disease very quickly. This includes TB meningitis and miliary TB (TB spread throughout the body). It is recommended that they be treated as if they have LTBI until their second TST is negative. This TST is done eight weeks after the initial exposure to TB is broken.

Isoniazid for LTBI

There must be at least two calendar days between twice-a-week doses of isoniazid (INH). For this reason, LTBI treatment with INH is usually given on Mondays and Thursdays.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NO DOT	**DOT Given**	**NO DOT**	**NO DOT**	**DOT Given**	**NO DOT**	**NO DOT**

When a twice-weekly dose is **not given** on a Monday (for example, when a DOT dose is missed or a statutory holiday falls on a Monday), give treatment on Tuesday and Friday that week.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NO DOT	**DOT appointment missed**	**DOT rescheduled and given**	**NO DOT**	**NO DOT**	**DOT Given**	**NO DOT**

When a twice-weekly dose is missed on a Thursday, it can be taken the next day (Friday).

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NO DOT	**DOT Given**	**NO DOT**	**NO DOT**	**DOT appointment missed**	**DOT rescheduled and given**	**NO DOT**

Rifampin for LTBI

Daily LTBI treatment with rifampin is given at least five days a week (Monday to Friday).

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NO DOT	**DOT Given**	**DOT Given**	**DOT Given**	**DOT Given**	**DOT Given**	**NO DOT**

Rifampin may also be ordered daily, seven days a week for LTBI treatment, i.e.:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DOT Given	**DOT Given**	**DOT Given**	**DOT Given**	**DOT Given**	**DOT Given**	**DOT Given**

Missed doses of daily rifampin are made up by adding them to the end of the LTBI treatment term (i.e. treatment is complete when the prescribed number of doses have been taken).

Isoniazid and Rifapentine (3HP) for LTBI

LTBI treatment with Isoniazid and Rifapentine (3HP) is given once a week.

• Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NO DOT	**NO DOT**	**NO DOT**	**DOT Given**	**NO DOT**	**NO DOT**	**NO DOT**

The diagram above provides an example only. 3HP can be given any day of the week.

There must be a minimum of **72 hours** between doses of 3HP.

Note that a client can only miss three doses (three weeks) of 3HP before having to restart treatment. The CHA should notify the CHN immediately if the client misses a dose. If for some reason the client misses the Wednesday dose and does not take the dose until Friday one week, then the client can return to their regular Wednesday schedule the following week.

Active TB Treatment

Initial Phase

- In the community, daily treatment for active TB is given at least five days a week (Monday to Friday) for e.g.:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NO DOT	**DOT Given**	**DOT Given**	**DOT Given**	**DOT Given**	**DOT Given**	**NO DOT**

Daily treatment may also be ordered for seven days a week:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DOT Given	**DOT Given**	**DOT Given**	**DOT Given**	**DOT Given**	**DOT Given**	**DOT Given**

When a dose of daily treatment is missed in a treatment week during the initial phase of treatment, it is not necessary for the client to make-up the missed dose that week. The initial phase of treatment will simply continue until the full number of prescribed doses has been taken.

NOTE: The client will not begin the continuation phase of treatment until all of the doses prescribed for the initial phase of treatment have been taken.

Continuation Phase

Medication is given five or seven days a week in the continuation phase. It can also be given by DOT three-times-weekly on Monday-Wednesday-Friday as shown below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NO DOT	**DOT Given**	**NO DOT**	**DOT Given**	**NO DOT**	**DOT Given**	**NO DOT**

When a single three-times-weekly DOT dose is missed in a treatment week during the continuation phase, it is not necessary for the client to make-up the missed dose that week. The continuation phase of treatment will simply continue until the full number of prescribed doses has been taken. Treatment will not be discontinued until all of the doses prescribed for the continuation phase of treatment have been taken.

Special Considerations

Vomiting

- **Client vomits more than 30 minutes after a dose of TB drugs:**
    - **DO NOT REPEAT THE DOSE.**
    - Note the event on the **Active TB DOT Record** or the **LTBI DOT Record.**
    - Presume the dose has been absorbed (count the dose as 'taken').
- **Client vomits within 30 minutes after a dose of TB drugs:**
    - **DO NOT REPEAT THE DOSE.**
    - Note the event on the **Active TB DOT Record** or the **LTBI DOT Record.**
    - Add an additional dose of TB drugs to the number of doses needed to complete treatment (as it would be if the dose were missed for any other reason).

NOTE: Vomiting can be a symptom of TB drug-related hepatotoxicity.

If a client misses two doses of TB drugs in a week due to vomiting (e.g. he or she vomited within 30 minutes of ingestion of a dose of TB drugs twice in one week), consult the CDCN for guidance on how to proceed.

Taking TB Drugs during Other Illnesses

Treatment with TB drugs should continue even if the client has a minor illness such as a cold, ear, or throat infection.

If the client has a moderate to severe gastrointestinal virus (e.g. nausea, vomiting, and/or diarrhea) consult the CDCN for guidance on how to proceed.

Tips for Administering TB Drugs

Taking TB drugs can be difficult, particularly for young children and others who find pills or capsules hard to swallow. Other factors, such as taste or smell, can also make taking TB drugs unpleasant. Over time, aversions can develop to some or all TB drugs, and to the liquids or foods they are taken with. This section provides general information on options for taking TB drugs, and some suggestions on how to avoid or manage common difficulties.

If you encounter difficulties administering TB drugs, consult the nurse responsible for the care of that client. CHNs should consult the CDCN as necessary.

Crushing, Fragmenting, or Dissolving Tablets, and Opening Capsules

- Isoniazid (INH), vitamin B6 (pyridoxine), ethambutol, rifapentine and pyrazinamide (PZA) tablets can be crushed or broken into smaller pieces. When deciding whether to crush or break tablets, keep in mind that crushed pills have a stronger flavour than pills cut in half or pills taken as small pieces.

- Rifampin capsules can be pulled apart and emptied into small amounts of food or liquid.

- Crushed tablets or opened capsules administered with a small amount of food are preferable to using liquid forms of TB drugs, especially INH. The syrup form of INH is

unlikely to be tolerated in amounts greater than 10 mL to 15 mL (i.e. doses in excess of 100 to 150 mg) because sorbitol used in its preparation can cause abdominal pain, cramping, and/or diarrhea.

- Crushed ethambutol tablets will dissolve in liquid, usually within 10 minutes.

- Crushed or opened TB drugs should be mixed with food or liquid **immediately** before administration. **If a dose is not administered within 30 minutes after mixing, it should be discarded, and a new dose should be prepared.**

- Some food options for mixing with crushed, fragmented or dissolved tablets and opened capsules:

    - Non-fat artificially sweetened puddings
    - Non-fat and artificially sweetened yogurt (e.g. Source™ brand)
    - Mashed bananas
    - Unsweetened applesauce
    - Unsweetened baby food

Figure 10.2: Tablet Cutter

Figure 10.3: Tablets crusher

Isoniazid (INH) and vitamin B6 tablets before crushing

INH and vitamin B6 tablets after crushing

Once crushed, the INH and vitamin B6 can be mixed with a small amount of low-fat, sugar-free food or liquid

Taking TB Drugs with Food

Isoniazid (INH), vitamin B6, rifampin, pyrazinamide (PZA) and ethambutol can be given together, mixed in the same small amount of food provided this is acceptable to the client.

Rifapentine can be crushed and added to a small amount of semi-solid food on its own and should then be consumed immediately.

When mixing TB drugs with a food or liquid:

- Use the smallest quantity/volume possible (e.g. one or two teaspoons of liquid or food).
- Follow medicated food or liquid with food or liquid that does not have TB drugs mixed into it.
- Ensure the dose is consumed **within 30 minutes** of preparation. **If a dose is not administered within 30 minutes after mixing, it should be discarded and a new dose should be prepared.**

Isoniazid (INH)

- Should be taken on an **empty stomach** (i.e. one hour before meals or two hours after eating). If taking INH on an empty stomach causes stomach upset, it can be taken with small amount of **low-fat, sugar-free food**.

- Some food options that can be offered to clients to take with **or within the hour after INH** include:
    - Non-fat and artificially sweetened puddings
    - Non-fat and artificially sweetened yogurt (e.g. Source™ brand)
    - Mashed bananas
    - Unsweetened applesauce or baby food
    - Sugar-free juice crystals (e.g. Crystal Light™) dissolved in water
    - One-quarter of an egg salad, chicken or tuna sandwich
    - **PLAIN** Cheerios™ (**NOT** Honey Nut or other flavoured kinds)
    - Low fat milk (1% milk fat or less)
    - Hard-boiled eggs (salt and pepper, spices allowed)

Avoid using foods or liquids that contain fats or sugars to give with INH or to give in the hour after INH is taken. Fats slow the absorption of INH. Sugars inactivate INH.

Rifampin

- Applesauce works well for administering rifampin that has been removed from its capsule.

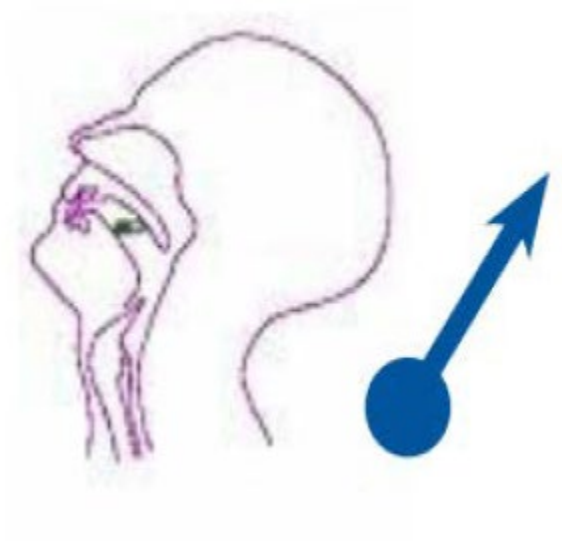
Clients with Diabetes

- Schedule DOT visits for two to three hours after the client's last meal (breakfast, lunch), and
- Give DOT with snacks that provide some carbohydrate and some protein, such as:
    - One-half of an egg salad, chicken or tuna sandwich.

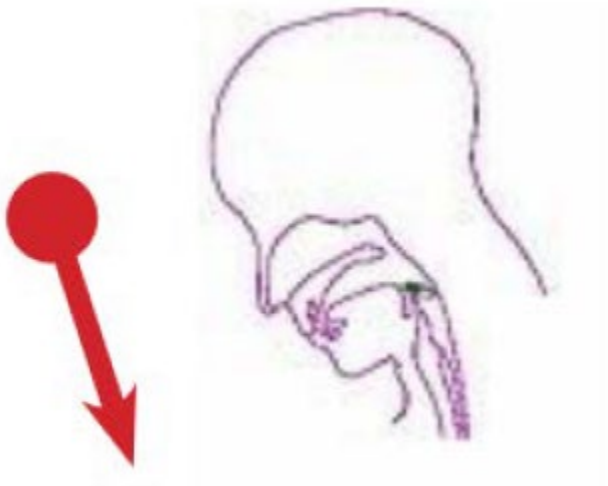
- A serving of **PLAIN** Cheerios™ (**NOT** Honey Nut or other flavoured kinds) and milk.
- One or two small containers of non-fat and artificially sweetened yogurt, or 30 g of cheese (preferably low fat) and low fat crackers.

Clients with Difficulty Swallowing

- Tablets tend to sink; tilting the head up slightly can make them easier to swallow.



- Capsules (e.g. rifampin) tend to float; tilting the head down slightly can make them easier to swallow.



Infants

- If possible, schedule DOT for when the infant is hungry.
- Infants might tolerate the syrup form of INH better than older children.
- Liquid forms of TB drugs should be measured and given to an infant using a medicine dropper with a large tip, an oral medical syringe, or the nipple of a baby's bottle if appropriate. The hole might need to be enlarged if a pacifier or bottle nipple is used.
- TB drugs can be mixed with a small amount (less than 30 mL) of water or **sugar-free** juice/other liquid and administered in a baby's bottle. Ensure the contents of the bottle are consumed **within 30 minutes** of preparation. **If a dose is not administered within 30 minutes after mixing, it should be discarded and a new dose should be prepared.**
- Use a bib to prevent clothing stains from rifampin.

Children and Adolescents

- It can be better to hide bitter or unpleasant TB drugs in a food the child has never eaten before. If a familiar food is used, the child is more likely to notice something has been added to it, and might refuse it or spit it out.
- Use praise and incentives to encourage adherence.
- Younger children might respond well to a small incentive with each dose.
- Allow some negotiation around method for taking the medicine.

Sources:

Alberta Health and Wellness Tuberculosis Prevention and Control Guidelines (2010). Available at: www.health.alberta.ca/documents/TB-Prevention-Control.pdf

Directly Observed Therapy Manual for DOT Programs in British Columbia, June 2011. Available at: http://www.bccdc.ca/resource-gallery/Documents/Communicable-DiseaseManual/Chapter%204%20-%20TB/TB_DOTManual_June2011_Compressed.pdf

Monitoring Requirements

Severe and potentially fatal hepatotoxicity (liver toxicity) and other adverse effects can occur during treatment for active TB or LTBI. Thus, routine monitoring is required for all clients taking TB drugs. Detailed information on monitoring requirements during treatment with TB drugs is provided in **Section 7: Care of Clients with Active TB** and **Section 8: Care of Clients with Latent TB Infection (LTBI)**.

TB signs/symptoms are shown in **Table 10.2**. Key monitoring during treatment for active TB or LTBI is outlined in **Table 10.3**.

The CHN is responsible for:

- Asking clients about key monitoring issues **BEFORE** administering doses of TB drugs (see **Table 10.3**).
- Initiating monitoring tests, including monthly weight checks.
- Recording test results on the client's **Active TB DOT Record** or the **LTBI DOT Record.**
- Ensuring prescribed doses remain appropriate for the client's weight.
- Following up on abnormal test results.
- Recording DOT doses.
- Calculating DOT adherence each month.
- Reminding clients when tests are due, and helping clients to complete them.
- Following up on any problems/concerns reported by the CHA.

CHAs are responsible for:

- Asking clients about key monitoring issues **BEFORE** administering doses of TB drugs (see **Table 10.3**).
- Reporting problems/concerns to the CHN.
- Reporting all missed doses to the CHN.
- Recording DOT doses.

- Calculating DOT adherence each month.

- Reminding clients when tests are due, and helping clients to complete them.

Clinical monitoring of clients whose treatment is provided by a CHA must include a face-to-face assessment by a CHN AT LEAST WEEKLY (more frequently if there are any concerns).

Table 10.2: TB signs/symptoms

Systemic TB signs/symptoms	Signs/symptoms of respiratory TB disease	Signs/symptoms of non-respiratory TB disease
• Fever* • Night sweats* • Weight loss or failure to gain weight (i.e. failure to thrive) • Fatigue • Loss of appetite	Systemic TB signs/symptoms **AND** • Cough >3weeks *dry or productive) • Chest pain • Shortness of breath • Bloody phlegm (hemoptysis)	Systemic TB signs/symptoms **AND** pain or dysfunction at the involved site, e.g.: • Swollen lymph nodes (TB lymphadenitis) • Headache, irritability, photophobia, stiff neck (TB meningitis)

**Can be absent in the very young and the elderly*

Table 10.3: Key monitoring by CHA before and after EVERY DOT dose

Issue	Actions
Possible drug reactions or other potential adverse effects	• Ask about extreme fatigue, stomach upset, nausea/vomiting, dark urine, yellow sclera, abdominal pain (signs/symptoms of hepatotoxicity), vision changes (if taking ethambutol), and any other problems. • **IF POSSIBLE DRUG REACTION OR OTHER POTENTIAL ADVERSE EFFECT: HOLD TREATMENT** and consult the CHN **IMMEDIATELY.**
TB symptoms	• Ask about TB signs/symptoms (see **Table 10.2**). • **IF TB SIGNS/SYMPTOMS DEVELOP IN A CLIENT WITH LTBI OR WORSEN/RECUR IN A CLIENT WITH ACTIVE TB: HOLD TREATMENT and** consult the CHN **IMMEDIATELY.**
Pregnancy	• Ask about possibility of pregnancy for clients of child-bearing age. • **IF CLIENT MIGHT BE PREGNANT: HOLD TREATMENT** and consult the CHN **IMMEDIATELY.**
Travel Plans	• Ask about possibility of travel. • Consult the CHN, who will advise the CDCN promptly to arrange continuation of treatment during travel.
New or changed other medications/treatments	• Report changes to the client's other medications or treatments, and any new medications the client begins during DOT to the CHN.
Adherence	• After every scheduled DOT dose and record whether dose was observed. • **Report all missed doses to the CHN.** • Consult the CHN when **THREE DOSES IN A ROW** are missed and/or if adherence falls below 80% in a calendar month.

Supporting DOT When Clients Travel

See **Section 7: Care of Clients with Active TB**

See **Section 8: Care of Clients with Latent TB Infection (LTBI)**

Supporting Adherence

One of the major benefits of DOT is that it supports adherence to and completion of treatment. Adherence to treatment means following the recommended course of treatment by taking all the prescribed TB drugs for as long as necessary.

For clients with LTBI, adhering to treatment is important to prevent active TB. For clients with active TB, adhering to treatment is especially important to:

- Reduce the risk of dying or having disabilities from TB.
- Prevent development of TB drug resistance.
- Minimize duration of illness/length of treatment.
- Reduce the risk of transmitting TB germs to others.
- Reduce the risk of developing TB again later (TB recurrence).

There is no way to reliably predict which clients will be adherent. Some factors associated with non-adherence include:

- Substance abuse or misuse
- Homelessness or housing issues
- Mental illness
- Whether client believes DOT is necessary – which can be influenced by the client's understanding or attitudes about TB, TB treatment and DOT
- Frequent travel
- Language barriers
- Difficulty swallowing pills or concerns about potential adverse reactions
- Perceptions of the TB program, staff, or facilities
- Competing priorities, such as home, school, work or social commitments

To support adherence:

- Use a client-centred approach that puts the needs of the client first whenever possible. For example, implement a treatment plan that fits with the client's current lifestyle, schedule, or routines and consider Incentives and Enablers when appropriate.

- Provide frequent, clear information on TB and treatment for active TB or LTBI.

- Support clients to identify and address behaviors that could negatively impact their adherence, and provide positive feedback to reinforce positive behavior.

- Be creative, flexible, and committed to working with clients to avoid or to resolve adherence issues.

Incentives and Enablers

There is no single solution for how to motivate or enable clients to adhere to treatment. Some clients find that good health is incentive enough. For others, using incentives and/or enablers can provide the sort of encouragement and support they need to succeed. Incentives and enablers are most effective when they are combined with an attitude of caring and concern for the client and are tailored to a client's preferences and needs.

Incentives are small rewards given to clients to encourage them to adhere to treatment, to keep their DOT appointments, or to get necessary testing done. The best time to begin using incentives is after a good relationship has been established with the client. Otherwise, the client might feel as if the DOT provider is trying to bribe them into accepting treatment.

Provide a variety of choices and allow for change from time to time. Some examples are:

- Food, beverages
- Certificates or vouchers for local stores or services
- Books, magazines, hobby/craft items, or toys
- Household or personal care items
- Seasonal/holiday treats

Enablers make it possible or easier for a client to adhere to treatment. Enablers can be helpful in getting the client started on treatment and should be provided as soon as treatment starts. Some examples are:

- Gas vouchers
- Childcare
- Providing an appropriate snack for the clients to have with DOT if the TB drugs upset his/her stomach
- Delivering medication to the client
- Picking up specimens from the client instead of relying on the client to bring them to the regional community clinic
- Helping the client to apply for other support services, such as food/housing assistance

Incentives and enablers must be considered with caution and require careful consideration and collaboration with the TB treatment team. Before discussing or initiating incentives/enablers with a client, consult the Community Health Nursing Coordinator.

Calculating Adherence

To calculate adherence as a percentage:

- Divide the number of doses taken by the number of doses due as of that date, then
- Multiply the result by 100

Example: seven doses were taken of nine doses that were due (i.e. two doses missed)

- 7 divided by 9 = 0.78
- 0.78 X 100 = 78% adherence

Responding to Non-adherence

- **Report all missed doses to the CHN.**
- **CHNs: consult the CDCN if three doses in a row are missed and/or if adherence falls below 80% in a calendar month.**
- Work with the client to identify what might be interfering with his or her ability to stay on treatment.
- Take appropriate steps to address or minimize whatever barriers exist for that client, in consultation with your supervisor or the CDCN if necessary.
- **Clearly document any/all efforts made to reinforce/support adherence to treatment.**

Although it is rarely necessary to do so, clients with infectious TB can be compelled to adhere to treatment (see **Section 2: Understanding TB**).

Documentation

Documentation is a responsibility shared between a client's CHA and the CHN who is supervising the client's care.

Forms for documenting TB treatment include:

- **Active TB DOT Record** or the **LTBI DOT Record**

DOT providers (e.g. nurses, CHAs) are responsible for:

- Providing their administration information on the **Active TB DOT Record** or the **LTBI DOT Record.**

- Completing the sections of the **Active TB DOT Record** or the **LTBI DOT Record** which reflects:

    - When doses were due,

    - Whether they were observed as taken, and

    - Calculating adherence (monthly and overall).

CHNs supervising treatment provided by CHAs are responsible for:

- Completing all other areas of the **Active TB DOT Record** or the **LTBI DOT Record.**

- Reviewing information recorded on the **Active TB DOT Record** or the **LTBI DOT Record** by CHAs **at least weekly.**

Tips for Practicing Personal Safety

During community DOT visits:

- Dress appropriately in comfortable shoes and clothes.

- Do not wear expensive jewelry or watches, carry large sums of money, or leave valuables in your vehicle.

- Work in pairs (whenever possible, but particularly with challenging clients).

- Leave a list of home visits at the front desk that includes an estimated time of return, and check-in with your clinic or office at regular interval.

- Know where you are going in advance of the appointment.

- Drive carefully, with your truck doors locked and your seatbelt on.

- Identify a safe public place (e.g. a store) that you can get to quickly if needed.

- Park your vehicle so it is easy for you to leave.

- Do a visual scan of the property. If there could be loose dogs in the area, honk the horn and wait briefly before you open the truck door.

- If possible, keep your shoes on during the home visit. This will protect your feet from potential injuries and allow you to leave more quickly.

- Carry your vehicle keys so they can be reached easily.

- Do a visual scan of the client's home, and note anything that could put your safety at risk (e.g. firearms or other weapons, roaming dogs).

- Position yourself near an exit. If the closest exit becomes blocked, reposition yourself.

During community visits for a client with infectious TB:

- Don a disposable N95 particulate respirator before entering the home and continue to wear it until you leave the residence.

- Explain precautions to prevent TB transmission and ask the client to follow them.

- Provide tissues and ask the client to cover his or her nose and mouth when coughing or sneezing.

- Conduct the visit as efficiently as possible to reduce exposure time.

- When appropriate, conduct the visit outdoors.

When transporting clients with infectious TB in a vehicle (e.g. to attend a Regional Community Clinic/Health Center appointment):

- Let the facility or department where you are going know in advance that the client is coming, and that **airborne precautions** are needed (**see Section 15: Infection Prevention and Control**).

- Wear a **disposable N95 particulate respirator** during the entire journey.

- Provide and instruct the **client to wear a surgical mask** over his or her nose and mouth. Make sure you have enough masks on hand to provide a replacement should the mask become wet or torn.

- Avoid having other passengers or staff members in the vehicle with you to reduce the number of people that could be exposed and number of people required to wear **disposable N95 particulate respirators**.

- Set ventilation controls to the fresh air or vent setting – **NOT** to the recirculation setting.

- Set any fan(s) to the highest setting.

- Open as many windows as possible (weather permitting).

- Leave the vehicle unoccupied with the windows open for at least an hour (weather permitting or inside a garage if one is available) after the end of the journey. Place a sign on the vehicle indicating when it can be used again.

When assisting clients to collect sputum specimens:

- Ask the client to collect the specimen outside or in a room away from you or other people.

- Avoid being in the same room with the client while the specimen is being collected. If you must be present, put on a disposable N95 particulate respirator and continue to wear it until you leave the residence (or area when specimens are collected outside).

See **Section 5: Collection of Specimens for TB Testing** for more information on collecting sputum specimens for TB testing.

See **Appendix E: TB Fact Sheets** for client instructions on collecting sputum specimens.

Tips for Building Strong DOT Relationships

Treatment for LTBI or active TB can take several months. When clients trust and feel comfortable with their DOT providers, they are more likely to:

- Actively participate in their care and follow treatment and monitoring recommendations.

- Feel more comfortable asking questions about their diagnosis and treatment, which can lead to experiencing less fear/anxiety and a better overall health care experience.

- Access other programs through their DOT providers that could further improve their health (e.g. vaccinations, smoking cessation resources).

- Adhere to and complete treatment.

To help build strong relationships with DOT clients:

- Explain that you will do everything you can to protect client confidentiality.

- "Start where the client is." Being diagnosed with LTBI or active TB can be scary, and the idea of taking TB drugs for a long period of time can be daunting. Try to understand the client's knowledge, beliefs, and feelings about TB and taking treatment for LTBI or active TB.

- Respect the client's right to make decisions about his/her life and care.

- Communicate clearly and provide complete and accurate information. Using TB Fact Sheets and other client education materials can help (see **Appendix E**). If you don't know the answer to a client's question, say so. Investigate the answer and provide it to the client as quickly as possible.

- Be on time for DOT appointments.

- Be consistent in what you say and do.

- Have a nonjudgmental attitude when the client makes lifestyle choices that you might not be comfortable with (e.g. drug or alcohol use).

- Avoid criticizing the client's behaviour when adherence issues come up. Instead, try to engage the client in identifying what might be interfering with adherence. Suggest potential solutions respectfully.

Tips for Communicating Effectively

Try to:

- Assure the client of privacy and confidentiality.
- Listen attentively and respectfully.
- Use open, relaxed body language.
- Avoid being judgmental or accusatory, and never show frustration.
- Use the appropriate language level for the client and simple, non-medical terms whenever possible.
- Reinforce messaging by also providing information in writing and/or in pictures/diagrams.
- Avoid overwhelming the client by:
    - Limiting the amount of information given in any one visit,
    - Discussing the most important topics first and last, and
    - Repeating important information.
- Use concrete examples.
- Check for understanding with open-ended questions and/or by asking the client to share their understanding of what was discussed.

Open-ended Questions

Using open-ended questions can help you get a better understanding of a client's situation and his or her needs than questions that can be answered with "yes" or "no". Open-ended questions begin with words and phrases such as:

- Who
- What
- When
- Where
- Why
- How
- Tell me about
- Explain to me

Some examples of open-ended questions you might find useful are:

- Where would be a good place for us to meet for your DOT?
- What side effects are you experiencing from the TB medications?
- What would make it easier for you to take your treatment?

Tips for Sharing Information on TB with Clients

Clients are more likely to adhere to and complete treatment when they understand enough about TB, their diagnosis, and the DOT program.

When sharing information on TB with clients, remember that readiness to learn can be affected by:

- Level of anxiety/worry
- Needs and priorities
- Educational background
- Level of maturity
- Past experiences
- Level of denial about the diagnosis

Some open-ended questions you could ask to get a sense of what your client understands about TB and DOT, and where additional information might be needed include:

- How did you find out you had TB (or LTBI)? How did that make you feel?
- What have you been told about TB (or LTBI)?
- What do you know about the DOT program? How did you get this information?
- What have you been told about your treatment?
- What were you told would happen if you missed some of your treatment?

Reinforce the client's understanding throughout treatment. He or she might not remember much of the information provided early on due to TB symptoms and/or anxiety about the active TB/LTBI diagnosis or treatment plan. Some information should be reiterated often (e.g. the importance of adherence to treatment).

Use the TB Fact Sheets to ensure clients receive accurate and consistent information on TB and TB treatment (see Appendix E).