

Tuberculosis (TB) Screening in Long-term Care and Retirement Homes

Recommendations

Recommendations for residents

All new residents must undergo a history and physical examination by a physician or nurse practitioner within 90 days prior to admission or within 14 days after admission. It is recommended that this assessment include:

1. A symptom review for active pulmonary TB.
2. A chest x-ray (posterior-anterior and lateral) must be taken within 90 days prior to admission to the facility or 14 days after admission.
3. If signs and symptoms and/or chest x-ray indicate potential active pulmonary TB:
 - a) The resident should not be admitted until three sputum samples each taken at least eight hours apart are submitted to the Public Health Ontario Laboratory for testing (Acid Fast Bacilli and Culture) and the results are negative.
Note: It can take up to 8 weeks for a culture report.
 - b) If the resident is admitted to LTC/RH, place on airborne isolation precautions immediately.
4. **In addition to the above, for residents < 65 years of age** who are previously negative or unknown skin test, 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 65 years of age or older. If a TST was previously done, record the date and result (millimetres transverse induration) of the most recent TST.

Recommendations for residents admitted to short-term care for 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 or 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 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. Public Health Sudbury & Districts 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 are reportable to the Medical Officer of 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.

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 students have had their TB skin test and any additional assessment as needed to rule out TB 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 occurs in the facility, contact follow-up will be coordinated by the 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 Sudbury & Districts.

