

Facility Tuberculosis (TB) Risk Assessment Worksheet Instructions for Health Care Settings Licensed by MDH*

Updated 5/2021

Background

Health care settings licensed by MDH (boarding care homes, home care providers, hospices, nursing homes, outpatient surgical centers, and supervised living facilities) may use either of the following options to meet the “perform a TB facility risk assessment” requirement:

- this worksheet
- “Appendix B: Tuberculosis (TB) Risk Assessment Worksheet” published by the Centers for Disease Control and Prevention (CDC) in “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005”

Changes were made to the June 2019 worksheet that differed from prior years to reflect updated 2019 guidance from CDC:

- **Effective June 10, 2019, annual screenings are no longer required for MDH licensed health care settings, regardless of setting risk level classification.**
- TB risk level classification is still associated with ensuring the health care setting’s infection control measures match risk level. The section previously known as the “Health Care Setting TB Risk Level Flowchart” has been discontinued. However, Appendix C (located on the website, published by CDC) should be completed to determine risk classification. The level of infection control measures employed by your facility should match the risk classification of your setting.
- The MDH Manual *Regulations for Tuberculosis Control in Minnesota Health Care Settings, July 2013* is being updated. Until the new version is available, use the July 2013 guidance to remain in regulatory compliance with MDH Licensing and Certification. Please note, many of the links within the 2013 manual are broken so please use the webpage for access to forms.
- Settings should perform a facility risk assessment on an annual basis.

This form should not be used by health settings if the setting:

- is a hospital or emergency department;
- provides care for patients with suspected or confirmed active TB disease; or
- is a facility that has an airborne infection isolation (AII) room.

This document is updated annually to reflect current TB case rates and numbers. Data for 2021 will be available in June 2022.

FACILITY TUBERCULOSIS (TB) RISK ASSESSMENT WORKSHEET INSTRUCTIONS FOR
HEALTH CARE SETTINGS LICENSED BY MDH

A separate Facility TB Risk Assessment Worksheet is required for each type of license.

A separate Facility TB Risk Assessment Worksheet is required for each physical address.

If you have questions, please contact the MDH TB Program at 651-201-5414.

Instructions

Incidence of TB

- Incidence is the number of people who are diagnosed with active TB disease in a geographic area during a given year. Do not include patients with latent TB infection (LTBI) or suspected active TB disease that was ruled out.
- National case rate for 2020: 2.2 per 100,000 population.
- Minnesota case rate for 2020: 2.1 per 100,000 population.
- County data for Minnesota:
 - Health care settings in Hennepin, Olmsted, and Ramsey counties: record the county's case rate.
 - Health care settings outside of Hennepin, Olmsted, and Ramsey counties: record the number of cases. MDH does not calculate TB incidence rates for other counties.
 - Health care settings that serve persons from multiple counties should record the rate or number for each county.

Cases of Active TB Disease by County, Minnesota, 2020

| County | # of Cases | Case Rate |
|------------|------------|---------------------------------|
| Aitkin | 0 | Record the county's case number |
| Anoka | 2 | Record the county's case number |
| Becker | 0 | Record the county's case number |
| Beltrami | 1 | Record the county's case number |
| Benton | 0 | Record the county's case number |
| Big Stone | 1 | Record the county's case number |
| Blue Earth | 6 | Record the county's case number |
| Brown | 0 | Record the county's case number |
| Carlton | 0 | Record the county's case number |
| Carver | 1 | Record the county's case number |
| Cass | 0 | Record the county's case number |

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| County | # of Cases | Case Rate |
|--------------------------|-------------------|---------------------------------|
| Chippewa | 0 | Record the county's case number |
| Chisago | 0 | Record the county's case number |
| Clay | 0 | Record the county's case number |
| Clearwater | 0 | Record the county's case number |
| Cook | 0 | Record the county's case number |
| Cottonwood | 0 | Record the county's case number |
| Crow Wing | 0 | Record the county's case number |
| Dakota | 9 | Record the county's case number |
| Dodge | 0 | Record the county's case number |
| Douglas | 0 | Record the county's case number |
| Faribault | 0 | Record the county's case number |
| Fillmore | 0 | Record the county's case number |
| Freeborn | 0 | Record the county's case number |
| Goodhue | 0 | Record the county's case number |
| Grant | 0 | Record the county's case number |
| Hennepin | 44 | 3.5 per 100,000 population |
| Houston | 0 | Record the county's case number |
| Hubbard | 0 | Record the county's case number |
| Isanti | 0 | Record the county's case number |
| Itasca | 0 | Record the county's case number |
| Jackson | 0 | Record the county's case number |
| Kanabec | 0 | Record the county's case number |
| Kandiyohi | 0 | Record the county's case number |
| Kittson | 0 | Record the county's case number |
| Koochiching | 0 | Record the county's case number |
| Lac Qui Parle | 0 | Record the county's case number |
| Lake | 0 | Record the county's case number |
| Lake of the Woods | 0 | Record the county's case number |
| Le Sueur | 0 | Record the county's case number |
| Lincoln | 0 | Record the county's case number |
| Lyon | 1 | Record the county's case number |
| McLeod | 0 | Record the county's case number |
| Mahnomen | 0 | Record the county's case number |

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| County | # of Cases | Case Rate |
|------------|------------|---------------------------------|
| Marshall | 0 | Record the county's case number |
| Martin | 0 | Record the county's case number |
| Meeker | 0 | Record the county's case number |
| Mille Lacs | 0 | Record the county's case number |
| Morrison | 0 | Record the county's case number |
| Mower | 1 | Record the county's case number |
| Murray | 0 | Record the county's case number |
| Nicollet | 2 | Record the county's case number |
| Nobles | 0 | Record the county's case number |
| Norman | 0 | Record the county's case number |
| Olmsted | 1 | 0.6 per 100,000 population |
| Otter Tail | 0 | Record the county's case number |
| Pennington | 0 | Record the county's case number |
| Pine | 0 | Record the county's case number |
| Pipestone | 0 | Record the county's case number |
| Polk | 0 | Record the county's case number |
| Pope | 0 | Record the county's case number |
| Ramsey | 31 | 5.6 per 100,000 population |
| Red Lake | 0 | Record the county's case number |
| Redwood | 0 | Record the county's case number |
| Renville | 0 | Record the county's case number |
| Rice | 1 | Record the county's case number |
| Pine | 0 | Record the county's case number |
| Rock | 0 | Record the county's case number |
| Roseau | 0 | Record the county's case number |
| St. Louis | 0 | Record the county's case number |
| Scott | 3 | Record the county's case number |
| Sherburne | 2 | Record the county's case number |
| Sibley | 0 | Record the county's case number |
| Stearns | 6 | Record the county's case number |
| Steele | 0 | Record the county's case number |
| Stevens | 0 | Record the county's case number |
| Swift | 0 | Record the county's case number |

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| County | # of Cases | Case Rate |
|-----------------|------------|-----------------------------------|
| Todd | 0 | Record the county's case number |
| Traverse | 0 | Record the county's case number |
| Wabasha | 0 | Record the county's case number |
| Wadena | 0 | Record the county's case number |
| Waseca | 0 | Record the county's case number |
| Washington | 5 | Record the county's case number |
| Watsonwan | 0 | Record the county's case number |
| Wilkin | 0 | Record the county's case number |
| Winona | 0 | Record the county's case number |
| Wright | 0 | Record the county's case number |
| Yellow Medicine | 0 | Record the county's case number |
| TOTAL | 117 | 2.1 per 100,000 population |

TB screening of health care workers

- **Effective June 10, 2019, annual screenings are no longer required for MDH licensed health care settings, regardless of risk level.** The health care settings that should consider annual screening of health care personnel are those with increased occupational risk** of TB exposure:
 - Provider groups such as pulmonologists, radiologist, or respiratory therapists.
 - Settings in which there is ongoing exposure to *Mycobacterium tuberculosis complex*, such as TB clinics or laboratories.
 - Settings in which screening requirements are outlined by state statute, such as correctional facilities.
 - Settings where there was evidence of transmission that occurred in the past, such as emergency departments, EMS, homeless shelters, home care agencies, nursing homes, and hospices.
- Post-exposure screening and testing is required whenever health care personnel have had known exposure to a person with potentially infectious TB disease without the use of adequate personal protection. All health care settings are required to comply with public health screening recommendations during contact investigations. All settings are still subject to Minnesota OSHA regulation. Correctional settings still adhere to Minnesota Statutes 144.445 for screening of employees and those who are incarcerated.
- Baseline TB screening is required at the time of hire for all health care personnel in Minnesota.
- Baseline TB screening includes:

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1. assessing for current symptoms of active TB disease,
 2. assessing TB history, and
 3. testing for the presence of infection with *Mycobacterium tuberculosis* by administering either a two-step tuberculin skin test (TST) or single TB blood test. Additional information is available at [Tuberculin Skin Test \(TST\) \(www.health.state.mn.us/diseases/tb/tst.html\)](http://www.health.state.mn.us/diseases/tb/tst.html).
- If your setting is conducting COVID-19 vaccinations at time of hire or admit, please following the protocol for Integrating COVID-19 Vaccination with Tuberculosis Testing at <https://www.health.state.mn.us/diseases/tb/rules/cv19tb.pdf>.
 - The MDH Manual on Regulations for Tuberculosis Control in Minnesota Health Care Settings, July 2013 is in the process of being updated to incorporate updated CDC guidance. Until the new version is posted, follow July 2013 guidance on how to screen health care personnel and residents to meet MDH regulatory requirements available at [Regulations for Tuberculosis Control in Minnesota Health Care Settings \(https://www.health.state.mn.us/diseases/tb/rules/tbregsmanual.pdf\)](https://www.health.state.mn.us/diseases/tb/rules/tbregsmanual.pdf).
 - Note: annual TB testing (2-step TST or single IGRA) of health care personnel is not required, regardless of facility risk classification, effective June 10, 2019.
 - The new version of the MDH Manual will incorporate the latest guidance from CDC on the LTBI diagnostic process, including:
 - how to incorporate a preplacement screening tool to assist in ruling out false positive tests;
 - recommendations on using IGRAs over TSTs; and
 - recommendations to encourage health care personnel to be treated for LTBI.
 - For health care personnel with untreated LTBI, CDC recommends conducting an annual TB symptom screen.
 - See the Regulations for Tuberculosis Control in Minnesota Health Care Settings manual, pages 9 – 10 [Regulations for Tuberculosis Control in Minnesota Health Care Settings \(https://www.health.state.mn.us/diseases/tb/rules/tbregsmanual.pdf\)](https://www.health.state.mn.us/diseases/tb/rules/tbregsmanual.pdf) for a list of categories of health care personnel to be considered in your baseline TB screening program.
 - *For settings and/or groups with increased occupational exposure:* Annual TB screening includes (1) single TST or single TB blood test, and (2) TB symptom screen.
 - For personnel in settings or occupations in which annual TB testing is still recommended, guidance for calculating conversion rates can be found on pages 13 and 32-34 of *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 (TB Guidelines)* (www.cdc.gov/tb/publications/guidelines/infectioncontrol.htm). Acceptable conversion rates will vary by health care setting. If your facility has a higher-than-expected

conversion rate, please contact the MDH TB Prevention and Control Program (651-201-5414).

- Treatment for latent TB infection is strongly encouraged for health care personnel diagnosed with latent TB infection. Shorter treatment regimens, including once-weekly isoniazid and rifapentine for 3 months and daily rifampin for 4 months, should be used as they are more likely to be completed when compared to the traditional regimen of 9 months of isoniazid. For more information on treatment for latent TB infection visit [Treatment Regimens for Latent TB Infection \(LTBI\)](https://www.cdc.gov/tb/topic/treatment/ltbi.htm) (<https://www.cdc.gov/tb/topic/treatment/ltbi.htm>).

TB patient screening (boarding care and nursing homes only)

- Baseline TB screening of patients is required at time of admission for health care settings licensed as boarding care homes and nursing homes.
- Baseline TB screening includes: (1) two-step TST or single TB blood test, (2) TB symptom screen, and (3) assessment of the patient's risk factors for TB exposure and progression. Additional information is available at [Prevention and Control of TB in Health Care and Other Congregate Settings](http://www.health.state.mn.us/divs/idepc/diseases/tb/rules/index.html) (<http://www.health.state.mn.us/divs/idepc/diseases/tb/rules/index.html>).

TB infection control committee and TB risk level classification

- All health care settings in Minnesota are required to designate one person to be responsible for the setting's TB infection control program. The level of infection control required is based upon the setting's risk classification level. For more information, visit [Risk for Health-Care Associated Transmission of M. tuberculosis](https://www.health.state.mn.us/diseases/tb/rules/mmwr67.pdf) (<https://www.health.state.mn.us/diseases/tb/rules/mmwr67.pdf>).
- See Appendix C to determine facility risk level: [Appendix C. Risk classifications for health-care settings that serve communities with high incidence of tuberculosis \(TB\) and recommended frequency of screening for Myobacterium tuberculosis infection among health-care workers \(HCW's\)](https://www.health.state.mn.us/diseases/tb/rules/mmwr67.pdf) (<https://www.health.state.mn.us/diseases/tb/rules/mmwrc.pdf>).
- The TB infection control committee is responsible for the health care setting's TB infection control program. Small settings may have an infection control committee of one or two persons.
- Groups to consider including on your infection control committee include physicians, nurses, epidemiologists, engineers, pharmacists, laboratory personnel, health and safety staff, administrators, risk assessors, quality control, and infection preventionists.

Infection control plan

- All health care settings in Minnesota must have up-to-date TB infection control procedures designed to ensure early identification, isolation, and transfer of patients with suspected or confirmed active TB disease. Additional information is available at TB Information for Health Professionals (<https://www.health.state.mn.us/diseases/tb/hcp/index.html>).
- If your setting is required to use Appendix B Appendix B. Tuberculosis (TB) risk assessment worksheet (<https://www.health.state.mn.us/diseases/tb/rules/mmwrwb.pdf>) from the CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-care Settings, 2005:
 - Consult with your health care setting's laboratory for assistance with Section 6: laboratory processing of TB-related specimens, tests, and results based on laboratory review.
 - Consult with your health care setting's environmental engineer for assistance with Section 7: environmental controls.
 - Consult the CDC guidelines for Section 8: respiratory protection program guidance on creating a written respiratory protection policy. Health care settings in which patients with suspected or confirmed active TB disease are expected to be encountered are required to have a respiratory protection program. See the CDC's [TB Guidelines \(www.cdc.gov/tb/publications/guidelines/infectioncontrol.htm\)](http://www.cdc.gov/tb/publications/guidelines/infectioncontrol.htm).
 - Questions regarding respirators should be directed to the Minnesota Occupational Safety and Health Administration (MN-OSHA) at 651-284-5050 or osha.compliance@state.mn.us.

TB training plan

- All Minnesota health care personnel should receive TB education annually, regardless of facility risk level classification. TB education should include information on TB exposure (both occupational and nonoccupational) risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures.
- Suggested components of health care personnel education are available at [TB Training for Health Care Professionals \(https://www.health.state.mn.us/diseases/tb/hcp/trng.html\)](https://www.health.state.mn.us/diseases/tb/hcp/trng.html).

Quality improvement

- Health care settings should update this worksheet and/or Appendix B annually.
- When reviewing your health care setting's previous facility TB risk assessment, were any infection control lapses identified? What actions were taken to address the problems identified during the previous TB risk assessment?

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- Infection control program lapses include inadequate baseline or annual TB screening of health care personnel, inadequate baseline TB screening of patients (if applicable), lapses or delays in identifying, isolating and/or transferring of patients with symptoms of active TB disease, or inadequate TB-related education and training.
- Methods for identifying lapses may include review of TST or IGRA conversion rates and review of timeliness and completeness of baseline TB screening of health care personnel and patients.

*instructions for health care settings licensed by the Minnesota Department of Health (MDH) including boarding care homes, home care providers, hospices, nursing homes, outpatient surgical centers, and supervised living facilities

**adapted from *Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019*

Minnesota Department of Health
TB Prevention and Control Program
651-201-5414
www.health.state.mn.us/tb

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Document adapted from "Tuberculosis (TB) Risk Assessment Worksheet" from the Centers for Disease Control and Prevention (CDC).

To obtain this information in a different format, call: 651-201-5414.