



TB Case #	PHN	Initials/ DOB
Specimen	Smear	Probe
Culture	Sensitivities	Date form initiated

Exposure location(s)/setting:

Exposure dates:

Infectious period of source case:

Comments re exposure:

Recommendations: TB testing for exposed health care workers (HCW):

TB Screening strongly recommended for those staff who were first line responders/triage (RT, ER staff) or performed high risk procedures on a pulmonary active case (bronchoscopy, sputum collection/induction, intubation), or staff who performed aspiration of TB wound/abscess irrespective of the cumulative exposure.

15 minutes direct face to face contact for other direct HCW

Otherwise, **XX** hours cumulative exposure per week for HCW

** lower threshold for immune compromised staff

Recommend TB testing \geq 8 week after last contact for HCWs if they have had annual negative skin tests; otherwise recommend initial tst and \geq 8weeks after last contact

Recommend CXRs at 4 months after last date of contact for staff who have previous positive skin tests. Further CXR recommendations are dependent upon TB Control physician recommendations.

Recommendations: TB testing for exposed patients

XX hrs cumulative exposure per week for patients

- Patients who fit criteria above who are immune compromised should have an x-ray also at time exposure identified. Further CXR recommendations are TB Control physician recommendations.
- If patients have had a recent transplant, extreme burn injuries, or cancer, please indicate on contact tracing document – further assessment will come from TB Control physician
- Please contact TB Control regarding children \leq 5yrs old who have been exposed.
- **Please use the 3rd page of this document to record inpatient contacts.** Fax to TB control 604-707-2690 and address it to Michelle Mesaros's attention. Inpatients to be tested by hospital and 939 form completed and faxed to TB control. Outpatient notification will be done by Michelle.

CONFIDENTIAL. DO NOT DISTRIBUTE FURTHER.



NOTICE TO UNIT RN REGARDING:

PLEASE NOTIFY TB CONTROL WHEN PATIENT IS PLANNED FOR DISCHARGE. PATIENT MUST BE FOLLOWED UP PROMPTLY BY TB CONTROL. CALL **604.707.2720.**

**INFECTION CONTROL: PLEASE ENSURE THIS NOTICE TO THE UNIT NURSE IS ATTACHED TO PATIENT CHART.
(DO NOT ATTACH RECOMMENDATIONS TO PATIENT CHART)**

TB Control:
604-707-2762 (Michelle, Contact Tracing Nurse)
604-707-2690 (fax)