**County/district/： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Facility Name：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Type of Institution：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessor Name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Assessment：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Facility-wide managerial activities** | |  | | | | **Records of assessment** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Components/indicators** | | Implemented | In-progress | Not implemented | Not Applicable |  |  |
| **1** | **The facility has an infection control committee** |  |  |  |  | Document name(s) ：\_\_\_\_\_\_  Name of leader in-charge：\_\_\_\_\_\_\_\_\_\_ |  |
| **2** | **An infection control practitioner or nurse has been assigned to carry out infection control activities in the facility** |  |  |  |  | Document name(s) ：\_\_\_\_\_\_  Name of infection control department director：\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **3** | **A written facility-specific infection control plan has been developed and is available to staff** |  |  |  |  | Name of infection control plan ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contents of infection control plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reply of health-care workers ：  1.Known Don’t know  2.Known Don’t know  3.Known Don’t know  4.Known Don’t know  5.Known Don’t know |  |
| **4** | **There are funds budgeted specifically for infection control activities (trainings, assessments, maintenance, PPE) at this facility** |  |  |  |  | Infection control staff name(s) ：\_\_\_\_\_\_\_\_\_  Enough funds for：  1.Training Yes No  2.Assessment Yes No  3.Maintenance Yes No  4.Instruments Yes No |  |
| **5** | **TB IC specific education/training was provided in the last year** |  |  |  |  | Infection control staff name：\_\_\_\_\_\_\_\_\_  Training records：Yes No  Number of attendees：\_\_\_\_  Number of total staff：\_\_\_\_  Proportion：\_\_\_\_\_% |  |
| **6** | **In the past year, an assessment of the facility for appropriate ventilation, patient and specimen flow has been performed (to reduce risk of airborne infections)** |  |  |  |  | 1.Assessment records：Yes No  2. Infection control staff name ：\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **7** | **A system or mechanism to track all suspected TB cases, referrals, and their sputum specimen results is in place** |  |  |  |  | Style of the tracking system or mechanism ：\_\_\_\_\_\_\_\_\_\_\_  Inquiry  Outpatient departments or clinics：  1. Yes No 2. Yes No 3. Yes No  In-patient：1.Yes No 2. Yes No 3. Yes No  Laboratory：1.Yes No 2.Yes No 3.Yes No |  |
| **8** | **There is a facility reporting system for all patients diagnosed with TB in accordance with national policies** |  |  |  |  | TB information management system (TBIMS) has been implemented：Yes No  Designated staff member(s) assigned to fill in the information：Yes No |  |
| **9** | **There is a policy regulation to provide N-95 or FFP2, or Class 1 (or higher) respirators to staff who have contact with patients with suspected and confirmed TB and other infectious airborne diseases** |  |  |  |  | Document name(s) ：\_\_\_\_\_\_\_ |  |
| **10** | **There is policy/regulation/rule to train staff to use respirators annually** |  |  |  |  | Document name(s) ：\_\_\_\_\_\_\_  Name of infection control department director：\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **11** | **Respirator fit testing is provided to staff initially and annually** |  |  |  |  | Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Test device in-place：Yes No  Test records：Yes No |  |
| **12** | **There have been no stock-outs of respirators in the past 3 months** |  |  |  |  | Inventory record shows whether there have been stock-outs：Yes No  Reply of the warehouse keeper about stock-outs：Yes No |  |
| **13** | **Staff are screened for TB disease annually** |  |  |  |  | Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **14** | **A log is kept of all staff that are diagnosed with TB disease** |  |  |  |  | Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Records in-place: Yes No  Reply of infection control staff ：Yes No |  |
| **15** | **Staff are offered treatment for active TB disease by the staff clinic or are linked to TB treatment services through a formal process** |  |  |  |  | Documents in-place ：Yes No  Reply of infection control staff ：Yes No |  |
| **16** | **The facility has regulations in place to minimize the time patients spend in the healthcare facility for TB evaluation and treatment** |  |  |  |  | Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reply of infection control staff ：Yes No |  |

**Please list the areas, outpatient clinics, departments, in-patient wards to be assessed**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# infection control committee / Working group

***If the healthcare facility has established an Infection Control Committee/working group, please answer the following questions:***

1. Who is in charge of the Infection Control Committee?
   1. Director/ Deputy director
   2. Head of medical department
   3. Head of infection control department
   4. Others： \_\_\_\_\_\_\_\_
2. Members of the Infection Control Committee include：
3. Head of the facility
4. Infection control department
5. Department of Respiratory Medicine
6. Tuberculosis department
7. Auxiliary departments
8. Laboratory
9. Radiology department
10. Others： \_\_\_\_\_\_\_\_\_\_
11. The number of staff responsible for infection control Full-time：\_\_\_\_\_\_\_\_\_\_\_ Part-time： \_\_\_\_\_\_\_\_\_\_

Please answer the following questions and complete the form based on your conversation with the Infection Control Committee/working group, and/or medical personnel involved in infection control:

1. What challenges and obstacles have you encountered this quarter in implementing the developed tuberculosis infection control plan?
2. What steps will you take to address these challenges in the next quarter?

|  |  |  |
| --- | --- | --- |
|  | Challenges or barriers | Measures to resolve the questions |
| Strategies of tuberculosis infection control |  |  |
| Management |  |  |
| Human resources |  |  |
| Budget |  |  |
| Knowledge and attitude |  |  |

**County/District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessor Name(s) : \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of outpatient：1. Outpatient building registration/ triage/waiting area/pharmacy 2. Tuberculosis (TB) clinic 3. Fever clinic 4. Respiratory Clinic (General internal medicine)**

**5. Radiology department 6. Emergency Department 7. Bronchoscopy room 8. Others, please specify：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Complete this form for each clinic/area assessed /***

| **administrative Controls** | |  | | | | **Records of assessment** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Components/indicators** | | Implemented | In-progress | Not implemented | Not Applicable |  |  |
| **1** | **Patients are routinely asked about cough upon entering the department (e.g., at registration or admission)** |  |  |  |  | 1. Document name(s) ：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  2. On-site observation：Yes No  3. Ask five patients whether they have received screening：1. Yes No 2. Yes No 3.Yes No 4.Yes No 5.Yes No |  |
| **2** | **Patients receive guidance and education on cough etiquette** |  |  |  |  | 1. Document name(s) ：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  2. Ask five patients whether they have received guidance and education：  1. Yes No 2. Yes No 3.Yes No 4.Yes No 5.Yes No |  |
| **3** | **A “cough monitor” assists with triage/gives cough etiquette guidance** |  |  |  |  | 1. Document name(s)：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  2. On-site observation：Yes No  3. Ask five patients whether they have received cough etiquette：  1. Yes No 2. Yes No 3.Yes No 4.Yes No 5.Yes No |  |
| **4** | **Patients with cough or other symptoms of TB are promptly separated from others** |  |  |  |  | 1. Document name(s) ：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **5** | **Patients with cough or other symptoms of TB are “fast tracked” to a care giver or other clinical services** |  |  |  |  | 1. Document name(s) ：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  2. Name of the healthcare worker who answered questions：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **6** | **Signage for cough etiquette is present** |  |  |  |  |  |  |
| **7** | **Supplies are available for coughing patients (tissues, masks, cloths, trash bins, etc.)** |  |  |  |  | 1. Document name(s) ：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  2. Have surgical masks：Yes No  3. Ask five patients whether they have received surgical masks：  1. Yes No 2. Yes No 3.Yes No 4.Yes No 5.Yes No |  |
| **8** | **Sputum samples are collected in a designated area with good ventilation away from others** |  |  |  |  | 1. Have assigned area for sputum samples collection：Yes No  2. ACH:\_\_\_\_\_\_\_ |  |
| **9** | **Sputum smear results are received within 24 hours (the time between sputum collection and sending the test result to the doctor)** |  |  |  |  | 1. Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Review 10 medical records ：  1：\_\_\_h 2：\_\_\_h 3：\_\_\_h 4：\_\_\_h 5：\_\_\_h 6：\_\_\_h 7：\_\_\_h 8：\_\_\_h 9：\_\_\_h 10：\_\_\_h |  |
| **10** | **Xpert MTB/RIF results are received within 24 hours (the time between sputum collection and receiving the test result)** |  |  |  |  | 1. Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Review 10 medical records ：  1：\_\_\_h 2：\_\_\_h 3：\_\_\_h 4：\_\_\_h 5：\_\_\_h 6：\_\_\_h 7：\_\_\_h 8：\_\_\_h 9：\_\_\_h 10：\_\_\_h |  |
| **11** | **TB treatment is started within 24 hours of when lab results are received, or the treatment regimen was adjusted within 24 hours of when lab results are received** |  |  |  |  | 1. Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Review 10 medical records ：  1：\_\_\_h 2：\_\_\_h 3：\_\_\_h 4：\_\_\_h 5：\_\_\_h 6：\_\_\_h 7：\_\_\_h 8：\_\_\_h 9：\_\_\_h 10：\_\_\_h |  |
| **12** | **Drug resistance testing is performed in persons with suspected drug-resistant (DR) TB (five categories as defined by China National TB Program (NTP): 1. Chronic infectious patients /patients with failed treatment; 2. Smear positive patients also have close contact with multidrug-resistant TB (MDR-TB) patients; 3. Patients failed initial treatment; 4. Recurrent patients and patients who return for treatment; 5. New cases stay smear positive at the end of three months treatment)** |  |  |  |  | 1. Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Test or not：  1.Yes No 2. Yes No 3. Yes No  4.Yes No 5. Yes No 6. Yes No  7.Yes No 8. Yes No 9.Yes No  10. Yes No |  |
| **13** | **Patients with suspected TB are separated from other patients** |  |  |  |  | Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **14** | **Diagnosed TB patients are separated from other patients** |  |  |  |  | Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **15** | **Patients with suspected drug-resistant TB are separated from other patients (five categories of suspected drug-resistant TB as defined by China NTP: 1. Chronic infectious patients /patients with failed treatment; 2. Smear positive patients also has close contact with MDR-TB patients; 3. Patients failed initial treatment; 4. Recurrent patients and patients who return for treatment; 5. New cases stay smear positive at the end of three months treatment)** |  |  |  |  | Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **16** | **Diagnosed DR-TB patients are separated from other patients** |  |  |  |  | Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **17** | **Patients with immunocompromising conditions (e.g., diabetes, HIV, etc.) are separated from patients with suspected and confirmed TB** |  |  |  |  | Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **18** | **There is a formal system for linking patients diagnosed with TB in the inpatient setting to outpatient care for follow-up (or to TB/Directly Observed Therapy [DOT] clinic for follow-up)** |  |  |  |  | Style and name of the tracking system /、：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

| **environmental Controls** | |  | | | | **Records of assessment** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Components/indicators** | | Implemented | In-progress | Not implemented | Not Applicable |  |  |
| **19** | **Natural ventilation: Openings on opposing walls of room** |  |  |  |  | Observe whether the assessed rooms have openings on opposing walls：  Room1: Yes No Room2: Yes No  Room3: Yes No Room4: Yes No  Room5: Yes No |  |
| **20** | **Natural ventilation: Areas of openings (window/door) of at least 10% of area of room (length\*width of the floor) on opposing sides of room (total areas of windows and doors ≥20% total area of the floor)** |  |  |  |  | Whether the area of doors and Windows is up to standard：  Room1: Yes No Room2: Yes No  Room3: Yes No Room4: Yes No  Room5: Yes No |  |
| **21** | **Natural ventilation: Signage is in place to keep doors and windows open** |  |  |  |  | Signage in-place：  Room1: Yes No Room2: Yes No  Room3: Yes No Room4: Yes No  Room5: Yes No |  |
| **22** | **Natural ventilation: All appropriate windows/doors are open on observation** |  |  |  |  | Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Openings are open：  Room1: Yes No Room2: Yes No  Room3: Yes No Room4: Yes No  Room5: Yes No |  |
| **23** | **Natural ventilation and mechanical ventilation: No chemical or human odors relative to the outdoors** |  |  |  |  | Whether there are chemical or human odors：  Room1: Yes No Room2: Yes No  Room3: Yes No Room4: Yes No  Room5: Yes No |  |
| **24** | **Mechanical and natural ventilation: Visualization of airflow patterns with smoke from supply and exhaust grilles/openings (use smoke tube, incense etc. for smoke)** |  |  |  |  | With right airflow patterns：  Room1: Yes No Room2: Yes No  Room3: Yes No Room4: Yes No  Room5: Yes No |  |
| **25** | **Mechanical ventilation: Regular maintenance for directional and extractor fans is conducted** |  |  |  |  | 1. Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Maintenance records：Yes No |  |
| **26** | **Patients are not crowded in waiting areas, hallways or wards** |  |  |  |  |  |  |
| **27** | **Traditional ultraviolet germicidal irradiation (UVGI) is being used properly (based on China standards)** |  |  |  |  |  |  |
| **28** | **Upper-room UVGI is being used properly (based on China standards)** |  |  |  |  |  |  |

**Quantitative measurements：**

**When was the last assessment for ventilation, patient and specimen flow performed? Ventilation：\_\_\_\_\_\_\_ Patient flow：\_\_\_\_\_\_\_\_ Specimen flow:\_\_\_\_\_\_\_\_**

***If applied mechanical ventilation ：***

* **Have maintenance plan for ventilation system？ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **When was the last maintenance check？\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Notes：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Room1** | **Room2** | **Room3** | **Room 4** | **Room 5** | **Room 6** | **Room 7** |
| **Room volume: L(m)\*W(m)\*H(m)** |  |  |  |  |  |  |  |
| **Opening area (m2)** |  |  |  |  |  |  |  |
| **Total inlet flow (or total outlet flow) (m3/s)** |  |  |  |  |  |  |  |
| **Air change per hour (ACH)** |  |  |  |  |  |  |  |
| **No. of lamps, if applied traditional or upper-room UVGI device** |  |  |  |  |  |  |  |

*If applied UVGI devices：*

* Have maintenance plan for UVGI devices？\_\_\_\_\_\_\_\_\_\_\_
* When was the last maintenance check？\_\_\_\_\_\_\_\_\_\_\_
* Notes： **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **UVGI 1** | **UVGI 2** | **UVGI 3** | **UVGI 4** | **UVGI 5** | **UVGI 6** | **UVGI 7** |
| **Height** |  |  |  |  |  |  |  |
| **Power (W)** |  |  |  |  |  |  |  |
| **Output of radiation intensity(μW/cm2)** |  |  |  |  |  |  |  |
| **Average use time/day (h)** |  |  |  |  |  |  |  |
| **Room volume (m3)** |  |  |  |  |  |  |  |
| **Traditional or upper-room UVGI devices?** |  |  |  |  |  |  |  |
| **Does the use time exceed the service duration?** |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **personal protective equipment** | |  | | | | **Records of assessment** | **Notes** |
| **Components/indicators** | | Implemented | In-progress | Not implemented | Not Applicable |  |  |
| **29** | **Surgical masks are available for patients with cough or other TB symptoms** |  |  |  |  | Observe whether patients with cough or other TB symptoms wear surgical masks ：  1.Yes No 2.Yes No 3.Yes No 4.Yes No 5.Yes No |  |
| **30** | **Respirators that meet the national or international standards are readily available to all staff who have contact with patients with TB or suspected of having TB in this department** |  |  |  |  | 1. Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Reply of healthcare workers：  1.Yes No 2.Yes No 3.Yes No 4.Yes No 5.Yes No |  |
| **31** | **Staff were trained on proper respirator use in the past year** |  |  |  |  | 1. Document name(s) ：\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Have training records：Yes No  3. Reply of healthcare workers：  1.Yes No 2.Yes No 3.Yes No 4.Yes No 5.Yes No |  |
| **32** | **Staff can demonstrate proper respirator use (i.e., putting on, removing, user seal check, and storage)** |  |  |  |  | Whether 5 healthcare workers selected randomly can demonstrate proper respirator use：  1.Yes No 2.Yes No 3.Yes No 4.Yes No 5.Yes No |  |
| **33** | **There have been no stock-outs of surgical masks in the past 3 months** |  |  |  |  | Review inventory records whether there is shortage ：Yes No  Reply of healthcare workers：  1.Yes No 2.Yes No 3.Yes No 4.Yes No 5.Yes No |  |
| **34** | **There have been no stock-outs of respirators in the past 3 months** |  |  |  |  | Review inventory records whether there is shortage ：Yes No  Reply of healthcare workers：  1.Yes No 2.Yes No 3.Yes No 4.Yes No 5.Yes No |  |