

51276 Directly Observed Therapy (DOT) Provider Qualifications

(a)

Each provider of Directly Observed Therapy (DOT) shall:(1) Have a manager responsible for the tuberculosis (TB) DOT program who supervises and monitors DOT staff activities and ensures appropriate documentation of TB patient records.

(2) Ensure all staff providing DOT have provider-approved DOT training. (3) Have policies and protocols for the provision of DOT to ensure the following:(A)

Assessment of individual barriers to DOT, such as a TB patient's need for transportation. (B) Appropriate selection of either field-based or clinic-based DOT based upon potential patient barriers to completion of DOT.1. Field-based DOT means DOT provided to a TB patient at his/her place of residence, work site, shelter, or any other location agreed upon between DOT staff and the TB patient. 2.

Clinic-based DOT means DOT provided to a TB patient at the site of the provider agency. (C) Patients receive and ingest the prescribed medications and insuring renewals of and/or changes to medications are promptly obtained. (D) Patient ingestion of medications is recorded in the patient's case record. (E)

Documentation in patient case files include all activities related to the provision of DOT. (F) Reporting to both the local health department and the treating physician when there is failure to make contact with a TB patient at any time during the course of treatment. (G) Reporting to the treating physician all side effects or other

patient problems. (H) Confidentiality of patient records. (4) Have the capacity to provide TB DOT in a manner that is linguistically and culturally appropriate to the population being served. (5) Initiate active outreach to locate a patient after a patient's missed appointment with DOT staff. Active outreach shall include, but is not limited to, the following: (A) Reviewing patient information and evaluating locating information. (B) Developing a strategy for locating the patient. (C) Promptly dispatching DOT staff to physically search for the patient at the last known place of residence, work site, shelter, or other location. DOT staff shall attempt to locate the patient on at least three separate occasions.

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