**SOP: Tablet and other IT supply storage, management and security**

**Purpose and scope**

To describe the procedures for tablet storage, management, software update, data synchronization, and security for all health facility staff using the tablets in DYNAMIC TZ health facilities.

**Glossary/Definitions**

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| **Tablet** | Android based electronic tablets. |
| **HF** | Health facility |
| **IT** | Information technology |
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**Responsibilities and Procedures**

1. **Authorized users**
* A list of authorized tablet users is maintained by the Study coordinator.
* Authorized users have individual logins.
* Logins will be requested from the Network (Med-Al C) and in the tablet itself.
1. **Use of tablets**
* Health facility staff should limit the use of tablet devices for the Dynamic project activities, particularly to use the ePOCT+ installed software or control arm documentation program.
* Only authorized users are allowed to use tablet devices in the HF.
* During the study, the signed in / logged on user will be responsible for the security of the tablet and for keeping the battery charged
1. **Storage of tablets**
* When not in use, tablets are stored in a locked cabinet in the HF.
* Only authorized users have access to the storage location.
* The last tablet user is assumed responsible for returning the tablet to the secure storage location.
1. **Inventory and Maintenance**
* All IT supplies provided to the health facilities will be documented on the supplies accountability log.
* The Dynamic monitoring team is responsible for monitoring tablet and IT related inventory, on a regular basis.
* Any missing or broken IT supplies must be reported to the Dynamic study IT Coordinators (Peter Agrea 0752665127 or Ibrahim Mtebene 0657181624)
1. **Tablet software updates and data synchronization**
* The DYNAMIC IT coordinators will contact HF staff using the tablets regularly to guide ePOCT+ data synchronization and software updates.

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**Administrative information**

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|  | **Name** | **Signature** | **Date** |
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| **Version** | **Changes** | **Name** | **Date** |
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**Distribution of SOP:**

| **Name** | **Role** | **Health facility / Institute** | **Date** |
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\*Note: When printing and distributing the SOP, the administrative information page does not need to be included.