Tuberculosis (TB) Risk Assessment Worksheet

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

Facility Name: ____________________________ Date Completed: __________
Completed by: ____________________________

Calculate TB Conversion Rate in County from County Health Dept.
(#______ Cases / ___ County population) * 100
Rate = ________

Calculate facility conversion rate: # of residents and staff in the facility 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 facility 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 within the facility?
Yes ☐ → MED RISK
No ☐

Does the facility admit residents with TB?
No ☐ → LOW RISK & Facility 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?
No ☐ → LOW RISK
Yes ☐ → MED 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 ____________

Revised: 7/3/07