

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 or within 14 days after admission (Fixing Long-Term Care Homes Act, S.O. 2021, c.39, Sched1). It is recommended that this assessment include:

1. A symptom review for active pulmonary TB disease.
2. If there are symptoms consistent with active pulmonary TB disease, a chest x-ray (posterior-anterior and lateral) should be done.
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 are taken (at least one hour apart each) and the results indicate no Acid Fast Bacilli seen. Sputum samples are to be submitted to the Public Health Ontario Laboratory for testing (Mycobacterium Culture). **Note:** *It can take up to 7 weeks for a culture report; however, residents can be admitted if there are three sputum samples on file that indicate no Acid Fast Bacilli (AFB) seen.*
4. **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. Note: The two-step protocol needs to be performed ONCE only if properly performed and documented. It never needs to be repeated. Any subsequent TST if necessary, can be one step, regardless of how long it has been since the last TST.

Tuberculin skin tests are **not** routinely 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)

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 suspected of active TB wear a surgical mask if tolerated while others are in the room; N95 masks are recommended for staff and for visitors – recommended in CTS, chapter 14 and PIDAC Routine practices pg. 39). 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

As per Ontario Regulation 135/18 and amendments under the Health Promotion and Protection Act, R.S.O., c. H.7, cases of suspect and confirmed active TB disease are reportable to Public Health. For more information including free access to TB medication for latent TB infection or active TB disease, contact the Infectious Diseases Program, Simcoe Muskoka District Health Unit, 705-721-7520, ext. 8809.

Recommendations for Employees and Volunteers

The following assessment should be initiated anytime from 6 months to 14 days before starting work. For persons with previous history of BCG/TB immunization, they must still undergo the TST steps and not go directly to the chest x-ray. The main goal of the TST is to have a baseline. For those with a negative baseline, it can then be used to compare to a future TST in the event there is an exposure to an infectious TB case. TST is not recommended for those who have a previous positive TST.

Person with no documented results of a 2-step TST		Person with documented results of previous 2-step TST		Person with a positive TST	
A 2-step TST is required		<p>If both tests were negative</p> <div> <div> <p>↙ ↘</p> <p>New exposure to an infectious TB case</p> <p>↓</p> <p>A 1-step TST is necessary</p> <p>Note: If the result of this TST is positive, refer to *Person with a positive TST</p> </div> <div> <p>No known new exposure to an infectious case</p> <p>↓</p> <p>No further testing is recommended</p> </div> </div>		<p>If any previous test was positive</p> <p>↓</p> <p>Refer to *Person with a positive TST. No further skin testing is ever necessary</p>	
<p>If both tests are negative</p> <p>↓</p> <p>No further testing is recommended</p>	<p>If the first step is positive, a second step is not necessary. If either step is positive</p> <p>↓</p> <p>Refer to *Person with a positive TST</p>			<ul style="list-style-type: none"> For a new positive TST, a symptom review, physical exam, risk factor review, and a chest x-ray are recommended to rule out active TB disease. For previous positive TST, nothing further is required if they are asymptomatic and have undergone previous assessment to rule out active TB disease. <p>Note: For new or previous positive TSTs who are asymptomatic, the chest x-ray can be from the preceding 3 months before the positive TST. A new chest X-ray is only necessary if the person is symptomatic or there has been a recent exposure to an infectious TB case.</p> <ul style="list-style-type: none"> Periodic skin testing is not recommended. Periodic chest x-rays are not recommended. A positive TST may indicate a latent TB infection (which is not contagious). The person should be informed to monitor for the signs and symptoms of potential reactivation of their latent TB infection to active TB disease. Recommended to follow up with their primary care provider for consideration for potential latent TB infection treatment. 	
				<p>If person has symptoms of TB or an abnormal chest x-ray:</p> <ul style="list-style-type: none"> Collect 3 sputum samples at least 1 hour apart each Should not work until physician or public health indicates that the person does not have infectious TB disease. 	<p>If person has no symptoms:</p> <ul style="list-style-type: none"> Can continue to work, while physician completes assessment to rule out active TB disease.

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.

Annual or regular repeated Screening for Residents, Employees and Volunteers is not recommended

Annual or regular repeated routine TB skin testing in Simcoe-Muskoka is generally not recommended. Annual or periodic repeat chest x-rays are also **not** recommended in the assessment of persons with positive skin tests. These tests are also not necessary to be repeated for new employees who have already complied with the TB skin test requirement for another workplace or for other purposes.

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 latent TB infection and TB disease is free through Public Health.

Reference: Canadian Tuberculosis Standards, 8th edition, 2023

Last Updated: June 28, 2023