Tuberculosis (TB) Risk Assessment Worksheet

Nursing and Specialized Facilties Rule 310:675-7-17.1

Facility Name: _____ Date Completed: _____

Completed by: _____

Long Term Care
Oklahoma State Department of Health

Calculate TB Conversion Rate in County from County Hlth Dept.

(#_____ Cases / _____ County population) * 100

Rate = _____

Calculate facilty conversion rate: # of residents and staff in the facilty with +TB skin test in the last 12 mo. divided by # residents and staff tested.

(#+TB_____ / #Residents & Staff Tested ____)*100

Rate = _____

Were residents or staff with TB in the facilty in the last 12 months?

No ☐ → **LOW RISK**

Yes ☐

Is the facility rate > county rate?

Yes ___ → **MED RISK**

No ☐

Was there a cluster of TST conversions in workers or residents?

Yes ☐ → **MED RISK**

No ☐

Was there evidence of person-to-person transmission w/in the facilty?

Yes ☐ → **MED RISK**

No ☐

Does the facilty admit residents with TB?

No ☐ → **LOW RISK** & Facilty has agreement to refer TB patients for inpatient care

Yes ☐

Have more than 1.5% of residents & staff had a TST conversion in the last 12 months?

Yes ☐ → **MED RISK**

No ☐ → **LOW RISK**

Time Interval for conducting this TB risk assessment. This is usually done for the previous calendar year (i.e. 6/1/06- 5/31/07):

_____ to

_____

Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. MMWR 2005;54(No. RR-17): pp. 128-133.

Revised: 7/3/07