**Instrument for the Study**

**QUESTIONNAIRE ON RISK-PERCEPTION AND PRACTICES OF HEALTHCARE WORKERS REGARDING OCCUPATIONAL EXPOSURE TO HIV/AIDS**

Department of Nursing,

University of Ibadan,

Ibadan.

Dear Respondent,

I am a graduate student of Department of Nursing, University of Ibadan, conducting a study on Risk-Perception and Practices of Healthcare Workers (HCWs) Regarding Occupational Exposure to HIV/AIDS.

The purpose of the study is to explore Risk-Perception and Practices of HCWs regarding Occupational Exposure to HIV/AIDS and to assess the HCWs’ perception of workplace safety climate.

 The study is purely for academic purpose and you have the assurance that your personal views will be treated with utmost confidentiality. Your name is not required. Participation in this study is essentially voluntary and you will not be sanctioned in any way if you choose not to participate.

The questionnaire will take about 15 minutes of your time, to fill completely.

Thank you for your co-operation.

**SECTION A – DEMOGRAPHIC DATA**

Kindly provide answers to the following questions by ticking the appropriate blank space.

1. Age in years \_\_\_\_\_\_\_ Please write out your specific age

2. Gender (1) Male ( ) (2) Female ( )

3. Marital Status (1) Unmarried ( ) (2) Married ( ) (3) Divorced ( )

 (4) Widowed ( )

4. Professional Background/Job category: (1) Nurse ( ) (2) Midwife ( )

(3) CHEW ( ) (4) Health Attendant/Health Assistant ( )

 (5) Others ……………please specify

5. Years of Working Experience ( ) Please indicate the number of years you have been practicing your profession.

6. Religion: (1) Christianity ( ) (2) Islam ( ) (3) Traditional Religion ( ) (4) Others …………….please specify

7. Educational background/ Highest Level of Education attained

(a) SSCE/WAEC O/L ( )

(b) Diploma/Certificate ( )

(c) Bachelor’s degree ( )

(d) Master’s degree ( )

(e) Others. ………………please specify

#### SECTION B- RISK-PERCEPTION

Please, tick any of the options that best convey your view in each of the ten issues raised below

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | STRONGLYDISAGREE | DISAGREE | UNDECIDED | AGREE | STRONGLY AGREE |
| 1. | I think about HIV/AIDS as a health issue all the time |  |  |  |  |  |
| 2. | I think I am at risk of contracting HIV/AIDS as a result of my job very often |  |  |  |  |  |
| 3. | My risk of contracting HIV/AIDS is very high |  |  |  |  |  |
| 4. | My risk of contracting HIV/AIDS is larger than that of other professionals outside healthcare industry |  |  |  |  |  |
| 5. | Unavailability of personal protective equipment such as gloves, gowns, masks, nylon aprons etc at some times when caring for patients put me at very high risk |  |  |  |  |  |
| 6. | Not doing HIV screening for clients whose care may expose me as healthcare worker to blood or body fluids as a pre-requisite for admission puts me at very high risk |  |  |  |  |  |
| 7. | I am highly worried about contracting HIV/AIDS in the course of my occupation/duty |  |  |  |  |  |
| 8. | I am highly worried about lack of cure and vaccine for HIV/AIDS |  |  |  |  |  |
| 9. | Working with a colleague who does not adhere to universal precautions in the course of duty puts me at very high risk |  |  |  |  |  |
| 10. | An HIV/AIDS infected healthcare worker constitutes a very high risk to his/her colleagues and clients |  |  |  |  |  |

**SECTION C: PERCEPTION OF WORKPLACE SAFETY CLIMATE**

Please, tick the box that correctly represents your view

1. The management in this health centre cares about my safety at work

 1. Yes [ ] 2. No [ ] 3. Not Sure [ ]

2. The protection of staff from exposure to blood borne viruses is of high priority with management in this health centre

 1. Yes [ ] 2. No [ ] 3. Not Sure [ ]

3. The staff in this health centre almost always use the recommended precautions to protect themselves from contact with patient’s blood, and used needles and sharp objects e.g. broken injection ampoules; instruments etc.

 1. Yes [ ] 2. No [ ] 3. Not Sure [ ]

4. The staff in this hospital have had adequate training on how to protect themselves from infection with bloodborne viruses

 1. Yes [ ] 2. No [ ] 3. Not Sure [ ]

5. In this health centre, gloves, facemasks, goggles, nylon aprons, etc necessary to protect staff from exposure to blood borne viruses are provided when needed.

 1. Yes [ ] 2. No [ ] 3. Not Sure [ ]

6. In this health centre, supervisors and unit heads are very strict about following the recommended precautions to prevent exposure to or contact with patients’ blood.

 1. Yes [ ] 2. No [ ] 3. Not Sure [ ]

7. Our health centre is well staffed.

 1. Yes [ ] 2. No [ ] 3. Not Sure [ ]

8. In this health centre, it is easy to discuss work-related problems with senior staff.

 1. Yes [ ] 2. No [ ] 3. Not Sure [ ]

9. My work area is messy in terms of cleanliness

1. Yes [ ] 2. No [ ] 3. Not Sure [ ]

10. Post-exposure prophylaxis for HIV is available in this health center

1. Yes [ ] 2. No [ ] 3. Not Sure [ ]

11. There are no constraints to my ability to protect my self and my clients from

 transmission of HIV in this health centre

1. Yes [ ] 2. No [ ] 3. Not Sure [ ]

1. If your response to question 11 above is NO, then what are these constraints? List

them please..

………………………………………………………………………

………………………………………………………………………

………………………………………………………………………

#### SECTION D: PRACTICE/COMPLIANCE WITH UNIVERSAL PRECAUTION

Please, tick any of the options that best convey your view in each of the ten issues raised

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS |
| 1. | I protect myself against blood and body fluids of all patients regardless of their diagnosis |  |  |  |  |  |
| 2. | I put used needles and other sharp objects into the designated sharps containers |  |  |  |  |  |
| 3. | I wear gloves whenever there is a possibility of exposure to blood or other body fluids |  |  |  |  |  |
| 4. | I wash my hands after removing disposable gloves and after every procedure |  |  |  |  |  |
| 5. | I wear a waterproof apron whenever there is a possibility of blood or other body fluids splashing on my clothes |  |  |  |  |  |
| 6. | I wear eye protection (goggles/glasses) whenever there is possibility of blood or other body fluids splashing on my face. |  |  |  |  |  |
| 7. | I do not recap needles that have been contaminated with blood or used on body fluids |  |  |  |  |  |
| 8. | I promptly wipe up all spills of blood and other body fluids with disinfectants |  |  |  |  |  |
| 9. | I cover my broken skin before coming to work. |  |  |  |  |  |
| 10. | I report needle stick injury when I have such on a record sheet/book. |  |  |  |  |  |