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?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____