

ICAP TB Infection Control Practices: Facility Assessment

The purpose of this survey is to assess the current TB infection control practices in the facility, through observation and discussion with the sister in charge.

Facility name: _____ Region/District: _____
Completed by: _____ Designation: _____
Information supplied by: _____ Designation: _____
Date form completed (dd/mm/yyyy) ____/____/____

TB Infection Control Plan

1. Does the facility have a written infection control plan that is kept on site? ☐ Yes ☐ No
2. If YES, is TB infection control
 - ☐ Included in this plan
 - ☐ Maintained in a separate plan
 - ☐ Not available
 - ☐ Not sure

If there is a TB infection control plan, obtain a copy for review (see last page to review the plan in detail)

Patient Triage and Management

3. Observe whether there is a staff member who screens patients for prolonged (longer than 2 weeks) duration of cough immediately after they arrive at the facility. ☐ Yes ☐ No
If NO, go to question # 7
4. If YES, who is this person (designation)?

5. Where does the screening take place (describe)?

6. Are tissues, pieces of cloth, or face masks available for patients who are coughing? ☐ Yes ☐ No
7. Is there an enclosed waste basket where used tissues and face masks can be discarded? ☐ Yes ☐ No
8. Is there a separate waiting area for patients with suspected infectious TB? (Indicate this area on the facility plan on the last page.) ☐ Yes ☐ No
9. Observe and tick the appropriate boxes as to what happens to a patient who is coughing while waiting in the queue and describe further observations regarding this:
 - ☐ They are asked whether they have a history of TB and/or TB treatment
 - ☐ They are asked about the duration of their cough
 - ☐ They are asked to wait in a separate waiting area
 - ☐ They are placed in the front of the queue
 - ☐ They are educated about cough etiquette and respiratory hygiene
 - ☐ They are provided with tissues or face masks to cover their mouth and nose
 - ☐ They are requested to produce sputum specimens

- ☐ They continue to wait in the normal queue until it is their turn to be attended to by the nurse or doctor as for any other patient
- ☐ They are sent for a chest x-ray before sputum specimens are taken
- ☐ They are sent home

Other observations:

10. Is there a symptom checklist in place to screen patients for TB? ☐ Yes ☐ No
If NO, go to question # 15

11. If YES, what items are included in this checklist?

- ☐ Cough > 2 weeks
- ☐ Weight loss
- ☐ Night sweats > 2 weeks
- ☐ Fever > 2 weeks
- ☐ Close contact with someone with TB in the past year
- ☐ History of TB treatment

☐ Other - specify:

12. Who completes/administers the checklist (tick all that apply)?

- ☐ Data clerk
- ☐ Nurse
- ☐ Medical Officer
- ☐ Other - specify:

13. How often is the checklist administered?

- ☐ At enrollment only
- ☐ Every 6 months
- ☐ At every visit
- ☐ Other - specify:

14. Where is a TB diagnosis typically made? ☐ on-site ☐ off-site

15. If OFF-SITE, describe the process by which referral information and results of the diagnostic workup are transferred between the facility and the referral site.

16. Is there a designated area away from other patients and staff where patients can produce sputum specimens? ☐ Yes ☐ No

17. If YES, describe (inside, unventilated toilet, exam room, waiting room, outside, etc.)

Indicate the area on the facility plan on the last page.

18. Does a staff member advise the patient who is asked to produce a sputum specimen on how to produce a good specimen? ☐ Yes ☐ No

19. Does a staff member observe the patient who is asked to produce a sputum specimen on site? ☐ Yes ☐ No

20. Do staff use any personal respiratory protection when observing a patient produce sputum?

☐ No

☐ Yes, surgical mask

☐ Yes, personal respirator (N95 or FFP2 mask)

☐ Yes, other - please specify:

21. Is a TB suspect register kept in the facility? ☐ Yes ☐ No
If NO, go to question # 25

22. If a TB suspect register is available, record the following numbers, for the HIV care and treatment clinic only, for the previous calendar year:

How many TB suspects were identified?

How many TB suspects had sputum smear sent?

How many TB suspects had sputum culture sent?

For how many TB suspects were smear results available?

For how many TB suspects were culture results available?

How many TB suspects had a positive smear?

How many TB suspects had a positive culture?

How many suspects with positive smears were started on TB treatment?

How many suspects with positive cultures were started on TB treatment?

23. What was the total adult head count (patient-visits) for the clinic?

24. How are TB suspects evaluated? Observe consultations and describe in as much detail as possible (include details on route and time between entry to evaluation, including sputum collection, to departure):

25. Where are sputum specimens kept?

26. What is your impression of the amount of time it takes for the following steps in processing a sputum specimen?

Event

Time for transport of sputum specimen from clinic to lab

Time required by lab to process sputum specimen for AFB smear microscopy

Estimated	
Hours	Days

Time required by lab to process sputum specimen for TB culture
 Time to report results by lab once processed
 Time to transport results from lab to clinic
 Time to get results back to the clinician
 Time to get results from clinician to patient
 Time from diagnosis to starting patient on treatment

27. Is there a specimen tracking system? ☐ Yes ☐ No

28. Which laboratory is used for sputum smears and cultures?

Sputum Smears: ☐ Off-site ☐ On-site Lab name: _____
 TB Cultures: ☐ Off-site ☐ On-site Lab name: _____

29. Review the charts for 5 TB patients seen in the last 3 months to determine the # days between sputum collection and initiating TB treatment.

Patient # 1.....
 Patient # 2.....
 Patient # 3.....
 Patient # 4.....
 Patient # 5.....

Date sputum collected	Date result received	Date treatment started

TB Treatment and Referrals

30. Where do patients from this facility receive TB treatment (tick all that apply)?

- ☐ On-site
☐ Off-site
☐ BOTH on-site AND off-site

If ON-SITE ONLY, go to question # 33; If OFF-SITE ONLY, go to question # 37

31. If BOTH on-site and off-site, what are the criteria to refer them off-site?

32. If ON-SITE, is directly observed therapy (DOT) available?

☐ Yes ☐ No

IF NO, go to question # 36

33. If YES, for what duration?

- ☐ First 2 months of therapy
☐ Entire course of therapy

Other - specify:

34. What is the frequency of DOT?

- ☐ 7 days/week
☐ 5 days/week
☐ 3 days/week
☐ Other - specify

Time intervals from Arrival to Departure

40. Observe 5 patients who were identified as TB suspects to monitor how long they are at the facility.

Patient # 1

 Patient # 2

 Patient # 3

 Patient # 4

 Patient # 5

Time Arrived	Time Identified as TB suspect	Time Departed

Environmental Infection Control Measures

41. Describe the natural ventilation (tick all that apply):
- ☐ open windows on opposite walls, unrestricted airflow
 - ☐ high ceiling height (>3m)
 - ☐ standard ceiling height
 - ☐ windows on one wall, restricted airflow
 - ☐ vents, windows
 - ☐ no windows

42. Are windows kept open:
- during the day
 - at night
 - during the summer
 - during the winter
 - during the wet season
 - during the dry season
 - during windy seasons

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

43. Is there electricity at the facility?
 If NO, go to question #49

☐ Yes ☐ No

44. IF YES, are fans used to increase air mixing?
 Describe

☐ Yes ☐ No

45. Is there mechanical ventilation?

☐ Yes ☐ No

46. If YES, describe
- ☐ Enclosed room with re-circulating air conditioner

- ☐ Extraction system
 - ☐ Single pass heating, ventilation, and air conditioning (HVAC)
 - ☐ Recirculating HVAC/Air Conditioning system
 - ☐ Recirculating room air cleaners
 - ☐ Other: (specify)
-

47. What air-cleaning methods are used?

- ☐ None
- ☐ Ultraviolet germicidal irradiation (UVGI)
- ☐ HEPA filtration

48. How often are environmental controls checked and maintained?

Personal Respiratory Protection

49. Are staff involved in sputum induction procedures? ☐ Yes ☐ No

If NO, go to question # 51

50. Do staff use any personal respiratory protection when doing sputum induction?

- ☐ No
- ☐ Yes: surgical mask
- ☐ Yes: N95 or FFP2 mask (personal respirator)
- ☐ Yes: other - please specify:

51. Are N95 or FFP2 masks available? ☐ Yes ☐ No

52. If YES, describe the situations in which N95 or FFP2 masks are used in the facility (confirm through observation):

Patient Education and Awareness

53. Are patients taught about:

TB signs and symptoms

☐ Yes ☐ No

Cough etiquette and respiratory hygiene

☐ Yes ☐ No

54. If YES, where, how often, and by whom?

55. Are patients given educational materials (observe)? ☐ Yes ☐ No

56. If YES, describe the materials and keep a copy for review:

57. Are posters displaying cough etiquette and respiratory hygiene prominently displayed? ☐ Yes ☐ No

Staff Capacity Building

58. Is initial training provided for new staff members about TB infection control practices? ☐ Yes ☐ No

59. IF YES, what groups of employees are included in this training?

60. Is ongoing training provided for HCWs about TB infection control practices? ☐ Yes ☐ No

61. If YES, what groups of employees are included in the training?

62. How often is training done?

63. Is it mandatory? ☐ Yes ☐ No

64. Are records kept of training sessions? ☐ Yes ☐ No

65. If YES, review documentation of when trainings were held and who attended the trainings and summarize below.

Staff Protection

66. Are staff members screened for TB? ☐ Yes ☐ No

67. If YES, describe procedures used and frequency of screening:

68. Do you know of any staff member who developed active TB in the past 2 years? ☐ Yes ☐ No

If YES, please provide more details (category of staff, workplace, type of TB etc.):

69. Are staff offered confidential voluntary HIV counseling and testing? ☐ Yes ☐ No

70. What is the recommended action for HIV-infected workers?

71. What are the policies for reassignment if an HIV-infected worker requests it?

72. What HIV-related care and treatment is available on-site for infected staff members?

73. Is isoniazid (INH) preventive treatment (IPT) available for HIV-infected staff members?

☐ Yes ☐ No

TB Infection Control Plan Review

74. Review the infection control plan to determine whether the plan includes a policy regarding:

- | | | |
|------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a. The availability and functioning of an infection control team | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Screening patients for TB disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Cough etiquette and respiratory hygiene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Identifying patients under investigation or treatment for TB | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Placing TB suspects and cases in a separate waiting area | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Triage TB suspects and placing them at the front of the queue | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Access of TB suspects to TB diagnostic services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Use of personal respiratory protective equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Laboratory turnaround time for sputum smears | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Communication of sputum smear results with facility staff | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Access/referral of confirmed TB cases to TB treatment/TB treatment facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Maintaining a TB suspect register and a TB case register (according to national guidelines) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Ensuring adherence and completion of treatment of TB cases | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n. Using, monitoring and maintaining environmental control measures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o. Staff education on TB, TB control and the TB infection control plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| p. Educating staff on risks of TB infection, including specific risks for HIV-infected staff | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| q. Provision of confidential TB services to HCWs and staff | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| r. Provision of confidential HIV services to HCWs and staff | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| s. Monitoring the infection control plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

75. Who are the members of the infection control team (name, designation, responsibilities)?

76. How often does the team meet?

Does the team have a budget?

☐ Yes ☐ No

If YES, what is the budget? _____ per annum

Elaborate on the different policies addressed in the infection control plan:

a. TB screening:

b. Cough etiquette:

c. Triaging of TB suspects:

d. TB diagnosis:

e. TB treatment:

f. Environmental controls:

g. Personal respiratory protective equipment

h. Staff education:

i. TB and HIV services for staff:

j. Additional information/remarks:

TB Screening Data

79. Collect the following data elements from the HIV care register and/or patient folders (whichever is the PRIMARY SOURCE); include all patients enrolled in the past calendar year, or if no information in the register, between July and December of the last calendar year.

Collect the following data elements from the HIV care register and/or patient folders (whichever is the PRIMARY SOURCE); include all patients enrolled in the past calendar year, or if no information in the register, between July and December of the last calendar year.

Source: _____

Time period: From (mm/yy) ____/____ to ____/____

Number of patients enrolled in HIV care (HIV care register)

Number of patients screened for TB at their FIRST visit (at enrollment)

Number of patients screened positive

Number of patients evaluated for TB (with sputum smear or other investigations)

Number of patients diagnosed with TB

Number of patients diagnosed with smear positive PTB

Number of patients diagnosed with extra-pulmonary TB

Number of patients started on TB treatment

Number of patients screened for TB at their LAST visit

Number of patients screened positive

Number of patients evaluated for TB (with sputum smear or other investigations)

Number of patients diagnosed with TB

Number of patients diagnosed with smear positive PTB

Number of patients diagnosed with extra-pulmonary TB

Number of patients started on TB treatment

Facility Layout

80. Draw a diagram with measurements of the HIV care and treatment facility, indicating waiting areas, consultation rooms, procedure rooms, dispensary, laboratory and offices. Include windows, doors, environmental control measures (fans, UV light, etc.) and airflow. Indicate where patients are screened for TB and how 1) a TB suspect and 2) a patient not suspected of TB flows through the facility during a typical visit. Include photographs if possible.