# Appendix 1. Facility Risk Assessment

# Portions from the 2005 MMWR CDC Guidelines Appendix B: Tuberculosis (TB) Risk Assessment Worksheet Suggested updates to Reflect the 2019 MMWR CDC/NTCA Recommendations are in bold underlined text1,2

**The 2019 MMWR CDC/NTCA Recommendation states:** “Recommendations from the 2005 CDC Guidance that are outside the scope of health care personnel screening, testing, treatment, and education remain unchanged; this includes continuing annual facility risk assessments for guiding infection control policies and procedures.”

**Outpatient settings**

|  |  |  |
| --- | --- | --- |
| Does evidence exist of person-to-person transmission of *M. tuberculosis* in the | Yes | No |
| health-care setting? (Use information from case reports for both contact investigation and from serial testing **(if any is being done).** Determine if any tuberculin skin test [TST] or blood assay for *M. tuberculosis* [BAMT/IGRA] for *M. tuberculosis* conversions have occurred among HCP in the past year.) |  |  |

**Nontraditional facility-based settings**

|  |  |  |
| --- | --- | --- |
| Have any TST or BAMT/IGRA conversions occurred among staff or clients in the past year? (Use information from case reports for both contact investigation and serial testing program **if done**) | Yes | No |
|  |  |  |

**Screening of HCP for *M. tuberculosis* Infection**

|  |  |
| --- | --- |
| How frequently are HCP tested for M. *tuberculosis* infection? |  o On hire o Post-exposure **o Other** \_\_\_\_\_\_\_\_ |
|  |
|  |