

Health Facility Name: \_\_\_\_\_

Initials of Interviewer: \_\_\_\_\_

**[Country Name] Health Facility Assessment and Case Finding Survey**

**Instructions: Ask to interview the supervising health care worker present at the time of your visit.**

*My name is \_\_\_\_\_ and I am here on behalf of the [Ministry of Health]. We are working to understand the capacity and needs of health care facilities related to the Ebola response. I will be asking you a few questions about your health facility, as well as the details of any suspect, probable, or confirmed Ebola cases seen at your facility in the last three weeks. The interview should take about 30 minutes, and you are free to skip any questions you do not know the answer to. Do you have any questions?*

Date of interview:				
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Day XX Mon XXX Year XX

**Geographic information for the health facility**

County / District / Prefecture: \_\_\_\_\_

Community / Village / Zone: \_\_\_\_\_

Other geographic information: \_\_\_\_\_

**FACILITY INFORMATION**

Name of HCW being interviewed: \_\_\_\_\_

Phone number: \_\_\_\_\_

HCW position: \_\_\_\_\_

Approximate number of medical staff (nurses, doctors, etc): \_\_\_\_\_

Approximate number of non-medical staff (cleaners, security, etc): \_\_\_\_\_

Approximate number of beds (if inpatient hospital): \_\_\_\_\_

Approximate number of visits per month (if outpatient clinic): \_\_\_\_\_

Approximate number of admissions per month (if inpatient ward): \_\_\_\_\_

**Training**

When was the most recent Ebola-specific training at your facility? \_\_\_\_\_

Who provided this training? \_\_\_\_\_

**FACILITY EBOLA RESPONSE PLAN**

**If an acutely ill patient presented to your facility today and your staff had high concern for Ebola infection, what would be your facility's procedure? I'm going to ask some specific questions:**

Who would you call to report the case? (be specific; HCW can give multiple answers)

\_\_\_\_\_

Where would you place the patient in your facility? (be specific)

\_\_\_\_\_

In your opinion, would the staff here have adequate PPE available?

Yes\_\_\_ No\_\_\_ If no: what is lacking?:\_\_\_\_\_

In your opinion, does your staff have adequate training to use that PPE appropriately?

Yes\_\_\_ No\_\_\_ If no: what is lacking?:\_\_\_\_\_

In your opinion, does your clinic have adequate materials for disinfection and cleaning?

Yes\_\_\_ No\_\_\_ If no, what is lacking?:\_\_\_\_\_

Would someone from your facility collect a lab sample on the patient?

Yes\_\_\_\_\_ If yes, did that person have Ebola-specific training? Yes \_\_\_\_\_ No\_\_\_\_\_

No \_\_\_\_\_ If no, how would a lab sample be collected?\_\_\_\_\_

Would you transfer the patient to another facility?

Yes, as soon as it can be arranged\_\_\_\_\_

Yes, if a positive test result is received\_\_\_\_\_

No\_\_\_\_\_

Other:\_\_\_\_\_

If you would transfer the patient, to where/which facility?:\_\_\_\_\_

**Supplies**

Has your facility received additional PPE for treating potential Ebola patients? Yes\_\_\_ No\_\_\_

If yes, from whom:\_\_\_\_\_

Can you demonstrate how you would prepare to dress and undress to see a patient suspected of having Ebola?  
(describe demonstration)

Right now, does your facility have available:

Gloves	Yes	No	Thermometer that can be used on a single suspect Ebola case-patient then discarded	Yes	No
Disposable gowns	Yes	No	Stethoscope that can be used on a single suspect Ebola case-patient then discarded	Yes	No
Respirators/masks	Yes	No	IV fluids and tubing	Yes	No
Face shields or goggles (eye protection)	Yes	No	Chlorine	Yes	No
Boots or foot protection	Yes	No	20 L buckets	Yes	No
Single use gowns	Yes	No	Rubber boots	Yes	No
Plastic apron	Yes	No	Disposable mask	Yes	No
Goggles	Yes	No	Head cover	Yes	No
Plastic garbage bags	Yes	No	Plastic basin for hand washing after consultation	Yes	No
Body bag	Yes	No	Case definitions posted	Yes	No
Chlorine sprayer of 1 litre capacity	Yes	No	Information and sensitization material	Yes	No
Sponge	Yes	No	Sharps box (or modified drug pot)	Yes	No
Formula for preparation of chlorine solution written or described	Yes	No			

**Data and Communication**

Does your facility have a computer available? Yes\_\_\_\_\_ No\_\_\_\_\_

Does your facility have internet access available? Yes\_\_\_\_\_ No\_\_\_\_\_

Is your facility in an area that generally has good cell phone reception? Yes\_\_\_\_\_ No\_\_\_\_\_

**EBOLA CASES AT FACILITY**

Has this facility seen any suspect, probable, or confirmed cases of Ebola in the last three weeks? *(use a calendar to define the time frame for the HCW)*

Yes: \_\_\_\_\_

No: \_\_\_\_\_ → If no, skip to the next page

Patient's Name: \_\_\_\_\_

Origin: Community / Village / Zone : \_\_\_\_\_ County / District / Prefecture: \_\_\_\_\_

DOB :				Age:		Gender:	M	F
	(Day XX Mon XXX Year XX)			(years)				

Date of symptom onset:				Date of presentation to the Health Facility:			
	(Day XX Mon XXX Year XX)				(Day XX Mon XXX Year XX)		

Date case reported to Ministry:				Method of reporting case/who did you call:	
	(Day XX Mon XXX Year XX)				

Lab results (circle one):	Positive	Negative	No lab sample obtained*	Lab sample obtained, but no results reported
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\*If no lab sample obtained why not?

Method of receiving lab results (circle all that apply):	Received call	Received email	Receive text	Receive written report
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Patient outcome:

Admitted:	Yes	No	If yes, where: _____
Transferred:	Yes	No	If yes, where: _____ AND Who transferred the patient: _____
Died:	Yes	No	If yes, date of death: _____ AND date of burial: _____
			If yes died, who conducted the burial? _____
Other:	(explain): _____		

Any contact tracing conducted for this case (that you are aware of):	Yes	No	Unknown	
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Comments: