

Long-term Care - TB Risk Assessment

Long-term Care, Residential Treatment,
ESRD (outpatient), Hospice (inpatient)

Today's Date _____

Facility _____

Address _____

Phone _____ County _____

Completed by _____ Title _____

PART A - INCIDENCE OF TB

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

2. Number of TB cases identified in your county in the last year? _____

Obtain information from local health department or state website: <http://tb.hhs.mt.gov>

Comments:

PART B - RISK CLASSIFICATION – check category that applies

LOW RISK ___ No TB cases
 ___ < 200 beds & < 3TB patients with active TB per year
 ___ ≥ 200 beds & < 6TB patients with active TB per year

MEDIUM RISK ___ < 200 beds & ≥ 3 patients with active TB per year
 ___ ≥ 200 beds & ≥ 6 patients with active TB per year

POTENTIAL ONGOING TRANSMISSION ___ Evidence of ongoing *M. tuberculosis* transmission

PART C - CONSIDERATIONS TO DETERMINE IF HIGHER RISK CLASSIFICATION IS NEEDED FOR YOUR FACILITY – The risk classification for your facility may be adjusted to a higher level of risk based on the answers to these questions. For more information call you local health department.

1. Is there a relatively high prevalence of TB disease in the community/communities your facility serves? _____
2. Is there evidence of recent TB transmission in your facility? _____
3. Is there a high prevalence of immunosuppressed patients or HCWs in your facility? _____
4. In the last year, has your facility had any patients/employees with drug-resistant TB? _____

Comments:

Long-term Care TB Risk Assessment

PART D - TUBERCULIN SKIN TESTING – TST

1. Does your facility have a TST program for health care workers (HCWs) and resident/admits? _____
Describe: _____

2. Are the TST records for HCWs maintained and where? _____
3. Who maintains these records? _____
4. List the TST conversion rate for: (number of positive TSTs divided by number tested)
 - last year _____
 - 2 years _____

PART E - TB INFECTION CONTROL PLAN

1. Does your facility have a TB Infection Control Plan for confirmed or suspected TB cases? _____
2. How are confirmed or suspected TB cases isolated? _____
3. Where are confirmed or suspected TB cases transferred? _____
4. When was this plan last updated? _____
5. Does the TB Infection Control Plan need to be updated? _____
6. Is there an Infection Control Committee for your facility? _____
7. Check the groups that are represented on the Infection Control Committee:

___ Physicians	___ Administrators
___ Registered Nurses	___ Housekeeping
___ Employee Health	___ Safety
___ Other _____	

PART F - RESPIRATORY ISOLATION ROOM

1. Does your facility have an AFB isolation room? ____ **If NO, complete Section G and Date of Next TB Risk Assessment below only.**
2. What does your facility do with patients on respiratory isolation? _____

3. How is the isolation room ventilated?
 - ___ local exhaust ventilation (enclosing devises, exterior devices)
 - ___ general ventilation (e.g. single-pass system, recirculation system)
 - ___ air-cleaning methods (e.g. HEPA filtration, UVGI)
 - ___ airborne infection isolation rooms (AII) (e.g. negative pressure rooms)
4. What are the actual Air Changes per Hour (ACH) and design for the isolation rooms?

Room	ACH	Design

Long-term Care TB Risk Assessment

PART G - IMPLEMENTATION OF TB INFECTION CONTROL PLAN

1. Who is responsible for the implementation of the TB Infection Control Plan? _____

2. Does the TB Infection Control Plan ensure prompt detection, airborne infection isolation, transfer and treatment of potentially infectious TB patients? _____
3. Is the TB Infection Control Plan being properly implemented? _____
4. List ongoing infection control training and education available to your facility's HCWs. _____

Comments:

PART H - PERSONAL RESPIRATORY PROTECTION PROGRAM

1. Does your facility have a personal respiratory protection program? _____
2. Which HCWs are included in the personal respiratory protection program?

<input type="checkbox"/> Physicians	<input type="checkbox"/> Mid-level practitioners (NP, PA)
<input type="checkbox"/> Nurses	<input type="checkbox"/> Respiratory Therapists
<input type="checkbox"/> Administrators	<input type="checkbox"/> Janitorial staff
<input type="checkbox"/> Transportation staff	<input type="checkbox"/> Dietary workers
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Others _____
3. What types of respirators are used in your facility? Include manufacturer, model, and specific application. (e.g. ABC model 1234 for bronchoscopy, DEF model ZN95 for all HCWs working with TB patients) _____
4. Is there annual respiratory protection training for HCWs? _____
5. Is there initial fit testing for HCWs? _____
6. Is there periodic fit testing for HCWs? _____ When _____
7. Describe the method of fit testing used: _____

Comments:

Date of next TB Risk Assessment _____

TB Screening Based on Risk

Long-term Care, Residential Treatment,
ESRD (outpatient) & Hospice (inpatient)

Low-Risk Setting

< 200 beds & < 3TB cases/year
≥ 200 beds & < 6TB cases/year

No other risk factors
(See PART C)

Low-Risk TB Screening

- 2-step TST on hire or admit to all listed sites if >18 yr
1-step TST if ≤18 yrs
- Medical evaluation, including symptom assessment
& chest x-ray if TST positive or symptomatic
- Evaluate for treatment of Latent TB Infection if
active TB disease is ruled out
- No annual TST
- Annual symptom assessment if TST positive, Latent
TB Infection or prior Active TB Disease
- TST if unprotected exposure occurs

Medium-Risk Setting

<200 beds & ≥ 3TB cases/year
≥200 beds & ≥ 6TB cases/year

Medium-Risk TB Screening

- 2-step TST on hire or admit to all listed sites if >18yr
one TST if ≤18 yrs
- Medical evaluation, including symptom assessment
& chest x-ray if TST positive or symptomatic
- Evaluate for treatment of Latent TB Infection if
active TB disease is ruled out
- Annual TST and symptom assessment
- TST for unprotected exposure

Potential Ongoing Transmission Setting

Report to local health department ASAP

Potential Ongoing Transmission Screening

Report to local health department ASAP

Indications for Two-Step Tuberculin Skin Testing (TST)

Employee & Patient TST Situation	Recommended TST
1. No previous TST result	1. Two-step baseline TST if >18 years old (see #4 if ≤18 yrs)
2. Previous negative TST result >12 months before new employment	2. Two-step baseline TST
3. Previous documented negative TST result ≤12 months before employment	3. Single TST needed for baseline testing; this will be the second-step
4. ≥2 previous documented negative TSTs and most recent TST >12 months before employment; resident/employee ≤18 years old	4. Single TST; two-step is not necessary
5. Previous documented positive TST result	5. No TST; need TB symptom screen and baseline X-ray
6. Previous undocumented positive TST result	6. Two-step baseline TST
7. Previous BCG vaccination – BCG effect on TST results usually wanes after 5 years	7. Two-step baseline TST

Definitions:

Health-care Workers (HCWs) – HCWs include all paid and unpaid persons working in health-care settings.

On Hire – The administration and reading of the first step of the employee’s TST should be completed prior to beginning work. The second TST (if applicable) should be placed 1-3 weeks after the first TST. Regardless of the initial TST result, no employee should be allowed to begin work if he/she has symptoms of active pulmonary TB until a complete TB medical evaluation has been completed and TB has been ruled out. If an employee has LTBI and adequate treatment is not documented, complete a medical evaluation to rule out active TB, offer treatment for LTBI if not medically contraindicated and conduct an annual symptom assessment. If a potential employee has documentation of previous, cured active TB, conduct an annual symptom assessment.

On Admit to Long-term Care, Residential Treatment, ESRD, In-patient Hospice– The administration and reading of the resident’s first TST should be completed prior to admission. If the TST is negative and the resident is asymptomatic for TB, the resident can be admitted pending the second TST result (if applicable). Regardless of the TST result, if the potential resident has symptoms consistent with TB the potential resident should not be admitted until a complete medical evaluation for TB has been completed, including the collection of sputum specimens for bacteriological examination, and TB has been ruled out. If the TST is positive, the potential resident should not be admitted until a thorough medical evaluation for TB has been completed.

Residents with a positive TST who have had active disease ruled out should be considered for treatment of Latent TB Infection (LTBI). If treatment of LTBI is not completed, staff should be made aware of the resident’s TST and the resident should be monitored for development of symptoms of infectious TB.

Long-term Care TB Risk Assessment

TB Medical Evaluation – The purpose of the exam is to diagnose TB disease or LTBI, and to select treatment. A medical evaluation includes a medical history, a TB symptom screen, clinical or physical exam, and diagnostic tests as appropriate (e.g. TST, chest x-ray, bacteriological exams, and HIV testing).

Annual Symptom Assessment – Complete this form for the following residents/employees who initially have had Active TB Disease ruled out:

1. Residents/employees with Latent TB Infection (documented positive tuberculin skin test) with or without documented therapy for LTBI
2. Residents/employees with prior Active TB Disease who have completed therapy

Chest X-ray – Employees/residents with a positive TST who have a normal chest x-ray should not have repeat chest x-rays performed routinely. Repeat x-rays are not needed unless TB signs or symptoms develop or a clinician recommends a repeat x-ray on a case-by-case basis. Employees/residents who have Latent TB Infection (LTBI) or cured TB disease should be evaluated annually with a symptom assessment and educated about TB signs and symptoms and the need to report such symptoms if present.

Definition of Active TB Disease vs. Latent TB Infection (LTBI):

TB Disease	Latent TB Infection (LTBI)
Symptoms – cough \geq 2-3 weeks with or without sputum production that may be bloody; chest pain; chills; fever; night sweats; loss of appetite; unexplained weight loss; weakness or easy fatigability; malaise	No symptoms
Can spread TB to others	Do not feel sick
Usually have a positive TST Chest X-ray usually abnormal	Cannot spread TB to others
Report suspect or confirmed TB to local health department immediately	Usually have a positive TST Chest X-ray normal
	Not reportable to local health department