

## Data collection tool

### Section 0: Identification

No.	Item	Response Format / Instruction
0	Do you agree to participate in the survey?	Yes = 1 / No = 0 → If No, do not proceed with the survey
1	Has the respondent worked at this facility for at least 12 months?	Yes = 1 / No = 0 → If No, exclude from the survey
2	Respondent identification number	/// ____/
3	Respondent's residential commune	_____
4	Survey site	_____
5	Date of survey	/// ____/
6	Start time	///

### Section 1: Health Facility Organization

*(To be completed by the facility manager only)*

No.	Question	Response Options
Q100	Name of the health facility	Open field
Q101	Ownership type	Public = 1 / Parastatal = 2
Q102	Health zone	Kalemie = 1 / Nyemba = 2
Q104	Health area	Open field
Q105	Facility type	General Referral Hospital = 1 / Referral Health Center = 2 / Medical Center = 3 / University Clinic = 4 / Polyclinic = 5 / Health Center = 6
Q106	Do you conduct on-the-job training on IPC/SP/BEA?	Yes = 1 / No = 2
Q107	Does your facility have PPE available? (Verify stock)	Yes = 1 / No = 2
Q108	If yes, which items are available? (Multiple answers allowed; verify stock)	See sub-items below
Q113.a	Apron	Yes / No
Q113.b	Gloves	Yes / No
Q113.c	Head cover	Yes / No
Q113.d	Boots/shoes	Yes / No
Q113.e	Eye protection / goggles	Yes / No
Q113.f	Mask	Yes / No
Q113.g	Examination gloves	Yes / No
Q113.i	Gown	Yes / No
Q109	Is there at least one waste bin in each room of your service?	Yes = 1 / No = 2

Q110	If yes, what type of bin?	Metal pedal bin = 1 / Plastic pedal bin = 2 / Plastic bucket = 3 / Safety box = 4 / Cardboard = 5 / Other = 6
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## Section 2: Sociodemographic Characteristics of the Respondent

No.	Item	Response Format / Options
Q200	Respondent's sex	Male = 1 / Female = 0
Q201	Date of birth	DD / MM / YYYY
Q202	Age at last birthday	Age in completed years
Q203	Professional qualification	Physician = 1 / Nurse = 2 / Laboratory Technician or Biologist = 3 / Midwife = 4 / Surgical Assistant = 5
Q204	Department of work	Surgery = 1 / Obstetrics-Gynecology = 2 / Pediatrics = 3 / Internal Medicine = 4 / Laboratory = 5 / Other (specify) = 6
Q205	Years of professional experience	Open field
Q206	Average number of working hours per day	< 8 hours = 1 / ≥ 8 hours = 2
Q207	Religion (select one)	Catholic = 1 / Protestant = 2 / Revival Church = 3 / Muslim = 4 / Kimbanguist = 5 / Jehovah's Witness = 6 / No religion = 7 / Other (specify) = 8
Q208	Marital status (select one)	Single = 1 / Married or in union = 2 / Divorced or separated = 3 / Widowed = 4

## Section 3: Knowledge, Attitudes, and Practices Regarding Blood Exposure Accidents (BEAs)

### Knowledge and Attitudes

No.	Item	Response Format / Options
Q200	Have you ever heard of blood exposure accidents (BEAs)?	Yes = 1 / No = 0
Q201	If yes, where did you first hear about it? (Multiple answers allowed)	Radio = 1 / Television = 2 / Administrative memo = 3 / Social media = 4 / Training = 5 / Poster = 6 / School or university = 7 / Friend or colleague = 8 / Other (specify) = 9
Q202	What do you understand by a blood exposure accident?	Accidental percutaneous or mucocutaneous contact with blood = 1 / Contact with biological fluids (e.g., genital secretions, CSF, synovial, pleural, peritoneal, pericardial, amniotic) with or without contaminated blood = 2 / Occurs via needle stick, cut, or splash = 3
Q203	How serious do you consider BEAs?	Very serious = 1 / Serious = 2 / Less serious = 3 / Not serious = 4 / Don't know = 5

Q204	How do BEAs occur? ( <i>Multiple answers allowed</i> )	Needle stick with used needle = 1 / Injury with used blade = 2 / Splash of biological fluids on mucosa = 3 / Splash on broken skin = 4 / Other (specify) = 5
Q205	Which objects are commonly involved in BEAs?	Suture needle = 1 / Hollow needle (syringe) = 2 / Blade = 3 / Catheter = 4 / Surgical equipment = 5 / Abandoned needle = 6 / Other (specify) = 7
Q206	Which pathogens are commonly transmitted through BEAs? ( <i>Multiple answers allowed</i> )	HIV = 1 / HBV = 2 / HCV = 3 / Other (specify) = 4
Q207	Which procedures carry risk for BEAs? ( <i>Multiple answers allowed</i> )	Suturing = 1 / Intramuscular injection = 2 / Blood sampling = 3 / Needle insertion/removal = 4 / Recapping used needle = 5 / Equipment transport = 6 / Handling medical waste bin = 7 / Handling non-medical waste = 8 / Cleaning instruments or hospital beds = 9 / Surgical procedure = 10 / Puncture = 11 / Other (specify) = 12
Q208	What are the first aid steps after a BEA?	Wash with soap and water = 1 / Apply pressure to wound = 2 / Wash with water only = 3 / Wash with saline = 4 / Disinfect with antiseptic = 5 / Apply pressure to make wound bleed = 6
Q209	Do you believe hepatitis B vaccination provides protection?	Strongly agree = 1 / Agree = 2 / Somewhat agree = 3 / Disagree = 4 / Don't know = 99
Q210	Do you believe BEAs should be reported?	Strongly agree = 1 / Agree = 2 / Somewhat agree = 3 / Disagree = 4 / Don't know = 99
Q211	Is it important to know the patient's serological status after a BEA?	Strongly agree = 1 / Agree = 2 / Somewhat agree = 3 / Disagree = 4 / Don't know = 99
Q212	Is it important to check your own serological status after a BEA?	Strongly agree = 1 / Agree = 2 / Somewhat agree = 3 / Disagree = 4 / Don't know = 99
Q213	Do you believe PPE use protects against BEAs?	Strongly agree = 1 / Agree = 2 / Somewhat agree = 3 / Disagree = 4 / Don't know = 99

#### Section 4: Practices Regarding Blood Exposure Accidents

No.	Item	Response Format / Options
Q213	Do you apply standard precautions for blood and body fluids at work?	Always = 1 / Usually = 2 / Occasionally = 3 / Rarely = 4 / Never = 5 / Don't know = 99
Q215	Do you wash your hands before examining a patient?	Same scale as above
Q216	Do you recap needles immediately after use?	Same scale as above
Q217	Do you disinfect blood spills before cleaning surfaces?	Same scale as above
Q218	Do you perform mouth pipetting of blood?	Same scale as above
Q219	Have you ever considered initiating post-exposure prophylaxis after a needle-stick injury at work?	Yes = 1 / No = 0 / Don't know = 99

Q220	Are PPEs available in your department?	Always = 1 / Usually = 2 / Occasionally = 3 / Rarely = 4 / Never = 5 / Don't know = 99
Q220	Do you wear personal protective equipment?	Same scale as above

If PPE is worn, which items are used? *(Multiple answers allowed)*

Item Code	PPE Item	Response Options
220.1	Apron	Yes / No
220.2	Gloves	Yes / No
220.3	Head cover	Yes / No
220.4	Boots/shoes	Yes / No
220.5	Eye protection / goggles	Yes / No
220.6	Mask	Yes / No
220.7	Examination gloves	Yes / No
220.8	Gown	Yes / No
220.9	Other (specify)	Open field

If PPE is not worn, why? *(Multiple answers allowed)*

Item Code	Reason	Response Options
221.1	Difficult to work with	Yes / No
221.2	Not always necessary	Yes / No
221.3	Uncomfortable	Yes / No
221.4	Not available	Yes / No
221.5	Out of stock	Yes / No
221.6	Other (specify)	Open field

Reuse of Syringes and Needles

No.	Item	Response Format / Options
Q224	Do you reuse syringes and needles?	Yes = 1 / No = 0

If Yes, what are the reasons? *(Multiple answers allowed)*

Item Code	Reason	Response Options
225.a	Supply shortage	Yes / No
225.b	Lack of knowledge	Yes / No
225.c	Inattention	Yes / No
225.d	Cost-saving	Yes / No
225.e	Other (specify)	Open field

Q226   Do you use waste bins for healthcare-related waste?   Yes = 1 / No = 0
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## Section 5: History of Blood Exposure Accidents (BEAs)

No.	Item	Response Format / Options
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Q300	Have you ever come into contact with blood, stool, urine, or other body fluids during your work (on broken skin or mucosa)?	Yes = 1 / No = 0
Q301	Have you had such contact in the past year?	Yes = 1 / No = 0 → If No, end of survey
Q302	If yes, approximately how many times?	Open field
Q303	What was the cause of the last exposure?	Lack of attention = 1 / Limited workspace = 2 / Lack of safety devices = 3 / Work stress or overload = 4 / Unexpected patient movement = 5 / Lack of practical experience = 6 / Other = 7
Q304	Where did the last exposure occur?	Patient room = 1 / Laboratory = 2 / Operating room = 3 / ICU = 4 / Emergency room = 5 / Waste area = 6 / Consultation room = 7 / Treatment room = 8 / Vaccination session = 9 / Other (specify) = 10
Q305	What type of exposure occurred during the last BEA? ( <i>Multiple answers allowed</i> )	Percutaneous: Finger / Hand / Arm / Foot; Mucosal: Mouth / Eyes
Q306	What was the mechanism of the last exposure?	Needle stick = 1 / Blade injury = 2 / Splash on mucosa = 3 / Splash on broken skin = 4 / Other (specify) = 5
Q307	What object was involved in the last exposure?	Suture needle = 1 / Hollow needle (syringe) = 2 / Blade = 3 / Catheter = 4 / Surgical equipment = 5 / Abandoned needle = 6 / Other (specify) = 7
Q308	What procedure led to the last exposure?	Suturing = 1 / Intramuscular injection = 2 / Blood sampling = 3 / Needle insertion/removal = 4 / Recapping used needle = 5 / Equipment transport = 6 / Handling medical waste = 7 / Handling non-medical waste = 8 / Cleaning instruments or beds = 9 / Surgery = 10 / Puncture = 11 / Mouth pipetting = 12 / Other (specify) = 13
Q309	Were you wearing PPE during the last BEA?	Yes = 1 / No = 2
Q310	What first aid measures did you apply?	Wash with soap and water = 1 / Apply pressure = 2 / Wash with water only = 3 / Wash with saline = 4 / Disinfect with antiseptic = 5 / Apply pressure to make wound bleed = 6
Q311	Did you report and seek consultation after the last BEA?	Yes = 1 / No = 0
Q312	If yes, how soon after the incident?	< 1 hour = 1 / Within 48 hours = 2 / After 48 hours = 3

If No to Q311, why not? (*Multiple answers allowed*)

Reason	Response Options
Unaware of procedures	Yes / No
Considered the incident low-risk	Yes / No
Lack of time	Yes / No
Patient's serology was negative	Yes / No

| Q315 | Did you check your own serological status after the exposure? | Yes = 1 / No = 0 |

| Q316 | What was the source patient's serological status? | HIV+ = 1 / HBV+ = 2 / HCV+ = 3 / Seronegative = 4 / Unknown = 5 |

| Q317 | Did you receive any treatment after the last BEA? | Antibiotics = 1 / Antiretrovirals = 2 / Immunoglobulin = 3 / No treatment = 4 |

| Q318 | What was the outcome of the last BEA? | Favorable = 1 / Unfavorable = 2 / Don't know = 99 |

| Q319 | Are you vaccinated against hepatitis B? | Yes = 1 / No = 0 / Don't know = 99 |

| Q320 | If No, why not? | Do not want to be vaccinated = 1 / Vaccine unavailable = 2 / Lack of time = 3 / Other = 4 |

| Q321 | Are PPEs available in your department? | Yes = 1 / No = 0 / Don't know = 99 |