



Title	Procedure - Isolation at home
TB toolbox Code	DSPu-TB_TB-ACT_Procedure-ISO-DOM
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PROCEDURE

KEY POINTS

Tuberculosis is the only disease subject to compulsory treatment under the *Public Health Act*. Isolation at home can be a viable alternative to hospitalization in some cases. This measure aims to let people stay in their personal living environment while also preventing the disease's transmission by adhering to certain restrictions with regard to their activities of daily living. Healthcare teams must be extremely vigilant when supporting persons with tuberculosis while they are isolated at home.

And much like isolation at home is contingent on the optimal knowledge and cooperation of the person with TB, similar knowledge and cooperation is required from all other members of the household.

Primary responsibility for determining whether isolation at home is feasible and ensuring the necessary follow-up falls within the purview of the care team (treating physician and CLSC personnel). These decisions are supported by the health centre's public health advisor on nursing care and the Department of Public Health (DPH) for Nunavik.

PURPOSE

Advising the person undergoing TB treatment and the members of their household of the conditions to adhere to during the period of isolation at home and sharing isolation management strategies.

OBJECTIVE

The person undergoing TB treatment undertakes to comply with the instructions received regarding their isolation at home as well as the various ensuing conditions.

CONDITIONS REQUIRED TO ENABLE ISOLATION AT HOME

The person must have negative smear results. This includes cases with negative smears and negative cultures (probable cases). A person with negative smear results at the onset of treatment may not require hospitalization or may be released from hospital before having received two weeks of treatment, and this if they meet the other conditions for isolation at home. For cases with negative smears but lung x-rays revealing cavitation, healthcare personnel should suspect a higher degree of infectiousness; depending on the clinical evaluation, such cases might need to be isolated in a clinical setting.

If a person is already hospitalized, the initial evaluation must have been completed in the hospital and the treatment initiated and be well-tolerated. If a person is in the community but no indications point to the need for hospitalization, treatment can begin in the community, contingent on the availability of resources able to conduct evaluations and take charge of the patient.

The patient and all members of their household must be able to understand and comply with the conditions associated with the isolation at home of the person with TB, namely:

- To not have any visitors;
- To not go see/visit any other persons;
- To not go to work;



- To not frequent public places (e.g., school, community centre, grocery store, church, indoor sports or recreational centre, etc.);
- To not attend any social events (e.g., birthday or anniversary, marriage, music festival, family reunion, funeral service, etc.);
- To not travel outside of the community;
- To sleep alone in their room if at all possible and if not, to avoid sleeping in a room with new or different people;
- To wear a medical mask during essential appointments at the CLSC (for TOD or other reasons).

No one not previously exposed to TB can move into the home of the person during the isolation period.

Contacts at the home must be quickly identified, evaluated and taken in charge.

If there are vulnerable persons in the home (children less than 5 years old or immunosuppressed individuals):

- They must receive prophylactic treatment (or treatment for active TB, as applicable) from the onset of the isolation at home and throughout this period.
- If the prophylactic treatment of vulnerable persons in the home cannot be initiated immediately, isolation at home can still be possible, contingent on these vulnerable individuals having the possibility of living elsewhere until the onset of their prophylactic treatment. This option can be considered if everyone involved considers it acceptable.
- Vulnerable persons or their parents/guardians must accept a possible extension of the prophylaxis window/period as needed (see the point concerning the prophylaxis window/period below).

The person must be able to adhere to their treatment plan, which includes treatment under direct observation (TOD).

There must be no other indications calling for a possible hospitalization.

OUTDOOR ACTIVITIES

People with the disease should be encouraged to engage in outdoor activities during the period of isolation at home, and this to the extent that the person's health allows it. The person need not wear a mask. However, they should not sleep in a cabin or tent with anyone other than members of their household.

Children with TB are also encouraged to play outdoors. The family of such a child should ask the significant adults in their circle of family members, friends and acquaintances to help them ensure the child does not play indoors with friends or relatives during the period of isolation at home. It should, however, be noted that children under 10 years of age are usually deemed not very contagious or not contagious at all.

PERSONS DEEMED NOT CONTAGIOUS

Persons with TB who are not considered contagious need not be in isolation at home. As a precaution, however, it could be worthwhile to recommend that they avoid participating in activities with the potential for numerous contacts, especially with vulnerable persons, and this for the two weeks of treatment (e.g., take them out of daycare or school).

Generally speaking, the following groups are not considered infectious or contagious:

- People with extra-pulmonary TB for whom a pulmonary element has been excluded;
- Children under the age of 10 years who do not present with an "adult" type of TB.

The evaluation of the contagiousness and of the protective measures to implement should be done on a case by case basis, depending on the clinical presentation and subsequent to a discussion with the Public Health physician.



RESPONSIBILITIES OF THE CARE TEAM (nurses, physician, interpreters)

Information on the diagnosis and treatment

- Inform the person with TB (or their parent or legal representative, if a child) of the severity of the disease, the degree of contagiousness and associated risk for those close to them, the effectiveness of the treatment and lastly, the benefits of following the medical recommendations provided throughout the treatment. Adhering to these recommendations can only prove helpful to the patient. Refer to the Health Canada tool [Talking tuberculosis – An educational resource – By Health Canada](#) if and as needed.

Evaluation of the conditions associated with isolation at home

- If the conditions allowing isolation at home are all satisfied, the decision to do so or not will be taken by the treating physician. If some conditions are not satisfied but the treating physician nonetheless wishes to offer isolation at home, the Public Health physician must be consulted in order to complete the risk analysis.
- Evaluate whether the conditions preliminary to an isolation at home are met. They are:
 - Clinical condition allowing for an outpatient treatment.
 - Low degree of contagiousness (negative smear and pulmonary X-ray showing no cavitation).
 - Social conditions and health status of the members of the household:
 - Obtain the list of everyone living in the home, their age, health condition (immunosuppression) and status with regard to TB (not infected, LTBI, active TB, undergoing treatment or not). As needed, reach out to the health centre's public health advisor on nursing care.
 - Identify any social or family conditions that could make isolation at home difficult or impossible. As needed, reach out to the health centre's public health advisor on nursing care or to social services.
 - Person diagnosed with TB's understanding of the situation and ability to adhere to the treatment plan, including the isolation measure.
- Notify the TB nurse or the CLSC of the plan to offer the option of isolation at home to the person with the disease. The local team must be able to manage the treatment and ensure an adequate follow-up of the person in isolation at home.
- Notify the health centre's public health advisor on nursing care and the Nunavik Public Health advisor in the area of infectious diseases of the plan to offer the option of isolation at home to the person with the disease.

Offer of isolation at home to people with TB

- Make sure the person with TB (or the parent or legal representative in the case of a child) has read and signed the agreement regarding mandatory treatment ([Commitment contract for the mandatory treatment of active tuberculosis](#)) ([TB-ACT_CONTRAT-ENGAGEMENT_EN](#)), given that isolation at home is an element of the treatment plan and a measure that must be well understood and complied with as per the conditions of the agreement.
- Meet the person with TB and the key members of their household¹. If at all possible, this meeting should be at

¹And much like isolation at home is contingent on the optimal knowledge and cooperation of the person with TB, a similar degree of knowledge and cooperation is necessary from all other members of the household. In this regard, a meeting with key members of the household should take place prior to the onset of the isolation at home measure. The members involved in this discussion will depend on the social and family situation of the household of the person with TB.



the person's home. Alternatively, a visit of the home will be scheduled prior to the onset or at the very start of the isolation at home measure.

- Read, along with the person with TB and the key members of the household, the document on isolation at home for cases of active TB (*Isolation at home for active TB cases – Instructions to follow*), which is available in 3 languages (*TB-ACT_ISO-DOM_IN* or *EN* or *FR*) and provide each of the persons present a copy. This document addresses:
 - The conditions for isolation at home mentioned above;
 - The additional measures recommended to decrease the transmission risk (e.g., open the windows, weather permitting; practice respiratory hygiene, etc.);
 - Activities that a person with the disease can do with no restrictions.
- Ensure that the person with TB and the key members of the household have properly understood all of the information in the document on isolation at home for cases of active TB (*Isolation at home for active TB cases – Instructions to follow*) (*TB-ACT_ISO-DOM_IN* or *EN* or *FR*), with the assistance of an interpreter if needed. Explain the reasons underlying the isolation at home measure, the obligatory nature of the process, the follow-up and support provided, the transmission risk in the event of non-compliance, and the alternatives to isolation at home should this measure prove impossible (hospitalization during the infectious period).
- Identify and list, if needed, the risk factors associated with a failure to observe the conditions of an isolation at home (e.g., no participation during the meeting, not open to any participation, visible aggressiveness or passiveness, etc.).
- Suggest strategies to promote compliance with the isolation measure (e.g., getting the support of loved ones or significant others, identifying possible obstacles as well as solutions, recommending regular home visits, etc.).
- Should there be any doubt as to the ability of the person with TB or the members of their household to comply with the isolation measure, re-examine the possibility of offering isolation at home and reach out to the health centre's public health advisor on nursing care and the Nunavik Public Health advisor in the area of infectious diseases.

During the isolation at home

- Ensure regular follow-up and support for the person in isolation at home.
 - A daily follow-up is required, notably through the TOD.
 - At least one home visit per week should be offered.
- During the isolation at home, the treatment must be under direct observation (TOD). TOD must be seen as an opportunity to support the person with the disease.
 - The TOD at home should be the first choice. Case workers will, if this is the case, need to wear N95 masks.
 - If the TOD takes place at the CLSC (local community service centre), the persons with TB must wear a surgical mask during visits, and all visits must be kept as short as possible. Regular visits should be planned (at home).
 - During the isolation at home, the TOD should ideally run over 7 consecutive days, including weekends.



- If there are any doubts or issues regarding compliance with the isolation measure, meet with the person and the members of their household (if relevant), identify the source of the problems and review the strategies in place to promote compliance with the conditions of the isolation measure. Remind everyone of the reasons for isolation at home, the necessary nature of this measure, and transmission risks related to non-compliance.
- Notify the health centre's public health advisor on nursing care and the Nunavik Public Health advisor in the area of infectious diseases in the event of a problem that could pose a threat to the effectiveness of the isolation at home measure.
- If, despite the efforts made with the person with TB, there is a risk of transmission, turn towards isolation in a hospital environment for the remainder of the infectious period. The treating physician is responsible for deciding whether or not to hospitalize a patient; he may consult with the Public Health physician when there are doubts regarding the transmission risk.

LIFTING/END OF THE ISOLATION MEASURE

When the following conditions are met, the treating physician can, by virtue of his power, lift the isolation; he may consult with the Public Health physician when there are doubts regarding the transmission risk.

Prior to the lifting/end of the isolation, the file should be reviewed to ensure that all of the necessary conditions in this regard have been met.

The isolation at home measure can be lifted when the person is no longer considered to be contagious.

- For cases with a negative smear and a strain sensitive to Rifampicin: the isolation at home measure can be ended after 2 weeks (14 consecutive doses) of an appropriate treatment in the presence of clinical signs of improvement and where there is no suspected medication resistance, this with a person with no pulmonary x-rays showing no cavitation. For cases with cavitation, the isolation period could be extended, depending on the clinical evaluation.
- For cases with a positive smear and a strain sensitive to Rifampicin: priority will be given to isolation in a hospital setting. If a portion of the isolation is exceptionally done at home (outside of the protocol), the isolation at home measure could be lifted after 3 consecutive negative smears and a minimum of 2 weeks of an appropriate treatment as per sensitivity results and in the presence of clinical evidence of improvement.

TREATMENT WINDOW/PERIOD

In the case of vulnerable contacts (contacts under 5 years of age or immunosuppressed individuals), if the initial investigation fails to reveal an infection, the vulnerable person must initiate a prophylaxis during the prescribed window/period and this until the results of the post-window/period investigation are known. This window/period is equal to 8 weeks following the last contact with the infectious case. If there is an isolation at home where vulnerable contacts are in the treatment window/period, the last infectious contact will be considered to be the moment where the isolation is lifted with regard to the case of active TB.