



**CHECKLIST FOR TUBERCULOSIS DOT/DOPT EDUCATION SESSION
provided by PHN to Observer**

Name of Observer (Direct Service Nurse/Home Care Attendant/Designate): _____

Name of Observer's Direct Supervisor: _____ Office _____

Name of Public Health Nurse: _____ Office _____

Name of Communicable Disease/Immunization Coordinator: _____

DOT/DOPT Education session learning objectives	Date of information session	Acknowledgement of education	
		Educator	Observer
Review of <i>Manitoba Health TB Fact Sheet</i>			
Review of <i>WRHA DOT Training Manual for Healthcare and Outreach Workers</i>			
Roles & Responsibilities: <ul style="list-style-type: none"> • Communicable Disease/Immunization Coordinator • PHN (Case Manager) • HC Case Coordinator (if applicable) • Observer (Direct Service Nurse, Home Care Attendant, or Designate) 			
Review of Guidelines for Management of DOT or DOPT			
Review of Procedures for TB DOT/DOPT			
DOT/DOPT & Infants/Children (if applicable)			
Review of client's <i>DOT/DOPT Record</i> , including individual medication review			
Review of <i>Tuberculosis Control TB Medication Side Effect Check List</i> .			
General reporting/documentation expectations related to DOT/DOPT			

Joint visit to client with Observer and Public Health Nurse planned? Yes No

Date: _____