

Active Tuberculosis (TB) Screening Checklist

Long-Term Care Homes and Retirement Homes

Screening requirement

1

The [Fixing Long-Term Care Act \(2021\)](#) and the [Retirement Homes Act \(2010\)](#), require 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. Based on the [Canadian Tuberculosis Standards, 8th ed \(2022\)](#) and the [Tuberculosis Program Guideline \(2023\) \[PDF\]](#) Huron Perth Public Health recommends the following standards for new resident admissions to Long-term Care and Retirement Homes:

- On or before admission, assess the likelihood of respiratory TB.
- Prior to, and on admission, do a symptom screen to rule out active TB.
- If a resident is symptomatic, perform a posteroanterior and lateral chest x-ray. Refer the resident for medical assessment if indicated.
- If a resident has had exposure to respiratory TB, determine the need for testing as part of contact tracing.

Resident information

2

Name _____ Date of birth (yyyy/mm/dd) _____

Symptom review

Must be completed

by a nurse, nurse practitioner or physician upon admission

If active TB is suspected, notify

Huron Perth Public Health at 1-888-221-2133 ext 3284 or idteam@hpph.ca

After hours, call
1-800-431-2054

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Cough (>3 weeks duration)	Onset date (yyyy/mm/dd) _____
Hemoptysis (coughing up blood)*	Onset date (yyyy/mm/dd) _____
Fever	Onset date (yyyy/mm/dd) _____
Night sweats	Onset date (yyyy/mm/dd) _____
Weight loss (unintentional)*	Onset date (yyyy/mm/dd) _____
Anorexia*	Onset date (yyyy/mm/dd) _____
Chest pain*	Onset date (yyyy/mm/dd) _____
Dyspnea (shortness of breath)*	Onset date (yyyy/mm/dd) _____

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, assess the resident for active TB disease.

If the resident is symptomatic:

Perform a chest x-ray.

Refer for medical assessment.

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Screening completed by Required	4	Name _____	Designation _____
		Signature and date here (Required)	
		X	Date (yyyy/mm/dd) _____

References	5	1. Canadian Tuberculosis Standards, 8th ed. (2022) . Chapter 4 (section 3.7.3), Chapter 14 (sections 4.1.7 and 7.1). Canadian Journal of Respiratory, Critical Care, and Sleep Medicine.
		2. Tuberculosis Program Guideline, 2023 . [PDF] (Section 10.2). Ministry of Health.