Tuberculosis Screening Long Term Care and Retirement Home

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

Definitions:

TB infection – Persons with TB infection (latent TB) are not ill and do not have signs or symptoms of TB. They cannot spread the TB bacteria to others.

TB disease – Persons with TB disease (active TB) are ill and have signs or symptoms of TB. These individuals can spread the TB bacteria to others.

New Admissions / Short Term Stays (< 3months)

- Screen residents for TB within 14 days of an admission to your home or within the 90 days prior to admission. Screening results are to be documented. Homes may wish to use Grey Bruce Public Health's Screening Tool.
- As per the *Canadian TB Standards 8th edition*:
    - Routine tuberculosis skin test (TST) or interferon gamma release assay (IGRA) testing for residents is not recommended. Consideration for this testing may done on a case-by-case basis in the context of a TB outbreak and/or a resident is identified as a close contact to someone with TB disease.
    - Assessment of TB disease is required to be completed on or before admission to a home by a health care provider. Residents should be screened for symptoms of TB disease.
    - Residents who present with signs or symptoms of TB disease should complete a posteroanterior and lateral chest x-ray. Residents should be referred to a health care provider for further assessment.
    - Residents with indications of TB disease should have three consecutive sputum samples collected (minimum 1 hour apart) and tested for mycobacterium tuberculosis.
- In addition, Grey Bruce Public Health recommends that residents be screened for risk factors of tuberculosis. Residents with significant risk factors for tuberculosis should have a symptom assessment completed by a health care provider as well as a posteroanterior and lateral chest x-rays. Significant risk factors would be: born in a high incidence TB country, time spent in a high incidence TB country, a contact of someone with TB disease, persons being treated for HIV infection and/or organ transplant, persons with end stage renal disease, and/or persons with prior TB infection or TB disease.

Transfers

- Prior to a transfer, residents should be assessed for signs and symptoms compatible with TB disease. Residents presenting with signs and symptoms of TB disease should have a posteroanterior and lateral chest x-ray completed and be assessed by a health care provider. Residents with indications of TB disease should have three consecutive samples collected (minimum 1 hour apart) and tested for mycobacterium tuberculosis. Further investigations may be completed at the discretion of the resident's health care provider. Transfers should not occur while results are pending.

Management of Suspected TB Disease in a Resident

- Residents suspected to have TB disease should be placed in isolation on airborne precautions. Most homes will not have a negative pressure room therefore the following is recommended:
  - Resident placed in a single room with door closed
  - HEPA filter placed in the room, if available
  - Limit interactions with staff and essential care providers
  - Resident to wear surgical mask if tolerated while others are in the room
  - Staff to wear a fitted N95 mask
  - Resident to be assessed by a health care provider and appropriate testing to be arranged immediately
  - When possible and weather permitting use natural ventilation (e.g., open resident window)

Tuberculosis is a disease of public health significance under the Health Protection and Promotion Act, R.S.O. 1990, c H.7. Suspected and confirmed cases of tuberculosis must be reported to Grey Bruce Public Health.

New Hire Employee Screening Recommendations

As per the Canadian TB Standards 8th edition:

- Baseline 2 step TST is recommended for all health care workers in all health care settings. If an employee has a previous documented negative 2 step TST result, any subsequent TST should only be one step. In addition, Grey Bruce Public Health recommends no TST if an employee has a document negative TST completed within the past 12 months, unless there is an indication for testing. **NOTE:** TSTs should not be completed on persons who have had a previous positive TST documented, previous TB disease or previous TB infection.
- Repeated/periodic testing (e.g., annual) is not routinely recommended.
- All health care workers should have baseline TB screening including:
  - A TB risk assessment that examines risk factors for tuberculosis including having resided in a high TB incidence country, previous TB infection or TB disease, current or planned immune suppression, known close contact with someone with TB disease since last TST
  - Assessment for signs and symptoms of TB. If an employee has signs and symptoms compatible with TB disease they should be referred to a health care provider for further follow-up and investigation. Employees with a positive TST should have a medical evaluation to assess for TB disease. This should include a chest x-ray.
  - It is recommended that employees with a positive TST who have been diagnosed with a TB infection speak with their health care provider regarding TB preventative therapy (TPT). TPT is offered at no cost through Grey Bruce Public Health. These employees should also be educated on the signs and symptoms of TB disease and when to seek medical care.

- Employees with a documented previous positive TST, TB disease or TB infection should be assessed for signs and symptoms of TB as well as risk factors or potential exposures to someone with TB. If the employee is symptomatic, further assessment by a health care provider including a chest x-ray should be completed.

Screening Recommendations for Volunteers

A TB risk assessment that examines risk factors for tuberculosis including having resided in a high TB incidence country, previous TB infection or TB disease, current or planned immune suppression, known close contact with someone with TB disease since last TST.

- Assess for signs and symptoms of TB.
- TST may be considered for volunteers who will be volunteering at least one-half day a week and/or those who have risk factors for TB infection.

Resources

- Public Health Ontario Mycobacterium – Respiratory | Public Health Ontario
- On-Line TST/IGRA interpreter, at http://www.tstin3d.com/
- BCG World Atlas–Database of Global BCG Practices and Policies, at http://www.bcgatlas.org

References and Relevant Legislation

- Canadian TB Standards 8th Edition
- O. Reg. 166/11: GENERAL under *Retirement Homes Act, 2010, S.O. 2010, c. 11*
- Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1