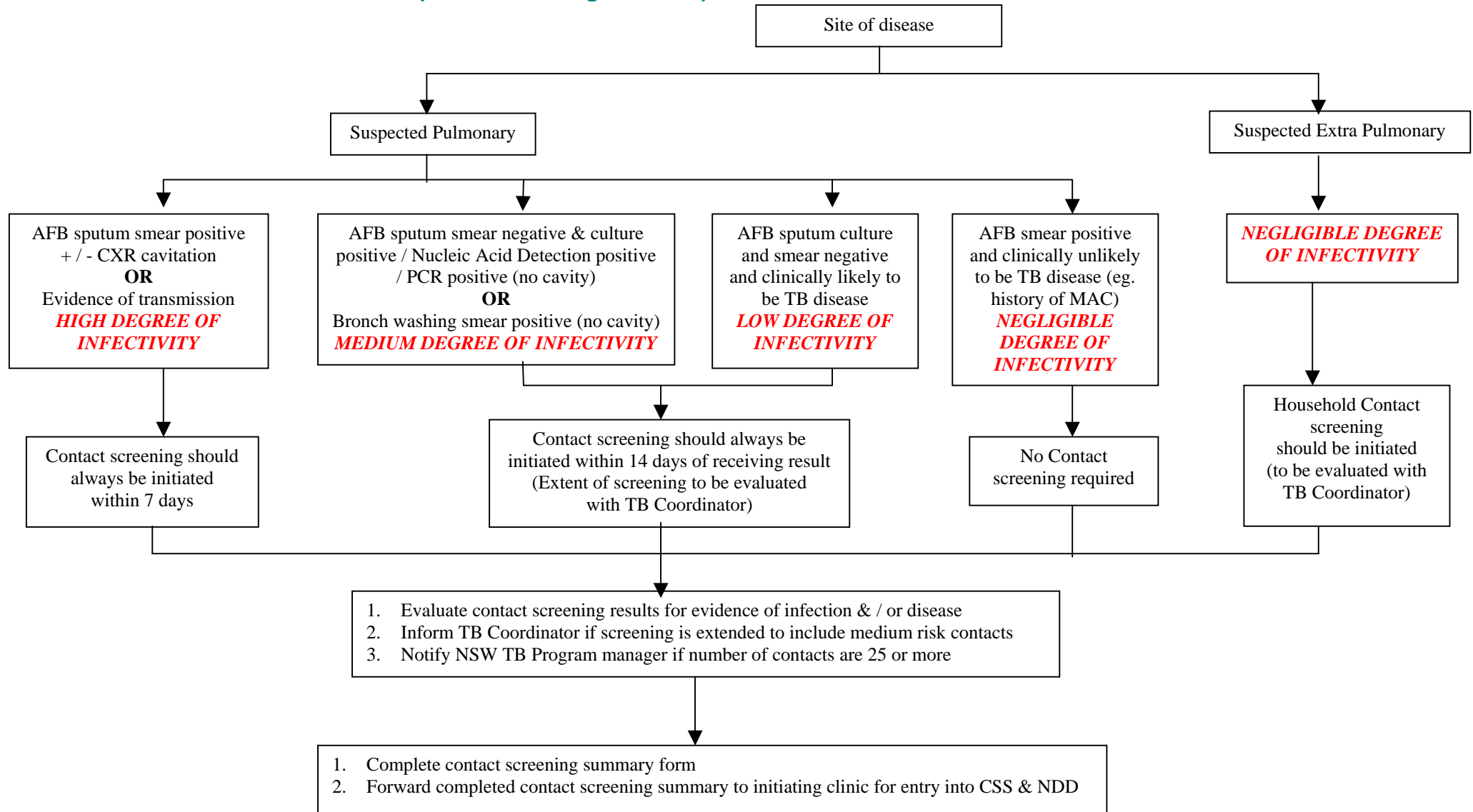


# CONTACT SCREENING INTERVIEW GUIDELINES

## *Pre-Interview Risk Assessment (NSW Health guideline)*



## Interview (Index case information)

Diagnosis \_\_\_\_\_ Notification date \_\_\_\_\_ Index Case No. \_\_\_\_\_

Dates of infectious timeframe: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ **DATE AIRBORNE PRECAUTIONS INITIATED:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Date of first health contact \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

<b>Symptoms</b>	<b>Yes / No</b>	<b>Duration (weeks)</b>
Persistent cough with sputum and / or blood		
Persistent dry cough		
Fevers		
Night sweats		
Lethargy		
Loss of appetite		
Unexplained weight loss		
<b>Other symptoms:</b> please specify		

	<b>Yes / No</b>	<b>Year</b>	<b>Provide details of country of treatment, duration of treatment &amp; if treatment completed</b>
Previous TB Disease			
Previous treatment for latent TB			
Suspected / Proven drug resistance			(Specify resistance)

Infectious Risk	HIGH	MEDIUM	LOW	NEGLIGIBLE
Dates of infectious timeframe:	____ / ____ / _____ to ____ / ____ / _____			

## Interview (Information regarding Contacts)

### High risk group (Add these to the contact list)

Frequent, prolonged and close contact within the three months preceding diagnosis, or as far back as a clear history of active tuberculosis disease. This group includes:

- All people living in the same household or dwelling,
- Relatives and friends who have frequent, prolonged and close contact, and
- Any others who have had prolonged contact in a closed environment (eg workmates who daily share the same indoor small work area).

### Specific contact groups to consider

1. Household
2. Close friends and non-household family
3. Workmates (car pooling, workmates who daily share the same indoor small work area)
4. Education (car pooling, students)
5. Recreation (religious, hobby groups, sporting groups, community groups)
6. Hospital / other institutions (ambulance, other inpatients, residents)
7. Travel (commercial)

### Specific questions to ask include:

Household (add names directly to contact list)

- Who are the people living with you?
- Have you had any overnight visits since your symptoms began? (length of time in hours per week)
- Are there any children living in the house who are less than 4 years old (preventive therapy)

Close friends and non-household family (add names directly to contact list)

- How often have you seen since your symptoms began? (length of time in hours per week)
  - a) other family members
  - b) friends
  - c) neighbours

Workmates (workplace assessment before adding names to contact list)

- Are you currently working? If so:

Occupation, days and hours of work	
Where do you work (name of area / section)	
How many people in your immediate work area(s)	
Are there any children less than 4 years old (preventive therapy)	
Usual practices (time spent in each area), any offsite work	
Any other jobs since symptoms began	
How do you get to and from work and with whom (travel companions)	
Where do you take your breaks and with whom (indoor / outdoor)	

<b>Sketch of work area (eg layout, room sizes, windows, doors)</b>	How many windows in the work area?
	Open <b>Yes / No</b>
	Fixed <b>Yes / No</b>
	How many doors in work area?
	Do you work where there is an open loading dock? <b>Yes / No</b>
	Do you wear personal protective equipment (eg masks, hoods)? <b>Yes / No</b>
	Sources of ventilation:
	• Air-conditioning <b>Yes / No</b>
	• Vents <b>Yes / No</b>
	• Fans <b>Yes / No</b>
	• Exhaust systems <b>Yes / No</b>
	• Filtration systems (eg Hepa) <b>Yes / No</b>
Site visit required? <b>Yes / No</b>	
<b>** If site visit required, please contact your TB Coordinator</b>	
<b>Workplace Liaison:</b> Name, address and phone number (eg. Supervisor, manager)	

### Education

- Do you attend any classes (Uni, TAFE, school, English classes, evening courses etc)? If so:

Which institution	
Which course	
Subjects attended whilst symptomatic (consider tutorial and study groups)	
Day, time, room number (class room or lecture hall) and tutors name	
Approximate number of students per subject (consider seating)	
Hours attended per subject per week	
How do you travel to and from classes and with whom (travel companions)	

### Religious / Recreation

- What other activities are you involved in during your free time?
- Do you have any regular attendances to another facility? (eg doctor, physio)
- Are you involved in a religious or hobby group that you attend regularly? If so provide details:

Which place	
Days and hours attended	
Approximate number of people involved	
How do you travel there and with whom (travel companions)	
Are you in the choir	

### Hospital / other institutions

Name of facility	Admission date	Discharge date
Type of facility	Ward area	Number of beds
How did you travel to hospital (eg ambulance)		
Time spent in other areas? (Emergency, X-ray)		

- Name and address of any patients that shared a room with Index Case prior to Airborne Precautions being commenced
- Name and address of Health Care Workers providing care prior to Airborne Precautions being commenced
- Name and address of Health Care Workers providing high risk procedures (eg Bronchoscopy) for Index Case
- Refer to medical records for other Health Care Professionals (eg VMO) providing care prior to respiratory / isolation precautions being commenced

<b>Ward floorplan</b>	How many windows in the ward area?
	Open <b>Yes / No</b>
	Fixed <b>Yes / No</b>
	How many doors in ward area?
	How many beds in ward area?
	Did staff wear personal protective equipment (eg masks)? <b>Yes / No</b>
	Sources of ventilation:
	• Air-conditioning
	• Vents
	• Fans
	• Exhaust systems
	• Filtration systems (eg Hepa)
Site visit required? <b>Yes / No</b>	
<b>** If site visit required, please contact your TB Coordinator</b>	
<b>Ward Liaison:</b> Name, address and phone number (eg. NUM, manager)	

Travel

**Contact tracing should only be activated:**

- where the case is sputum smear positive (and would have been so at the time of travel), and
- where the total travel / flight time was over 8 hours.

- Method of travel \_\_\_\_\_
- Frequency of travel (whilst symptomatic) \_\_\_\_\_
- Airline / Flight number / seat number \_\_\_\_\_
- Is there a ticket or boarding card available?            **Yes / No**                      If so, can we obtain a copy?            **Yes / No**
- Date / place of departure \_\_\_\_\_
- Date / place of arrival \_\_\_\_\_
- Any stopovers?                      **Yes / No**                      If so, how long? \_\_\_\_\_

**PLEASE CONTACT YOUR TB COORDINATOR TO OBTAIN PASSENGER LANDING CARDS**

**Date(s) of interview** \_\_\_\_\_  
**Name of interviewer** \_\_\_\_\_  
**Date contacts list forwarded to other chest clinics** \_\_\_\_\_

**Contract Tracing Summary:**

Number of contacts screened \_\_\_\_\_  
Number of with active \_\_\_\_\_  
Number of contacts with TST conversion \_\_\_\_\_  
Number of contacts commenced on preventive treatment \_\_\_\_\_

**Date form completed** \_\_\_\_\_

<b>Name</b>	<b>Address / email / Phone No.</b>	<b>Age / DOB</b>	<b>Sex</b>	<b>Relationship to index case</b>	<b>Risk category H/M/L</b>	<b>Date of Last Contact</b>	<b>Chest Clinic Referred To</b>