



## Tuberculosis (TB) Screening Recommendations for Residents of 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**. It is recommended that this assessment include:

1. **Chest x-ray:** A chest x-ray (posterior-anterior and lateral) taken within 90 days prior to admission to the home. If the x-ray was not done within the 90 days prior to admission, it should be taken within 14 days of admission. A copy of the x-ray report must be provided to the home.
2. **Medical assessment:** A physical assessment and symptom review by a physician/nurse practitioner to rule out active pulmonary TB should be done within 90 days prior to admission, or within 14 days of admission, to ensure that signs and symptoms of active TB are absent. A checklist for the review of symptoms and chest x-ray findings is enclosed and can be used in your pre-admission medical assessment forms.
3. If **signs and symptoms and/or the chest x-ray indicate potential active pulmonary disease:** The resident should not be admitted until three sputum samples for AFB (Acid Fast Bacilli) and TB culture taken at least one hour apart (*new-from previous 8-24 hours apart*) are submitted to the Public Health Ontario Laboratory for testing and the results are negative. It can take up to eight weeks for a final culture report.
4. Routine tuberculin skin testing (TST) on or prior to admission and periodic TST (such as annually) are not recommended for residents.
5. **Transfers:** Prior to transfer from another home, a physical assessment and symptom review of the resident, by a physician/nurse practitioner to rule out active pulmonary TB is recommended. In addition, the chest x-ray previously done upon admission or any more recent radiology should be reviewed. If there is any indication of possible active TB, a repeat chest x-ray, sputum testing and any other necessary investigations should be done to rule out active pulmonary TB disease before the resident is transferred.

## **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).

## **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. Durham Region Health Department should be notified and consulted regarding next steps.

## **Reporting Requirements for Tuberculosis**

Under the *Health Protection and Promotion Act*, 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 Durham Region Health Department.

Chapter 14

Long Term Care Homes Act

Adapted from "Recommendations for TB Screening in Long-Term Care and Retirement Homes" by Toronto Public Health. Adapted with permission.