

(Sample Cover Letter)

Dear (staff member, healthcare worker, employee),

[Name of organization] is conducting a survey to assess our program for reporting and managing occupational exposures to blood and body fluids. Your feedback on this program is important and will help identify improvements to better serve our workforce.

It will only take a few minutes to complete the attached form. **All of your responses are confidential.** Once they are collected, there will be no way to connect your name with the survey you complete. Your responses will be combined with others in order to determine how we can improve our services.

If you need help completing this survey or have any questions, please ask _____ . When you have completed the survey, please return it to _____ . Thank you in advance for providing this information.

Sample Survey of Healthcare Personnel on Occupational Exposure to Blood and Body Fluids

If you have questions or problems completing this form, please ask for help.

1. Which of the following best describes your occupation/work area? (*Check one.*)

- | | |
|--|--|
| <input type="checkbox"/> Nursing staff | <input type="checkbox"/> Transport Service |
| <input type="checkbox"/> Non-Surgical medical staff | <input type="checkbox"/> Central Supply staff |
| <input type="checkbox"/> Surgical medical staff | <input type="checkbox"/> Maintenance/engineering staff |
| <input type="checkbox"/> Laboratory staff | <input type="checkbox"/> Housekeeping/Laundry Services |
| <input type="checkbox"/> Dental staff | <input type="checkbox"/> Other Staff |
| <input type="checkbox"/> Phlebotomy team | <input type="checkbox"/> Security |
| <input type="checkbox"/> IV team | <input type="checkbox"/> Medical student |
| <input type="checkbox"/> Technician | <input type="checkbox"/> Other student |
| <input type="checkbox"/> Clerical/Administrative staff | |

2. Which shift do you usually work? 1st 2nd 3rd

Part A. Reporting Occupational Exposures

The following questions are about exposures to blood or body fluids, including injuries from sharp objects such as needles or blood or body fluid contact to the eyes, mouth, or skin.

3. Does our organization have a procedure/protocol for reporting exposures to blood and body fluids?

- No Yes Don=t know

If yes, are you familiar with how to report these exposures?

- No Yes

4. Who would you contact first if you were injured by a needle or sharp object, or if you were exposed to blood or body fluid?

- Supervisor
 Occupational/employee health
 Infection Control
 Emergency room
 Personal physician
 Don=t know
 Would not contact anyone
 Other (please explain _____)

5. In the past 12 months, have you been injured by a sharp object, such as a needle or scalpel that was previously used on a patient?

- No Yes Don=t know if the object was previously used on a patient

If yes, how many contaminated sharps injuries did you sustain during this time period? _____
For how many of these exposures did you complete/submit a blood/body fluid exposure report? _____

6. In the past 12 months, did blood or body fluids come in direct contact with your eyes, mouth, or skin?

- No Yes

If yes, how many blood/body fluid exposures did you sustain during this time period? _____
For how many of these exposures did you complete/submit a blood/body fluid exposure reports? _____

Please go to the next page.

7. If you had an exposure that you did not report, please indicate the reasons for not reporting:
(Check all that apply.)

- I did not have time to report
- I did not know the reporting procedure
- I was concerned about confidentiality
- I thought I might be blamed or get in trouble for having the exposure
- I thought the source patient was low risk for HIV and/or hepatitis B or C
- I thought the type of exposure was low risk for HIV and/or hepatitis B or C
- I did not think it was important to report
- Other (please explain _____)

Part B. Postexposure Experience

Please answer the following questions **only if you had an exposure to blood or body fluids that you reported** to a supervisor or health official.

8. Where did you go to receive care after you were injured by a needle or other sharp object, or were exposed to blood or body fluid?

- Employee/occupational health service
- Infection control
- Emergency room
- Personal physician
- Outpatient clinic
- Other (please explain _____)
- Did not receive care

9. If you received treatment for your injury or splash, please circle the number that best describes your experience with the health service where you received care.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
A. I was seen in a timely manner.	1	2	3	4	5
B. I was given sufficient information to make a decision about postexposure treatment.	1	2	3	4	5
C. My questions were answered to my satisfaction.	1	2	3	4	5
D. I was encouraged to call or come back if I had any concerns.	1	2	3	4	5
E. Staff made me feel that it was important to report my exposure.	1	2	3	4	5
F. I did not feel rushed during my visit.	1	2	3	4	5
G. The place where I received treatment was convenient for me.	1	2	3	4	5

10. Please add any additional comments below.

THANK YOU FOR COMPLETING THIS SURVEY.

Responses by Occupation*

Occupational Group	# Responses	Number eligible to respond	Response rate (%)	Number/% reporting a percutaneous injury (PI)	Total # PI exposures (range per person)	Total/% PI reported	Number/% reporting a Mucous Membrane (MM) exposure	Total # MM exposures (range per person)	Total/% Skin and MM exposures reported
Surgical/medical staff									
Nursing staff									
Laboratory staff									
Dental staff									
Maintenance staff									
Housekeeping/ laundry staff									
Technician									
Other									
Not identified									

*This table summarizes data from Questions 1, 5 and 6

Part B. Postexposure Experience

Number/Percent

7. Location where follow-up care was received:

- Occupational/employee Health _____/_____%
- Infection control _____/_____%
- Emergency room _____/_____%
- Personal physician _____/_____%
- Outpatient clinic _____/_____%
- Other _____/_____%
- No care received _____/_____%

8. Postexposure care experience

Highest possible score per survey = 35

Mean score (total of all items) number of respondents): _____

Range: _____ (lowest total score) to: _____ (highest total score)

Individual Item Scores	Mean Score
Seen in a timely manner	
Given sufficient information	
Questions answered satisfactorily	
Encouraged to call/come back with concerns	
Made to feel exposure was important	
Did not feel rushed	
Location was convenient	

COMMENTS: