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

#### Recommendations for Residents

The Fixing Long-Term Care Act (2021)<sup>1</sup> requires TB screening for residents within 14 days of admission unless the resident has already been screened in the previous 90 days with available results. The following screening recommendations should be applied to all new admissions<sup>2,3</sup>:

- 1. An assessment of likelihood of respiratory TB should be done on or before admission.
- 2. A symptom screen to rule out active TB should be done, preferably prior to admission.
- 3. A posteroanterior and lateral chest x-ray should be performed **only if a resident is symptomatic**, within 90 days prior to admission. The resident should be referred for medical assessment if indicated.

#### Also note:

- Routine tuberculin skin testing on (or prior to) admission and periodic tuberculin skin tests (such as annually), is not recommended for residents. However, we encourage offering tuberculin skin tests to screen those under 65 years of age in order to support detection and treatment of latent TB infection.
- If a resident has had exposure to respiratory TB, the need for testing would be assessed on an individual basis as part of contact tracing, as directed by Public Health.

## Recommendations for Residents admitted to Short-Term Care of 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/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

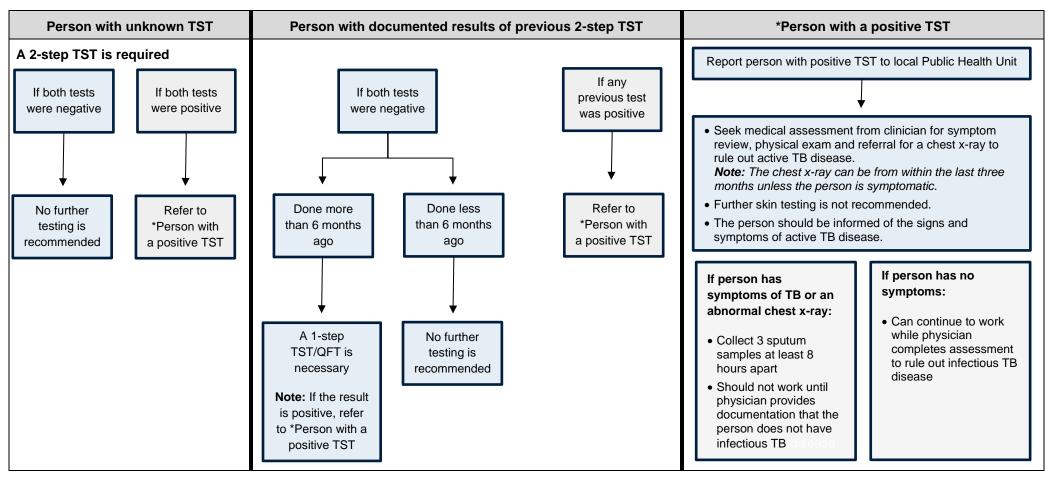
If at any time, active pulmonary TB disease is suspected in a resident, the individual should be isolated immediately. This involves placing the resident in a single room, keeping the door closed, limiting interactions with staff and visitors and ensuring appropriate personal respiratory protection (i.e. 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. The local Public Health Unit should be notified and consulted regarding next steps.

### **Public Health**

1-877-464-9675 TTY 1-866-512-6228 york.ca/TB

## **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 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 your local Public Health Unit. The following assessment must be initiated within 6 months before starting work or within 14 days of starting work for either a tuberculin skin test (TST) or TB Quantiferon test (QFT):



**Note:** If employee chooses to do a QFT, and the result is negative and done more than 6 months ago then a one step TST or QFT is necessary; however, if the result is negative and done less than 6 months ago, then no further testing is recommended. If the QFT result is positive then please refer to the \*Person with positive TST section above.

\*Persons with medical conditions that severely weaken the immune system may have a negative TST/QFT even though they have TB infection. Recommend further assessment by a specialist with expertise in tuberculosis (e.g. Infectious Disease, Respirologist, TB Clinic).

Volunteers include those who expect to work regularly during the next year (approximately a half day per week or more).

# **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/or students have had their TB skin test and any additional assessment as needed to rule out TB disease 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 disease occurs in the facility, contact follow-up will be coordinated by the local Public 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.

- 1. Fixing Long-Term Care Act, 2021. Ontario Government. O.Reg. 246/22: General. Section 102. (12).
- 2. Canadian Tuberculosis Standards. (2022). Chapter 4 (section 3.7.3), Chapter 14. Canadian Journal of Respiratory, Critical Care, and Sleep Medicine.
- 3. Ministry of Health. Tuberculosis Program Guideline. (2023)

  \*\*Updated: July 2025\*\*