




## TB RISK ASSESSMENT OVERVIEW



*Tuberculosis Control and Refugee Health*  
County of San Diego Health and Human Services Agency



### RISK ASSESSMENT PURPOSE



To identify adults with infectious tuberculosis (TB) to prevent from spreading TB



### HISTORY

AB 1667 FOR CA SCHOOL DISTRICTS, K - 12

- Became effective January 1, 2015
- National tubersol shortage 4 years ago
- Replaces universal TB testing with a risk assessment questionnaire
- Public, private, parochial and pre-school employees, including teachers, classified and contracted staff as well as volunteers are included

### RISK ASSESSMENT – NEW EDITION

 **School Staff & Volunteers: Tuberculosis Risk Assessment** 

job-related requirement for child care, pre-K, K-12, and community college

The purpose of this tool is to identify adults with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this tool is mandated by regulation in the California Education Code, Sections 49000 and 49100.6 and the California Health and Safety Code, Sections 121020, 121025, 121030, and 121035.

This tool requires that a health care provider administer this risk assessment. A health care provider is defined for this purpose, in any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or provide health services. Any person administering this risk assessment is to have training in the proper and appropriate use of the risk assessment and Certificate of Completion.

Name of Employee/Volunteer Assessed for TB Risk Factors: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

**History of Tuberculosis Infection or Disease (Check appropriate box below)**

Yes  
If there is a documented history of positive TB test (infectious) or TB disease. When a significant reaction and chest x-ray (CXR) are identified in a contact's household, should the person be placed on TB prophylaxis by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test of TB infection that has been followed by a test that was determined to be low risk (infectious TB), the TB risk assessment tool should not apply to this individual. All employees or volunteer business associates for TB, their families, should avoid close contact with health care providers or other business associates for TB, their families, and other contacts for TB.

No  
No known history of TB infection or disease.

**Risk Factors for Tuberculosis (Check appropriate boxes below)**

If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). The Mantoux TST or IGRA should only be done at a person's voluntarily consent, and have time risk factors noted on the test assessment. A positive TST or IGRA should be followed by a chest x-ray and clinical judgment for TB diagnosis (see California Health and Safety Code, Section 121020 and 121025 for details on TB diagnosis) (see Appendix 1010).

One or more signs and symptoms of TB, persistent cough, weight loss, night sweats, weight loss, weakness, fatigue.

Contact for active TB disease with a TST or IGRA, chest x-ray, sputum screen, and if indicated sputum acid fast bacilli (AFB) smear, culture and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.



Close contact to someone with infectious TB disease of any time.

Foreign travel or residence in a country or an area of increased TB risk. Includes any country (other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe, Africa or northern Asia) in the last 12 months.

Consecutive travel or residence of 2-3 months in a country with an elevated TB rate. Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.

Unemployment, arrested or held in a Correctional or Juvenile Facility.

TBR-01 (10/2016)

### SINCE JANUARY 1, 2015

RISK ASSESSMENT IMPLEMENTATION AND EXPANSION

- Risk Assessment is being used, Pre-K through 12
- **September 1, 2016 – SB 792**
  - Teachers hired in child care centers need a certificate that they are free from infectious TB
- **January 1, 2017 – SB 1038**
  - Community college academic and classified employees submit to a risk assessment and, if risk factors are present, an examination to determine if he or she is free of infectious TB; initially upon hire and every four years thereafter.

### CERTIFICATE OF COMPLETION

 **Certificate of Completion Tuberculosis Risk Assessment and/or Examination** 

To satisfy job-related requirements in the California Education Code, Sections 49000 and 49100.6 and the California Health and Safety Code, Sections 121020, 121025, 121030 and 121035.

First and Last Name of the person assessed and/or examined: \_\_\_\_\_

Date of assessment and/or examination: \_\_\_\_/\_\_\_\_/\_\_\_\_, yr.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_, yr.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code): \_\_\_\_\_

Telephone and FAX: \_\_\_\_\_

TBR-01 (10/2016)

**RISK ASSESSMENT USER GUIDE**

**School Staff & Volunteers: Tuberculosis Risk Assessment**

**Basic Guide:**  
Job-related requirement for child care, pre-K, K-12, and community colleges

**Background:**  
California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). TB risk assessment is a documented Federal Centers for Disease Control and Prevention (CDC) recommendation for TB testing. Effective July 1, 2015, and July 1, 2016, for K-12 and community colleges, respectively. TB risk assessment for school staff and community college staff is required for all employees and volunteers. The use of the TB risk assessment and the Centers for Disease Control and Prevention (CDC) Tuberculosis Risk Assessment (TRCA) are also required.

**Who can administer the TB risk assessment?**

1. Persons employed by a K-12 school district, or employed under contract, or a certified or credential holder (California Education Code, Section 41502);
2. Persons employed or employed under contract, by a private school (California Health and Safety Code, Sections 171425 and 171426);
3. Persons providing the tuberculosis testing under contract to a public, private, or community college, community college district, community college, or safety code, Section 171425.

**Who can administer the TB risk assessment?**

1. Persons authorized by the local health officer (LHO) and California Health and Safety Code, Section 171425 and California Health and Safety Code, Section 171426;
2. Persons employed as a teacher in a child care center (California Health and Safety Code, Section 1597.005).

**Who can administer the TB risk assessment?**

1. Persons employed by a community college district or a community college (California Education Code, Section 87000.5).

**Testing for latent TB infection (LTBI):**  
Persons who are found to have latent TB infection (LTBI) should be notified of their results and advised of their options. If a person is found to have latent TB infection (LTBI), they should be notified of their results and advised of their options. If a person is found to have latent TB infection (LTBI), they should be notified of their results and advised of their options.

**DOCUMENTED LTBI HISTORY**

**STEP ONE – TB RISK ASSESSMENT**

**Is there documented history of a positive TB test or TB disease?**

If yes, refer to physician, PA or NP for symptom screen, chest x-ray (if none performed in the last 6 months) to be determined free of infectious TB.

**FIRST**

**Who can administer the TB risk assessment?**

A person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. (LVN or higher)

**DOCUMENTED LTBI HISTORY**

- If the employee or volunteer is found to be free of infectious TB, the physician, PA or NP signs the Certificate of Completion.
- The Certificate of Completion is kept on file.
- A TB risk assessment is no longer required.
- If the employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

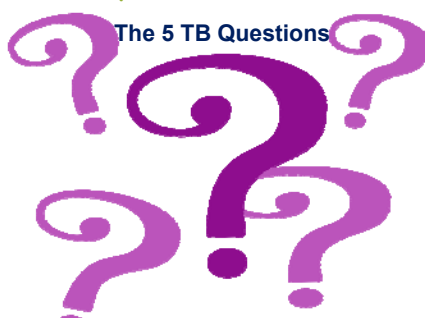
**NEXT, HOW TO ADMINISTER**


- The risk assessment should be administered face-to-face.
- The practice of allowing employees or volunteers to self-assess is discouraged.

**NOW, RISK FACTORS FOR TB**

**FOR THOSE W/O DOCUMENTED LTBI**

**The 5 TB Questions**



**QUESTION ONE** 


**DO YOU HAVE ONE OR MORE TB SYMPTOMS?**

- Prolonged Cough
- Coughing Up Blood
- Fever
- Night Sweats
- Weight Loss
- Excessive Fatigue

**CDC MAP OF HIGH RISK COUNTRIES** 



A world map where countries are shaded in various colors to indicate TB risk levels. Darker red colors indicate higher risk, while lighter colors indicate lower risk. High-risk areas are concentrated in Eastern Europe, parts of Africa, and Southeast Asia.

**QUESTION TWO** 


**CLOSE CONTACT**

To someone with infectious TB disease at any time

**EASTERN VS WESTERN EUROPE** 




A political map of Europe where countries are color-coded to distinguish between Eastern and Western Europe. Eastern European countries like Russia, Poland, and Ukraine are in shades of green and yellow, while Western European countries like France, Germany, and the UK are in shades of blue and pink.

**QUESTION THREE** 

**FOREIGN-BORN**

Person from a country with an elevated TB rate


Any country other than the U.S., Canada, Australia, New Zealand or a country in western or northern Europe

**QUESTION FOUR** 

**CONSECUTIVE TRAVEL OF ≥ 1 MONTH**

In a country with an elevated TB rate


Any country other than the U.S., Canada, Australia, New Zealand or a country in western or northern Europe

**QUESTION FIVE** 

**VOLUNTEERED, WORKED OR LIVED IN A CORRECTIONAL OR HOMELESS FACILITY**


**Minimum 4 hour exposure, one time or accumulative over a short period of time**

- Frequent or prolonged contact

**PERSONALIZING RISK ASSESSMENT** 

**MODIFICATION TO RISK ASSESSMENT**

- Can add district identifiers, e.g. letterhead
- **CANNOT** add or delete questions
- Can create "For Office Use Only" section e.g. Previous treatment?
- **If district chooses, can add "Truth Declaration" statement to be signed by employee**


**NEW HIRE CONSIDERATION** 

**NEW EMPLOYEE WITH A DOCUMENTED NEGATIVE TB TEST**

Refer to your district's policy

A MOMENT OF YOUR TIME TO . . . 

**PROMOTE TB PREVENTION**

**FOUR YEAR ANNIVERSARY** 

**FACULTY/CLASSIFIED EMPLOYEES**

- Do Risk Assessment


Re-testing should only be done:

- If previously tested negative
- Have [NEW RISK FACTORS](#)

**TIP OF THE ICEBERG** 




Millions of people in the U.S. have **latent TB infection.** Without treatment, they are at risk for developing **TB disease.** Learn more: [www.cdc.gov/tb](http://www.cdc.gov/tb)

**TIP OF THE ICEBERG: AN ILLUSTRATION** 

**What do the City of Escondido and LTBI have in common?**

**Both have a population of close to 150,000 residents in San Diego County.**

Source: California Department of Public Health, Tuberculosis Control Branch

**PROMOTE PREVENTION** 

**LTBI (+) EMPLOYEES CLEARED OF INFECTIOUS TB**  
 Press Release – September 6, 2016

**CDPH Urges Health Care Providers to Adopt New National Tuberculosis Screening Recommendations**

SACRAMENTO - California Department of Public Health (CDPH) Director and State Health Officer Dr. Karen Smith today urged health care providers to adopt new recommendations recently announced by the U.S. Preventive Services Task Force calling for adults 18 years of age or older who are at increased risk of tuberculosis (TB) to be screened for the disease.


**TIP OF THE ICEBERG** 

**OTHER COUNTIES IN CALIFORNIA**


COUNTY	ESTIMATED LTBI POPULATION	CITY EQUIVALENT
LOS ANGELES	777,000	Long Beach + Glendale
ORANGE	215,000	Irvine
SAN BERNARDINO	125,000	Victorville
SANTA CLARA	160,000	Sunnyvale

**CALIFORNIA – 2.5 MILLION – KANSAS/NEW MEXICO**

Source: California Department of Public Health, Tuberculosis Control Branch

**PROMOTING TB PREVENTION** 

**WHAT IS TB?**  
[What Is TB? English](#)

**PROMOTE PREVENTION** 

**LTBI (+) EMPLOYEES CLEARED OF INFECTIOUS TB**


**Shorter Duration LTBI Treatment Regimens Medication**

	Frequency	Duration
▪ Rifampin	Daily	4 months
▪ Isoniazid + rifapentine*	Weekly	12 weeks


\* The CDC currently recommends DOT for this regimen, however, preliminary data suggests that SAT is non-inferior to DOT in the United States. Many clinicians are using SAT or modified DOT.

**TB STOPS WITH ME** 






**Marti Brentnall, MPH**  
TB Prevention Coordinator  
Tuberculosis Control and Refugee Health  
County of San Diego Health and Human Services Agency  
Ph: 619.692.5611  
marti.brentnall@sdcounty.ca.gov




**Statewide**

California Department of Public Health, Tuberculosis Control Branch: (510) 620-3000

California School Nurses Organization: (916) 448-5752 or email [csno@csno.org](mailto:csno@csno.org)



Questions?



County of San Diego  
**HHS**  
HEALTH AND HUMAN SERVICES AGENCY  
PUBLIC HEALTH SERVICES  
LIVE WELL SAN DIEGO