

University of Michigan Hospitals and Health Centers  
Infection Control & Epidemiology

**Communicable Disease Exposure Work-up Data Collection Sheet  
Root Cause Analysis for TB Exposures**

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

Patient Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

FINDING/INTERVENTION (Check as appropriate)	COMMENTS
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Patient not identified as possible TB</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Signs or symptoms not evident</li> <li><input type="checkbox"/> Signs or symptoms evident</li> <li><input type="checkbox"/> Discussion with staff</li> <li><input type="checkbox"/> Procedure reviewed with staff</li> <li><input type="checkbox"/> Other _____</li> </ul> </li>   <li><input type="checkbox"/> <b>Positive afb smear – results not reported</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review lab practices, assess barriers</li> <li><input type="checkbox"/> Educate staff</li> <li><input type="checkbox"/> Other _____</li> </ul> </li>   <li><input type="checkbox"/> <b>Positive afb smear or culture</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Results not known to clinical staff</li> <li><input type="checkbox"/> Results known, but patient not isolated</li> <li><input type="checkbox"/> Educate staff</li> <li><input type="checkbox"/> Review SRI policy</li> <li><input type="checkbox"/> Other _____</li> </ul> </li>   <li><input type="checkbox"/> <b>Proper isolation room not used for SRI</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Educate staff</li> <li><input type="checkbox"/> Review SRI policy</li> <li><input type="checkbox"/> Other _____</li> </ul> </li>   <li><input type="checkbox"/> <b>Isolation room not available</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reassess number of isolation rooms</li> <li><input type="checkbox"/> Educate staff</li> <li><input type="checkbox"/> Other _____</li> </ul> </li>   <li><input type="checkbox"/> <b>Patient suspected of having TB</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Isolation not ordered</li> <li><input type="checkbox"/> Isolation discontinued too soon</li> <li><input type="checkbox"/> Educate staff</li> <li><input type="checkbox"/> Evaluate any barriers</li> <li><input type="checkbox"/> Other _____</li> </ul> </li>   <li><input type="checkbox"/> <b>Personnel not properly using respiratory protection</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Educate staff</li> <li><input type="checkbox"/> Evaluate any barriers</li> <li><input type="checkbox"/> Other _____</li> </ul> </li>   <li><input type="checkbox"/> <b>Isolation or procedure room not at negative pressure</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evaluate monitoring system</li> <li><input type="checkbox"/> Educate staff</li> <li><input type="checkbox"/> Other _____</li> </ul> </li>   <li><input type="checkbox"/> <b>Delay communicating order for isolation</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discussion with involved staff</li> <li><input type="checkbox"/> Evaluate any barriers</li> </ul> </li>   <li><input type="checkbox"/> <b>Other</b> _____</li> </ul>	

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