Tuberculosis (TB) Risk Assessment Worksheet

Nursing and Specialized Facilties Rule 310:675-7-17.1

Facility Name:	Date Completed: Long Term Care
Completed by:	Oklahoma State Department of Heal
Calculate TB Conversion Rate in Courfrom County HIth Dept. (# Cases / County	+TB skin test in the last 12 mo. divided by # residents and staff tested.
population) * 100	(#+1b/ #hesidents & Stall Tested) 100
Rate =	Rate =
	Were residents or staff with TB in the facility in the last 12 months? No □ → LOW RISK
	Yes □ ▼
Time Interval for conducting this TB risk assessment. This is	Is the facility rate > county rate? Yes MED RISK
usually done for the previous calendar year (i.e. 6/1/06- 5/31/07):	No □
to	Was there a cluster of TST conversions in Yes □ MED RISK workers or residents?
	No [
	Was there evidence of person-to-person transmission w/in the facility? MED RISK
	No E
	Does the facilty admit residents with TB? No No LOW RISK & Facilty has agreement to refer TB patients for inpatient care
	Yes
LOW RISK No [-	Have more than 1.5% of residents & staff had a TST conversion in the last 12 months? Have more Yes MED RISK