

Supplementary material for: Mindaye E.T. 2021. Knowledge, perception of risk of disease, and infection prevention and control practices among healthcare workers and support staff towards COVID-19 in an Ethiopian referral hospital: a cross-sectional survey. International Journal of Infection Control, 17.

Operational definitions: Healthcare workers: includes doctors (medical doctors and interns), nurses, pharmacists, lab professionals, anesthesia professionals. Support staff: Includes janitors, porters, and guards. Adequate Knowledge: when the score is 80% or more for the knowledge questions. Inadequate Knowledge: when the score is less than 80% for the knowledge questions. High risk-perception: when the score is 9 or more for the risk perception questions. Low risk-perception: when the score is less than 9 in the risk perception questions. Adequate practice of precautions: when the score is 75 % or more in the practice questions section. Inadequate practice of precautions: when the score is less than 75% in the practice questions section.

Table 1: The distribution of sampled healthcare workers and support staff at SPHMMC.

Profession	Total staff size	Sampled size
Medical Doctor	646	90
Medical Interns	114	16
Pharmacist	92	13
Radiologist	74	10
Nurse and midwives	1350	188
Medical lab professionals	122	17
Anesthesiologists	38	5
Guards	133	19
Porters	157	22
Cleaners	305	42
Total	3031	422

Questionnaires

Dear respondent! Thank you for allowing us to have a few minutes of your time. We are conducting a study about the knowledge, risk perception, and practice of precautions against COVID-19 among Health Care Workers and support staff in a Teaching Hospital. These questions will enable the researchers to get information that can then be used as input in the design of appropriate interventions to address the problem. Information you give will serve only this stated research purpose. Name is not included in this form and no individual response will be reported to anybody. You do not have to answer any question that you do not want to, and you may refuse to answer all of the questions. Therefore, your honest and genuine participation by responding to the questions prepared is highly appreciated and helpful to attain the objective of the study.

If you wish to know the results of the study, please contact us and we would be happy to share that information when the study is completed.

Would you be willing to answer the questions?

If yes, proceed to the next page and if no, **please stop here.**

General instruction:

For close-ended questions choose the appropriate response that best reflects your perception and write the number of your choice in the corresponding box provided.

Questionnaire ID Number.....

Date of interview (Ethiopian calendar) ____/____/____

SECTION I: Socio-demographic Information		
Codes	Questions	Response
101	Age	
102	Sex	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female
103	Occupation	1. <input type="checkbox"/> Doctor (Medical Doctor or intern) 2. <input type="checkbox"/> Pharmacist 3. <input type="checkbox"/> Radiologist 4. <input type="checkbox"/> Nurse 5. <input type="checkbox"/> Medical Lab Prof. 6. <input type="checkbox"/> Anesthesia/Anesthesiology 7. <input type="checkbox"/> Janitor 8. <input type="checkbox"/> Porter 9. <input type="checkbox"/> Guards
104	What is your marital status?	1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Single (never married) 3. <input type="checkbox"/> Divorced/separated 4. <input type="checkbox"/> Widowed
105	With whom do you live currently?	1. <input type="checkbox"/> Alone 2. <input type="checkbox"/> With my parents 3. <input type="checkbox"/> With my family 4. <input type="checkbox"/> With friends
106	Which modality of transportation are you using?	1. <input type="checkbox"/> Self-driving 2. <input type="checkbox"/> Bus 3. <input type="checkbox"/> Taxi 4. <input type="checkbox"/> Walk 5. <input type="checkbox"/> Others _____
107	Year of service	
108	Average working hours per day	
Section II: Knowledge and Source of information		
201	I have heard of COVID-19.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
202	If yes to Q 201, Which source did you get the information from? (can have multiple answers)	1. <input type="checkbox"/> Social media 2. <input type="checkbox"/> Mass media 3. <input type="checkbox"/> Family and friend 4. <input type="checkbox"/> Official website(WHO, CDC, or MOH) 5. <input type="checkbox"/> Other
203	Did you attend lectures/training on COVID-19?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
204	Do you think you have sufficient information about COVID 19?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
205	What is the cause of COVID-19?	1. <input type="checkbox"/> SARS-COV 1 2. <input type="checkbox"/> SARS-COV 2

		3. <input type="checkbox"/> MERS COV
		4. <input type="checkbox"/> Other
206	What is the presumed origin of novel corona virus?	1. <input type="checkbox"/> Bats 2. <input type="checkbox"/> Snakes 3. <input type="checkbox"/> Fish 4. <input type="checkbox"/> Camel 5. <input type="checkbox"/> Unknown
207	What is/are the transmission routes of COVID-19? (can have multiple answers)	1. <input type="checkbox"/> Droplets 2. <input type="checkbox"/> Contact 3. <input type="checkbox"/> Feco-oral
208	A person with COVID-19 can infect the virus others when fever is not present.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
209	It is not necessary for children and young adults to take measures to prevent infection by COVID.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
210	Health Care Worker can be exposed for COVID during (can have multiple answers)	1. <input type="checkbox"/> Patient examination 2. <input type="checkbox"/> Lab.sample collection 3. <input type="checkbox"/> Radiologic imaging 4. <input type="checkbox"/> Drug dispensation
211	What measures can be taken to minimize transmission? (can have multiple answers)	1. <input type="checkbox"/> Hand hygiene 2. <input type="checkbox"/> Covering the nose and mouth when coughing 3. <input type="checkbox"/> Avoiding sick contacts 4. <input type="checkbox"/> Having well-cooked meat and eggs 5. <input type="checkbox"/> other(specify)
212	What is the average incubation period of COVID-19?	1. <input type="checkbox"/> 2-7 days 2. <input type="checkbox"/> 2-14 days 3. <input type="checkbox"/> 7-14 days 4. <input type="checkbox"/> 7-21 days 5. <input type="checkbox"/> None of the above
213	What are the possible symptoms of a patient with COVID-19? (can have multiple answers)	1. <input type="checkbox"/> Headache 2. <input type="checkbox"/> Fever 3. <input type="checkbox"/> Cough 4. <input type="checkbox"/> Sore throat and runny nose 5. <input type="checkbox"/> Shortness of breath
214	What are the possible complications in a patient with COVID-19? (can have multiple answers)	1. <input type="checkbox"/> Pneumonia 2. <input type="checkbox"/> Respiratory failure 3. <input type="checkbox"/> Death

215	What is the treatment of COVID-19? (can have multiple answers)	1. <input type="checkbox"/> Supportive care 2. <input type="checkbox"/> Antiviral therapy 3. <input type="checkbox"/> Vaccination 4. <input type="checkbox"/> Antibiotics 5. <input type="checkbox"/> Traditional healer therapy
Section III: Risk perception		
301	How likely do you think it is that you might become infected with COVID-19 in the near future at your workplace?	1. <input type="checkbox"/> Not likely 2. <input type="checkbox"/> Somewhat likely 3. <input type="checkbox"/> Very likely
302	How likely do you think that people in your family and friends might become infected with COVID-19 from you in the near future if you get infected?	1. <input type="checkbox"/> Not likely 2. <input type="checkbox"/> Somewhat likely 3. <input type="checkbox"/> Very likely
303	How likely do you think you to get infected with COVID-19 in general?	1. <input type="checkbox"/> Not likely 2. <input type="checkbox"/> Somewhat likely 3. <input type="checkbox"/> Very likely
304	If anyone get COVID-19, there is no possibility of survival.	1. <input type="checkbox"/> Not likely 2. <input type="checkbox"/> Somewhat likely 3. <input type="checkbox"/> Very likely
Section IV: Practice of preventive measures		
401	Have you gone to any crowded place in the past one month?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
402	If yes please specify	
403	I cover my nose and mouth with a tissue or elbow when coughing or sneezing.	1. <input type="checkbox"/> Strongly disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly agree
404	I wear a medical mask when I am in waiting/public areas around the hospital.	1. <input type="checkbox"/> Strongly disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly agree
405	I perform hand hygiene after contact with respiratory secretions.	1. <input type="checkbox"/> Strongly disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly agree
406	I apply WHO's My 5 Moments for Hand Hygiene approach (Tick the following)	
	✓ Before touching a patient	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	✓ Before any clean or aseptic procedure is performed	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	✓ After exposure to body fluid	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	✓ After touching a patient	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	✓ After touching a patient's surroundings	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No

407	I properly and rationally use PPE (Goggles, gowns and N-95 masks) when needed and available.	1. <input type="checkbox"/> Strongly disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly agree
408	There is adequate PPE at your work place?	1. <input type="checkbox"/> Strongly disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly agree
409	I avoided large gatherings of people to protect myself from COVID.	1. <input type="checkbox"/> Strongly disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly agree
410	I avoided shaking hands to protect myself from COVID.	1. <input type="checkbox"/> Strongly disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly agree
411	I avoided travel by public transport to protect myself from COVID.	1. <input type="checkbox"/> Strongly disagree 2. <input type="checkbox"/> Disagree 3. <input type="checkbox"/> Neutral 4. <input type="checkbox"/> Agree 5. <input type="checkbox"/> Strongly agree

Comment

Thank you!

Consent form

St. Paul Hospital Millennium Medical College

Consent form

Assessment of the knowledge, risk perception, and level of precautions practice of HCWs towards COVID-19

Goytom Knfe, MD, *St. Paul Hospital Millennium Medical College*

Esubalew Tadesse, MD, General Surgeon, *St. Paul Hospital Millennium Medical College*

Bekalu Assamnew, *St. Paul Hospital Millennium Medical College*

1. I confirm that I have read and understand the information provided for the study. I have had the opportunity to consider the information, ask questions about the study and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and that this will not affect my legal rights.

3. I understand that any personal information collected during the study will be anonymized and remain confidential.

4. I agree to take part in the above study.

Date

Participant Signature

Name of Person taking consent

Signature

Participant information sheet

St. Paul Hospital Millennium Medical College

Participant's information sheet

Assessment of the knowledge, risk perception, and level of precautions practice of HCWs towards COVID-19 in a teaching hospital, AA, Ethiopia

Goytom Knfe, MD, St. Paul Hospital Millennium Medical College

Esubalew Tadesse, MD, General Surgeon, St. Paul Hospital Millennium Medical College

Bekalu Assamnew, St. Paul Hospital Millennium Medical College

You are cordially invited to take part in this study which will assess the knowledge, risk perception, and the level of precautionary measures towards COVID-19 among HCWs & support staff. Before you decide, it is important that you understand why the research is being done and what it involves. Please take time to read the following information. Ask us if there is anything that is not understandable or if you would like further information. Take time to decide if you want to take part or not.

1. What is the purpose of the study?

The aim of the study is to examine the knowledge, and risk perception of HCWs & support staff towards the COVID-19 pandemic. Also, the study will attempt to identify the level of precautionary measures towards COVID-19 among HCWs & support staff in SPHMMC.

2. Do I have to take part in the study?

You have a right to withdraw consent from study at any stage without giving any excuse.

3. What will happen to me if I take part?

If you are willing to participate in the study, you will be asked to fill a questionnaire which takes about 15 to 20 minutes.

4. Are there any risks / benefits involved to being participant?

There are no risks to taking part in this study. You will not directly benefit from taking part but the findings of the study will help to design interventions to solve deficiencies identified.

5. Will my taking part in the study be kept confidential?

All data will be kept strictly confidential, and nobody will have access to data except the researchers who have only a private password. All personal information obtained from participants will be reserved for a period of five years following completion of the study after which it will then be destroyed by electronic deletion and shredding.