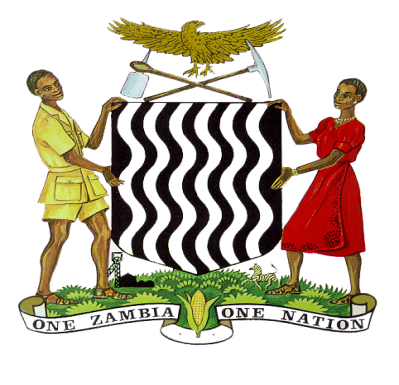
**Informed consent form screening of health care workers Ndola district**



PLEASE FILL OUT TWICE: ONE COPY FOR THE FACILITY AND ONE FOR THE HEALTH CARE WORKER

**Information on screening of health care workers on TB**

In your health facility screening of health care workers on TB is established. It is well-documented that health care workers have a higher risk to get TB than the general population because of their frequent contact with (undiagnosed) patients. The screening is part of a demonstration project on TB infection control. This project is run by FHI360 and approved and supported by the Ministry of Health of Zambia, Provincial Medical Office of Copperbelt Province and District Medical Office of Ndola district. All health care workers will be asked to participate. Since this is a new project you will be asked to sign that you agree to being screened and that your results will be registered. The project has been explained to you during a special staff meeting.

**Voluntary participation**

Participation is voluntary. You are not obliged to participate. You have the right to ask questions. You can withdraw at any time and this will not negatively affect your job (performance appraisal) or medical care for you.

**Who are health care workers that will be screened?**

Health care workers are all persons registered to work in a health care facility. This can be medical officers, nurses, laboratory personnel, cleaners, drivers, administrators and other staff. We include registered TB treatment supporters.

**What is tuberculosis?**

Symptoms of TB disease are prolonged cough, fever, night sweats, losing weight and coughing up blood. The disease usually occurs in the lungs but can also occur in other organs with varying symptoms related to the affected organ. This is called extra-pulmonary TB and is more common among people living with HIV. The disease can be cured by taking 6 months of medication.

**Procedures: what is screening for tuberculosis?**

All health care workers will be asked to report to the TB screening person [clinical officer, staff clinic or high cost clinic] of this facility once per year. They will be asked for possible symptoms of TB. Also they will be asked for TB disease in the past. Since HIV is a risk factor for TB, also questions on HIV testing will be asked.

Any persons with possible TB symptoms will be referred for TB tests. They will be asked to submit two sputum samples to the laboratory. These sputum samples will be used for a sputum smear and a culture test. They will also be asked to take a chest x-ray at Ndola Central Hospital or other nearby facility. The TB screening person will assist and refer you.

**Do I also report for screening if I do not have any symptoms?**

Yes, this is an annual check-up that every health care worker should attend.

**What happens if I have TB symptoms in between screening rounds?**

It is important that throughout the year you are aware of symptoms that may be signs of TB. If you have any of the above TB symptoms, in particular cough that lasted longer than two weeks, you can go to the same TB screening person [clinical officer/staff clinic/high cost clinic] who can refer you for TB diagnosis. Specially assigned Cough monitors (colleagues) may encourage you to get screened if you cough!

**Confidentiality**

The results of your test will be registered. The results with your name on it will be kept confidential by the screening officer/staff clinic in a locked cabinet or room. All persons involved in screening you, have signed to maintain confidentiality. The combined results of all staff of the facility, without your name or other personal information, will be reported to the DMO office and the project staff.

**What are the benefits of TB screening?**

Since health care workers have a higher risk than the general population to get TB, it is important that they are more aware of the risks. HCW are entitled to priority access to health care and diagnostics for TB. When you report for screening and you do have TB, it is likely that you are diagnosed earlier. When results of all health care workers are registered, occupational risks may be identified and avoided.

**What are the disadvantages or risks of HCW screening?**

There are no disadvantages for you. There is a small risk that HCW who are undergoing diagnostic tests for TB may already be considered TB cases before the diagnosis is being confirmed. There is also a small risk that HCW who have TB will be avoided by colleagues, due to so called stigma. We try to avoid this by proper health education about TB to all HCW. Since results of TB tests are kept confidential it is up to you to disclose your TB status. We encourage self-disclosure in order to get social support in completing treatment.

**Why do we not all get an annual chest x-ray or sputum test or tuberculin skin test?**

If you do not have any symptoms, the chance is very small that you have TB. If a chest x-ray or sputum test is used in people with a very low risk on TB, there is a higher risk that the test gives false-positive results. A tuberculin skin test measures tuberculosis infection and not tuberculosis disease. As stated above, most adults in Zambia have been infected with tuberculosis. A positive test therefore does not mean that you have or will get the disease.

**What are the costs?**

TB diagnostics and TB drugs are for free. You are yourself responsible for transport to and from the locations for submitting TB smears and obtaining a chest x-ray.

**Questions and complaints**

If you have any questions or complaints, you can go to the screening person or the in charge of your facility or contact the Biomedical research ethics committee of the University of Zambia (UNZAREC). Contact details are below.

UNZAREC

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Co-Principal Investigator: Dr. Nathan Kapata, Programme Manager, National Tuberculosis and Leprosy control Programme.

**Informed consent**

I agree that I have read and understood the above information, and that I had the opportunity to ask questions. I have received enough information about the project. I agree to be screened for TB. My results can be registered and will be kept confidential. Only results without my name and other personal information can be shared with DMO and project staff. I understand that I am free to withdraw from this study, at any time, without giving a reason for withdrawing, and without it affecting your future medical care.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_ /\_\_ /20 \_\_

Only fill in case a HCW cannot write, either asks for thumb print or independent witness:

Name of independent witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship/Position of independent witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_ /\_\_ /20 \_\_

Client unique identifier code: