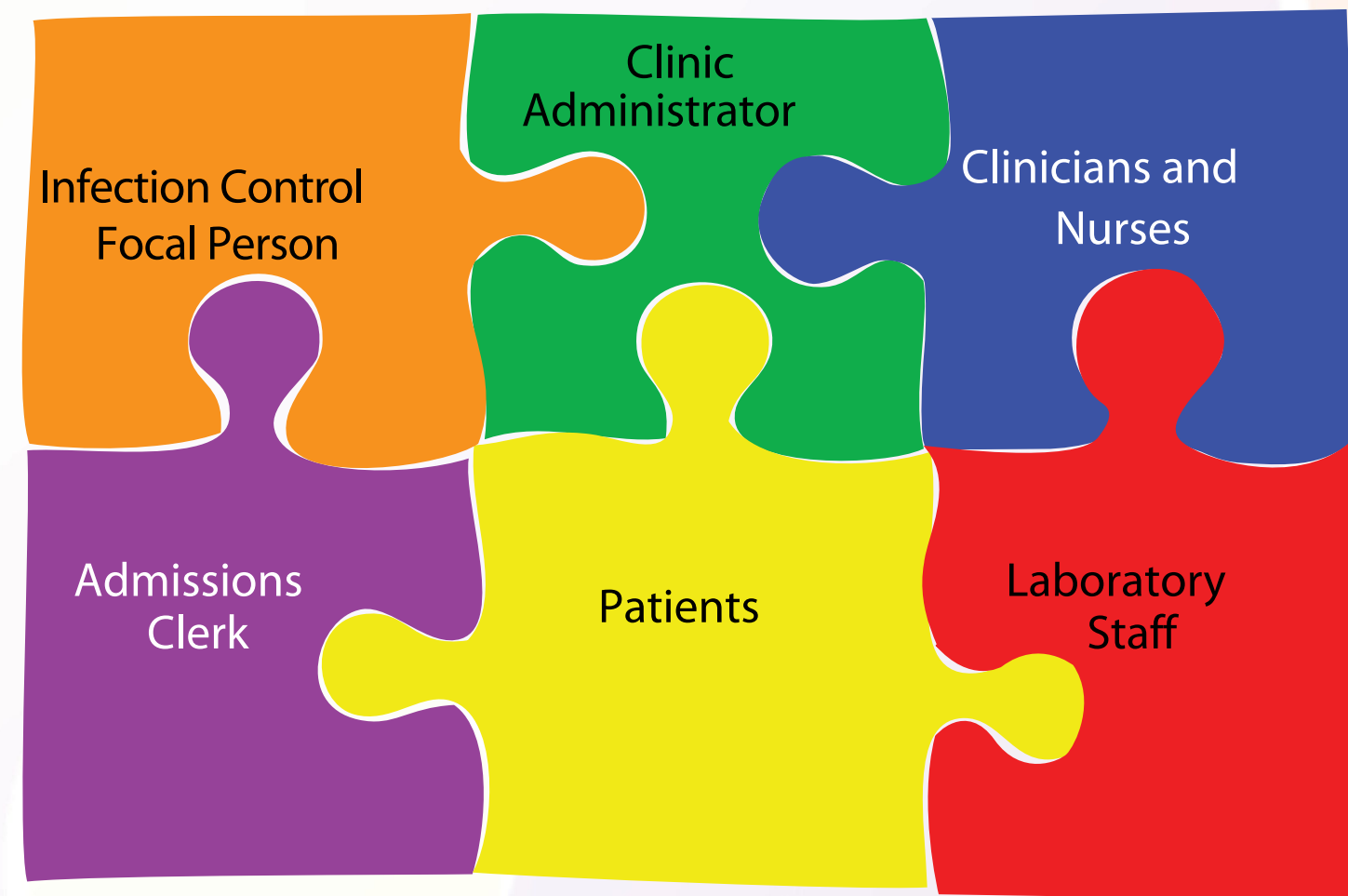
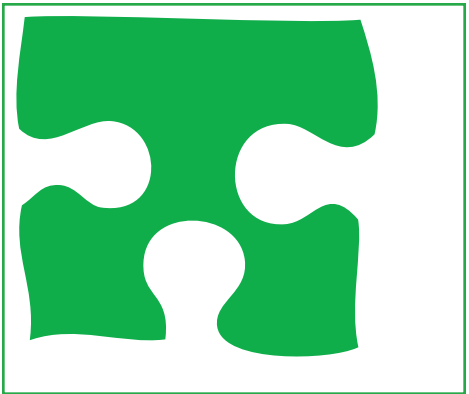


TB Infection Control in HIV Clinics and Out-Patient Settings: a Team Approach*



Every Person Counts!

Clinic Administrator



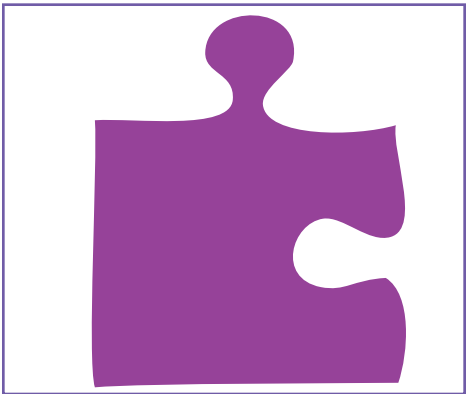
- Endorse and fund a written TB infection control plan for the facility.
- Provide support for best use of facility space to reduce TB transmission.
- Appoint an Infection Control Focal Person for TB infection control.
- Ensure that supplies and equipment for infection control are available.

Infection Control Focal Person



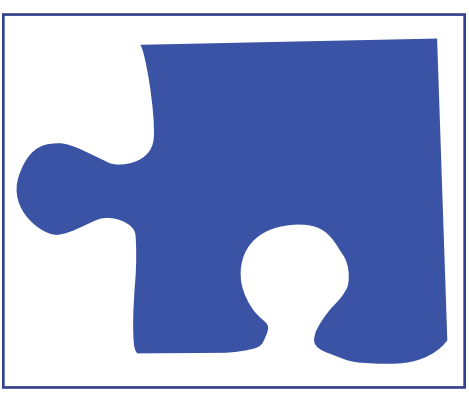
- Develop and implement a facility plan for TB infection control based on a facility assessment.
- Arrange waiting areas to ensure that patients are in well-ventilated areas-outside, if possible.
- Ensure coughing patients are separated from others and given high priority for clinical examination.
- Ensure examination rooms are well-ventilated with open window policies and use of fans.
- Conduct on-site training for all staff in implementing TB infection control practices.
- Provide a TB prevention and care program for health care workers. Keep a record of those who develop active TB disease to monitor infection control.
- Regularly evaluate activities to ensure that prompt patient triaging, TB screening, and follow-up are occurring.
- If available, UV lights must be used properly and regularly maintained.

Admissions Clerk



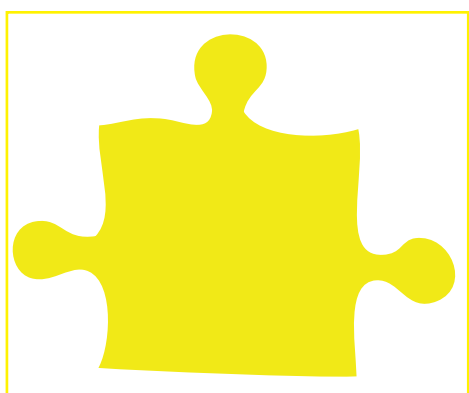
- Give coughing patients tissues, cloths, (or surgical masks when possible) and instructions to cover their cough.
- Identify and send coughing patients to a separate waiting area.
- Prioritize TB suspects to see a clinician quickly.

Clinicians and Nurses



- Screen all HIV-positive and other symptomatic patients for TB.
- Ensure that patients are evaluated and receive TB treatment as soon as possible.
- Wear particulate respirators (N-95 / FFP2) when caring for TB patients and suspects, especially those with suspected MDR or XDR-TB.**
- Send patients outside for sputum collection or to a well ventilated collection area.

Patients



- Cover your mouth and nose with a tissue or cloth when you cough.
- Put your used tissue in the wastebasket.
- Protect others by wearing a facemask if asked to do so.
- Wash your hands with soap and water after coughing or any contact with face or mouth.
- Take prescribed medications regularly and complete TB treatment.

Laboratory Staff



- Ensure that sputum cups are available.
- Work with the team to develop procedures to ensure that results are returned to clinicians quickly.
- Be aware of laboratory TB infection control procedures.

Entire Team



- Be vigilant of infection control policies and procedures, such as triaging coughing patients, keeping windows open, and respiratory hygiene.
- Ensure that patients are informed about the basic concepts of TB transmission.
- Know the signs and symptoms of TB and seek care promptly if you think you may be infected.
- Meet regularly to discuss ways to improve TB infection control policies and procedures in the clinic.

* 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)

