

Tingathe TB - Infection Control Survey of Facility Managers

Date (dd/mm/yy): ___/___/___

Site: _____

#:1- _____

Respondent name: _____

Dept: _____

Length of time as manager: _____ yrs

Age: _____ Title: _____

Name of person filling form: _____

v9, 8/9/14

Section I - Administrative controls

#	Question	Written Response	Jump to
1	Does your facility conduct patient education sessions?	<input type="checkbox"/> No----- <input type="checkbox"/> Yes	→Q2
1.1	What topics are covered with respect to TB? <i>(Check all that apply)</i>	<input type="checkbox"/> Cough hygiene <input type="checkbox"/> TB transmission/prevention----- <input type="checkbox"/> HIV & TB <input type="checkbox"/> TB diagnosis <input type="checkbox"/> Symptoms of TB <input type="checkbox"/> Treatment of TB <input type="checkbox"/> None of the above <input type="checkbox"/> Other: _____	→probe
1.2	Who is targeted for patient education? <i>(Check all that apply)</i>	<input type="checkbox"/> Patients accessing TB services <input type="checkbox"/> Patients accessing HIV services <input type="checkbox"/> Patients accessing NRU services <input type="checkbox"/> Everyone entering facility <input type="checkbox"/> TB suspects <input type="checkbox"/> None of the above <input type="checkbox"/> Other: _____	
2	When patients come to the OPD, how do you decide who to see first? <i>(Check all that apply)</i>	<input type="checkbox"/> No prioritization <input type="checkbox"/> Critically ill patients <input type="checkbox"/> All patients with cough <input type="checkbox"/> All TB suspects <input type="checkbox"/> Other: _____	
3	What preventive measures are in place for patients with a cough suspected of having TB? <i>(Check all that apply)</i>	<input type="checkbox"/> Masks/tissues offered to patients <input type="checkbox"/> Face masks for health care workers (generic) <input type="checkbox"/> Face masks for health care workers (N-95) <input type="checkbox"/> Triage and isolation <input type="checkbox"/> Cough etiquette education <input type="checkbox"/> None of the above	
4	What preventive measures are in place for hospitalized patients receiving TB treatment? <i>(Check all that apply)</i>	<input type="checkbox"/> Masks/tissues offered to patients <input type="checkbox"/> Face masks for health care workers <input type="checkbox"/> Triage and isolation <input type="checkbox"/> Placed in part of ward with good ventilation <input type="checkbox"/> Encouraged to spend daylight hours outside <input type="checkbox"/> None of the above <input type="checkbox"/> Other: _____ <input type="checkbox"/> No hospitalized patients at site-----	→Q7
5	Is there a policy addressing visitor's access to hospitalized patients being treated for TB?	<input type="checkbox"/> No policy minimizing visitors <input type="checkbox"/> Policy minimizing visitors	

5.1	What groups are specifically restricted from entering TB ward? <i>(Check all that apply)</i>	<input type="checkbox"/> Children <5 years <input type="checkbox"/> Pregnant women <input type="checkbox"/> No groups restricted <input type="checkbox"/> Other: _____	
6	Is there a policy outlining where health care workers living with HIV should or should not work?	<input type="checkbox"/> No <input type="checkbox"/> Yes, isolates HIV+ health care workers from TB suspects/patients <input type="checkbox"/> Yes, but doesn't isolate HIV+ health care workers	
7	Are there standard operating procedures for infection prevention and control?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
8	Is there an infection control committee?	<input type="checkbox"/> No----- <input type="checkbox"/> Yes	→Q10
8.1	Is there a point person assigned for this committee?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
8.2	Name:		
8.3	Cadre:		
8.4	Contact:		
Section II - Case finding			
9	Is active symptom screening conducted for TB?	<input type="checkbox"/> No----- <input type="checkbox"/> Yes	→Q11
9.1	Where is symptom screening conducted for TB? <i>(Check all that apply)</i>	<input type="checkbox"/> ART/HCC <input type="checkbox"/> ANC <input type="checkbox"/> Malnutrition <input type="checkbox"/> General inpatient wards <input type="checkbox"/> OPD <input type="checkbox"/> HTC <input type="checkbox"/> Public Health <input type="checkbox"/> Other: _____	
9.2	Which groups of people coming to this facility get screened for symptoms of TB? <i>(Check all that apply)</i>	<input type="checkbox"/> Patients <input type="checkbox"/> Clients <input type="checkbox"/> Guardians	
9.3	What questions are asked to screen adults for TB? <i>(Check all that apply)</i>	<input type="checkbox"/> Cough <input type="checkbox"/> Fever <input type="checkbox"/> Weight loss <input type="checkbox"/> Night sweats <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	

9.4	What questions are asked to screen children for TB? <i>(Check all that apply)</i>	<input type="checkbox"/> Cough <input type="checkbox"/> Fever <input type="checkbox"/> Poor weight gain/failure to thrive <input type="checkbox"/> Home TB contact <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
9.5	How many patients have been screened for symptoms of TB in the last month?		
9.6	How many patients have screened positive for symptoms of TB in the last month?		
10	What diagnostics are routinely used to evaluate TB suspects? <i>(Check all that apply)</i>	<input type="checkbox"/> Sputum smear-----→ <input type="checkbox"/> At this facility <input type="checkbox"/> Sent to another facility <input type="checkbox"/> GeneXpert-----→ <input type="checkbox"/> At this facility <input type="checkbox"/> Sent to another facility <input type="checkbox"/> Culture-----→ <input type="checkbox"/> At this facility <input type="checkbox"/> Sent to another facility <input type="checkbox"/> Chest X-Ray-----→ <input type="checkbox"/> At this facility <input type="checkbox"/> Sent to another facility <input type="checkbox"/> None of the above	
11	Is there a policy for regular screening of health care workers for TB?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
12	How many health care workers have been treated for active TB in the last year?		
Section III - Environmental Controls			
13	Are there single-patient isolation rooms?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
14	Are fans in place and routinely used?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
15	Are UV lights in place and routinely used?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
16	Are air filters in place and routinely used?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
17	What policies are in place to maximize natural ventilation?	<input type="checkbox"/> None/other <input type="checkbox"/> Windows/doors kept open	