UK Health Security Agency

# Appendix 8: Operational checklist

Secure setting healthcare providers may find the following checklist useful to review whether local practices are able to implement this guidance effectively.

| | | Tick |
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| 1 | Is there a designated role within the healthcare team who has responsibility for TB? | |
| 2 | Is the new reception and secondary verbal screening pathway for TB in place? | |
| 3 | Do you have a recall system in place to re-check symptom screen 3 weeks after reception or secondary screen? | |
| 4 | Is there a pathway for appropriately trained health professionals to order CXRs so as not to delay referral? | |
| 5 | Are you able to establish telemedicine pathways with the local hospital? | |
| 6 | Are staff aware of the safe approach to collecting a sputum sample? | |
| 7 | Do staff know which sputum sample pot is required by the local laboratory? | |
| 8 | Is there an agreed process for flagging urgent results when sending them to the laboratory? | |
| 9 | Is there an agreed process where the laboratory flags important results which require public health action? | |
| 10 | Do you know how and when to inform your local Health Protection Team? | |
| 11 | Do you know how and when to inform your local NHS TB team? | |
| 12 | Do you have appropriate IPC measures in place to manage someone with infectious TB? | |
| 13 | Do you know when and how to give clinical advice to HMPPS if a resident should be placed on ‘medical hold’? | |
| 14 | Do you have agreed process for provision of DOT for TB medicines, which includes what to do if doses are missed? | |
| 15 | Do you have an arrangement with pharmacy to provide sufficient stock of TB medications in-hand to cover unexpected short-notice release of residents? | |

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| 16 | Do you have robust discharge planning procedures in place for residents with TB to improve continuity of care? | |
| 17 | Do you have an audit process in place to evaluate TB management in the secure setting? | |
| 18 | Do you have occupational health services available for healthcare staff? | |
| 19 | Do you have established pathways to identify close contacts amongst healthcare staff and offer them TB screening, if required? | |
| 20 | Do you provide induction and regular training about TB in secure settings for healthcare staff? | |

Additional notes re numbered points above:

1. It is preferable to avoid naming a specific individual to be responsible for TB since if they are away or leave the organisation their expertise may be lost. Can it be written into the responsibility of a specified role within the healthcare team instead and a generic email be provided?
1. Usually healthcare professionals need to have completed some training (details vary) to have the authority to request chest x-rays. Are the health professionals responsible for completing reception and secondary screening trained to order CXRs themselves following reviewing someone who has signs and symptoms of infectious TB? If they cannot order it themselves, can they request a doctor or appropriately-trained healthcare professional orders it promptly without requiring a repeat clinical review? Do they have access to the necessary online portals for ordering radiology electronically?
6. Do healthcare staff know how to instruct a person to produce a sputum sample correctly and safely without posing an infectious risk to themselves or others?
7. Local practices vary – check.
8. For example, is there agreement to call the laboratory to give them advance warning of urgent samples arriving by courier?

9. For example, is there agreement that the laboratory will verbally inform the healthcare team of positive results such as PCR+ or smear positive AFB samples, in addition to sending results?

12. In particular, do you have enhanced respiratory protection (FFP3 masks and/or battery powered hoods) available for healthcare staff and do they know how to use and store it appropriately?