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

Admission and Transfer Screening of New Residents of Long-Term Care Homes and Retirement Homes

It is recommended that all new residents who are admitted to a Long-Term Care Home (LTCH) or Retirement Home (RH) and residents who are transferred from other LTCH or RH have the following:

- A **documented screening for symptoms of active TB** completed by a nurse, nurse practitioner or physician prior to and on admission. See Appendix A, *Active Tuberculosis (TB) Disease Screening for Residents of Long-Term Care Homes and Retirement Homes*
- If the symptom screening is positive, the resident should receive a posteroanterior and lateral chest x-ray and be referred for a TB medical assessment as soon as possible.

Routine tuberculin skin testing (TST) on, or prior to, admission and periodic TSTs (such as annually) are not recommended for residents.

Employees

All health care workers (HCWs) should have a baseline TB screening. Routine periodic TB testing of all health care workers with negative baseline TST is not recommended.

Baseline TB screening should include:

1. An individual risk assessment that identifies risks for TB (temporary or permanent residence in a high-incidence country, prior TB, current or planned immune suppression or close contact with someone who has had infectious TB since the last TST);

2. A symptom evaluation (See Appendix B, *Active Tuberculosis (TB) Disease Screening for Staff and Volunteers in Long Term Care Homes and Retirement Homes*); and

3. A TST for those without documented prior TB disease or latent TB infection. A TST is the preferred diagnostic test for pre-employment and periodic testing (if indicated) for latent TB infection among HCWs.
   - A baseline 2-step TST should be completed unless there is documentation of a previously negative 2-step test. If a HCW has had a negative 2 step TST documented, then a single-step test is sufficient. All results must be entered into the HCW's health record.
   - A TST should not be performed on a HCW who was previously TST positive or has prior documented TB disease

If the symptom screening is positive, the HCW should be referred for a TB medical assessment as soon as possible. If the TST result is positive, the HCW should be assessed for active TB disease, including a chest x-ray and a medical evaluation, including consideration for treatment of latent TB infection by a physician experienced in management of TB and latent TB infection. HCWs should also be educated on the signs and symptoms of TB.

Volunteers

Prior to placement, all volunteers should complete a documented screening for risk factors for latent TB infection and symptoms of active TB disease.

Screening should include:

1. An individual risk assessment that identities risks for latent TB infection (temporary or permanent residence in a high-incidence country, prior TB, current or planned immune suppression or close contact with someone who has had infectious TB disease since the last TST);

2. A symptom evaluation, (See Appendix B, *Active Tuberculosis (TB) Disease Screening for Staff and Volunteers in Long Term Care Homes and Retirement Homes*)

3. A TST for those who expect to volunteer at least one half-day each week, or who have risk factors (above) for latent TB infection.

If the symptom screening is positive, the volunteer should be referred for a TB medical assessment as soon as possible. If the TST result is positive, the volunteer should be assessed for active TB disease, including a chest x-ray and a medical evaluation. A volunteer should not begin placement in a facility until active TB disease has been ruled out.

Recommendations for Tuberculin Skin Testing (TST)

A person with documented results of a previous 2-step TST:

- If both TSTs were negative and done less than 12 months ago, no further testing is recommended
- If both TSTs were negative and done greater than 12 months ago, 1 TST is required
    - If this TST is negative, no further testing is recommended
    - If this TST is positive, refer to *A person with a positive TST* below

A person with a documented result of a previous 1-step TST:

- If the TST was done less than 12 months ago, 1 TST is required
- If the TST was done greater than 12 months ago, a 2-step TST is required
    - If both TSTs are negative, no further testing is recommended
    - If either TST is positive, refer to *A person with a positive TST* below

A person with an unknown or undocumented prior TST:

- A 2-step TST is required
    - If both TSTs are negative, no further testing is recommended
    - If either TST is positive, refer to *A person with a positive TST* below

A person with a positive TST (either on history or as a result of the current test):

- Refer for a TB medical assessment including a physical exam and chest x-ray (both posterior-anterior and lateral views) to rule out active TB disease. Further TSTs are not recommended. If investigations for active TB disease are all negative, treatment of latent TB infection should be considered
- Advise the individual of the signs and symptoms of active TB disease, and to seek medial assessment if any of these develop

Latent TB Infection is reportable to Ottawa Public Health. The reporting form is available on our website**,** along with information on how to order medications for latent TB infection**.** Visit ottawapublichealth.ca/tst for more information on reporting and treating latent TB infection.

For questions regarding the TST, refer to the Canadian Tuberculosis Standards or call Ottawa Public Health at 613-580-6744.

All persons suspected of having active TB disease must be reported immediately to Ottawa Public Health at 613-580-6744, ext. 24224

February 2023