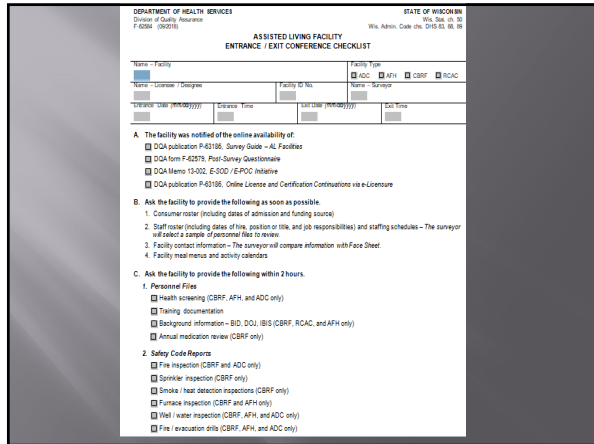


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State of Wisconsin Department of Health Services
DIVISION OF QUALITY ASSURANCE
HEALTH CARE SERVICES
REGULATORY SERVICES
WISCONSIN DEPARTMENT OF HEALTH SERVICES
Telephone: 608-227-8000
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Date: April 18, 2013 DQA Memo 13-011

To: Adult Day Care, Adult Family Homes, Community-Based Residential Facilities, Residential Care Apartment Complexes

From: Alfred C. Johnson, Director
Burren of Assisted Living

Via: One Week Administrator
Division of Quality Assurance

Guidelines for Use of Electronic Record Keeping in Assisted Living

The purpose of this memorandum is to provide general guidelines to assisted living providers who choose to use automated (computerized) record-keeping systems. Providers may maintain electronic or paper record systems that suit needs as long as there is a written policy describing how data and federal regulations will be used. The guidelines below are meant to assist providers in maintaining compliance with applicable administrative code provisions but are not all-inclusive. Providers are encouraged to do further research to ensure compliance with state and federal regulations.

Electronic (Automated) Record-keeping

When entering facility records such as medical records, personal records, resident records, training records, or any other records required by the applicable administrative code provisions, providers should consider the following:

- Protecting privacy and confidentiality
- Program oversight
- Responsibility designation
- Legal and protective measures to foster data integrity
- Record reconstruction and back up of data in case of system failure)
- Safeguards to prevent unauthorized access.

Wisconsin.gov

4

STATE OF WISCONSIN
Department of Health Services
Division of Public Health

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Date: October 30, 2019 BCD 2019-19

To: Wisconsin Local Public Health Departments, Tribal Agencies and Infectious Control Practitioners

From: Taha Taha-Ravien, Director
Wisconsin Tuberculosis Program

**New CDC Recommendations:
Tuberculosis Screening, Testing and Treatment of U.S. Health Care Personnel**

PLEASE DISTRIBUTE WIDELY

Background

The Centers for Disease Control and Prevention (CDC) and the National Tuberculosis Controllers Association (NTCA) have released **Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations** from NTCA and CDC, 2019, published in the CDC's Morbidity and Mortality Weekly Report (MMWR). The updated recommendations reflect the overall decrease of tuberculous (TB) cases and the low incidence of TB among health care personnel in the United States due to occupational exposure.

These recommendations update the recommendations for TB screening and testing of health care personnel from the **Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings**, 2005. The recommendations for facility risk assessments and infection prevention and control practices are unchanged.

The Wisconsin Division of Public Health TB Program (WDBP), in collaboration with the Division of Quality Assurance (WQA), has worked to align Wisconsin's guidance with updated national recommendations.

Highlights from the New Recommendations

- Health care personnel should receive a baseline individual TB risk assessment, symptom screening, and TB testing (e.g., TB blood test or TB skin test) upon hire.
- CDC, NTCA and WDBP do not recommend annual TB testing for health care personnel unless there is a known exposure or ongoing transmission in a health care setting.
- Treatment for latent TB infection (LTBI) is strongly encouraged for health care personnel with positive TB tests and risk for infection. Active TB disease should be ruled out before LTBI.

5

DEPARTMENT OF HEALTH SERVICES
Public Health

STATE OF WISCONSIN
Form 107

WISCONSIN TUBERCULOSIS (TB) RISK ASSESSMENT AND SYMPTOM EVALUATION

All of the information on this form must be kept confidential.

Do not perform testing by interferon gamma release assay (IGRA) or tuberculin skin test (TST) unless there are risk factors identified by the questions below.

Do not perform testing by IGRA or TST if the patient has previously confirmed latent tuberculosis infection (LTBI) or tuberculosis (TB) disease.

Do not treat for LTBI until active TB disease has been excluded.

Exclude active TB disease with a chest x-ray, sputum evaluation, and if indicated, sputum AFB smear, culture and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

If any of the following boxes are checked, recommend LTBI testing.

See page 2 for more detailed information on the risk assessment questions below.

SYMPTOM EVALUATION

YES NO Recent TB symptoms: Persistent cough lasting three or more weeks AND one or more of the following

- symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue

RISK FOR TB INFECTION

YES NO Born, resided or travel (for > 1 month) in a country with a high TB rate

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or southern Europe.
- Travel is of extended duration or including likely contact with infectious TB.

YES NO Close Contact to someone with infectious TB disease

RISK FOR PROGRESSION TO TB DISEASE

YES NO Human immunodeficiency virus (HIV) infection

YES NO Current or planned immunosuppression including receipt of an organ transplant, treatment with an anti-TNF- α antagonist (e.g., infliximab, adalimumab), or other chronic systemic medication of prednisone >10 mg/day for 41 months, or other immunosuppressive medication in combination with risk for infection from above.

- A TB risk assessment has been completed for the individual named below. No risk factors for TB were identified.
- A TB risk assessment has been completed for the individual named below. Risk factors for TB have been identified. Further testing is recommended to determine the presence or absence of tuberculosis in a communicable form.

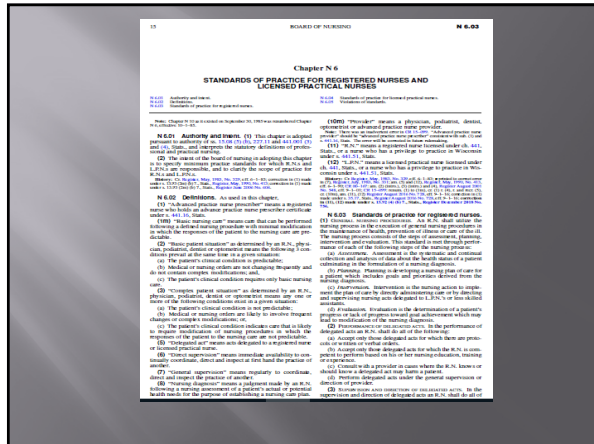
Facility Name: _____ Date of Birth: _____

Street Address: _____

Assessment Code: _____ Telephone Number: _____ (Please sticker here if applicable)

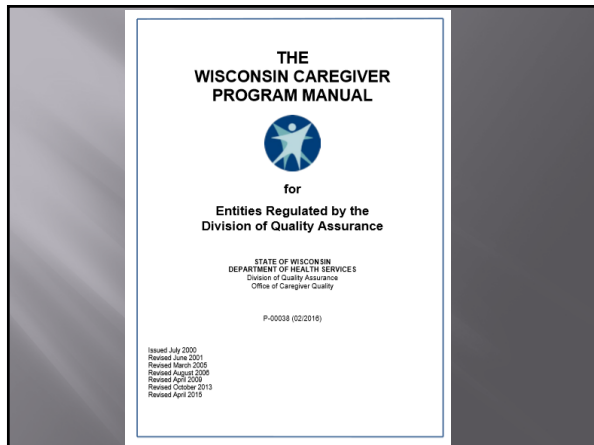
Signature: _____ Provider: _____

6



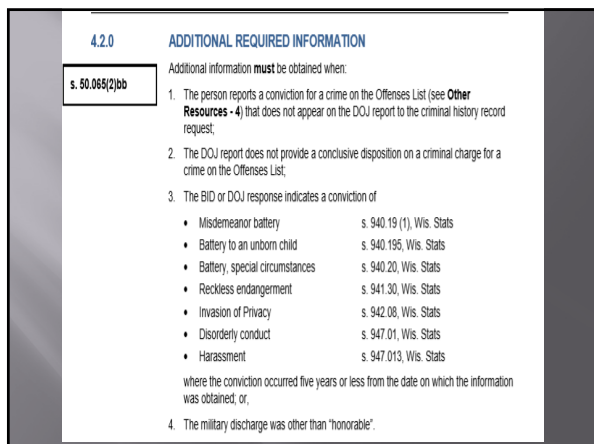
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