

PARTICIPANT INFORMATION SHEET, CONSENT, QUESTIONNAIRE (ONLINE)

**Study Title:**

**Version No:**

**Version Date:**

We would like to invite you to take part in a research study. Before you decide whether to participate, you need to understand why the research is being done and what it would involve. Please take time to read the following information carefully; talk to others about the study if you wish.

Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

***Attention to the investigator: Please fill in simple layman language as you would speak to research subjects.***

1. **What is the purpose of this study?**
2. **Why is this study important?**
3. **What type of study is this?**
4. **What is the procedure that is being tested? (If applicable)**
5. **Does the investigatory product contain cultural sensitive ingredients eg: bovine or porcine? (if applicable)**
6. **Why have I been invited to participate in this study?**

*Example: You have been invited to participate in this study because the fulfilment of the inclusion criteria as below:*

*a. 18 years old and above*

*b.*

*c.*

1. **Who should not participate in the study?**

*Example: Subject should not participate in the study if he or she:*

*a. (Exclusion criteria)*

*b.*

*c.*

1. **Can I refuse to take part in the study?**

*Example: Yes, you are allowed to do so.*

1. **What will happen to me if I take part?**
2. **How long will I be involved in this study?**

*Example: The interview duration will last for 30 – 60 minutes...*

1. **What are the possible disadvantages and risks?**
2. **What are the possible benefits to me?**

*Example: There is no immediate benefit for you in this research project…*

1. **Who will have access to my medical records and research data?**
2. **Will my records/data be kept confidential?**
3. **What will happen to any samples I give? (If applicable)**
4. **What will happen if I don’t want to carry on with the study?**
5. **What if relevant new information about the procedure/ drug/ intervention becomes available? (If applicable)**
6. **What happens when the research study stops? (If applicable)**
7. **What will happen to the results of the research study?**
8. **Will I receive compensation for participating in this study?**
9. **Who funds this study?**
10. **Who should I contact if I have additional questions/problems during the course of the study?**

Name of investigator 1

Affiliation

Telephone number (Mobile number)

Name of investigator 2

Affiliation

Telephone number (Mobile number)

1. **Who should I contact if I am unhappy with how the study is being conducted?**

Medical Research Ethics Committee

University of Malaya Medical Centre

Telephone number: 03-7949 3209/2251

**BK-MIS-1116-E03 (ONLINE)**

**Consent \***

I have understood the nature of the clinical research in terms of methodology, possible adverse effects and complications (as per patient information sheet). After knowing and understanding all the possible advantages and disadvantages of this clinical research, I voluntarily consent of my own free will to participate in the clinical research specified above.

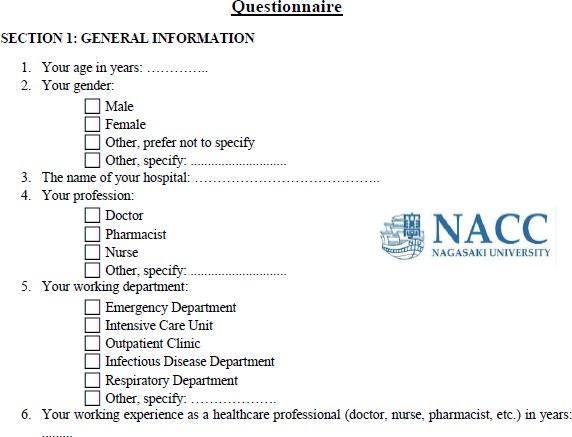
I understand that I can withdraw from this clinical research at any time without assigning any reason whatsoever.

By clicking “I agree” below, I agree that I am at least 18 years old, have read and understood this consent form and agree to participate in this research study.

*\*Mark only one oval.*

Agree *Skip to question 2.*

Disagree *Stop filling out this form*



# SECTION 2: ASSESSMENT OF THE AWARENESS AND PREPAREDNESS OF HOSPITAL STAFF AGAINST THE NOVEL CORONAVIRUS 2019

* 1. Have you ever experienced any outbreak (e.g., SARS, MERS, bird flu, other respiratory infection outbreak, etc.) in the past? (Select all that apply)

⬜ No

⬜ SARS

⬜ MERS

⬜ Bird flu

⬜ Other, specify: ……………….

* 1. Has there been any confirmed human infection of 2019-nCoV in your country? (Select all that apply)

⬜ No

⬜ Yes, in my country

⬜ Yes, in my city

⬜ Yes, in my hospital

* 1. Please choose the sources of information from which you gained knowledge about the 2019- nCoV outbreak? (Select all that apply)

⬜ Media (newspaper, television, radio, etc.)

⬜ Social network (Facebook, Twitter, blog, etc.)

⬜ Academic Training Courses

⬜ Colleagues

⬜ Government Organization such as Ministry of Health

⬜ Other, specify: …………….

* 1. Have you participated in any training course for dealing with the 2019-nCoV outbreak?

⬜ Yes

⬜ No

* 1. Which of the following are symptoms of the 2019-nCoV infection? (Select all that apply)

⬜ Fever

⬜ Cough

⬜ Runny nose

⬜ Sore throat

⬜ Shortness of breath

⬜ Joint/muscle pain

⬜ Red eyes

⬜ Rash

⬜ Diarrhea

⬜ May present with no symptoms

* 1. Which of the following tests should be performed for the diagnosis of 2019-nCoV infection? (Select all that apply)

⬜ Real-time polymerase chain reaction (PCR) with respiratory material (nasopharyngeal or oropharyngeal swab/ sputum/ endotracheal aspirate or bronchoalveolar lavage)

⬜ Real-time PCR with serum sample

⬜ Chest X-ray

⬜ Other, specify: ………………………….

* 1. Do you feel that you keep yourself up to date on the latest information about case definitions for 2019-nCoV infection?

⬜ Yes

⬜ No

* 1. Is there a protocol of triage and isolation in your hospital for patients with symptoms suspected of 2019-nCoV infection?

⬜ Yes

⬜ No

⬜ I don’t know

* 1. Upon admission, which of the following should be considered to identify patients at risk of having 2019-nCoV infection? (Select all that apply)

⬜ The presence of symptoms of diarrhea

⬜ The presence of symptoms of a respiratory infection

⬜ History of travel to areas experiencing transmission of 2019-nCoV

⬜ History of contact with possible infected patients

* 1. In your hospital, is an Airborne Infection Isolation Room (AIIR) available?

⬜ Yes

⬜ No

⬜ I don’t know

* 1. If an Airborne Infection Isolation Room in your hospital is unavailable, do you know where to transfer a patient with suspected or confirmed 2019-nCoV infection?

⬜ Yes

⬜ No

* 1. Do you consider yourself prepared for the management of the 2019-nCoV outbreak?

⬜ Yes

⬜ No

* 1. Do you consider your hospital prepared for the management of the 2019-nCoV outbreak?

⬜ Yes

⬜ No

⬜ I don’t know

* 1. Please rate how satisfied you are with the current medical equipment in your hospital for the management of the 2019-nCoV outbreak:

⬜ Very unsatisfied

⬜ Unsatisfied

⬜ Neutral

⬜ Satisfied

⬜ Very satisfied

* 1. In case of contact with possible 2019-nCoV patients, do you know how to use personal protective equipment (PPE)?

⬜ Yes

⬜ No

* 1. In case of contact with confirmed 2019-nCoV patients, do you know how to perform isolation procedures on the patients to minimize chances for exposure?

⬜ Yes

⬜ No

* 1. To what extent do you have confidence in handling suspected 2019-nCoV patients?

⬜ Not at all

⬜ To a little extent

⬜ To some extent

⬜ To a considerable extent

⬜ To a great extent

* 1. Has your hospital established procedures for controlling visitors to known or suspected 2019- nCoV patients?

⬜ Yes

⬜ No

⬜ I don’t know

* 1. Which of the following measures should be taken to prevent transmission from known or suspected 2019-nCoV patients? (Select all that apply)

⬜ Frequently clean hands by using alcohol-based hand rub or soap and water

⬜ Eat boiled and cooked food

⬜ Put facemask on known or suspected patients

⬜ Place known or suspected patients in adequately ventilated single rooms

⬜ All health staff members wear protective clothing

⬜ Avoid moving and transporting patients out of their area unless necessary

⬜ Routinely clean and disinfect surfaces in contact with known or suspected patients

* 1. Do you know the precautionary measures to take when performing aerosol-generating procedures (such as tracheal intubation, non-invasive ventilation, tracheotomy, bronchoscopy, cardiopulmonary resuscitation, etc.) on 2019-nCoV patients?

⬜ Yes

⬜ No

* 1. Do you know the criteria to guide evaluation of persons under investigation (PUI) for 2019-nCoV infection?

⬜ Yes

⬜ No

* 1. Do you know where to take the report form and how to report a potential 2019-nCoV case or exposure to facility infection control leaders and public health officials?

⬜ Yes

⬜ No

* 1. Do you know who to contact in a situation where there has been an unprotected exposure to a known or suspected 2019-nCoV patient?

⬜ Yes

⬜ No

* 1. Do you know what to do if you have signs or symptoms suspected of 2019-nCoV infection?

⬜ Yes

⬜ No

* 1. Do you know who to contact (chain of command) in outbreak situations in your hospital?

⬜ Yes

⬜ No

* 1. What suggestions might you have for improving the preparedness of health staff against 2019- nCoV in your hospital?

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………………………………………………………………………………… THANK YOU FOR TAKING THIS SURVEY.