TEXAS Health and Human Services | Texas Department of State Health Services

Tuberculosis (TB) Screening of TB Staff

This form is for DSHS-funded TB programs to document infection prevention plans and results of routine TB staff screenings (i.e., after hire TB screening, annually or as needed).

Local and regional TB Programs must have comprehensive infection control measures to protect staff and patients from TB exposures. These include:

- **Administrative Measures** — management measures that reduce the risk of TB exposure, such as policies, procedures, training, education and screening.
- **Environmental Measures** — physical measures that prevent TB transmissions, such as exhaust ventilation, dilution and removal of contaminated air, high-efficiency particulate air (HEPA) filtration, and ultraviolet germicidal irradiation (UVGI)
- **Respiratory Protection Measures** — measures that ensure staff receive education and fit-testing of N-95 masks (or equivalent) and patients with infectious TB receive surgical masks and training on respiratory hygiene (i.e. cough etiquette).

Complete sections 1–3 and sign yearly or during routine TB screening of TB staff. Retain the completed form at the health department according to local retention rules.

Health Department Name: _____

Address: _____

TB Program Manager Name: _____

Contact Phone: _____ Email Address: _____

Type of Screening:

☐ Annual

☐ Recent exposure (specify): _____

☐ Other (specify): _____

Date of Screening: _____

TB Screening — TB screening includes a TB test with an IGRA (or TST if IGRA is contraindicated); an individual risk assessment to interpret the TB test; and a TB signs and symptoms screening questionnaire (DSHS TB 207, Targeted Tuberculin/IGRA Testing Screening Form, DSHS TB 601, After Hire TB Assessment for Health Care Personnel or equivalent). For staff with documented previously positive test results, screening includes only a TB signs and symptoms screening questionnaire after baseline testing with a chest x-ray.

TB Test Conversion — When screening staff who are potentially at risk for TB exposures, a test conversion is a change from a negative to a positive IGRA in the past two years. For TSTs, a TB test conversion is a ≥10 mm increase in the size of the TST induration for two years after a baseline two-step TST.

Section 1: Infection Control Measures

Administrative Measures

Who is responsible for TB infection control (name, title, credentials)?

Is there a written infection control policy or procedure available for all staff? ☐ Yes ☐ No
Date of last revision:

How often does the program provide staff education or training on infection control measures?
☐ Upon hire ☐ Yearly ☐ Other (specify):

Is there documentation that all TB staff completed infection control training?
☐ Yes ☐ No

How often are staff screened for TB?
☐ Upon hire ☐ Annually ☐ Other (specify):

What is the *predominant* testing method? ☐ TSPOT ☐ QFT ☐ TST

What steps are taken to ensure that licensed and unlicensed staff are aware of the infectiousness of TB patients and follow appropriate infection control measures?

Are patients routinely educated on proper cough etiquette, when applicable? ☐ Yes ☐ No

Environmental Measures

Each TB clinic must ensure there are staff who maintain environmental control equipment. These staff are responsible for ensuring the equipment works properly and take immediate action when equipment does not work. The TB clinic will perform updates and maintenance according to local rules.

Measure	**Date of Last Servicing or Inspection**	**Working Properly? (Yes/No)**	**Comments — If a measure is not working, describe an alternate. If the clinic does not see patients, mark N/A.**
Physical barriers (plastic or window shielding)			
Ultraviolet germicidal irradiation (UVGI)			
High-efficiency particulate air (HEPA) filters			
Ventilation system			
Air exchange system			

Respiratory Protection Measures

Do employees receive fit-testing for N-95 masks or equivalent upon hire? ☐ Yes ☐ No

After hire, how often do employees receive fit-testing and education on using N-95 masks or equivalent? ☐ Yearly ☐ Other (specify):

Does every employee with direct patient care have access to N-95 or equivalent masks?
☐ Yes ☐ No

Who performs fit testing for N-95 or equivalent masks (name, title and credentials)?

Do patients with active TB disease receive surgical masks? ☐ Yes ☐ No	
Do patients with infectious TB receive education on proper cough etiquette? ☐ Yes ☐ No	

Section 2: TB Staff Overview

Question	Response
1. How many TB staff work in the same airspace as someone with infectious TB at the worksite or as part of job duties? Consider areas of the clinic such as restrooms and waiting rooms as well as home visits.	
2. How many staff in response #1 received a TB screening upon hire? If not screened upon hire, specify why.	
3. How many staff screened upon hire had documentation of previous positive TB test results?	
4. How many staff screened upon hire had newly positive TB test results?	
5. How many staff with new or previous positive test results received treatment for (or are currently on treatment for) latent TB infection or disease?	
6. How many TB staff qualify for annual TB screening?	
7. How many TB staff were fit tested upon hire?	

Section 3: Overview of Current TB Testing Results for TB Staff

Question	Response
1. How many TB staff qualified for TB screening for this assessment?	
2. How many TB staff received TB screening for this assessment?	
3. Out of those in #2, how many received a TST/IGRA?	
4. How many TB staff had a TB test conversion?	
5. How many staff were identified to need fit-testing for this assessment?	
6. Out of those in #5, how many completed fit-testing?	

Recommendations

If the program did not identify TB test conversions at this screening assessment:

- Review all TB protocols every 3 years including the TB Infection Prevention plan.
- Provide yearly TB education to staff.
- Ensure environmental, administrative and respiratory protection measures are in place and working properly. This includes annual N-95 fit testing, training and education.
- Continue to provide annual TB screening for qualifying TB staff.

If the program identified TB test conversion(s) at this screening:

- Conduct an investigation. Submit findings to the DSHS TB Section within 60 days of screening using the TB 604 *Report of Tuberculosis Test Conversion(s) in TB Staff*.

Signature

Date of Next TB Screening:	
TB Program Manager or Infection Control Designee:	
Signature and Date:	