



## TB Test Assessment Instructions

In accordance with the San Diego Unified School District joint service agreement (Education Code 49406.1), all employees, fellows, select volunteers and contractors with frequent and prolonged contact with youth participants (including anyone who stays overnight at the BAHIA field station) needs to submit a “TB Certificate of Completion” demonstrating they are free from tuberculosis (TB) infection prior to starting the program or work. The test should be performed within the past 60 days prior to start date and by a physician, physician assistant, nurse practitioner, or other health care provider with necessary certification to do so. In addition, TB tests will need to be updated **every four years**.

If risk factors are identified via assessment, a TB skin test or Quantiferon blood test is to be performed. If either test is positive, a chest x-ray must be taken. Once the health care provider performing these examinations determines the individual is free from infectious tuberculosis, they will complete the “TB Certificate of Completion” with the dates of those results noted.

The cost of testing will be the responsibility of the applicant and reimbursed upon hire or for current employees needing to update their certification. Ocean Discovery Institute may exclude an individual from service if there is probable cause to believe an individual is afflicted with TB, will address special circumstances on a case-by-case basis and change the above-mentioned requirements at any time.

### **Steps to Complete TB Assessment**

- Make an appointment to see a health care provider. Insured individuals should visit their current provider for TB services. TB skin testing services may also be available at community health centers, walk-in clinics, and some pharmacies
- Take the “Tuberculosis Risk Assessment” and “Certificate of Completion” pages attached to your appointment for the health care provider to complete. You will also need to present a valid driver’s license and a form of payment.
- Submit the completed “Tuberculosis Risk Assessment” and “Certificate of Completion” to Ocean Discovery Institute.
- If applicable, submit receipts for the TB test costs to Ocean Discovery Institute for reimbursement.

If you have a valid TB test assessment already, you may submit a copy or note from a licensed health care provider demonstrating the previous TB-free test results. If you have any questions about this request, please do not hesitate to contact us at 1-619-795-8365.



## School Staff & Volunteers: Tuberculosis Risk Assessment

Job-related requirement for child care, pre-K, K-12, and community colleges



The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this risk assessment is required in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055 and 121525, 121545, and 121555.

The law requires that a health care provider administer this risk assessment. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. Any person administering this risk assessment is to have training in the purpose and significance of the risk assessment and Certificate of Completion.

Name of Employee/Volunteer Assessed for TB Risk Factors: \_\_\_\_\_

Assessment Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### History of Tuberculosis Infection or Disease (Check appropriate box below)

Yes

If there is a documented history of positive TB test (infection) or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

No (Assess for Risk Factors for Tuberculosis using box below)

### Risk Factors for Tuberculosis (Check appropriate boxes below)

If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Re-testing with TST or IGRA should only be done in persons who previously tested negative, and have new risk factors since the last assessment. A positive TST or IGRA should be followed by a chest x-ray, and if normal, treatment for TB infection considered. (Centers for Disease Control and Prevention [CDC]. *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013)

**One or more signs and symptoms of TB:** prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.

Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

**Close contact** to someone with infectious TB disease at any time

**Foreign-born** person from a country with an elevated TB rate

Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. IGRA is preferred over TST for foreign-born persons

**Consecutive travel or residence of  $\geq 1$  month** in a country with an elevated TB rate

Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.

Volunteered, worked or lived in a **correctional or homeless** facility





## Certificate of Completion Tuberculosis Risk Assessment and/or Examination

*To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.*

**First and Last Name of the person assessed and/or examined:**

\_\_\_\_\_

**Date of assessment and/or examination:** \_\_\_\_\_ mo./ \_\_\_\_\_ day/ \_\_\_\_\_ yr.

**Date of Birth:** \_\_\_\_\_ mo./ \_\_\_\_\_ day/ \_\_\_\_\_ yr.

**The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.**

X \_\_\_\_\_

Signature of Health Care Provider completing the risk assessment and/or examination

**Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):**

**Telephone and FAX:**