



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

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

Renfrew County and District Health Unit has updated its TB Screening recommendations for Long-Term Care Homes (LTCH) and Retirement Homes (RH) per the 8th edition of the Canadian TB Standards.

Important changes include:

Resident Screening:

- There are new recommendations for admission and transfers of residents to LTCHs and RHs, notably that it is no longer recommended that all residents be routinely screened by chest x-ray prior to admission or transfer.
- Residents who screen positive for symptoms of active TB (see Appendix A) should have a TB medical assessment, including a chest x-ray, as soon as possible.
- It is not recommended that residents are tested by Tuberculin Skin Testing (TST) prior to admission or transfer.

Health Care Worker/Volunteer Screening:

- All health care workers and volunteers should have baseline TB testing done prior to employment or placement.
- Baseline TB testing for health care workers and volunteers includes an individual risk assessment, a symptom evaluation, and a 2-step TST.
- See Appendix B for more information on screening for active TB symptoms.

See **Recommendations for Tuberculosis (TB) Screening in Long Term Care Homes and Retirement Homes** for more information.



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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 another 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 HCWs with a negative baseline TST is not recommended.

Baseline TB screening should include:

1. An individual TB risk assessment (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.



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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.

*[Global tuberculosis report 2022 \(who.int\)](https://www.who.int) (Page 41).

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 TB risk assessment (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*); and
3. A TST for those who expect to volunteer at least one half-day each week, or who have risk factors (see 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.

*[Global tuberculosis report 2022 \(who.int\)](https://www.who.int) (Page 41).

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

Visit www.rcdhu.com for more information on 2-step TSTs.



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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 on the signs and symptoms of active TB disease and to seek medical assessment if any of these develop.

Latent TB Infection is reportable to Renfrew County and District Health Unit. The [reporting form](#) is available on our website, along with information on how to order medications for latent TB infection. For more information on reporting and treating latent TB infection, visit www.rcdhu.com.

For questions regarding the TST, refer to the [Canadian Tuberculosis Standards](#) or call Renfrew County and District Health Unit at 613-732-3629 or email infectiousdisease@rcdhu.com.

All persons suspected of having active TB disease must be reported immediately to Renfrew County and District Health Unit at 613-732-3629.



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Appendix A: Active Tuberculosis (TB) Disease Screening for Residents of Long-Term Care Homes and Retirement Homes

Name of Resident: _____ Date of Birth: _____

The presentation of active TB disease in the elderly population can be atypical. The following is a list of signs and symptoms of active TB disease, including additional symptoms that may be present in the elderly. If any symptoms are present, which are not attributable to another diagnosis, the resident should be assessed by a health care provider for active TB disease. This checklist must be completed by a nurse, nurse practitioner or physician upon admission.

Symptom	Date of Onset (yyyy-mm-dd)	Comments
Current cough of more than 2-3 weeks duration <input type="checkbox"/> YES <input type="checkbox"/> NO		
Pneumonia not responsive to antibiotics <input type="checkbox"/> YES <input type="checkbox"/> NO		
Coughing up blood <input type="checkbox"/> YES <input type="checkbox"/> NO		
Chest pain <input type="checkbox"/> YES <input type="checkbox"/> NO		
Shortness of breath <input type="checkbox"/> YES <input type="checkbox"/> NO		
Fever <input type="checkbox"/> YES <input type="checkbox"/> NO		
Night sweats <input type="checkbox"/> YES <input type="checkbox"/> NO		
Weight loss <input type="checkbox"/> YES <input type="checkbox"/> NO		
Fatigue <input type="checkbox"/> YES <input type="checkbox"/> NO		
Loss of appetite <input type="checkbox"/> YES <input type="checkbox"/> NO		
Failure to thrive <input type="checkbox"/> YES <input type="checkbox"/> NO		
Worsening cognitive function <input type="checkbox"/> YES <input type="checkbox"/> NO		

Checklist completed by: _____
NAME (printed) & TITLE

Signature: _____ Date: _____
yyyy-mm-dd



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Appendix B: Active Tuberculosis (TB) Disease Screening for Staff and Volunteers in Long-Term Care Homes and Retirement Homes

Name of Resident: _____ Date of Birth: _____

Please answer Yes or No to the following list of symptoms of active TB disease. If you have any of the symptoms below, you must be assessed by a healthcare provider prior to your placement at the facility.

Symptom	Date of Onset (yyyy-mm-dd)	Comments
Current cough of more than 2-3 weeks duration <input type="checkbox"/> YES <input type="checkbox"/> NO		
Diagnosed with pneumonia but after 2 courses of antibiotics, there is no improvement <input type="checkbox"/> YES <input type="checkbox"/> NO		
Coughing up blood <input type="checkbox"/> YES <input type="checkbox"/> NO		
Chest pain <input type="checkbox"/> YES <input type="checkbox"/> NO		
Shortness of breath <input type="checkbox"/> YES <input type="checkbox"/> NO		
Fever <input type="checkbox"/> YES <input type="checkbox"/> NO		
Night sweats <input type="checkbox"/> YES <input type="checkbox"/> NO		
Unintentional weight loss <input type="checkbox"/> YES <input type="checkbox"/> NO		
Fatigue <input type="checkbox"/> YES <input type="checkbox"/> NO		
Loss of appetite <input type="checkbox"/> YES <input type="checkbox"/> NO		

Checklist completed by: _____
NAME (printed) & TITLE

Signature: _____ Date: _____
yyyy-mm-dd