

Tuberculosis (TB) Screening Recommendations for Long Term Care Home Residents

The Long-Term Care Homes Act, 2007 requires screening of residents for tuberculosis prior to admission. According to the LTCH Act, 2007, Ontario Regulation 79/10, Section 229 (10), the licensee shall ensure that the following screening measures are in place:

"Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee."

"Screening" has not been defined in the Act.

Based on the Act and the Canadian Tuberculosis Standards, 7th edition (2013) North Bay Parry Sound District Health Unit (NBPSDHU) recommends the following in order to screen residents for TB disease prior to admission to the LTCH:

- 1. **Chest x-ray (>65 years old):** A chest x-ray (posterior-anterior and lateral) taken within 90 days prior to admission to the facility. If the x-ray was not done within the 90 days prior to admission, it should be taken within 14 days of admission. A copy of the x-ray report must be provided to the home.
- 2. **Medical assessment:** A physical assessment and symptom review by a physician/nurse practitioner to rule out active pulmonary TB should be done within 90 days prior to admission, or within 14 days of admission, to ensure that signs and symptoms of active TB are absent.

If signs and symptoms and/or chest x-ray indicate potential active pulmonary disease, the resident should not be admitted until three sputum samples, taken at least one hour apart, are submitted to the Public Health Laboratory for testing (Acid Fast Bacilli and Culture) and the results are negative. It can take up to eight weeks for a final culture report.

3. **TST (≤65 years old only):** In addition, a medical assessment for residents ≤65 years of age who are previously skin test negative or unknown, a 2-step tuberculin skin test (TST) is recommended. If resident has a previously documented 2-step, only a one-step TST is necessary.

A TST is not recommended for residents who are >65 years of age, or those who have had a previously positive TST. For residents with a previous TST result, the latest result should be recorded in millimeters (mm) including the date the TST was administered.

4. **Transfers:** Prior to transfer from another facility, a physical assessment and symptom review of the resident, by a physician/nurse practitioner to rule out active pulmonary TB is recommended. In addition the chest x-ray previously done upon admission or any more recent radiology should be reviewed. If there is any indication of possible active TB, a repeat chest x-ray, sputum testing and any other necessary investigations should be done to rule out active pulmonary TB disease before the resident is transferred.

If you have any questions regarding TB screening, please contact the Communicable Disease Control (CDC) Program at 705-474-1400 ext. 5229 or toll free at 1-800-563-2808.

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Reference: Canadian Journal of Respiratory, Critical Care, and Sleep Medicine. (2022). Canadian Tuberculosis Standards, 8th edition. Retrieved from: <u>https://cts-sct.ca/wp-content/uploads/2018/01/Canadian-Tuberculosis-Standards</u> 7th-edition Complete.pdf