

**Annex 1:** data collection tool: checklist for periodic evaluation of tb infection control in health care facilities (to be collected by the researcher/ research assistants)

Health facility code: \_\_\_\_\_

Location of facility: urban ☐ rural ☐

Type of health facility: secondary ☐ tertiary ☐

Date: \_\_\_\_\_

**Part 1: managerial**

Standards (bold fonts indicates the minimum standard that must be met for the facility to qualify as having infection control practice consistent with international guidelines)	Yes/ No	Means of verification
<b>1. There is written facility-specific infection control plan (that includes TB infection control (TBIC))</b>		Facility infection control plan
2. There is a budget allocated for TB infection control activities		Budget and expenditure records
<b>3. There is a designated person (and committee in larger facilities) responsible for implementing TBIC practices in the facility</b>		Job description and interview
4. Designated TBIC focal person has received documented TBIC training or refresher training within the last two years		Training log/record
5. All clinic staff have received documented TBIC training or refresher training within the last two years		Training log/record
<b>6. TB symptoms occurring among staff are immediately investigated and if TB is diagnosed, is treated, registered and reported in the confidential occupational health records or in TB register</b>		Occupational health records or TB register

**Part 2: administrative**

<b>7. Patients with cough are identified on arrival at the facility, given guidance on cough etiquette, separated from other patients and fast tracked through all waiting areas including consultation, investigations and drug collection</b>		Observation and cough register
8. All information and education material are systematically checked to prevent stigmatizing or discriminatory language		Language and content of health education material
9. TB information for patients is readily available and offered by staff		Observation and patient interviews
10. Supplies are readily available for coughing patients (tissues, surgical masks, cloths) and are being used, and there are medical waste bins for safe disposal		Observation and stock records

Standards	Yes/ No	Means of verification
11. A package of HIV and HIV associated TB prevention and care is available for staff on site: 1) confidential HIV testing and post exposure prophylaxis for all staff and; 2) antiretroviral therapy ART and isoniazide preventive therapy IPT for HIV positive staff		Observation, interviews, occupational health records

12. There is a tracking mechanism (e.g. registers) and person responsible for monitoring turnaround time from TB screening to diagnosis and from TB diagnosis to treatment initiation		Records and interview
13. The median time between screening positive for TB symptoms and actual diagnosis is no more than one day		Cough register and laboratory register or patients' records
14. The median time between actual diagnosis and treatment initiation is no more than one day		TB register or patient records
15. WHO recommended rapid diagnostics is the first TB diagnostic test for PLHIV		Laboratory register
16. HIV testing is offered to all patients with presumptive TB and evaluation for time to start ART is carried out if found HIV positive		HIV testing register, TB register, cough register
<b>Part 3: environmental</b>		
17. The facility design, patient flow and triage system comply with what is outlined in the infection control policy		Infection control plan/infection control policy and observation
<b>18. Waiting area is well ventilated (i.e. windows and doors open when feasible) and there is clear display of messages on cough hygiene in all areas frequented by patients</b>		Observation
19. Patients are not crowded in hallways or waiting areas		Observation
20. Sputum samples are collected in a well ventilated, clearly designated area away from others preferably outdoors		Observation
21. Diagnosed TB cases, who are hospitalized are isolated or grouped according to drug sensitivity status in rooms with adequate natural ventilation or negative pressure		Observation
<b>Part 4: personal protective equipment</b>		
22. Respirators are readily available for and being used by staff, particularly for high-risk aerosol generating procedures and for providing care to patients with diagnosed or suspected infections as per national guide lines		Observation, and stock records
23. Staff have been trained in the proper fit and use of respirators		Demonstration and observation
Adapted from WHO, 2015b		