***[Replace this text with your organization’s identifier.]***

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| **Tuberculosis Exposure *[Name of school]* School** | |
| **Address (testing location)**: | ***[Name of school]***  Address  Telephone |
| **Date and time:** |  |
| **Parking:** |  |
| **School contact person:** |  |
| **Public Health Department (PH) contact person:** |  |
| **Number of contacts to be tested:** |  |
| **On-site testing limited to:** | ***[Modify sample text below]***  Staff identified as contacts  Students identified as contacts, currently registered for the **[specify school term]**  *No walk-ins*  Exceptions:   * Exposed faculty members, students with a convincing history of exposure to the TB case   Refer all other non-contacts (students and faculty) to their private providers if they desire testing |

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| **Testing Plan** | 1. **Notification**:    1. General letter to students and faculty distributed ***[date]:***    2. PH packet for identified contacts mailed ***[date]:*** 2. **On-site Testing on *[date]:*** TB test ***[indicate IGRA/TST or both]***; TB risk assessment/symptom check 3. **On-site services (e.g., Mobile CXR Unit, name of phlebotomy company, if using) provided by**: ***[Name of responsible organization]*** 4. **Financial**: ***[Modify sample text below]***   No cost to staff and students  Phlebotomy Services to bill ***[e.g., Public Health Department/TB Control]***  IGRA tests to bill ***[e.g., Public Health Lab or TB Control Program]*** |
| **Responsibilities**  ***[Modify sample text in right hand column to outline responsibilities of each]*** | ***[Name of school]***   1. Space and furniture – request campus map 2. School Nurses (to assist with calling parents to complete consent and TB questionnaires) 3. On-site clerical assistance **student call-slips** |
| **Public Health**   1. Provide diagram of room set-up 2. Check-in, assign numbers, review documents, direct to waiting area to complete forms 3. Review Informed Consent, TB Exposure Questionnaire, PH Lab Requisition and IGRA blood tube labels 4. Provide referrals to private provider as applicable 5. Supply IGRA test kits 6. Conduct laboratory testing (Public Health Lab) 7. Perform TSTs if needed 8. Provide snacks and juice 9. Transport specimens to Public Health Lab |
| **Phlebotomy Services**   1. Supply clinical equipment for blood draws (except IGRA test-kits) 2. Perform blood draws 3. Label blood specimens and complete lab requisition 4. Check appropriate IGRA box on page 2 of the TB Exposure Questionnaire |

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| **TESTING DAY PUBLIC HEALTH TEAM ASSIGNMENTS** | | |
| **Date** | **Name** | **Assignment *[Modify sample text below]*** |
| ***[Modify sample text below]***  **e.g., Tuesday 9/27/16 & Thursday 9/29/16**  **8AM-3PM**  **(set-up at 7:30)** | **PHN Lead** | **Lead** |
| ***[Insert Name]*** | Check-in Desk   1. Briefly interview individual: if non-contact, send to ***[Insert Name]***; if on exposure list, proceed as follows: 2. Sign in and check any paperwork submitted 3. Assign number (testing order) 4. Provide any missing documents:  * Informed Consent * HIPAA NPP & Summary/Receipt * TB Exposure Questionnaire  1. Add Public Health Lab Requisition and labels 2. Send individual to waiting area for School Nurse or Public Health Nurse (PHN) |
| **School Nurses**  ***[Insert Names]***  **Public Health Nurses**  ***[Insert Names]***  **Public Health MSW**  ***[Insert Name]***  **Public Health Investigators**  ***[Insert Names]*** | 1. Review documents for completeness, accuracy and signatures: 2. Review Informed Consent\*    * If missing, call parent, complete and sign as “verbal consent” 3. Review TB Exposure Questionnaire\*    * If missing, call parent, complete and sign questionnaire    * If symptomatic, or immunocompromised, complete referral for PMD (TB test must still be performed)    * Reviewer initial on page 2 4. Review HIPAA Receipt for parent/guardian signature  * If receipt is missing, attach a blank copy, complete and note that form was mailed to parent - reviewer to date and sign  1. Send individual to waiting area for blood draw 2. PHN perform TST if needed 3. Post-test counseling, education, provide juice/snacks, assist with recovery 4. Exit testing area   \*If state regulation permits, consider adding: If unable to reach parent/guardian and student is of age to self-consent under *[state code/regulation]*, have student complete and sign missing forms. |
| Assign | Purchase and set up snacks and juice |
| Assign | Transport specimens to PHL |

**PHLEBOTOMY TEAM**

**On-Site Testing *[Name of school]* School**

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| **Name** | **Mobile Telephone Number and Language Capability** |
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