

A STUDY TO EVALUATE THE EFFECTIVENESS OF THE "SAFECARE" APPROACH IN TANZANIA
Observation Tool

A: GENERAL DETAILS (ALL SITES)						
1. Field interviewer ID: _____	2. Facility ID: _____	3. Date (DD/MM/YY): ____/____/____	4. Site: <input type="checkbox"/> Consultation room <input type="checkbox"/> Injection room <input type="checkbox"/> Dressing room <input type="checkbox"/> Laboratory		5. HCW ID: _____	6. Patient consent: <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Red bin in room: <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Yellow bin in room: <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Start time: : _____	12. End time : _____	13. Patient ID: _____	14. Patient gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	15. Patient age (approximate): <input type="checkbox"/> <5 <input type="checkbox"/> 5-17 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-49 <input type="checkbox"/> 50+
8. Red bag in red bin: <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Yellow bag in yellow bin: <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Observation result: <input type="checkbox"/> Completed <input type="checkbox"/> Partially completed		17. If partially completed, give reason: <input type="checkbox"/> Ended by provider <input type="checkbox"/> Ended by patient <input type="checkbox"/> Ended by interviewer <input type="checkbox"/> Other (specify): _____		
B: HAND HYGIENE (CONSULTATION OR DRESSING)						
18. Are gloves used? Yes <input type="checkbox"/> No <input type="checkbox"/>	19. Are gloves.... If yes: _____	<input type="checkbox"/> New <input type="checkbox"/> Reused <input type="checkbox"/> Cannot say	<input type="checkbox"/> HR <input type="checkbox"/> HW w/soap <input type="checkbox"/> HW no soap <input type="checkbox"/> None <input type="checkbox"/> Cannot say	<input type="checkbox"/> HR <input type="checkbox"/> HW w/soap <input type="checkbox"/> HW no soap <input type="checkbox"/> None <input type="checkbox"/> Cannot say		
20. Hand hygiene directly before gloves: <input type="checkbox"/> HR <input type="checkbox"/> HW w/soap <input type="checkbox"/> HW no soap <input type="checkbox"/> None <input type="checkbox"/> Cannot say		21. Hand hygiene directly after gloves: <input type="checkbox"/> HR <input type="checkbox"/> HW w/soap <input type="checkbox"/> HW no soap <input type="checkbox"/> None <input type="checkbox"/> Cannot say				
22. Patient contact or exam (tick all that apply): <input type="checkbox"/> Touching skin <input type="checkbox"/> Mouth or throat exam <input type="checkbox"/> Ear exam <input type="checkbox"/> Wound cleaning or dressing <input type="checkbox"/> Stiches <input type="checkbox"/> Inserting a suppository <input type="checkbox"/> Listening to chest <input type="checkbox"/> Taking temperature <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> No patient contact and no exam (skip to 31)		19. Cleaning body fluids <input type="checkbox"/> Nose exam <input type="checkbox"/> Eye exam <input type="checkbox"/> Wound exam <input type="checkbox"/> Preparation of medicine <input type="checkbox"/> Vaginal, male genital or rectal exam <input type="checkbox"/> Handling container of body fluid	23. Hand hygiene before contact or exam: <input type="checkbox"/> HR <input type="checkbox"/> HW w/soap <input type="checkbox"/> HW no soap <input type="checkbox"/> None <input type="checkbox"/> Cannot say If yes: _____ seconds	24. Hand hygiene took If yes: _____ seconds	25. Hand hygiene with gloves on: If yes: _____ seconds	26. Drying method: <input type="checkbox"/> Clean disposable towel <input type="checkbox"/> Nothing <input type="checkbox"/> Reused towel or clothes <input type="checkbox"/> Cannot say If yes: _____ seconds
27. Hand hygiene after contact or exam: <input type="checkbox"/> HR <input type="checkbox"/> HW w/soap <input type="checkbox"/> HW no soap <input type="checkbox"/> None <input type="checkbox"/> Cannot say If yes: _____ seconds		28. Hand hygiene took If yes: _____ seconds		29. Hand hygiene with gloves on: If yes: _____ seconds	30. Drying method: <input type="checkbox"/> Clean disposable towel <input type="checkbox"/> Nothing <input type="checkbox"/> Reused towel or clothes <input type="checkbox"/> Cannot say	
C: WASTE SEGREGATION AND DISINFECTION (CONSULTATION OR DRESSING)						
31. Thermometer used: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: 32. Type <input type="checkbox"/> Standard <input type="checkbox"/> Infra-red 33. Disinfection (before or after use): <input type="checkbox"/> Disinfected with rubbing alcohol/bleach <input type="checkbox"/> Not disinfected, but cleaned <input type="checkbox"/> Not disinfected, not cleaned <input type="checkbox"/> Left in disinfectant <input type="checkbox"/> Cannot say	34. Stethoscope used: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: 35. Disinfection (before or after use): <input type="checkbox"/> Disinfected with rubbing alcohol/bleach <input type="checkbox"/> Not disinfected, but cleaned <input type="checkbox"/> Not disinfected, not cleaned <input type="checkbox"/> Cannot say	36. Tongue depressor used: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: 37. Type: <input type="checkbox"/> Plastic <input type="checkbox"/> Wooden <input type="checkbox"/> Metallic 38. Segregated.... <input type="checkbox"/> Black or blue bin <input type="checkbox"/> Yellow bin <input type="checkbox"/> Red bin <input type="checkbox"/> Other bin <input type="checkbox"/> Disinfected with rubbing alcohol/bleach <input type="checkbox"/> Not disinfected, but cleaned <input type="checkbox"/> Not disinfected, not cleaned <input type="checkbox"/> Cannot say	39. Otoscope used: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: 40. Disinfection (before or after use): <input type="checkbox"/> Disinfected with rubbing alcohol/bleach <input type="checkbox"/> Not disinfected, but cleaned <input type="checkbox"/> Not disinfected, not cleaned <input type="checkbox"/> Cannot say	41. Gloves used: <input type="checkbox"/> Yes <input type="checkbox"/> No 42. If yes: Segregated.... <input type="checkbox"/> Black or blue bin <input type="checkbox"/> Yellow bin <input type="checkbox"/> Red bin <input type="checkbox"/> Other bin <input type="checkbox"/> Left on hands <input type="checkbox"/> Left outside <input type="checkbox"/> Cannot say	43. Swabs/gauze/bandages used on patient: <input type="checkbox"/> Yes <input type="checkbox"/> No 44. If yes: Segregated.... <input type="checkbox"/> Black or blue bin <input type="checkbox"/> Yellow bin <input type="checkbox"/> Red bin <input type="checkbox"/> Other bin <input type="checkbox"/> Left outside <input type="checkbox"/> Cannot say	

D: INJECTION/BLOOD DRAW							
45. Injection: <input type="checkbox"/> Intravenous (into vein) <input type="checkbox"/> Intramuscular, intradermal or subcutaneous			46. Blood draw: <input type="checkbox"/> From vein <input type="checkbox"/> Finger or heel prick				
E: DISINFECTION/PREPARATION/SEGREGATION							
47. Lancet used: <input type="checkbox"/> Yes <input type="checkbox"/> No If used: 48. Source: <input type="checkbox"/> New (original package) <input type="checkbox"/> Reused <input type="checkbox"/> Cannot say 49. Disposal Segregated ... <input type="checkbox"/> Safety sharps container <input type="checkbox"/> Improvised sharps container <input type="checkbox"/> Segregated in other bin <input type="checkbox"/> Stored for sterilisation <input type="checkbox"/> Left outside <input type="checkbox"/> Cannot say		50. Needle used: <input type="checkbox"/> Syringe <input type="checkbox"/> Other <input type="checkbox"/> Vacutainer <input type="checkbox"/> None <input type="checkbox"/> Butterfly If used: 51. Source: <input type="checkbox"/> New (original package) <input type="checkbox"/> Reused <input type="checkbox"/> Cannot say 52. Disposal: Segregated ... <input type="checkbox"/> Safety sharps container <input type="checkbox"/> Improvised sharps container <input type="checkbox"/> Segregated in other bin <input type="checkbox"/> Stored for sterilisation <input type="checkbox"/> Left outside <input type="checkbox"/> Cannot say		53. Capillary tube used: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: 54. Segregated... <input type="checkbox"/> Safety sharps container <input type="checkbox"/> Improvised sharps container <input type="checkbox"/> Black or blue bin <input type="checkbox"/> Yellow bin <input type="checkbox"/> Red bin <input type="checkbox"/> Other bin <input type="checkbox"/> Left outside <input type="checkbox"/> Cannot say		55. Glucometer/HB strip used: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: 56. Segregated... <input type="checkbox"/> Safety sharps container <input type="checkbox"/> Improvised sharps container <input type="checkbox"/> Black or blue bin <input type="checkbox"/> Yellow bin <input type="checkbox"/> Red bin <input type="checkbox"/> Other bin <input type="checkbox"/> Left outside <input type="checkbox"/> Cannot say	
			57. Work surface: <input type="checkbox"/> Clean <input type="checkbox"/> Dirty, blood <input type="checkbox"/> Dirty, used syringes/needles <input type="checkbox"/> Dirty, used swabs/gauze <input type="checkbox"/> Dirty, other infectious waste		58. Patient skin prep: Clean swab... <input type="checkbox"/> Spirit dispenser + cotton wool <input type="checkbox"/> Spirit bottle + cotton wool <input type="checkbox"/> Wet-prep cotton wool <input type="checkbox"/> Standardised-alcohol swab <input type="checkbox"/> Dirty swab <input type="checkbox"/> None		
			59. Cotton wool (bloodied): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: 60. Segregated... <input type="checkbox"/> Safety sharps container <input type="checkbox"/> Improvised sharps container <input type="checkbox"/> Black or blue bin <input type="checkbox"/> Yellow bin <input type="checkbox"/> Red bin <input type="checkbox"/> Other bin <input type="checkbox"/> Left outside or with patient <input type="checkbox"/> Cannot say		61. Gloves used: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: 62. Segregated... <input type="checkbox"/> Safety sharps container <input type="checkbox"/> Improvised sharps container <input type="checkbox"/> Black or blue bin <input type="checkbox"/> Yellow bin <input type="checkbox"/> Red bin <input type="checkbox"/> Other bin <input type="checkbox"/> Left on hands <input type="checkbox"/> Left outside <input type="checkbox"/> Cannot say		
63. Needle/lancet recapped after use: <input type="checkbox"/> No <input type="checkbox"/> One hand <input type="checkbox"/> Two hands		64. Needle separated: <input type="checkbox"/> No <input type="checkbox"/> Removal device <input type="checkbox"/> Hands		65. HCW had needle/lancet-prick: <input type="checkbox"/> No <input type="checkbox"/> Yes			
F: HAND HYGIENE							
66. Are gloves used? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: 67. Are gloves... <input type="checkbox"/> New <input type="checkbox"/> Reused <input type="checkbox"/> Cannot say		70. Hand hygiene before procedure: <input type="checkbox"/> HR <input type="checkbox"/> HW w/soap <input type="checkbox"/> HW no soap <input type="checkbox"/> None <input type="checkbox"/> Cannot say If yes: _____ seconds		71. Hand hygiene took 72. Hand hygiene with gloves on: <input type="checkbox"/> Yes <input type="checkbox"/> No			
68. HH directly before gloves: <input type="checkbox"/> HR <input type="checkbox"/> HW w/soap <input type="checkbox"/> HW no soap <input type="checkbox"/> None <input type="checkbox"/> Cannot say		69. HH directly after gloves: <input type="checkbox"/> HR <input type="checkbox"/> HW w/soap <input type="checkbox"/> HW no soap <input type="checkbox"/> None <input type="checkbox"/> Cannot say		73. Drying method: <input type="checkbox"/> Clean disposable towel <input type="checkbox"/> Nothing <input type="checkbox"/> Reused towel or clothes <input type="checkbox"/> Cannot say			
		74. Hand hygiene after procedure: <input type="checkbox"/> HR <input type="checkbox"/> HW w/soap <input type="checkbox"/> HW no soap <input type="checkbox"/> None <input type="checkbox"/> Cannot say If yes: _____ seconds		75. Hand hygiene took 76. Hand hygiene with gloves on: <input type="checkbox"/> Yes <input type="checkbox"/> No			
77. Drying method: <input type="checkbox"/> Clean disposable towel <input type="checkbox"/> Nothing <input type="checkbox"/> Reused towel or clothes <input type="checkbox"/> Cannot say							
78. NOTES/COMMENTS					79. Checked by supervisor (initials)		