Health Care Worker Injury Prevention Project
Informed Consent

Participation:

As part of the evaluation we are asking employees of [insert facility name] some questions about safety in their workplace. We would like for you to participate by responding to two questionnaires. One will be collected today. A second one will be collected in about 2 months. The questionnaires ask about occupational health and safety at [insert facility name]. They also ask questions about you and your attitudes and behaviors, particularly about protection from bloodborne pathogen exposures at work. Your participation is voluntary. Refusal to participate will involve no penalty or loss of benefits. Participation will take about 20 minutes of your time for each questionnaire. The success of the study depends upon as many people as possible completely filling out both questionnaires, but you are free to withdraw from participating at your will, and there will be no repercussions to withdrawing or refusing to participate.

Confidentiality:

Your confidentiality will be protected. Therefore, no identifying information will be given that will allow your employer to know what information you specifically share on either questionnaire.

Risks:

Every precaution will be taken to ensure that you do not suffer any risk including loss of privacy and/or physical harm. Results of these questionnaires will be made available only at the group level (at least three people with the same characteristics in each group). There are no records that connect the five-digit number or letter sequence you selected with your name. Individual results will not be released. Questionnaire forms will be destroyed after they are analyzed.

Benefits:

Your participation in this effort will provide you an opportunity to share your feelings, thoughts, and concerns, regarding safety in your workplace. The information learned through this evaluation will also assist other health care organizations with sharps injury prevention efforts.

For More Information:

Please contact [insert contact name]: ext. 9999.

Take this form with you for reference if you wish.

Please send your completed survey to [insert contact name, department, and address] BY [insert date].

Please write five letters or numbers in the blanks below. They must be letters or numbers that you will <u>remember</u> for a follow-up survey in about two months.

_____ _____ _____ _____ _____

1. ***For each statement below, please mark one box that best describes your opinion*:**

	STRONGLY DISAGREE	**DISAGREE**	**AGREE**	**STRONGLY AGREE**
I worry about being exposed to blood / body fluids at work.				
Frontline health care workers must be involved in the selection of sharps devices with safety features for their department.				
[insert facility name] will have difficulty with the higher cost of sharps devices with safety features.				
I am concerned about getting a sharps injury because sharps disposal containers are not changed often enough where I work.				
Patient care is more important than the safety of health care workers.				
All sharps injuries at work should be reported as soon as they happen.				
[OR and ED personnel only]: Neutral zone or hands-free passing technique should be used whenever it is in keeping with good clinical practice.				

2. ***For each of the following items, please check YES if you have seen or heard any information related to the topic at work <u>within the last six weeks</u>. Check NO if you have not seen anything.***

	YES	**NO**
Sharps injury prevention		
Evaluation of sharps devices with safety features		
Sharps disposal procedures		
Sharps injury reporting		
Stop Sticks Campaign		

For the next 11 items, please mark the best answer:

3. ***Health care employers are required by OSHA to solicit frontline health care worker input on the evaluation, selection, and implementation of sharps devices with safety features?***
   ___True
   ___False

4. ***According to the Infectious Waste Disposal Policy at [insert facility name], sharps disposal containers are to be changed when they are _____ full?***
   ___67%
   ___75%
   ___85%
   ___100%

Please continue on page 3.

5. ***Which percentage of sharps injuries are related to the disposal process?***

___3%
___22%
___50%
___68%

6. ***Sharps injuries should be reported to your supervisor within _____ hours?***

___2 hours
___12 hours
___24 hours
___48 hours

7. ***What is the risk of hepatitis C (HCV) infection given an HCV-contaminated sharps injury?***

___1 in 3
___1 in 30
___1 in 300
___1 in a million

8. ***What is your gender?***

μ Female μ Male

9. ***How long have you been employed in the health care field?***

μ Less than 1 year
μ 1 to < 3 years
μ 3 to < 5 years
μ 5 to < 10 years
μ 10 to < 20 years
μ More than 20 years

10. ***How long have you been employed at [insert facility name]?***

μ Less than 1 year
μ 1 to < 3 years
μ 3 to < 5 years
μ 5 to < 10 years
μ 10 to < 20 years
μ More than 20 years

11. ***In which department do you work?***

_____

12. ***Check the box that best represents your primary role at [insert facility name] and whether you have a potential for blood / body fluid exposure in your job.***

	YES – potential exposure to blood / body fluid	**NO – potential exposure to blood / body fluid**
Nurse		
Physician		
Office Worker		
Non-Clinical Health Care Worker		
Student		
Other		

13. ***How often do you work with sharps devices in your job?***

μ Often μ Sometimes μ Rarely μ Never

Please continue on page 4.

14. ***In the last 12 months, how many times have you <u>experienced</u> and actually <u>reported</u> to your employer the following exposures:***

	EXPERIENCED	REPORTED
Needlestick Injury		
Splash to Eyes, Nose, Mouth		
Blood / Body Fluid Contact with Open Wounds on Skin		
Cuts with a Sharps Object		

15. ***For each item below, check (always, frequently, sometimes, never) how often you perform each specific technique. Check not applicable (N/A) if the specific technique is not part of your job.***

	ALWAYS	FREQUENTLY	SOMETIMES	NEVER	N/A
Engage safety feature on a sharps device before disposal.					
Report exposure to blood / body fluid to my supervisor.					
Participate in the evaluation of sharps with safety features.					
Report unsafe work conditions that could lead to blood / body fluid exposure.					
Communicate with my team members when passing sharps.					
Use sharps devices with safety features when conventional sharps are available.					
[OR and ED personnel only]: Encourage use of a neutral zone or hands-free passing technique whenever it is in keeping with good clinical practice.					

Please continue on page 5.

16. ***Please check which box best indicates how much you agree or disagree with each of the following statements. Check only one box for each statement.***

	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
[insert facility name] is a very formalized and structured place.				
My supervisor encourages the reporting of all blood / body fluid exposures, regardless of the type of exposure or the patient's status.				
My co-workers support each other in their efforts to minimize the risk of blood / body fluid exposures.				
Senior leadership at [insert facility name] has created policies designed to limit blood / body fluid exposures.				
[insert facility name] is a very dynamic and entrepreneurial place.				
Supervisors in my department are evaluated on their ability to successfully implement policies and procedures designed to limit blood / body fluid exposures.				
[insert facility name] is a very personal place, like an extended family.				
My supervisor encourages the reporting of unsafe work conditions that could lead to blood / body fluid exposures.				
[insert facility name] is a very production oriented place.				

Thank you for your participation. We will keep employees informed about its results.

Please send your completed survey to [insert contact name, department, and address] BY [insert date].