

**OCCUPATIONAL EXPOSURES TO BLOOD AND BODY FLUIDS
SAMPLE SURVEY OF HEALTHCARE WORKERS ON
NEEDLESTICK INJURIES**

The sample survey of healthcare workers has been adapted from the Centers for Disease Control and Prevention (CDC) Sharps Injury Prevention Workbook¹ and the CHRISP Anonymous Survey to Determine the Frequency of Needlestick Injury (2006). The survey helps assess reporting of needlestick injuries by healthcare workers (HCW) as well as the efficiency of your facility's post-exposure management system. The survey has two sections: Part A assesses the HCW's of procedures for reporting NSI and the frequency of under-reporting. Part B addresses HCW's experience with the care system after reporting an NSI.

Information from this form can be used to identify problems with either NSI reporting or the care received after an NSI. It also may help identify areas for improvement through education, procedure revision, and/or system changes.

It is anticipated that an organisation will administer this survey as part of a baseline assessment and periodically thereafter (e.g. every two to three years). The survey could target either those at risk of NSI or a specific occupational group.

The sample cover letter and survey form are designed to be customised by individual facilities e.g. period of time for recalling exposures can be changed from 12 months to 3 or 6 months. The content can be expanded to collect additional information if required e.g. other sharps injury and/or body fluid exposure reporting compliance. Alternatively, Part B could be excluded to focus only on NSI reported. It is recommended that core questions are kept consistent on subsequent surveys to allow comparability of data.

The survey form is intended to protect the anonymity of responders. If the number of HCWs in one or more of the occupational groups is small (e.g. phlebotomy team, IV team) then these groups should be removed from the form and combined with another occupational group (e.g. laboratory staff, nursing staff). Methods of distribution include: insertion into pay envelopes, internal/external mail-out, distribution by department heads, inclusion in facility newsletter or leave in key locations for staff to pick up. A pre-addressed return envelope could be included with the survey form to help improve the response rate.

Items can be tallied either by hand or computer. If analysis by occupational group is desired, computer entry may be more efficient. A form for summarising responses is included.

A sample letter to those personnel who will be completing the survey is also included. It is important that the confidentiality of the survey be emphasised in order to ensure the collection of accurate information and encourage participation.

¹ Centers for Disease Control and Prevention. Workbook for Designing, Implementing and Evaluating a Sharp Injury Prevention Program. 2004. US Department of Health and Human Services: Atlanta. <http://www.cdc.gov/sharpsafety/index.html>

(Sample Cover Letter)

Dear (staff member, healthcare worker, employee)

[*Name of organisation*] is conducting a survey to assess our program for reporting and managing needlestick injuries. A needlestick injury is a stab wound caused by a hollow-bore needle. 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 your responses will be 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 contact _____ . When you have completed the survey, please return it to _____ . Thank you in advance for this information.

Sample Survey of Healthcare Workers on Needlestick Injuries

PART A: Reporting Needlestick Injuries

| Name of Facility Needlestick Injury Survey [Year] (All information remains confidential and de-identified) | |
|--|---|
| Please tick the appropriate box and/or write in the space provided | |
| 1. Which of the following best describes your occupation? (tick one) | |
| <input type="checkbox"/> Nursing Officer | <input type="checkbox"/> Medical Officer |
| <input type="checkbox"/> Pathology/Laboratory staff | <input type="checkbox"/> Dental staff |
| <input type="checkbox"/> Environmental Services staff | <input type="checkbox"/> Food Services staff |
| <input type="checkbox"/> Linen Services staff | <input type="checkbox"/> Phlebotomy staff |
| <input type="checkbox"/> IV Team | <input type="checkbox"/> Security |
| <input type="checkbox"/> Technician | <input type="checkbox"/> Allied Health staff |
| <input type="checkbox"/> Maintenance/engineering staff | <input type="checkbox"/> Student |
| 2. In which area do you spend the majority of your work time? | |
| <input type="checkbox"/> Ward | |
| <input type="checkbox"/> Peri-operative Services | |
| <input type="checkbox"/> Pathology | |
| <input type="checkbox"/> Emergency Department | |
| <input type="checkbox"/> Other _____ (please state) | |
| 3. How long have you been qualified in your profession? | |
| <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> Greater than 10 years | |
| 4. What diseases or infections do you consider to be transmitted by a needlestick injury? _____ (please state) | |
| 5. Injury with which device (after use) has the greatest risk of transmission of a blood borne virus (HIV and/or hepatitis B and C)? (tick one) | |
| <input type="checkbox"/> Needle used for intramuscular injection | |
| <input type="checkbox"/> Needle used for intravenous injection | |
| <input type="checkbox"/> Needle used for subcutaneous injection | |
| <input type="checkbox"/> Needle used for venepuncture (blood collection) | |
| <input type="checkbox"/> Needle used for vascular catheterisation e.g. intravenous cannula stylet | |
| <input type="checkbox"/> All have an equal risk | |
| <input type="checkbox"/> Don't know | |
| The following questions are about reporting needlestick injuries. | |
| 6. Does our facility have a procedure for reporting needlestick injuries? | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know | |
| If yes, are you familiar with how to report these exposures? | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 7. Who would you contact first if you had a needlestick injury? | |
| <input type="checkbox"/> Supervisor/Line Manager | <input type="checkbox"/> Personal Physician/GP |
| <input type="checkbox"/> Occupational/employee health | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Infection Control | <input type="checkbox"/> Wouldn't contact anyone |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Other _____ (please state) |
| 8. In the past 12 months, have you had a needlestick injury that was previously used on a patient or contaminated by blood or a body fluid? | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know if the needle was previously used on a patient or contaminated | |
| If yes, how many contaminated needlestick injuries did you sustain during this time period? ____ | |
| For how many of these exposures did you complete a needlestick injury report? ____ | |
| 9. If you had a needlestick injury that you did not report, please indicate the reasons for not reporting: (tick all that apply) | |
| <input type="checkbox"/> I did not report because the injury was due to a clean needle | |
| <input type="checkbox"/> I did not have time to report | |
| <input type="checkbox"/> I did not know the reporting procedure | |
| <input type="checkbox"/> I was concerned about confidentiality | |
| <input type="checkbox"/> I thought I might get blamed or get in trouble for having the needlestick injury | |
| <input type="checkbox"/> I thought the source patient was low risk for HIV and/or hepatitis B and C | |
| <input type="checkbox"/> I thought the type of exposure was low risk for HIV and/or hepatitis B and C | |
| <input type="checkbox"/> I did not think it was important to report | |
| <input type="checkbox"/> Other _____ (please state) | |

Please go to the next page

PART B: Post-Exposure Experience

Please answer the following questions **only if you had a needlestick injury that you reported to a supervisor/line manager or health official.**

| | | | | | |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| 10. Where did you go to receive care after you had your needlestick injury? <input type="checkbox"/> Occupational/employee health service <input type="checkbox"/> Infection Control <input type="checkbox"/> Emergency Department <input type="checkbox"/> Personal Physician/GP <input type="checkbox"/> Outpatient Clinic <input type="checkbox"/> Other _____ (please state) <input type="checkbox"/> Did not receive care | | | | | |
| 11. If you received treatment for your needlestick injury, 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 post-exposure 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 needlestick injury | 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 |
| 12. Please add any additional comments below | | | | | |

Thank You For Completing This Survey

PLEASE RETURN THIS FORM TO [Insert address] by [insert date]

Sample Summary Report

**Survey of Healthcare Workers on Needlestick Injuries (NSI)
SUMMARY REPORT**

Date survey initiated: _____

Date of report: _____

Number of forms distributed: _____

Number returned: _____

Overall response rate: _____ %

Responses by Occupation*

| Occupational Group | #Responses | Number eligible to respond | Response rate (%) | Number/% reporting a NSI | Total # NSI exposures (range per person) | Number/% NSI reported |
|-------------------------------|------------|----------------------------|-------------------|--------------------------|--|-----------------------|
| Nursing Officer | | | | | | |
| Medical Officer | | | | | | |
| Pathology/Laboratory staff | | | | | | |
| Dental staff | | | | | | |
| Environmental Services staff | | | | | | |
| Food Services staff | | | | | | |
| Linen Services staff | | | | | | |
| Phlebotomy staff | | | | | | |
| IV Team | | | | | | |
| Security | | | | | | |
| Technician | | | | | | |
| Allied Health staff | | | | | | |
| Maintenance/engineering staff | | | | | | |
| Student | | | | | | |

*This table summarises data from Questions 1 and 6

Part A: Reporting Needlestick Injuries

1. Overall rate of NSI per work area (this section summarises data from Questions 2 and 8):

| | Number/Percent |
|-------------------------|----------------|
| Ward | ____ / ____ % |
| Peri-operative Services | ____ / ____ % |
| Pathology | ____ / ____ % |
| Emergency Department | ____ / ____ % |
| Other | ____ / ____ % |

2. Average length of time qualified: _____ years

3. Knowledge of diseases or infections that can be transmitted by a NSI (number of responses):

HIV: _____

Hepatitis B: _____

Hepatitis C: _____

Other: _____

4. Knowledge of which device has the greatest risk of transmission of a blood borne virus (number of responses):
 Needle used for intramuscular injection: _____
 Needle used for intravenous injection: _____
 Needle used for subcutaneous injection: _____
 Needle used for venipuncture (blood collection): _____
 Needle used for vascular catheterisation e.g. intravenous cannula stylet: _____
 All have equal risk: _____
 Don't know: _____

Number/Percent

5. Knowledge of facility exposure reporting protocol: (Yes responses)

____ / ____ %

6. Person who would first be contacted for a needlestick injury:

(provide number/% for each)

Supervisor/Line Manager

Occupational/employee health

Infection Control

Emergency Room

Personal Physician/GP

Don't know

Would not contact anyone

Other _____

7. Respondents who said they had a needlestick injury in the past 12 months:

Exposures that were reported:

8. Reasons for not reporting (provide number/% for each):

Clean needlestick injury

Not enough time

Did not know reporting procedure

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

Other _____

Part B: Post-Exposure Experience

9. Number of respondents: _____

10. Location where follow-up care was received (provide number/% for each):

Occupational/employee health service

Infection Control

Emergency Department

Personal Physician/GP

Outpatient Clinic

Other _____

No care received

11. Post exposure 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 important | |
| Did not feel rushed | |
| Location was convenient | |

Comments:

Sample Baseline Needlestick Injury Profile Worksheet

The goal of this worksheet is to organise needlestick injury data for the purpose of identifying immediate priorities for intervention.

How may needlestick injuries (NSI) have been reported?

| Year | # Needlestick Injuries (NSI) |
|------|------------------------------|
| | |
| | |
| | |

What are the three most common occupational groups that have reported injuries in the *past year*?

| Occupational Group | # NSI | Occupational NSI Rate (optional) |
|--------------------|-------|----------------------------------|
| | | |
| | | |
| | | |

What are the five most common work locations where injuries occurred in the *past year*?

| Location | #/% of NSI |
|----------|------------|
| | |
| | |
| | |
| | |
| | |

What are the five most common devices that have contributed to NSI in the *past year*?

| Device | #/% of NSI |
|--------|------------|
| | |
| | |
| | |
| | |
| | |

In the *past year*, what proportion of NSI occurred due to the following circumstances?

| Circumstance | #/% of NSI |
|---------------------------------|------------|
| Manipulating needle in patient | |
| Manipulating needle in IV line | |
| Recapping | |
| Discarding sharp into container | |
| Discarding sharp incorrectly | |
| During clean-up | |
| Other | |

In the *past year*, what proportion of NSI occurred during the following procedures?

| Procedure | #/% of NSI |
|--|------------|
| Insertion of an intravascular catheter (further categorise by intravascular device type if necessary) | |
| Phlebotomy | |
| Arterial blood puncture | |
| Giving an injection | |
| Other | |

Based on this assessment, what are the top five (5) priorities that should be addressed?

1. _____

2. _____

3. _____

4. _____

5. _____
