



Environmental Risk Assessment of Congregate Settings

The following questionnaire is an Environmental Risk Assessment Tool for congregate settings. The purpose of this tool is to assist with assessing environmental factors relevant to tuberculosis control and prevention within a facility.

The [TB-425](#), Tuberculosis Infectious Period Calculation Sheet, should be completed prior to conducting the environmental risk assessment.

If possible, investigators are encouraged to consult with the following officials when completing the assessment:

- The facility's administrator
- A member of the facility's health care team
- An occupational health professional
- An infection control specialist
- A representative from the local health department or public health region
- A representative of the facility's maintenance staff, or an individual with knowledge of the facility's HVAC system

Complete each section of the assessment as thoroughly as possible.

A. Assessment Information	
Public Health Jurisdiction:	
Assessor's Name:	Assessment Date:
Assessor's Email Address:	
Facility Name:	
Facility Address:	
Facility Type: ☐ Local ☐ State ☐ Federal ☐ Juvenile ☐ Other, specify: _____	
Facility Point of Contact, Name:	
Facility Point of Contact, Phone Number:	
Facility Point of Contact, Email address:	
Institution Leading Assessment: ☐ Local health department ☐ Public health region ☐ Texas Tuberculosis and Hansen's Disease Unit ☐ Correctional institution	



B. Index Case Information	
NEDSS ID:	Managing Jurisdiction:
Patient type: The following questions in this section should be answered based on the patient type. ☐ Inmate ☐ Facility staff ☐ Facility volunteer ☐ Other: _____	
For inmates:	
TB Status at Intake: ☐ Previous Positive ☐ TB Disease ☐ Previous TB Case ☐ LTBI ☐ Negative ☐ Unknown	
For what dates was the index patient at this facility? (mm/dd/yyyy)	Intake Date: _____ Time: _____ ☐ AM ☐ PM
	Leave Date: _____ Time: _____ ☐ AM ☐ PM
	Leave type: ☐ Transferred to another facility ☐ Released or discharged ☐ Sick leave ☐ Other ☐ N/A (currently at the facility)
Was the patient placed in respiratory isolation (in an airborne infection isolation (All) room) at this facility? If yes, please provide the start date.	☐ Yes ☐ No ☐ Unknown
	Isolation Start Date: _____
Was the airborne infection isolation room the patient was housed in inspected and meeting the All room standards according to the facility's records?	☐ Yes ☐ No ☐ N/A ☐ No records
For staff/volunteers:	
Is a documented, previous TB screening test result available for the index patient?	☐ Yes ☐ No
If yes, what was the screening test type?	☐ Tuberculin Skin Test (TST) ☐ IGRA blood test
If yes, what was the screening test result?	☐ Positive ☐ Negative ☐ Indeterminate/Borderline
If the index patient is an employee or volunteer, what was their general shift while potentially infectious?	Clock in: _____ ☐ AM ☐ PM Clock out: _____ ☐ AM ☐ PM Days: ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa ☐ Su



B. Index Case Information

What was the last date the index patient volunteered/worked at the facility (before TB isolation measures were implemented)?	Date:
What area(s) of the facility did the index patient work/volunteer in?	

C. Facility Information

Who is the facility operated by?	☐ County ☐ Private ☐ Other, specify: _____
Is the facility regulated by the Texas Commission on Jail Standards (TCJS)?	☐ Yes ☐ No ☐ Regulatory agency, if applicable: _____
Total number of employees:	
Facility bed capacity:	
Current population:(at time of assessment)	
Total number of inmates booked into the facility in the previous calendar year:	
Maximum number of individuals in a holding cell at a time:	
What is the layout of the holding cell(s)?	
Maximum number of inmates in a cell at a time:	
What is the layout of the cells once an inmate is booked in?	



c. Facility Information	
Which category(ies) of inmate is the facility authorized to hold?	☐ County ☐ Out of County: _____ ☐ State ☐ Out of State: _____ ☐ Federal: _____ ☐ Immigration and Customs Enforcement (ICE) ☐ Bureau of Prisons (BOP) ☐ U.S. Marshals
Number of inmates living with HIV:	
Number of inmates on immunosuppressive medication (i.e. TNF-alpha inhibitors):	
Number of inmates with diabetes:	
Number of inmates with other immunosuppressive conditions:	
Inmate and Staff Interactions	
How frequently do inmates and staff interact?	
What is the duration of interactions?	
What is the nature of the interactions?	
What locations do the interactions occur in?	



C. Facility Information	
Inmate Interactions	
Do inmates interact with each other outside of their cells?	☐ Yes ☐ No
If yes, describe the location, frequency, duration, and nature of these interactions. (For example: Inmates from cells on Row A have meal and recreation time together daily for 2 hours; meals are in a large room with high ceilings and recreation time is outdoors, weather permitting)	
Do inmates interact with other inmates from another block/wing of the facility (if applicable based on facility layout)?	☐ Yes ☐ No
If yes, describe the location, frequency, duration, and nature of these interactions. (For example: Inmates from cells in Building A share recreation time with inmates from Building B outside for 5 hours per week)	



D. Facility Healthcare Information	
Does the facility conduct intake TB screening for inmates?	☐ Yes ☐ No
If yes, please describe intake TB screening process.	
Does the facility conduct annual TB screening of inmates?	☐ Yes ☐ No
If yes, please describe annual TB screening process.	
Does the facility conduct on-hire TB screening for staff/volunteers?	☐ Yes ☐ No
If yes, please describe intake TB screening process.	
Does the facility conduct annual TB screening of staff/volunteers?	☐ Yes ☐ No
If yes, please describe annual TB screening process.	
Does the facility have a written infection prevention and control plan, that includes TB infection prevention and control?	☐ Yes ☐ No
Does the facility have written isolation protocols?	☐ Yes ☐ No
If yes, how does the facility determine when individuals are placed in and removed from isolation.	



D. Facility Healthcare Information	
Does the facility have masking requirements staff, volunteers, or inmates?	☐ Yes ☐ No
If yes, describe when staff, volunteers, or inmates are required to wear masks and what type of masks are required.	
Is sputum collected at the correctional facility for suspected or confirmed TB cases?	☐ Yes ☐ No
If yes, describe where and how sputum is collected and processed.	
What other (non-TB) medical services are provided on-site at the facility?	
Does the facility maintain a healthcare team (e.g., RN, LVN, MA)?	☐ Yes ☐ No
Is the healthcare team contracted?	☐ Yes, Contracted entity: _____ ☐ No
Who is the healthcare team employed by?	☐ County ☐ Hospital ☐ Private ☐ Other: _____
Who is the facility's Medical Director?	Provider Name: _____ National Provider Identifier (NPI): _____
Does the facility maintain a contract with a medical provider?	☐ Yes, Contracted entity: _____ ☐ No
Who is the medical provider employed by?	☐ County ☐ Hospital ☐ Private ☐ Other: _____
Who provides care for facility staff? Occupational health?	



D. Facility Healthcare Information	
Does the facility maintain a contract for laboratory testing?	☐ Yes, Contracted entity: _____ ☐ No
In what situations would an inmate be transported outside the facility for medical reasons?	
How are inmates transported outside the facility for medical reasons?	

E. Environmental Assessment Information	
Airborne Infection Isolation (AII)	
Does the facility have AII rooms/cells?	☐ Yes ☐ No
If yes, how many AII rooms/cells are at the facility?	
What is the location(s) of the AII rooms/cells at the facility?	
Who is responsible for maintaining AII rooms?	Name: _____ Title: _____ Phone number: _____ ☐ N/A
What is the date of the most recent maintenance inspection of AII rooms?	



E. Environmental Assessment Information	
Exposure Sites	
What site (room/area) is being assessed? ☐ Cell/Bunk ☐ Cafeteria/Kitchen ☐ Laundry ☐ Recreation ☐ Other: _____	
Did the patient spend extended periods of time at this site while infectious, or does this site share air space with an area where the patient spent extended periods of time?	☐ Yes ☐ No ☐ Notes:
Which of the following is true for this site? (select all that apply) ☐ Site is the size of a bedroom or smaller ☐ Site is a congregate area used by a large number of staff and inmates ☐ Site is used for inmate housing ☐ Site is frequented by inmates with a high risk of progressing to TB disease if infected ☐ Site is used for high-risk respiratory procedures (e.g., sputum collection) ☐ None of the above	
Are there fans, windows, or skylights present for this site? (Please note if fans do not run or if windows are sealed shut.)	☐ Yes ☐ No ☐ Notes:
What general ventilation methods are present at this site?	☐ Recirculation system ☐ Single-pass system ☐ None
If there is a recirculatory system, is all room air recirculated through a high-efficiency particulate air (HEPA) filter?	☐ Yes ☐ No
Is room air partially or wholly exhausted outdoors?	☐ Yes: ☐ Partially ☐ Wholly ☐ No
Is outdoor air supplied to the room?	☐ Yes ☐ No
What air cleaning methods are present at this site (check all that apply)?	☐ Lint filter ☐ Pleated filter ☐ HEPA filter ☐ Ultraviolet Germicidal Irradiation (UVGI) ☐ None



E. Environmental Assessment Information	
Airflow and Humidity	
What are the estimated Air Changes per Hour (ACH)?	☐ <6 ACH ☐ 6-11 ACH ☐ ≥12 ACH ☐ Unknown
Does the average humidity of the exposure site fluctuate over 60%?	☐ Yes ☐ No ☐ Unknown
Is the site at positive, neutral, or negative pressure to adjacent areas?	☐ Positive ☐ Neutral ☐ Negative ☐ Unknown
What is the directional airflow of the exposure site? ☐ Airflow from inmate area toward staff area (i.e., registration desk or interviewer chair in an exam room) ☐ There is no distinct staff or inmate area ☐ No directional airflow, or airflow direction changes ☐ Air flows from the staff area toward the inmate area (e.g., waiting area or interviewee chair in an exam room)	
Was the general ventilation system running while the patient was infectious ?	☐ Yes ☐ No ☐ Unknown ☐ N/A
Were air cleaning systems running, or filters installed, while the patient was infectious?	☐ Yes ☐ No ☐ Unknown ☐ N/A
Are environmental controls regularly checked and maintained by a professional, with results recorded in the maintenance log?	☐ Yes ☐ No ☐ Unknown ☐ N/A

ADD



F. Notes