

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

## Recommendations for Residents

All new residents must undergo a history and physical examination by a physician/nurse practitioner within 90 days prior to admission/on admission (The LTCHA\* also permits the TB assessment to be done within 14 days after admission, sec. 229-10.1). It is recommended that this assessment include:

1. A symptom review for active pulmonary TB disease.
2. A chest x-ray (posterior-anterior and lateral) taken within 90 days prior to admission to the facility.
3. If signs and symptoms and/or chest x-ray indicate potential active pulmonary TB disease, the resident should not be admitted until three sputum samples taken at least 1 hour apart are submitted to the Public Health Lab for testing (Acid Fast Bacilli and Culture) and the results are negative. *Note: It can take up to 8 weeks for a culture report.*
4. **In addition to the above, for residents  $\leq$  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 over 65 years of age. 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)

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/on 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 ↓ • A physical exam including symptom review and a chest x-ray are recommended to rule out pulmonary TB disease. <i>Note: The chest x-ray can be from within the last three months unless the person is symptomatic.</i> • Further skin testing is not recommended. • The person should be informed of the signs and symptoms of pulmonary TB disease.
If both tests are negative ↓ No further testing is recommended	If either test is positive ↓ Refer to *Person with a positive TST	Done > 6 months ago ↓ A 1-step TST is necessary  <i>Note: If the result of this TST is positive, refer to *Person with a positive TST</i>	Done < 6 months ago ↓ No further testing is recommended	
				If any previous test was positive ↓ Refer to *Person with a positive TST
				<p><b>If person has symptoms of TB or an abnormal chest x-ray:</b></p> <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 pulmonary TB disease.</li> </ul>
				<p><b>If person has no symptoms:</b></p> <ul style="list-style-type: none"> <li>• Can continue to work while physician completes assessment to rule out infectious TB disease</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.