Form Approved OMB No: 09201026 Exp. Date: 07/31/2017 Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D74, Atlanta, Georgia 30333; ATTN: PRA (0920-1026)

Preparing Healthcare Workers to Work in Ebola Treatment Units (ETUs) in Africa 3-Month Follow-Up Training Evaluation

INSTRUCTIONS: Thank you for participating in CDC's Preparing Healthcare Workers to Work in Ebola Treatment Units (ETUs) in Africa training course. This follow-up course evaluation is part of our effort to assess the quality and effectiveness of the training and to determine how helpful the training was to those working in an ETU. Your feedback is invaluable in assessing how having completed this course affected your work in the ETU and how the course might be improved. It will take about 10 minutes to complete the evaluation, and it must be completed all at once. The evaluation is anonymous. Results will be compiled and presented in aggregate form only.

Q1_WHENDIDYOUTAKETHECOURSE

1. When did you take the CDC's Preparing Healthcare Workers to Work in Ebola Treatment Units (ETUs) in Africa training course?

| 3 | September 22-25, 2014 |
|--------------|--|
| \mathbf{O} | October 6-8, 2014 |
| \mathbf{O} | October 15-17, 2014 |
| \mathbf{O} | October 20-22, 2014 |
| \mathbf{O} | October 23-25, 2014 |
| \mathbf{O} | November 3-5, 2014 |
| \mathbf{O} | November 10-12, 2014 |
| \mathbf{O} | November 17-19, 2014 |
| \mathbf{O} | December 2-4, 2014 |
| \mathbf{O} | December 8-10, 2014 |
| \mathbf{O} | January 5-7, 2015 |
| \mathbf{O} | January 21-23, 2015 |
| \mathbf{O} | February 2-4, 2015 |
| \mathbf{O} | February 9-11, 2015 |
| \mathbf{O} | February 18-20, 2015 |
| \mathbf{O} | February 23-25, 2015 |
| \mathbf{O} | March 2-4, 2015 |
| \mathbf{O} | March 9-11, 2015 |
| \mathbf{O} | March 16-18, 2015 |
| \mathbf{O} | March 23-25, 2015 |
| O | March 30-April 1, 2015 |
| Q2_DIDYOUDEP | LOY |
| 2. Af | ter completing the CDC course, did you deploy to Africa as part of the Ebola Response? |
| \mathbf{O} | Yes |
| O | No |
| Q3_WHYNOTDPL | oy |

| 4. Which organization deployed you? Americares International Medical Corps Médecins Sans Frontières Partners in Health Samaritan's Purse WellBody Alliance United States Public Health Service Other, please specify: 95. Derivadate 5. On what date were you deployed? Please click the icon to select a date. | 3. If | you did not deploy to Africa after completing the CDC course, please indicate why. |
|---|---------------|--|
| 4. Which organization deployed you? AmeriCares International Medical Corps Médecins Sans Frontières Partners in Health Samaritan's Purse WellBody Alliance United States Public Health Service Other, please specify: SpepLoyDATE 5. On what date were you deployed? Please click the icon to select a date. | | |
| 4. Which organization deployed you? AmeriCares International Medical Corps Médecins Sans Frontières Partners in Health Samaritan's Purse WellBody Alliance United States Public Health Service Other, please specify: SpepLoyDATE 5. On what date were you deployed? Please click the icon to select a date. | | |
| 4. Which organization deployed you? AmeriCares International Medical Corps Médecins Sans Frontières Partners in Health Samaritan's Purse WellBody Alliance United States Public Health Service Other, please specify: SpepLoyDATE 5. On what date were you deployed? Please click the icon to select a date. | | |
| 4. Which organization deployed you? AmeriCares International Medical Corps Médecins Sans Frontières Partners in Health Samaritan's Purse WellBody Alliance United States Public Health Service Other, please specify: SpepLoyDATE 5. On what date were you deployed? Please click the icon to select a date. | | |
| O AmeriCares O International Medical Corps O Médecins Sans Frontières O Partners in Health O Samaritan's Purse O WellBody Alliance O United States Public Health Service O Other, please specify: Q5_DEPLOYDATE 5. On what date were you deployed? Please click the icon to select a date. | Q4_WHICHORG | ANIZATIONDEPLOYEDYOU |
| O AmeriCares O International Medical Corps O Médecins Sans Frontières O Partners in Health O Samaritan's Purse O WellBody Alliance O United States Public Health Service O Other, please specify: Q5_DEPLOYDATE 5. On what date were you deployed? Please click the icon to select a date. | 4. W | hich organization deployed you? |
| Médecins Sans Frontières Partners in Health Samaritan's Purse WellBody Alliance United States Public Health Service Other, please specify: Q5_DEPLOYDATE 5. On what date were you deployed? Please click the icon to select a date. Q6_COUNTRIESDEPLOYED_2 | | |
| O Partners in Health O Samaritan's Purse O WellBody Alliance O United States Public Health Service O Other, please specify: OCS_DEPLOYDATE 5. On what date were you deployed? Please click the icon to select a date. Q6_COUNTRIESDEPLOYED_2 | \mathbf{O} | International Medical Corps |
| Samaritan's Purse WellBody Alliance United States Public Health Service Other, please specify: S5_DEPLOYDATE TO What date were you deployed? Please click the icon to select a date. Q6_COUNTRIESDEPLOYED_2 | O | Médecins Sans Frontières |
| WellBody Alliance United States Public Health Service Other, please specify: Q5_DEPLOYDATE S. On what date were you deployed? Please click the icon to select a date. Q6_COUNTRIESDEPLOYED_2 | O | Partners in Health |
| United States Public Health Service Other, please specify: Other, please specify: DeployDate 5. On what date were you deployed? Please click the icon to select a date. Q6_COUNTRIESDEPLOYED_2 | O | Samaritan's Purse |
| Other, please specify: Q5_DEPLOYDATE 5. On what date were you deployed? Please click the icon to select a date. Q6_COUNTRIESDEPLOYED_2 | O | WellBody Alliance |
| Q5_DEPLOYDATE 5. On what date were you deployed? Please click the icon to select a date. Q6_COUNTRIESDEPLOYED_2 | \mathbf{O} | United States Public Health Service |
| 5. On what date were you deployed? Please click the icon to select a date. Q6_COUNTRIESDEPLOYED_2 | O | Other, please specify: |
| Q6_COUNTRIESDEPLOYED_2 | Q5_DEPLOYDATI | E |
| | 5. Oı | n what date were you deployed? Please click the icon to select a date. |
| 6. What country or countries in Africa did you deploy to? (Select all that apply). | Q6_Countriesl | DEPLOYED_2 |
| or writer country or countries in wirica are you acproy to: (ocicce an enac appry) | 6. W | hat country or countries in Africa did you deploy to? (Select all that apply). |
| Guinea | | |
| ☐ Liberia | | Liberia |
| ☐ Mali | | Mali |

| | Nigeria |
|---------------|---|
| | Sierra Leone |
| | Other, please specify. : |
| Q7_RETURNEDFI | ROMDEPLOYMENT |
| 7. Ha | ave you returned from your deployment? |
| O | Yes |
| • | No |
| Q8_DEPLOYEDLE | ENGTH |
| 8. Ho | ow long were you deployed? |
| O | < 1 month |
| \mathbf{O} | 1-2 months |
| O | 3-4 months |
| \mathbf{O} | 5-6 months |
| • | > 6 months |
| Q9_DIDYouWor | RKINANETU |
| | d you work / are you working in an ETU while in Africa? |
| O | Yes |
| 0 | No |
| Q10_WORKYOU | PERFORMED |
| 10. I | f no, please indicate what type of work you performed during your deployment? |
| | |

| Q11_INCOUNT | RYTRAINING |
|--------------|--|
| 11 | Did you receive additional in-country training prior to working in an ETU? |
| 0 | Yes |
| Ŏ | No |
| | |
| Q12_PROVIDER | OFTRAINING |
| 12. | Which organization provided the training? |
| O | AmeriCares |
| O | International Medical Corps |
| \mathbf{C} | Médecins Sans Frontières |
| \mathbf{C} | Partners in Health |
| \mathbf{C} | Samaritan's Purse |
| • | WellBody Alliance |
| O | United States Public Health Service |
| 0 | Other, please specify. : |
| Q13_TRAINING | TypeProvided |
| Q10 | |
| 13. | Please indicate the type of in-country training you received? (Select all that apply). |
| | Additional "cold" training in a mock ETU |
| | Training with experienced healthcare workers in a "hot" ETU |
| | Additional classroom instruction |
| | Mentoring |
| _ | |

| | Other, please specify. : | | | | |
|---------------|--|--------------------------------------|---------------------------------------|-------------------|-----------------|
| Q14_WORKPERF | FORMEDETU | | | | |
| 0 | What work did you perform Triage Patient Care Lab Cleaning and Waste Disposal Transport of Human Remains Other, please specify.: | | | oply). | |
| 15. Fin Af | How well did the Preparing rica training course prepared at all Somewhat prepared Fairly well-prepared Very well-prepared | | | n Ebola Treatme | nt Units (ETUs) |
| 16. k (ETU | Ceeping in mind that the Post in Africa training courseliness of each of the follows | se was only inte wing lectures fo | nded as an intro or your work in t | ductory course, | please rate the |
| Overv | riew of Ebola Outbreak | O | O userui | O Somewhat userur | O |
| Clinic | al Care | O | O | O | 0 |

| Experimental Vaccines and Treatments | O | O | O | \mathbf{O} |
|--|---|---|----------|--------------|
| Infection Prevention and Control | O | O | O | O |
| Disinfection and Waste Management | O | • | O | O |
| Ebola Treatment Unit Design | O | • | O | O |
| Staff Health/Resiliency and Support | O | O | O | O |
| Community Health, Epidemic Management and Contact Tracing | O | O | O | O |

Q17_USEFULNESSOFEXERCISES

17. Please rate the usefulness of each of the following table top/practical exercises for your work in the ETU?

| | Not at all useful | Not very useful | Somewhat useful | Very useful |
|---|-------------------|-----------------|-----------------|-------------|
| Triage in an ETU | O | O | O | • |
| Safe Blood Draw and Specimen Collection | O | O | O | • |
| Disinfection & Waste/Body Transport | O | O | O | • |
| Designing a Safe ETU | O | O | O | O |
| Hand washing | O | • | O | O |
| Patient Transport and Supervision of PPE Doffing | • | • | • | O |

Q18_SESSIONINSUFFICIENT

| 18. Were any of t | ne sessions/activities in the Preparing Healthcare Workers to Work in Ebo | ola |
|--------------------------|---|-----|
| Treatment Units (| ETUs) in Africa insufficient given your work in the ETU? | |

O No

| n , | _ | , |
|----------------|----|---|
| ν_{Δ} | (7 | ŀ |

Q19_LECTURESINSUFFICIENT

| | Overview of Ebola Outbreak |
|-------------|---|
| | Clinical Care |
| | Experimental Vaccines and Treatments |
| | Infection Prevention and Control |
| | Disinfection and Waste Management |
| | Ebola Treatment Unit Design |
| | Staff Health/Resiliency and Support |
| | Community Health, Epidemic Management and Contact Tracing |
| 19A_EXERCIS | <i>ESINSUFFICIENT</i> |
| <u>Tab</u> | etop/Practical Exercises |
| | Triage in an ETU |
| | Safe Blood Draw and Specimen Collection |
| | Designing a Safe ETU |
| | Disinfection & Waste/Body Transport |
| | Hand washing |
| | Patient transport and Supervision of PPE Doffing |

| _RECOMMEND | | | | | |
|--------------|--------------------|------------------|------------|--|--|
| 21. W | ould you recomme | nd this training | to others? | | |
| O ' | Yes | | | | |
| O | No | | | | |
| 2_OTHERCOMME | ENTS | | | | |
| 22. Ot | ther comments or 1 | feedback. | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |