

Facility: _____
 Address: _____

Tuberculosis (TB) Risk Assessment

This model worksheet should be considered for use in performing TB risk assessments for healthcare facilities and nontraditional facility-based settings. Facilities with more than one type of setting will need to apply this table to each setting.

Scoring ✓ or Y = Yes	X or N = No	NA = Not Applicable
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1. Incidence of TB

What is the incidence of TB in your community (country or region served by the health-care setting), and how does it compare with the state and national average? What is the incidence of TB in your facility and specific settings and how do those rates compare? (Incidence is the number of TB cases in your community the previous year. A rate of TB cases per 100,000 persons should be obtained for comparison.) This information can be obtained from the state or local health department	Community Rate _____ State Rate _____ National Rate _____ Facility Rate _____ Department 1 rate _____ Department 2 rate _____ Department 3 rate _____															
Are patients with suspected or confirmed TB disease encountered in your setting (inpatient and outpatient)?	Yes No															
If yes, how many patients with suspected and confirmed TB disease are treated in your health-care setting in 1 year (inpatient and outpatient)? Review laboratory data, infection-control records, and databases containing discharge diagnoses.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Year</td> <td colspan="2" style="text-align: center;">No. patients</td> </tr> <tr> <td></td> <td style="text-align: center;">Suspected</td> <td style="text-align: center;">Confirmed</td> </tr> <tr> <td>1 year ago</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>2 year ago</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>5 year ago</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	Year	No. patients			Suspected	Confirmed	1 year ago	_____	_____	2 year ago	_____	_____	5 year ago	_____	_____
Year	No. patients															
	Suspected	Confirmed														
1 year ago	_____	_____														
2 year ago	_____	_____														
5 year ago	_____	_____														
If no, does your health-care setting have a plan for the triage of patients with suspected or confirmed TB disease?	Yes No															
Currently, does your health-care setting have a cluster of persons with confirmed TB disease that might be a result of ongoing transmission of <i>Mycobacterium tuberculosis</i> within your setting (inpatient and outpatient)?	Yes No															

2. Risk Classification

Inpatient Settings	
How many inpatient beds are in your inpatient setting?	
How many patients with TB disease are encountered in the inpatient setting in 1 year? Review laboratory data, infection-control records, and databases containing discharge diagnoses.	Previous Year _____ 5 years ago _____
Depending on the number of beds and TB patients encountered in 1 year, what is the risk classification for your inpatient setting?	<input type="radio"/> Low Risk <input type="radio"/> Medium Risk <input type="radio"/> Potential ongoing transmission
Does your health-care setting have a plan for the triage of patients with suspected or confirmed TB disease?	Yes No
Outpatient settings	
How many TB patients are evaluated at your outpatient setting in 1 year? Review laboratory data, infection-controlled records, and databases containing discharge diagnoses.	Previous Year _____ 5 years ago _____
Is your health-care setting a TB clinic? (If yes, a classification of at least medium risk is recommended.)	Yes No

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Does evidence exist that a high incidence of TB disease has been observed in the community that the health-care setting serves?	Yes	No
Does evidence exist of person-to-person transmission of <i>M. tuberculosis</i> in the health-care setting? (Use information from case reports. Determine if any tuberculin skin test [TST] or blood assay for <i>M. tuberculosis</i> [BAMT] conversions have occurred among health-care workers [HCWs])	Yes	No
Does evidence exist that ongoing or unresolved health-care-associated transmission has occurred in the health-care setting (based on case reports)?	Yes	No
Is there a high incidence of immunocompromised patients or HCWs in the health-care setting?	Yes	No
Have patients with drug-resistant TB disease been encountered in your health-care setting within the previous 5 years?	Yes	No
When was the first time a risk classification was done for your health-care setting?	Year _____	
Considering the items above, would your health-care setting need a higher risk classification?	Yes	No
Depending on the number of TB patients evaluated in 1 year, what is the risk classification for your outpatient setting?	<input type="radio"/> Low Risk <input type="radio"/> Medium Risk <input type="radio"/> Potential ongoing transmission	
Does your health-care setting have a plan for the triage of patients with suspected or confirmed TB disease?	Yes	No
Nontraditional facility-based settings		
How many TB patients are encountered at your setting in 1 year?	Previous Year	_____
	5 years ago	_____
Does evidence exist that a high incidence of TB disease has been observed in the community that the setting serves?	Yes	No
Does evidence exist of a person-to-person transmission of <i>M. tuberculosis</i> in the setting?	Yes	No
Have any recent TST or BAMT conversions occurred among staff or clients?	Yes	No
Is there a high incidence of immunocompromised patients or HCW's in the setting?	Yes	No
Have patients with drug-resistant TB disease been encountered in your health-care setting within the previous 5 years?	Yes	No
When was the first time a risk classification was done for your setting?	Year _____	
Considering the items above, would your setting require a higher risk classification?	Yes	No
Does your setting have a plan for the triage of patients with suspected or confirmed TB disease?	Yes	No
Depending on the number of patients with TB disease who are encountered in a nontraditional setting in 1 year, what is the risk classification for your setting?	<input type="radio"/> Low Risk <input type="radio"/> Medium Risk <input type="radio"/> Potential ongoing transmission	

3. Screening of Health Care Workers for *M. tuberculosis* Infection

Does the health-care setting have a TB screening program for HCWs?	Yes	No
If yes, which HCWs are included in the TB Screening Program? (Check all that apply.)		
<input type="radio"/> Physicians <input type="radio"/> Mid-level practitioners (nurse practitioners [NP] and physician's assistants [PA]) <input type="radio"/> Nurses _____ Caregivers _____ Other Health Care workers _____ <input type="radio"/> Administrators <input type="radio"/> Laboratory workers <input type="radio"/> Respiratory therapists		

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<ul style="list-style-type: none"> <input type="radio"/> Physical therapists <input type="radio"/> Contract Staff <input type="radio"/> Construction or renovation workers <input type="radio"/> Service workers <input type="radio"/> Janitorial staff <input type="radio"/> Maintenance or engineering staff <input type="radio"/> Transportation staff <input type="radio"/> Dietary staff <input type="radio"/> Receptionists <input type="radio"/> Trainees and students <input type="radio"/> Volunteers <input type="radio"/> Other _____ 			
Is baseline skin testing performed with two-step TST for HCWs?	Yes	No	
Is baseline testing performed with QFT or other BAMT for HCWs?	Yes	No	
How frequently are HCWs tested for <i>M. tuberculosis</i> infection?			
Are the <i>M. tuberculosis</i> infection test records maintained for HCWs?	Yes	No	
Where are the <i>M. tuberculosis</i> infection test records for HCWs maintained? Who maintains the records?			
<p>If the setting has a serial TB screening program for HCWs to test for <i>M. tuberculosis</i> infection, what are the conversion rates for the previous years?</p> <p>1 year ago _____ 4 years ago _____</p> <p>2 years ago _____ 5 years ago _____</p> <p>3 years ago _____</p>			
Has the test conversion rate for <i>M. tuberculosis</i> infection been increasing or decreasing, or has it remained the same over the previous 5 years? (check one)	<ul style="list-style-type: none"> <input type="radio"/> Increasing <input type="radio"/> Decreasing <input type="radio"/> No change 		
Do any areas of the health-care setting (e.g. waiting rooms or clinics) or any group of HCWs (e.g., lab workers, emergency department staff, respiratory therapists, and HCWs who attend bronchoscopies) have a test conversion rate for <i>M. tuberculosis</i> infection that exceeds the health-care setting's annual average?	Yes	No	
	<p>If yes, list</p> <p>_____</p> <p>_____</p> <p>_____</p>		
For HCWs who have positive test results for <i>M. tuberculosis</i> infection and who leave employment at the health setting, are efforts made to communicate test results and recommend follow-up of latent TB infection (LTBI) Treatment with the local health department or their primary physician?	Yes	No	Not applicable

4. TB Infection-Control Program

Does the health-care setting have a written TB infection-control plan?	Yes	No
Who is responsible for the infection-control program?		
When was the TB infection-control plan first written?		
When the TB infection-control plan was last reviewed or updated?		
Does the written infection-control plan need to be updated based on the timing of the previous update (i.e., >1 year, changing TB epidemiology of the community or setting, the occurrence of a TB outbreak, change in state or local TB policy, or other factors related to a change in risk for transmission of <i>M. tuberculosis</i>)?	Yes	No
Does the health-care setting have an infection-control committee (or another committee with infection control responsibilities)?	Yes	No
<p>If yes, which groups are represented on the infection-control committee (Check all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Physicians <input type="radio"/> Nurses <input type="radio"/> Epidemiologists <input type="radio"/> Engineers 		

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<input type="checkbox"/> Pharmacists <input type="checkbox"/> Laboratory personnel <input type="checkbox"/> Health and safety staff <input type="checkbox"/> Administrator <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Quality Control (QC) <input type="checkbox"/> Others (specify) _____
If no, what committee is responsible for infection control in the setting? _____

5. Implementation of TB Infection-Control Plan Based on Review by Infection-Control Committee

Has a person been designated to be responsible for implementing an infection-control plan in your health-care setting? If yes, list the name: _____	Yes	No
Based on a review of the medical records, what is the average number of days for the following: <ul style="list-style-type: none"> • Presentation of patient until collection of specimens _____ • Specimen collection until receipt by laboratory _____ • Receipt of specimen by laboratory until smear results are provided to health-care provider _____ • Diagnosis until initiation of standard antituberculosis treatment _____ • Receipt of specimen by laboratory until culture results are provided to health-care provider _____ • Receipt of specimen by laboratory until drug-susceptibility results are provided to health-care provider _____ • Receipt of drug-susceptibility results until adjustment of antituberculosis treatment, if indicated _____ • Admission of patient to hospital until placement in airborne infection isolation (AII) _____ 		
Through what means (e.g., review of TST or BAMT conversion rates, patient medical records, and time analysis) are lapses in infection control recognized?		
What mechanisms are in place to correct lapses in infection control?		
Based on measurement in routine QC exercises, is the infection-control plan being properly implemented?	Yes	No
Is ongoing training and education regarding TB infection-control practices provided for HCWs?	Yes	No

6. Laboratory Processing of TB Related Specimens, Tests, and Results Based on Laboratory Review

Which of the following tests are either conducted in-house at your health-care setting's laboratory or sent out to a reference laboratory?	In-house	Sent out
Acid-fast bacilli (AFB) smears		
Culture using liquid media (e.g., Bactec and MB-BacT)		
Culture using solid media		
Drug-susceptibility testing		
Nucleic acid amplification (NAA) testing		
What is the usual transport time for specimens to reach the laboratory for the following tests?		
AFB smears	_____	
Culture using liquid media (e.g., Bactec, MB-BacT)	_____	
Culture using solid media	_____	
Drug-susceptibility testing	_____	
Other (specify)	_____	
NAA testing	_____	
Does the laboratory at your health-care setting or the reference laboratory used by your health-care setting report AFB smear results for all patients within 24 hours of receipt of specimen? What is the procedure for weekends?	Yes	No

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7. Environmental Controls

Which environmental controls are in place in your health-care setting? (Check all that apply and describe)	
<u>Environmental Controls</u> <input type="checkbox"/> All Rooms <input type="checkbox"/> Local exhaust ventilation (enclosing devices and exterior devices) <input type="checkbox"/> General ventilation (e.g., single-pass system, recirculation system.) <input type="checkbox"/> Air-cleaning methods (e.g., high-efficiency particulate air [HEPA] filtration and ultraviolet germicidal irradiation [UVGI])	<u>Description</u> _____ _____ _____ _____
What are the actual air changes per hour (ACH) and design for various rooms in the settings?	
<u>Room</u>	<u>ACH</u>
<u>Design</u>	
_____ _____ _____ _____ _____ _____	
Which of the following local exterior or enclosing devices such as exhaust ventilation devices are used in your health-care setting? (Check all that apply)	
<input type="checkbox"/> Laboratory hoods <input type="checkbox"/> Booths for sputum induction <input type="checkbox"/> Tents or hoods for enclosing patient or procedure	
What general ventilation systems are used in your health-care setting? (Check all that apply)	
<input type="checkbox"/> Single-pass system <input type="checkbox"/> Variable air volume (VAV) <input type="checkbox"/> Constant air volume (CAV) <input type="checkbox"/> Recirculation system <input type="checkbox"/> Other _____	
What air-cleaning methods are used in your health-care setting? (Check all that apply)	
<u>HEPA filtration</u> <input type="checkbox"/> Fixed room-air recirculation systems <input type="checkbox"/> Portable room-air recirculation system <u>UVGI</u> <input type="checkbox"/> Duct irradiation <input type="checkbox"/> Upper-air irradiation <input type="checkbox"/> Portable room-air cleaners	
How many AII rooms are in the health-care setting?	
What ventilation methods are used for AII rooms? (Check all that apply)	
<u>Primary (general ventilation)</u> <input type="checkbox"/> Single-pass heating, ventilating, and air conditioning (HVAC) <input type="checkbox"/> Recirculating HVAC systems <u>Secondary (methods to increase equivalent ACH):</u> <input type="checkbox"/> Fixed room recirculating units <input type="checkbox"/> HEPA filtration <input type="checkbox"/> UVGI <input type="checkbox"/> Others (specify) _____	
Does your health-care setting employ, have access to, or collaborate with an environmental engineer (e.g., professional engineer) or other professional with appropriate expertise (e.g., certified industrial hygienist) for consultation on design specifications, installation, maintenance, and evaluation of environmental controls?	Yes No

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Are environmental controls regularly checked and maintained with results recorded in maintenance logs?	Yes	No
Are AII rooms checked daily for negative pressure when in use?	Yes	No
Is the directional airflow in AII rooms checked daily when in use with smoke tubes or visual checks?	Yes	No
Are these results readily available?	Yes	No
What procedures are in place if the AII room pressure is not negative?		
Do AII rooms meet the recommended pressure differential of 0.01-inch water column negative to surrounding structures?	Yes	No

8. Respiratory-Protection Program

Does your health-care setting have a written respiratory-protection program?		
Which HCWs are included in the respiratory protection program? (Check all that apply)		
<input type="checkbox"/> Physicians <input type="checkbox"/> Mid-level practitioners (nurse practitioners [NP] and physician's assistants [PA]) <input type="checkbox"/> Nurses ___ Caregivers _ Other health care workers: _____ <input type="checkbox"/> Administrators <input type="checkbox"/> Laboratory workers <input type="checkbox"/> Contract staff <input type="checkbox"/> Construction or renovation staff <input type="checkbox"/> Service personnel <input type="checkbox"/> Janitorial staff <input type="checkbox"/> Maintenance or engineering staff <input type="checkbox"/> Transportation staff <input type="checkbox"/> Dietary staff <input type="checkbox"/> Students <input type="checkbox"/> Others (specify) _____ _____		
Are respirators used in this setting for HCWs working with TB patients? If yes, include manufacturer, model, and specific application (e.g., ABC model 1234 for bronchoscopy and DEF model 5678 for routine contact with infectious TB patients).		
	<u>Manufacturer</u>	<u>Model</u>
		<u>Specific application</u>
	_____	_____
	_____	_____
	_____	_____
Is annual respiratory-protection training for HCWs performed by a person with advanced training in respiratory protection?	Yes	No
Does your health-care setting provide initial fit testing for HCWs? If yes, when is it conducted? _____	Yes	No
Does your health-care setting provide periodic fit testing for HCWs? If yes, when is it conducted? _____	Yes	No
What method of fit testing is used? Describe _____ _____ _____		
Is qualitative fit testing used?	Yes	No
Is quantitative fit testing used?	Yes	No

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9. Reassessment of TB risk

How frequently is the TB risk assessment conducted or updated in the health-care setting?	
When was the last TB risk assessment conducted?	
<p>What problems were identified during the previous TB risk assessment?</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p>	
<p>What actions were taken to address the problems identified during the previous TB risk assessment?</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p>	
<p>Did the risk classification need to be revised as a result of the last TB risk assessment? If Yes: Please explain: _____</p>	<p>Yes No</p>

Name of Person doing TB Risk Assessment: _____

Signature: _____

Date: _____