



## Pneumococcal Vaccine Schedules Study

### Checklist of procedures to monitor in the HCF

Date of visit: \_\_\_/\_\_\_/\_\_\_ HCF: \_\_\_\_\_: Name of study nurse:

Core activity	Field activities	Remarks
<b>Registration of patients</b>	In each visit observe/review: <ul style="list-style-type: none"> <li>• Check if the right version of EMR or other documents are being used.</li> <li>• Registration of all patients in EMR</li> <li>• Completeness of registration in EMR</li> <li>• Is the government staff available to do the registration?</li> <li>• Is the registration been done on paper or in the EMR?</li> <li>• Is in-patient screening been performed?</li> <li>• Crosscheck the inpatient screening form with U5 admission book</li> </ul>	
<b>Clinical pneumonia Screening</b>	<p><b>Are you conducting primary end-point QC? Yes/No</b></p> <p>If Yes, observe or review:</p> <ul style="list-style-type: none"> <li>• Correct application of diagnostic criteria for clinical pneumonia</li> <li>• If blinding is ensured?</li> <li>• Are all eligible patients been screened?</li> </ul>	<p style="text-align: center;">Yes / No</p> <p style="text-align: center;">Yes / No</p> <p style="text-align: center;">Yes / No</p>
<b>Disease surveillance</b>	In each visit: <ul style="list-style-type: none"> <li>• Witness at least 1 patient episode</li> </ul> Observe: <ul style="list-style-type: none"> <li>• Informed consent process:               <ul style="list-style-type: none"> <li>• Individual given time to read/hear the ICF content</li> <li>• Individual given time to ask questions</li> <li>• Individual completing and signing the ICF</li> <li>• Storage of ICF</li> </ul> </li> <li>• Completion of study forms</li> <li>• Collection of samples:               <ul style="list-style-type: none"> <li>• Phlebotomy technique.</li> <li>• Distribution of blood collected into different</li> </ul> </li> </ul>	

<p><b>NPS sample collection technique.</b></p>	<p>vials according to type of vial and specimen.</p> <p><b>Are you conducting primary end-point QC? Yes/No</b></p> <p>If Yes, observe or review:</p> <ul style="list-style-type: none"> <li>• Is the technique appropriate?</li> <li>• Where are the samples stored right after taking them?</li> <li>• Are labels been used and managed correctly?</li> </ul>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p><b>Review of completed and stored study forms</b></p>	<p>Ask the PVS nurse for and review where applicable:</p> <ul style="list-style-type: none"> <li>• Place of storage of completed study paper forms</li> <li>• Check completion of ICD</li> <li>• Availability of storage cabinet</li> <li>• Crosscheck the information in the clinical logbook to the paper or EMR</li> <li>• Confirm if the clinical logbook is up to date and been filled correctly.</li> <li>• Correct use of pre-print paper</li> <li>• Are there enough patient envelopes?</li> <li>• Is there adequate number of blank forms available?</li> <li>• Nurse recording the issuing of the patient CRF envelope in a logbook</li> </ul> <p>Observe:</p> <ul style="list-style-type: none"> <li>• Data uploading procedures</li> <li>• Check all pending forms</li> </ul>	
<p><b>Management of samples</b></p>	<p>Observe</p> <ul style="list-style-type: none"> <li>• Storage location of blood culture bottles before use.</li> <li>• Storage conditions of samples collected before transportation</li> </ul> <p>Shipper</p> <ul style="list-style-type: none"> <li>• Observe how shipper is weighed on scale</li> <li>• Is there availability of lock on the shipper?</li> <li>• Review the dry shipper weight monitoring sheet</li> </ul> <p>Sample Transport</p> <ul style="list-style-type: none"> <li>• Randomly check to see if the samples in the shipper has been recorded on the sample transport log sheet.</li> <li>• Are sample transport log sheets available?</li> <li>• Review a filled/filed sample transport log sheet for completeness and correctness.</li> <li>• Processing of samples at the site of location (if applicable)</li> <li>• Procedures to receive and process samples at</li> </ul>	

	<p>the designated lab</p> <ul style="list-style-type: none"> <li>• Are there extra labels to accompany samples?</li> </ul> <p>X-ray Unit (if applicable)</p> <ul style="list-style-type: none"> <li>• Check to see if the precaution warning sign is posted on the door or post of the Xray room.</li> <li>• Is the entrance red indicator light available and functioning?</li> <li>• Is there availability of Xray protective lead aprons?</li> <li>• Are the bulbs in the Xray room functioning?</li> <li>• Is there availability of gloves?</li> <li>• Crosscheck the information in the X-ray logbook to the paper or EMR</li> </ul> <p>Requisition and record of stock of materials</p> <ul style="list-style-type: none"> <li>• Check for availability of requisition book</li> <li>• Are there adequate stock of materials e.g. BC, NPS, gloves, needles &amp; syringes etc</li> </ul>	
<b>Flow charts</b>	<p>Observe/Review</p> <ul style="list-style-type: none"> <li>• Availability of study related algorithm documents</li> <li>• Study related flowcharts</li> </ul>	
<b>Drug Issues</b>	<p>Review</p> <ul style="list-style-type: none"> <li>• Drug accountability</li> </ul>	
<b>Adherence to Covid-19 preventive measures</b>	<p>Observe</p> <ul style="list-style-type: none"> <li>• If staff is wearing appropriate PPE per setting as recommended by MRC guidelines</li> <li>• If there is at least 1-meter physical distancing between clinical staff and patient in the Consulting Room (CR)</li> <li>• If accompanying parent is wearing cloth mask and if patients with respiratory symptoms are provided with tissue in the CR</li> <li>• If frequently touched surfaces are routinely disinfected/cleaned</li> <li>• If hand sanitizer is available in the consulting room and provided to patients/mothers presenting for consultation.</li> <li>• Correct donning and doffing of PPE</li> </ul>	
<b>Other complaints and observations (e.g. accommodation, state of laptop, etc)</b>		

**Actions/ Comments:**

**Conducted by (Name and sign):**