

**Facility Tuberculosis (TB) Risk Assessment Worksheet**

**for Health Care Settings Licensed\***

**by the Minnesota Department of Health (MDH)**

**\*boarding care homes, home care providers, hospices, nursing homes, outpatient surgical centers, and supervised living facilities**

Health care settings licensed by MDH (boarding care homes, home care providers, hospices, nursing homes, outpatient surgical centers, and supervised living facilities) may use either of the following options to meet the “perform a TB facility risk assessment” requirement:

* this worksheet, or
* “Appendix B: Tuberculosis (TB) Risk Assessment Worksheet” published by the Centers for Disease Control and Prevention (CDC) in “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005”

**This form should not be used by health care settings that:**

* **are a hospital, or**
* **provide care for patients with suspected or confirmed active TB disease, or**
* **have an airborne infection isolation (AII) room.**

This document is updated annually to reflect current TB case rates and numbers. Data for 2018 will be available in May 2019.

A separate Facility TB Risk Assessment Worksheet is required for each type of license.

A separate Facility TB Risk Assessment Worksheet is required for each physical address.

This document is word-fillable. It can be completed and saved electronically.

Questions about completing this worksheet should be directed to the MDH TB Prevention and Control Program at 651-201-5414.

**Worksheet begins on page 3. Instructions for completing worksheet begin on page 6.**

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**for Health Care Settings Licensed\* by the Minnesota Department of Health**

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Complete the grayed-in blanks on this worksheet.

**Name of facility:**

**Address of facility:**

**Type of setting: (check)** boarding care home  home care provider  hospice  nursing home

outpatient surgical center  supervised living facility       

**Date worksheet completed:**        **Worksheet completed by (name and title):**

**1. Incidence of TB** (instructions begin on page 6)

National rate:      /per 100,000 population in year

Minnesota rate:      /per 100,000 population in year

County data (include name of county/ies):

Number of patients with suspected or confirmed active TB disease in your health care setting during the past five years:

**2. Your health care setting’s TB risk level** (instructions begin on page 8)

Health care setting is       risk.

**3.** **TB screening of health care workers:** (instructions begin on page 10)

Is baseline TB screening of all health care workers performed at time of hire as required?

*If you answer no to this question contact MDH TB Prevention and Control Program at 651-201-5414 for guidance.*

Categories of health care workers included in your baseline TB screening program.

|  |  |
| --- | --- |
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|  |  |

Who is responsible for maintaining TB screening records?

Where are TB screening records stored?

*For medium risk health settings only:* Is annual TB screening conducted?       *If you answer no to this question contact MDH TB Prevention and Control Program at 651-201-5414 for guidance.*

*For medium risk health settings only:* What is your annual conversion rate?

**4. TB screening of patients (boarding care homes and nursing homes only):** (instructions begin on page 10)

Is baseline TB screening of all patients performed at time of admission as required?

*If you answer no to this question contact MDH TB Prevention and Control Program at 651-201-5414 for guidance.*

**5. TB infection control committee:** (instructions begin on page 10)

Name of person responsible for TB infection control in your health care setting:

Names and titles of your health care setting’s infection control committee members:

|  |  |
| --- | --- |
| Name | Title |
|  |  |
|  |  |
|  |  |

**6. Infection control plan:** (instructions begin on page 11)

Health care setting has a current written infection control plan that includes TB-specific procedures:

*If you answer no to this question contact MDH TB Prevention and Control Program at 651-201-5414 for guidance.*

**7. TB training plan:** (instructions begin on page 11)

TB training is provided to all health care workers at time of hire:

*If you answer no to this question contact MDH TB Prevention and Control Program at 651-201-5414 for guidance.*

*Low risk health care settings only:* The need for TB training is assessed or performed annually:

*If you answer no to this question contact MDH TB Prevention and Control Program at 651-201-5414 for guidance.*

*Medium risk health care settings only*: TB training is provided annually:

*If you answer no to this question contact MDH TB Prevention and Control Program at 651-201-5414 for guidance.*

**8. Quality improvement:** (instructions begin on page 11)

Date last TB risk assessment was conducted:

Notes:

How frequently is the TB risk assessment conducted or updated?

Were problems identified during the previous TB risk assessment?       If yes, describe the problems and actions taken to address the problems in a separate document and attach to this worksheet.

How is your health care setting’s infection control program evaluated?

Has your health care setting found any infection control program lapses?       If yes, describe the problems, how lapses are recognized, and what actions taken to address the problems in a separate document and attach to this worksheet.

**Instructions for Completing the**

**Facility Tuberculosis (TB) Risk Assessment Worksheet**

**for Health Care Settings Licensed\* by the Minnesota Department of Health**

**\* boarding care homes, home care providers, hospices, nursing homes, outpatient surgical centers, and supervised living facilities**

**1. Incidence of TB**

Incidence is the number of people who are diagnosed with active TB disease in a geographic area during a given year. Do not include patients with latent TB infection (LTIB) or suspected active TB disease that was ruled out.

National case rate for 2017: 2.8 per 100,000 population.

Minnesota case rate for 2017: 3.2 per 100,000 population.

County data for Minnesota:

* Health care settings in Hennepin, Olmsted, and Ramsey counties: record the county’s case rate.
* Health care settings outside of Hennepin, Olmsted, and Ramsey counties: record the number of cases. MDH does not calculate TB incidence rates for other counties.
* Health care settings that serve persons from multiple counties should record the rate or number for each county.

|  |
| --- |
| **Cases of Active TB Disease by County, Minnesota, 2017** |

|  |  |  |
| --- | --- | --- |
| ***County*** | ***# of Cases*** | ***Case Rate*** |
| Aitkin | 0 | Record the county’s case number |
| Anoka | 9 | Record the county’s case number |
| Becker | 0 | Record the county’s case number |
| Beltrami | 0 | Record the county’s case number |
| Benton | 1 | Record the county’s case number |
| Big Stone | 0 | Record the county’s case number |
| Blue Earth | 3 | Record the county’s case number |
| Brown | 0 | Record the county’s case number |
| Carlton | 1 | Record the county’s case number |
| Carver | 0 | Record the county’s case number |
| Cass | 3 | Record the county’s case number |
| Chippewa | 0 | Record the county’s case number |
| Chisago | 1 | Record the county’s case number |
| Clay | 1 | Record the county’s case number |
| Clearwater | 0 | Record the county’s case number |
| Cook | 0 | Record the county’s case number |
| Cottonwood | 0 | Record the county’s case number |
| Crow Wing | 0 | Record the county’s case number |
| Dakota | 7 | Record the county’s case number |
| Dodge | 0 | Record the county’s case number |
| Douglas | 0 | Record the county’s case number |
| Faribault | 0 | Record the county’s case number |

|  |  |  |
| --- | --- | --- |
| ***County*** | ***# of Cases*** | ***Case Rate*** |
| Fillmore | 0 | Record the county’s case number |
| Freeborn | 0 | Record the county’s case number |
| Goodhue | 0 | Record the county’s case number |
| Grant | 0 | Record the county’s case number |
| Hennepin | 70 | 5.7 per 100,000 population |
| Houston | 0 | Record the county’s case number |
| Hubbard | 0 | Record the county’s case number |
| Isanti | 0 | Record the county’s case number |
| Itasca | 0 | Record the county’s case number |
| Jackson | 0 | Record the county’s case number |
| Kanabec | 0 | Record the county’s case number |
| Kandiyohi | 3 | Record the county’s case number |
| Kittson | 0 | Record the county’s case number |
| Koochiching | 0 | Record the county’s case number |
| Lac Qui Parle | 0 | Record the county’s case number |
| Lake | 0 | Record the county’s case number |
| Lake of the Woods | 0 | Record the county’s case number |
| Le Sueur | 0 | Record the county’s case number |
| Lincoln | 0 | Record the county’s case number |
| Lyon | 0 | Record the county’s case number |
| McLeod | 1 | Record the county’s case number |
| Mahnomen | 0 | Record the county’s case number |
| Marshall | 0 | Record the county’s case number |
| Martin | 0 | Record the county’s case number |
| Meeker | 0 | Record the county’s case number |
| Mille Lacs | 0 | Record the county’s case number |
| Morrison | 0 | Record the county’s case number |
| Mower | 0 | Record the county’s case number |
| Murray | 0 | Record the county’s case number |
| Nicollet | 1 | Record the county’s case number |
| Nobles | 0 | Record the county’s case number |
| Norman | 0 | Record the county’s case number |
| Olmsted | 12 | 7.8 per 100,000 population |
| Otter Tail | 0 | Record the county’s case number |
| Pennington | 0 | Record the county’s case number |
| Pine | 0 | Record the county’s case number |
| Pipestone | 0 | Record the county’s case number |
| Polk | 2 | Record the county’s case number |
| Pope | 0 | Record the county’s case number |
| Ramsey | 38 | 7.0 per 100,000 population |
| Red Lake | 0 | Record the county’s case number |
| Redwood | 0 | Record the county’s case number |
|  |  |  |
| ***County*** | ***# of Cases*** | ***Case Rate*** |
| Renville | 0 | Record the county’s case number |
| Rice | 1 | Record the county’s case number |
| Rock | 0 | Record the county’s case number |
| Roseau | 0 | Record the county’s case number |
| St. Louis | 0 | Record the county’s case number |
| Scott | 3 | Record the county’s case number |
| Sherburne | 1 | Record the county’s case number |
| Sibley | 0 | Record the county’s case number |
| Stearns | 9 | Record the county’s case number |
| Steele | 1 | Record the county’s case number |
| Stevens | 0 | Record the county’s case number |
| Swift | 0 | Record the county’s case number |
| Todd | 0 | Record the county’s case number |
| Traverse | 0 | Record the county’s case number |
| Wabasha | 0 | Record the county’s case number |
| Wadena | 0 | Record the county’s case number |
| Waseca | 0 | Record the county’s case number |
| Washington | 3 | Record the county’s case number |
| Watonwan | 7 | Record the county’s case number |
| Wilkin | 0 | Record the county’s case number |
| Winona | 0 | Record the county’s case number |
| Wright | 0 | Record the county’s case number |
| Yellow Medicine | 0 | Record the county’s case number |
| **TOTAL** | **178** | **3.2 per 100,000 population** |

**2. Your health care setting’s TB risk level**

Determine your health care setting’s TB risk level using the flowchart on the following page. If you are unsure if your health care setting should be classified as low or medium risk, classify it as medium risk.

**Health Care Setting TB Risk Level Flowchart**

Note: do not use this flowchart if your setting is a hospital, laboratory, or a TB clinic.

Has your health care setting had 3 or more patients with suspected or confirmed TB disease in the past year?

Yes

No

Yes

Is your health care setting located in a correctional facility (i.e., jail, prison, detention center)?

Medium risk setting

No

Do you serve a significant number (more than approximately 50%) of people at elevated risk1 for TB?

Yes

No

Do you employ a significant number(more than approximately 50%) of people at elevated risk1 for TB?

Yes

No

Low risk setting

1 Elevated risk for TB includes:

Ever homeless

Ever been incarcerated

Foreign-born from (or extensive travel to) high-prevalence countries (go to <https://wwwnc.cdc.gov/travel/yellowbook/2018/infectious-diseases-related-to-travel/tuberculosis> for a map of countries with a high prevalence of TB)

HIV-infected

Immunocompromised

Injection of illegal drugs

Substance abuse, including chronic alcoholism

2MDH acknowledges that this information might not be ascertained from employees.

**3.** **TB screening of health care workers**

Baseline TB screening is required at the time of hire for all health care workers in Minnesota.

Baseline TB screening includes: (1) assessing for current symptoms of active TB disease, (2) assessing TB history, and (3) testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step tuberculin skin test (TST) or single TB blood test. Additional information is available at www.health.state.mn.us/divs/idepc/diseases/tb/rules/index.html.

See the Regulations for Tuberculosis Control in Minnesota Health Care Settings manual, pages 9 – 10 (www.health.state.mn.us/divs/idepc/diseases/tb/rules/tbregsmanual.pdf) for a list of categories of health care workers to be considered in your baseline TB screening program.

*Medium risk settings only*: Annual TB screening includes (1) single TST or single TB blood test, and (2) TB symptom screen.

Guidance for calculating conversion rates can be found on pages 13 and 32-34 of “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005 (www.cdc.gov/tb/publications/guidelines/infectioncontrol.htm). Acceptable conversion rates will vary by health care setting. If your facility has a higher-than-expected conversion rate, please contact the MDH TB Prevention and Control Program (651-201-5414).

**4. TB screening of patients (boarding care and nursing homes only)**

Baseline TB screening of patients is required at time of admission for health care settings licensed as boarding care homes and nursing homes.

Baseline TB screening includes: (1) two-step TST or single TB blood test, (2) TB symptom screen, and (3) assessment of the patient’s risk factors for TB. Additional information is available at www.health.state.mn.us/divs/idepc/diseases/tb/rules/index.html.

**5. TB infection control committee**

All health care settings in Minnesota are required to designate one person to be responsible for the setting’s TB infection control program.

The TB infection control committee is responsible for the health care setting’s TB infection control program. Small settings may have an infection control committee of one or two persons.

Groups to consider including on your infection control committee include physicians, nurses, epidemiologists, engineers, pharmacists, laboratory personnel, health and safety staff, administrators, risk assessors, quality control, and infection preventionists.

**6. Infection control plan**

All health care settings in Minnesota must have up-to-date TB infection control procedures designed to ensure early identification, isolation, and transfer of patients with suspected or confirmed active TB disease. Additional information is available at www.health.state.mn.us/divs/idepc/diseases/tb/rules/index.html.

**7. TB training plan**

Suggested components of health care worker education are available at www.health.state.mn.us/divs/idepc/diseases/tb/rules/mmwr1416.pdf. The amount and type of information presented is dependent on the employee’s job responsibilities.

**8. Quality improvement**

Low-risk health care settings should update this worksheet every two years. Medium-risk health care settings should update this worksheet annually.

When reviewing your health care setting’s previous facility TB risk assessment, were any infection control lapses identified? What actions were taken to address the problems identified during the previous TB risk assessment?

Infection control program lapses include inadequate baseline or annual TB screening of health care workers, inadequate baseline TB screening of patients (if applicable), lapses or delays in identifying, isolating and/or transferring of patients with symptoms of active TB disease, or inadequate TB-related education and training.

Methods for identifying lapses may include review of TST or IGRA conversion rates and review of timeliness and completeness of baseline TB screening of health care workers and patients.

*Document adapted from “Tuberculosis (TB) Risk Assessment Worksheet” from the Centers for Disease Control and Prevention (CDC)*