

Colusa Unified School District  
745 10<sup>th</sup> St.  
Colusa, CA 95932

# VOLUNTEER PACKET

## VOLUNTEER SCREENING REQUIREMENTS

Colusa Unified School District welcomes and encourages involvement from parents / guardians, community members, businesses, community organizations, higher education institutions and the military. In order to provide students with a safe environment and allow for a variety of opportunities for volunteering, volunteer participation is classified in 3 categories. Depending on the category, certain processes must be completed by district staff prior to volunteering. All volunteers will be processed annually.

### CATEGORY A

Visitors or guests who enter a school for a **one-time** event. This person has no unsupervised exposure or contact with children. Typical examples include Read Across America guest reader, guest / resource speaker, senior project panel member, **one time** volunteer for school or classroom event, or other day or guest-type activity. Parents who attend school to participate in a parent involvement activity such as site award ceremonies, jog-a-thon, assemblies, etc. with their child(ren) are also considered visitors or guests.

#### Screening requirements:

- Be sponsored or approved by a school site or district employee
- Be able to present some form of current government-issued photo identification (driver's license, passport, military ID, US or other government identification)
- Sign in on the district approved "Volunteer Sign-in Sheet" in the main office, which includes a criminal disclosure
- Be required to display a volunteer/visitor identification badge to be surrendered at the conclusion of the day's volunteer activity
- **Stop here.**

### CATEGORY B

Volunteers with group exposure who have little or no direct unsupervised exposure or contact with children, volunteers participating in school activities in open and public settings, and volunteers with classroom exposure who work with children and are supervised by district staff. Volunteer conditions are typically public settings and classrooms where staff or other adults can observe at all times, no solitary time with children, and always within unobstructed view. Typical examples include classroom tutoring, classroom reading, classroom assistance and after-school programs where supervised by district personnel, field trip chaperones (no driving involved), as well as non-classroom volunteers such as office helpers, non-classroom assistance, organized functions associated with school organizations such as, school foundation, Site Council, etc.

#### Screening requirements:

- Be sponsored or approved by a school site or district employee.
- Be able to present some form of current government-issued photo identification (driver's license, passport, military ID, US or other government identification). By recommendation from the Department of Justice, Mexico identification and voter registration cards are not recognized. U.S. social security cards and birth certificates without an accompanying U.S. driver's license are also not recognized.
- Complete and submit for approval the district School Volunteer Application Packet (TB Form, Application, and Code of Conduct).
- CUSD reserves the right to require fingerprinting. A criminal background may be required to determine whether the applicant is precluded from volunteering as specified in California Education Code section 35021 et seq.
- Sign in on the district approved "Volunteer Sign-in Sheet" in the main office, which includes a criminal disclosure.
- Upon approval, be required to display a volunteer identification badge to be surrendered at the conclusion of the day's volunteer activity.

## CATEGORY D

**Volunteers with unrestricted exposure, who work with children and may be unsupervised by district staff.** This volunteer likely will have direct and unsupervised interaction with children. Typical examples include volunteer walk-on coaches, high school support personnel for athletics, off-site tutoring, mentoring, all volunteer drivers (includes one-time or reoccurring drivers), and overnight chaperones. Conditions typically include an off-campus setting and unsupervised solitary time. Returning Category D volunteers who have a current fingerprint clearance on file with CUSD do **NOT** need to be fingerprinted annually. However, a School Volunteer Application Packet is required each year.

### Screening requirements:

- Be sponsored or approved by a school site or district employee.
- Be able to present some form of current government-issued photo identification (driver's license, passport, military ID, US or other government identification).
- Complete and submit for approval the district School Volunteer Application Packet (TB Form, Application and Code of Conduct).
- New volunteers must submit their fingerprints to both State and National databases. Fingerprint rolling fees are the responsibility of the volunteer (a one-time fee of approximately \$10-\$25 is required by the Sheriff's Office and the responsibility of the volunteer). Returning volunteers whose fingerprints have previously cleared under Category D **do not** need to resubmit fingerprints. However, a School Volunteer Application Packet is required each year.
- Sign in on the district approved "Volunteer Sign-in Sheet" in the main office, which includes a criminal disclosure.
- Upon approval, be required to display a volunteer identification badge to be surrendered at the conclusion of the day's volunteer activity.

## VOLUNTEER SCREENING QUICK FACTS

<p style="text-align: center;"><b>CATEGORY A</b></p> <ul style="list-style-type: none"> <li>● Visitor or guest for one-time event</li> <li>● No unsupervised exposure or contact with students</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>● Read Across America guest reader</li> <li>● Guest/resource speaker or classroom presentation</li> <li>● Senior Presentation panel member</li> <li>● One-time volunteer for school/classroom event</li> <li>● Parents eating lunch with their child</li> <li>● Parents participating in parent involvement activities such as assemblies, jog-a-thon, etc.</li> </ul> <p><b>Screening Requirements:</b></p> <ul style="list-style-type: none"> <li>● Sponsored or approved by site or district employee</li> <li>● Show ID to site</li> <li>● Sign in at site</li> <li>● Wear name badge on site</li> </ul> <p><small>*does not require Volunteer Application Packet</small></p>	<p style="text-align: center;"><b>CATEGORY B</b></p> <ul style="list-style-type: none"> <li>● Group exposure with direct staff supervision</li> <li>● Classroom exposure supervised by district staff</li> <li>● Open/public setting classrooms where staff/adults can observe at all times</li> <li>● Always within unobstructed view</li> <li>● No solitary time with students</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>● Classroom assistance, tutoring or reading</li> <li>● School police parent patrol volunteers</li> <li>● Field trip chaperones (drivers must also follow district procedures regarding licensing &amp; insurance coverage)</li> <li>● Non-classroom volunteers (Office &amp; SSC)</li> </ul> <p><b>Screening Requirements:</b></p> <ul style="list-style-type: none"> <li>● Sponsored or approved by site or district employee</li> <li>● Show ID to site (site photocopies and sends to DO with Volunteer Application Packet)</li> <li>● Sign in at site</li> <li>● Wear name badge on site</li> <li>● Submit district Volunteer Application Packet (TB Form, Application, and Code of Conduct)</li> <li>● <u>CUSD reserves the right to require fingerprinting</u> (a one-time fee of approximately \$10 - \$25 is required by the Sheriff's Office and the responsibility of the volunteer).</li> </ul>
<p style="text-align: center;"><b>CATEGORY D</b></p> <ul style="list-style-type: none"> <li>● Unrestricted exposure/unsupervised interaction with students</li> <li>● Off-campus setting and unsupervised solitary time</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>● Volunteer walk-on coaches</li> <li>● Support personnel for athletics</li> <li>● Volunteer Drivers</li> <li>● Offsite tutoring/mentoring</li> <li>● Overnight chaperones</li> </ul> <p><b>Screening Requirements:</b></p> <ul style="list-style-type: none"> <li>● Sponsored or approved by site of district employee</li> <li>● Show ID when on site (site photocopies &amp; sends to DO with Volunteer Application)</li> <li>● Sign in when on site</li> <li>● Wear name badge when on site</li> <li>● Submit district Volunteer Application Packet (TB Form, Application, and Code of Conduct)</li> <li>● Category D Background Check: <b>REQUIRED DOJ &amp; FBI Fingerprint clearance</b> (a one-time fee of approximately \$10-\$25 is required by the Sheriff's Office and the responsibility of the volunteer).</li> </ul>	

## Colusa Unified School District Volunteer Application

School Year: \_\_\_\_\_  
 Date: \_\_\_\_\_ District Sponsor: \_\_\_\_\_ Site: \_\_\_\_\_  
 Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Notify in Case of Emergency: \_\_\_\_\_  
 Current Employer: \_\_\_\_\_  
 DL # / ID #: \_\_\_\_\_

Returning Volunteer:  Yes  No  
 Are you willing to administer Narcan in the event of an emergency?  Yes  No  
 Do you have any pending criminal charges against you?  Yes  No  
 Have you ever been convicted\* of a felony or misdemeanor?  Yes  No  
 Have you ever been convicted\* of a sex, drug, or weapon related offense?  Yes  No  
 Are you required to register as a sex offender under Penal Code 290.95  Yes  No  
\*Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty.  Yes  No

If YES, please explain: \_\_\_\_\_

Parent/Guardian Volunteers: Please check whether you plan to drive for a field trip during the school year. (REQUIRES LEVEL D CLEARANCE)  Yes  No

Please list the name(s) of your child(ren): \_\_\_\_\_

For security reasons, a background check will be conducted by District level staff. Volunteer assignments may be terminated if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you are required to register as a sex offender under California Law.

I give my permission to have my personal and professional references researched and hold the district and any individual providing the district with information harmless. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that I have read and agree to follow the "Volunteer Code of Conduct."

Volunteer Signature

Date

**To be completed by Site Level Staff:**

TB Test completed (date): \_\_\_\_\_  
 Volunteer category (check appropriate box)  
     Category B \_\_\_\_\_  
     Category D \_\_\_\_\_

Volunteer Service Ended:  
 Reason for leaving:  
     Child no longer at school \_\_\_\_\_  
     Moved \_\_\_\_\_ Illness \_\_\_\_\_  
     Employment \_\_\_\_\_ Requested \_\_\_\_\_  
     Other \_\_\_\_\_

**To be completed by DO Staff:**

DISTRICT PROCESSING DATE: \_\_\_\_\_ Cleared

DISTRICT PROCESSING DATE: \_\_\_\_\_

DISTRICT PERSONNEL: \_\_\_\_\_

DISTRICT PERSONNEL: \_\_\_\_\_

**VOLUNTEER CODE OF CONDUCT**  
(THIS DOCUMENT DEFINES THE DISTRICT'S EXPECTATIONS FOR ALL VOLUNTEERS)

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the site's main office.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use ONLY adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree to not exchange telephone numbers, home addresses, email addresses or any other home directory information with students for any purpose, unless it is as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators any concerns that I may have related to student welfare and/or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district and will abide by District Procedures when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree to follow the district procedure for screening volunteers.
11. I agree to notify the school principal if I am arrested for a misdemeanor or felony sex, drug or weapon related offense.
12. I agree to only do what is in the best personal and educational interest of every child with whom I come into contact.

I agree to follow the Volunteer Code of Conduct at all times or cease volunteering immediately.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_



# California School Employee Tuberculosis (TB)



## Risk Assessment Questionnaire

(for pre-K, K-12 schools and community college employees, volunteers and contractors)

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.^
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- **Do not repeat testing** unless there are **new risk factors since the last negative test**.
- **Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:**  
*For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.*

Name of Person Assessed for TB Risk Factors: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

History of Tuberculosis Disease or Infection (Check appropriate box below)	
<input type="checkbox"/>	<b>Yes</b> <ul style="list-style-type: none"> <li>• If there is a <u>documented</u> history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chestx-rays.</li> </ul>
<input type="checkbox"/>	<b>No</b> (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if <u>any</u> of the 3 boxes below are checked	
<input type="checkbox"/>	<b>One or more sign(s) or symptom(s) of TB disease</b> <ul style="list-style-type: none"> <li>• TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.</li> </ul>
<input type="checkbox"/>	<b>Birth, travel, or residence</b> in a country with an elevated TB rate for at least 1 month <ul style="list-style-type: none"> <li>• Includes countries <u>other than</u> the United States, Canada, Australia, New Zealand, or Western and North European countries.</li> <li>• Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.</li> </ul>
<input type="checkbox"/>	<b>Close contact</b> to someone with infectious TB disease during lifetime
Treat for LTBI if TB test result is positive and active TB disease is ruled out	

^The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. A Certificate of Completion should be completed after screening is completed (page 3).



## Certificate of Completion Tuberculosis Risk Assessment and/or Examination

To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

**First and Last Name** of the person assessed and/or examined:

\_\_\_\_\_

**Date** of assessment and/or examination: \_\_\_\_\_ mo./\_\_\_\_\_ day/\_\_\_\_\_ yr.

**Date of Birth:** \_\_\_\_\_ mo./\_\_\_\_\_ day/\_\_\_\_\_ yr.

**The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.**

X \_\_\_\_\_

Signature of Health Care Provider completing the risk assessment and/or examination

**Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):**



# California School Employee Tuberculosis (TB) Risk Assessment User Guide

(for pre-K, K-12 schools and community college employees, volunteers and contractors)

## Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, AB 1667, effective on January 1, 2015, SB 792 on September 1, 2016, and SB 1038 on January 1, 2017, require a TB risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the California School Employee TB Risk Assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

### AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

### SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

### SB 1038 impacted the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

## Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

## Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

## Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

## Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

## Most patients with LTBI should be treated

Because testing of persons at low risk of LTBI should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI.

## Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 3 month 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are typical reasons these regimens cannot be used.

## Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

***Please consult with your local public health department on any other recommendations and mandates that should also be considered.***



# California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current recommendations for targeted TB testing from the federal Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the California Conference of Local Health Officers and the California Tuberculosis Controllers Association (CTCA).

## What specifically did **AB 1667** change on January 1, 2015?

1. Replaces the mandated TB examination on initial employment with a TB risk assessment, and TB testing based on the results of the TB risk assessment, for the following groups:
  - a. Persons initially employed by a school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
  - b. Persons initially employed, or employed under contract, by a private or parochial elementary or secondary school or any nursery school (California Health and Safety Code, Sections 121525 and 121555)
  - c. Persons providing for the transportation of pupils under authorized contract (California Health and Safety Code, Section 121525)
2. Replaces the mandated TB examination at least once each four years of school employees who have no identified TB risk factors or who test negative for TB infection with a TB risk assessment, and TB testing based on the TB risk assessment responses. (California Education Code, Section 49406 and California Health and Safety Code, Section 121525)
3. Replaces mandated TB examination (within the last four years) of volunteers with "frequent or prolonged contact with pupils" in private or parochial elementary or secondary schools, or nursery schools (California Health and Safety Code, Section 121545) with a TB risk assessment administered on initial volunteer assignment, and TB testing based on the results of the TB risk assessment.
4. For school district volunteers with "frequent or prolonged contact with pupils," mandates a TB risk assessment administered on initial volunteer assignment and TB testing based on the results of the TB risk assessment. (California Education Code, Section 49406)

## What specifically did **SB 792** change on September 1, 2016?

California Health and Safety Code, Section 1597.055 requires that persons hired as a teacher in a child care center must provide evidence of a current certificate that indicates freedom from infectious TB as set forth in California Health Safety Code, Section 121525.

## What specifically does **SB 1038** change on January 1, 2017?

California Education Code, Section 87408.6 requires persons employed by a community college in an academic or classified position to submit to a TB risk assessment developed by CDPH and CTCA and, if risk factors are present, an examination to determine that he or she is free of infectious TB; initially upon hire and every four years thereafter.



## California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



### Who developed the school staff and volunteer TB risk assessment?

The California Department of Public Health (CDPH) and the California Tuberculosis Controllers Association (CTCA) jointly developed the TB risk assessment. The risk assessment was adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and the Centers for Disease Control and Prevention.

### Who may administer the TB risk assessment?

Per California Education and Health and Safety Codes, the TB risk assessment is to be administered by a health care provider. The risk assessment should be administered face-to-face. However, given the COVID-19 emergency response, the TB risk assessment may also be administered via telehealth. The practice of allowing employees or volunteers to self-assess is discouraged.

### What is a “health care provider”?

A “health care provider” means any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services.

### If someone is a new employee and has a TB test that was negative, would he/she need to also complete a TB risk assessment?

Check with your employer about what is needed at the time of hire.

### If someone transfers from one K-12 school or school district to another school or school district, would he/she need to also complete a TB risk assessment?

Not if that person can produce a certificate that shows he or she was found to be free of infectious tuberculosis within 60 days of initial hire, or the school previously employing the person verifies that the person has a certificate on file showing that the person is free from infectious tuberculosis.

**If someone does not want to submit to a TB risk assessment, can he/she get a TB test instead?** Yes, a TB test, and an examination if necessary, may be completed instead of submitting to a TB risk assessment.

**If someone has a positive TB test, can he/she start working before the chest x-ray is completed?** No, the x-ray must be completed and the person determined to be free of infectious TB prior to starting work.

### If someone has a positive TB test, does he/she need to submit to a chest x-ray every four (4) years?

No, once a person has a documented positive TB test followed by an x-ray, repeat x-rays are no longer required every four years. If an employee or volunteer becomes symptomatic for TB, then he/she should promptly seek care from his/her health care provider.



## California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



### What screening is required for someone who has a history of a positive TB test or TB disease at hire?

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

### For volunteers, what constitutes “frequent or prolonged contact with pupils”?

Examples of what may be considered “frequent or prolonged contact with pupils” include, but are not limited to, regularly-scheduled classroom volunteering and field trips where cumulative face-to-face time with students exceeds 8 hours.

### Who may sign the Certificate of Completion?

- If the patient has no TB risk factors then the health care provider completing the TB risk assessment may sign the Certificate of Completion.
- If a TB test is performed and the result is negative, then the licensed health care provider interpreting the TB test may sign the Certificate.
- If a TB test is positive and an examination is performed, only a physician, physician assistant, or nurse practitioner may sign the Certificate.

### What does “determined to be free of infectious tuberculosis” mean on the Certificate of Completion?

“Determined to be free of infectious TB” means that a physician, physician assistant, or nurse practitioner has completed the TB examination and provided any necessary treatment so that the person is not contagious and cannot pass the TB bacteria to others. The TB examination for active TB disease includes a chest x-ray, symptom assessment, and if indicated, sputum collection for acid-fast bacilli (AFB) smears cultures and nucleic acid amplification testing.

### What if I have TB screening or treatment questions?

Consult the federal Centers for Disease Control and Prevention’s *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers* (2013) (<http://www.cdc.gov/tb/publications/LTBI/default.htm>). If you have specific TB screening or treatment questions, please contact your local TB control program (<http://www.ctca.org/locations.html>).

### Who may I contact to get further information or to download the TB risk assessment?

- California Tuberculosis Controllers’ Association  
<https://www.ctca.org/providers/>
- California Department of Public Health, Tuberculosis Control Branch: (510) 620-3000  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx>
- California School Nurses Organization: (916) 448-5752 or email [csno@csno.org](mailto:csno@csno.org)  
<http://www.csno.org/>