**Chapter 89-Designated Facilities Tubersol and Syringes Usage Guidance for Local and Regional Health (L/RHD) Departments**

|  | **Questions** | **Comments** |
| --- | --- | --- |
| 1 | Is the tubersol and/or syringes being requested for a Chapter 89-designated facility?  | [ ]  YES[ ]  NO |
| 2 | Does the TB-805 form state that the jail will receive tubersol and/or syringes from a DSHS-funded L/RHD or another entity? *If another entity is listed, DSHS cannot release tubersol to the facility.* | [ ]  DSHS-funded L/RHD[ ]  Another entity |
| 3 | Are the supplies being used for inmates or both inmates and employees/volunteers?*State-issued tubersol cannot be used for employees or volunteers.* | [ ]  Inmates[ ]  employees/volunteers[ ]  Both employees/volunteers |
| 4 | Is the Chapter 89-designated facility delinquent in its monthly correctional TB reports? *If yes, the L/RHD cannot release tubersol or syringes until the monthly reports are received.* | [ ]  YES[ ]  NO |
| 5 | What is the number of vials currently in stock at the jail?*This must be minimal before requesting more. Please modify the order if needed.* |  |
| 6 | Per the aggregate monthly report, is the request consistent with the average # of TSTs the facility administers? *If not, modify the request to reflect the monthly average tests performed.* | If yes, what is the average for the last three months? |
| 7 | Are the tests performed on inmates who will remain there for longer than seven days? *Inmates should be screened if they are likely to remain at the facility for seven or more days.* | [ ]  YES[ ]  NO |
| 8 | Are the tests done for clients that have been in jail in the past 12 months who may have already been screened in that timeframe?  | [ ]  YES[ ]  NO |
| **Assessment of original request** |
| 9 | Based on the responses above, does this request need to be Approved, Denied, or Modified (see # 5 and 6)  | [ ]  Approved[ ]  Denied [ ]  ModifiedIf modified, to what new # of tubersol needed? |

**TB PROGRAM USE ONLY**

Is the order approved by the TB Program? [ ]  Yes [ ] No

**Results:**

* Approved as is.

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Facility must modify request based on supply and usage
* Re-order approved, new amount (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Denied; reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Order placed in PIOS (Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* Once approved or denied, ensure the form is completed and kept at the health department to track all tubersol and syringes ordered. TB Programs must maintain a monthly inventory of supplies of PPD, and syringes provided to each facility.**