**Survey Questions**

1. What is your current level of training?

2. What is your level of training?

3. Have you had a needlestick or sharps injury in the operating room (OR) since graduating medical school?

4. How many estimated separate needlestick or sharps injuries have you sustained in the OR since graduation from medical school?

5. Have you reported all needlestick and sharps injuries sustained in the OR to Occupational Health (or similar department at your institution)?

6. What estimated percent of needlestick and sharps injuries sustained in the OR have you reported to Occupational Health?

7. What caused the needlestick or sharps injuries sustained in the OR? [select all that apply; may select a separate answer for each individual event]

8. If sustained injury caused by a tool, which tool(s) caused the injury? [select all that apply; you may select a separate answer for each individual event]

9. Who was most at fault for causing the needlestick or sharps injury sustained in the OR? [select all that apply; may select a separate answer for each individual event]

10. At what level of training did you sustain a needlestick or sharps injury in the OR?  [select all that apply; you may select a separate answer for each individual event]

11. During what part of the surgical case did the needlestick or sharps injury occur? [select all that apply; you may select a separate answer for each individual event]

12. Which specific area(s) of orthopaedic surgery was being performed when you sustained a needlestick or sharps injury in the OR? [select all that apply; you may select a separate answer for each individual event]

13. Based on prior experience at your institution, how long would you estimate the average time needed to complete *initial* paperwork/computer information entry after a needlestick or sharps injury sustained in the OR?

14. Based on prior experience at your institution, how long would you estimate the average time needed to complete *initial* blood collection for yourself after a needlestick or sharps injury sustained in the OR?

15. How would you describe the time necessary for initial paperwork or computer information entry required after a needlestick or sharps injury at your institution?

16. Based on prior experience at your institution, how much time do you estimate is needed for *follow-up* with each subsequent blood sample collection?

17. Based on prior experience at your institution, how much time do you estimate is needed at *follow-up* for each subsequent visit for*review of test results*?

18. Does your institution have a rapid blood testing protocol of the source patient for communicable diseases (eg., HIV, Hepatitis viruses)?

19. In your experience(s) after a needlestick or sharps injury, how often were rapid test results for communicable diseases (eg., HIV, Hepatitis viruses) reported to you on the same day of the injury?

20. Have you had a needlestick or sharps injury event where the source patient was confirmed to be free of communicable diseases (eg., HIV, Hepatitis viruses) via rapid testing?

21. In incident(s) where the source patient was confirmed to be free of communicable diseases (eg., HIV, Hepatitis viruses) via rapid testing, what percent of the time did you follow-up with occupational health per protocol?

22. At your institution, for your immediate post-exposure blood collection, who performs the actual blood sample collection?

23. Are you required to follow-up at Occupational Health in person to discuss blood test results related to a needlestick or sharps injury, regardless of results?

24. Does your current institution allow for secure electronic access to significant exposure-related test results during follow-up of a needlestick or sharps injury?

25. When you are scrubbed into surgery, how often do you wear 2 pairs of gloves?

26. Does your institution have cut-resistant or puncture-resistant gloves (e.g. cloth gloves, cut-resistant liners) available for use?

27. How often do you use the cut-resistant or puncture-resistant gloves?

28. Please rank these factors from greatest to least importance when deciding whether or not you would report a needlestick or sharps injury sustained in the OR. (1 being most important, 5 being the least important): Time required to report the event; Pressure from colleagues; Patient communicable disease status (known or unknown); Institutional protocol; Workload/surgical schedule.

29. Please rate the following factors regarding their potential effect on the reporting process after a needlestick or sharps injury at your institution: Use of computer-based data entry rather than paper documentation; Receiving results via a secure electronic reporting system (secure server); Shorten blood sample collection time; Having a satellite Occupational Health office near the OR.

30. Did you have training or other education about the needlestick and sharps injury protocol at your institution?

31. What type of needlestick and sharps injury training is provided? [select all that apply]

32. Does your institution provide annual update training with regard to needlestick or sharps injury protocol?

33. On a yearly basis, how much time does your institution dedicate to education about the needlestick and sharps injury protocol?

34. How knowledgeable are you with your institution’s needlestick or sharps injury protocol?

35. How would you rate your institution’s training and education about the needlestick and sharps injury protocol?