



Ministry of Health & Population
National AIDS Program
Arab Republic of Egypt

Infection Control Practices Assessment Tool For Blood Banks



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Development of this tool was a fully collaborative effort with the Egyptian Ministry of Health and Population (MOHP), Family Health International (FHI) and the United States Agency for International Development (USAID). This activity was funded through FHI's Implementing AIDS Prevention and Care (IMPACT) Project, Cooperative Agreement HRN-A-00-97-00017-00. The views expressed in this document do not necessarily reflect the views of USAID.



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Infection Control Practices Assessment Tool For Blood Banks



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Acknowledgements

The Ministry of Health and Population (MOHP) acknowledges the valuable efforts made in developing this tool for the assessment of infection control practices in blood banks. Special thanks are due to the members of the investigating team and the field workers that pre-tested this tool in the field.

Gratitude is due to the MOHP personnel in the General Directorate of Blood Affairs, the National Blood Transfusion Services and the blood banks included in the pre-testing of this tool.

Great thanks are also due to the United States Agency for International Development (USAID) for their support of blood safety and to Family Health International (FHI) for their technical efforts in the development and production of the assessment tool.

These activities were a fully collaborative effort between the Egyptian MOHP, USAID and FHI.

Dr. Helmy Salah El Din
Director
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Acronyms

BB	Blood Bank
ELISA	Enzyme-linked immunosorbant assay
FHI	Family Health International
HBs Ag	Hepatitis B surface antigen
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IC	Infection Control
IMPACT	Implementing AIDS Prevention and Care
MOHP	Ministry of Health and Population
NBTC	National Blood Transfusion Center
NBTS	National Blood Transfusion Services
NGO	Non Governmental Organization
Ob/Gyn	Obstetric and Gynecology
SOPs	Standard Operating Procedures
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

Blood bank activities have always focused on the blood testing procedures performed, while little overall attention has been paid to infection control practices and the application of universal precautions. In the past, knowledge and practices regarding universal precautions were rarely assessed. In order to fill this gap, Family Health International (FHI) has provided technical assistance to the Ministry of Health and Population (MOHP) in conducting an assessment of universal precautions throughout 21 blood banks (BB) in Egypt. This activity was implemented under the Implementing AIDS Prevention and Care (IMPACT) Project, being funded by the United States Agency for International Development (USAID). Since 1998, the IMPACT Project has been working in Egypt to improve blood safety, promote universal precautions, perform disease surveillance, and expand HIV/AIDS prevention and care activities. The importance of infection control (IC) practices has been raised after establishing an Infection Control Program as a separate activity within the MOHP in Egypt. This program raised awareness for the need to assess the circumstances and practices that may cause the transmission of blood borne pathogens within health care settings, including blood banks. FHI and the MOHP are working to gain a deeper understanding of the current activities and practices related to universal precautions in blood banks. Results of this activity will be used as a guide for future interventions to promote blood donation and ensure blood safety, as well as the safety of staff, blood donors and recipients alike.

Two different research tools were used: the “blood bank questionnaire” and “health care worker questionnaire”. Experts from the MOHP General Directorate of Blood Affairs (GD), Infection Control Program, NAMRU-3 and FHI revised the tools. Three physicians from the GD, experienced in blood bank procedures, were trained by FHI to perform the study. The tools were pre-tested for comprehensibility and appropriateness in the Shoubra General Hospital Blood Bank in Cairo and Boulak El Dakroul General Hospital Blood Bank in Giza during June 2002. Changes were made based on findings of the pre-tests.

Below is a description of the various uses of this tool.

- Assessing the infection control-related activities in blood banks:
 - Location of blood banks
 - Orientation and training activities
 - Infection control practices
 - Blood donation activities
 - Blood screening activities
 - Blood bank laboratory activities
 - Disposal of reactive units and biohazardous waste
 - Blood and blood product storage procedures
 - Availability of resources and supplies
 - Information systems
- Assessing the infection control related activities of blood bank staff:
 - Staff training
 - Staff knowledge
 - Staff practices
 - History of occupational exposure
 - Prevalence of hepatitis B vaccination

Blood Bank Questionnaire

Date:_____ Interviewer name:_____

Governorate:_____ Name of Hospital/BB:_____

Number of beds:_____

Interview with the Director of the Blood Bank

Name : _____

Title: Physician ☐ **Status of BB:** Main Blood Bank ☐
 Chemist ☐ District Blood Bank ☐
 Technician ☐ Storage Blood Bank ☐
 Others (specify) _____

- What are the activities of your blood bank?

	Yes	No
Donation	<input type="checkbox"/>	<input type="checkbox"/>
Screening	<input type="checkbox"/>	<input type="checkbox"/>
Component preparation	<input type="checkbox"/>	<input type="checkbox"/>
Blood grouping & cross matching	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic transfusion	<input type="checkbox"/>	<input type="checkbox"/>
- Is the blood bank a separate department inside the hospital?
 If no, is it shared by: Laboratory ☐ ☐
 Other departments (specify) _____
- How many rooms available in the blood bank? _____
- Staff (Number of staff in each shift)

	Shift		
	Morning	Afternoon	Night
Doctors: - Specialists			
- Residents			
- General practitioner			
Chemists			
Technicians			
Nurses			
Other Staff (specify)			

	Yes	No
5. Do you have any orientation programs for new staff?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any training programs for new staff?	<input type="checkbox"/>	<input type="checkbox"/>
7. If yes, where?		
In the blood bank	<input type="checkbox"/>	<input type="checkbox"/>
Outside the blood bank	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any records maintained on occupational exposures (needle stick or sharps injury)? If yes, review records.	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a written policy for post-exposure procedures? (can we see it?)	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there any person(s) responsible for infection control in the facility? If yes, who are the members:	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Director	<input type="checkbox"/>	<input type="checkbox"/>
Head of surgery department	<input type="checkbox"/>	<input type="checkbox"/>
Head of Ob/Gyn department	<input type="checkbox"/>	<input type="checkbox"/>
Head of dentistry department	<input type="checkbox"/>	<input type="checkbox"/>
Head nurse of the hospital	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor of housekeepers	<input type="checkbox"/>	<input type="checkbox"/>
Head of pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Director of laboratory	<input type="checkbox"/>	<input type="checkbox"/>
Director of central supply	<input type="checkbox"/>	<input type="checkbox"/>
Financial & administrative director	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have written guidelines on safety and infection control in the blood bank? (can we see it?)	<input type="checkbox"/>	<input type="checkbox"/>
12. What kind of blood donations do you collect?		
Voluntary non-remunerated	<input type="checkbox"/>	
Voluntary remunerated	<input type="checkbox"/>	
Family replacement	<input type="checkbox"/>	
Directed	<input type="checkbox"/>	
Obliged	<input type="checkbox"/>	
Paid	<input type="checkbox"/>	
13. Do you have written donor selection criteria? (can we see it?)	<input type="checkbox"/>	<input type="checkbox"/>
14. Is a blood donor questionnaire available? (can we see it?)	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a donor record? (can we see it?)	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have mobile donor clinic sessions?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
17. If yes, where do you go?		
Schools	<input type="checkbox"/>	<input type="checkbox"/>
Colleges	<input type="checkbox"/>	<input type="checkbox"/>
Factories	<input type="checkbox"/>	<input type="checkbox"/>
Gardens	<input type="checkbox"/>	<input type="checkbox"/>
Stadiums	<input type="checkbox"/>	<input type="checkbox"/>
Book fair	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) _____		
18. Is there a tap with running water for hand washing available near these outside sessions?		
Always	<input type="checkbox"/>	
Sometimes	<input type="checkbox"/>	
Never	<input type="checkbox"/>	
19. Do you return waste from mobile sessions to the blood bank?	<input type="checkbox"/>	<input type="checkbox"/>

Donation Area

Observation

20. Is donation area used only for donation?	<input type="checkbox"/>	<input type="checkbox"/>
21. Are any educational materials, leaflets or posters seen in the donor area?	<input type="checkbox"/>	<input type="checkbox"/>
22. Are any guidelines or Standard Operating Procedures (SOPs) available?	<input type="checkbox"/>	<input type="checkbox"/>
23. Is there a separate clean area for preparing bleeding process materials?	<input type="checkbox"/>	<input type="checkbox"/>
24. Is blood contaminated material visible?	<input type="checkbox"/>	<input type="checkbox"/>
25. Mention available material for waste		
Safety box for sharps	<input type="checkbox"/>	<input type="checkbox"/>
Container with disinfectant for glassware	<input type="checkbox"/>	<input type="checkbox"/>
Container for fluid waste	<input type="checkbox"/>	<input type="checkbox"/>
Leak proof waste basket	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) _____		
26. Does staff wash his/ her hands before examining donors?	<input type="checkbox"/>	<input type="checkbox"/>
27. Does staff wear gloves?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
28. If yes, does staff change gloves between donors?	<input type="checkbox"/>	<input type="checkbox"/>
29. Does staff reuse lancets for more than one donor?	<input type="checkbox"/>	<input type="checkbox"/>
30. Is venipuncture site disinfected?	<input type="checkbox"/>	<input type="checkbox"/>
31. If yes, what did staff use for disinfection?		
70% alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Betadine	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) _____		
32. What was the procedure done?		
Circular	<input type="checkbox"/>	<input type="checkbox"/>
One direction	<input type="checkbox"/>	<input type="checkbox"/>
33. How was the procedure done?		
Once	<input type="checkbox"/>	<input type="checkbox"/>
Several times	<input type="checkbox"/>	<input type="checkbox"/>
34. Is a closed system applied during blood collection?	<input type="checkbox"/>	<input type="checkbox"/>
35. Is a new bag used for each venipuncture?	<input type="checkbox"/>	<input type="checkbox"/>
36. Does staff recap needles after the donation procedure?	<input type="checkbox"/>	<input type="checkbox"/>
37. Was blood bag labeled with		
Donation number	<input type="checkbox"/>	<input type="checkbox"/>
Donation date	<input type="checkbox"/>	<input type="checkbox"/>
Expiry date	<input type="checkbox"/>	<input type="checkbox"/>
38. Was venipuncture site covered with bandage after donation?	<input type="checkbox"/>	<input type="checkbox"/>
39. Are sharps & needles appropriately disposed?	<input type="checkbox"/>	<input type="checkbox"/>
40. General comments on observation		

Discussion with Person in Charge of Donation Area

41. What do you do in case of shortage of test kits to screen?

	HIV		HBs Ag		HCV		Syphilis	
	Yes	No	Yes	No	Yes	No	Yes	No
Stop issuing blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform rapid test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pooling of several samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send sample tubes to other lab for screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issue blood without testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. What do you do in case of initially reactive test results?

	HIV		HBs Ag		HCV		Syphilis	
	Yes	No	Yes	No	Yes	No	Yes	No
Repeat the test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results accepted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. What is done with repeatedly reactive samples & blood units?

Yes No

Refer specimens for confirmation	<input type="checkbox"/>	<input type="checkbox"/>
Discarded in general waste	<input type="checkbox"/>	<input type="checkbox"/>
Autoclaved only	<input type="checkbox"/>	<input type="checkbox"/>
Autoclaved then incinerated	<input type="checkbox"/>	<input type="checkbox"/>
Incinerated only	<input type="checkbox"/>	<input type="checkbox"/>
Bag opened and emptied	<input type="checkbox"/>	<input type="checkbox"/>
Bag opened & emptied with disinfectant	<input type="checkbox"/>	<input type="checkbox"/>
Sent to another hospital for incineration	<input type="checkbox"/>	<input type="checkbox"/>
Buried	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) _____		

44. What is done with the confirmed negative blood units?

Used	<input type="checkbox"/>	<input type="checkbox"/>
Treated as positive	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
45. Is there a record of the discarded blood units? (If yes, please review the record)	<input type="checkbox"/>	<input type="checkbox"/>
46. Do you routinely notify donors of positive screening results?		
HIV	<input type="checkbox"/>	<input type="checkbox"/>
HBs Ag	<input type="checkbox"/>	<input type="checkbox"/>
HCV	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>
47. Do you report HIV positive results to MOHP?	<input type="checkbox"/>	<input type="checkbox"/>
48. What is done with biohazardous waste?		
Discarded in general waste	<input type="checkbox"/>	<input type="checkbox"/>
Emptied in sink	<input type="checkbox"/>	<input type="checkbox"/>
Discarded in a container with disinfectant	<input type="checkbox"/>	<input type="checkbox"/>
Incinerated	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) _____		
49. Is there a functioning hot air oven in the blood bank?	<input type="checkbox"/>	<input type="checkbox"/>
50. Is there a functioning incinerator in the facility?	<input type="checkbox"/>	<input type="checkbox"/>
51. Do you have frequent shortages of water?	<input type="checkbox"/>	<input type="checkbox"/>
52. Do you have frequent power supply shortages?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, for how long? < 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>
> 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>
If > 30 minutes what do you do? _____		
53. Is there an emergency power supply in case of power failure?	<input type="checkbox"/>	<input type="checkbox"/>
54. Do you use cool boxes for transporting blood units?	<input type="checkbox"/>	<input type="checkbox"/>
55. Do you perform routine maintenance of equipment?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you record it?	<input type="checkbox"/>	<input type="checkbox"/>

Discussion with Person in Charge of Blood Bank Laboratory

56. What screening technique do you use routinely:

	ELISA	Rapid	Other	None
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HBV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) _____				

57. What screening technique do you use in emergencies:

	ELISA	Rapid	Other	None
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HBV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) _____				

58. Do you use quality control samples other than the controls supplied with the kits?

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

59. How often do you encounter an assay failure?

Rarely	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Never	<input type="checkbox"/>

60. What do you do in case of assay failure?:

Test repeated	<input type="checkbox"/>	<input type="checkbox"/>
Test repeated by another staff	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) _____		

61. Are assay failures recorded?

<input type="checkbox"/>	<input type="checkbox"/>
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62. Do you reuse tubes, pipette tips, slides, etc..?

<input type="checkbox"/>	<input type="checkbox"/>
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63. If yes, how are they cleaned?

Water	<input type="checkbox"/>	<input type="checkbox"/>
Water & soap	<input type="checkbox"/>	<input type="checkbox"/>
Disinfectant	<input type="checkbox"/>	<input type="checkbox"/>
Hot air oven	<input type="checkbox"/>	<input type="checkbox"/>
Autoclave	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) _____		

64. Is there a functioning water distiller?

<input type="checkbox"/>	<input type="checkbox"/>
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65. Are units randomly cultured for bacterial contamination?

<input type="checkbox"/>	<input type="checkbox"/>
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Laboratory Area

Please observe procedures done (Y= Yes, N= No, N/A= Not applicable, X=Not observed).

Procedure	Screening	Grouping & X-matching	Component Preparation
66. Safety & Infection Control guidelines displayed			
67. SOPs (standard operating procedures) available			
68. Non-authorized persons present			
69. Staff wearing lab coats/uniforms			
70. Sink with running water available			
71. Soap for hand washing available			
72. Available materials for waste disposal			
Safety box for sharps			
Container with disinfectant for glassware			
Container for fluid waste			
General waste basket			
Others (specify)			
73. Visible blood contaminated materials e.g. gauze, cotton, etc.			
74. Food or drink seen			
75. Working surface cleaned before starting the procedure			
76. If cleaned, with what?			
Chlorox			
Alcohol			
Savlon			
Water only			
Others (specify)			

77. Staff wears gloves during procedure			
78. Gloves worn outside work place			
79. Expiry dates of kits/reagents checked			
80. Equipment checked before procedure			
81. Samples clearly labeled			
82. Mouth pipetting observed			
83. Test results recorded			
84. Working surface cleaned after finishing the procedure			
85. If cleaned, with what?			
Chlorox			
Alcohol			
Savlon			
Water only			
Others (specify)			
86. Staff washes hands after procedure			

87. General comments on observation

Storage Area

Please check all refrigerators & freezers in the blood bank (Y= Yes, N= No, N/A= Not applicable).

Refrigerators/Freezers	Blood Bank Refrigerator				Domestic Refrigerator				Freezer	
Number										
Number functioning										
88. Location										
	1	2	3	4	1	2	3	4	1	2
89. Test kits/reagents										
90. Blood samples										
91. Blood products										
92. Food or drink										
93. Blood spills										
94. Thermometer inside										
95. Read & record temperature										
96. Any expired kits/reagents										
97. Any expired blood units										
98. Screened units separate from unscreened										
99. Cross matched separate from stock										
100. Screening results labeled on units										
101. Positive blood units separated from the stock										

102. Temperature chart recorder										
103. Temperature chart on door										
104. Alarm system										
105. Inventory list with expiry dates										
106. Emergency power supply										
107. Record of times door opened										

108. Comments

Availability of Test Kits

	HIV	HBs Ag	HCV	Syphilis
109. Number available				
110. Type				
111. Number of expired kits				

Discussion with Person in Charge of Supplies

Yes No

112. Do you have a system for stock control? (If yes, please see the list) ☐ ☐

113. Please comment on availability: **all the time** **sometimes** **not available**

Lab coats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lancets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tubes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipette tips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cotton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reagents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kits: HBV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfectants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leak proofed waste container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) _____			

Data from Blood Bank Records

Please complete the following table upon examining blood bank records.

Month	# of donors	# bags screened	# with pos. screening test	Units Issued
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Health Care Worker Questionnaire

Date: _____ Governorate: _____

Name: _____ Name of Hospital/BB: _____

Job:

Physician ☐ Chemist ☐ Nurse ☐ Technician ☐
Clerk ☐ Driver ☐ Housekeeper ☐

Others (Specify) _____

1. Have you received any training on blood bank activities during the past year?

If yes, by whom:

	Yes	No
MOHP	<input type="checkbox"/>	<input type="checkbox"/>
WHO	<input type="checkbox"/>	<input type="checkbox"/>
NGO	<input type="checkbox"/>	<input type="checkbox"/>
NBTC	<input type="checkbox"/>	<input type="checkbox"/>
Others _____		

2. Have you received any training on infection control during the past year?

If yes, by whom:

MOHP	<input type="checkbox"/>	<input type="checkbox"/>
WHO	<input type="checkbox"/>	<input type="checkbox"/>
NGO	<input type="checkbox"/>	<input type="checkbox"/>
NBTC	<input type="checkbox"/>	<input type="checkbox"/>
Others _____		

3. Have you received Hepatitis B Vaccine (HBV)?

If yes, is it completed?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

4. Are gloves available in the Blood Bank?

Always	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Never	<input type="checkbox"/>

5. What kind of gloves are available?

Latex	<input type="checkbox"/>	<input type="checkbox"/>
Plastic	<input type="checkbox"/>	<input type="checkbox"/>
Rubber	<input type="checkbox"/>	<input type="checkbox"/>
Others _____		

6. Do you always wear gloves when there is potential for exposure to blood? (e.g. finger sticks, venipuncture, lab procedures, handling blood products, collecting waste, etc.)?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

7. If no, why don't you wear gloves during these procedures?

Not available	<input type="checkbox"/>	<input type="checkbox"/>
Allergic to gloves	<input type="checkbox"/>	<input type="checkbox"/>
Loss of sensation	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) _____		

8. Have you encountered any needle stick injuries? (or any occupational exposure e.g. eye splashes, cuts, wounds, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
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If yes:

9. How many times? _____

10. How did it occur?

During two handed recapping	<input type="checkbox"/>	<input type="checkbox"/>
During lab procedures	<input type="checkbox"/>	<input type="checkbox"/>
During collecting waste	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) _____		

11. What service was offered to you?

Inform supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Referral	<input type="checkbox"/>	<input type="checkbox"/>
Follow up	<input type="checkbox"/>	<input type="checkbox"/>
Immunoglobulins	<input type="checkbox"/>	<input type="checkbox"/>
Nothing was done	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) _____		

12. Do you think you can become infected through contact with blood?	<input type="checkbox"/>	<input type="checkbox"/>
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13. If yes, what kind of infection? _____

14. Do you know that some infections are dangerous?	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

