

Cover Page

Q1: Facility ID	Q2: Facility Name	Q5b: Result <input type="checkbox"/> Interview done <input type="checkbox"/> Person in charge refused interview	<input type="checkbox"/> Partially completed <input type="checkbox"/> Person in charge is out
Q3: Observer number	Q4a: Today's date (DD/MM/YYYY) _ _ / _ _ / _ _ _ _		

Health Worker Category Codes

1. MD-Obstetrician/Gynecologist	2. MD-Neonatologist	3. MD-Surgeon	4. MD- Family Physician	5. MD - Pediatrician
6. Physician's Assistant	7. Nurse midwife	8. Bachelor and Science of Nursing Nurse	9. Diploma Nurse	10. Nurse with Associate Degree
11. Licensed Practical Nurse	12. Certified midwife	13. Midwife	14. Nurse aide	96.Other, please specify:

THIS SURVEY IS TO BE FILLED BY OBSERVING PATIENTS IN THE SURGERY WARD. EACH FOLIO (SET OF PAPERS) CORRESPONDS TO ONE PATIENT ONLY. IF YOU OBSERVE ACTIVITIES FOR MANY PATIENTS AT THE SAME TIME, YOU NEED A NEW FOLIO FOR EACH PATIENT. ALSO BE SURE TO RECORD THE ID NUMBER OF EVERY STAFF MEMBER WHO WORKS WITH THE PATIENT FOR THE WHOLE TIME YOU ARE OBSERVING THEM, BY REFERRING TO THE STAFF ROSTER TO OBTAIN THE STAFF ID NUMBER. IF THERE ARE MORE THAN FIVE HEALTH WORKERS, USE ADDITIONAL COVER SHEETS. IF YOU OBSERVE ACTIVITIES BEFORE YOU HAVE A CHANCE TO OBTAIN CONSENT FROM THE PATIENT, YOU MUST DESTROY THE FOLIO IF THEY REFUSE CONSENT.

CHECK THE STAFF ROSTER FOR EACH HEALTH WORKER YOU OBSERVE AND SEE IF THEY ARE RECORDED AS HAVING GIVEN CONSENT FOR THE RESEARCH. IF NOT YOU MUST READ THE FULL CONSENT FORM AND OBTAIN THEIR SIGNATURE. IF YES, REMIND THEM USING THE TEXT BELOW.

Q5a: Has the health worker previously signed a consent form? ☐ Yes → go to Q6a ☐ No → go to Q7a

Q6a: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐ Yes → go to Q8a ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7a: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → go to Q8a ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8a Staff Roster ID number	Q9a Gender	Q10a: Health Worker Category Code (see below for codes)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Q5b: Has the health worker previously signed a consent form? ☐ Yes → go to Q6b ☐ No → go to Q7b

Q6b: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐ Yes → go to Q8b ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7b: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → go to Q8b ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8b Staff Roster ID number	Q9b Gender	Q10b: Health Worker Category Code (see below for codes)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Q5c: Has the health worker previously signed a consent form? ☐ Yes → go to Q6c ☐ No → go to Q7c

Q6c: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐ Yes → go to Q8c ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7c: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
☐ Yes → go to Q8c ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8c Staff Roster ID number	Q9c Gender	Q10c: Health Worker Category Code (see below for codes)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Q5d: Has the health worker previously signed a consent form? ☐ Yes → go to Q6d ☐ No → go to Q7d

Q6d: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐ Yes → go to Q8d ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7d: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?

☐ Yes → go to Q8d ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8d Staff Roster ID number	Q9d Gender	Q10e: Health Worker Category Code (see below for codes)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Q5e: Has the health worker previously signed a consent form? ☐ Yes → go to Q6e ☐ No → go to Q7e

Q6e: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐ Yes → go to Q8e ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7e: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?

☐ Yes → go to Q8e ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8e Staff Roster ID number	Q9e Gender	Q10d: Health Worker Category Code (see below for codes)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

	Yes	No	DK	Go To
Q100: Was this section observed?	1	0	8	
PLEASE ANSWER Q500 BEFORE PROCEEDING: IF SECTION NOT OBSERVED, SKIP TO END. RECORD IF THE FOLLOWING IS DONE BY ANY OF THE HEALTH WORKERS PRESENT DURING THE POST-SURGICAL CARE. MAKE SURE TO RECORD THE ID OF ALL HEALTH WORKERS PRESENT DURING THIS PORTION OF THE SURGERY CARE.				
Medical Personnel				
Q101 Sterile gloves are removed, after being immersed in a 0.5% chlorine solution, and placed in a leak proof contained	1	0	8	
Q102 Personnel wear utility gloves when handling soiled instruments, linen and waste	1	0	8	
Q103 All waste (e.g., gauze, cotton wool, dressing, etc.) are disposed of in a leak proof container	1	0	8	
Q104 Instruments are placed in a 0.5% chlorine solution for decontamination	1	0	8	
Q105 Needles and syringes are flushed three times with 0.5% chlorine solution and immediately disposed of in a puncture-resistant container	1	0	8	
Q106 Syringes or needles are dismantled by hand and are not disposed of as a single unit straight into a sharps container for disposal	1	0	8	
Q107 Needles are re-sheathed/recapped	1	0	8	
Q108 Needles are broken or bent before use or disposal	1	0	8	
Q109 Sharps bins are stored safely away from the public and out of reach of children (i.e., not stored on the floor or at low levels)	1	0	8	
Q110 Staff report sharp injuries in line with local reporting procedures/policies	1	0	8	
Q111 Soiled linen is placed in a leak proof container	1	0	8	
Q112 Hand hygiene is performed after removing gloves				
a. Washes hands with running water and soap for 10-15 seconds and dries with an individual clean towel, paper towel, or allows hands to air-dry	1	0	8	
b. Rubs hands with 3-5ml of an alcohol-based solution until the hands are dry (if hands are not visibly soiled)	1	0	8	
Housekeeping Personnel				
Q113 Housekeeping personnel wear personal protective equipment during cleaning				
a. Utility gloves	1	0	8	
b. Plastic apron	1	0	8	
c. Enclosed shoes	1	0	8	
Q114 All waste is collected and removed from the room in closed leak proof containers	1	0	8	
Q115 Puncture-resistant containers are closed and removed when three quarters full	1	0	8	
Q116 Containers with 0.5% chlorine solution with instruments are closed and removed from the room	1	0	8	
Q117 Soiled linen is removed in closed, leak proof containers	1	0	8	
Q118 Body fluid spills are covered with 0.5% chlorine solution, mopped up, and then cleaned with detergent and water	1	0	8	
Q119 All horizontal surfaces that have come in immediate contact with a patient or body fluids are cleaned with a disinfectant cleaning solution	1	0	8	
Q120 The operating table/bed is cleaned, and all surfaces and mattress pads are wiped with a disinfectant-soaked, lint-free cloth	1	0	8	
Q121 The area surrounding the operating table/bed is cleaned with a disinfectant cleaning solution (if visibly soiled)	1	0	8	
Q122 Two buckets are used for cleaning:				
a. One with the disinfectant cleaning solution	1	0	8	
b. One with clean water for rinsing	1	0	8	
Q123 After the room is cleaned, hand hygiene is performed after removing gloves				
a. Washes hands with running water and soap for 10-15 seconds and dries with an individual clean towel, paper towel, or allows hands to air-dry	1	0	8	
b. Rubs hands with 3-5ml of an alcohol-based solution until the hands are dry (if hands are not visibly soiled)	1	0	8	