

## ASSESSMENT OF OCCUPATIONAL EXPOSURES TO BLOODBORNE PATHOGENS: ACUTE CARE FACILITIES

Please give this survey to the **one** person in your facility who is most knowledgeable about management of occupational exposure to blood/body fluids.

**Do not return a photocopy of this survey.** Our electronic scanners can only read this original survey. You may retain photocopies for your own records.

Please use the enclosed envelope to return the completed survey to:

NRC+Picker  
Survey Processing Center  
PO Box 82660  
Lincoln, NE 68501-9465  
1-800-733-6714

### Definitions of Terms

**HCV:** Hepatitis C Virus

**HBV:** Hepatitis B Virus

**HIV:** Human Immunodeficiency Virus

**PEP:** Postexposure Prophylaxis

**Percutaneous exposure:** Exposure by penetration of the skin by a needle or other sharp object that was in contact with blood, tissue, or other body fluid before the exposure

**Mucosal exposure:** Mucous membrane exposure to blood, tissue, or other body fluid for example, through the eyes or mouth

**Cutaneous exposure:** Exposure to blood, tissue, or other body fluid through breaks in the skin, for example, scratches, abrasions, burns, or other lesions

**Sharp:** Any device or object having corners, edges, or projections capable of cutting or piercing the skin (e.g., a needle, scalpel, bone fragment, etc.)

**Healthcare worker:** This includes but is not limited to full-time staff, part-time staff, professional staff, students, and volunteers.

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).



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**The following questions address facility awareness and preparation:**

1. Does your facility have written policies and procedures for on-the-job exposure to blood/body fluids?
  - Yes
  - No (Go to #3)
  - Do not know (Go to #3)
2. How often are the policies and procedures reviewed and updated?
  - Quarterly
  - Semi-annually
  - Annually
  - As new recommendations or handling/management procedures are known
  - Do not know

**The next questions address general occupational exposure management practices at your facility:**

3. Do healthcare workers at your facility have access to occupational exposure management services?
  - Yes
  - No
4. During what hours are occupational exposure management services available at your facility? (Mark all that apply.)
  - Weekdays (M-F) daytime
  - Weekdays (M-F) nights
  - Weekend daytime
  - Weekend nights
  - Holidays
  - Not available at my facility/organization.

5. During what hours are occupational exposure management services available from an off-site contractor? (Mark all that apply.)
  - Weekdays (M-F) daytime
  - Weekdays (M-F) nights
  - Weekend daytime
  - Weekend nights
  - Holidays
  - Not Applicable
6. During what hours are occupational exposure management services available at another facility in your healthcare system? (Mark all that apply.)
  - Weekdays (M-F) daytime
  - Weekdays (M-F) nights
  - Weekend daytime
  - Weekend nights
  - Holidays
  - Not Applicable

**The following questions are about occupational exposures to HBV, HCV and HIV:**

7. During the past 12 months, how many occupational exposures to HBV were reported at your facility?
  - 0 (Go to #10)
  - 1 - 5
  - 6 - 10
  - 11 - 15
  - 16 - 20
  - 20+
  - Do not know (Go to #10)
8. Does your facility provide hepatitis B vaccine to your healthcare workers?
  - Yes
  - No (Go to #10)
  - Do not know (Go to #10)



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9. When hepatitis B vaccine is administered, is the worker tested for anti-HBs 1 - 2 months after completion of the vaccine series?
- Yes
  - No
  - Do not know
10. During the past 12 months, how many occupational exposures to HCV were reported at your facility?
- 0
  - 1 - 5
  - 6 - 10
  - 11 - 15
  - 16 - 20
  - 20+
  - Do not know
11. During the past 12 months, how many occupational exposures to HIV were reported at your facility?
- 0 (Go to #14)
  - 1 - 5
  - 6 - 10
  - 11 - 15
  - 16 - 20
  - 20+ (Go to #14)
  - Do not know
12. If the HIV status of a patient involved in an occupational exposure was unknown, how often was a test performed to determine HIV status?
- Never
  - Sometimes
  - Usually
  - Always
  - No exposures in last 12 months
13. How often does your facility use rapid HIV testing for source patients involved in an occupational exposure? (A rapid HIV test provides results in about 20 minutes.)
- Never
  - Sometimes
  - Usually
  - Always

**These next questions are regarding PEP (postexposure prophylaxis) policies and procedures:**

14. Does your facility provide counseling about risk of infection, PEP adverse events, and their management to exposed healthcare workers after occupational exposures?
- Yes
  - No
15. The type of hepatitis B PEP that is administered is based on the source patient infection status, the exposed worker hepatitis B vaccine status and hepatitis B susceptibility. Do you provide hepatitis B PEP (i.e., hepatitis B vaccine and/or hepatitis B immune globulin) after occupational exposures?
- Yes
  - No
  - Do not know
16. Are healthcare workers provided PEP for HIV exposure?
- Yes
  - No
  - Do not know
17. There are several drug regimens available that may be selected as HIV PEP. Has your facility selected an initial primary PEP drug regimen(s)?
- Yes
  - No
  - Do not know
18. Are HIV PEP medications readily available (for example, within 4 hours)?
- Yes, at our organization
  - Yes, at a third-party contractor
  - Yes, through a local pharmacy
  - No
  - Do not know
  - Yes, other (specify) \_\_\_\_\_



19. Please estimate the percentage of workers starting HIV PEP within 2 hours after an occupational exposure.

- 0%
- 1 - 10%
- 11 - 25%
- 26 - 50%
- 51 - 75%
- 76 - 100%

20. For those workers who take HIV PEP, please estimate the percentage who take PEP for 28 days.

- 0%
- 1 - 10%
- 11 - 25%
- 26 - 50%
- 51 - 75%
- 76 - 100%

21. After exposure, what type(s) of monitoring is conducted for healthcare workers? (Mark all that apply.)

- Do not know
- None
- Laboratory monitoring of PEP toxicity
- Laboratory monitoring of seroconversion
- Other (specify) \_\_\_\_\_

22. If serologic testing is performed for HIV, what is the schedule of testing?

- Baseline, 6 weeks, 3 months, 6 months after exposure
- Baseline, 6 weeks, 3 months, 6 months, 12 months after exposure
- Baseline, and other schedule (specify)  
\_\_\_\_\_

**Now we have a couple of questions about exposure prevention measures:**

23. Do healthcare workers receive training about avoiding exposure to bloodborne pathogens at the beginning of their employment?

- Yes
- No

24. At what interval is additional training about bloodborne pathogens provided?

- Every year
- Every two years
- Only when new information is available
- Other (specify) \_\_\_\_\_

**About your facility/organization:**

25. Please choose the category that describes your hospital.

- Public
- Private, Non-profit
- Proprietary

26. Please choose the description that best applies to your facility.

- Rural
- Urban, Non-teaching
- Urban, Teaching

27. What is the bed size of your hospital?

- 1 - 99
- 100 - 199
- 200 - 299
- 300 - 399
- 400 - 499
- 500+

28. How many patients were discharged from your hospital in 2005?

- Less than 500
- 500 - 4999
- 5000 - 9999
- 10,000 - 19,999
- 20,000 - 30,000
- 30,000 - 40,000
- 40,000 - 49,999
- 50,000+



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