



# Tuberculosis (TB) Screening Recommendations for Residents of Long-Term Care and Retirement Homes

## Recommendations for Residents

(including short term care of less than 3 months [e.g., respite care])

Each resident admitted to the home must be screened for tuberculosis, by a physician/ nurse practitioner, within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. It is recommended this screening include:

1. A symptom screen to rule out active pulmonary TB disease.
2. A posteroanterior and lateral chest x-ray should be performed if a resident is symptomatic and the resident should be referred for medical assessment if indicated.
3. If **signs and symptoms and/or the 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 (AFB) seen. Sputum samples are to be submitted to the Public Health Ontario Laboratory for testing (AFB and culture). **Note:** It can take up to eight weeks for a final culture report; however, residents can be admitted if there are three sputum samples on file that indicate no AFB seen.
4. For residents who are less than 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 and documented once. Any subsequent TST should be 1 step, regardless of how long it has been since the last TST
  - Routine TSTs on admission are no longer recommended for clients 65 years of age and older, as the test is not reliable. If a TST was previously done, record the date and result of the most recent TST.

## 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**

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 information on how to report or to ask for advice related to TB infection or TB disease, please contact Durham Region Health Department.

*Fixing Long-Term Care Homes Act, S.O. 2021, c.39*

*Retirement Homes Act, S.O. 2010, c. 11*

Canadian Tuberculosis Standards, 8th edition, 2023

Ontario Ministry of Health Tuberculosis Program Guideline, 202