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) |
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|  *Survey adapted from the following references:*1. Eisenberger, R. & Huntington, R. Perceived organizational Support. Journal of Applied Psychology, 1986,Vol.71,No.3,500-5072. 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    |