

Outpatient/Nontraditional Facility-Based TB Risk Assessment

(Adapted from Guidelines for Preventing Transmission of TB in Health-Care Settings, 2005)

Facility Name: _____

PART A- TB CASES

Number of TB cases identified in your facility in the last year?

_____ (<3) TB cases

_____ (≥3) TB cases

PART B- COMMUNITY AND FACILITY RISK

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are persons with TB disease expected to be encountered in your facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the <u>majority</u> of the population (patients, residents, admits, staff) encountered in your facility have one or more of the following medical risk factors: <ul style="list-style-type: none">• HIV infection• Substance abuse (injection drug use)• Silicosis• Diabetes mellitus• Severe kidney disease• Low body weight• Organ transplants• Head and neck cancer• Medical treatments such as corticosteroids• Specialized treatment for rheumatoid arthritis or Crohn's disease |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the <u>majority</u> of the population (patients, residents, admits, staff) encountered in your facility have one or more of the following population risk factors: <ul style="list-style-type: none">• Homeless• Incarcerated• Foreign born from high burden country
http://www.cdc.gov/tb/publications/LTBI/appendixB.htm |

PART C- INFECTION CONTROL PLAN

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your facility have an Infection Control Plan for confirmed or suspected TB cases that includes: <ul style="list-style-type: none">a. How confirmed or suspected TB cases are triagedb. How confirmed or suspected TB cases are isolated |

PART D- CONVERSION RATE (if annual testing is performed)

- List the conversion rate for your facility (number of positive TSTs or IGRA’s divided by number of people tested):

Last year: _____ Previous year: _____

- Has the conversion rate increased significantly from the previous year?

Yes No

PART E- ASSIGNING A RISK CLASSIFICATION

- 1. If (<) 3 TB cases in part A **and** “No” is checked for each question in part B **and** “Yes” is checked for each question in part C this facility may be classified **LOW RISK**.
- 2. If (≥) 3 TB cases in part A **or** any “Yes” box is checked in part B **or** “No” box is checked in part C this facility is classified **MEDIUM RISK**.
- 3. If “Yes” is marked in part D this facility may be classified as **POTENTIAL ONGOING TRANSMISSION**.

Frequency of TB Screening Depending on Risk	
LOW RISK SETTING	<ul style="list-style-type: none"> • Baseline two-step TST or single IGRA and symptom screening upon hire/admission • Annual risk assessment • Chest x-ray and medical evaluation if TB test positive • No annual TB testing required* • Perform annual symptom screening if prior TB infection or TB disease
MEDIUM RISK SETTING	<ul style="list-style-type: none"> • Baseline two-step TST or single IGRA and symptom screening upon hire/admission • Annual risk assessment • Chest x-ray and medical evaluation if TB test positive • Perform annual TB tests, symptom screening, and risk assessment for each employee/resident* • Perform annual symptom screening if prior TB infection or TB disease
POTENTIAL ONGOING TRANSMISSION	<ul style="list-style-type: none"> • Report to local health department for guidance • This is a temporary classification only, warranting immediate investigation • Testing will be performed as needed (per the local health jurisdiction recommendations) until there is no evidence of transmission

*If a person is identified as a contact to an infectious case TB testing will be performed in accordance with local health jurisdiction protocols.

Risk assessment completed by: _____ **Date:** _____ -

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