

Survey 1: Demographic Survey

Thank you for participating in the Extension for Community Healthcare Outcomes (ECHO) Project Biosafety Community of Practice sessions facilitated by the Division of Laboratory Systems, Centers for Disease Control and Prevention. To better understand the audience for these sessions, we are conducting this voluntary survey of all attendees.

Survey questions will take no more than 1 minute to complete. Your responses will be anonymous, and no unique identifying information will be sought or kept. The feedback we receive will be summarized in aggregate only and used for program improvement. If you encounter issues with this evaluation, please email dlsbiosafety@cdc.gov

CDC estimates the average public reporting burden for this collection of information as 1 minute per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-1050).

Please click "next" to begin the survey.

1. What type of facility do you work in?

Public Health Laboratory

Hospital (Clinical) Laboratory

Commercial/Private Laboratory

Point-of-Care Testing Site

Other

2. What is your current role?

Laboratory Director

Quality Manager

Biosafety Officer/Professional

Laboratory Technician

Other

3. How many years have you been performing in this role?

0-2 years

3-5 years

>5 years

4. How many personnel work within your facility?

Less than 25

25-50

More than 50

5. Do you have a dedicated personnel for biosafety? Select all that apply.

Biosafety

Quality Management

None of the above

6. How did you hear about this training? (Select all that apply)

CDC DLS

APHL workgroups or committees

Coworker/Colleague

Other, please specify:

We thank you for your time spent taking this survey.
Your response has been recorded.

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Exp. Date: 06/30/2025

Survey 2: 2024 ECHO Session Survey Questions

Thank you for taking this voluntary survey to help us understand to what extent the ECHO Biosafety Community of Practice sessions facilitated by the Division of Laboratory Systems, Centers for Disease Control and Prevention have been serving the needs of the participants. The feedback you provide will also inform future session development.

Survey questions will take no more than 2 minutes to complete. Your responses will be anonymous, and no unique identifying information will be sought or kept. The feedback we receive will be summarized in aggregate only and used for program improvement. If you encounter issues with this evaluation, please email dlsbiosafety@cdc.gov

CDC estimates the average public reporting burden for this collection of information as 2 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-1050).

Please click "next" to begin the survey.

Thank you for attending the [Session Title] ECHO Biosafety Session on [Session Date].
Please respond to the following question about this session.

1. To what extent do you agree with the following statements:

	Agree	Neither/Undecided	Disagree
Content was relevant to my current work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session addressed a gap in my understanding of the topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session improved my knowledge level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaker was knowledgeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaker was organized and communicated clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session materials supported content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session learning objectives were clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session had the right balance of lecture and interactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session length was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session pace was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The session was well planned and organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case study presented was useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty level of case study was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I was satisfied with the session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am likely to recommend this session to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Will you use what you learned in this session in your work?

Definitely not

Probably not

Possibly

Probably yes

Definitely yes

Not applicable – I did not learn anything new from this session

3. What factors will keep you from using the content of this session in your work? (Select all that apply)

I need additional training in the subject matter

I will not have the resources or opportunities to use what I learned

I will not have the time to use what I learned

My supervisor or colleagues will not support me in using what I learned

The session content is not relevant to my current work

Other, please specify:

5. What part of this session was most helpful to your learning?

6. How could this session be improved?

We thank you for your time spent taking this survey.
Your response has been recorded.

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Survey 3: CDC Biosafety ECHO Follow-up Surveys

Thank you for taking this voluntary survey to help us understand to what extent the ECHO Biosafety Community of Practice sessions facilitated by the Division of Laboratory Systems, Centers for Disease Control and Prevention have been serving the needs of the participants. This survey asks for your feedback on the past 6 sessions. Your answers are vital to ensure the sessions are meeting your needs and understanding additional supports needed. The feedback you provide will also inform future session development.

Survey questions will take no more than 2 minutes to complete. Your responses will be anonymous, and no unique identifying information will be sought or kept. The feedback we receive will be summarized in aggregate only and used for program improvement. If you have any questions, please email dlsbiosafety@cdc.gov.

CDC estimates the average public reporting burden for this collection of information as 2 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-1050).

Please click "next" to begin the survey.

1. Which ECHO Biosafety session(s) did you attend in the past six months? Select all that apply

Laboratory Biorisk Management System (What it is and how to improve it) (January 2024)

Stepwise Process to Improve Biorisk Management System (February 2024)

Leadership - Roles, Responsibilities, and Authorities (March 2024)

Planning - Developing and Achieving Biorisk Management Objectives (April 2024)

Support - Resources, Competence, and Awareness (May 2024)

Support - Communication and Documented Information (June 2024)

I have not attended any of these ECHO Biosafety sessions

1. Which ECHO Biosafety session(s) did you attend in the past six months? Select all that apply

Support - Personal Security and Control of Suppliers (July 2024)

Operation - Planning and Maintaining (August 2024)

Operation - Emergency Response (September 2024)

Operation - Contingency Plan (October 2024)

Biorisk Management Performance Evaluation (November 2024)

Biorisk Management Continual Improvement (December 2024)

I have not attended any of these ECHO Biosafety sessions

2. Select all that apply for each session attended.

	After participating in this session, in my personal or facility's work practices:			
	I used information from this session to identify biosafety areas for improvement	I can discuss biosafety challenges I encounter	I feel empowered to communicate acquired laboratory safety knowledge	I reviewed the current processes and procedures to determine if they are up to date
Laboratory Biorisk Management System (What it is and how to improve it) (January 2024)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepwise Process to Improve Biorisk Management System (February 2024)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership - Roles, Responsibilities, and Authorities (March 2024)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning - Developing and Achieving Biorisk Management Objectives (April 2024)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support - Resources, Competence, and Awareness (May 2024)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support - Communication and Documented Information (June 2024)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Select all that apply for each session attended.

	After participating in this session, in my personal or facility's work practices:			
	I used information from this session to identify biosafety areas for improvement	I can discuss biosafety challenges I encounter	I feel empowered to communicate acquired laboratory safety knowledge	I reviewed the current processes and procedures to determine if they are up to date
Support - Personal Security and Control of Suppliers (July 2024)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation - Planning and Maintaining (August 2024)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation - Emergency Response (September 2024)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation - Contingency Plan (October 2024)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biorisk Management Performance Evaluation (November 2024)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biorisk Management Continual Improvement (December 2024)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What factors facilitated your use of the content from the session(s) you attended in your work? (Select all that apply)

Training in the subject matter

Availability of resources or opportunities to use what I learned

Time to use what I learned

Supervisors or colleagues supported me in using what I learned

Relevance to my current work

Other (please specify)

Not applicable

4. What factors impeded your use of the content from the session(s) you attended in your work? (Select all that apply)

☐ I need additional training in the subject matter

☐ Lack of resources or opportunities to use what I learned

☐ Lack of time to use what I learned

☐ My supervisor or colleagues will not support me in using what I learned

☐ The course content was not relevant to my current work

☐ Other (please specify)

☐ Not applicable

5. Would you like to stay connected with this Biosafety Community of Practice (participants and/or speakers) in the future?

☐ Yes

☐ No

6. What suggestions do you have to enhance members' engagement after the Biosafety Community of Practice sessions end?

We thank you for your time spent taking this survey.
Your response has been recorded.