



OMPA PROGRAM 42 TUBERCULOSIS SCREENING PROGRAM

Date

Assessment Date

Command Name

Date of Cmd Brief

Completed By

Clinic Name

Program Purpose

Although the incidence of tuberculosis has declined in developed countries, a number of cases still occur in the United States and particularly on OCONUS installations. Navy and Marine Corps and other Department of Defense (DOD) personnel who regularly deploy to high tuberculosis areas are particularly at risk. Tuberculosis also constitutes an important secondary infection among individuals infected with Human Immunodeficiency Virus (HIV). Tuberculosis morbidity and mortality can be reduced by finding early and undiagnosed cases of tuberculosis, treating against the emergence of active clinical disease, and thus interrupting the spread of infection. The primary objective is to prevent transmission of tuberculosis by ensuring early detection and treatment of personnel infected with tuberculosis bacterium.

Program Goals

The Centers for Disease Control and Prevention (CDC) has issued recommendations for preventing transmission of tuberculosis (TB) in health care settings. These recommendations include early identification and treatment of people at high risk for active tuberculosis, establishing procedures for isolation of personnel with suspected tuberculosis infection, rigorously enforcing isolation procedures, improving ventilation, educating personnel and workers about precautions for infection control, and providing Personal Protective Equipment (PPE). A successful Navy command or Medical Treatment Facility (MTF) TB Screening and Control Program includes the following components in accordance with references (a) through (j) below.

- a. A command TB Exposure Control Program (TBCEP) that outlines a protocol for the prompt recognition and initiation of airborne precautions of persons with suspected or confirmed TB disease that is updated annually.
- b. MTF specific local TB risk assessment which includes a review of the local or state community profile of TB disease with periodic reassessments, annually. The most frequently used TB risk assessment tool is the most current Appendix B from reference (c) below.
- c. A command staff training and education program that address prevention, infection control precautions, early disease detection, and isolation techniques.
- d. A collaborative effort among all command assets (i.e. Occupational Medicine, Preventive Medicine, Safety, Respiratory Protection Manager, IH, Readiness, and others as needed) contributing to a comprehensive respiratory protection program that ensures overall respiratory readiness and in particular, effective PPE use and compliance to prevent the spread of TB.




SUPPORTING DATA


Regulations, Instructions, and References			
Select which type of access you have for each of the references listed			
HARDCOPY= A PHYSICAL BOOK OR PAPER VERSION IS AVAILABLE ELECTRONIC= ANY COMPUTER TYPE VERSION (INTERNET/CD/DESKFILE/SHAREPOINT)			
(a) 29 CFR 1904.11 (01/01) "Recording criteria for work-related tuberculosis cases"	Hardcopy	Electronic	None
(b) MMWR 2000, 49 (No. RR-6) (06/00) "Targeted Tuberculin Testing and Treatment for Latent Tuberculosis Infection"	Hardcopy	Electronic	None
(c) MMWR 2005, 54 (No. RR-15) (12/05) "Guidelines for the Investigation of Contact of Persons with Infectious Tuberculosis"	Hardcopy	Electronic	None
(d) MMWR 2005, 54 (No. RR-17) (12/05) "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care"	Hardcopy	Electronic	None
(e) Targeted Tuberculosis (TB) Testing and Treatment of Latent TB Infection (01/12) "Targeted Testing and Treatment of Latent Tuberculosis Infection (LTBI)"	Hardcopy	Electronic	None
(f) BUMEDINST 6224.8C series (04/18) "Tuberculosis Surveillance and Control Program"	Hardcopy	Electronic	None
(g) BUMEDINST 6220.12C (02/11) "Medical Surveillance and Notifiable Event Reporting"	Hardcopy	Electronic	None
(h) BUMEDINST 6230.15B (10/13) "Immunizations and Chemoprophylaxis"	Hardcopy	Electronic	None
Local Command Instructions			
Enter local instruction number in space provided--must be updated (as needed) and reviewed annually for a Yes response.			
(i) Last Updated	YES	NO	
"Tuberculosis Control and Screening Program"			

Tracking and Program Management Tools

INSTRUCTIONS

This Occupational Medicine Program Assessment (OMPA) tool is an interactive self-assessment of the Tuberculosis Screening Program. This tool considers both subjective and objective data. In order to determine the status of your program, select the appropriate level of compliance with each of the questions below using the color-coded range noted at the end of this tool in the Dashboard Report section. Those questions that have no impact on the overall compliance for this program will not have the color-coded response option. For any response selection of amber or red, an explanation must be given in the space provided following the question. All selected responses will be automatically averaged at the end of the OMPA tool to provide you with an "overall" program status icon. *Complete the information for the time frame you are reporting.*

	Assessment Questions	Response
42.01	Does your command have a current TB exposure control program that is congruent with your command's instruction? (Requires at least annual update or review and may be part of another document). <i>Be sure to complete the information requested for reference (i) above</i>	
42.02	Does your local command TB reference clearly assign supervisory responsibility for the TB Exposure Control Program to a person or group with expertise in TB?	
42.03	Is your command's annual TB Risk Assessment (Appendix B of ref (d) above) complete for the current calendar year? Date completed	
42.04 <i>5 pts for a-c 1 pts for d</i>	What is your command's annual TB Risk Assessment Level for the current calendar year? a. HIGH RISK c. LOW RISK b. MODERATE RISK d. NOT DONE	
42.05	Do you have access to the last 3 years of TB risk assessment reports? <i>Where are the annual TB risk assessment reports kept for review? Copies should be available on request (explain below)</i>	YES NO
42.08 <i>NON-COUNT</i>	Does your command provide and document annual TB prevention and control training to all personnel? <i>In the box below, describe how/where</i>	YES NO
42.09 <i>NON-COUNT</i>	Does the annual TB prevention and control training address the increased needs for prevention in high-risk immuno-compromised patients?	YES NO
42.10 <i>NON-COUNT</i>	Does the annual TB prevention and control training address the process of reporting active TB cases to the cognizant Preventive Medicine Department, NEPMU, state and/or local health department authorities?	YES NO
42.11 <i>NON-COUNT</i>	Is there a TST screening and testing program in place for all MTF/DTF direct patient care personnel per CDC guidelines that includes documentation in the individual's medical record?	YES NO

#	Assessment Questions	Response							
42.12 <i>NON-COUNT</i>	Does your local command program address the TST screening of MTF/DTF personnel that do not provide direct patient care or who are not within the command's clinical/patient ward departments?	YES	NO						
42.13 <i>NON-COUNT</i>	Do all current contracts for personnel providing direct patient care address a method to ensure worker compliance with regulatory statutes for TB skin testing and control? <i>Use the space below for narrative notes regarding items 42.08-42.13</i>	YES	NO						
42.14	Is medical documentation regarding contractor compliance with testing and TB compliance obtained during check-in and kept on site?	YES	NO						
42.15	Where are the contractor records maintained? <i>(Explain below)</i>								
42.16 <i>NON-COUNT</i>	Does your command maintain current competency training records for personnel authorized to administer and read TSTs?"	YES	NO						
42.17	Does your local Command protocol or SOP address the use of "2-step" TST placement when required?	YES	NO						
42.18	Does your local command protocol or SOP address the management and treatment of TST convertors or reactors?	YES	NO						
42.19	Is your Occupational Medicine Department responsible for managing, monitoring, or tracking the treatment plans of new reactors and TST convertor staff? <i>If yes, select all of the status groups you manage and track from the options below. If no, describe the tracking process at your command in the narrative box.</i>								
	<table border="0"> <tr> <td>Military</td> <td>Civil Service</td> <td>NAF/Foreign National</td> </tr> <tr> <td>Students/Volunteers</td> <td>Contractors</td> <td>Other</td> </tr> </table>	Military	Civil Service	NAF/Foreign National	Students/Volunteers	Contractors	Other		
Military	Civil Service	NAF/Foreign National							
Students/Volunteers	Contractors	Other							
42.20 <i>NON-COUNT</i>	Does your local Command protocol or SOP address the following upon the discovery of an active TB disease case with your AOR? <i>a. Initiation of a Disease Alert Report b. Locating and notifying patient's close contacts c. Screening close contact for evidence of disease or infection (this includes a screening 3m post exposure) d. Terminal cleaning of exposed surfaces (including adjacent or affected HVAC ventilation exhaust systems)</i>	YES	NO						
42.21	Does your Command provide and document respirator user certification for all personnel expected to provide care to an active TB case?	YES	NO						

ADDITIONAL COMMENTS:

Provide specific information to support your responses from the questions above in the space provided below

**PROGRAM 42--TUBERCULOSIS SCREENING PROGRAM
DASHBOARD REPORT**

It is important to evaluate your program for successes and challenges. The results of this assessment will be reviewed by your local command OM consultant or regional OM program manager to better support your clinic. If the self-assessment reveals that your program needs improvement (you have a total program status of amber or red) you must complete the Performance Improvement Plan section below.

**BASED ON YOUR SELECTED RESPONSES TO THE ASSESSMENT ITEMS ABOVE
YOUR OVERALL PROGRAM SCORE IS:**

General Scoring Grid Definitions

Full compliance. No changes or improvements necessary during this assessment period or minor updates, changes, or improvements needed for compliance during this assessment period
(No additional follow-up performance improvement plan (PIP), assist visit, or report necessary)

Caution Need Improvement. Major updates, changes, or improvements needed for compliance during this assessment period.
(Performance improvement plan (PIP) for this program is required to bring program to green)

Danger Significant Challenges or System Failure. Major missing, non-compliant, unsupported components or no program viability or compliance during this assessment period.
(Performance improvement plan (PIP) and a support/assist visit from program manager/regional nurse and CO notification is required for this program)

PRINT SECTION

When you have completed each block be sure to save an electronic copy for your records (change the name of the document first and print a hard copy as needed for your chain of command). Submit your form to your program manager or regional nurse by attaching your saved document to an email.
REMEMBER!! *If your program has a status icon of amber or red, you must complete the PIP portion at the end of this tool before submitting your document.*

Print Form

CONGRATULATIONS!
YOU HAVE COMPLETED THE PROGRAM 42 TUBERCULOSIS SCREENING!

PROCESS IMPROVEMENT PLAN

Check the box to the left if your total program score is **GREEN** and proceed to the submission section above.

If during the self-assessment process above you have determined that the TUBERCULOSIS SCREENING program needs improvement (or you have a total program status of **amber** or **red**) complete the following PIP. This is an ongoing plan that must be updated until your program status has improved to **green**. **Amber** should be reviewed quarterly, **red** should be reviewed monthly.

Date PIP initiated:

Describe your plan including steps for success in the box below then proceed to submission section:

Date of PIP update #1

Enter 1st PIP status and update information in box below:

HAS YOUR PROGRAM IMPROVED TO GREEN?

(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)

YES

NO

Date of PIP update #2

HAS YOUR PROGRAM IMPROVED TO GREEN?

(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)

YES

NO

Date of PIP update #3

HAS YOUR PROGRAM IMPROVED TO GREEN?

(If YES no additional PIP is needed. If NO --CONTACT YOUR COMMAND OM CONSULTANT OR REGIONAL MANAGER FOR ASSISTANCE)

YES