

**Whitesburg ARH
Employee TB Risk Assessment**

TST- Tuberculin Skin Test
 BAMT-Blood Assay for Mycobacterium tuberculosis (Quantiferon TB Gold Blood Test)
 BCG-Bacillus Calmette-Guerin (TB vaccination given mainly in foreign countries)

LTBI-Latent TB Infection

Name: Tushar Shah DOB: 7-26-66
 Department: Cardiology Pregnant: Yes ___ No X
 Allergies: Lipitor Current Medications: _____

I. Screen for Active TB Symptoms (Check all that apply)

- None (Skip to Section II, "Screen for TB Infection Risk")
 - Cough for ≥ 3 weeks → Productive: ___ YES ___ NO
 - Hemoptysis (bloody sputum)
 - Fever, unexplained
 - Unexplained weight loss
 - Poor appetite
 - Night sweats (non-menopausal)
 - Fatigue
- (Evaluate these last 3 symptoms in context)

NOTIFY INFECTION CONTROL NURSE/EMPLOYEE HEALTH NURSE ASAP AT EXTENSION 3523 IF EMPLOYEE ANSWERS YES TO ANY OF THESE QUESTIONS.

History of BCG / TB Skin Test / BAMT / TB Treatment:

History of prior BCG: NO ___ YES → Year: _____
 History of prior (+) TST or (+) BAMT: NO ___ YES
 Date (+) TST / (+) BAMT _____ TST: _____ mm
 CXR Date: _____ CXR result: ___ ABN ___ WNL
 Dx: ___ LTBI ___ Disease
 Tx Start: _____ Tx End: _____
 Rx: _____
 Completed: ___ NO ___ YES
 Location of Tx: _____

II. Screen for TB Infection Risk (Check all that apply)

Individuals with an increased risk for acquiring latent TB infection (LTBI) or for progression to active disease once infected should have a TST. Screening for persons with a history of LTBI should be individualized.

- A. Assess Risk for Acquiring LTBI. The Employee:**
- has contact with a person known or suspected to have TB disease.
 - has been in another country for 3 or more months where TB is common, and has been in the US for ≤ 5 years
 - serves high-risk patients (patients that are immunocompromised, Patients from correctional facilities, patients from homeless shelters, Patients from nursing homes/long term care facilities)
 - has been exposed to an isolated case of TB within the past year

B. Assess Risk for Developing TB Disease if Infected. The Employee...

- was recently infected with *Mycobacterium tuberculosis*
- has certain clinical conditions, placing them at higher risk for TB disease:
 (conditions include chest x-ray findings that suggest previous TB, Diabetes mellitus, silicosis, prolonged corticosteroid therapy, cancer Of head and neck, leukemia, hematologic diseases, end stage renal Disease, smoker, intestinal bypass or gastrectomy, and chronic Malabsorption syndromes)
- has a history of inadequately treated TB
- is on immunosuppressive therapy (this includes treatment for rheumatoid arthritis with drugs such as REMICADE, HUMIRA, etc.)

EMPLOYEE HEALTH

III. Finding(s) (Check all that apply)

- Previous Treatment for LTBI and/or TB disease
- No risk factors for TB infection
- Risk(s) for infection and/or progression to disease
- Possible TB suspect
- Previous (+) TST or (+) BAMT, no prior treatment

IV. Action(s) (Check all that apply)

- Administered the TB Skin Test
- Referred for CXR (only if symptomatic) (Infection Control Coordinator to be notified ASAP)
- Issued sputum container
- Draw BAMT (Quantiferon TB Gold Blood Test)
- Other: _____

TST Brand: <u>Apliso1</u>	TST Brand: _____
TST Lot #: <u>327623</u>	TST Lot #: _____
Exp. Date: <u>9/20</u>	Exp. Date: _____
Arm: ___ Left <input checked="" type="checkbox"/> Right	Arm: ___ Left ___ Right
Date given: <u>10-2-19</u>	Date given: _____
Given by: <u>Rhonda Nichols</u>	Given by: _____
Date read: <u>10-9-19</u>	Date read: _____
Read by: <u>Rhonda Nichols</u>	Read by: _____
Induration: <u>0</u> mm	Induration: _____ mm

(ONE STEP OR ANNUAL)

(TWO STEP IF NEEDED)

___ BAMT ___ T-SPOT.TB ___ QFT-TB-G-IT

Date/Time drawn: _____
 Result: ___ Pos ___ Neg ___ Borderline/Indeterminate

Screener's signature: Rhonda Nichols
 Date: 10-4-19

As an employee of Whitesburg ARH, at any time should I develop any of the symptoms listed above in Section I, I understand that I am responsible to notify the Infection Control Nurse/Employee Health Nurse as soon as possible. I also understand that the results of this test may be shared with other licensed healthcare providers on an as needed basis.

X Employee Signature: Tushar Shah Date: 10/1/2019