Montana DPHHS – Tuberculosis Program

Assisted Living - TB Risk Assessment

Assisted Living, Adult Day Care, Adult Foster Care & Transitional Living Centers

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.mt.gov

Comments:

PART B - RISK CLASSIFICATION - Check category that applies

LOW RISK _____ No TB cases
_____ < 3 patients with TB per year

MEDIUM RISK ____ ≥ 3 patients with 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.

1. Is there a relatively high prevalence of TB disease in the community/communities your facility serves? _____
2. Is there evidence of recent transmission of TB in your facility? _____
3. Is there a high prevalence of immunosuppressed patients or HCWs in your facility? _____

For more information, call your local health department.

Comments:

PART D - TUBERCULIN SKIN TESTING

1. Does your facility have a TB tuberculin skin-testing (TST) program for the health care workers (HCWs) and residents/admits? _____
   Describe: _____
   _____
   _____
2. Are the tuberculin skin test records 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 _____
   - last 2 years _____

PART E - TB INFECTION CONTROL PLAN

1. Does your facility have an 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:
   ___ Physician(s) ___ Administrators
   ___ Registered Nurse(s) ___ Other _____

For help with Infection Control Plan call your local health department.

Comments:

PART F - IMPLEMENTATION OF TB INFECTION CONTROL PLAN

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

_____
_____

5. Date for next TB Risk Assessment review (annually)_____

Comments:

TB Screening Based on Risk

Assisted Living, Adult Day Care, Adult Foster Care & Transitional Living Center

Low Risk Setting	Low Risk TB Screening
Less than 3 TB cases/year No risk factors present (See PART C)	- 2-step TST on hire & admission if >18 years old; 1-step if ≤ 18 years old - Medical evaluation, symptom assessment & chest x-ray if TST positive or if symptomatic - Evaluate for treatment of Latent TB Infection if active TB is ruled out - No annual TST - Annual symptom assessment if positive TST, Latent TB Infection, or prior Active TB Disease - TST for unprotected exposure

Medium Risk Setting	Medium Risk TB Screening
3 or more TB cases/year *Report to health department ASAP*	- 2-step TST on hire & admission if >18years old; 1-step if ≤18 years old - Medical evaluation, symptom assessment & chest x-ray if TST positive or symptomatic - Evaluate for treatment of Latent TB Infection if active TB is ruled out - Annual TST if previous TST is negative - TST for unprotected exposure

Potential Ongoing Transmission Setting	Potential Ongoing Transmission TB Screening
Report to local health department ASAP	*Report to local health department ASAP*

Indications for Two-Step Tuberculin Skin Testing - TST

Employee & Resident TST Situation	Recommended TST Testing
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. If the first TST is negative, the second TST should be placed 1-3 weeks later. 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 disease has been ruled out. If a new employee has a positive TST, the employee must have a medical evaluation to rule out active TB. Initiation of treatment for LTBI to prevent progression to disease should be strongly considered. If a new employee has documentation of a previous positive TST at the time of hire, but has not completed treatment for LTBI, initiation of treatment for LTBI should be strongly considered. Any employee who does not complete treatment for LTBI should be educated about the signs and symptoms of TB, and monitored for development of symptoms of infectious TB at least annually. Facilities can use the TB Symptom Assessment Form for this purpose. If a new employee is TST positive and has completed treatment for LTBI, also monitor annually using the TB Symptom Assessment Form. If an employee has documentation of cured active TB, also monitor annually with the TB Symptom Assessment Form.

On Admit – The administration and reading of the resident's first TST should be completed prior to admission. If the first TST is negative and the resident is asymptomatic for TB, the resident can be admitted and the second TST test placed 1-3 weeks later. Regardless of the first TST result, if the potential resident has symptoms consistent with TB, the resident should not be admitted until a complete medical evaluation for TB has been completed, including an x-ray and the collection of sputum specimens for bacteriological examination to rule out active TB disease. If the first 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 strongly considered for treatment of latent TB infection (LTBI) to prevent progression to disease. If treatment of LTBI is not completed, staff should be made aware of the resident's TST status without treatment for LTBI and the resident should be regularly monitored for development of symptoms of infectious TB, and at least annually using the TB Symptom Assessment Form. If a resident is TST positive and has completed treatment for LTBI, also monitor annually using the TB Symptom Assessment Form. If a resident has documentation of cured active TB, also monitor annually with the TB Symptom Assessment Form.

TB Medical Evaluation – The purpose of the medical exam is to diagnose TB disease or LTBI, and to select treatment. A medical evaluation includes a medical history, a TB symptom screen, a physical exam, and diagnostic tests as needed (e.g. TST, chest x-ray, bacteriological exams, 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 (with or without completion of therapy)
2. Residents/employees with prior Active TB Disease who have completed therapy

Chest X-ray – Residents/employees 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 or residents who have Latent TB Infection, with or without treatment, or cured Active 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:

Active Pulmonary TB Disease	Latent TB Infection (LTBI)
Symptoms – cough ≥ 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 Do not feel sick
Can spread TB to others	Cannot spread TB to others
Usually have a positive TST Chest X-ray usually abnormal	Usually have a positive TST Chest X-ray normal
Report suspect or confirmed TB to local health department immediately	Not reportable to local health department