









o Air-cleaning methods (e.g., high-efficiency particulate air [HEPA] filtration and ultraviolet germicidal irradiation [UVGI]) _____	
What are the actual air changes per hour (ACH) and design for various rooms in the setting?	
<u>Room</u>	<u>ACH</u>
<u>Design</u>	
_____	
_____	
_____	
_____	
Which of the following local exterior or enclosing devices such as exhaust ventilation devices are used in your health-care setting? (Check all that apply)	
o Laboratory hoods	
o Booths for sputum induction	
o Tents or hoods for enclosing patient or procedure	
What general ventilation systems are used in your health-care setting? (Check all that apply)	
o Single-pass system	
o Variable air volume (VAV)	
o Constant air volume (CAV)	
o Recirculation system	
o Other _____	
What air-cleaning methods are used in your health-care setting? (Check all that apply)	
<u>HEPA filtration</u>	
o Fixed room-air recirculation systems	
o Portable room-air recirculation systems	
<u>UVGI</u>	
o Duct irradiation	
o Upper-air irradiation	
o Portable room-air cleaners	
How many AII rooms are in the health-care setting?	
What ventilation methods are used for AII rooms? (Check all that apply)	
<u>Primary (general ventilation):</u>	
o Single-pass heating, ventilating, and air conditioning (HVAC)	
o Recirculating HVAC systems	
<u>Secondary (methods to increase equivalent ACH):</u>	
o Fixed room recirculating units	
o HEPA filtration	
o UVGI	
o Other (specify) _____	
Does your health-care setting employ, have access to, or collaborate with an environmental engineer (e.g., professional engineer) or other professional with appropriate expertise (e.g., certified industrial hygienist) for consultation on design specifications, installation, maintenance, and evaluation of environmental controls?	Yes No
Are environmental controls regularly checked and maintained with results recorded in maintenance logs?	Yes No
Are AII rooms checked daily for negative pressure when in use?	Yes No
Is the directional airflow in AII rooms checked daily when in use with smoke tubes or visual checks?	Yes No
Are these results readily available?	Yes No

What procedures are in place if the AII room pressure is not negative?	_____
Do AII rooms meet the recommended pressure differential of 0.01-inch water column negative to surrounding structures?	Yes No

**8. Respiratory-Protection Program**

Does your health-care setting have a written respiratory-protection program?	Yes No												
Which HCWs are included in the respiratory protection program? (Check all that apply)	<input type="checkbox"/> Janitorial staff <input type="checkbox"/> Maintenance or engineering staff <input type="checkbox"/> Transportation staff <input type="checkbox"/> Dietary staff <input type="checkbox"/> Students <input type="checkbox"/> Others (specify) _____ _____ _____ _____												
<input type="checkbox"/> Physicians <input type="checkbox"/> Mid-level practitioners (NPs and PAs) <input type="checkbox"/> Nurses <input type="checkbox"/> Administrators <input type="checkbox"/> Laboratory personnel <input type="checkbox"/> Contract staff <input type="checkbox"/> Construction or renovation staff <input type="checkbox"/> Service personnel													
Are respirators used in this setting for HCWs working with TB patients? If yes, include manufacturer, model, and specific application (e.g., ABC model 1234 for bronchoscopy and DEF model 5678 for routine contact with infectious TB patients). <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Manufacturer</u></td> <td style="text-align: center;"><u>Model</u></td> <td style="text-align: center;"><u>Specific application</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		<u>Manufacturer</u>	<u>Model</u>	<u>Specific application</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Manufacturer</u>	<u>Model</u>	<u>Specific application</u>											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
Is annual respiratory-protection training for HCWs performed by a person with advanced training in respiratory protection?	Yes No												
Does your health-care setting provide initial fit testing for HCWs? If yes, when is it conducted? _____	Yes No												
Does your health-care setting provide periodic fit testing for HCWs? If yes, when and how frequently is it conducted? _____	Yes No												
What method of fit testing is used? Describe. _____ _____													
Is qualitative fit testing used?	Yes No												
Is quantitative fit testing used?	Yes No												

**9. Reassessment of TB risk**

How frequently is the TB risk assessment conducted or updated in the health-care setting?	
When was the last TB risk assessment conducted?	
What problems were identified during the previous TB risk assessment? 1) _____ _____ 2) _____ _____ 3) _____ _____ 4) _____ _____	

5) _____ _____
What actions were taken to address the problems identified during the previous TB risk assessment?
1) _____ _____
2) _____ _____
3) _____ _____
4) _____ _____
5) _____ _____
Did the risk classification need to be revised as a result of the last TB risk assessment?
Yes    No

\* If the population served by the health-care facility is not representative of the community in which the facility is located, an alternate comparison population might be appropriate.

† Test conversion rate is calculated by dividing the number of conversions among HCWs by the number of HCWs who were tested and had prior negative results during a certain period (see Supplement, Surveillance and Detection of *M. tuberculosis* infections in Health-Care Settings).