

Appendix 7: Tuberculosis (TB) Assessment Tool

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a *NSW Health Record of Vaccination for Health Care Workers and Students* and *Appendix 6: Undertaking/Declaration Form*. The healthcare worker/student should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

The **education provider** must forward a copy of this form to the health service for assessment. The **NSW Health agency** will assess this form and decide whether TB screening or TB clinical review is required.

New recruits, other clinical personnel, volunteers and students can commence duties once they have submitted this form to the employing NSW Health agency **and** have been cleared of active TB disease **and** have completed TB testing when it is indicated by the information in this TB assessment tool. When employment commences prior to completing TB clinical review, failure to complete outstanding TB requirements within the appropriate timeframe may affect employment status.

Existing Category A staff, clinical personnel, volunteers and students who have spent more than 3 months in a country with high incidence of TB or have had known TB exposure since last TB assessment must complete a new TB Assessment Tool and re-submit this to their manager/education provider.

Please complete Part A, Part B and Part C

| Part A: Symptoms requiring investigation to exclude active TB disease | | | | |
|---|--|-------|----------|----|
| Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor? | | | Yes | No |
| 1. | Cough for more than 2 weeks? | | | |
| 2. | Episodes of haemoptysis (coughing blood) in the past month? | | | |
| 3. | Unexplained fevers, chills or night sweats in the past month? | | | |
| 4. | Significant* unexpected weight loss over the past 3 months? *loss of more than 5% of body weight | | | |
| <u>If Yes to any of the questions in Part A:</u> | | | | |
| Urgent TB Clinical Review required. Contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment See link to list of NSW clinics and contact numbers on Page 2. | | | | |
| Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment | | | | |
| Part B: Previous TB treatment or TB screening or increased susceptibility | | | Yes | No |
| 1. | Have you ever been treated for active TB disease or latent TB infection (LTBI)? | | | |
| If Yes, please state the year and country where you were treated and provide documentation (if available) to the TB Service/Chest Clinic | | Year: | Country: | |
| 2. | Have you ever been tested for LTBI with Tuberculin skin test or Quantiferon blood test? | | | |
| <u>If Yes, please provide copies of TB test results to the TB Service/Chest Clinic.</u> | | | | |
| 3. | Have you ever had a chest X-ray that was reported as abnormal? | | | |
| 4. | Have you ever been referred to or reviewed in a TB Service/Chest Clinic in Australia? | | | |
| 5. | Do you have any medical conditions that affect your immune system? e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease, diabetes | | | |
| 6. | Are you on any regular medications that suppress your immune system? | | | |
| <u>If Yes to any of the questions in Part B:</u> | | | | |
| Contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment for advice regarding TB screening or clinical review requirements to obtain TB compliance. See link to list of clinics and contact numbers on Page 2 of this form. | | | | |

Privacy Notice: Personal information about students and employees collected by NSW Health is handled in accordance with the Health Records and Information Privacy Act 2002. NSW Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases Policy Directive. All personal information will be securely stored and reasonable steps will be taken to keep it accurate, complete and up-to-date. Personal information recorded on this form will not be disclosed to NSW Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how NSW Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.nsw.gov.au

Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases

APPENDICES



Part C: TB exposure risk history

The following questions explore possible exposure to TB

| | | | | | | |
|---|---|----------------|---|-----------------|----------------|---|
| 1. | In what country were you born? | | | | | |
| If born overseas, in what year did you migrate to Australia? | | | | | | |
| 2. | Is your country of birth on the list of high TB incidence countries? For a list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx | Yes | No | | | |
| 3. | Have you spent a total of three (3) months or more visiting or living in any country/ies with a high TB incidence? e.g. 2 months in country A + 1 month in country B = 3 months cumulative | | | | | |
| If Yes, please list below the countries you have visited, the year of travel and duration of stay | | | | | | |
| | Country visited | Year of travel | Duration of stay (please specify d/w/m) | Country visited | Year of travel | Duration of stay (please specify d/w/m) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4. | Have you had direct contact with a person with pulmonary TB whilst infectious and where you were not wearing a P2/N95 mask? | Yes | No | | | |

If Yes to any of the questions in Part C, a record of TB infection status after the latest TB exposure risk is required.

The accepted tests are:

- Interferon Gamma Release Assay (IGRA) blood test. This test can be ordered by your doctor – pathology fees will apply. Blood draw for IGRA must be prior to or at least 4 weeks after a live vaccine, for example MMR or Varicella vaccination; or
- Tuberculin Skin Test (TST) performed at a specialist TB Service/Chest Clinic - requires 2-4 visits and there may be a cost involved. TST must be prior to or at least 4 weeks after a live vaccine, e.g. MMR or Varicella vaccination.

If the TB screening test is negative and there are no additional steps indicated by Part B of this assessment, TB compliance can be granted and clinical placement/employment can be attended.

If the TB screening test is positive, a chest X-ray and TB Clinical Review is required – please contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment. **Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment** See link to list of clinics and contact numbers below. There is no out-of-pocket expense for treatment of TB disease or LTBI in public health facilities in New South Wales

NOTE that any possible exposure to TB after this screening i.e. via overseas travel or workplace exposure, must be declared and another TB self-assessment tool must be re-submitted to your manager / education provider.

Your Personal Information

| | | | |
|--|-----|---------------------|--|
| Family Name | | Given Name(s) | |
| Date of Birth | / / | Phone number | |
| Address | | | |
| Email | | | |
| Education Provider OR Employer | | Student/Employee ID | |
| Course/Module of Study OR Place of Work | | | |
| Signature and Date | | | |

NSW TB Services/Chest Clinics & contact numbers: <https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/chest-clinics.aspx>