

Active Tuberculosis (TB) Screening in Long-Term Care and Retirement Homes – Checklist for Clinicians

The *Fixing Long-Term Care Act (2021)*¹ and the *Retirement Homes Act (2010)*², requires that residents be screened for TB within 14 days of admission, unless the resident has already been screened in the 90 days prior to admission and the results of this screening are available. The following screening recommendations should be applied to new admissions:^{3,4}

- ✓ An assessment of likelihood of respiratory TB should be done on or before admission.
- ✓ A symptom screen to rule out active TB should be done, preferably prior to, and on admission.
- ✓ A posteroanterior and lateral chest x-ray should be performed only if a resident is symptomatic, and the resident should be referred for medical assessment if indicated.
- ✓ Routine tuberculin skin testing on (or prior to) admission and periodic tuberculin skin tests are not recommended for residents.*
- ✓ If a resident has had exposure to respiratory TB, the need for testing should be individualized as part of contact tracing.

*Skin testing is no longer recommended for residents (including those ≤65) due to potential drug interactions and low rates of preventive treatment completion, reduced sensitivity of skin testing in older age, and evidence that suggests a low TB disease and transmission risk in this population.³

Name of Resident: _____ Date of Birth: _____

SYMPTOM	YES	NO	ONSET DATE	SYMPTOM	YES	NO	ONSET DATE
Cough > 3 weeks				Weight loss (unintentional)*			
Hemoptysis*				Anorexia*			
Fever (may be absent in the elderly)				Chest pain*			
Night sweats (may be absent in the elderly)				Dyspnea/shortness of breath*			
COMMENTS							

*Generally a manifestation of more advanced disease. The presentation of active TB in the elderly can be atypical. This is a list of signs/symptoms 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 for active TB disease. This checklist must be completed by a nurse, nurse practitioner or physician upon admission.

- If a resident is symptomatic, a chest x-ray should be performed, and the resident should be referred for medical assessment.

Date of Chest x-ray: _____

CHEST X-RAY FINDINGS					
<input type="checkbox"/> Infiltrates	<input type="checkbox"/> Volume Loss	<input type="checkbox"/> Fibrosis	<input type="checkbox"/> Cavities	<input type="checkbox"/> Hilar or mediastinal lymphadenopathy	<input type="checkbox"/> Changes in apices of lungs
<input type="checkbox"/> Nodules	<input type="checkbox"/> Pleural Effusions	<input type="checkbox"/> Granulomas	<input type="checkbox"/> Densities		
COMMENTS					

If there are concerning findings on either the review of symptoms or the chest x-ray, three sputum specimens should be collected and tested with microscopy as well as culture. Sputum specimens can be collected on the same day, a minimum of 1 hour apart. All suspect cases of active TB disease should be reported immediately to the public health unit by calling 1-800-922-0096. The [TB Notification Form](#) should also be faxed to the Health Unit.

Screening Completed by: _____ Signature: _____

Designation: _____ Date: _____

1. Fixing Long-Term Care Act, 2021. Ontario Government. O.Reg. 246/22: General. Section 102. (12).
 2. Retirement Homes Act, 2010, S.O 2010 c.11. Ontario Government. O. Reg. 166/11: General. Section 27. (8)(b)
 3. Canadian Tuberculosis Standards. (2022). Chapter 4 (section 3.7.3), Chapter 14. *Canadian Journal of Respiratory, Critical Care, and Sleep Medicine*.
 4. Ministry of Health. Tuberculosis Program Guideline. (2023).