Basic tool for assessing risk of TB transmission

Date of the present TB-IPC assessment: \_ \_ / \_ \_ / \_ \_ \_ \_

Name of the TB-IPC assessor:

Reason for TB-IPC assessment:

* Routine annual assessment
* Cause for concern (issue raised by staff/manager, etc.) Date of last TB-IPC assessment: \_ \_ / \_ \_ / \_ \_ \_ \_

# Interview with the facility manager

Name, address, telephone number, mail of facility:

Name of facility manager: Name of TB-IPC practitioner (if any): Type of TB facility (e.g. outpatient or inpatient): Average number of TB cases reported by the facility per month

% of DR-TB cases reported by the facility during the last year

Number of active TB cases reported among staff in the last 24 months

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| There is a written TB-IPC plan. |  |  |
| A floor plan indicating the risk of TB transmission is displayed in each area. |  |  |
| There is a TB-IPC practitioner and/or committee. |  |  |
| An initial TB-IPC training is organised for newly hired staff (including a respirator fit test for exposed staff). |  |  |
| An annual TB-IPC training is organised for all staff (including a respirator fit test for exposed staff). |  |  |
| A baseline medical assessment is performed for newly hired staff. |  |  |
| An annual medical assessment is performed for all staff. |  |  |

If possible, obtain a copy of the facility TB-IPC plan.

Comments:

**Observations in waiting areas** (during peak activity periods)

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Patients wait in outdoor areas open on at least three sides. |  |  |
| Staff ask patients to cover their mouth and nose when they cough or sneeze. |  |  |
| Patients cover their mouth and nose when they cough or sneeze. |  |  |
| Patients with cough are quickly separated from other patients. |  |  |

Comments:

# Interview with a clinician and observation of medical activities

## Early diagnosis and treatment

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Screening for active TB is routinely performed in patients at risk of TB. |  |  |
| Diagnosis is based on RMTs and results are obtained within 24 hours. |  |  |
| TB treatment is started immediately after diagnosis. |  |  |

Comments:

## Management of potentially infectious patients

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Patients pending diagnosis are put in single rooms. |  |  |
| Infectious patients are put in single rooms. |  |  |
| If there are no single rooms, patients are separated according to their infectiousness status and resistance pattern. |  |  |
| Dedicated and clearly marked areas are available for visitors |  |  |
| Respirators are worn by the staff before entering the room of infectious patients. |  |  |
| Surgical masks are worn by infectious patients before leaving their room to go to another enclosed space. |  |  |

Comments:

# Interview with the head of the laboratory and observation of laboratory activities

## Sputum collection

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Sputum collection is performed outdoors or in a designated well-ventilated area. |  |  |
| Sputum is collected in labeled, screw top plastic containers. |  |  |
| Staff collecting sputum wear a respirator. |  |  |
| If sputum induction is performed, mask and catheter are replaced after each patient. |  |  |

Comments:

## Sputum specimen preparation

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Specimens are prepared in a ventilated workstation (or a BSC). |  |  |
| Staff preparing specimens wear a respirator. |  |  |
| Triple packaging of specimens is used for shipping by air/road transport. |  |  |

Comments:

# Interview with a maintenance technician and visit of installations

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Natural ventilation is used. |  |  |
| If yes, windows are open during the visit. |  |  |
| Mechanical ventilation is used. |  |  |
| There are at least 12 ACH in all waiting areas, consultation rooms, wards, laboratory. |  |  |
| There are at least 20 ACH in the sputum collection area (if indoors). |  |  |
| Germicidal ultraviolet lamps (GUV) are used. |  |  |

If mechanical ventilation and/or GUV are used, describe, and evaluate their functioning and maintenance in a separate sheet. If possible, measure ACH using an anemometer.

Comments:

# Interview with the storekeeper/pharmacist and visit of stores

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Respirators are FFP2 or N95 standards. |  |  |
| The stock of respirators is sufficient for exposed staff, attendants and visitors. |  |  |
| The stock of surgical masks is sufficient for infectious patients. |  |  |
| Respirators and surgical masks are stored in adequate conditions. |  |  |

Comments:

# Conclusions

What, according to the assessor, the health facility manager and the medical and non-medical staff, are currently the main issues regarding TB-IPC in this facility?