

Recommendations for Tuberculosis (TB) Screening in Long Term Care and Retirement Homes

Residents of long-term care and retirement homes, as well as employees and volunteers, are at increased risk of TB exposure and TB infection. This quick reference guide outlines essential TB screening requirements.

New Residents

All New Residents Require:

- TB symptom screen*.
- A history and physical examination by a physician or nurse practitioner (NP), completed within 90 days before admission or within 14 days after admission. This applies to both permanent and respite/short-stay residents.

Residents Do Not Require:

- New and Current residents do NOT require annual routine TSTs or chest x-rays unless TB is suspected; however, prior TST results should be recorded when available.

*TB Symptom Screen:

- | | | | |
|--|-------------------------------------|----------------------------------|---------------------------------------|
| ☐ Cough >3 weeks | ☐ Hemoptysis | ☐ Fever | ☐ Night sweats |
| ☐ Unintentional weight loss | ☐ Chest pain | ☐ Dyspnea | |

Suspect Active TB — Not Admitted	Suspect Active TB — Already Admitted
• Do not admit until TB disease (TBD) is ruled out. • Notify the Health Unit. • History and physical exam by a physician or NP. • Obtain chest x-ray. • Collect three sputum specimens for AFB smear/culture, at least 1 hour apart, and submit specimens to PHO Laboratory.	• Isolate immediately using airborne precautions in a single room with the door closed. • Limit staff and visitor interactions; resident wears surgical mask and staff wear fit-tested N95 respirator. • Notify the Health Unit. • History and physical exam by a physician or NP. Obtain chest x-ray. • Collect three sputum specimens for AFB smear/culture, at least 1 hour apart, and submit specimens to PHO Laboratory.

New Employees & Volunteers

A two-step TB skin test (TST) is required within 6 months before starting work or within 14 days of hire. An IGRA blood test may be used as an alternative. IGRA testing requires one lab visit, is not covered by OHIP, and requires a requisition from a primary care provider.

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Screening History	Requirement
No documented previous 2-step TST	Complete 2-step TST or single IGRA test
Documented previous 2-step TST (both negative)	Complete 1-step TST or single IGRA test
Any positive TST or IGRA	Follow positive TST/IGRA assessment below

Positive TST/IGRA

- Report to the Health Unit.
- History and physical examination by a physician/NP.
- TB symptom screen.
- Chest x-ray to rule out active TB.
- No further TSTs or IGRAs.

Asymptomatic	Symptomatic
• May continue working during assessment. • Consider TB infection (TBI) treatment.	• Exclude from work until TB disease (TBD) is ruled out. • Collect three sputum specimens at least 1 hour apart.

*Asymptomatic staff and volunteers with a positive TST/IGRA may continue working during assessment. The Health Unit can advise if work exclusion is needed.

Special Considerations

Immunocompromised Individuals

- Individuals with severe immunosuppression may have a negative TST despite TB infection and should be referred to a TB specialist, such as Infectious Disease, Respiriology, or a TB Clinic.

Volunteers

- Volunteers are those expected to work regularly, approximately ½ day per week or more, over the next year. They are to follow the same guidance as staff.

Contract Workers & Students

- Educational institutions and agencies are responsible for pre-placement TB assessment and follow-up. Facilities should confirm TB screening requirements are completed before placement begins.

TST Induration Less Than 10 mm

- A TST result between 1 mm and 9 mm requires interpretation based on the individual's risk factors. Refer to the Canadian Tuberculosis Standards, 8th Edition, for guidance.

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