



Infection Prevention and Control Resource for Adult Social Care

8a. Tuberculosis (TB) Guidance for Adult Social Care Settings

This guidance is for care and support workers and managers working in adult social care (ASC) settings. It gives information on tuberculosis (TB), how to support individuals and care and support workers diagnosed with suspected and confirmed TB and principles on how to prevent the spread of TB in ASC settings.

The term 'individual' is used throughout this guidance to refer to people who access care and support in care homes for older adults, homes for younger adults with learning disabilities, day centres, extra care services, supported living and care provided at home (domiciliary care).

Care and support workers providing care and support to individuals should follow the infection prevention and control (IPC) principles set out below to minimise the risk of spreading TB within an ASC setting.

Safeguarding statement

In keeping with the Mental Capacity Act 2005, care and support workers must presume capacity unless assessed otherwise, provide tailored support to enable understanding, and document any capacity assessments clearly. Where a person lacks capacity, decisions or protective measures must be made in their best interests and be proportionate, necessary,

21 and least restrictive, with involvement from relevant professionals and those close to the
22 individual wherever appropriate.

23 Always ensure any information sharing about an infectious individual is done so in a
24 compassionate but proportionate way.

25 **What tuberculosis is**

26 [Tuberculosis \(TB\)](#) is an infectious disease caused by bacteria. It is most common in the
27 lungs (pulmonary TB), but it can affect any part of the body, for example, brain, spine and
28 lymph nodes (extra-pulmonary TB).

29 When a person has symptoms of TB it's called TB disease (also referred to as active TB).
30 However, the person is only infectious when TB is diagnosed in the lungs (and sometimes
31 the larynx, also known as the voice box, just above the windpipe).

32 Sometimes a person may have had a blood test that indicates they have TB in their body,
33 but they have no symptoms. This is called latent TB infection; the person is not infectious
34 and cannot spread TB to another individual.

35 **Symptoms of TB**

36 A person with TB disease (active TB) may have the following symptoms:

- 37 • a persistent cough that does not get better after 3 weeks
- 38 • coughing up mucus (phlegm) with blood in it
- 39 • a fever or night sweats
- 40 • no appetite
- 41 • unexplained weight loss
- 42 • extreme tiredness

43 Being aware of signs and symptoms of TB and seeking early clinical advice from a
44 registered healthcare professional helps with early TB diagnosis and treatment.

45 **How TB is spread**

46 TB spreads through the air when a person with TB disease (active TB) in their lungs or
47 larynx coughs, sneezes, or speaks, releasing bacteria into the air that others can breathe
48 in. However, TB is not easily spread from person to person (unlike other respiratory
49 infections such as flu or COVID-19) and usually requires close and regular prolonged
50 contact with an individual diagnosed with infectious TB to get infected with it. TB cannot be
51 transmitted through touch, or by using the same utensils or crockery.

52 **Individuals at increased risk of TB**

53 Some individuals are more likely to get very ill from TB if they come into contact with it.
54 This can be because of where they live, their health, or how their body fights infections.
55 People who are more likely to get very ill from TB include:

- 56 • older adults
- 57 • children, especially under 5 years of age
- 58 • those who smoke, use drugs or consume alcohol
- 59 • those with a history of imprisonment or homelessness (more likely to have been
60 exposed to TB due to shared spaces, overcrowding, or unstable living conditions)
- 61 • those who have weakened immune systems, for example due to diabetes or
62 medications such as steroid treatments, or chemotherapy

63 **TB treatment**

64 TB disease (active TB) is a serious condition, but it can be treated with antibiotics. The
65 treatment is free. The standard treatment length is 6 months, however, there are cases in
66 which the treatment duration will be longer, for example, cases of TB meningitis and drug-
67 resistant TB.

68 TB specialists provide TB treatment and care. They will give information, advice, and
69 support to individuals on the medicines and management of TB for the duration of
70 treatment.

71 **What to do if an individual is suspected to have** 72 **infectious TB**

73 If you are looking after an individual who is suspected to have infectious TB, follow the
74 guidance below:

- 75 • it is important to seek clinical advice early if there is concern that a person may have
76 infectious TB, whether they are an individual receiving care or a care and support
77 worker
- 78 • a best interest decision may be needed in accordance with the [Mental Capacity Act](#)
79 [2005](#) where an individual lacks capacity
- 80 • report the suspicion to a registered healthcare professional (for example, GP) in line
81 with local processes so that a clinical review can be arranged by a TB specialist
- 82 • if TB is suspected by the registered healthcare professional, ask the individual to wear
83 a fluid resistant surgical mask (FRSM) when they have contact with people visiting
84 them or if they need to leave their accommodation until they have been assessed by a
85 TB specialist and given appropriate advice
- 86 • if an individual has cognitive impairments or other factors that may impact their ability
87 to adhere to staying away from others or wearing a mask, complete a risk assessment
88 with the local health protection team (HPT) and TB specialist
- 89 • continue to support the individual with all their care needs whilst they are potentially
90 infectious
- 91 • support the individual to stay away from others and stay in their own room if possible,
92 avoiding accessing communal areas
- 93 • when providing care, ensure the environment is clean and tidy and well-ventilated by
94 opening windows if appropriate and comfortable to do so
- 95 • support the individual to understand the importance of good respiratory and cough
96 hygiene (link to SIPC's)
- 97 • care and support workers should follow any specific IPC precautions recommended
98 (link to SICP and TBP section) by the local HPT, IPC or TB specialist

99 **What to do if an individual is confirmed to have** 100 **infectious TB**

101 If you are looking after an individual with confirmed infectious TB, in addition to the above
102 actions:

- 103 • contact the local NHS TB specialist or [HPT](#) for further information and advice.
- 104 • the individual's care manager should liaise with the local NHS TB specialist who will
105 confirm the individual's infectivity status and provide advice on informing care partners

106 **What to do if ASC care and support workers are** 107 **diagnosed with infectious TB**

108 If ASC care and support workers are diagnosed with infectious TB by a registered
109 healthcare professional, they should remain off work until their treating NHS TB specialist
110 advises they are no longer infectious.

111 They may be required to provide information about their employer, the hours they work,
112 and the environment they work in to their TB clinical team to assist further public health
113 actions. This information will be shared with the local HPT. They will assess the risk and
114 decide who has been in close contact for a long time, who needs testing, what information
115 needs to be shared, and what should happen next.

116 Individuals and care and support workers who are known to have been in close contact
117 with a case of infectious TB (either in the ASC setting or the community) will be informed
118 and managed by the local HPT and the local NHS TB specialists. This will include a risk
119 assessment with the care setting manager and NHS TB specialists. Contacts will be
120 managed by the HPT in line with the NICE tuberculosis guideline.

121 Care and support workers may get a letter telling them they have been near someone with
122 TB and what they need to do. They might be asked to have a TB test and go to more
123 appointments, or they may be told to watch for signs of TB and seek help if they feel
124 unwell.

125 In the rare case of an outbreak, the [Communicable disease outbreak management](#)
126 [guidance](#) will be used.