

(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.*)

Non-surgical nursing staff
Surgical nursing staff
Surgical medical staff
Non-Surgical medical staff

Laboratory staff
Dental staff

Other medical staff

Clerical/Administrative staff
Transport Service (goods, patients,...)
Maintenance/engineering staff
Housekeeping/Laundry Services
Security
Other non-medical staff

Medical student
Other student

2. Are you salaried ? Are you self-employed ? Are you contracted staff ?

3. Gender : Female Male

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.

4. 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

5. 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
Emergency room
Personal physician
Don't know
Would not contact anyone
Other (please explain _____)

6. In the past 3 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? ____

7. In the past 3 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? _____

8. 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.

9. 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

10. 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.

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

SUMMARY REPORT

Date survey initiated: _____

Date of report: _____

Number of forms distributed: _____

Number returned: _____

Responses : _____

Overall response rate: _____ %

Method of Distribution

____ Inserted in pay envelopes

____ Mailed

____ Distributed via department heads

____ Left in key locations for staff to pick up

____ Included in organization's newsletter

____ Other

Part A. Reporting Occupational Exposures

Number/Percent

1. Knowledge of a facility exposure reporting protocol: (Yes responses) _____/_____%

2. Person(s) who would first be contacted for a sharp object injury or blood exposure (provide number/% for each):

Supervisor _____/_____%

Occupational/employee Health _____/_____%

Emergency room _____/_____%

Personal physician _____/_____%

Infection control _____/_____%

Don't know _____/_____%

Other _____/_____%

Would not contact anyone _____/_____%

3. Respondents who said they had a sharp object injury in past 3 months: _____/_____%
Exposures that were reported: _____/_____%

4. Respondents who said they had a blood/body fluid exposure in past 3 months: _____/_____%
Exposures that were reported: _____/_____%

5. Reasons for not reporting (Provide number and percent of respondents):

Not enough time _____/_____%

Did not know reporting procedure _____/_____%

Concerned about confidentiality _____/_____%

Thought he/she might be blamed _____/_____%

Thought source patient was low risk for infection _____/_____%

Thought exposure was low risk for infection _____/_____%

Did not think it was important _____/_____%

6. Number of respondents: _____

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: