ICU Intubation Follow-up

Patient Information

Patient Name: _____ Patient MRN: _____
Room #: _____
Date: _____ Observed Shift: _____

Health Care Worker Information

HCW Name: _____ HCW Identifier: _____
Position: _____

Interview Questions

Q1: What type of room was the patient in?

[ ]$_1$ Open room with curtains
[ ]$_2$ Isolation room
[ ]$_3$ Isolation room with ante room
[ ]$_4$ Negative pressure room with ante room

Q2: How many times did you enter the patient's room during this shift? _____
(*refer to notes in chart where needed)*

Q3: a) What was the total cumulative time spent in the patient's room? _____ (minutes)
(review activities with patient to calculate)

b) While you were in the room, what were you wearing?

Gown	never	some of the time	most of the time	always
Gloves	never	some of the time	most of the time	always
Goggles	never	some of the time	most of the time	always
Safety glasses	never	some of the time	most of the time	always
Surgical mask	never	some of the time	most of the time	always
N95 or (equivalent)	never	some of the time	most of the time	always
Face shield	never	some of the time	most of the time	always
Hair covers	never	some of the time	most of the time	always
Was the patient wearing a mask?	never	some of the time	most of the time	always

intubated O_2 mask

Q4: a) Did you touch (*have direct contact with or without barriers*) the patient?

$_0$ **N** $_1$ **Y** **b) If yes, describe**_____

c) If 'YES' were you wearing?:

Gown	never	some of the time	most of the time	always
Gloves	never	some of the time	most of the time	always
Goggles	never	some of the time	most of the time	always
Safety glasses	never	some of the time	most of the time	always
Surgical mask	never	some of the time	most of the time	always
N95(or equivalent)	never	some of the time	most of the time	always
Face shield	never	some of the time	most of the time	always
Hair covers	never	some of the time	most of the time	always
Was the patient wearing a mask?	never	some of the time	most of the time	always

intubated O_2 mask

Never = 0%
Some = 1–50%
Most = 51-99%
All = 100%

Occasionally = 1-25%
Frequently = 25-75%
Continually = 75-100%

Q5: a) Did you touch the patient's mucous membranes or touch or dispose of respiratory secretions? *(eg. Mouthcare, emptying 0_2 tubing,etc)*

☐ 0 N ☐ 1 Y

b) If yes, describe_____

c) If 'YES' were you wearing?:

Gown	☐ never	☐ some of the time	☐ most of the time	☐ always
Gloves	☐ never	☐ some of the time	☐ most of the time	☐ always
Goggles	☐ never	☐ some of the time	☐ most of the time	☐ always
Safety glasses	☐ never	☐ some of the time	☐ most of the time	☐ always
Surgical mask	☐ never	☐ some of the time	☐ most of the time	☐ always
N95(or equivalent)	☐ never	☐ some of the time	☐ most of the time	☐ always
Face shield	☐ never	☐ some of the time	☐ most of the time	☐ always
Hair covers	☐ never	☐ some of the time	☐ most of the time	☐ always

Q6: a) Did your face come within 3 feet of the patient?

☐ 0 N ☐ 1 Y

b) If 'YES' what was the cumulative time of face-to-face contact?_____ (minutes)

c) If 'YES' were you wearing?:

Gown	☐ never	☐ some of the time	☐ most of the time	☐ always
Gloves	☐ never	☐ some of the time	☐ most of the time	☐ always
Goggles	☐ never	☐ some of the time	☐ most of the time	☐ always
Safety glasses	☐ never	☐ some of the time	☐ most of the time	☐ always
Surgical mask	☐ never	☐ some of the time	☐ most of the time	☐ always
N95(or equivalent)	☐ never	☐ some of the time	☐ most of the time	☐ always
Face shield	☐ never	☐ some of the time	☐ most of the time	☐ always
Hair covers	☐ never	☐ some of the time	☐ most of the time	☐ always
Was the patient wearing a mask?	☐ never	☐ some of the time	☐ most of the time	☐ always

☐ intubated ☐ O_2 mask

Q7: a) Was the patient coughing while you were present in the room?

☐ 0 N ☐ 1 Y

b) If yes, how often was the patient coughing?

☐ Occasionally
☐ Frequently
☐ Continuously
☐ Other _____

c) If yes, describe type of cough:

☐ Dry
☐ Productive
☐ Other _____

d) If 'Yes", how long was the cumulative exposure? _____ (minutes)

e) If 'YES' were you wearing?:

Gown	☐ never	☐ some of the time	☐ most of the time	☐ always
Gloves	☐ never	☐ some of the time	☐ most of the time	☐ always
Goggles	☐ never	☐ some of the time	☐ most of the time	☐ always
Safety glasses	☐ never	☐ some of the time	☐ most of the time	☐ always
Surgical mask	☐ never	☐ some of the time	☐ most of the time	☐ always
N95(or equivalent)	☐ never	☐ some of the time	☐ most of the time	☐ always
Face shield	☐ never	☐ some of the time	☐ most of the time	☐ always
Hair covers	☐ never	☐ some of the time	☐ most of the time	☐ always
Was patient wearing a mask?	☐ never	☐ some of the time	☐ most of the time	☐ always

☐ intubated ☐ O_2 mask

Q8: Did you experience any of the following while providing care to this patient?

☐ 0 N ☐ 1 Y **a)** Needlestick injury with a contaminated needle

☐ 0 N ☐ 1 Y **b)** Bare skin exposure with blood/stool/urine/secretions or contact with patient's mucous membranes

☐ 0 N ☐ 1 Y **c)** Eye/mucous membrane exposure to blood/body fluids/secretions

If 'YES' describe_____

Never = 0%
Some = 1–50%
Most = 51-99%
All = 100%

Occasionally = 1-25%
Frequently = 25-75%
Continually = 75-100%

Q9: a) Did you spend time with patient's family/visitors?

☐0 N ☐1 Y **b) If 'YES', How many visitors were present?_____**

Relationship to patient?	Shares household with patient?		
☐ Spouse	☐ N	☐ Y	☐ DNK
☐ Child	☐ N	☐ Y	☐ DNK
☐ Parent	☐ N	☐ Y	☐ DNK
☐ Sibling	☐ N	☐ Y	☐ DNK
☐ Other	☐ N	☐ Y	☐ DNK

Specify_____

Q10: a) Did you spend time <u>with the family/visitors</u> in the patient's room ?

☐0 N ☐1 Y

b) If 'Yes" how long was this exposure? _____

c) Were you wearing?

Gown	☐ never	☐ some of the time	☐ most of the time	☐ always
Gloves	☐ never	☐ some of the time	☐ most of the time	☐ always
Goggles	☐ never	☐ some of the time	☐ most of the time	☐ always
Safety glasses	☐ never	☐ some of the time	☐ most of the time	☐ always
Surgical mask	☐ never	☐ some of the time	☐ most of the time	☐ always
N95(or equivalent)	☐ never	☐ some of the time	☐ most of the time	☐ always
Face shield	☐ never	☐ some of the time	☐ most of the time	☐ always
Hair covers	☐ never	☐ some of the time	☐ most of the time	☐ always

d) Were the <u>family/visitors</u> wearing?

Gown	☐ never	☐ some of the time	☐ most of the time	☐ always
Gloves	☐ never	☐ some of the time	☐ most of the time	☐ always
Goggles	☐ never	☐ some of the time	☐ most of the time	☐ always
Safety glasses	☐ never	☐ some of the time	☐ most of the time	☐ always
Surgical mask	☐ never	☐ some of the time	☐ most of the time	☐ always
N95(or equivalent)	☐ never	☐ some of the time	☐ most of the time	☐ always
Face shield	☐ never	☐ some of the time	☐ most of the time	☐ always
Hair covers	☐ never	☐ some of the time	☐ most of the time	☐ always

e) Was any of this time spent within 3 feet of family members ?

☐0 N ☐1 Y

f) If yes, how much time was spent within 3 feet of the family ? _____

Q11: a) Did you spend time <u>with family/visitors</u> outside the patient's room ?

☐0 N ☐1 Y

b) If 'Yes" how long was this exposure? _____

c) Were you wearing?

Gown	☐ never	☐ some of the time	☐ most of the time	☐ always
Gloves	☐ never	☐ some of the time	☐ most of the time	☐ always
Goggles	☐ never	☐ some of the time	☐ most of the time	☐ always
Safety glasses	☐ never	☐ some of the time	☐ most of the time	☐ always
Surgical mask	☐ never	☐ some of the time	☐ most of the time	☐ always
N95(or equivalent)	☐ never	☐ some of the time	☐ most of the time	☐ always
Face shield	☐ never	☐ some of the time	☐ most of the time	☐ always
Hair covers	☐ never	☐ some of the time	☐ most of the time	☐ always

d) Were the <u>family/visitors</u> wearing?

Gown	☐ never	☐ some of the time	☐ most of the time	☐ always
Gloves	☐ never	☐ some of the time	☐ most of the time	☐ always
Goggles	☐ never	☐ some of the time	☐ most of the time	☐ always
Safety glasses	☐ never	☐ some of the time	☐ most of the time	☐ always
Surgical mask	☐ never	☐ some of the time	☐ most of the time	☐ always
N95(or equivalent)	☐ never	☐ some of the time	☐ most of the time	☐ always
Face shield	☐ never	☐ some of the time	☐ most of the time	☐ always
Hair covers	☐ never	☐ some of the time	☐ most of the time	☐ always

e) Was any of this time spent <u>within 3 feet of family/visitors</u> ?

☐0 N ☐1 Y

f) If 'Yes' how much time was spent within 3 feet of the family/visitors?_____

Never = 0%
Some = 1–50%
Most = 51-99%
All = 100%

Occasionally = 1-25%
Frequently = 25-75%
Continually = 75-100%

SCRIPT (To be read by the interviewer):
Now I am going to read through a list of procedures that may have been performed on the patient. If you performed, assisted, or observed any of these procedures, I will ask for specific details about the use of infection control barriers during the procedure, and the length of time required to complete the procedure.

Were you present in patient's room for any of the following activities?	**Participation Level**	**Infection Control Barriers Used**	**Length of time**
Q12: Bronchoscopy 0 **N** 1 **Y** *Intubated* *Non-intubated*	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q13: Intubation 0 **N** 1 **Y**	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q14/15; Suctioning 0 **N** 1 **Y** *Closed system* *Open system* *Do not recall*	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q16: Collection of sputum specimens 0 **N** 1 **Y**	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q17: Nebulizer treatments 0 **N** 1 **Y**	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q18: Patient receiving oxygen therapy 0 **N** 1 **Y** *Wet* *Dry* *Aerosol* Nasal prongs O_2 mask		☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins

Never = 0%
Some = 1–50%
Most = 51-99%
All = 100%

Occasionally = 1-25%
Frequently = 25-75%
Continually = 75-100%

Were you present in patient's room for any of the following activities?	Participation Level	Infection Control Barriers Used	Length of time
Q19: Manipulation of oxygen face mask or oxygen tubing ☐0 N ☐1 Y ☐ *Wet* ☐ *Dry* ☐ *Aerosol*	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q20: Manual ventilation (using Laerdal bag) ☐0 N ☐1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q21: Chest tube insertion ☐0 N ☐1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q22: BiPAP or CPAP ☐0 N ☐1 Y		☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ 31-60 mins ☐ >1 - <4 hrs ☐ >4 hrs
Q23: Mechanical ventilation ☐0 N ☐1 Y		☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ 31-60 mins ☐ >1 - <4 hrs ☐ >4 hrs
Q24: High frequency ventilation (oscillator) ☐0 N ☐1 Y		☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ 31-60 mins ☐ >1 - <4 hrs ☐ >4 hrs
Q25: High flow oxygen (with whiskers) ☐0 N ☐1 Y		☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ 31-60 mins ☐ >1 - <4 hrs ☐ >4 hrs

Never = 0%
Some = 1–50%
Most = 51-99%
All = 100%

Occasionally = 1-25%
Frequently = 25-75%
Continually = 75-100%

Were you present in patient's room for any of the following activities?	Participation Level	Infection Control Barriers Used	Length of time
Q26: Cardiac Compressions 0 N 1 Y	☐ Performed ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q27: Defibrillation 0 N 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q28: X-ray/CT/US 0 N 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q29: Chest physiotherapy 0 N 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q30: ECG / Lead Placement 0 N 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q31: Trans-thoracic pacing 0 N 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q32: Insertion of peripheral intravenous access line or arterial line 0 N 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins

Never = 0%
Some = 1–50%
Most = 51-99%
All = 100%

Occasionally = 1-25%
Frequently = 25-75%
Continually = 75-100%

Were you present in patient's room for any of the following activities?	Participation Level	Infection Control Barriers Used	Length of time
Q33: Venipuncture/Arterial blood gas 0 N 1 Y	Performed Assisted Observed	Gown Gloves Goggles Safety glasses Surgical Mask N95 or equivalent Face shield Hair covers	Hours: _____ Minutes: _____ <1 mins 1-10 mins 11-30 mins >30 mins
Q34: IM/SC/IV medication 0 N 1 Y	Performed Assisted Observed	Gown Gloves Goggles Safety glasses Surgical Mask N95 or equivalent Face shield Hair covers	Hours: _____ Minutes: _____ <1 mins 1-10 mins 11-30 mins >30 mins
Q35: Insertion of central venous access line 0 N 1 Y	Performed Assisted Observed	Gown Gloves Goggles Safety glasses Surgical Mask N95 or equivalent Face shield Hair covers	Hours: _____ Minutes: _____ <1 mins 1-10 mins 11-30 mins >30 mins
Q36: Insertion of NG tube 0 N 1 Y	Performed Assisted Observed	Gown Gloves Goggles Safety glasses Surgical Mask N95 or equivalent Face shield Hair covers	Hours: _____ Minutes: _____ <1 mins 1-10 mins 11-30 mins >30 mins
Q37: Transported patient outside room 0 N 1 Y *Pre-intubation* *Post-intubation*	Performed Assisted Observed	Gown Gloves Goggles Safety glasses Surgical Mask N95 or equivalent Face shield Hair covers	Hours: _____ Minutes: _____ <1 mins 1-10 mins 11-30 mins >30 mins
Q38: Administration of oral medications (po or NG) 0 N 1 Y	Performed Assisted Observed	Gown Gloves Goggles Safety glasses Surgical Mask N95 or equivalent Face shield Hair covers	Hours: _____ Minutes: _____ <1 mins 1-10 mins 11-30 mins >30 mins
Q39: Patient eating or being fed 0 N 1 Y	Performed Assisted Observed	Gown Gloves Goggles Safety glasses Surgical Mask N95 or equivalent Face shield Hair covers	Hours: _____ Minutes: _____ <1 mins 1-10 mins 11-30 mins >30 mins

Never = 0%
Some = 1–50%
Most = 51-99%
All = 100%

Occasionally = 1-25%
Frequently = 25-75%
Continually = 75-100%

Were you present in patient's room for any of the following activities?	Participation Level	Infection Control Barriers Used	Length of time
Q40: Oral temperature ☐ 0 N ☐ 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q41: Mouth/dental care or nasal swab ☐ 0 N ☐ 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q42: Insertion of urinary (foley) catheter ☐ 0 N ☐ 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q43: Empty urinary catheter collection bag/urinal or collection of urine sample ☐ 0 N ☐ 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q44: Emptying bedpan ☐ 0 N ☐ 1 Y ☐ *Stool* ☐ *Urine*	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q45: Bathing patient ☐ 0 N ☐ 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q46: Collection of stool sample or rectal swab ☐ 0 N ☐ 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins

Never = 0%
Some = 1–50%
Most = 51-99%
All = 100%

Occasionally = 1-25%
Frequently = 25-75%
Continually = 75-100%

Were you present in patient's room for any of the following activities?	Participation Level	Infection Control Barriers Used	Length of time
Q47: Cleaning of medical equipment (does not include glasses / goggles) 0 N 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q48: Cleaning room/furniture 0 N 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q49: Changing bedding 0 N 1 Y	☐ Performed ☐ Assisted ☐ Observed	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses ☐ Surgical Mask ☐ N95 or equivalent ☐ Face shield ☐ Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins

Were you present in patient's room when:	Infection Control Barriers Used		Length of time
Q50: The patient was vomiting 0 N 1 Y 8 DNK	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses	Surgical mask N95 or equivalent Face shield Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q51: The patient was incontinent 0 N 1 Y 8 DNK	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses	Surgical mask N95 or equivalent Face shield Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins
Q52: The patient had diarrhea 0 N 1 Y 8 DNK	☐ Gown ☐ Gloves ☐ Goggles ☐ Safety glasses	Surgical mask N95 or equivalent Face shield Hair covers	Hours: _____ Minutes: _____ ☐ <1 mins ☐ 1-10 mins ☐ 11-30 mins ☐ >30 mins

Never = 0%
Some = 1–50%
Most = 51-99%
All = 100%

Occasionally = 1-25%
Frequently = 25-75%
Continually = 75-100%

Q53: Can you recall the names of the RN's, RT's, and service assistants who entered the room during your shift?

List names:_____

_____

_____

_____

_____

Q54: Was there any time during your shift when you did not wear your protective equipment?

☐$_0$ **N** ☐$_1$ **Y**

If yes, describe_____

_____

_____

_____

Q55: How often were the following protective equipment available/accessible?

Gowns	☐ never	☐ some of the time	☐ most of the time	☐ always
Gloves	☐ never	☐ some of the time	☐ most of the time	☐ always
Goggles	☐ never	☐ some of the time	☐ most of the time	☐ always
Safety glasses	☐ never	☐ some of the time	☐ most of the time	☐ always
Surgical masks	☐ never	☐ some of the time	☐ most of the time	☐ always
N95(or equivalent)	☐ never	☐ some of the time	☐ most of the time	☐ always
Face shields	☐ never	☐ some of the time	☐ most of the time	☐ always
Hair covers	☐ never	☐ some of the time	☐ most of the time	☐ always
Handwashing facilities	☐ never	☐ some of the time	☐ most of the time	☐ always
Alcohol handrinses	☐ never	☐ some of the time	☐ most of the time	☐ always

☐$_0$ **N** ☐$_1$ **Y** **Q56: When you took care of this patient, did you have beard or facial hair?**

☐$_0$ **N** ☐$_1$ **Y** **Q57: When you took care of this patient, did you wear eyeglasses?**

Never = 0%
Some = 1–50%
Most = 51-99%
All = 100%

Occasionally = 1-25%
Frequently = 25-75%
Continually = 75-100%

Q58: Which of the following protective equipment or procedures did you use in the room when you cared for this patient?

Gown	_____
Gloves	_____
Goggles	_____
Safety glasses	_____
Surgical Mask	_____
N95 or equivalent	_____
Face shields	_____
Hair covers	_____
Handwashing	_____
Hand disinfection with alcohol	_____
Cleaned goggles/safety glasses	_____
Other, describe_____	_____

Q59: Can you describe the process for removing your protective equipment when leaving the room of this patient?

_____

_____

_____

_____

Place the previously described protective equipment in order of removal (including points where handwashing/disinfection and equipment cleaning occurred). Fill in the blanks above with numbers 1, 2, 3.... in order of occurrence.

Additional Questions:

Do you have any comments or concerns about infection control practices or policies in your department?

_____

_____

_____

Never = 0%
Some = 1–50%
Most = 51-99%
All = 100%

Occasionally = 1-25%
Frequently = 25-75%
Continually = 75-100%