

Health Care Worker Injury Prevention Project Informed Consent -- Behavior Observation

What is involved:

As part of the evaluation, we are observing employees of [insert facility name] to identify safety behaviors with regard to sharps injury and exposure prevention. Observations will be occurring at your facility between _____ and _____. The information collected from the observations will be used to determine the effects of a safety information campaign on employee behaviors in handling sharp instruments and other standard precautions. These observations will have no impact on your job or employee record and you are free to request that you not be observed. If you choose not to participate or withdrawal, there will be no penalty or loss of benefits.

Confidentiality:

Your confidentiality will be protected. Information learned through the observations will only be analyzed at the aggregate or group level. Therefore, no individual-level identifying information will be collected that will allow your employer to know your specific behaviors.

Risks:

Every precaution will be taken to ensure that you do not suffer any risk including loss of privacy and/or physical harm. Your identity will be protected in any information shared with other healthcare professionals. When data are reported, at least three people with the same characteristics will be in each group. Checklists used to guide the observations will not contain any information that will identify you as an individual.

Benefits:

Your participation in the observations will assist this project in evaluating which interventions were the most effective. The information learned through this evaluation will also assist other healthcare 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.