

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	5. HCW ID:	6. Patient consent:	
_____	_____	_____/_____/_____	_____	<input type="checkbox"/> Dressing room	<input type="checkbox"/> Laboratory	_____	<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: 20. Hand hygiene directly before gloves: No <input type="checkbox"/>	<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	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	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	24. Hand hygiene took If yes: _____ seconds	25. Hand hygiene with gloves on: <input type="checkbox"/> Yes <input type="checkbox"/> No	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
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"/> Stitches <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)	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	28. Hand hygiene took If yes: _____ seconds	29. Hand hygiene with gloves on: <input type="checkbox"/> Yes <input type="checkbox"/> No	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	34. Stethoscope used: <input type="checkbox"/> Yes <input type="checkbox"/> No	36. Tongue depressor used: <input type="checkbox"/> Yes <input type="checkbox"/> No	39. Otoscope used: <input type="checkbox"/> Yes <input type="checkbox"/> No	41. Gloves used: <input type="checkbox"/> Yes <input type="checkbox"/> No	43. Swabs/gauze/bandages used on patient: <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	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	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	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	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	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/PREPAREDNESS/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 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	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 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"/>		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		71. Hand hygiene took <input type="checkbox"/> Yes <input type="checkbox"/> No	
						If yes:		If yes: _____ seconds		73: Drying method:	
						67. Are gloves... <input type="checkbox"/> New <input type="checkbox"/> Reused <input type="checkbox"/> Cannot say				<input type="checkbox"/> Clean disposable towel <input type="checkbox"/> Nothing <input type="checkbox"/> Reused towel or clothes <input type="checkbox"/> Cannot say	
						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		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	
										75. Hand hygiene took <input type="checkbox"/> Yes <input type="checkbox"/> No	
										76. Hand hygiene with gloves on:	
										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)											