

## WHO Facility Assessment Checklist

Name of the Health Facility:			
Address:			
Telephone Number:			
Name of Responsible Person for Infection Control in this Facility:			
Services provided in this facility * Please tick with √	<input type="checkbox"/> Integrated TB-HIV Services	<input type="checkbox"/> TB Services	
	<input type="checkbox"/> VCT/ART Services	<input type="checkbox"/> GOPD	
	<input type="checkbox"/> In-patient Services		

### TB Infection Control measures implemented in this health facility:

Managerial	Yes	No	Issues to be Assessed and Guide for Comments
1. Is there an IC team or responsible person in place?			<ul style="list-style-type: none"> <li>At which level?</li> <li>Composition of the team?</li> </ul> Comments:
2. Is there a Facility IC plan in place?			<ul style="list-style-type: none"> <li>Provide copy of the plan, policies, and standard procedures and / or describe.</li> <li>Is the plan part of the facility plan?</li> <li>Is the plan properly budgeted?</li> <li>Is budget available for TB-IC?</li> <li>Does IC plan include staff training on IC?</li> <li>How many staff members have been trained in IC last year?</li> <li>Is there continuous professional education in IC?</li> <li>Is there coordination between TB and HIV departments? ART, VCT, CPT, IPT available?</li> <li>How are planned IC activities monitored and evaluated?</li> </ul> Comments:
3. Has an IC assessment been done?			<ul style="list-style-type: none"> <li>When was the last IC check or facility IC risk assessment done?</li> <li>Is there a plan (renovation and/or re-location) to optimize implementation of IC controls at the facility?</li> <li>Have any improvements been completed within the last year?</li> </ul> Comments:

4. Is “on-site” surveillance on TB disease among workers and facility assessment being conducted (including monitoring and evaluation of IC)			“on-site” surveillance systematically / regularly performed? Who is responsible for IC surveillance? Are data / reports available? Give examples of indicators? Comments:
5. Is health education on IC ensured for HCWs, patients, and visitors?			<ul style="list-style-type: none"> <li>• How is it performed?</li> <li>• Any evidence of activity?</li> <li>• Are materials available for IEC</li> <li>• Provide examples of materials.</li> </ul> Comments:
6. Does the facility participate in operational research (OR)?			<ul style="list-style-type: none"> <li>• Are there any OR activities on IC?</li> <li>• How is it organized?</li> </ul> Comments:

Administrative	Yes	No	Issues to be Assessed
7. Which of the following recommended controls are practiced? <ul style="list-style-type: none"> <li>• Triage,</li> <li>• Separation,</li> <li>• Cough etiquette,</li> <li>• Expedient service delivery (prompt services for “coughers”)</li> </ul>			<ul style="list-style-type: none"> <li>• Is there systematic screening of all patients for cough?</li> <li>• Are patients with cough separated early from other patients?</li> <li>• Are suspected or diagnosed TB patients separated from suspected or diagnosed HIV patients.</li> <li>• Is there a system established to prioritize smear positive cases such as creating an “express lane” to minimize the stay of these patients.</li> <li>• Is the flow of TB suspects / patients in the facility a risk for transmission?</li> <li>• Is there IEC regarding cough etiquette on site? How is it conducted?</li> <li>• What is the average turn-around time for lab investigations?</li> </ul> Comments:
8. Package of prevention for HCWs, including HIV prevention, ART, and Isoniazid preventive therapy for HIV-positive health workers			<ul style="list-style-type: none"> <li>• Periodic and or symptomatic TB screening of staff?</li> <li>• If periodic, how often?</li> <li>• HIV testing offered to HCWs?</li> <li>• If necessary, where is (preventive) treatment offered?</li> <li>• Can HIV + staff opt out from work in a high risk area?</li> </ul> Comments:
Environmental	Yes	No	Issue to be assessed:

1. Natural and/or mechanical ventilation in place, especially in waiting areas, examination room, sputum collection room and patient wards			<ul style="list-style-type: none"> <li>• What ventilation is in place?</li> <li>• Provide sketch of windows, doors, fans and cross ventilation with measurements</li> <li>• State of moving parts of windows?</li> <li>• Check air flow (with smoke tube, vaneometer)</li> <li>• Calculate ACH</li> <li>• Maintenance of fans? Log complete?</li> <li>• What is the average waiting time?</li> </ul> Comments:
2. Outdoor waiting areas or open space			<ul style="list-style-type: none"> <li>• Are outdoor waiting areas large enough to seat patients without crowding.</li> <li>• Use low walls that facilitate movement of fresh air.</li> <li>• The roof of the structure should have sufficient overhang to protect occupants from sun and rain.</li> </ul> Comments:
3. UVGI			<ul style="list-style-type: none"> <li>• Sketch if available.</li> <li>• Functioning? Check with UVC meter</li> <li>• Last maintenance check? Log complete?</li> <li>• When were the lamps last replaced?</li> </ul> Comments:

Personal Protection	Yes	No	Issue to be assessed:
1. Respirators available for staff			Which respirator model is used?
2. Fit testing and/or fit check for respirators			<ul style="list-style-type: none"> <li>• Where is it performed?</li> <li>• How is it organized?</li> <li>• Frequency of fit test</li> </ul> Comments:
3. Surgical masks/ handkerchiefs for coughing patients			<ul style="list-style-type: none"> <li>• Where is it performed?</li> <li>• How is it organized?</li> </ul> Comments:
4. Staff <ul style="list-style-type: none"> <li>• Annual Examinations</li> <li>• Continuing Education</li> </ul>			How is this done? Comments:

### Specific activities of the assessment:

1. Make a flowchart of the patient flow through the facility.
2. Visit the OPD and TB wards and calculate the ACH at various sites.
3. Sketch of the facility: Include main room, anteroom, hallway, UV lights, other controls, windows, doors, etc.

**Summary of the Assessment Visit:**

Strengths	Weaknesses
-	-
-	-
-	-
-	-

Problems Identified
List only comments that would realistically be addressed as priorities in the following year
-
-
-
-

**Prioritization Table for IC Assessment:**

	Priority High/Medium/ Low	Description	How to implement? Who is responsible?	When?	Budget	Comment
Managerial Activities						
1						
2						
3						
Administrative Control						
1						
2						
3						
Environmental Control						
1						
2						
3						
Personal Protective Equipment						
1						
2						
3						
4						
Date of Assessment:						
Date of Next Assessment:						