

TABLE 1: INVESTIGATION

- ON REQUEST
 - OR OF AN INDIVIDUAL SUSPECTED OF HAVING ACTIVE TB
 - OR OF A CONTACT OF AN ACTIVE TB CASE

Steps in investigation	Details of tasks to perform		Applicable tools ²
	Nurse	Physician	
1. Review of record	<ul style="list-style-type: none"> Review patient's record. Enter requested information into <i>Clinical assessment</i> tool (Section 1). Send <i>Clinical assessment</i> tool to DPH. 		TB clinical decision-making algorithms Clinical assessment of a suspected active TB case or a contact of active TB case
2. Assessment #1	<ul style="list-style-type: none"> Review case history. Assess signs and symptoms of active TB. According to review of record or DPH's recommendation, perform TST#1 if required. Enter information into <i>Clinical assessment</i> tool (Sections 2 and 3). Send <i>Clinical assessment</i> tool to DPH. 		
3. Medical course of action	<ul style="list-style-type: none"> Notify attending physician for medical course of action. 	<ul style="list-style-type: none"> According to Steps 1 and 2, determine medical course of action and enter it into <i>Clinical assessment</i> tool (Section 5). Discuss with an adult pneumologist PRN or a pediatric pneumologist. 	
4. CXR if required	<ul style="list-style-type: none"> If required, have attending physician fill out <i>Consultation in diagnostic radiology – TB</i>. If radiology services are not available on site, refer to <i>GeneXpert triage guide</i>. 	<ul style="list-style-type: none"> If required, fill out <i>Consultation in diagnostic radiology – TB</i>. If radiology services are not available on site, refer to <i>GeneXpert triage guide</i>. Check result of CXR, determine medical course of action and enter it 	

² The TB tools are available in the regional TB toolkit : [Tuberculosis \(TB\) Toolbox | Nunavik Regional Board of Health and Social Services \(nrbhss.ca\)](https://nrbhss.ca/Tuberculosis-TB-Toolbox)

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	Nurse	Physician	
	<ul style="list-style-type: none"> Enter date on which CXR was taken into <i>Clinical assessment</i> tool (Section 5). 	<ul style="list-style-type: none"> into <i>Clinical assessment</i> tool (Section 5). Discuss with: <ul style="list-style-type: none"> - adult pneumologist PRN; - pediatric pneumologist for patients < 15 years. 	
5. Bacteriological specimens if required	<ul style="list-style-type: none"> If required, obtain prescription from attending physician to proceed with bacteriological specimens. Take bacteriological specimens prescribed by attending physician according to <i>Sputa induction protocol for BK tests</i>. If portable negative-pressure chamber or tent is not available on site, refer to <i>GeneXpert triage guide</i>. Enter dates on which specimens were taken into <i>Clinical assessment</i> tool (Section 5). Once available, forward bacteriological results to DPH. 	<ul style="list-style-type: none"> If required, prescribe sputa induction. If portable negative-pressure chamber or tent is not available on site, refer to <i>GeneXpert triage guide</i>. Check results of bacteriological specimens, determine medical course of action and enter it into <i>Clinical assessment</i> tool (Section 5). Discuss with: <ul style="list-style-type: none"> - adult pneumologist PRN - pediatric pneumologist for patients < 15 years. 	<p>TB clinical decision-making algorithms</p> <p>Sputa induction protocol for BK tests</p> <p>GeneXpert triage guide</p> <p>Laboratory test sequences to search for BK</p>
6. Window-period prophylaxis if required		<p>For a child ≤ 5 years who is a contact of an active TB case and is in window period:</p> <ul style="list-style-type: none"> if possibility of active TB was eliminated during previous stapes, initiate window-period prophylaxis. See Table 2; discuss with pediatric pneumologist. 	
7. Assessment #2 if required	<ul style="list-style-type: none"> Assess signs and symptoms of active TB. 		

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	Nurse	Physician	
	<ul style="list-style-type: none"> • If required, perform TST#2 after window period. • Enter information into <i>Clinical assessment</i> tool (Section 4). • Forward <i>Clinical assessment</i> form to DPH. 		TB clinical decision-making algorithms
8. Medical course of action	<ul style="list-style-type: none"> • Notify attending physician for medical course of action. 	<ul style="list-style-type: none"> • According to Step 7, determine medical course of action and enter it into <i>Clinical assessment</i> form (Section 5). • Discuss with: <ul style="list-style-type: none"> - adult pneumologist PRN; - pediatric pneumologist for patients < 15 years. 	Clinical assessment of a suspected active TB case or a contact of active TB case
9. CXR if required	<ul style="list-style-type: none"> • If required, have attending physician fill out form for radiology consultation. • If radiology services are not available on site, refer to <i>GeneXpert triage guide</i>. • Enter date on which CXR was taken into <i>Clinical assessment</i> form (Section 5). 	<ul style="list-style-type: none"> • If required, fill out <i>Consultation in diagnostic radiology – TB</i>. • If radiology services are not available on site, refer to <i>GeneXpert triage guide</i>. • Check results of CXR, determine medical course of action and enter it into <i>Clinical assessment</i> form (Section 5). • Discuss with: <ul style="list-style-type: none"> - adult pneumologist PRN; - pediatric pneumologist for patients < 15 years. 	TB clinical decision-making algorithms Consultation in diagnostic radiology – TB GeneXpert triage guide
10. Bacteriological specimens if required	<ul style="list-style-type: none"> • If required, obtain prescription from attending physician to proceed with bacteriological specimens. • Take bacteriological specimens prescribed by attending physician 	<ul style="list-style-type: none"> • If required, prescribe sputa induction. • If portable negative-pressure chamber or tent is not available on site, refer to <i>GeneXpert triage guide</i>. 	TB clinical decision-making algorithms

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	Nurse	Physician	
	<p>according to <i>Sputa induction protocol for BK tests</i>.</p> <ul style="list-style-type: none"> • If portable negative-pressure chamber or tent is not available on site, refer to <i>GeneXpert triage guide</i>. • Enter dates on which specimens were taken into <i>Clinical assessment</i> form (Section 5). • Forward results of bacteriological specimens to DPH once available. 	<ul style="list-style-type: none"> • Check results of bacteriological specimens, determine medical course of action and enter it into <i>Clinical assessment</i> form (Section 5). • Discuss with: <ul style="list-style-type: none"> - adult pneumologist PRN; - pediatric pneumologist for patients < 15 years. 	<p>Sputa induction protocol for BK tests</p> <p>GeneXpert triage guide</p> <p>Laboratory test sequences to search for BK</p>
11. Management of investigation results and medical course of action	<ul style="list-style-type: none"> • When results of CXR and bacteriological tests are available, notify attending physician for final medical course of action. • Once medical course of action is completed, forward <i>Clinical assessment</i> form to DPH. • If window-period prophylaxis is under way, refer to Step 7 of Table 2. • Otherwise: <ul style="list-style-type: none"> ○ if LTBI, refer to Table 3; ○ if active TB, refer to Table 4. 	<ul style="list-style-type: none"> • Review record and fill out medical follow-up and clinical impression into <i>Clinical assessment</i> form (Section 5). • If window-period prophylaxis is under way, refer to Step 7 of Table 2. • Otherwise: <ul style="list-style-type: none"> ○ if LTBI, refer to Table 3; ○ if active TB, refer to Table 4. 	<p>TB clinical decision-making algorithms</p> <p>Clinical assessment of a suspected active TB case or a contact of active TB case</p>

TABLE 2: CARE PROCESS FOR AN INDIVIDUAL IN WINDOW-PERIOD PROPHYLAXIS

Steps in care process		Details of tasks to perform		Applicable tools ³
		Nurse	Physician	
		<ul style="list-style-type: none"> Register LTBI medication RIF (see Step 4), complete <i>RIF compliance curve</i> (see Step 4) and <i>Monthly clinical assessment</i> form (see Step 5). Forward <i>Prescription of LTBI medication - RIF window-period, Follow-up protocol – RIF window-period</i> and completed <i>Registration of the medication - RIF</i> to DPH. 		
At start of window-period prophylaxis and at each patient visit	4. Registration of doses and assessment of compliance	<ul style="list-style-type: none"> Fill out <i>Registration of the medication - RIF</i> and <i>RIF compliance curve</i>. Notify attending physician in case of difficulties with compliance. 	<p>Throughout treatment:</p> <ul style="list-style-type: none"> Ensure follow-up to results of prescribed examinations. Determine medical course of action in case of problems during treatment (onset or aggravation of symptoms of active TB, appearance of side effects). Support nurse in establishing support measures for patient in case of difficulties with compliance. 	<p>Registration of the medication - RIF</p> <p>RIF compliance curve</p>
	5. Monthly follow-up	<ul style="list-style-type: none"> Fill out nurse's tasks according to <i>Follow-up protocol</i> prescribed by attending physician and sign in column to right. Check <i>Procedure for monthly clinical assessment</i>. Fill out <i>Monthly clinical assessment</i> form. Notify attending physician in case of onset or aggravation of symptoms of active TB or appearance of side effects. 		<p>Follow-up protocol – RIF window-period</p> <p>Adverse reactions of the main TB treatments</p> <p>Monthly clinical assessment</p>

TABLE 2: CARE PROCESS FOR AN INDIVIDUAL IN WINDOW-PERIOD PROPHYLAXIS

Steps in care process	Details of tasks to perform		Applicable tools ³
	Nurse	Physician	
6. End of window period	<ul style="list-style-type: none"> Continue investigation with <i>Clinical assessment</i> form #2 (refer to Step 7 of Table 1). 	<ul style="list-style-type: none"> Fill out physician’s tasks in section on end of treatment (second month) of <i>Follow-up protocol</i>, then sign in column to right. Continue investigation with <i>Clinical assessment</i> form #2 (refer to Step 7 and following of Table 1). 	Follow-up protocol – RIF window-period
7. Management of investigation results and medical course of action	<p><u>At end of investigation:</u></p> <ul style="list-style-type: none"> If not infected, terminate window-period prophylaxis on medical prescription and forward completed <i>Clinical assessment</i>, <i>Follow-up protocol – RIF window-period</i>, <i>Registration of the medication - RIF</i> and <i>RIF compliance curve</i> to DPH. If LTBI confirmed, continue LTBI treatment on medical prescription and refer to Step 4 of Table 3. If active TB confirmed, refer to Table 4. 	<p><u>At end of investigation:</u></p> <ul style="list-style-type: none"> If not infected, terminate window-period prophylaxis. If LTBI confirmed, continue with LTBI treatment and refer to Step 4 of Table 3. If active TB confirmed, refer to Table 4. Refer to pediatric pneumologist. 	<p>Clinical assessment of a suspected active TB case or a contact of active TB case</p> <p>Follow-up protocol – RIF window-period</p> <p>Registration of the medication - RIF</p> <p>Compliance curve – RIF</p> <p>Prescription of LTBI medication - RIF window-period</p>

TABLE 3: CARE PROCESS FOR AN INDIVIDUAL WITH LTBI

Steps in care process	Details of tasks to perform		Applicable tools ⁴
	Nurse	Physician	
1. Proposal for LTBI treatment		<ul style="list-style-type: none"> Propose LTBI treatment: <ul style="list-style-type: none"> if accepted, go to Step 2; if refused, complete <i>Clinical and radiological follow-up guide</i> and <i>Consultation in diagnostic radiology – TB</i> for entire duration of CRF. Refer to: <ul style="list-style-type: none"> adult pneumologist PRN; pediatric pneumologist for patients < 15 years. 	Prescription of LTBI medication - RIF/INH DOT/INH daily Follow-up protocol - RIF/INH DOT/INH daily Registration of the medication - RIF/INH DOT/INH daily
2. Prescription for LTBI treatment		<ul style="list-style-type: none"> Prescribe selected LTBI treatment. Prescribe <i>Follow-up protocol</i> for selected LTBI treatment by signing at bottom of each page. Fill out physician's tasks in section on end of pre-treatment of <i>Follow-up protocol</i>, then sign in column to right. Refer to: <ul style="list-style-type: none"> adult pneumologist PRN; pediatric pneumologist for patients < 15 years. 	Compliance curve - RIF/INH daily Adverse reactions of the main TB treatments Monthly clinical assessment OR
3. Start of LTBI treatment	<ul style="list-style-type: none"> Initiate required examinations and monitoring according to <i>Follow-up protocol</i> prescribed by attending physician and sign in column to right. 	<ul style="list-style-type: none"> Ensure follow-up to results of examinations prescribed in pre-treatment. 	Clinical and radiological follow-up guide

⁴ The TB tools are available in the regional TB toolkit : [Tuberculosis \(TB\) Toolbox | Nunavik Regional Board of Health and Social Services \(nrhss.ca\)](https://www.nrbhss.ca/Tuberculosis-TB-Toolbox)

TABLE 3: CARE PROCESS FOR AN INDIVIDUAL WITH LTBI

Steps in care process		Details of tasks to perform		Applicable tools ⁴
		Nurse	Physician	
		<ul style="list-style-type: none"> Initiate treatment prescribed by attending physician. Register LTBI medication (see Step 4) and complete <i>Compliance curve</i> (see Step 4) and <i>Monthly clinical assessment</i> form (see Step 5). Forward completed <i>Prescription of LTBI medication, Follow-up protocol</i> and sheet for <i>Registration of the LTBI medication</i> to DPH. 		
At start of treatment and at each patient visit	4. Registration of doses and assessment of compliance	<ul style="list-style-type: none"> Fill out <i>Registration of the LTBI medication</i> and <i>Compliance curve</i>. Notify attending physician in case of difficulties with compliance. 	<p>Throughout treatment:</p> <ul style="list-style-type: none"> Ensure follow-up to results of prescribed examinations. Determine medical course of action in case of problems during treatment (onset or aggravation of symptoms of active TB, appearance of side effects). Support nurse in establishing support measures for patient in case of difficulties with compliance. 	Registration of the medication - RIF/INH DOT/INH daily Compliance curve - RIF/INH daily
	5. Monthly follow-up	<ul style="list-style-type: none"> Fill out nurse's tasks according to <i>Follow-up protocol</i> prescribed by attending physician and sign in column to right. Check <i>Procedure for monthly clinical assessment</i>. Complete <i>Monthly clinical assessment</i> form. Notify attending physician in case of onset or aggravation of symptoms of active TB or appearance of side effects. 		Adverse reactions of the main TB treatments Monthly clinical assessment

TABLE 3: CARE PROCESS FOR AN INDIVIDUAL WITH LTBI

Steps in care process	Details of tasks to perform		Applicable tools ⁴
	Nurse	Physician	
6. End of treatment	<ul style="list-style-type: none"> At end of treatment, notify attending physician to obtain final medical course of action. Forward completed <i>Compliance curve</i> and registration of LTBI medication as well as <i>Clinical and radiological follow-up guide</i> prescribed by attending physician to DPH. <p><u>If CRF required:</u></p> <ul style="list-style-type: none"> Obtain applications for radiology consultation from attending physician for entire duration of CRF. Plan CXR according to dates indicated in <i>Clinical and radiological follow-up guide</i>. 	<ul style="list-style-type: none"> Fill out physician’s tasks in section on end of treatment (4th month) of <i>Follow-up protocol</i>, then sign in column to right. Complete <i>Clinical and radiological follow-up guide</i>. <p><u>If CRF required:</u></p> <ul style="list-style-type: none"> Complete <i>Consultation in diagnostic radiology – TB</i> for entire duration of CRF. 	<p>Registration of the medication - RIF/INH DOT/INH daily</p> <p>Compliance curve - RIF/INH daily</p> <p>Clinical and radiological follow-up guide</p> <p>Consultation in diagnostic radiology – TB</p>

TABLE 4: CARE PROCESS FOR AN INDIVIDUAL WITH ACTIVE TB

Steps in care process	Details of tasks to perform		Applicable tools ⁵
	Nurse	Physician	
		<ul style="list-style-type: none"> • Fill out physician’s tasks in sections on pre-treatment, hospitalization or home isolation, and return to community in case of hospitalization, and sign in column to right. • Refer to: <ul style="list-style-type: none"> - adult pneumologist PRN; - pediatric pneumologist for patients < 15 years. 	Prescription of active TB medication – Phase 1 - Child Active TB follow-up protocol
4. Start of Phase 1	<ul style="list-style-type: none"> • Initiate examinations and other follow-up required according to <i>Follow-up protocol</i> prescribed by attending physician and sign in column to right. • Initiate treatment prescribed by attending physician. • Register medication for Phase 1 of active TB treatment (see Step 9). • Forward completed <i>Follow-up protocol</i>, <i>Prescription of active TB medication – Phase 1</i> and <i>Registration of the active TB medication – Phase 1</i> to DPH. 	<ul style="list-style-type: none"> • Ensure follow-up to results of examinations prescribed in pre-treatment. 	Active TB follow-up protocol Procedure - Registration of the active TB medication Registration of the active TB medication – Phase 1 Adverse reactions of the main TB treatments Monthly clinical assessment
5. Identification of priority contacts	<ul style="list-style-type: none"> • Check <i>Procedure for identification of contacts of an active TB case</i>. • Fill out form for <i>Identification of contacts of an active TB case</i> for priority contacts (domestic contacts and vulnerable contacts). 		Procedure for identification of contacts of an active TB case Identification of contacts of an active TB case

TABLE 4: CARE PROCESS FOR AN INDIVIDUAL WITH ACTIVE TB

Steps in care process	Details of tasks to perform		Applicable tools ⁵
	Nurse	Physician	
	<ul style="list-style-type: none"> Fill out Section 1 (personal information) of <i>Clinical assessment</i> form for each priority contact. Forward form for <i>Identification of contacts of an active TB case</i> as well as Section 1 of <i>Clinical assessment</i> form for each priority contact to DPH. 		Clinical assessment of a suspected active TB case or a contact of active TB case
6. Identification of other contacts	<ul style="list-style-type: none"> Once infectious period is determined by DPH, fill out form for <i>Identification of contacts of an active TB case</i>. Fill out Section 1 (personal information) of <i>Clinical assessment</i> form for each contact. Forward form for <i>Identification of contacts of an active TB case</i> as well as Section 1 of <i>Clinical assessment</i> form for each contact to DPH. 		<p>Procedure for identification of contacts of an active TB case</p> <p>Identification of contacts of an active TB case</p> <p>Clinical assessment of a suspected active TB case or a contact of active TB case</p>
7. Commitment contract	<ul style="list-style-type: none"> Check <i>Procedure for commitment contract relative to mandatory treatment</i>. Explain commitment contract to patient and make sure he understands it clearly. Have patient fill out and sign commitment contract. 		<p>Procedure for commitment contract relative to mandatory treatment</p> <p>Commitment contract relative to mandatory treatment</p>
8. Appendix 4	<ul style="list-style-type: none"> Fill out <i>Appendix 4</i> with information available at this step. Forward <i>Appendix 4</i> to DPH. 		Appendix 4
9. Registration of doses and	<ul style="list-style-type: none"> Check <i>Procedure for registration of active TB medication</i>. 	<ul style="list-style-type: none"> Support nurse in establishing support measures for patient in 	Procedure - Registration of the active TB medication

TABLE 4: CARE PROCESS FOR AN INDIVIDUAL WITH ACTIVE TB

Steps in care process		Details of tasks to perform		Applicable tools ⁵
		Nurse	Physician	
At start of treatment and at each patient visit	assessment of compliance	<ul style="list-style-type: none"> Fill out <i>Registration of the active TB medication – Phase 1</i>. Inform attending physician and DPH in case of difficulties with compliance. 	<ul style="list-style-type: none"> case of difficulties with compliance. Inform DPH in case of difficulties with compliance. 	Registration of the active TB medication – Phase 1
	10. Monthly follow-up	<ul style="list-style-type: none"> Fill out nurse’s tasks according to <i>Active TB follow-up protocol</i> prescribed by attending physician and sign in column to right. Check <i>Adverse reactions of the main TB treatments</i>. Monitor signs and symptoms of active TB. Monitor side effects. Fill out <i>Monthly clinical assessment</i> form. Notify attending physician in case of onset or aggravation of symptoms of active TB or appearance of side effects. Forward all results of bacteriological specimens to DPH once available. 	<ul style="list-style-type: none"> Fill out physician’s tasks in <i>Active TB follow-up protocol</i> and sign in column to right. Ensure follow-up to results of prescribed examinations. Determine medical course of action in case of problems during treatment (onset or aggravation of symptoms of active TB, appearance of side effects). Notify DPH in case of change in treatment plan or difficulties with compliance with treatment. 	<ul style="list-style-type: none"> Adverse reactions of the main TB treatments Monthly clinical assessment Active TB follow-up protocol
11. End of Phase 1 and start of Phase 2		<ul style="list-style-type: none"> Two weeks before end of Phase 1, notify attending physician to obtain <i>Prescription of active TB medication – Phase 2</i> and forward to pharmacy. Before starting Phase 2, make sure all doses prescribed in Phase 1 have been administered. Once Phase 2 has started, register doses on <i>Registration of the active TB medication – Phase 2</i>. Forward completed <i>Registration of the active TB medication – Phase 1</i> and 	<ul style="list-style-type: none"> Confirm transition to Phase 2 according to <i>Active TB follow-up protocol</i>. Prescribe Phase 2 of active TB treatment. Refer to: <ul style="list-style-type: none"> - adult pneumologist PRN; - pediatric pneumologist for patients < 15 years. 	<ul style="list-style-type: none"> Prescription of active TB medication – Phase 2 - Adult Or Prescription of active TB medication – Phase 2 - Child Registration of the active TB medication – Phase 2

TABLE 4: CARE PROCESS FOR AN INDIVIDUAL WITH ACTIVE TB

Steps in care process	Details of tasks to perform		Applicable tools ⁵
	Nurse	Physician	
	<p><i>Prescription of active TB medication – Phase 2</i> as well as start date of Phase 2.</p> <ul style="list-style-type: none"> Continue with Steps 9 and 10. 		
12. End of treatment	<ul style="list-style-type: none"> Make sure all doses prescribed in Phase 2 have been administered. Once Phase 2 complete, inform attending physician. Fill out <i>Appendix 4</i> according to data at end of treatment. Forward forms <i>Treatment outcome</i>, <i>Appendix 4</i>, all sheets for registration of medication for active TB and <i>Clinical and radiological follow-up guide</i> prescribed by attending physician to DPH when required. Obtain <i>Consultation in diagnostic radiology – TB</i> completed by attending physician for entire duration of CRF. Plan CXR according to dates indicated in <i>Clinical and radiological follow-up guide</i>. 	<ul style="list-style-type: none"> Fill out <i>Treatment outcome</i>. Fill out <i>Clinical and radiological follow-up guide</i>. Fill out <i>Consultation in diagnostic radiology – TB</i> for entire duration of CRF. 	<p>Appendix 4</p> <p>Registration of medication for Phase 1 treatment of active TB</p> <p>Registration of medication for Phase 2 treatment of active TB</p> <p>Treatment outcome</p> <p>Clinical and radiological follow-up guide</p>

