

DOCUMENTATION CHECKLIST

Pre-employment/Baseline Documentation:

- Baseline Screening Form: risk factors, TB history, and symptom checklist (example Appendix 3)
- For those without documented history of LTBI or TB: Baseline TB testing: IGRA (QFT or T-spot) or TST (Might be combined with screening form to be one document)
 - For low risk individuals who have a second confirmatory test, if the second is negative, that is acceptable as “negative”. See FAQs for more information.
 - The negative IGRA (QFT or T-spot) or TST should be dated within 12 months of start date
 - If positive, per 2019 MMWR: “Health care personnel with a newly positive test result (with confirmation for those persons at low risk as described previously) should undergo a symptom evaluation and chest radiograph to assess for TB disease. Additional workup might be indicated on the basis of those results.” “Health care personnel with LTBI and no prior treatment should be offered, and strongly encouraged to complete, treatment with a recommended regimen, including short-course treatments, unless a contraindication exists.”
 - Optional documentation for those that decline LTBI treatment: Appendix 4. Depending on occupational health and facility policies, this may not be part of employee health.
- For those with documented LTBI/ history of TB: Documentation that they are free of infectious TB
 - Per 2019 MMWR: “Health care personnel with a prior positive TB test and documented normal chest radiograph do not require a repeat radiograph unless they are symptomatic or starting LTBI treatment.” “Health care personnel with LTBI and no prior treatment should be offered, and strongly encouraged to complete, treatment with a recommended regimen, including short-course treatments, unless a contraindication exists.”
 - Optional documentation for those with untreated LTBI that decline LTBI treatment: Appendix 4. Depending on occupational health and facility policies, this may not be part of employee health.

Annual Documentation:

- Annual symptom screening form for those with untreated LTBI (Example Appendix 7). Annual TB Education (see Appendix 6)
- Facility Risk Assessment: Appendix B of 2005 MMWR. (While reviewed annually, probably won’t have much in the way of updates.)
 - This risk assessment has not been updated. Suggested wording is available in Appendix 1 and 5. For those sections that are not applicable to the facility, can be marked as N/A or crossed out.

If TB Exposure at Facility:

- Documentation of Local Health Department’s (LHD) contact investigation (CI) recommendations. If recommended by LHD, documentation that CI was performed and shared with LHD.
 - Note that not all TB is potentially infectious. The LHD may determine that there was no need for a CI based on site of disease (if no aerosolizing procedures were performed), or based on determined infectious period.

Appendix 3. Integrated Tuberculosis (TB) Screening and Risk Assessment Form for Newly Hired HCP

Name: _____ Date: _____

Preferred Contact Information: _____

1. What position are you hired for? _____ What is your start date? _____

2. Have you EVER spent more than 30 days in a country with an elevated TB rate? This includes all countries except those in Western Europe, Northern Europe, Canada, Australia, and New Zealand.

a. YES I have been in a foreign country for >30 days (not including those listed above)

b. NO I have not been in any country for >30 days except the ones listed above

3. Have you had close contact with anyone who had active TB since your last TB test? YES / NO

4. Do you currently have any of the following symptoms?

a. YES / NO unexplained fever for more than 3 weeks

b. YES / NO cough for more than 3 weeks with sputum production

c. YES / NO bloody sputum

d. YES / NO unintended weight loss >10 pounds

e. YES / NO drenching night sweats

f. YES / NO unexplained fatigue for more than 3 weeks

5. Have you ever been diagnosed with active TB disease? YES / NO

6. Have you ever been diagnosed with latent TB infection or had a positive skin test or a positive blood test for TB? a. YES one or more of these is true for me b. NO none of these is true for me

7. Have you been treated with medication for TB or for a positive TB test (eg, taken "INH")? YES / NO If YES, what year, with which medication, for how long, and did you complete the treatment course?

8. Do you have a weakened immune system for any reason including organ transplant, recent chemotherapy, poorly controlled diabetes, HIV infection, cancer, or treatment with steroids for more than 1 month, immune-suppressing medications such as a TNF-alpha antagonist or another immune-modulator? (If you are not sure, ask your Occupational Health provider)

a. YES, one or more of these is true for me

b. NO, none of these is true for me

Occupational Health Reviewer Signature

Date

Appendix 4. Latent Tuberculosis Infection Treatment Declination or Postponement of Treatment

I understand that:

- I have a confirmed positive tuberculosis (TB) test skin test or blood test (such as QuantiFERON® or TSpot®.TB), and a chest X ray that is negative for active TB disease. These show evidence that I was exposed to TB and that I have latent TB infection (LTBI).
- This LTBI is not currently communicable to others.
- LTBI can turn into active TB disease in the future, where it may become communicable to family members, patients, colleagues and the general public. The treatment of active TB disease requires multiple medications and, if untreated, can be fatal.
- Treatment of my LTBI with anti-TB medications will greatly reduce the risk of my LTBI ever becoming active TB.
- If I develop symptoms that may be active TB disease, I must immediately refrain from work and report these symptoms to a physician knowledgeable in TB diagnosis and treatment.
 - These symptoms include prolonged (>3 weeks) cough or bloody cough, drenching night sweats, unexplained weight loss and/or unexplained fevers.
- I have been encouraged to get treated for LTBI and have been given treatment information.
- I understand that by declining or postponing this treatment I continue to be at risk of developing active TB disease. If I want to be treated for LTBI in the future, I can receive that treatment.

Employee Signature

Date

Employee Printed Name

Department and Location