

## **TB Program Videophones Policies and Procedures**

### **POLICY: Inventory and Tracking of Videophones**

**Local Health Jurisdiction TB Program to develop and maintain an inventory of videophones to include at least the following:**

#### **A. Upon receipt of videophones at LHJ**

1. Log date videophone received at LHJ
2. Attach tag to videophone with:
  - ◆ name of LHJ
  - ◆ name and telephone number of contact at LHJ
  - ◆ serial number of videophone
3. Store videophones in secured location, e.g. building locked at end of business day, and area during day not accessible to patients

#### **B. When loaning videophone to patient, LHJ log the following:**

1. Serial number of videophone loaned to patient
2. Date videophone loaned to patient
3. Name of staff person who loaned videophone
4. Name, telephone number and address of patient receiving videophone
5. Condition of videophone when loaned to patient

#### **C. When videophone returned to LHJ from patient, LHJ log the following:**

1. Date videophone returned to LHJ

2. Condition of videophone when returned to LHJ

**D. When videophone(s) returned to DOH TB Program, LHJ log the following:**

1. Serial number of videophone being returned
2. Date videophone returned
3. Condition of videophone when returned
4. Method used for return (U.S. Postal Service, FedEx, UPS, etc.)
5. Date DOH notified that videophone to be/has been returned

**PROCEDURE:**

**A. Local Health Jurisdiction TB Program staff shall**

1. Review DOH TB Program Policies and Procedures
2. Develop LHJ policies and procedures to include:
  - ◆ Inventory tracking of videophone as outlined in DOH Policy
  - ◆ Identify LHJ staff authorized to loan videophone
  - ◆ Define criteria for client selection to receive videophone (see examples)
  - ◆ Schedule LHJ TB nurse to make two home visits:
    - a) First - to set up and instruct patient in use of videophone, and test videophone while in the home;
    - b) Second - observe patient use video phone
  - ◆ Provide information to patient (parent/guardian) regarding proper use and care of videophone
  - ◆ Have patient (parent/guardian) sign *DOH Release of Liability Form*. Ensure that patient (parent/guardian) has a clear understanding of what they are signing and their responsibility for care and use of the videophone. (See sample consent in this section.)

- ◆ Have patient (parent/guardian) sign *DOH Videophone Directly Observed Therapy Consent Form*. Ensure that patient (parent/guardian) has a clear understanding of their rights and responsibilities when receiving DOT by videophone (See sample consent in this section.)
- ◆ Assess working order of videophone during home visits

**POLICY: Lost, Stolen or Damaged Videophones**

- ◆ Local Health Jurisdiction (LHJ) staff shall notify the State of Washington Tuberculosis Program office when a videophone is lost, stolen or damaged.
- ◆ The Department of Health (DOH) will work with the LHJ staff to attempt recovery of the videophone.
- ◆ Depending on the situation, patients may be asked to pay up to the replacement cost of the videophone.
- ◆ The process of recouping funds shall be done by DOH.

**PROCEDURE: Lost, Stolen or Damaged Videophones**

- ◆ LHJ staff shall use the *DOH Report of Loss, Theft or Damage Form* (see sample in this section) to report missing or damaged videophone(s) to DOH TB.
  - Provide the name of LHJ contact
  - Provide serial number of videophone
  - Fill out the form and indicate whether the videophone was lost, stolen or damaged
  - Describe the events leading to the loss, theft, or damage
- ◆ If video lost or stolen
  - Fill out BOTH the top and lower half of the form (lower half seen on following page)

**4. For lost or stolen videophone only:**

Videophone loaned to (name of patient/parent/guardian):

\_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

Describe efforts for recovery:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ◆ Fax or mail the completed form to the DOH TB Program
  - Fax: 360-236-3405 Attn: TB Program
  - Mail: Department of Health  
Tuberculosis Program  
PO Box 47837  
Olympia, WA 98504-7837