

# Tuberculosis Prevention and Control

## STATE EVALUATION: TEMPORARY & LICENSED HOME CARE PROVIDERS (144A)

### Provider and Survey Information

Provider:

Date:

HFID:

Time:

Surveyor:

### Verify the following:

- Provider utilized the [Regulations for Tuberculosis Control in Minnesota Health Care Settings guide \(https://www.health.state.mn.us/diseases/tb/rules/tbregmanual.pdf\)](https://www.health.state.mn.us/diseases/tb/rules/tbregmanual.pdf)
- Provider had designated and documented a qualified person or team with primary responsibility for the TB infection control program. (Page 5)
- Provider had a current written TB risk assessment, reviewed and updated periodically. (Pages 5-6)
- Date of most recent risk assessment:

Provider had a written infection control plan that included:

- Procedures for handling persons with active TB disease; and
- Documentation of initial and ongoing TB-related training and education for all health care workers. (Pages 6-7)

Date of most recent review of plan:

- Results of baseline TB screening of all paid and unpaid health care workers were documented. All reports or copies of tuberculin skin tests (two-step TSTs), IGRAs/TB blood tests for *M. tuberculosis*, medical evaluation (if appropriate), TB history and symptom screen, and chest radiograph results were maintained in the health care worker's employee file. (Pages 10-14)
- Baseline screening included two-step skin testing (unless the TB blood test was used). (Pages 10-11)
- If the setting was classified as "medium risk" or higher, results of serial TB screening of all paid and unpaid health care workers were documented. All reports or copies of tuberculin skin tests (TSTs), IGRAs/TB blood tests for *M. tuberculosis*, medical evaluation, TB symptom screen, and chest radiograph results were maintained in the health care worker's employee file. (Page 11)

Comments:

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To obtain this information in a different format, call: 651-201-4200.