



# Tuberculosis Risk Assessment for Correctional Facilities

This risk assessment is designed for correctional and detention facilities to determine their tuberculosis (TB) risk classification and implement recommendations provided by the North Dakota Department of Health.

Facility Name:	
Address:	
Date of Assessment:	Type of Assessment: <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Re-Assessment for Risk Change
Assessment Conducted by:	Email Address:

## Facility Risk Assessment

### Facility Type (check all that apply)

- Prison                       Juvenile Detention                       Transitional                       Regional/City/County Corrections                       Short-Term Detention

### Grade of Facility

- No Grade – indefinite confinement allowed                       Grade 1 – no more than one year                       Grade 2 – no more than 90 days                       Grade 3- No more than 96 hours                       Grade 4 – no detention overnight

## Risk Classification

**Does the facility have a cluster of persons with TB test conversions\* or confirmed TB disease which suggest ongoing transmission?**     Yes     No

Number of TB test conversions within the past 12 months: \_\_\_\_\_

Number of confirmed and epidemiologically-linked TB disease cases in the past three (3) years: \_\_\_\_\_

- A **cluster** is defined as two or more persons with TB test conversions or TB disease linked by epidemiology, location or genotyping. This is evidence of person to person transmission is occurring.
- **TB test conversion** is defined as a change from a documented negative status to positive during the time of residence in the facility.
- An **epidemiologically-linked case** is a TB case in which the patient has/had contact with one or more persons who have /had TB disease. A TB case may be considered epidemiologically linked to a laboratory-confirmed case if at least one case in the transmission chain is laboratory confirmed.
- A **TB case** is defined as a patient diagnosed with *Mycobacterium tuberculosis* complex identified from a clinical specimen, either by culture or by a molecular methodology and/or by provider decision.

If **Yes**, then the facility is classified as **High Risk**.

If **No**, continue to the next section.



For more information, visit [www.ndhealth.gov/tb](http://www.ndhealth.gov/tb)

or call 800.472.2180.





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**Is your count's TB incidence rate higher than the average state TB rate?**  Yes  No  N/A\*

For the current incidence rate available by county, visit <https://www.ndhealth.gov/disease/tb/Data/>

Incidence Rate for TB in County: \_\_\_\_\_

Incidence Rate of TB in North Dakota: \_\_\_\_\_

\*Select N/A if the population of the facility is not representative of the community in which the facility is located.

**Is the percentage of screened inmates with previous or newly diagnosed TB infection in the preceding calendar year equal or greater than 10 percent?**  Yes  No

Total number of inmates tested for TB: \_\_\_\_\_

Total number of inmates with previous or new positive TB test results: \_\_\_\_\_

Percentage of positive test results: \_\_\_\_\_%

**Has your facility diagnosed an inmate, employee or volunteer with TB disease within the last 12 months?**  Yes  No

**Does your facility house a substantial number of people with risk factors for TB?**  Yes  No

Check all that apply:

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> HIV infection   | <input type="checkbox"/> Substance abuse           | <input type="checkbox"/> Silicosis                       | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Severe kidney disease   |
| <input type="checkbox"/> Low body weight | <input type="checkbox"/> Organ transplant patients | <input type="checkbox"/> History of head and neck cancer | <input type="checkbox"/> Taking corticosteroids | <input type="checkbox"/> Specialized treatment for rheumatoid arthritis or Chron's disease |

**Has a substantial number of inmates, employees, and volunteers immigrated from areas of the world with high burden of TB within the previous 5 years?**  Yes  No

For the current list of high-burden countries, visit <http://www.stoptb.org/countries/tbdata.asp>.

**Does the facility lack a system for prompt screening, isolation and/or referral for care of a person with signs and symptoms of TB?**  Yes  No

If **Yes**, then the facility is classified as **Medium Risk**.

If all answers are **No**, then the facility is classified as **Low/Minimal Risk**.



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## Tuberculosis Screening Guidance for Correctional and Detention Facilities Based on the TB Risk Classification

High Risk Facility	Medium Risk Facility		Low/Minimal Risk Facility
	Grade 1 Facility	Grade 2, 3 and 4 Facilities	
<p>Classification should be temporary and warrants investigation and coordination with the North Dakota Department of Health.</p> <p>Repeat TB screenings every 8-10 weeks followed by a new risk assessment until no cases of infectious TB or TB test conversions are identified</p> <p>Correct lapses in infection control (i.e. delayed treatment initiation or inadequate airborne precautions)</p> <p>Automatic classification as medium risk for at least 1 year after ongoing transmission has ceased.</p> <p>LTBI treatment is recommended</p>	<p>Evaluate all residents upon entry for history of TB infection and symptoms of active infection.</p> <p>Evaluate all residents for clinical conditions and risk factors using <b>Tuberculosis Risk Assessment for Adults</b> or <b>Tuberculosis Risk Assessment for Pediatric Care</b> as appropriate. Ensure testing via TST or IGRA within fourteen (14) days.</p> <p>If a previous test result from an TST or IGRA test is available, it is valid for 6 months unless the resident reports risk factors are new since the test was performed.</p> <p>Residents with documented history of previous, adequate treatment for TB infection or disease should not be tested. Residents must be screened for signs and symptoms of active infection. LTBI treatment is recommended.</p>	<p>Evaluate all residents upon entry for history of TB infection and symptoms of active infection.</p> <p>Evaluate all residents for clinical conditions and risk factors using <b>Tuberculosis Risk Assessment for Adults</b> or <b>Tuberculosis Risk Assessment for Pediatric Care</b> as appropriate. For those determined at-risk, ensure testing via TST or IGRA within fourteen (14) days.</p> <p>If a previous test result from an TST or IGRA test is available, it is valid for 6 months unless the resident reports risk factors are new since that test was performed.</p> <p>Residents with documented history of previous, adequate treatment for TB infection or disease should not be tested. Residents must be screened for signs and symptoms of active infection.</p>	<p>Evaluate all residents upon entry for history of TB infection and symptoms of active infection.</p> <p>Evaluate all residents for clinical conditions and risk factors using <b>Tuberculosis Risk Assessment for Adults</b> or <b>Tuberculosis Risk Assessment for Pediatric Care</b> as appropriate. For those determined at-risk, ensure testing via TST or IGRA within fourteen (14) days.</p> <p>If a previous test result from an TST or IGRA test is available, it is valid for 6 months unless the resident reports risk factors are new since that test was performed.</p> <p>Residents with documented history of previous, adequate treatment for TB infection or disease should not be tested. Residents must be screened for signs and symptoms of active infection.</p>

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- Residents with signs and symptoms of TB must be immediately housed in airborne infection isolation. If the facility does not have access to airborne isolation, the resident should be transferred to the hospital or to a facility that is adequately equipped.
- Residents placed in airborne isolation may only be released after a TB diagnosis is excluded or if cleared by a medical provider.
- Residents with a documented history of inadequate treatment for TB disease or TB infection should have a through medical evaluation to rule out TB disease. Treatment recommendations must be made based on evaluative findings by a medical provider.

Employee/Volunteer Screening	Screening for HIV Positive Residents	Frequency of Screening
<p>Employees must have documentation of TB testing prior to employment. Screening with <b>Tuberculosis Risk Assessment for Adults</b> should be conducted annually, and retesting should only occur if any risk factors have occurred since the last test.</p> <p>Employees with a history of TB disease or TB infection should be monitored for signs and symptoms of TB disease.</p> <p>Isolate staff immediately if symptomatic of tuberculosis and refer to medical care.</p>	<p>A chest X-ray must be part of a testing/screening protocol for people who are HIV infected.</p>	<p>Initial testing and an annual risk assessment for employees, volunteers and residents should be followed according to the guidelines above.</p> <p>More frequent evaluation may be required if the facility documents an increased risk of transmission within the facility or in the community.</p> <p>All persons with a history of a positive test should be screened for symptoms of disease. Annual chest X-rays are not recommended for follow-up evaluations.</p>