

# Recommendations for Tuberculosis (TB) Screening in Long-Term Care and Retirement Homes

## Recommendations for **NEW** Residents:

All new residents must undergo:

1. A history and physical examination by a physician/nurse practitioner within 90 days prior to admission or within 14 days of admission
2. A symptom review for active pulmonary TB disease
  - If there are concerning findings on the review of symptoms, order a chest x-ray and the collection of three sputum specimens for acid-fast bacilli (AFB) and culture, collected at least one hour apart. Send these specimens to the Public Health Laboratory.

*Note: It can take up to 8 weeks for a culture report.*

**\*\*Routine TB testing is not recommended for residents**

**In addition to the above, for residents < 65 years of age** who are previously skin test negative or unknown, a 2-step tuberculin skin test (TST) is recommended. If the TST is positive, treatment of latent TB infection (LTBI) should be considered. A TST is **not** recommended for residents with a previous positive TST.

Tuberculin skin tests are not recommended to be done upon admission for residents 65 years of age or older. If a TST was previously done, record the date and result of the most recent TST.

## Recommendations for Residents admitted to Short-Term Care of less than 3 months (e.g. respite care)

1. A history and physical examination by a physician/nurse practitioner to rule out active pulmonary TB, within 90 days prior to admission or within 14 days of admission.
2. If potential for active pulmonary TB disease, order a chest x-ray and rule out active TB disease as per #2 above before admission

## Management of Residents with Suspected Active TB Disease

1. If not admitted yet, do not admit and notify HKPRDHU
2. If admitted, isolate the resident immediately using airborne precautions and notify HKPRDHU
  - a. Single room with the door closed,
  - b. Limited interactions with staff and visitors,
  - c. Proper PPE (resident wears surgical mask when others are in the room, staff wear an N95 mask)
3. Seek immediate appropriate medical care, investigation, and follow up according to facility policies and procedures to rule out active TB

- a. Obtain a chest x-ray,
- b. Collect 3 sputum specimens (1 hours apart) using appropriate PPE and send to PHOL

### Reporting Requirements for Tuberculosis

Under the Health Protection and Promotion Act, R.S.O. 1990, c. H.7, diagnoses of TB infection and cases of suspect and confirmed active TB disease are reportable to Public Health. For information on how to report or to ask for advice related to TB infection or TB disease, please contact HKPRDHU at 1-866-88-4577 ext. 1232, after hours at 1-888-255-7839 or email at [outbreaks@hkpr.on.ca](mailto:outbreaks@hkpr.on.ca)

### Recommendations for **NEW** employees and volunteers

The following assessment must be initiated within 6 months before starting work or within 14 days of starting work:

Person with unknown TST		Person with documented results of previous 2-step TST		*Person with a positive TST
<b>A 2-step TST is required</b>		<b>If both tests were NEGATIVE</b>		<b>If any previous test was POSITIVE</b>  <div style="text-align: center;">↓</div> <b>Refer to *Person with a positive TST (left column)</b>
<b>If both tests are NEGATIVE</b>  <div style="text-align: center;">↓</div> <b>No further testing is recommended</b>	<b>If either test is POSITIVE</b>  <div style="text-align: center;">↓</div> <b>Refer to *Person with a positive TST (left column)</b>	Done <i>more than</i> 6 months ago	Done <i>less than</i> 6 months ago	
		<b>A 1-step TST is necessary.</b> <i>Note: if the result of this TST is positive, refer to *Person with a positive TST.</i>	<b>No further testing is recommended.</b>	<ol style="list-style-type: none"> <li>1. Report person with positive TST to local Public Health Unit</li> <li>2. A physical exam including symptom review and a chest x-ray are recommended to rule out active TB disease. <b>Note:</b> <i>The chest x-ray can be from within the last three months unless the person is symptomatic.</i></li> <li>3. Further skin testing is not recommended.</li> <li>4. The person should be informed of the signs and symptoms of active TB disease.</li> </ol>
				<b>If person has symptoms or an abnormal chest x-ray:</b> <ul style="list-style-type: none"> <li>• Collect 3 sputum samples at least 1 hour apart*</li> <li>• Should not work until physician provides documentation that the person does not have infectious TB disease.</li> </ul>
				<b>If person has no symptoms:</b> <ul style="list-style-type: none"> <li>• Can continue to work while physician completes assessment to rule out infectious TB disease</li> <li>• Consideration should be given to treatment for LTBI.</li> </ul>

**Note:** Persons with medical conditions that severely weaken the immune system may have a negative TST even though they have TB infection. Recommend further assessment by a specialist with expertise in tuberculosis (e.g. Infectious Disease, Respiriologist, TB Clinic). Volunteers include those who expect to work regularly during the next year (approximately a half day per week or more).

## Requirements for Contract Workers and Students

Supplying agencies or schools are responsible for pre-placement TB assessment and follow-up. This should be clarified with agencies or schools to confirm that individual contract workers and/or students have had their TB skin test and any additional assessment as needed to rule out TB disease prior to starting the placement.

## Regular Screening for Residents, Employees and Volunteers

Annual TB skin testing is **not** recommended. Annual chest x-rays are also **not** recommended in the assessment of positive reactors. If an infectious case of active TB disease occurs in the facility, contact follow-up will be coordinated by the local Public Health Unit. TB skin testing is free for persons identified as a contact of a case of TB disease. Medication for treatment of TB infection and TB disease is free through Public Health.

Reference: Canadian Tuberculosis Standards, 7th edition, 2013 (now online)\*  
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