EMPLOYEE WORKPLACE SAFETY CLIMATE SURVEY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Below are questions designed to help you understand Occupational Health and Safety (OHS) in your organization. The four areas focus on *facility characteristics*, *personal perception* about safety, perception of the approach to safety by *management*, and *general safety practices* at your facility. Please answer each question with an X in the appropriate box. If the question is unclear, not applicable, or you wish to elaborate please include this additional information in the *comments* box.** | | | | | | | | | | | | | |
| **Facility characteristics** | | | | | | | | | | | | | |
|  | | | | **Yes** | | | | **No** | | | **Don't Know** | | |
| **1. Does your facility have an occupational health and safety committee?** | | | |  | | | |  | | |  | | |
| **Does your facility provide education and training for healthcare workers on...** **2.** ...*bloodborne pathogens*? | | | |  | | | |  | | |  | | |
| **3.** ...*infection control practices*? | | | |  | | | |  | | |  | | |
| **4.** ...*use of personal protective equipment* (gloves, safety glasses, scrubs, etc.)? | | | |  | | | |  | | |  | | |
| **5.** ...*handling of hazardous drugs (example: chemotherapy drugs)*? | | | |  | | | |  | | |  | | |
| **6.** ...*use of safety devices (example: needles)*? | | | |  | | | |  | | |  | | |
| **7.** ...*latex allergies*? | | | |  | | | |  | | |  | | |
| **8.** ...*violence prevention*? | | | |  | | | |  | | |  | | |
| **Does your facility have procedures/protocols for assessing**...  **9.** ... *workplace hazards*? | | | |  | | | |  | | |  | | |
| **10.** ...*work-related injuries*? | | | |  | | | |  | | |  | | |
| **11.** ...*reporting exposure to blood or other body fluids*? | | | |  | | | |  | | |  | | |
| **12.** ...*early identification and isolation of patients with tuberculosis? Or other infectious communicable disease* (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | | |  | | |  | | |
| **Does your facility...**  **13.** ...offer *Hepatitis B* vaccine to workers ***free of charge***? | | | |  | | | |  | | |  | | |
| **14.** ...*document injuries and needlesticks*? | | | |  | | | |  | | |  | | |
| **15.** ...*document the immunization status of employees*? | | | |  | | | |  | | |  | | |
| **16.** ...*use respirators/ properly fit tested for their use*? | | | |  | | | |  | | |  | | |
| **17.** ...*enforce proper hand washing standard precautions for all patient encounters*? | | | |  | | | |  | | |  | | |
| COMMENTS: | | | | | | | | | | | | | |
| **Safety culture - safety, managers & practices** | | | | | | | | | | | | | |
| *In the following section please describe how* ***YOU PERCEIVE*** *workplace safety.*  Please answer with an X whether you **1**=**Strongly Disagree**, 2= Disagree, 3=Neutral, 4=Agree or 5=**Strongly Agree** with the following statements. | | **1. Strongly Disagree** | **2. Disagree** | | **3. Neutral** | | | | **4. Agree** | | | **5. Strongly Agree** | |
| **18.** I care about my personal safety at work. | |  |  | |  | | | |  | | |  | |
| **19.** I care about the safety of my coworkers. | |  |  | |  | | | |  | | |  | |
| **20.** I consider minor accidents to be a normal part of our daily work. | |  |  | |  | | | |  | | |  | |
| **21.** I accept minor accidents to be a normal part of our daily work. | |  |  | |  | | | |  | | |  | |
| **22.** I have great trust in my coworkers’ abilities to ensure safety. | |  |  | |  | | | |  | | |  | |
| **23.** I feel that safety rounds/evaluations have no effect on safety. | |  |  | |  | | | |  | | |  | |
| **24.** I consider safety training to be meaningless or nonexistent. | |  |  | |  | | | |  | | |  | |
| **25.** I rarely talk about safety at work. | |  |  | |  | | | |  | | |  | |
| **26.** I generally feel safe when working with others at work. | |  |  | |  | | | |  | | |  | |
| **27.** I have witnessed others break safety rules in order to complete work on time. | |  |  | |  | | | |  | | |  | |
| COMMENTS: | | | | | | | | | | | | | |
| *In the following section please describe how you perceive that the* ***MANAGERS/SUPERVISORS*** *at this workplace approach safety.*  Please answer with an X whether you **1**=**Strongly Disagree**, 2= Disagree, 3=Neutral, 4=Agree or 5=**Strongly Agree** with the following statements | | **1. Strongly Disagree** | **2. Disagree** | | | **3. Neutral** | | | | **4. Agree** | | | **5. Strongly Agree** |
| **28.** Management seems to care about my safety. | |  |  | | |  | | | |  | | |  |
| **29.** Worker’s safety practices are very important to management. | |  |  | | |  | | | |  | | |  |
| **30.** Workers are regularly madeaware of dangerouswork practices or conditions. | |  |  | | |  | | | |  | | |  |
| **31.** Workers are regularly praised for safe conduct. | |  |  | | |  | | | |  | | |  |
| **32.** Workers receive instructions on safety when hired. | |  |  | | |  | | | |  | | |  |
| **33.** Management looks for causes, not guilty persons, when an accident occurs. | |  |  | | |  | | | |  | | |  |
| **34.** Fear of sanctions (negative consequences) from management discourages employees here from reporting near-miss accidents. | |  |  | | |  | | | |  | | |  |
| **35.** Management strives for everybody at the worksite to have high competence concerning safety and risks. | |  |  | | |  | | | |  | | |  |
| *(Continued from previous section.) Please describe how you perceive that the* ***MANAGERS/SUPERVISORS*** *at this workplace approach safety.*  Please answer with an X whether you **1**=**Strongly Disagree**, 2= Disagree, 3=Neutral, 4=Agree or 5=**Strongly Agree** with the following statements | | **1. Strongly Disagree** | **2. Disagree** | | | **3. Neutral** | | | | **4. Agree** | | | **5. Strongly Agree** |
| **36.** Management never considers employees' suggestions regarding safety. | |  |  | | |  | | | |  | | |  |
| **37.** Management encourages employees here to work in accordance with safety rules - even when the work schedule is tight. | |  |  | | |  | | | |  | | |  |
| COMMENTS: | | | | | | | | | | | | | |
| In the following section please describe the occupational health and ***SAFETY PRACTICES*** for healthcare workers within ***YOUR FACILITY***.  Please answer with an X whether you **1**=**Strongly Disagree**, 2= Disagree, 3=Neutral, 4=Agree or 5=**Strongly Agree** with the following statements | | **1. Strongly Disagree** | **2. Disagree** | | | **3. Neutral** | | | | **4. Agree** | | | **5. Strongly Agree** |
| **38.** I have been instructed to use personal protective equipment. | |  |  | | |  | | | |  | | |  |
| **39.** I have been trained on the proper use of personal protective equipment. | |  |  | | |  | | | |  | | |  |
| **40.** I have a clear understanding of what to do if I am exposed to blood or bodily fluids. | |  |  | | |  | | | |  | | |  |
| **41.** I have a clear understanding of the infection control practices of my facility. | |  |  | | |  | | | |  | | |  |
| **42.** My facility tracks injuries at work to include needle sticks. | |  |  | | |  | | | |  | | |  |
| **43.** Personal protective equipment is easily accessible and well stocked. | |  |  | | |  | | | |  | | |  |
| **44.** I am aware of a safety reporting system for accidents at work. | |  |  | | |  | | | |  | | |  |
| **45.** My facility promotes standard precautions as an expected practice at all times. | |  |  | | |  | | | |  | | |  |
| **46.** I have been trained on disaster preparedness or emergency response. | |  |  | | |  | | | |  | | |  |
| **47.** I was required to have certain vaccines when I was hired. | |  |  | | |  | | | |  | | |  |
| COMMENTS: | | | | | | | | | | | | | |
| **48.** Which of the following are challenges or barriers for implementing occupational health and safety or employee health activities in your facility? (Check yes or no) | | | | | | | | | | | | | |
|  | Yes | | No | | | |  | | | | | | |
| a. Lack of funding |  | |  | | | |
| b. Limited access to supplies |  | |  | | | |
| c. Lack of training materials |  | |  | | | |
| d. Lack of awareness among healthcare employees |  | |  | | | |
| e. Limited staff |  | |  | | | |
| f. Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |  | | | |
| **49.** What are your 3 biggest safety concerns at work? | | | | | | | | | | | | | |
| 1) | | | | | | | | | | | | | |
| 2) | | | | | | | | | | | | | |
| 3) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| *Survey adapted from the following references:*  1. Eisenberger, R. & Huntington, R. Perceived organizational Support. Journal of Applied Psychology, 1986,Vol.71,No.3,500-507  2. Gillen, M., Baltz, D., Gassel, M., Kirsch, L., & Vaccaro, D. (2002). Perceived safety climate, job demands, and coworker support among union and nonunion injured construction workers. Journal of Safety Research, 33, 33-51.  3. Kines, P., et al., Nordic Safety Climate Questionnaire (NOSACQ-50): A new tool for diagnosing occupational safety climate, International Journal of Industrial Ergonomics (2011), doi:10.1016/j.ergon.2011.08.004 | | | | | | | | | | | | | |