



CDPH/CTCA Joint Guidelines

***Guidelines for Directly
Observed Therapy
Program Protocols in
California***

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Preface

The following guidelines have been developed by the California Department of Public Health (CDPH), Center for Infectious Diseases, Tuberculosis Control Branch (TBCB), and the California Tuberculosis Controllers Association (CTCA). These guidelines provide statewide recommendations for tuberculosis (TB) control in California. If these guidelines are altered for local use, then the logo should be removed and adaptation from this source document acknowledged.

No set of guidelines can cover all individual situations that can and will arise. When questions arise on individual situations not covered by these guidelines, consult with your local TB Controller or the CDPH, TBCB. As mandated by state law (Health and Safety Code, Section 121361), all decisions regarding the discharge or transfer of TB patients from health care facilities (HCFs) must be made by the local health officer (LHO) or designee of the jurisdiction in which the facility is located.

Background

Directly Observed Therapy (DOT) is a technique of delivering tuberculosis (TB) treatment. The purpose of DOT is to:

- Prevent further transmission of *Mycobacterium tuberculosis*
- Prevent development of drug resistance
- Ensure timely completion of therapy

National TB treatment guidelines recommend DOT as the preferred strategy for all patients with TB disease. (Am J Respir Crit Care Med 2003, Vol 167). Rates of relapse and development of acquired drug resistance have decreased when DOT is used. Poor adherence to TB treatment might result from various difficulties such as: access to the health care system, cultural factors, homelessness, substance abuse, lack of social support, or forgetfulness (Controlling Tuberculosis in the United States, MMWR 2005, Vol. 54, No. RR-12).

Each jurisdiction will need to develop policies and protocols with consideration of local resources, disease level, geography, and agency capability. DOT resources need to be prioritized for persons at risk for poor adherence to therapy to assist in their completion of treatment, persons at high risk of treatment failure, and persons likely to transmit TB to others. (refer to Table 1)

These guidelines represent the compilation of protocols and experience from several jurisdictions within California in which an unlicensed person provides DOT under the direction of a licensed medical professional.

Definition of DOT

DOT is the observation of a person taking his/her prescribed medication for the treatment of tuberculosis (TB) disease or TB infection. This requires a person who has received training in observing patients taking medications prescribed for the treatment or prevention of TB disease. DOT helps to ensure that the entire course of medication is taken by the correct person, in the correct dose, via the correct route, at the correct time, and for the complete period of therapy. Given adequate training and supervision, DOT may be provided by non-licensed persons working in a variety of settings including a local health department.

DOT settings may include:

- Clinics
- Community-based organization sites
- Drug or alcohol treatment programs
- Home
- Workplace
- Schools
- Locations convenient for both the patient and DOT worker
- Physician's office, clinic, or a combination of sites by mutual agreement

DOT Delivery

Medications may be prescribed on a variety of dosing schedules and delivered by DOT. The DOT worker observes the patient in self-administration of medications that have been prescribed by a health care provider and reviewed/verified by the case manager or physician. The DOT worker is not dispensing or furnishing medication. All persons involved in this program need to be trained in the value of the duties and limitations of the DOT worker and the legal limitations of this role. (***see Legal Authority***).

Video DOT is the use of a videophone or other video/computer equipment to observe the TB patients taking their medications at a remote location from the health care worker and can include any of the locations listed above.

The following need to be considered for video DOT:

- Video picture must be sufficiently clear to discern the shape, color and size of the pills
- Ability to visually evaluate the patient's general health in real time
- Patients receiving video DOT must have the capability to use and maintain the equipment
- Patient must be motivated to take their medications
- Trial period of in-person DOT for an initial period before instituting video DOT

(See Appendix IV – Video DOT policy example)

Prioritization for DOT

DOT should be considered for all patients with TB disease. In the event of limited resources, the following risk groups may be considered for the utilization of DOT resources. When making prioritization decisions, factors that should be considered are the patient’s adherence to therapy, risk of transmission, drug resistance and co-morbid conditions that may make it difficult for the patient to adhere to the treatment regimen.

Table 1.

High risk for transmission or acquired drug resistance *	High risk for non-adherence	High risk for adverse events and/or poor outcomes
Cavitary pulmonary disease Positive AFB smear at diagnosis Slow sputum conversion (>2 months or slow clinical improvement) Clinical deterioration on treatment Drug resistant TB * Receiving intermittent medication regimen* HIV infection, including those on anti-retroviral therapy*	Non-adherence with TB regimen, past or present Too ill to self-manage Psychiatric disorder or memory impairment Poor or non-acceptance of TB diagnosis or treatment Poor adherence to initial medical management Recent history of alcohol or drug abuse Homeless/shelter resident or unstably housed Recent history of incarceration	TB disease relapse Patients at higher risk for severe outcomes (e.g. with end stage renal disease, diabetes, or on TNF alpha blocking agents) Immunosuppression, post organ transplant Children

A Priority Assessment Tool may be used in assessing potential risk for poor adherence to therapy and the priority for resource utilization. An initial evaluation may include at least the following:

- Initial intake interview with patient
- Medical record review
- Referral document and referral source information
- Community agencies working with the patient
- Family or significant other(s)
- Basic needs assessment

(See Appendix I for Risk Assessment Tool)

Legal Authority

Legal authority to enforce compliance with DOT is addressed in the California Health and Safety Code Section 121365. This section allows the Health Officer to issue an order requiring the person who has active TB, and who is unwilling or otherwise unable to follow a prescribed course of therapy, to complete an appropriate prescribed course of medication for TB through DOT.

Laws and Regulations addressing who may provide prescribed medications are covered in the Business and Professions code, (Nurse Practice Act, Article II, Section 2725). Each jurisdiction should consider consultation with county counsel or other legal authorities to ensure that protocols are developed in accordance with existing laws.

Consent issues for minors are addressed in California Family Code 6900 et. seq. that states, unless specific exceptions apply, in the case of a minor (under 18 years of age), the parent or guardian must consent to medical care. Protocols concerning DOT for children should be drafted with consideration of all legal issues regarding consent.

DOT Worker: Knowledge, Skills, Abilities and Education

Knowledge of:

- Medical terminology and general clinic operations

Skills to:

- Read, write and speak English and be able to communicate verbally in English
- Ability to work with an interpreter when necessary
- Write reports and correspondence in English

Ability to:

- Conduct interviews of a sensitive nature
- Work effectively with people from various economic, cultural and social backgrounds
- Assist patients in accepting needed medical care and treatment
- Work with special needs of diverse populations, including those who are homeless, substance abusers and others
- Promptly and accurately communicate issues such as adverse drug reactions or non-adherence to licensed medical professionals

Education:

CDPH/CTCA Guidelines for Directly Observed Therapy Program Protocols in California, last updated in 2011. Some information may not be current. Consult with your local TB Control Program. Find them on CTCA.org in your Directory of TB Control Programs.

- High school diploma or GED or MA (Medical Assistant) certificate at a minimum

(See Appendix II for examples of Job Specifications and Essential Functions used by various jurisdictions for DOT Workers)

Duties of the DOT Worker

Duties of the DOT worker may differ according to the level of education, skill of each worker and needs of the jurisdiction. Under the direction of the case manager, the basic responsibilities of the worker are to follow the local protocol to ensure safety, accuracy and completeness of therapy. Duties may include:

- Arranging for time and place that meets the needs of both the patient and DOT worker
- Maintaining patient confidentiality with all encounters
- Assisting patient with completion of regimen
- Assisting patient with obtaining and completing laboratory tests, x-rays, transportation, and referrals to needed resources such as additional health care, financial services, social service, and housing
- Delivering prescribed medication to patient
- Observing the patient to ensure that correct pills are being taken by the correct patient and taken on the correct day
- Observing for possible signs of non-adherence (i.e. not swallowing medication)
- Asking patient, per protocol, about symptoms of adverse drug reactions (ADR) to medication
- Reporting potential ADR to case manager and/or supervisor, per protocol, and obtaining direction regarding whether to hold medications
- Documenting medications that were taken and other relevant findings to complete adequate documentation for the services/observations that occurred
- Reinforcing counseling and education messages provided by the case manager during all encounters
- Participating in the needs evaluation and distribution of DOT incentives and enablers

The DOT worker is not dispensing, administering or furnishing medications – the worker is delivering and observing the patient in self-administration of TB medication.

For pediatric cases on DOT, the worker will observe the parents or guardian administering TB medication to the child and ensure that the child receives TB medication as instructed by the nurse or other licensed personnel.

(See Appendix III for a list of incentives/enablers for use in a DOT program to encourage adherence to therapy.)

DOT Worker Education and Training

Minimum training needs to include materials contained in the Centers for Disease Control and Prevention (CDC) TB web based modules, Curry International TB Center training (<http://www.currytbcenter.ucsf.edu/>) and/or individual jurisdiction training modules that include information on:

- Local protocols and regulations, including guidelines for patient confidentiality, privacy protections and for communication with case manager, supervisor and other TB team members
- TB disease and infection
- TB transmission
- Prevention of TB infection and disease
- Worker safety, use of personal protective equipment (PPE) with annual fit testing and training on respiratory safety
- Guidelines for delivery of DOT
- Signs/symptoms of potential ADR
- Legal responsibilities and limitations
- Emergency response training, which may include Basic Life Support (BLS) or CPR training
- Community resources available for patients
- Field safety training including information on resources available to assist with potentially threatening situations

Field Training

Field training should include joint visits with the case manager, experienced DOT worker and/or supervisor on a regular basis. For the new worker, this helps to assess skills level and training needs.

Joint visits, at least on an annual basis, for re-evaluation of skills and training needs is useful for all workers.

Ongoing Training may include:

- TB updates at least annually
- Field visits with case manager or supervisor
- Participation in training sponsored by national TB Regional Training and Medical Consultation Centers (RTMCC), and other available TB trainings. The RTMCC servicing the western region is the Curry International Tuberculosis Center.
- Participation in DOT case conferences
- Participation in case management conferences
- Regular review of PPE as required by local injury and illness prevention policy
- BLS/CPR re-certification every two years, if applicable.

Pediatric DOT

Ability to deliver pediatric DOT may require additional training regarding pediatric issues and potentially additional joint visits with the case manager or supervisor. Components of the pediatric DOT training may include:

- Pediatric medication delivery
- Working in a supportive and assistive role with parents and guardians
- Signs/symptoms of adverse drug reactions in pediatric patients
- Issues unique to pediatric patients

Supervision and Quality Assurance

A licensed healthcare professional should supervise DOT related activity.

A yearly formal performance review should be written into the program protocol, and include:

- Chart review
- Regular and ongoing field supervision visits with the DOT worker
- Case management/review meetings at least monthly

Case Assignment

The number of cases assigned to each worker may differ greatly with geographic characteristics of the area served as well as the factors listed below. Establishing a relationship between the DOT worker and patient has proven to be an extremely important part of encouraging compliance and the success of the program. These relationships should be encouraged by allowing enough time in the case assignment for a few minutes of interaction, observation and information gathering between the worker and the patient.

The following factors should be assessed to determine the case assignment for a worker:

- Worker skill and experience
- Languages spoken
- Geography (miles between cases)
- Acuity, and need for assistance/supervision of each patient
- Site/location of the DOT program (clinic or field)
- Safety for the worker (e.g. should workers go in teams)
- Time available for field visits, including time required for special needs patients
- Number of stops in completing assignment
- Multiple patients at one address

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- Age of the patient
- Potential for difficulties in locating patient
- Legally required breaks (e.g. lunch)

Documentation of DOT

The documentation of DOT is one of the primary methods in which the case manager, physician and the DOT worker all have the same information for a patient. Each encounter needs to be seen as an opportunity to gather and document new and important information on the DOT patient. The documentation ensures completion of therapy, early warning signs of ADRs and prevention/halting of severe drug reactions before permanent injury occurs. The documentation also assists in the team work of the TB program staff.

Documentation will vary in each jurisdiction according to the program design, needs, personnel and program policies.

An encounter form to collect relevant information on each visit is essential. A checklist format may be used to document the patient's response to questions about medication side effects and related problems.

(See Appendix V for examples of DOT encounter forms)

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Appendix I

RISK FACTOR ASSESSMENT SHEET EVALUATION FOR TB DISEASE TREATMENT OTHER THAN DIRECTLY OBSERVED THERAPY (DOT)

1. Does patient have cavitory disease? Yes No
 2. Is the patient AFB smear positive? Yes No
 3. Has patient refused or failed to take TB medicines? Yes No
 4. Has patient refused or failed to keep clinic appointments? Yes No
 5. Does patient abuse drugs or alcohol? Yes No
 6. Is patient homeless, a shelter resident or unstably housed? Yes No
 7. Has patient had TB disease in the past? Yes No
 8. Does patient have a psychiatric disorder or memory impairment? Yes No
 9. Did patient still have positive sputum cultures after 2 months or slow clinical improvement? Yes No
 10. Is patient under 18 years of age? Yes No
 11. Is patient too ill to manage self therapy? Yes No
 12. Is patient's disease resistant to any medication other than Streptomycin? Yes No
 13. Will patient be on intermittent therapy? Yes No
 14. Has patient ever had a TB treatment failure or TB relapse? Yes No
 15. Is patient HIV positive? Yes No
 16. Does the patient have a recent history of incarceration? Yes No
- ALL questions 1-16 above were answered NO
- TB Physician approves this patient for self-administered therapy

MD Signature

- ANY questions 1-16 above received a YES answer
- Patient CANNOT be approved for self-administered therapy

RISK EVALUATION – Contra Costa Public Health add medical risks for infectiousness such as cavitory disease & sputum AFB smear positivity and other conditions listed in the table on this form

Case Name			DOB:	Date of Evaluation:
Address:			How long at this address:	
Name(s) of persons present at interview:			Where did interview take place?	
Home Environment:				
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment/condo <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Shelter <input type="checkbox"/> Institution <input type="checkbox"/> Homeless	High risk setting: # of people living in dwelling _____ # of families living in dwelling _____ High risk contacts: # of people ≤ 4 years old in dwelling ____ # of potentially immunosupressed persons living in dwelling _____		Does case have: Own room <input type="checkbox"/> yes <input type="checkbox"/> no Window in room <input type="checkbox"/> yes <input type="checkbox"/> no Use of kitchen <input type="checkbox"/> yes <input type="checkbox"/> no Secure place for meds <input type="checkbox"/> yes <input type="checkbox"/> no Food resources <input type="checkbox"/> yes <input type="checkbox"/> no	
Barriers to adherence:				
<input type="checkbox"/> Transient living situation*	<input type="checkbox"/> Resident of long term care <input type="checkbox"/> Hosp. <input type="checkbox"/> ECF <input type="checkbox"/> Psych		<input type="checkbox"/> Resistance to DOT*	
<input type="checkbox"/> Homeless @ assessment*	<input type="checkbox"/> Hx of psychiatric problems*		<input type="checkbox"/> Cultural non-acceptance of TB*	
<input type="checkbox"/> Homeless within 1 year*	<input type="checkbox"/> Alcohol problems* <input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Family non-acceptance of TB*	
<input type="checkbox"/> Unsanitary living situation	<input type="checkbox"/> Drug use* Current <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Non injecting <input type="checkbox"/> Injecting Drug(s)		<input type="checkbox"/> No medical insurance	
			<input type="checkbox"/> Side effects of meds*	
<input type="checkbox"/> History of incarceration*	<input type="checkbox"/> Recovery/Rehab in past year*		<input type="checkbox"/> Long work hours	
<input type="checkbox"/> Incarcerated @ time of dx*	<input type="checkbox"/> Resistance to treatment*		<input type="checkbox"/> Other - Specify:	
Transportation:				
<input type="checkbox"/> Has own car		<input type="checkbox"/> Is able to get to medical appointments and other sites by walking		
<input type="checkbox"/> Friend/relative has car and will transport		<input type="checkbox"/> Has access to bus service		
<input type="checkbox"/> Does not have necessary transportation resources				
Needs Identified:				
<input type="checkbox"/> Evaluation and treatment of high risk contacts*				
<input type="checkbox"/> DOT	<input type="checkbox"/> Food vouchers		<input type="checkbox"/> Substance/rehab services	
<input type="checkbox"/> Transportation vouchers <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Other	<input type="checkbox"/> Housing assistance <input type="checkbox"/> Motel/hotel <input type="checkbox"/> Rent subsidy <input type="checkbox"/> Other		<input type="checkbox"/> Social Service referral	

If one or more of the Barrier * items is checked the patient should be considered high risk for non-adherence and placed on DOT.

Person completing assessment: _____ Date: _____

Appendix II

DISEASE INTERVENTION TECHNICIAN Contra Costa County
Distinguishing Characteristics:
<p>Disease Intervention Technician is assigned to the Public Health Division’s Communicable Disease Control Program in the Health Services Department. This unit is responsible for the control and investigation of communicable diseases. Incumbents in this class are responsible for assisting with the discovery of existing or suspected cases of communicable disease including AIDS, sexually transmitted diseases (STD), tuberculosis (TB) and vaccine preventable diseases. Incumbents also enforce State and County public health laws, ordinances and regulations for the control of communicable diseases.</p> <p>This class is distinguished from the Senior Disease Intervention Technician class by the latter’s responsibility for coordinating clinic activities or assignment to special projects. Supervision is received from a Public Health Manager.</p>
Minimum Qualifications:
<p>License Required: Valid California Motor Vehicle Operator’s License. Education: Possession of a high school diploma or G.E.D. equivalency or high school proficiency certificate. Experience: Six months of full-time or its equivalent experience in the health care field, which involved interviewing clients to obtain confidential or personal history information as the primary element of the duties performed.</p>
Knowledge, Skills and Abilities:
<p>Knowledge of: Medical terminology and clinic operations The methods of transmission of communicable diseases</p> <p>Ability to: Conduct interviews of a very sensitive nature Relate to and deal effectively with people from various economic and social background Persuade people in need of medical care to accept treatment Maintain effective and harmonious relations with persons contacted, physicians, other agencies and the general public</p>

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Write reports and correspondence

Typical Tasks:

- Conducts screening interviews with clients to ascertain personal history and possible sources of infection
- Assesses client needs and arranges for or recommends examination, treatment or immunization
- Conducts individual and group counseling/education activities
- Locates contacts to diagnosed cases of disease from available information
- Conducts case finding and contact investigation
- Serves as liaison with the private medical community
- Assists in the control of disease outbreaks
- Speaks to community and school groups on communicable diseases
- Receives private physician or other reports of communicable diseases
- Maintains records and prepares reports and correspondence as required
- Serves Public Health Officer orders
- Attends staff meetings and training seminars on communicable diseases and other related topics
- Maintains cooperative relationships with the officials of State and other local health departments, criminal justice facilities, probation department and substance abuse programs

Class Title: **HEALTH SERVICES ASSISTANT – Riverside County**

Description:

Under direct supervision, assists licensed professional Community Health Agency, Riverside County Regional Medical Center, or other medical staff by providing a variety of client services which includes basic administrative, clerical, and technical support services for clients/ patients and the public; acts as a liaison between the Health Services Agency and the community; and to do other related work as required.

Incumbents of this class are responsible for assisting Community Health

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Agency, Riverside County Regional Medical Center, or other medical licensed professional staff by providing client services for a variety of health related programs. Specific assignments vary depending on the particular branch or program to which they are assigned. Health Services Assistants report to licensed professional staff in the branch or unit to which they are assigned. Health Services Assistants under the direction of the Medical Provider work in the clinics performing medical and nursing support duties for physicians, Physician Assistants, Nurse Practitioners, and Registered Nurses.

Examples of Essential Duties:

- Establishes effective lines of communication between the Health Services Agency and the community; provides basic information about health services, policies and procedures to clients/patients and the public; provides outreach information/education of health programs to a targeted population and/or community.
- Assists licensed professional staff in the Health Services Agency to teach and encourage development of good health habits and preventive care; teaches health education classes to clients.
- Provides health counseling to low-risk clients; Screens for eligibility for participation in health programs; provides second language interpretation support; assesses client/ patient progress and determines whether recommendations regarding health are being followed.
- Provides feedback, verbally and in writing to licensed professional staff regarding client needs and community responses to health services and programs; obtains and evaluates specific information regarding health problems in order to provide guidance and instruction and conduct formal and informal information sessions covering good health practices and available health services.
- Makes referrals to health/social services resources and licensed professional staff; interviews clients/patients to gather basic health related information, such as health status, living conditions, diet, residency, mobility, parenting skills, health care needs, etc.
- Makes home visits as appropriate; assists in developing health questionnaires, conducting surveys and recording appropriate case related information; assists in developing health information flyers and pamphlets.

- Assists licensed professional staff in arranging and conducting health education programs, demonstrations, special health conferences and clinics in the community.
- May perform routine clinical procedures, e.g. administers medications (oral, sublingual, topical, vaginal, rectal, inhalation) or providing a single dose to a patient for self-administration; may apply and remove bandages and dressings; may apply orthopedic appliances.
- May remove casts and splints; selects and adjusts crutches; may instruct in proper use of crutches; may perform simple or automated visual testing; may obtain test results, but does not interpret results; may remove sutures or staples from superficial incisions or lacerations.
- May perform ear lavage to remove impacted cerumen; may collect specimens (non-invasive); may perform simple laboratory and screening tests, i.e. dipstick urinalysis, occult blood, ovulation tests, pregnancy urine tests, sedimentation rates, hemoglobin including hemacue, glucose, hematocrit, etc.
- May register clients/patients using related computer information at time of appointment; cut nails of otherwise healthy patients.
- Following specified training, may administer intramuscular, subcutaneous, and intradermal injections; may prepare patients for examination; may provide patient information and instructions as directed by the doctor.
- May obtain medical history/chief complaint including allergies; takes vital signs; may assist patients in ambulation and transfer; may maintain client/patient charts and schedules appointments for clinic and field staff.
- Performs routine clerical tasks, typing, personal computer, filing, answering phones, etc; inventories supply needs and helps obtain medical and office supplies.
- May upon approval of supervisor, coordinate and/or provide necessary transportation to clients.

Recruiting Guidelines:

Knowledge of: Basic needs and problems of disadvantaged groups: cultural and ethnic perceptions toward community service programs; the causes and

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treatment of medical and/or public health problems and the problems facing the educationally, and economically disadvantaged. Basic patient care techniques.

Ability to: Understand social and cultural factors important to behavior patterns. Communicate effectively orally and in writing; establish and maintain good relations with a wide range of social and ethnic groups as well as professional staff and community members; obtain and record accurate information and perform routine clinical procedures; follow and implement activities according to written standardized procedures; recognize situations out of the scope of Health Services Assistant needing referral to professional staff; perform clerical tasks; personal computer; answering phones; filing etc.

OPTION I

Experience: One year of experience that included public contact, in a public health, medical services, or social or human services agency. (Education from a recognized college in public health, social or behavioral sciences or closely related field may be substituted for the required experience on the basis of 9 semester or 12 quarter units of specified coursework for each year of the required experience).

Education: Possession of a high school diploma, G.E.D. equivalency or high school proficiency certificate. (One year of additional qualifying experience may be substituted for the required education.)

OPTION II

Experience: One year of experience performing front office/back office support duties as a Medical Assistant in a physician's office, hospital, health center, etc. (Possession of a Medical Assistant certificate acquired from a school recognized by the American Association of Medical Assistants or American Medical Technology may be substituted for the required one year of experience.)

Other Requirements:

License/Certificate: Possession of a valid California Driver's License may be required for some positions in this class.

Pre-Employment:

All employment offers are contingent upon successful completion of both a pre-employment physical exam, including a drug/alcohol test, and a criminal background investigation, which involves fingerprinting. (A felony or

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misdemeanor conviction may disqualify the applicant from County employment).



Essential functions inventory form

- PERMANENT
 EXTRA-HELP

PLEASE TYPE

1. Department Public Health Division Community Health
2. Program Chest Clinic Position Number 2023007
3. Classification Title (Job Title) 1429 Medical Assistant
4. List Essential Functions (Use additional sheets if necessary)
 - a. conduct home visits to patients to observe patient taking medication
 - b. screen patient for potential side effects to medication, report to nurse
 - c. document results accurately
 - d. assist in clinic: apply TB skin tests, obtain sputum specimens
 - e. drive county vehicle for work related duties
5. List Knowledge, Skills, and Abilities Associated with Essential Functions
(Use additional sheets if necessary)
 - a. lift 10 lbs
 - b. climb stairs
 - c. good verbal communication skills with co-workers and public
 - d. Walk to and from parking lot/patient home with uneven/slippery ground and surfaces
 - e. ability to perform intra-dermal injections
6. Other Requirements (Use additional sheets if necessary)
 - a. completion of medical assistant training course
 - b. CA driver's license
 - c. _____

INCENTIVE ITEMS

Personal Items

safety razor
shave cream
toothpaste
toothbrush
soap
shampoo
comb/brush
emory board
facial tissue
toilet tissue
feminine supplies
deodorant

Food items

crackers
fresh fruits
fresh vegetables
food vouchers
juice
bottled water
packaged cookies/crackers
cheese

Enablers

taxi vouchers
bus tokens
housing assistance

- rent subsidy
- motel vouchers

shelter placement assistance
Target vouchers
CVS vouchers
supermarket vouchers
McDonald vouchers
Subway vouchers

Other Items

gloves
socks
sweater
sweatshirt
sweat pants
rain pancho
underwear (thermal)
umbrella
children's clothes
sleeping bag
blanket
fanny pack
back pack
mess kit
books
greeting cards

Baby Items

safe toys
formula
disposable diapers
clothes
diaper bag

Appendix IV

DEPARTMENT OF COMMUNITY HEALTH
COMMUNICABLE DISEASE DIVISION - Fresno

Section: Policies and Procedures	No: 60.02
Subject: DOT Videophone	Date: 3/24/06

POLICY:

The Fresno County Department of Community Health, Tuberculosis Control Program will provide Directly Observed Therapy by video phone for selected patients

PURPOSE:

Provide health care workers with criteria for use of videophones in the administration of Directly Observed Therapy (DOT) for TB patients. The use of video equipment for health care workers to view client in the home setting has been described as cost effective and satisfying to clients

WHO CAN PERFORM:

Clinical and other designated staff trained in providing DOT

PROCEDURE:

I. Initial Procedure

- A. Signed informed consent and statement of responsibility for the equipment must be obtained from client or designee before beginning the use of video visits
- B. During initial visit an assessment will be conducted to determine access to single line phone connection and safety appropriate for the equipment
- C. The patient may un-enroll from video visits at any time and return to routine DOT
- D. Patients must demonstrate the ability to use and maintain the equipment safely
- E. Review techniques of focus, lighting, slow movement, and tilt of the camera with the patient
- F. Review techniques for best display of medications
- G. Patients will be trained regarding use of equipment in their home
- H. The first and last home visit will be in person and not through video equipment
- I. Remind patient to call 911 for any emergency needs

II. Clinic Staff

- A. Video visits may be provided by a Chest Clinic staff member trained in providing DOT
- B. Each video visit will be documented in the DOT record
- C. All health care providers will be trained on the use of video equipment to include client confidentiality
- D. A confidential area is to be selected for the location of the clinic videophone

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- E. In case of technical failure, a home visit or clinic visit will be arranged

Video Phone Maintenance

- A. Equipment will be checked for functionality at the beginning of starting a new client and in between each client use by Chest Clinic staff. Equipment will be cleaned between each client use by Chest Clinic staff
- B. Written instruction developed by the manufacturer of the equipment will be maintained for staff use
- C. Safety instructions will be given to clients and reviewed on installation
- D. Instructions on whom to call for trouble shooting equipment will be provided to clients

IV. Selection Criteria

- A. Patient has successfully completed at least 2 weeks of in-person DOT with 100% adherence
- B. Patient has a stable residence with an appropriate place for videophone equipment, including landline with phone jack
- C. Patient is motivated, with family/social support
- D. Patient understands the need for TB treatment
- E. Patient is able to pour his/her own medications and accurately identify each medication
- F. Patient speaks a language that may be accommodated by videophone DOT personnel
- G. Distance to travel, time of day for DOT and/or other factors make video DOT a good option
- H. There are no patient disabilities limiting the proper use of the equipment
- I. Patient has experienced no major medication side effects
- J. Video DOT is not to be used for intermittent therapies

V. Video DOT Procedure

- A. A monthly supply of medication is given at the time of clinic visit
- B. DOT worker calls the patient at a prearranged time
- C. Patient and DOT worker activate the video function on the phone
- D. Patient displays their face on the screen and confirms identity
- E. DOT worker inquires about problems, medication side effects, etc. See Policy and Procedure, Directly Observed Therapy, Section 60.01
- F. DOT worker assesses medication supply and need for refills
- G. Patient describes medications by name, shape, size, color, and/or other identifying qualities
- H. Patient identifies the number of each type of medicine to be taken
- I. Patient holds medication in front of the video camera before placing them in his/her mouth
- J. Patient swallows the medications in full view of the camera
- K. Prior to disconnecting, the DOT worker confirms the day and time of the next video DOT to be observed
- L. DOT worker documents medications taken per established protocol. See Attachment 60.02

Appendix V

**COUNTY OF RIVERSIDE COMMUNITY HEALTH AGENCY
DEPARTMENT OF PUBLIC HEALTH
DOCUMENTATION OF HSA DOT ENCOUNTER**

PATIENT:				DOB:				
ADDRESS:				PHONE:				
DOT Schedule (DAILY / BIWEEKLY / TRIWEEKLY)				MON	TUE	WED	THUR	FRI
SELF ADMINISTER ON SATURDAY AND SUNDAY				YES	NO			
PHN _____ HSA _____				PATIENT LOCATED ↓		OBSERVED INGESTION OF MEDS. ↓		
DAY	DATE	INITIALS	YES	NO*	YES	NO*		
<i>Monday</i>								
<i>Tuesday</i>								
<i>Wednesday</i>								
<i>Thursday</i>								
<i>Friday</i>								
<i>Monday</i>								
<i>Tuesday</i>								
<i>Wednesday</i>								
<i>Thursday</i>								
<i>Friday</i>								
<i>Monday</i>								
<i>Tuesday</i>								
<i>Wednesday</i>								
<i>Thursday</i>								
<i>Friday</i>								
<i>Monday</i>								
<i>Tuesday</i>								
<i>Wednesday</i>								

CDPH/CTCA Guidelines for Directly Observed Therapy Program Protocols in California, last updated in 2011. Some information may not be current. Consult with your local TB Control Program. Find them on CTCA.org in your Directory of TB Control Programs.

<i>DATE</i>	<i>PROBLEM IDENTIFIED</i>	<i>ACTION TAKEN</i>	<i>INSTRUCTIONS GIVEN BY NURSE</i>

Revised 8/06

DIT Name**Contra Costa Public Health****Monthly DOT Report**

Last Name:	MR#	Report month:	DOT Start Date:	
First Name:	SSN:	# of DOT doses:	DOT Stop Date:	
Address:	Sex: M F	DOB:	# of SAT doses:	Why DOT stopped:
City:	Sex:	# of missed doses:	HS Served date:	
Zip code:	MD:	# of DOT doses this month:	Index case:	
Phone:	PHN:	Total # of DOT doses to date:	Next appt:	Needs refills Y N

- Ethambutol _____mg daily bi-weekly
 tri-weekly
- Pyrazinamide _____mg daily bi-weekly
 tri-weekly
- Rifamate _____mg daily bi-weekly
 tri-weekly
- B-6 _____mg daily bi-weekly
 tri-weekly
- Cycloserine _____mg daily BID
- PAS _____mg daily BID
- Amikacin _____mg daily BID
- Zyvox _____mg daily BID
- Streptomycin _____mg daily BID
- Ethionamide _____mg daily BID
- Levaquin _____mg daily BID

- Date: _____ nausea headache jaundice rash fatigue vomiting others
Initial _____
- Date: _____ nausea headache jaundice rash fatigue vomiting others
Initial _____
- Date: _____ nausea headache jaundice rash fatigue vomiting others
Initial _____
- Date: _____ nausea headache jaundice rash fatigue vomiting others
Initial _____
- Date: _____ nausea headache jaundice rash fatigue vomiting others
Initial _____
- Date: _____ nausea headache jaundice rash fatigue vomiting others
Initial _____
- Date: _____ nausea headache jaundice rash fatigue vomiting others
Initial _____
- Date: _____ nausea headache jaundice rash fatigue vomiting others
Initial _____
- Date: _____ nausea headache jaundice rash fatigue vomiting others
Initial _____

Medication schedule verified by:

Date: