

Cover Page

<b>Q1: Facility ID</b>	Q2: Facility Name	Q4b: Time observation started (HH:MM) ___ : ___ AM/PM
<b>Q3: Observer number</b>	Q4a: Today's date (DD/MM/YYYY) ___ / ___ / ___	
<b>Q4c: Result</b> <input type="checkbox"/> Interview done <input type="checkbox"/> Health worker refused interview <input type="checkbox"/> Partially completed <input type="checkbox"/> Health worker is out		

**THIS INSTRUMENT IS TO BE ADMINISTERED IN ANY OF THE WARDS, KEEPING TRACK OF INFECTION PREVENTION AND CONTROL. EACH FOLIO (SET OF PAPERS) CORRESPONDS TO ONE HEALTH WORKER ONLY. IF YOU ARE OBSERVING SEVERAL HEALTH WORKERS, YOU NEED A NEW FOLIO FOR EACH HEALTH WORKER. ALSO BE SURE TO RECORD THE STAFF ID NUMBER OF THE HEALTH WORKER, BY REFERRING TO THE STAFF ROSTER TO OBTAIN THE STAFF ID NUMBER.**

**CHECK THE STAFF ROSTER AND SEE IF THE HEALTH WORKER IS RECORDED AS HAVING GIVEN CONSENT FOR THE RESEARCH. IF NOT YOU MUST READ THE FULL CONSENT FORM AND OBTAIN HIS/HER SIGNATURE. IF YES, REMIND HIM/HER 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: **I would like to ask you some questions about your knowledge of a specific medical case. Your answers will remain confidential, we will not share the result of this interview and it will not have any impact on your work or the assessment of your performance. Do I have your permission to administer this questionnaire?**

Yes → GO TO Q8a     No, consent is not given → observation of 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 must END; if available, approach another health worker for participation.

Q8a Staff Roster ID number	Q9a Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Q10a: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED)

Health Worker Category Codes (please circle appropriate category: if multiple categories apply, circle multiple answers)

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. Registered Midwife	14. Nurse aide	96. Other, please specify:

IPC

IPC														
FILL THIS SHEET EVERY TIME A HEALTH WORKER ENDS THEIR CARE OF A PATIENT AND BEGINS TO WORK WITH ANOTHER PATIENT.														
RECORD TIME OBSERVATION BEGINS (HH:MM)	---:--- AM/PM													
ANSWER THE FOLLOWING AS:	YES-1 NO-2	DK-8 NA-9	YES-1 NO-2	DK-8 NA-9										
Q1. Was the health worker wearing gloves when working with the patient?														
Q2. Did the health worker touch anything or surface (clipboard, cellphone, etc) after touching the patient before cleaning process.														
Q3. Did the health worker touch his or her own skin after touching the patient before cleaning?														
Q4. Did the health worker remove his or her gloves after working with the patient before working with the next patient?														
Q5. Did the health worker properly remove the gloves? (REMEMBER THE PROCEDURE DISCUSSED IN TRAINING)														
Q6. Did the health worker wash hands after removing gloves?														
Q7. Did the health worker put on new, sterile gloves before touching the next patient?														
Q8. Is the health worker wearing boots or shoe covers														
Q9. Is the health worker wearing a gown?														
Q.10 Is the health worker wearing a face shield?														