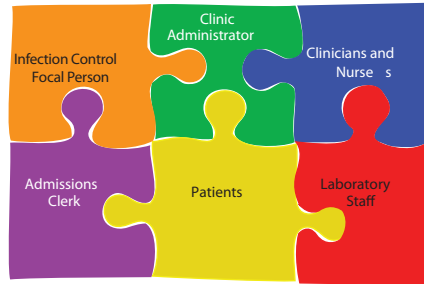


TB Infection Control in HIV Clinics and Out-Patient Settings: a Team Approach*



Every Person Counts

Clinic Administrator



- Endorse and fund a written TB infection control plan
- Appoint an Infection Control Focal Person
- Ensure supplies and equipment are available and maintained
- Arrange facility space to reduce TB transmission

Infection Control Focal Person



- Develop a TB infection control plan
- Ensure exam and waiting rooms are well-ventilated
- Conduct on-site staff training
- Keep a record of health care workers who develop TB
- Monitor infection control practices daily

Admissions Clerk



- Give coughing patients tissues, cloths, or surgical masks
- Send coughing patients to a separate waiting area
- Prioritize TB suspects to see a clinician quickly

Clinicians and Nurses



- Screen patients for TB symptoms
- Evaluate and treat patients as soon as possible
- Wear respirators (N-95/FFP2) when caring for patients with suspected or proven TB (especially MDR-TB or XDR-TB**)
- Collect sputum in a well-ventilated area

Patients



- Cover mouth and nose when coughing
- Put used tissue in the wastebasket
- Wear a face mask if asked by clinic staff
- Take TB medications as prescribed

Laboratory Staff



- Implement laboratory infection control procedures
- Ensure that results are returned to clinicians quickly

Entire Team



- Seek care promptly if you think you may be infected
- Discuss ways to improve TB infection control procedures in your clinic
- Think TB Infection Control!

* Based on the 2009 WHO Policy on TB Infection Control in Health-Care Facilities, Congregate Settings, and Households.

** Multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB)

