

Annual Tuberculosis (TB) Risk Assessment
Work Sheet

 (Name of Facility)

IV. Review of infection control parameters

A. Table 2- List for each case the time (in hours or as indicated) it took until each step was completed:

Case no.	1.	2.	3.	4.	5.	6.
Patient enters facility & TB suspected?	—	—	—	—	—	—
Patient enters facility & is evaluated for TB						
AFB smears collect?	—	—	—	—	—	—
AFB Smear reported? Initially reported next day	—	—	—	—	—	—
TB culture collected?	—	—	—	—	—	—
TB culture results obtained-21 days <i>(List in days)</i>	—	—	—	—	—	—
Drug susceptibility results-21 days <i>obtained? (List in days)</i>	—	—	—	—	—	—
Inpatient enters facility/isolation started?	—	—	—	—	—	—
Patient enters facility/treatment started?	—	—	—	—	—	—
Duration of inpatient isolation? (3 days)	—	—	—	—	—	—

- B. Were correct criteria used in discontinuing respiratory isolation?** (This includes: the Patient was on effective therapy; there was evidence of clinical improvement, and three Consecutive. Negative sputum AFB smears were collected on different days.)
- C. Was a relevant TB history taken during initial screening?**
- D. Was TB drug treatment adequate?**
- E. Was appropriate discharge planning documented for all TB patients?**
- F. What percent of staff are aware of & follow TB infection control practices?**

V. High Risk Procedures

Table 3- List & location of high-risk procedures

Procedure	Location
Sputum induction	
Brochoscopy	
Intubation	
Pentamidine treatments	
Suctioning	
Other (describe)	

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VI. Status of TB Controls

- A. Table 4- is separate waiting space(s) provided for suspect or active TB patients?
Describe these below:**

Room location	Air changes per hr.	Date Verified	Negative Pressure (Y/N)	Date Filters eval/replaced?

- B. Is a booth used for sputum induction?**

Table 5- Location and status of rooms/booths used to collect sputum

Room or booth Location	Air changes per Hr.	Date Verified	Negative Pressure (Y/N)	Date filters eval/replaced*

- C. Isolation Rooms**

Table 6-Location and status of isolation rooms

Room Location	Air Changes per hr.	Date Verified	Negative Pressure (Y/N)	Date Filters eval/replaced*

- D. Is discharge of exhaust from booth or isolation room appropriate (e.g. air is not re-circulated)
Without HEPA filtration, air is directed away from people or fresh air intakes)?**
- E. Are TB isolation rooms checked daily to verify negative pressure when occupied by TB patients?
Non-occupied TB isolation rooms are checked monthly.**

*This refers to the evaluation or replacement of HEPA ventilation unit or system filters. Replacement HEPA filters must be tested using the DOP or equivalent method.

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VII. Determination of Overall Risk Category

It is determined, based on a review of prevalence and incidence data, the Number of TB patients seen, PPD test results, infection control parameters, and the status of engineering controls, that this facility has the following risk level (circle the appropriate category):

- High**
- Intermediate**
- Low**
- Very Low**
- Minimal**

See section III for individual department risks.

Signature of reviewer(s) and title

Date

High Risk – High risk areas or groups are those in which (1) the PPD test conversion rate is significantly greater than areas without occupational exposure to TB patients of than previous rates in the same area or group, or (2) there is a cluster of PPD test conversions, or (3) there is other evidence of patient-to-patient or patient-to-HCW transmission of TB.

Intermediate Risk – Intermediate risk areas or groups are those in which; (1) the PPD test conversion rate is not greater than in areas or groups without occupational exposure to TB or than previous rates in the same area or group; (2) there are no clusters of PPD test conversions; (3) there is no evidence of patient-to-patient transmission; and (4) there are 6 or more patients hospitalized per year.

Low Risk – Low risks areas or group are those in which (1) the PPD test conversion is not greater than in areas or groups without occupational exposure to TB patients or than previous rates in the same area or group. (2) there are no clusters of PPD test conversions, (3) there is no edivance of patient-to-patient transmission, and (4) (in the case of an area) there are <6 TB patient hospitalized per year.

Very Low Risk - a facility may be described as having a very low risk if no TB patients were admitted as inpatients nor examined as outpatients in the preceding year.

Minimal Risk – Facilities may be described as having a minimal risk of TB exposure if no TB cases are present in the community and no TB patients were seen as inpatient or outpatients.