Simulation

Training to prevent the transmission of microorganism during home visits

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SCENARIO NAME:

Precautions for preventing transmission of microorganisms during home visits carried out by Primary Health Care (PHC) professionals.

TARGET AUDIENCE:

Two (2) health professionals with higher education and six months' experience in PHC, necessarily: one (1) professional with a full degree in Nursing and one (1) professional with a full degree in Medicine.

LOCATION FOR THE SIMULATION:

Simulated House of a higher education institution's simulation center

LOCATION FOR PREBRIEFING AND DEBRIEFING:

Debriefing room at a higher education institution's simulation center and taken to the Simulated House to recognize the scenario.

TIME:

Pre-briefing - 10 minutes (in debriefing room)

Group briefing - 10 minutes (in debriefing room)

Individual briefing - 5 minutes (at the scenario)

Scenario - 15 minutes

Debriefing - 30 minutes (in debriefing room)

TOTAL: **70 MINUTES**

MODALITY

Clinical Simulation

COMPETENCES PREVIOUSLY REQUIRED FOR PARTICIPATION

Prevention and infection control measures: use of Standard and Specific Precautions
Knowledge about how diseases are transmitted (aerosol/droplet/contact);
Care management, diagnosis, and treatment of Pulmonary Tuberculosis (infected users and people who are contacting them);
Assessment and management of stage 1 pressure injuries;
Ability to develop interprofessional work and communication.

THEORETICAL REFERENCES

- Adaptation and implementation of WHO's multisectoral accountability framework to end TB (MAF-TB): bestpractices. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.
Available from:
https://www.who.int/publications-detail/redirect/9789240066905

- Brazil. Ministry of Health. Health Surveillance Secretariat. Department of Chronic Condition Diseases and Sexually Transmissible Infections. Tuberculosis in primary care: Nursing protocol / Ministry of Health, Health Surveillance Secretariat, Department of Chronic Condition Diseases and Sexually Transmissible Infections. – Brasília: Ministry of Health, 2022

- Siegel JD, Rhinehart E, Jackson M, Chiarello L. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings. American Journal of Infection Control [Internet]. 2007 Dec;35(10):S65–164.
Available from:
https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf

- WHO consolidated guidelines on tuberculosis. Module 3: Diagnosis – rapid diagnostics for tuberculosis detection 2021 update. Geneva: World Health Organization; 2021
(https://www.who.int/publications/i/item/9789240029415)

LEARNING GOALS

Main goal:

Develop clinical reasoning to implement precautionary measures (standard and specific) to prevent the transmission of microorganisms in the context of home visits.

Specific goals:

- Apply standard and specific precautions (based on mode of transmission: contact, droplet and airborne/aerosol) during a home visit.
- Identify the main approaches to correctly implementing standard and specific precautions in the context of home care.
- Analyze interprofessional interaction and communication and their relationship to the correct application of infection prevention and control measures;

DESIGN

ASSESSMENT METHODS

Application of the instrument "Knowledge on precautions in Primary Health Care" (before and after the scenario);

Application of the "Interprofessional Competency Scale" (before and after the scenario).

PRE-BRIEFING (FACILITATOR)

Identification of the participating professionals' expectations of the simulation;

Information on the general objective of the simulation;

Information about the modality and the presence of the observer facilitator in the scenario;

Information on the flow of the sessions (briefing, running the scenario and debriefing);

Informação sobre o fluxo das sessões (briefing, execução do cenário e debriefing);

Guidance on the role of each participant (a facilitator will accompany the scenario by observing, a facilitator will allow dialogue to take place between the simulator and the participants, and the research facilitator - who guides at this point - can intervene during the scenario if necessary);

Establishing an emotionally safe environment for participation: “The simulation environment is safe, so here you can express your opinions, criticize and make decisions. For the activity to be successful, mutual understanding and respect are expected, as well as good practice with the local simulation structure."

Recognizing the scenario: “The scenario represents a home. In this activity, you will carry out a visit to a family member belonging to the area covered by the basic health unit. The environment consists of a living room, a bathroom and a bedroom. The visit will take place in the bedroom (consisting of a double bed, a wardrobe, a study table and a bedside table). For the setting you will bring a suitcase of medical supplies and equipment for home visits. The family's medical records will also be available for consultation before the visit. It is important that you recognize all the details so that you can facilitate the service. In this way, you should explore the setting and the resources available. You will then be sent to get to know the environment".

HUMAN RESOURCES FOR EXECUTING THE SCENARIO

02 Health professionals with higher education

01 facilitator (briefing/prebriefing e debriefing)

01 Observer facilitator

01 External facilitator (voice of the simulator)

Material resources:

Home visit suitcase containing: Stethoscope, alcohol gel, procedure gloves, gauze, micropore tape, bandages, saline solution 0.9%, (250ml), thermometer, sphygmomanometer, N95 mask, wound measuring ruler, surgical mask, protective glasses.

Simulator:

High-fidelity full-body simulator.

CHARACTERIZATION AND SCRIPTS

SIMULATOR CHARACTERIZATION

High-fidelity female simulator: Wears a pajama and is laid in bed, with pillows supporting the head and raising upper limbs. Wears diapers with no diuresis present. Presents a stage one injury on the left heel bone (calcaneus). Has a microphone placed on the clothes, able to establish communication with the professional. The simulator will be programmed with the following parameters:

- Heart rate (78 beats per minute);
- Respiratory rate (22 breaths per minute);
- Present cough;
- Lung auscultation: snoring in the right and left lungs (set to volume 8 on the simulator);

FACILITATOR SCRIPT

You will receive the script for conducting this scenario. The clinical simulation will be a home visit. Use your own name to communicate with professionals. In some situations, you can establish communication with participants, such as:

In cases of physical exams that require an immediate response and are not made available by the simulator. If the professional measures the temperature, you must answer (38°C). Blood pressure (110x70) Heart rate (78 beats per minute); Weight (76 kg). Height (1.68 m). Only say the results of vital signs when the professional performs the relevant physical exam.

Note: do not make comments about infection prevention and control measures during the scenario.

Scenario closure: The scenario can be closed after both professionals notice the error and point it out to their colleague, promoting a dialog about protection and infection control measures. If you don't both notice the intentional error, end the scenario as soon as the professionals have carried out the procedures for investigating suspected pulmonary tuberculosis, and have assessed and changed the dressing on the calcaneal wound.

EXTERNAL FACILITATOR SCRIPT SCRIPT FOR EXTERNAL FACILITATOR WHO WILL BE THE VOICE OF PATIENT ADRIANA

The following script describes how the facilitator should prepare for the characterization and construction of the simulator's voice for interaction with the professionals during the scenario.

You are Adriana, you are 42 years old and live in a vulnerable region. There is a school but few shops near your house. When it rains there are many flooded areas, the street is not paved and on some days there is no water supply. One year ago you suffered a car accident and were retired due to quadriplegia. You are married to Samuel, who is your current caregiver, and you have no children. Samuel is not at home at the moment because he went to the supermarket. He works in the neighborhood's school as a guard in the afternoon period. He is away from work because he fell sick 3 weeks ago with "a strong flu" (you do not understand the disease and transmission methods).

The home visit that you are receiving today was scheduled due to an injury in your foot; you do not know how to treat it. Three days ago you began to cough. Today, besides coughing, you felt very cold during the night, accompanied by sweat.

For these reasons, the windows are closed. You are not managing to eat a lot, usually, you make three meals a day. You have not slept well since Samuel got sick. There is not much room in the house, therefore he kept sleeping with her every night.

If you are questioned about your health condition today, inform: headache, coughing, you feel cold, and a little discomfort in your left foot. You do not know the name of the medications your husband is taking; you only see him taking them every day.

OBSERVER FACILITATOR SCRIPT

You must observe the scenario in the room where the simulation is taking place and fill out the checklist below about infection prevention and control actions. You may also add comments. Checklist (observer facilitator)

Actions performed	Nurse	Physician
Correct choice of Personal Protective Equipment (PPE)	Performed Yes ( ) No ( )	Performed Yes ( ) No ( )
	Notes/Difficulties	Notes/Difficulties
Sanitizes hands	Performed Yes ( ) No ( )	Performed Yes ( ) No ( )
	Notes/Difficulties	Notes/Difficulties
Correct donning/ doffing of PPE	Performed Yes ( ) No ( )	Performed Yes ( ) No ( )
	Notes/Difficulties	Notes/Difficulties
Checks vital signs	Performed Yes ( ) No ( )	Performed Yes ( ) No ( )
	Notes/Difficulties	Notes/Difficulties
Checks appropriate room ventilation	Performed Yes ( ) No ( )	Performed Yes ( ) No ( )
	Notes/Difficulties	Notes/Difficulties
Checks respiratory symptoms	Performed Yes ( ) No ( )	Performed Yes ( ) No ( )
	Notes/Difficulties	Notes/Difficulties
Realizes and communicates the error regarding the precaution to avoid transmission of microorganisms from the colleague	Performed Yes ( ) No ( )	Performed Yes ( ) No ( )
	Notes/Difficulties	Notes/Difficulties
Conducts a respiratory symptom check on the contact person	Performed Yes ( ) No ( )	Performed Yes ( ) No ( )
	Notes/Difficulties	Notes/Difficulties
Shows individual perception of the risk of exposure to infections	Performed Yes ( ) No ( )	Performed Yes ( ) No ( )
	Notes/Difficulties	Notes/Difficulties

ENVIRONMENT/PHYSICAL SPACE

Simulated home:

Comprised of a living room with a 4-seat dining table, sofa, and telephone. Kitchen with sink, stove, microwave, refrigerator, laundry sink, and washing machine. The restroom has a toilet, shower, sink, and a trash can. The bedroom has a double bed in the closet, a desk, a bedside table, and a small trash can. There is a window in the living room and another small window in the bedroom, both closed and with curtains.

BRIEFING (CARRIED OUT BY THE FACILITATOR RESEARCHER)

This moment will be divided into stages (individual and group), starting with the group stage. The group briefing is held in the room (the same one used for the Prebriefing and Debriefing), while the individual briefing will be held in the simulated house, leading one participant at a time to recognize the scenario and instruct on controlled error:

Individual briefing:

Moment when the facilitator will talk individually with each participant. Guide the specific role of each volunteer. At this moment there will be the delivery of the so-called "controlled error" that each professional will be instructed to make, without one knowing the other's attitude. The physician will be instructed to remove the mask and sometimes to talk to the patient. The nurse will be instructed not to sanitize his/her hands before putting the gloves on.

Guidance:

"This strategy is not used to deceive you or your colleague, it is a learning strategy designed to foster interprofessional dialog with the intention of preventing possible risky attitudes or behaviors that could lead to the transmission of microorganisms. There is no value judgment on the profession of choice that makes the mistake in the scenario. This error does not alter your attitudes towards your role in the scenario (as a doctor or nurse), nor the conduct you will take in the face of the health condition described in the clinical case. You are free to choose the best moment to make this mistake, and if it is noticed and pointed out by your colleague, you can return to your role without making the mistake again."

Remind the professional:

In the context of PCI, there are two types of precautions: PP and PE. Let's briefly recall what each one is: "PP are defined as basic infection prevention measures that must be applied to all patients, at all times and regardless of the type of diagnosis or infectious state, i.e. they must be applied by all healthcare professionals to all patients. To achieve this measure, there are the criteria: hand hygiene; use of personal protective equipment; respiratory etiquette; correct allocation of patients; cleaning, disinfection and sterilization; environmental hygiene; care of dirty and clean clothes; safe injection practices. EPs are measures that complement PPs. They should be applied in suspected or confirmed cases of etiological agents of epidemiological importance. In this case, the criteria are aerosol precautions using an N95 or PFF2 mask, droplet precautions using a regular mask and contact precautions using gloves and an apron. Each precaution depends on the mode of transmission of some specific diseases during the period of transmissibility."

BRIEFING

Group Briefing:

Moment of introduction (name, job, professional experience); question about prior experience with simulation; inform that this will be a safe place to make errors; know the simulation environment (including the simulator)

Scenario development:

Adriana, 42 years old, lives in a socially vulnerable area. She has an incomplete secondary education. She used to work as a babysitter, but one year ago she was retired due to quadriplegia after a car accident. She is married to Samuel, 36 years old, who is her current caregiver. He works at a school in the neighborhood and was diagnosed with pulmonary tuberculosis three weeks ago. He is following a quadruple treatment (Rifampicin 150mg/Isoniazid 75mg/ Pyrazinamide 400 mg/ Ethambutol 275mg) with the reference Basic Health Unit.

Adriana presented coughing and fever three days ago. Today there is a home visit scheduled with the basic health unit staff to assess the pressure injury.
Injury to the calcaneus region presents hyperemia and discontinuity of skin tissue.

You are part of the Primary Health Care staff responsible for home visits. The caregiver welcomed the staff at home but had to leave. Adriana is in the living room awaiting care.

You, physician, will be responsible for carrying out the clinical assessment of Adriana's symptoms. You, nurse, will be responsible for the care of the injury.

FAMILY MEDICAL RECORDS AND EXAMS

Information from the family records of the Basic Health Unit in which Adriana and Samuel are enrolled will be made available. Below you find the information received by professionals:

Family medical record: 1018-02-320

Full name: Adriana Silva

04/12 TEAM MEETING

Meeting report:

Community Health Agent Roberta informs that she visited Adriana's home and found out that she suffered a car accident and is bedridden. She informs the team that Adriana seems to be interested in visits to assist in information for managing her health conditions and adapting to the new routine, together with the husband who will be her caregiver. We included the family's home visit in the nurse and physician schedules.

18/06 COMMUNITY HEALTH AGENT AND NURSE HOME VISIT

Nursing evolution:

We made a home visit at the family home. Vulnerable region, a small house with few windows, has running water, but Adriana said that on some days there is no water supply due to a lack of maintenance by the city hall.

01/11 CONSULTATION WITH A MEDICAL PROFESSIONAL

Medical evolution:

S – Samuel mentions persistent coughing for 18 days, he feels his body is hot, and has malaise, night sweats, and a lack of appetite.

During the physical exam: lushed, acyanotic, anicteric, hydrated, febrile (38ºC), good peripheral perfusion. Weight: 52 Kg, height: 1.55 m, Blood pressure: 130 x 90 mmHg, Heart rate: 89 bpm, Breathing rate: 25 ipm. Non-palpable lymph nodes.

Cardiac exam: normorhythmic and normophonetic sounds in two beats, without murmurs and extrasystoles. Palpable and symmetrical pulses. Palpable heartbeat.

Pulmonary exam: Inspection shows a short biotype, without scars or changes, and a barrel chest. There is a reduced expansibility on palpation at the right apex and preserved expansion at the bases and a normal thoracovocal thrill. Flat percussion at the right apex and clear lung sound at the base bilaterally. Auscultation shows decreased vesicular sounds, especially bilaterally at the apices.
I prescribe a rapid COVID-19 test to Samuel, negative result. I request the collection of the Rapid Molecular Test for TB (TRM-TB) and smear microscopy.

HD: Pulmonary TB.
I request the collection of the second smear sample to be carried out at home and brought back to the Basic Health Unit (UBS) tomorrow upon return.
I schedule a return appointment for tomorrow.

13/11 CONSULTATION WITH A MEDICAL

I receive the results of Molecular Rapid Test for TB (TRM-TB), which reads: MTB DETECTED and undetected rifampicin resistance. I request a chest X-ray and laboratory tests. I explain the duration and importance of the treatment to be followed correctly. The patient shows anxiety about the diagnosis because he takes care of his bedridden wife. He understands the importance of the treatment and states he can follow the proposed scheme.
I ask the unit's nurse to schedule regular visits to check Samuel's treatment.
I start treatment with a basic scheme for pulmonary TB - intensive stage for 2 months:

- rifampicin 150 mg/
- Isoniazid 75 mg/
- pyrazinamide 400mg/
- ethambutol 275 mg

I clarify doubts and schedule a return appointment. I fill out the Pulmonary Tuberculosis notification form.

Name: Samuel Silva
Date of Birth: 01/08/1985
Gender: [x] M [ ] F
Collection date: 11/01/2023
Result date: 11/13/2023
Exam: Bacilloscopy
RESULT: found on average more than 10 AFB per field, in the first 20 fields observed = POSITIVE +++

Phase	Trigger (what moves the scenario forward; situations, actions , downtime)	Parameters (patient voice, vital signs)	Expected roles for each type of participant	Expected behaviors for each type of participan
1	Patient starts coughing	Physician begins a physical examination	Physician was instructed to remove the mask a few times when talking to the patient	Nurse warns colleague about the need to use N95 correctly
2	**Caregiver informs about the injury**	**Nurse assesses the injury**	**Nurse instructed not to perform hand hygiene before wearing gloves**	**Physician warns about the need for HH before wearing gloves**

STRATEGY IN CASE OF ESCAPE FROM THE PROPOSED GOALS

Strategy 1: The facilitator present at the scene will be instructed to increase the simulator's coughing

Estratégia 2: The facilitator representing the simulator's voice should verbalize to the team that her husband is being treated for tuberculosis.

BRIEFING

INTERPROFESSIONAL DEBRIEFING (group)

Scenario development:

- The debriefing script is based on Promoting Excellence and Reflective Learning in Simulation (PEARLS) and was adapted for the context of Infection Prevention and Control.

- Clarification about the debriefing session: We will spend up to 30 minutes with the briefing which consists of four phases. First, I am interested in knowing how you are feeling about this case; next, I ask you to describe this case. Afterwards, we will explore actions that were performed well and actions that you would do differently.We will finish by summarizing some points that you may take as learning to be applied in clinical practice.

- Debriefing Strategy: (PEARLS)

PREPARING THE GROUND

Goal: Create a safe context for learning

Task: Establish the goal of debriefing

Approach: This moment is intended for debriefing, for this, we will use 30 minutes. Our goal is to improve our interprofessional way of working to improve patient care.

REACTION

Goal: Explore feelings.

Task: Request initial reaction and emotions.

Approach: - How are you feeling after the scenario?
- What was the initial reaction to the case?

DESCRIPTION

Goal: Clarify facts

Task: Develop a common understanding of the case

Approach: - Please, could you give a quick summary of the case?
- What was the main diagnosis of the case?
- Was there a need for specific precautions, depending on the mode of transmission?
- How would you describe the interprofessional care in this case?
- What would the correct placement and removal of the N95 mask look like in this case?

ANALYSIS

Goal: Explore the different performance domains

Task: -

Approach: - I would like to spend some time talking about home care with patients suspected of having transmissible diseases. How did you prepare for this case?
- How was the experience of interprofessional work, did you think of any communication strategies during the care??
- At any point did the infrastructure of the home environment harm or contribute to precautions against microorganism transmission?
- Did you notice any mistakes made by the other professional that could increase the microorganism transmission during care?

ANY QUESTIONS OR CONCERNS?

APPLICATION/SUMMARY

Goal: Identify key lessons.

Task: Participant centered

Approach: - What lessons do you take into clinical practice in the context of infection prevention and control?
- Did the scenario contribute to a change in behavior in view of the error made by another healthcare professional?

ANNEX

ANNEX 1

Assessment of knowledge on precautions (volunteer health professionals)

PHC Health professionals who work with home visits ( ) yes ( ) no

COMPLETION DATE:: __/__/__

Mark with an X the "right" or "wrong" answer option that you consider appropriate.

Instrument of Sako, M. P., Felix, A., Kawagoe, J. Y., Padoveze, M. C., Ferreira, S. A., Zem-Mascarenhas, S. H., Timmons, S., Passos, I., & Figueiredo, R. M. (2018). Knowledge about precautions in Primary Health Care: tool validation. Brazilian nursing journal , 71 (suppl 4), 1589–1595.

https://doi.org/10.1590/0034- 7167-2017-0886 created in Portuguese

MODULE A - A.1 RISK IDENTIFICATION AXIS	RIGHT	WRONG
A.1.1 - Critical locations are places on the patient's body that must be protected from contamination, since they are entry points for microorganisms.		
A.1.2 - Places on the patient's body, devices or environment with the presence of bodily fluids present a risk of contamination for the healthcare professional.		
A.1.3 - The risk of professional occupational exposure to Hep B viruses; Hep C and HIV in critical units is reduced, since care for patients in this situation is rare at these units		
A.1.4 - Aerosols are particles smaller than droplets (less than 5µm) and can penetrate deeper into the respiratory tract through inhalation. On the other hand, droplets reach the upper respiratory tract (nasal mucosa and oral cavity).		
A.1.5 - It is not necessary to accommodate patients with symptoms of respiratory infection in an area separate from others, since the length of stay at the unit is very short.		
A.1.6 - It should be instructed that it is not necessary to separate glasses and cutlery from patients who have TB, since the transmission only occurs via the respiratory route		

MODULE A - A.2 HAND HYGIENE AXIS	RIGHT	WRONG
A.2.1 - Hand hygiene when removing dirt and microorganisms from the skin interrupts the transmission chain of microorganisms.		
A.2.2 - Alcoholic preparation is preferably used for hand hygiene.		
A.2.3 - Hand hygiene with alcoholic preparation is recommended whenever hands are not visibly dirty.		
A.2.4 - Hand hygiene with alcoholic preparation during home visits is highly recommended to avoid cross- infection and contamination of the healthcare professional's hands.		
A.2.5 - Hand hygiene must be performed before and after contact with the patient's critical location, aiming to avoid the transmission of microorganisms from one site to another on the user and in the therapeutic environment		
A.2.6 - Hand hygiene is essential before performing a clean or aseptic procedure, when involving direct or indirect contact with the user, to avoid contamination.		
A.2.7 - Health professionals, for their protection, must clean their hands immediately after removing gloves, minimizing the risk of contact with bodily fluids, even if they are not visible.		
A.2.8 - The use of gloves represents a protective barrier between the patient's body fluids and the healthcare professional's skin. Therefore, it is not necessary to wash your hands before wearing gloves.		
A.2.9 - Hand hygiene with soap and water is necessary after using the bathroom, when hands are visibly dirty or stained by body fluids, such as blood.		
A.2.10 - Hand hygiene during home visits is not necessary, since only social contact with the user is performed.		
A.2.11 - During the clinical consultation, the professional must perform hand hygiene at least twice, before and after performing physical examination on the user.		
A.2.12 - When taking a bed bath, the healthcare professional must perform hand hygiene only after the care, as during the bath they will already be cleaning their hands with soap and water.		
A.2.13 - Hand hygiene with soap and water followed by rubbing with an alcoholic preparation improves professional safety.		
A.2.14 - When administering vaccines, hand hygiene with alcoholic preparation is not recommended.		

MODULE A - A.3 USE OF COMMON GLOVES AXIS	RIGHT	WRONG
A.3.1 - The use of gloves is recommended before coming into contact with bodily fluids, mucous membranes, non- intact skin and potentially contaminated materials.		
A.3.2 - Gloves must always be changed before coming into contact with another patient, even when they are not dirty.		
A.3.3 - The purpose of using gloves is to reduce the risk of contamination of professionals' hands and the spread of microorganisms to the environment and other patients.		
A.3.4 - Hand contamination may occur even when wearing gloves, due to the presence of tiny holes (defects) in the gloves or due to incorrect removal of the gloves.		
A.3.5 - During patient care under contact precautions, the healthcare professional must wear gloves whenever touching the user and their belongings (their surroundings), even if there is no risk of exposure to bodily liquids or non-intact skin.		
A.3.6 - When delivering intramuscular and subcutaneous medication, as during vaccination, the use of gloves is recommended.		
A.3.7 - The use of gloves is recommended for performing procedures such as capillary blood glucose, administration of intravenous medications and heel prick tests.		
A.3.8 - The use of gloves is recommended for performing procedures such as measuring blood pressure and armpit temperature.		
A.3.9 - The use of gloves does not completely protect against accidents with sharps, reinforcing the need for proper handling and disposal of such objects.		
A.3.10 - It is mandatory to wear gloves for specific precautions, that is, contact, droplet and aerosol precautions, since this is a basic precautionary measure.		
A.3.11 - To perform a simple dressing, the use of gloves is essential, regardless of whether or not tweezers are used.		

MODULE A - A.4 USE OF MASKS AND COUGH ETIQUETTE AXIS	RIGHT	WRONG
A.4.1 - These are necessary health education measures to prevent the spread of respiratory microorganisms in health units: advise on the use of paper tissues to cover the mouth and nose when coughing or sneezing and performing hand hygiene afterwards.		
A.4.2 - These are necessary actions to prevent the spread of respiratory microorganisms in health units: prioritize care for those with respiratory symptoms and provide tissue paper and alcoholic preparation.		
A.4.3 - Coughing etiquette consists of covering your nose and mouth with your hands when coughing or sneezing.		
A.4.4 - Masks must be offered to individuals with respiratory symptoms when entering a healthcare institution.		
A.4.5 - During a home visit to a suspected or confirmed TB positive individual, the Healthcare Professional must wear a surgical mask, ask them to perform cough etiquette, and, if possible, stay at an airy place.		
A.4.6 - Users starting treatment for TB who attend the unit for supervised treatment do not need to wear a mask, since they remain in the unit for a short time.		
A.4.7 - When caring for users starting treatment for TB, Healthcare Professionals must wear a respiratory protection mask (PFF2/N95), exempting the user from wearing a surgical mask.		
A.4.8 - During supervision of tuberculosis treatment (DOTS), the user must only remain at the unit for the minimum necessary time.		
A.4.9 - The use of a surgical mask by a TB patient is not effective in preventing the spread of TB bacilli into the environment during speaking, coughing or sneezing.		
A.4.10 - To maintain user privacy, sputum collection must be performed in a closed room, for example, restrooms.		
A.4.11 - In order to be effective, the respiratory protection mask (PFF2/N95) must be intact and perfectly adjusted to the health professional's face.		

MODULE A - SAFE MEDICATION AND SHARPS DISPOSAL AXIS	RIGHT	WRONG
A.5.1 - To aspirate medication with multiple doses, always use a new needle and new syringe, even if it is being used for the same patient.		
A.5.2 - Multiple dose vials must be dated when opened and discarded according to service standardization and according to the manufacturer's guidelines.		
A.5.3 - The same syringe and needle can be used to prepare medication for several patients as long as an aseptic technique is followed.		
A.5.4 - Users who use subcutaneous (SC) insulin at home must dispose of sharps in rigid containers and then return them to the unit.		
A.5.5 - At home, since they are a small quantity, sharps can be disposed of in the general trash.		

MODULE B - B.1 GOOD PRACTICES BEHAVIOR	ALWAYS	VERY FREQUENT	I DON'T REMEMBER	FEW TIMES	NEVER
B.1.1 - How often do you use alcoholic preparation for hand hygiene?					
B.1.2 - Considering when your hands are not visibly dirty, how often do you clean them with soap and water?					
B.1.3 - How often do you wear gloves when performing capillary blood glucose test?					
B.1.4 - How often do you perform hand hygiene when administering vaccines between one user and another ring a campaign?					
B.1.5 - How often do you wash your hands before performing procedures with patients?					
B.1.6 - How often do you wash your hands after performing procedures with patients?					
B.1.7 - How often do you wash your hands at both cases: before and after performing procedures with patients?					
B.1.8 - When visiting a user symptomatic for TB, how often do you wear a respiratory protection mask (PFF2/N95)?					
B.1.9 - How often do you advise TB users to wear a surgical mask during the time they remain in the health unit?					
B.1.10 - How often do you advise insulin-dependent users on the handling of sharps at home?					
B.1.11 - How often do you separately accommodate users with chickenpox or bacilliferous TB in your health unit, when present?					
B.1.12 - How often do you participate in training sessions on the topic of precautions in your workplace?					

ANNEX 2

Interprofessional Collaborative Competency Scale (volunteer health professionals)

Free translation into Portuguese from the open access instrument (free translation into Portuguese from the open access questionnaire The Interprofessional Collaborative Competency Attainment Scale/ICCA (Revised). Available at: https://nexusipe.org/advancing/assessment-evaluation/interprofessional-collaborative-competencies-attainment-survey-iccas

COMPLETION DATE: __/__/__

Using the following scale, rate your ability for each of the following statements:	1 = "Poor"; 2 = "Reasonable"; 3 = "Good"; 4 = "Very good"; 5 = "Excellent"	
	Before participating in the learning activities, I was able to	**After** participating in the learning activities, I was able to
1 - promote effective communication between members of an Interprofessional Team (IT)		
2 - actively listen to the ideas and concerns of IT members		
3 - express my ideas and concerns without being critical		
4 - give constructive feedback to IT members		
5 - express my ideas and concerns in a clear and concise manner		
6 - look for IT members to solve problems		
7 - work effectively with IT members to improve care		
8 - learn from and about IT members to improve care		
9 - identify and describe my capabilities and attributes for the IT		
10 - be responsible for my contributions to the IT		

11 - understand the capabilities and duties of IT members		
12 - recognize how the competency and knowledge of others complement and overlap with my own		
13 - use an IT approach with the patient to provide comprehensive care		
14 - include the patient/family in decision- making processe		
15 - listen carefully to the perspectives of IT members		
16 - appreciate the ideas of IT members		
17 - approach conflicts in the IT om a respectful manner		
18 - develop an effective care plan with IT members		
19 - negotiate care responsibilities that overlap in practice		
21 - Em comparação com o momento anterior à sessão de aprendizagem, você diria que a sua capacidade de colaborar interprofissionalmente é... (assinale uma opção)		
1 - Much better now; **2** - A little better now; **3** - About the same; **4** - A little worse now; **5** - Much worse now		

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