Tuberculosis Screening for Workers in Non-Health Care Settings (child care, shelter, detention)

The TB risk assessment can be done anytime within 6 months before the start of employment/volunteer/student placement or within one month of starting the role.
Do not repeat TST/IGRA testing unless there are ***new risk factors** since the last test (see chart below).

Unknown or undocumented TST/IGRA: **ACTION: A TST/IGRA is required**	Previously documented negative TST/IGRA result: **ACTION: A new TB risk assessment is required** (physical exam, TB history, symptom review, risk assessment)		*New or previously documented positive TST/IGRA result or previously treated TB infection or disease: **ACTION: A new TB risk assessment is required**
1-step TST/IGRA ↓ If test is negative ↓ No further testing is recommended If test is positive ↓ Refer to column, *New or previously documented positive TST/IGRA	**Are there any *new risk factors" since last TB assessment?** • Travel/lived in a TB endemic region for ≥3 months: includes most countries outside of North America, Western Europe, Australia, and New Zealand. • Recent close contact to someone with infectious TB (within 2 years) • Current or planned immunosuppressive therapy or medication. ↓ A 1-step TST/IGRA is necessary Note: if TST/IGRA result is positive, refer to column, *New or previously documented positive TST/IGRA	**No new risk factors since last TB assessment** ↓ No further testing is recommended	• **New Positive:** For a new positive TST/IGRA, a physical exam, symptom review, risk assessment and a CXR are recommended to rule out infectious TB disease. If asymptomatic, a CXR done within 3 months prior is acceptable. • **Previous Positive:** For documented previous positive TST/IGRA, nothing further is required if they have undergone previous assessment to rule out TB disease and continue to be asymptomatic (this includes people with documented TB screening for a prior workplace) -A new CXR (PA & LAT) is only necessary if the person is symptomatic or there has been a recent exposure to an infectious TB case. • **Routine repeat testing is not recommended, ie annual** CXR/TST/IGRAs are **Not recommended.** • **TB preventive treatment** (TPT – also known as Latent TB Infection [LTBI] treatment). Do not initiate TPT until active TB disease has been excluded: For symptomatic persons or have an abnormal CXR consistent with TB disease, evaluate with a CXR, symptom screen, and if indicated, sputum- acid-fast bacilli (AFB) smears and cultures. -If patient declines TPT, educate them on the signs and symptoms of potential reactivation of their TB infection to TB disease. **If symptomatic or abnormal CXR:** -Should not work, pending negative sputum AFB smear results. **If asymptomatic:** -Can continue to work while completing assessment to rule out infectious TB disease.

Volunteers = those who expect to work at least half a day per week.

Reference: Canadian TB Standards, 8th edition, 2022. reviewed 2026

TORONTO Public Health

Clinician TB Risk Assessment Form

A Tuberculosis Skin Test (TST) or Interferon Gamma Release Assays-QuantiFERON (IGRA-QFT) blood test are acceptable tests for diagnosing TB infection.

Section 1: TB Risk Assessment for patient's own personal record

Note: Write **N/A** if the TB risk assessment algorithm deems a section not applicable. **If a CXR/IGRA are done, request official copies of the reports**

Most recent TST, or previously documented positive TST ** If documented previously positive TST, repeat TST is not required	**Date planted**	**Date read**	**Induration size (mm)**	**Result** ☐ **Positive or** ☐ **Negative**
IGRA-QFT *Provide official result/copy to patient*	**Date of Test**		**Result** ☐ **Positive or** ☐ **Negative or** ☐ **Indeterminate**	
CXR (PA & LAT) required if TST/IGRA positive *Provide official result/copy to patient*	**Date**		**Result**	

☐ **Repeat TB Testing is Not Indicated at this time Date:** _____

Patient Name: _____ DOB: _____

Address _____

Phone number: _____

Assessment Date: _____

Health Care Provider's Name and Signature: _____

Interpretation of TST results and cut-off thresholds

TST result	Situation in which reaction is considered positive
<5 mm	In general, this is considered negative
≥5 mm	• People living HIV • Known recent (<2 years) contact with a patient with infectious TB disease • Fibronodular disease on chest x-ray (evidence of healed, untreated TB) • Prior to organ transplantation and receipt of immunosuppressive therapy • Prior to receipt of biologic drugs, such as tumor necrosis factor alpha inhibitors, or disease-modifying anti-rheumatic drugs • Prior to receipt of immunosuppressive drugs, e.g. corticosteroids (equivalent of ≥15 mg per day of prednisone for at least one month) • Stage 4 or 5 chronic kidney disease (with or without dialysis)
≥10 mm	• All others

Clinician TB Risk Assessment Form

Please have your new staff/volunteer/student take this package to their health care provider and have them return this section to your facility.

An equivalent occupational health form or clinician's note is acceptable.

Section 2 – For patient to give to their workplace/occupational health.	
Patient Name: **DOB:** _____ _____	**No indication of infectious TB disease.** **Patient is clear to work.** ☐ **Yes** ☐ **No Today's Date**: _____

Health Care Provider's Name: _____

Health Care Provider's Signature: _____

Address: _____

Phone number: _____