

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

Recommendations for Residents

All new residents must undergo a history and physical exam by a physician or nurse practitioner within 90 days prior to admission or within 14 days after admission.

This assessment should include a symptom review of respiratory TB (refer to Active TB Screening Checklist for Clinicians).

If symptoms suggest possible active TB disease, the resident should not be admitted and should complete:

- a posteroanterior and lateral chest x-ray
- three sputum samples taken at least one hour apart submitted to the Public Health Laboratory for testing (Acid Fast Bacilli and Culture) and the results are negative. **Note:** It can take up to 8 weeks for a culture report.

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

Residents in facilities for short term care should receive an assessment and symptom review by a physician/nurse practitioner to rule out active pulmonary TB, within 90 days prior to admission or within 14 days after admission. If the symptom review indicates potential active pulmonary TB disease, a chest x-ray must be obtained and active TB disease ruled out (see #3 above). A TST for residents in short term care is not recommended.

Management of Residents with Suspected Active TB Disease

If at any time, active pulmonary TB disease is suspected in a resident, the individual should be isolated immediately. This involves placing the resident in a single room, keeping the door closed, limiting interactions with staff and visitors and ensuring appropriate personal respiratory protection (i.e. have resident wear a surgical mask, if tolerated while others are in the room; N95 masks are recommended for staff and visitors). Immediate steps should be taken to ensure appropriate medical care, investigation and follow-up according to facility policies and procedures. The local Public Health Unit should be notified and consulted regarding next steps.

Reporting Requirements for Tuberculosis

Under the Health Promotion and Protection 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 your local Public Health Unit.

Recommendations for 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	
A 2-step TST is required		If both tests were negative		Report person with positive TST to local Public Health Unit	
If both tests are negative	If either test is positive	Done >6 months ago	Done < 6 months ago	If any previous test was positive	↓ Refer to *Person with a positive TST
↓	↓	↓	↓		
No further testing is recommended	Refer to *Person with a positive TST	A 1-step TST is necessary	No further testing is recommended		
		Note: If the result of this TST is positive, refer to *Person with a positive TST.			

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, 8th Edition, 2022

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