

Tuberculosis (TB) Screening Requirements for Long-Term Care and Retirement Homes



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The *Fixing Long-Term Care Act (2021)*, and the *Retirement Home Act (2010)*, requires that all residents admitted to a long-term care (LTC) home or retirement home (RH) be screened for active tuberculosis (TB). This legislation does not stipulate what method should be used to screen staff or residents.

As per the legislation, LTC and RH facilities should:

- Screen residents for active TB within 90 days before admission to the facility, or 14 days after admission.
- Screen new staff and volunteers for active TB upon hiring.

The *Canadian Tuberculosis Standards* (8th Edition) were released in March 2022 and provide updated screening recommendations for LTC home residents. These recommendations should also be applied for RH residents as per Tuberculosis Program Guideline, 2023 (Ontario Ministry of Health).

Northeastern Public Health recommends LTC and RH facilities follow these guidelines for residents, staff, and volunteers.

Recommended Guidelines for Residents

Residents newly admitted to facility

Northeastern Public Health strongly recommends LTC and RH facilities implement the following measures for all new residents admitted to LTC and RH:

1. Complete an assessment prior to or on admission to assess the likelihood that the resident is living with TB disease.
2. Screen for TB symptoms, prior to, and on admission. Symptom screening should include the following symptoms: cough that lasts longer than 3 weeks, productive cough, cough with blood, chest pain, shortness of breath, weight loss, loss of appetite, fever, night sweats, and fatigue.
3. Complete a posteroanterior and lateral chest x-ray for symptomatic residents and refer them for medical assessment. If TB disease is suspected, report to public health.

Residents currently living at facility

Periodic TB skin tests, such as annual screening tests, are not recommended for residents.

Residents who identify or show symptoms or signs of TB disease

1. Place any resident who identifies or shows symptoms or signs of TB disease in airborne isolation (i.e., a single room with a closed door under additional precautions).
2. Arrange immediate medical assessment.
3. Report to public health if TB disease is suspected.

Residents exposed to someone with infectious TB

If a resident has been exposed to someone with infectious TB, testing should be individualized and based on a contact tracing assessment done by public health.

Recommended Guidelines for Staff and Volunteers

New staff

Northeastern Public Health strongly recommends that all new staff have a baseline TB screening that includes the following measures:

1. Complete an individual risk assessment to identify risk for exposure to TB, such as:
 - Individual temporarily or permanently resided in an area or country with a high incidence of TB
 - Individual has history of active or latent TB
 - Individual is currently or plans to be treated with medication that suppresses the immune system
 - Individual is a close contact with someone who has had infectious TB since their last TB skin test
2. Screen for TB symptoms. Symptom screening should include the following symptoms: cough that lasts longer than 3 weeks, productive cough, cough with blood, chest pain, shortness of breath, weight loss, loss of appetite, fever, night sweats, and fatigue.
3. A TB skin test for those without documented prior TB disease, TB infection, or positive TB skin test. A baseline 2-step TB skin test should be done unless there is documentation of a previous negative 2-step test, in which case a 1-step TB test should be done. All results should be entered into the health care worker's health record.

A tuberculin skin test should not be performed on a health care worker who was previously TST positive or has prior documented TB disease.

New staff with positive TB skin test

Northeastern Public Health strongly recommends the following measures for staff with positive TB skin test:

1. Report positive TB skin test to public health.
2. Complete a medical assessment. This includes a chest x-ray and medical assessment.
3. Advise staff to monitor for signs and symptoms of TB.
4. Consider treatment for TB infection for staff who are diagnosed with TB infection.

New volunteers

Volunteers should be screened for risk factors for tuberculosis. Facilities may want to consider performing a TB skin test only if the volunteer expects to volunteer at the facility at least one-half day/week or if the volunteers who have reported risk factors.

New volunteers with positive TB skin test

If testing is completed at the facility, facilities should report positive TB skin test to public health. Facilities should advise the volunteer to complete a medical assessment with a health care provider, including a chest x-ray and medical assessment by a health care provider. The facility should advise volunteers to monitor for signs and symptoms of TB.

Staff or volunteers who currently work/volunteer at the facility

The *Canadian Tuberculosis Standards* (8th Edition) strongly recommend against routine or periodic TB testing of health care workers and volunteers with a negative baseline TB skin test.

Health care organizations can consider whether periodic screening for selected health care workers is warranted based on their organizational risk assessment.

Staff or volunteers who are exposed to someone with infectious TB

If a staff member or volunteer is exposed to someone with infectious TB, Northeastern Public Health recommends that facilities consult with public health.

For more information, contact the Infectious Disease Team at 1-877-442-1212.

References

Canadian Tuberculosis Standards, 8th edition (2022)

- [Chapter 4: Diagnosis of tuberculosis infection \(refer to section 3.7.3 Nursing-home and long-term care residents\)](#)
- [Chapter 14: Prevention and control of tuberculosis transmission in healthcare settings \(refer to section 4.1.7 Health care worker testing and treatment; and section 7.1 Long-term care homes\)](#)

Fixing Long-Term Care Act, 2021. Ontario Government. [O. Reg. 246/22: General. Section \(12\). O. Reg. 246/22: GENERAL \(ontario.ca\)](#)

Retirement Homes Act, 2010, S.O. 2010, c. 11. Ontario Government. [O. Reg. 166/11: General. Section 27. \(8\)\(b\) and \(8\)\(c\).](#)

Ministry of Health. [Tuberculosis Program Guideline, 2023. Section 10.2](#)