



Iowa Department of Public Health Tuberculosis Control Program

Tuberculosis (TB) Risk Assessment Tool for Iowa Licensed Health Care Facilities and Hospitals

Health care settings may use this document to meet the requirement to perform a TB risk assessment in covered facilities. The infection control team or designated staff in the health care facility or hospital is responsible for determining the type of risk classification. The facility risk classification is used to determine frequency of serial TB screening. The health care facility or hospital facility risk classification may change due to an increase or decrease in the number of TB cases during the preceding year. The following criteria are consistent with the Centers for Disease Control and Prevention, TB Elimination Division as outlined in the MMWR December 30, 2005/Vol. 54/No. RR-17 *“Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005.”*

Facility Information

Name of Facility: _____

Address: _____

Time Period of Risk Assessment: _____ Date of Assessment: _____

Person Completing Risk Assessment: _____
First Last Position

Facility TB Incidence

Number of persons with infectious TB encountered in the facility or hospital that resulted in a contact investigation of exposed HCWs and/or patients during the previous 12 months (see *Criteria for Counting TB Patients*). _____

Criteria for Counting TB Patients

Count:

- Upon review, had infectious pulmonary or laryngeal TB *and* for whom proper airborne isolation precautions were NOT implemented upon admission or encounter.
- The infection control team determines that exposure likely occurred and as a result, conducts a contact investigation of exposed HCWs and/or patients.

Do Not Count:

- Infectious TB patients for whom proper airborne isolation precautions were implemented upon admission or encounter.
- Patients with pulmonary or laryngeal TB that have met criteria for non-infectiousness upon admission or encounter.
- Treated or untreated extrapulmonary TB disease.
- Patients with LTBI.



Iowa Department of Public Health Tuberculosis Control Program

Facility Risk Classification

Based upon TB incidence in facility. Select appropriate risk classification criteria below (select only one). The risk classification section includes testing procedures for each risk classification.

Low Risk

- **Inpatient Settings with More Than 200 Beds:** If a facility or hospital has *less than six* TB patients for the preceding year, the facility or hospital shall be classified as low risk.
- **Inpatient Settings with Less Than 200 Beds:** If a facility or hospital has *less than three* TB patients for the preceding year, the facility or hospital shall be classified as low risk.

Serial TB Screening Procedures for Facilities Classified as Low Risk

After establishing baseline TB screening of HCWs, serial TB screening of HCWs is not necessary for health care facilities or hospitals classified as low risk.

Medium Risk

- **Inpatient Settings with More Than 200 Beds:** If a facility or hospital has *six or more* TB patients for the preceding year, the facility or hospital shall be classified as medium risk.
- **Inpatient Settings with Less Than 200 Beds:** If a facility or hospital has *three or more* TB patients for the preceding year, the facility or hospital shall be classified as medium risk.

Serial TB Screening Procedures for Facilities Classified as Medium Risk

After establishing baseline TB screening, HCWs in health care facilities or hospitals classified as medium risk shall receive serial TB screening annually. However, HCWs with a previous positive TB test result shall only receive annual TB symptom screening in accordance with 59.5(5). HCWs with a baseline positive or new positive test result for *M. tuberculosis* infection or documentation of previous treatment for LTBI or TB disease shall receive one chest radiograph result to exclude TB disease. Instead of participating in serial testing, HCWs should receive a symptom screen annually. This screen should be accomplished by educating HCWs about symptoms of TB disease and instructing HCWs to report any such symptoms immediately to the occupational health unit. Treatment for LTBI should be considered in accordance with CDC guidelines.

Potential On-going Transmission

- The classification of potential ongoing transmission is a rare occurrence and should be temporarily applied to any setting (or group of HCWs) where *on-going transmission* of *M. tuberculosis* is occurring and the source of transmission is unknown.

Serial TB Screening Procedures for Facilities Classified as Potential On-going Transmission:

HCWs in facilities or hospitals classified as potential ongoing transmission shall receive serial TB screening every eight to ten weeks until lapses in infection control have been corrected and no additional evidence of ongoing transmission is apparent. However, HCWs with a previous positive TB test result shall only receive TB symptom screening in accordance with 59.5(5). The potential ongoing transmission classification should be used only as a temporary classification. This classification warrants immediate investigation and corrective steps. After a determination that ongoing transmission has ceased, the setting shall be reclassified as medium risk for a minimum of one year.

Signature: _____ Date: _____