

Data Collection Tool

PART ONE: 1.1 SOCIO-DEMOGRAPHIC DATA

S.No	Item/Questions	Response option	Code	Skip pattern
101	Hospital level	<input type="checkbox"/> Referral hospital	1	
		<input type="checkbox"/> General hospital	2	
		<input type="checkbox"/> Primary hospital	3	
102	Current working department	<input type="checkbox"/> Internal medicine	1	
		<input type="checkbox"/> Surgical ward	2	
		<input type="checkbox"/> Pediatrics ward	3	
		<input type="checkbox"/> Neonatal intensive care unit (NICU)	4	
		<input type="checkbox"/> Obstetrics and Gynecology	5	
		<input type="checkbox"/> Operating room (OR)	6	
		<input type="checkbox"/> Emergency-unit	7	
		<input type="checkbox"/> Outpatient department (OPD)	8	
		<input type="checkbox"/> Laboratory	9	
		<input type="checkbox"/> Other (specify: _____)	10	
103	Sex (<i>do not ask</i>)	<input type="checkbox"/> Male	1	
		<input type="checkbox"/> Female	2	
104	What is your Profession?	<input type="checkbox"/> Doctor	1	
		<input type="checkbox"/> Nurse/ Midwife	2	
		<input type="checkbox"/> Health officer	3	
		<input type="checkbox"/> Laboratory technicians and technologist	4	
		<input type="checkbox"/> Other (specify): _____	5	
105	What is your Educational status?	<input type="checkbox"/> Diploma	1	
		<input type="checkbox"/> 1 st degree	2	
		<input type="checkbox"/> 2 nd degree and above	3	
106	What is your current age?	() years		
107	Years of service after the last graduation?	() years		

108	What is your Marital status?	<input type="checkbox"/> Single	1	
		<input type="checkbox"/> Married	2	
		<input type="checkbox"/> Divorce/ separated	3	
		<input type="checkbox"/> Widowed	4	

PART ONE: - 1.2 GENERAL INFORMATION ON HCWs SEGRGATION

S.No	Item/Questions	Response option	Code	Skip pattern
109	Ever taking training in HCWM methods	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
110	Presence of guideline, SOP or instructive poster on HCW segregation in your working area?	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
111	Do you think HCW segregation practice is a key and first step in safe HCWM process?	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
112	Do you have on-site HCW segregation containers in your working area ?	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
113	What are the different categories of HCWs ? (<i>multiple answer possible</i>)	<input type="checkbox"/> General wastes	1	
		<input type="checkbox"/> Sharps	2	
		<input type="checkbox"/> Infectious wastes	3	
		<input type="checkbox"/> Pathological wastes	4	
		<input type="checkbox"/> Pharmaceutical waste	5	
		<input type="checkbox"/> Chemical wastes	6	

PART TWO: - SP PRACTICES OF HCWS

S.no	Item/Questions	Response option	Code	Skip pattern
201	Do you wash your hand before and after patient contact?	<input type="checkbox"/> Yes	2	
		<input type="checkbox"/> No	1	
202	Do you wear utility gloves while handling, contaminated items?	<input type="checkbox"/> Yes	2	
		<input type="checkbox"/> No	1	
203	Do you wear facemask or face shield when undertaking procedures likely to generate splashes on to eye or mouth ?	<input type="checkbox"/> Yes	2	
		<input type="checkbox"/> No	1	
204	Do you wear apron during procedures and/or patient care activities when contact of clothing or exposed skin with blood/body fluids, secretions, and excretions is anticipated?	<input type="checkbox"/> Yes	2	
		<input type="checkbox"/> No	1	
205	Do you avoid recapping, bending, breaking and hand-man	<input type="checkbox"/> Yes	2	

	ipulating used needles	<input type="checkbox"/> No	1	
206	Do you immediately decontamination surgical instruments or critical items or any reusable items in 0.5 % decontaminant solution?	<input type="checkbox"/> Yes	2	
		<input type="checkbox"/> No	1	
207	Do you check and verify before administering injection it is given to the right person, the right drug, the right dose, the right time, the right route and the right injection equipment?	<input type="checkbox"/> Yes	2	
		<input type="checkbox"/> No	1	
208	Do you use Sterile syringes and sterile needles while administering all medication (Intramuscular, Intravenous and Intradermal) or collect blood from patients?	<input type="checkbox"/> Yes	2	
		<input type="checkbox"/> No	1	
209	Do you wear the necessary personal protective equipments like mask during tuberculosis suspected patient examination	<input type="checkbox"/> Yes	2	
		<input type="checkbox"/> No	1	
210	Do you use antiseptic agents for cleansing the skin or mucous membrane prior to invasive procedures/surgery, cleaning wounds, or performing handrubs or surgical hand scrubs using an alcohol based antiseptic products	<input type="checkbox"/> Yes	2	
		<input type="checkbox"/> No	1	

PART THREE: - ATTITUDE TOWARDS HCWS SEGREGATION PRACTICE

Sr.no	Attitude related questions	Response	Code	Skip pattern
301	Segregation of HCWs should be done at the point of generation ?	<input type="checkbox"/> Agree	1	
		<input type="checkbox"/> Disagree	2	
		<input type="checkbox"/> Neutral	3	
302	The color-coding system aims at ensuring immediate identification and segregation of the hazards associated with the type of HCWs	<input type="checkbox"/> Agree	1	
		<input type="checkbox"/> Disagree	2	
		<input type="checkbox"/> Neutral	3	
303	Waste should be separated by the person generating the waste immediately according to its type?	<input type="checkbox"/> Agree	1	
		<input type="checkbox"/> Disagree	2	
		<input type="checkbox"/> Neutral	3	
304	Non appropriate segregation of HCWs may leads to occupational hazard in healthcare facilities?	<input type="checkbox"/> Agree	1	
		<input type="checkbox"/> Disagree	2	
		<input type="checkbox"/> Neutral	3	
305	Syringes and needles should be discarded without recapping.	<input type="checkbox"/> Agree	1	
		<input type="checkbox"/> Disagree	2	
		<input type="checkbox"/> Neutral	3	

306	Waste handlers should never sort through waste after it has been placed in the bin.	<input type="checkbox"/> Agree	1	
		<input type="checkbox"/> Disagree	2	
		<input type="checkbox"/> Neutral	3	

PART FOUR: - HCWs SEGREGATION PRACTICE ITEMS

S.No	Item/Questions	Response option	Code	Skip pattern/remark
401	Do you segregate HCWs for the last client attended	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	If "No" go to Q 402
401.1	<i>If "YES" ask the healthcare workers to describe the type of wastes that was discarded ?</i> <i>/ NOTE: level if only corresponded with correct segregation practices as sharps, infectious, non-infectious, pharmaceuticals, pathologic & chemicals</i>	_____	1	
		_____	2	
		_____	3	
		_____	4	
		_____	5	
		_____	6	
402	Do you perform segregation at wastes generation point ?	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
403	Do you segregate syringes and needles without recapping or bending and immediately put them in puncture resistant safety box?	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
404	Do you always segregate infectious wastes such as blood, blood products & other body fluids or items contaminated with similar fluids ?	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
405	Do you separate items contaminated by or containing pharmaceutical products or outdated medications and residuals of drugs ?	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
406	Do you segregate general wastes such as paper, trash, boxes, bottles, plastic containers, leftover foods and food products from the other HCWs	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
407	Do separately handle/segregate chemical wastes such as formaldehyde, disinfectant products, solvents, organic & inorganic chemicals	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
408	Do you segregate placenta/ human tissues, body parts and fetus in different container and disposed accordingly	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
409	Do you disinfect /decontaminate sharp wastes before	<input type="checkbox"/> Yes	1	

	disposal	<input type="checkbox"/> No	2	
410	Do you decontaminate infectious wastes before disposal	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	
411	Do you place safety boxes at hand reached area	<input type="checkbox"/> Yes	1	
		<input type="checkbox"/> No	2	