Wyoming Department of Health—Tuberculosis Program

Facility Risk Assessment

Facility Name _____

Type of facility ☐Inpatient ☐Outpatient/Non-traditional ☐Laboratory

Assessment completed for: ☐ Entire facility

☐Area of facility (specify) _____

☐ Occupational group (specify) _____

Part A: TB Cases

How many patients with suspected or confirmed active TB disease were treated in your health care setting in the last year? _____

What is the 5 year incidence of TB in your community (per 100,000 persons)? How does that rate compare with state and national averages?

Community _____

State _____

National _____

The most recent county, state, & national rates can be found on the WY Department of Health Tuberculosis page at https://health.wyo.gov/wp-content/uploads/2018/04/2017infographic.pdf

Part B: Community & Facility Risk

☐**Y** ☐**N** Is there a high incidence of TB observed in your community (greater than twice the state rate—refer to part A) **and** are persons with suspected or confirmed TB disease admitted and treated at your facility?

☐**Y** ☐**N** Is the majority of the population in your facility (patients, residents, or staff) immunocompromised or HIV positive? And/or have you encountered patients with drug-resistant TB in your setting in the last year?

Part C: Infection Control & Screening Plans

□**Y** □**N** Does your facility have an infection control plan for confirmed or suspected TB cases that includes how those clients are triaged and isolated?

□**Y** □**N** Does your facility have a TB screening program for health care workers?

Part D: Conversion Rate & Transmission

List the conversion rate for your facility for the past 5 years. A conversion is an increase of 10mm or more in induration on a HCW's skin test in a 2 year time period. This rate is calculated by dividing the number of HCWs with a skin test conversion by the number of HCWs tested (who had a prior negative test).

1 yr ago	_____%	4 yrs ago	_____%
2 yrs ago	_____%	5 yrs ago	_____%
3 yrs ago	_____%		

□**Y** □**N** Has the conversion rate increased from the previous years?

□**Y** □**N** Does evidence exist of person-to-person transmission of *M Tuberculosis* in your health care setting?

Part E: Assigning Risk Classification

Potential Ongoing Transmission

□ If **Y** is marked for either question in part D, this facility should be classified as **POTENTIAL ONGOING TRANSMISSION**.

Inpatient facilities with < 200 beds

□ < 3 TB cases (part A) and **N** is checked for each question in part B and **Y** is checked for both questions in part C the facility may be classified **LOW RISK**.

□ ≥ 3 TB cases (part A) and **N** is checked for each question in part B and **Y** is checked for both questions in part C the facility may be classified **MEDIUM RISK**.

Inpatient facilities with ≥ 200 beds

☐ <6 TB cases (part A) and **N** is checked for each question in part B and **Y** is checked for both questions in part C the facility may be classified **LOW RISK**.

☐ ≥ 6 TB cases (part A) and **N** is checked for each question in part B and **Y** is checked for both questions in part C the facility may be classified **MEDIUM RISK**.

Outpatient and nontraditional facility-based

☐ <3 TB cases (part A) and **N** is checked for each question in part B and **Y** is checked for both questions in part C the facility may be classified **LOW RISK**.

☐ ≥ 3 TB cases (part A) and **N** is checked for each question in part B and **Y** is checked for both questions in part C the facility may be classified **MEDIUM RISK**.

Laboratories

☐ Laboratories in which clinical specimens that might contain *M tuberculosis* are not manipulated can be classified as **LOW RISK**.

☐ Laboratories in which clinical specimens that might contain *M tuberculosis* might be manipulated should be classified **MEDIUM RISK**.

If you answered yes to any of the questions in part B, your facility should likely be classified as Medium Risk.

*If you answered **N** to any questions in part C, your first matter of business will be to create those plans. The CDC's TB risk assessment worksheet outlines specific questions that need to be addressed in those plans. Your facility can use the above risk classifications when creating those plans.*

Recommendations for Screening Frequency

Low Risk

- Baseline two-step TST or IGRA upon hire.
- *No* annual testing (unless other risks occur).
- Standard contact investigation for unprotected exposure to *M tuberculosis*.

Medium Risk

- Baseline two-step TST or IGRA upon hire.
- Serial screening and testing (TST or IGRA at least every 12 months).
- Standard contact investigation for unprotected exposure to *M tuberculosis*.

Potential Ongoing Transmission

- Immediate investigation into cause of ongoing transmission.
- Testing must be performed as often as necessary to determine that ongoing transmission has ended.
- After transmission has ceased, facility must be reclassified as Medium Risk for at least one year.

Date of Assessment_____

Completed by _____ Title _____

Facility Address _____

County _____ Phone # _____

Signature _____