TB RISK ASSESSMENT WORKSHEET

Facility Name _____ Date Completed _____

Completed by (name) _____

Assessment completed for:
- ☐ Entire facility
- ☐ Area of facility (specify) _____
- ☐ Occupational group (specify) _____

Time interval (month & year) for conducting the TB risk assessment. This is usually done for the previous calendar year (i.e. January – December). _____ to _____

Background Information:
Number of TB cases in the community (calculated by compiling the TB county data for the counties in which the facility staff and residents resided during the time period being assessed). TB county data by year is available on DOH website: **http://doh.sd.gov/tb** Click on "TB Program Statistics". _____

Counties included in risk assessment: _____

Facility size/type:
- ☐ Inpatient facility < 200 beds
- ☐ Inpatient facility ≥ 200 beds
- ☐ Outpatient or non-traditional setting

If evidence suggests person to person transmission of TB has occurred in the setting during the previous year:

Circle One

Yes	No	Clusters of TST* or BAMT** conversions.
Yes	No	HCW*** with confirmed TB disease.
Yes	No	Increase rates of TST or BAMT conversions.
Yes	No	Unrecognized TB disease in patients or HCWs.
Yes	No	Recognition of an identical strain of *M. tuberculosis* patients or HCWs with TB disease identified by DNA fingerprinting.

If "**yes**" is answered to any of the above, the facility may be ranked as **POTENTIAL ONGOING TRANSMISSION**. Follow the CDC risk assessment guidelines to re-assess the facility. Seek professional assistance if necessary. The potential ongoing transmission ranking is considered a temporary classification while the facility investigates the problem. Once interventions have been implemented and proven to work, the facility should assess to an appropriate lower ranking.

If "**no**" is answered to these 5 questions:

LOW RISK

Inpatient facility < 200 beds	= < 3 cases
Inpatient facility ≥ 200 beds	= < 6 cases
Outpatient or non-traditional setting	= < 3 cases

MEDIUM RISK

Inpatient facility < 200 beds	= ≥ 3 cases
Inpatient facility ≥ 200 beds	= ≥ 6 cases
Outpatient or non-traditional setting	= ≥ 3 cases

Select applicable risk category:
- ☐ **LOW RISK**
- ☐ **MEDIUM RISK**
- ☐ **POTENTIAL ONGOING TRANSMISSION**

Please refer to the CDC document ***Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, 2005*** for recommendations regarding the risk assessment process, whether annual TB skin testing is recommended as well as additional TB recommendations (pages 9-16 and Appendix C on page 134).

* TST: TB skin test ** BAMT: Blood assay for *Mycobacterium tuberculosis* *** HCW: Health care worker

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