This model worksheet should be considered for use in performing TB risk assessments for correctional facilities, including those with infirmaries. Facilities with more than one type of setting will need to apply this to each setting.

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| SCORING: √ OR Y = YES X OR N = NO NA = NOT APPLICABLE |

## 1. Incidence of TB (Each facility should assess its level of TB risk at least annually)

|  |  |  |
| --- | --- | --- |
| What is the incidence of TB in your Correctional Facility (county or region served by the healthcare setting), and how does it compare with the state and national average?What is the incidence of TB in your facility and specific settings and how do those rates compare? (Incidence is the number of TB cases in your community the previous year. A rate of TB cases per 100,000 persons should be obtained for comparison.)\*This information can be obtained from the state or local health department. | Facility incidence |       |
| Community incidence |       |
| State incidence |       |
| National rate |       |
| Facility rate |       |
| Department 1 rate |       |
| Department 2 rate |       |
| Department 3 rate |       |
| Does your correctional facility have a plan for screening patients with suspected or confirmed TB disease?  | [ ]  Yes [ ]  No |
| Currently, does your correctional facility have a cluster of persons with confirmed TB disease that might be a result of ongoing transmission of *Mycobacterium tuberculosis* within your setting (inpatient and outpatient)? | [ ]  Yes [ ]  No |

## 2. Risk Classification

|  |
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| **Inpatient Settings (Infirmary)** |
| How many patients with TB disease are encountered in the facility in 1 year?Review laboratory data, infection control records, and databases containing discharge diagnoses – confirm with health department. | Previous year |        |
|  | 5 years ago |        |
| Depending on the number of beds and TB patients encountered in 1 year, what is the risk classification for your infirmary?Low = < 3 TB suspects &/or cases/year Medium = 3 – 6 TB suspects &/or cases/year Potential ongoing transmission = > 6 TB suspect &/or cases/year | [ ]  Low risk |
|  | [ ]  Medium risk |
|  | [ ]  Potential ongoing transmission |
| Does your correctional facility have a plan for the triage and/or transfer *(if no negative airborne infection isolation (AII) room)* of patients with suspected or confirmed TB disease? |  [ ]  Yes [ ]  No |
| **Correctional Facility Overall** |
| How many beds are in your correctional facility?  |       |
| What is your average daily inmate population? |       |
| Does your facility contract with high risk facilities (ICE, other jails/prisons with high incidence of TB)? |  [ ]  Yes [ ]  No |
| How many TB patients are evaluated at your correctional facility setting in 1 year? Review laboratory data, infection control records, and databases containing discharge diagnoses. | Previous year |        |
|  | 5 years ago |        |
| Does evidence exist that a high incidence of TB disease has been observed in the community that the correctional setting serves? | [ ]  Yes [ ]  No |
| Does evidence exist of person-to-person transmission of *M. tuberculosis* in the corrections setting?(Use information from case reports. Determine if any tuberculin skin test [TST] or blood assay for *M. tuberculosis* [BAMT] conversions have occurred among healthcare workers [HCWs] or corrections staff). Are there any documented conversions in staff that cannot be explained? | [ ]  Yes [ ]  No |
| Are all staff screened and/or tested as outlined in policy and procedure? | [ ]  Yes [ ]  No |
| Does evidence exist that ongoing or unresolved healthcare–associated transmission has occurred in the healthcare setting (based on case reports)?(This includes inmates released to the community, confirm with health department.) | [ ]  Yes [ ]  No |
| Is there a high incidence of immunocompromised patients or HCWs in the healthcare setting? | [ ]  Yes [ ]  No |
| Have patients with drug-resistant TB disease been encountered in your healthcare setting within the previous 5 years? | [ ]  Yes [ ]  No |
|  | Year |       |
| When was the first time a risk classification was done for your healthcare setting? |       |
| Considering the items above, would your healthcare setting need a higher risk classification?  | [ ]  Yes [ ]  No |
| Depending on the number of TB patients evaluated in 1 year, what is the risk classification for your outpatient setting?  | [ ]  Low risk |
|  | [ ]  Medium risk |
|  | [ ]  Potential ongoing transmission |
| Does your healthcare setting have a plan for the triage of patients with suspected or confirmed TB disease? | [ ]  Yes [ ]  No |

## 3. Screening of HCWs for *M. tuberculosis* Infection

|  |  |
| --- | --- |
| Does the correctional facility have a TB screening program for HCWs?  | [ ]  Yes [ ]  No |
| If yes, which workers are included in the TB screening program? *(Check all that apply.)* |
| [ ]  Physicians  | [ ]  Contract staff | [ ]  Dietary staff |
| [ ]  Mid-level practitioners (nurse practitioners [NP] and physician’s assistants [PA]) | [ ]  Construction or renovation workers | [ ]  Receptionists |
|  | [ ]  Service workers | [ ]  Trainees and students |
| [ ]  Nurses | [ ]  Janitorial staff | [ ]  Volunteers |
| [ ]  Administrators | [ ]  Maintenance or engineering staff |  |
| [ ]  Correctional facility officers/guards | [ ]  Transportation staff |  |
| [ ]  Others | *(Specify)* |       |
| Is baseline skin testing performed with two-step TST for all permanent staff? | [ ]  Yes [ ]  No |
| Is baseline testing performed with QFT or other BAMT for all permanent staff? | [ ]  Yes [ ]  No |
| How frequently are staff tested for *M. tuberculosis* infection? |       |
| Are the *M. tuberculosis* infection test records maintained for staff?If yes, [ ]  manually or in a [ ]  database? *(please check the appropriate answer)* | [ ]  Yes [ ]  No |
| Where are the *M. tuberculosis* infection test records for staff maintained?  |       |
| Who maintains the records? |       |
| If the setting has a serial TB screening program for staff to test for *M. tuberculosis* infection, what are the conversion rates for the previous years? **†** |
| 1 year ago  |       | 4 years ago |       |
| 2 years ago |       | 5 years ago |       |
| 3 years ago |       |  |
| Has the test conversion rate for *M. tuberculosis* infection been increasing or decreasing, or has it remained the same over the previous 5 years? (check one) | [ ]  Increasing  |
|  | [ ]  Decreasing  |
|  | [ ]  No change |
| Do any areas of the correctional facility (e.g., waiting rooms or clinics) or any group of staff (e.g., medical, officers/guards, intake staff) have a test conversion rate for *M. tuberculosis* infection that exceeds the facility’s annual average? | [ ]  Yes [ ]  No  |
| If yes, list.      |
| For staff who have positive test results for *M. tuberculosis* infection and who leave employment at the facility, are efforts made to communicate test results and recommend follow-up of latent TB infection (LTBI) treatment with the local health department or their primary physician? | [ ] Yes [ ]  No |
|  | [ ] Not applicable |

## 4. TB Infection Control Program

|  |  |
| --- | --- |
| Does the correctional facility have a written TB Infection Control Plan? | [ ]  Yes [ ]  No |
| Who is responsible for the TB Infection Control program? |       |
| When was the TB Infection Control Plan first written? |       |
| When was the TB Infection Control Plan last reviewed or updated? |       |
| Was the TB Infection Control Plan written in conjunction with the health department? | [ ]  Yes [ ]  No |
| Does the written TB Infection Control Plan need to be updated based on the timing of the previous update |(i.e., >1 year, changing TB epidemiology of the community or setting, the occurrence of a TB outbreak, change in state or local TB policy, or other factors related to a change in risk for transmission of *M. tuberculosis*)? | [ ]  Yes [ ]  No |
| Does the healthcare setting have an infection control committee (or another committee with infection control responsibilities)? | [ ]  Yes [ ]  No |

|  |
| --- |
| If yes, which groups are represented on the Infection Control Committee? (Check all that apply.) |
| [ ]  Physicians | [ ]  Engineers | [ ]  Health and safety staff | [ ]  Quality control (QC) |
| [ ]  Nurses | [ ]  Pharmacists | [ ]  Administrator |  |
| [ ]  Epidemiologists | [ ]  Laboratory personnel | [ ]  Risk assessment |  |
| [ ]  Others *(specify)* |       |
| If no, what committee is responsible for infection control in the setting? |
|       |

## 5. Implementation of the TB Infection Control Plan Based on Review by the Infection Control Committee

|  |  |
| --- | --- |
| Has a person been designated to be responsible for implementing an infection control plan in your healthcare setting? | [ ]  Yes [ ]  No |
| If yes, list the name |       |
| Based on a review of the medical records, what is the average number of days for the following: |
| * Presentation of patient until collection of specimen
 |       | Days |
| * Specimen collection until receipt by laboratory
 |       | Days |
| * Receipt of specimen by laboratory until smear results are provided to healthcare provider
 |       | Days |
| * Diagnosis until initiation of standard anti-tuberculosis treatment
 |       | Days |
| * Receipt of specimen by laboratory until culture results are provided to healthcare provider
 |       | Days |
| * Receipt of specimen by laboratory until drug-susceptibility results are provided to healthcare provider
 |       | Days |
| * Receipt of drug-susceptibility results until adjustment of antituberculosis treatment, if indicated
 |       | Days |
| * Admission of patient to hospital or placed in negative airborne infection isolation (AII)
 |       | Days |
| * Admission of patient to hospital or placement in negative airborne infection isolation (AII)
 |       | Days |
| How are lapses in TB infection control measures recognized (e.g., Formal infection control meetings, quality improvement meetings, review of TST or BAMT conversion rates, patient medical records, and time analysis)? |
|       |
| What mechanisms are in place to correct lapses in TB infection control? |
|       |
| Based on reviews in routine Quality Control exercises, is the TB infection control plan being properly implemented?  | [ ]  Yes [ ]  No |
| Is ongoing training and education regarding TB infection control practices provided for HCWs?  | [ ]  Yes [ ]  No |

## 6. Laboratory Processing of TB-Related Specimens, Tests, and Results Based on Laboratory Review

|  |  |  |
| --- | --- | --- |
| Which of the following tests are either conducted in-house at your facility’s local health department/state laboratory or sent out to a reference laboratory?  | IN-HOUSE | SENT OUT |
| * Acid-fast bacilli (AFB) smears
 | [ ]  | [ ]  |
| * Culture using liquid media (e.g., Bactec and MB-BacT)
 | [ ]  | [ ]  |
| * Culture using solid media
 | [ ]  | [ ]  |
| * Drug-susceptibility testing
 | [ ]  | [ ]  |
| * Nucleic acid amplification (NAA) testing
 | [ ]  | [ ]  |
| What is the usual transport time for specimens to reach the laboratory for the following tests? |
| AFB smears |       | Drug-susceptibility testing |       |
| Culture using liquid media*(e.g., Bactec, MB-BacT)* |       | NAA testing |       |
| Other |       |
| Culture using solid media |       | List Other |       |
| Does the laboratory at your local health department/state laboratory or the reference laboratory used by your facility report AFB smear results for all patients within 24-48 hours of receipt of specimen?  | [ ]  Yes [ ]  No |
| Please specify the procedure for weekends? |       |

## 7. Environmental Controls

|  |
| --- |
| Which environmental controls are in place in your correctional facility? (Check all that apply and describe)  |
| ENVIRONMENTAL CONTROL | DESCRIPTION |
| [ ]  AII rooms |       |
| [ ]  Local exhaust ventilation (enclosing devices and exterior devices) |       |
| [ ]  General ventilation (e.g., single-pass system, recirculation system.) |       |
| [ ]  Air-cleaning methods (e.g., high-efficiency particulate air [HEPA] filtration and ultraviolet germicidal irradiation [UVGI]) |       |
| What are the actual air changes per hour (ACH) and design for various rooms in the setting? |
| ROOM | ACH | DESIGN |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| What general ventilation systems are used in your healthcare setting? *(Check all that apply*) |
| [ ]  Single-pass system | [ ]  Recirculation system |
| [ ]  Variable air volume (VAV) | [ ]  Other *(specify)* |  |
| [ ]  Constant air volume (CAV) | [ ]  Other *(specify)* |  |
| What air-cleaning methods are used in your healthcare setting? *(Check all that apply)* |
| HEPA FILTRATION | UVGI |
| [ ]  Fixed room-air recirculation systems | [ ]  Duct irradiation |
| [ ]  Portable room-air recirculation systems | [ ]  Upper-air irradiation |
|  | [ ]  Portable room-air cleaners |
| How many AII rooms are in the healthcare setting? |       |
| What ventilation methods are used for AII rooms? *(Check all that apply)* |
| PRIMARY (GENERAL VENTILATION) | SECONDARY (METHODS TO INCREASE EQUIVALENT ACH) |
| [ ]  Single-pass heating, ventilating, and air conditioning (HVAC) | [ ]  Fixed room recirculating units |
| [ ]  Re-circulating HVAC systems | [ ]  HEPA filtration |
|  | [ ]  UVGI |
|  | [ ]  Other  | *(Specify)* |       |
| Does your correctional facility employ, have access to, or collaborate with an environmental engineer (e.g., professional engineer) or other professional with appropriate expertise (e.g., certified industrial hygienist) for consultation on design specifications, installation, maintenance, and evaluation of environmental controls? | [ ]  Yes [ ]  No |
| Are environmental controls regularly checked and maintained with results recorded in maintenance logs? | [ ]  Yes [ ]  No |
| Are AII rooms checked daily for negative pressure when in use? | [ ]  Yes [ ]  No |
| Is the directional airflow in AII rooms checked daily when in use with smoke tubes or visual checks? | [ ]  Yes [ ]  No |
| Are these results readily available? | [ ]  Yes [ ]  No |
| What procedures are in place if the AII room pressure is not negative? |
|       |
| Do AII rooms meet the recommended pressure differential of 0.01-inch water column negative to surrounding structures? | [ ]  Yes [ ]  No |

## 8. Respiratory Protection Program

|  |  |
| --- | --- |
| Does your correctional facility have a written respiratory-protection program?  | [ ]  Yes [ ]  No |
| Which staff is included in the respiratory protection program? *(Check all that apply)*  |
| [ ]  Physicians | [ ]  Construction or renovation staff | [ ]  Students |
| [ ]  Mid-level practitioners (NPs & PAs) | [ ]  Service personnel | [ ]  Other *(specify)* |  |
| [ ]  Nurses | [ ]  Janitorial staff | [ ]  Other *(specify* |  |
| [ ]  Administrators | [ ]  Maintenance or engineering staff | [ ]  Other *(specify* |  |
| [ ]  Corrections officers/guards | [ ]  Transportation staff | [ ]  Other *(specify* |  |
| [ ]  Contract staff | [ ]  Dietary staff  | [ ]  Other *(specify)* |  |
| Are respirators (N-95 masks) used in this setting for staff working with TB patients? If yes, include manufacturer, model, and specific application (e.g., Technol, 3M, etc.). |
| MANUFACTURER | MODEL | SPECIFIC APPLICATION |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| Is annual respiratory protection training for staff performed by a person with advanced training in respiratory protection? | [ ]  Yes [ ]  No |
| Does your correctional facility provide initial fit testing for staff?  | [ ]  Yes [ ]  No |
| If yes, when is it conducted? |       |
| Does your correctional facility provide periodic fit testing for staff?  | [ ]  Yes [ ]  No |
| If yes, when and how frequently is it conducted? |       |
| What method of fit testing is used? (*Specify and describe)* |
|       |
|       |
|       |
| Is qualitative fit testing used? | [ ]  Yes [ ]  No |
| Is quantitative fit testing used? | [ ]  Yes [ ]  No |

## 9. Reassessment of TB risk

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| --- |
| How frequently is the TB risk assessment conducted or updated in the healthcare setting? *(Specify)* |
|       |
| When was the last TB risk assessment conducted? |       |
| What problems were identified during the previous TB risk assessment?  |
| 1. |       |
| 2. |       |
| 3. |       |
| 4. |       |
| 5. |       |
| What actions were taken to address the problems identified during the previous TB risk assessment?  |
| 1. |       |
| 2. |       |
| 3. |       |
| 4. |       |
| 5. |       |
| Did the risk classification need to be revised as a result of the last TB risk assessment? | [ ]  Yes [ ]  No |

\* If the population served by the correctional facility is not representative of the community in which the facility is located, an alternate comparison population might be appropriate.

† Test conversion rate is calculated by dividing the number of conversions among workers by the number of workers who were tested and had prior negative results during a certain period (see Supplement, Surveillance and Detection of *M. tuberculosis* infections in Healthcare Settings, CDC).