

FINAL TECHNICAL REPORT_THE UNIVERSITY OF BRITISH COLUMBIA

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Protecting healthcare workers from COVID-19:

A comparative contextualized analysis

Final technical report

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i) Abstract

Healthcare workers (HCWs) are at high risk of occupational exposure to infectious diseases if not adequately protected, as well-documented in outbreaks of SARS, MERS, and Ebola ¹⁻³ and ongoing exposure to tuberculosis in high-burden settings ⁴. The COVID-19 pandemic has drawn further attention to adequately protecting HCWs worldwide as they care for COVID-19 patients while also trying to meet ongoing healthcare demands amid chronic global HCW shortages. Significant pressures associated with the increased health system burden faced by HCWs during the pandemic include risk of infection, stigmatization and anxieties about family transmission ⁵, along with fatigue, burnout, stress ^{6,7} and shortages of personal protective equipment (PPE) ^{8,9}. However, while there is general agreement on many aspects of policy to protect the physical and mental health of HCWs, approaches to implementation diverge widely ¹⁰. Moreover, while it is agreed that cross-disciplinary efforts need to be well-integrated and not operate at “cross purposes”¹¹, often infection prevention and control (IPC) and public health measures are inconsistent and vary widely across jurisdictions. Differences may be due to variable availability of PPE (e.g. N95 respirators, masks, gloves, gowns); diverse operational needs (e.g. service demands requiring allowing COVID-exposed HCWs to work rather than self-isolating); lack of test kits or related reagents (e.g. as return-to-work criteria); and availability of trained personnel for exposure monitoring, testing strategy and contact tracing for HCWs may also differ widely.

This research aimed to examine “what works to protect healthcare workers (HCWs) during the COVID-19 pandemic, in what contexts, using what mechanism, to achieve what outcome”.

We conducted several sub-studies, including a cross-sectional analysis of an international online survey building on the fact that this research is co-lead by two World Health Organization (WHO) collaborating centres; a cohort study and nested case-control investigation in the Canadian context; and, in the South African context, a mental health study in HCWs in one hospital, an information system implementation study in four hospitals as part of improving occupational health, and the use of an occupational health information system the approximately 350 national laboratories across the country. We then synthesized insights across all studies.

Our research showed that rigorously adopting combined public health, infection control and occupational health measures can indeed protect the healthcare workforce; that training and preventive initiatives can also reduce workplace stress; that frontline care-aides were most likely to be infected and least likely to be vaccinated in the Canadian setting, and that there was an urban-rural divide in this regard; and in South Africa, as elsewhere in the Global South, we learned that many health facilities were not well prepared to protect HCWs, and that strengthening occupational health information systems would be much welcomed.

We also explored the extent to which working as a partnership in the Global North and Global South added synergistic insights to a multi-methods research program, examining the contextual characteristics and mechanisms affecting outcomes at micro, meso and macro levels in each project. We found that working as a partnership enabled triangulated assessment of how contextual factors may affect mechanisms and outcomes for worker protection.

ii) The Research Problem

During pandemics, HCWs are on the frontlines, striving to care for patients while trying to manage regular and ongoing healthcare demands. Significant pressures faced by HCWs during the COVID-19 pandemic, in addition to potential occupational infectious exposures^{1,12,13}, include an increased health system burden, HCW shortages, mental health stresses, stigmatization, and concerns about family transmission^{5,14-17}. Whilst the world and individuals had differing experiences of COVID-19 we sought to understand factors impacting the circumstances by asking “what works to protect healthcare workers (HCWs) during the COVID-19 pandemic, in what contexts, using what mechanism, to achieve what outcome”.

iii) Objectives

Our research began with the following objectives:

- 1) To characterize and assess the risk factors for COVID-19 infection in healthcare workers (HCWs):
 - Which HCWs became infected, by occupation, exposures, settings and demographics; and what proportion of these may have been occupational?
 - How has this differed in different settings?
- 2) To evaluate the effectiveness of current COVID-19 Infection Prevention and Control (IPC), Public Health and Occupational Health measures to protect HCWs:
 - Have the PPE policies and other Public Health measures, including vaccine strategies been effective in protecting HCWs?
 - How have the different disciplinary perspectives and mandates of public health (overall population), infection control (patients), and workforce (occupational health), interacted?
 - What lessons have been learned?
- 3) To determine the physical and mental health effects of this crisis on HCWs?
 - How has the overall well-being of the healthcare workforce been impacted?
 - And what policies could be considered to mitigate these in future?

As discussed below, we accomplished these objectives quite satisfactorily, and expanded upon them, as noted below.

iv) Projects:

We used both quantitative and qualitative methods throughout our work to better understand the context and the outcomes.

Cohort study to Assess Prevention of COVID-19 in HCWs in a well-resourced Canadian context:

In Vancouver Coastal Health (VCH), British Columbia, one of 5 health regions, we evaluated measures to protect healthcare workers (HCWs) including assessing occupational exposures, characterizing risks within and between healthcare occupations – to evaluate PH, IPAC and prevention measures.

Working with colleagues in Interior Health (IH), another health region in BC, made up of more “rural” locations we also sought to better understand uptake of vaccination in HCWs. BC employs a vaccine mandate with regard to COVID-19 vaccination for HCWs and we also wanted to better understand if this had an impact on uptake. Thus, we tracked laboratory-confirmed SARS-CoV-2 infections, positivity rates, and vaccine uptake in all 29,021 HCWs in Interior Health (IH) and all 24,634 HCWs in VCH, by occupation, age, and home location, comparing to the general population in that region.

The cohort study thus had two main objectives. First, to assess the risk of COVID-19 infections in the cohort of HCWs compared to the general population, including identifying risk by subsector and occupational group; and secondly, to assess the impact of vaccination on COVID-19 infection in HCWs. Thirdly, we wished to assess the impact of infection rates as well as the mandate on vaccination uptake.

Using surveillance data since the pandemic began, we tracked laboratory-confirmed SARS-CoV-2 infections, positivity rates, and vaccine uptake, by occupation and subsector, and compared to the general population. Cox regression modelling adjusted for age and calendar-time calculated vaccine effectiveness (VE) against SARS-CoV-2 in fully vaccinated (≥ 7 days post-second dose), partially vaccinated infection (after 14 days) and unvaccinated HCWs; we also compared with unvaccinated community members of the same age-range.

Only 3.3% of our HCWs became infected, mirroring community rates, with peak positivity of 9.1%, compared to 11.8% in the community. As vaccine coverage increased, SARS-CoV-2 infections declined significantly in HCWs, despite a surge with predominantly variants of concern (VOC); unvaccinated HCWs had an infection rate of 1.3/10,000 person-days compared to 0.89 for HCWs post first dose, and 0.30 for fully vaccinated HCWs. Vaccine effectiveness (VE) compared to unvaccinated HCWs was 37.2% (95% CI: 16.6–52.7%) 14 days post-first dose, 79.2% (CI: 64.6–87.8%) 7 days post-second dose; one dose provided significant protection against infection until at least day 42. Compared with community infection rates, VE after one dose was 54.7% (CI: 44.8–62.9%); and 84.8% (CI: 75.2–90.7%) when fully vaccinated.

We concluded that rigorous droplet-contact precautions with N95s for aerosol-generating medical procedures are effective in preventing occupational infection in HCWs, with one dose of mRNA vaccination further reducing infection risk despite VOC and transmissibility concerns. The policy of delaying second doses to allow more widespread vaccination against severe disease, with strict public health, occupational health and infection control measures, was effective in protecting the healthcare workforce.

By October 27, 2021, the date that unvaccinated HCWs were prohibited from providing healthcare, only 1.6% in VCH compared with 6.5% in IH remained unvaccinated. Rural workers in both areas had significantly higher unvaccinated rates compared with urban dwellers. Over 1,800 workers, comprising 6.7% of rural HCWs and 3.6% of urban HCWs, remained unvaccinated and set to be terminated from their employment. While the mandate prompted a significant increase in uptake of second doses, the impact on the unvaccinated was less clear. As rural areas often suffer from under-staffing, loss of HCWs could have serious impacts on healthcare provision as well as on the livelihoods of unvaccinated HCWs. Greater efforts are needed to understand how to better address the drivers of rural-related vaccine hesitancy in Canada as well as globally.

Case control study of determinants of infection in HCWs in Vancouver, Canada:

In order to better understand the context in this cohort we undertook a mixed methods study to investigate occupational and non-work-related risk factors of COVID-19 infection as well as to examine how HCWs described their experiences. Using a matched case-control design, data came from online and phone questionnaires with optional open-ended questions completed by HCWs who sought COVID-19 testing between March 2020 and March 2021. Conditional logistic regression and thematic analysis were utilized. We found that providing direct care to COVID-19 patients during the intermediate cohort period (adjusted odds ratio, 1.90; 95% confidence interval, 1.04 to 3.46) and community exposure to a known case in the late cohort period (adjusted odds ratio, 3.595%; confidence interval, 1.86 to 6.83) were associated with higher infection odds. Suboptimal communication, mental stress, and situations perceived as unsafe were common sources of dissatisfaction by those HCWs surveyed. Varying levels of risk between occupational groups call for wider targeting of infection prevention measures. Strategies for mitigating community exposure and supporting HCW resilience are required.

From this work we concluded that HCWs indeed had differing experiences depending on their occupation, facility and demographics.

World Health Organization (WHO) Survey:

An online survey was designed and implemented by a WHO Ad Hoc working group that involved members of our research team from both Canada and South Africa. It was administered early in the pandemic and consisted of a global self-administered online survey conducted by a network of occupational health experts coordinated by WHO through a large array of professional networks and social media. Our team worked with WHO to analyze the results. A total of 4,977 HCWs and healthcare delivery stakeholders from 161 countries responded to health and safety risk questions and a subset of 4076 (81.2%) answered mitigation measure questions. The majority (65%) of study participants were female.

While the levels of risk being experienced at the pandemic's onset were consistently deemed as unacceptable across all groupings, participants from countries with less income inequality were somewhat less likely to report unacceptable levels of risk to HCWs regarding both workplace environment (OR=0.92, $p=0.012$) and workplace organizational factors (OR=0.93, $p=0.017$) compared with counterparts in more unequal national settings. In contrast, considerable variation existed in the degree to which mitigation measures were considered adequate. Adjusting for other influences through a logistic regression analysis, respondents from lower middle-income and low-income countries were comparatively much more likely to assess both occupational health and safety (OR=10.91, $p\leq 0.001$) and infection prevention and control (IPC) (OR=6.61, $p=0.001$) protection measures as inadequate, despite much higher COVID-19 rates in wealthier countries at the time of the survey. Greater within-country income inequality was also associated with perceptions of less adequate infection prevention measures (OR=0.94, $p=0.025$). These associations remained significant when accounting for country-level differences in occupational and gender composition of respondents, including specifically when only female care providers, our study's largest and most at-risk subpopulation, were examined. A major strength of the study is its novel empirical testing of the 'income inequality' hypothesis for a comparative cross-country analysis of a major global health challenge: protection for a workforce central to the provision of healthcare services during a pandemic.

Mental health study of HCWs in South Africa:

Understanding from our work that mental health is a key factor for HCWs in dealing with the pandemic as well as the resulting workload we decide to focus on an examination of workplace contextual factors associated with how psychological distress was experienced in a South African setting where a severe first wave was being experienced with the objective of identifying factors that can protect against HCWs experiencing negative impacts. Consistent with mounting literature on mental health effects, we found a high degree of psychological distress (57.4% above the General Health Questionnaire cut-off value) and a strong association between perceived risks associated with the presence of COVID-19 in the healthcare workplace and psychological distress (adjusted OR = 2.35, $p < 0.01$). Our research indicates that both training (adjusted OR 0.41, 95% CI 0.21–0.81) and the reported presence of supportive workplace relationships (adjusted OR 0.52, 95% CI 0.27–0.97) were associated with positive outcomes. This evidence that workplace resilience can be reinforced to better prepare for the onset of similar outbreaks in the future suggests that pursuit of further research into specific interventions to improve resilience is well merited.

Occupational Health and Safety Information System (OHASIS) implementation in South Africa's laboratories:

In South Africa, the National Health Laboratory Services (NHLS) is responsible for the management of all 349 labs across the country. A central occupational health and information system (OHASIS) has incident modules for recording and tracking workplace incidents by exposure, cause, contributing factors and effect. It facilitates incident investigations, including recommended prevention measures. The software produces a variety of relevant reports for health and safety committees, managers, and senior executives. These data were merged with payroll and HR data to investigate associations between COVID-19 and work, co-morbidity and vaccine uptake. In addition, a survey has been administered to workers in NHLS asking specific questions about stress, burnout, if they know how to contact their OHS rep, etc. (see appendix for questionnaire). A total of 333 responses have been received and these are set to be analyzed later this month.

Use of occupational health information systems in four South African hospitals:

A baseline study was conducted which aimed to determine access and utilization of occupational health information by occupational health and safety (OHS) stakeholders (managers, health and safety representatives and committees, and trade unions). This was a cross-sectional survey of OHS stakeholders, conducted as part of a larger quasi-experimental study, in four teaching hospitals located in a poor and rich province in South Africa. The study hospitals, provinces and participants were purposefully selected. The researchers collected data using a validated modified questionnaire with both closed and open-ended questions. Quantitative analysis was done on Microsoft excel, and themes identified for the analysis of the qualitative data. Approval and ethics clearance were provided by the provincial governments, hospitals and the University of Pretoria; participation was voluntary after training on informed consent. We had 71 participants; 56% were female, 44% hospital managers, 20% HSRC, 15% trade union and 21% OHS professionals. At least 42% reported poor accessibility and poor timelines of the occupational health information for decision making. There was 50% access to computers and 27% participants reported poor computer skills. Existing systems were poorly organized and in need of upgrades, while 85% reported that existing systems need significant reforms. Only 45% reported use of information for decision making in their OHS role. We have identified a clear gap in access and utilization of the occupational health information to improve OHS systems, and we

recommend an education and training programme for occupational health information in South African hospitals.

v) Project Activities

Our team met through monthly Zoom meetings. We also held sub-team meetings as needed on specific project tools and deliverables. It was crucial throughout to ensure we met to keep the projects momentum and to interact on key milestones.

Problems that arose that affected our original plans included difficulties in obtaining access to data in South Africa and then, in turn, difficulties getting ethical approval for our South African cohort and case-control study in a timely way. These components of the project did not happen in South Africa because of these hurdles. However, this allowed more focus on the projects that were able to go ahead expediently in South Africa and there the lessons learned about different approaches to occupational health and safety data in different jurisdictions provided value insights.

vi) Project Outputs

We have had many outputs in the form of publications and conference presentations – see below.

Additionally, the project solidified and expanded research networks and relationships, not only amongst the original research team members, but also with new researchers and knowledge users in each of the sub-projects. These included researchers from disciplines that were not previously included (such as psychiatry), as well as from regions not previously involved in such research (such as Interior Health in British Columbia).

Through the use of Zoom, we were able to meet regularly, as noted above. Our ability to communicate regularly has been greatly increased from what it was in our previous work together.

Our research team found that working through a North-South partnership enabled triangulated assessment of how contextual factors may affect mechanisms and outcomes for worker protection. As the pandemic evolved, and decisions were being made in “real-time”, the importance of collaborating across jurisdictions in the gathering and sharing of place-based contextualized knowledge was imperative to our success.

All aspects of the projects engaged practitioners and decision-makers, such that the knowledge translation value of the research was very high. As an example, the insights on information system use in occupational health in South Africa is not only information policy and practice in South Africa but also in British Columbia.

Overall, working together in a North-South partnership added considerably more insight than had each team operated in isolation.

Published refereed articles:

Yassi A, Grant JM, Lockhart K, Barker S, Sprague S, Okpani AI, Wong T, Daly P, Henderson W, Lubin S, Kim Sing C. Infection control, occupational and public health measures including mRNA-based vaccination against SARS-CoV-2 infections to protect healthcare workers from variants of concern: A 14-month observational study using surveillance data. **PLoS One**. 2021 Jul 16;16(7):e0254920.

Lee HL, Wilson KS, Bernstein C, Naicker N, Yassi A, Spiegel JM. Psychological Distress in South African Healthcare Workers Early in the COVID-19 Pandemic: An Analysis of Associations and Mitigating Factors. **International journal of environmental research and public health**. 2022 Aug 7;19(15):9722.

Okpani AI, Barker S, Lockhart K, Grant J, Delgado-Ron JA, Zungu M, Naicker N, Ehrlich R, Yassi A. A mixed-methods study of risk factors and experiences of healthcare workers tested for the novel coronavirus in Canada. **Journal of Occupational & Environmental Medicine**. 2022 Sep 11;64(9):e559-66.

Harrigan S, Tsang VWL, Yassi A, Zungu M, Spiegel JM. Impacts of economic inequality on healthcare worker safety at the onset of the COVID-19 pandemic: Cross-sectional analysis of a global survey. **BMJ Open**. 2022. 12(10), e064804.

In press peer-reviewed articles:

Yassi A, Barker S, Lockhart K, Taylor D, Okpani AI, Harris D, Hundal H, Sprague S, Grant JM, Pollock S, Kim Sing C. COVID-19 infection and vaccination rates in healthcare workers in British Columbia, Canada: A Longitudinal Urban versus Rural Analysis of the Impact of the Vaccine Mandate. **Canadian Journal of Rural Medicine**. 2022, *in press*.

Submitted peer-reviewed articles:

Spiegel JM, Lockhart K, Zungu M, Yassi A. Protecting healthcare workers during a pandemic: Realist evaluation of a WHO collaborating centre research partnership. **Pan American Journal of Public Health**. *Submitted June 2022*.

Conference abstracts:

Zungu Z, Voyi K, Lockhart K, Yassi A, Ramodike J, Thunzi N, Spiegel JM. Baseline assessment of occupational health and safety information system use in South African hospitals, The 2nd Annual Conference on Public Health in Africa (CPHIA 2022), 13-15 December; Kigali Convention Centre, Kigali Rwanda.

Okpani A, Barker S, Lockhart K, Grant JM, Delgado-Ron A, Spiegel JM, Zungu M, Kgalamono S, Senabe S, Jones D, Naicker N, Ehrlich R, Mukuduh H, Yassi A. A mixed methods study of risk factors and lived experiences of health care workers tested for the novel coronavirus in Canada. *ICOH Conference 2022*.

Zungu M, Yassi A, Voyi K, Ramodike J, Kgalamono S, Senabe S, Naicker N, Thunzi N, Okpani A, Delgado-Ron A, Mukuduh H, Spiegel JM. Occupational health information systems for health workers during the COVID-19 pandemic in South Africa. *ICOH Conference 2022*.

Delgado-Ron A, Naicker N, Bernstein C, Kgalamono S, Mdume N, Gemell G, Yassi A, Spiegel JM, Wilson K. Mental health effects of COVID-19 in healthcare workers of a tertiary South African Hospital: a cross-sectional analysis. *ICOH Conference 2022*.

Kim Sing C, et al. A 14-month observational study using surveillance data of healthcare workers in Vancouver Coastal Health. *Quality Forum 2022*.

Harrigan S, Tsang V, Spiegel JM, Yassi A. Health workers' safety at the onset of the COVID-19 pandemic: impacts of wealth disparity across and within countries. *Canadian Conference on Global Health. 2021*.

Zungu et al. Challenges and lessons from a South African-Canadian collaboration: comparative contextualized analysis within a research program to reduce the burden of COVID-19 among health workers. *Canadian Conference on Global Health. 2021*.

Spiegel et al. A research program to provide a comparative contextualized analysis of occupational COVID-19 among health workers: Preliminary insights from a South African-Canadian Collaboration. *EPiCOH Conference 2021*.

Published reports:

Harrigan S, Tsang VWL, Spiegel JM, Yassi A. [Health and safety of health workers in the context of COVID-19: A global survey](#). September 15, 2020.

Plus: numerous talks for a wide variety of audiences – from the local to international levels.

vii) Project Outcomes

Our Vancouver cohort study, in which excellent protection of HCWs was present in a setting of high rates of vaccination and availability of IPC resources, shone a light on what could be achieved if similar rates of vaccination and implementation of control measures were to be implemented. The team had originally hoped to conduct parallel cohort and case-control studies in both North and South jurisdictions, however, access to a comprehensive database on HCW infections was not achieved in our South African context, thus this is not possible. As such, involvement of the partnership in this study also served as an impetus to further implement the occupational health and safety information system in healthcare to be able to operationally monitor and study such issues in the South African context as well (OHS sub-study and OHASIS sub-study).

Interestingly while we could not conduct a case control or cohort study in SA because of lack of data we could conduct a workplace audit type study in SA that was not possible in Canada because of lack of that type of data here. As the development of information systems has been a long-standing collaboration our team, study findings from South Africa will be combined with observations from information system implementation in Canada to inform further analysis and research on what factors and processes support effective implementation of information systems that allow for operational monitoring and research related to both the workplace and the workforce, with a perspective that the resulting South African system and its implementation will be more comprehensive, so new lessons can be further shared building on earlier collaborative research.

In summary, we found the universality of mental and physical health risks for HCWs while also calling attention to the reality that workplace risks during COVID are not equally borne, nor are the tools for research equally available. We established that facilities in low- and middle-income countries were more

poorly prepared for the pandemic than their wealthier counterparts and that HCWs who were at the lower end of the socioeconomic (SE) spectrum (such as nursing aides) were at higher risk of getting COVID-19 than higher SE populations (such as medical staff) both from workplace exposures and community SE-related factors.

Our work not only underlined the importance of attending to social determinants of health across the region and globally both within and amongst different countries, but shone light on the value of a comprehensive information system in order to monitor progress in this area. Our current collaborative work now focuses on sharing lessons regarding vaccine uptake from Canada to SA; and sharing the SA approach to workplace-focused OH with Canadian healthcare settings, drawing attention to those areas of OH not addressed by Public Health and IPC here. As such, the lessons learned have been multi-directional. Overall, we argue that international collaborations – whether to bolster calls for global vaccine accessibility and availability of PPE, or to share lessons on the approach and information tools to protecting HCWs – are not only useful for improving local implementation of protective approaches but also to promote the solidarity needed to protect the wellbeing of the healthcare workforce globally.

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Appendix of tools

Case Control Vancouver

Start of Block: 1. Identifier and basic information

Q1.1 *Instruction:* *The information collected below will not be linked to your confidential personal information. Please answer the questions below honestly. Your data will help us to understand the potential risk factors for SARS-CoV-2 infection among health workers and to prevent future infections of health workers.*

Q1.2 Gender

- ☐ Female (1)
- ☐ Male (2)
- ☐ Non-binary (3)
- ☐ Intersex (4)
- ☐ Other (specify) (5) _____
- ☐ Prefer not to answer (6)
-

Q1.3 Year of birth

▼ 2004 (4) ... 1920 (89)



Q1.4

Postal code

(only the first 3 characters, e.g. V6T)

Page Break

Q1.5 Status in Canada

- ☐ Citizen (1)
 - ☐ Permanent resident (2)
 - ☐ Visitor (3)
 - ☐ Prefer not to answer (4)
-

Q1.6 Are you an Indigenous person?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Prefer not to answer (3)
-

Q1.7 Race / ethnicity

- ☐ Asian (1)
 - ☐ Black (2)
 - ☐ Hispanic or Latinx (3)
 - ☐ Non-Hispanic white (4)
 - ☐ Other (specify) (5) _____
 - ☐ Prefer not to answer (6)
-

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Q104 Did you work with the Vancouver Coastal Health Authority at any time between March 1, 2020 and the present day? (This could be as an employee, contractor, consultant, volunteer, etc.)

☐ Yes (1)

☐ No (2)

Q1.8 Occupation in health care facility (please select the option that most closely describes your occupation)

- ☐ Medical doctor (1)
 - ☐ Registered nurse (or equivalent) (2)
 - ☐ Assistant nurse, nurse technician (or equivalent) (3)
 - ☐ Radiology / x-ray technician (4)
 - ☐ Phlebotomist (5)
 - ☐ Pharmacist (6)
 - ☐ Physical therapist (7)
 - ☐ Care aide (8)
 - ☐ Nutritionist / dietician (9)
 - ☐ Laboratory personnel (10)
 - ☐ Admission / reception clerk (11)
 - ☐ Patient transporter (12)
 - ☐ Catering staff (13)
 - ☐ Cleaner (14)
 - ☐ Administration / clerk (15)
 - ☐ Other (specify) (16) _____
-

Q1.9 Work setting

- ☐ Acute care (1)
- ☐ Community (2)
- ☐ Long-term care (3)

Q1.10 Education level

- ☐ None (1)
- ☐ Primary (2)
- ☐ Secondary (3)
- ☐ Tertiary / University (4)
- ☐ Postgraduate (5)
- ☐ Prefer not to answer (6)

End of Block: 1. Identifier and basic information

Start of Block: 2. Testing context



Q2.1 COVID-19 test date

If you have taken the COVID-19 test more than once, please provide the date for the test for which you have the clearest recall of your activities in the 2 weeks before it. If you are unsure of the date, please use the best estimate possible.

(yyyy/mm/dd)

Page Break

Q2.2 Before this test date, had you received any dose of the COVID-19 vaccine?

☐ Yes (1)

☐ No (2)

If yes, first dose _____(DATE RECEIVED)

If yes, second dose _____(DATE RECEIVED)

Q2.3 Does your job involve direct care for COVID-19 patients?

☐ Yes (1)

☐ No (2)

Display This Question:

If Does your job involve direct care for COVID-19 patients? = Yes

Q2.3 Please specify the number of days dedicated to COVID-19 patients only during the 2 weeks before your test date:

▼ 0 (1) ... 14 (15)

Q2.4 In the 2 weeks before your test, what section of the health facility did you spend the most working hours in? (Select only one)

- ☐ Emergency room (1)
- ☐ Outpatient clinic (2)
- ☐ Inpatient ward / room (3)
- ☐ Intensive care (4)
- ☐ NICU (5)
- ☐ Theatre (6)
- ☐ Lab (7)
- ☐ Radiology (8)
- ☐ Reception / triage (9)
- ☐ Security (10)
- ☐ Non-patient access areas (11)
- ☐ Other (specify) (12) _____

Page Break

Q2.5 Outside of your occupational duties, were you in extended close contact (within 2 meters for 15 minutes or more) with a person or persons **known to have been diagnosed with COVID-19** in the 14 days before your test?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Not sure / unaware (3)

Display This Question:

*If Outside of your occupational duties, were you in extended close contact (within 2 meters for 15 m...
= Yes*

Q2.6

Was this contact:

(Check all that apply)

- ☐ Household contact: school-age child (1)
- ☐ Household contact: other household member (5)
- ☐ Professional colleague(s) (2)
- ☐ Everyday social interactions (e.g. school, religious event, public transport, restaurant, grocery store, café) (3)
- ☐ Other (specify) (4) _____

Display This Question:

*If Outside of your occupational duties, were you in extended close contact (within 2 meters for 15 m...
= Yes*

Q2.7 How long was this contact?

- ☐ Most days (≥ 8 days) (1)
- ☐ Some days (4 - 7 days) (2)
- ☐ Few days (1 - 3 days) (3)
- ☐ Less than a day (4)

Page Break

Q2.8 Outside of your occupational duties, were you in extended close contact (within 2 meter for 15 minutes or more) with a person or persons with **symptoms related to COVID-19** in the 2 weeks before your test? Symptoms may include fever, cough, runny nose, sore throat, shortness of breath, etc.

- ☐ Yes (1)
- ☐ No (2)
- ☐ Not sure (3)

Display This Question:

*If Outside of your occupational duties, were you in extended close contact (within 2 meter for 15 mi...
= Yes*

Q2.9

Was this contact:

(Check all that apply)

- ☐ Household contact: school-age child (1)
- ☐ Household contact: other household member (5)
- ☐ Professional colleague(s) (2)
- ☐ Everyday social interactions (e.g. school, religious event, public transport, restaurant, grocery store, café) (3)
- ☐ Other (specify) (4) _____

Display This Question:

*If Outside of your occupational duties, were you in extended close contact (within 2 meter for 15 mi...
= Yes*

Q2.10 How long was this contact?

- ☐ Most days (≥ 8 days) (1)
- ☐ Some days (4 - 7 days) (2)
- ☐ Few days (1 - 3 days) (3)
- ☐ Less than a day (4)

Page Break

Q2.11

In the 2 weeks before your test, did you return from international travel?

☐ Yes (1)

☐ No (2)

Display This Question:

If In the 2 weeks before your test, did you return from international travel? = Yes

Q2.12 Which country?

Page Break

Q2.13

In the 2 weeks before your test, how often did you use public transport?

- ☐ Most days (≥ 8 days) (1)
- ☐ Some days (4 - 7 days) (2)
- ☐ Few days (≤ 3 days) (3)
- ☐ Did not use public transport (4)

Display This Question:

If In the 2 weeks before your test, how often did you use public transport? != Did not use public transport

Q2.14 What means of public transport did you use most frequently in that period? (Select only one)

- ☐ Train (1)
- ☐ Bus (2)
- ☐ Taxi or ride hailing (regular taxi, Uber, Lyft, etc.) (3)
- ☐ Ferry (4)
- ☐ Car share (Evo, Modo, etc.) (5)
- ☐ Carpool (6)
- ☐ Bike share (8)
- ☐ Mix of the above means (9)

Display This Question:

If In the 2 weeks before your test, how often did you use public transport? != Did not use public transport

Q2.15

Whilst in public transport, what precautions did you utilize?

(Check all that apply)

☐

Face mask (1)

☐

Physical distancing, when possible (2)

☐

None (3)

Display This Question:

If Whilst in public transport, what precautions did you utilize? (Check all that apply) = Face mask

Q2.16 What type of face mask did you use most frequently on public transport?

☐

N95 or equivalent (1)

☐

Surgical mask (2)

☐

Cloth/fabric mask (3)

☐

Other (specify) (4) _____

Page Break

Q2.17 In the 2 weeks before your test, how often did you have social interaction with individuals outside of work, home or transport (e.g. in bars, clubs, shops, parties, religious events, funerals etc.)?

- ☐ Most days (≥ 8 days) (1)
- ☐ Some days (4 - 7 days) (2)
- ☐ Few days (≤ 3 days) (3)
- ☐ Did not have any such social interactions (4)

Display This Question:

*If In the 2 weeks before your test, how often did you have social interaction with individuals outsi... !=
Did not have any such social interactions*

Q2.18 Which of these applied most to the social interaction(s)?

- ☐ Activity was held outdoors (1)
- ☐ Activity was held indoors (2)
- ☐ Mix of both (3)

Display This Question:

*If In the 2 weeks before your test, how often did you have social interaction with individuals outsi... !=
Did not have any such social interactions*

Q2.19

Which of these precautions were taken during most social interaction(s)?

- ☐ Face masks and physical distancing (1)
- ☐ Face masks, but no physical distancing (2)
- ☐ Physical distancing, but no face masks (3)
- ☐ No masks or distancing precautions (4)

Display This Question:

If Which of these precautions were taken during most social interaction(s)? = Face masks and physical distancing

Or Which of these precautions were taken during most social interaction(s)? = Face masks, but no physical distancing

Q2.20

What type of mask did you use most frequently?

- ☐ N95 or equivalent (1)
- ☐ Surgical mask (2)
- ☐ Cloth / fabric mask (3)
- ☐ Other (specify) (4) _____

Display This Question:

If In the 2 weeks before your test, how often did you have social interaction with individuals outsi... != Did not have any such social interactions

Q2.21 Approximately how many people outside your household contacts were present at the largest gathering you attended?

- ☐ Less than 5 (1)
- ☐ 5 - 15 (2)
- ☐ 15 - 30 (3)
- ☐ 31 - 50 (4)
- ☐ More than 50 (5)

Page Break

Q2.22 In the 2 weeks before your test, were you in extended close contact (within 2 metres for 15 minutes or more) with co-workers **at work**? This includes contact in break/coffee rooms.

☐ Yes (1)

☐ No (2)

Display This Question:

If In the 2 weeks before your test, were you in extended close contact (within 2 metres for 15 minut...
= Yes

Q2.23 How frequently were you in extended close contact with co-workers at work?

☐ Most days (≥ 8 days) (1)

☐ Some days (4 - 7 days) (2)

☐ Few days (1 - 3 days) (3)

☐ Less than a day (4)

Display This Question:

If In the 2 weeks before your test, were you in extended close contact (within 2 metres for 15 minut...
= Yes



Q2.24 Please tick the box that best describes how OFTEN you used personal protective equipment (PPE) while in close contact with coworkers in the 2 weeks before your test

| | Always (1) | Most of the time (2) | Occasionally (3) | Rarely (4) | Never (5) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Medical / surgical masks (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Respirator (N95, FFP2 or equivalent) (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Face shield or goggles / glasses (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gloves (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gowns and coveralls (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Head cover (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shoe covers (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (optional; specify) (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Display This Question:

If In the 2 weeks before your test, were you in extended close contact (within 2 metres for 15 minut...
= Yes

Q2.25 Were you made aware that a coworker you may have come in contact with at work tested positive for COVID-19 in the 2 weeks before your test?

☐ Yes (1)

☐ No (2)

Q84 Does your job involve contact with patients, their materials or belongings, or medical equipment that patients may have come in contact with?

☐ Yes (1)

☐ No (2)

Page Break

End of Block: 2. Testing context

Start of Block: 3. Adherence to IPC

Display This Question:

If Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q3.1 Adherence to infection prevention and control (IPC) measures

(except otherwise stated, these questions refer to the 2 weeks before your test date)

Display This Question:

If Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q3.2 In the two weeks before your test, did you know what routine (standard) IPC practices were?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Not sure / can't remember (3)

Display This Question:

If Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q3.3 Did you receive any IPC training in the three months before your test?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Not sure / can't remember (3)
-

Display This Question:

If Did you receive any IPC training in the three months before your test? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

JS

Q3.4 What was the date of your last IPC training?

- ☐ I know the exact date (yyyy/mm/dd) (1)
-
- ☐ Uncertain of the exact date, but less than 1 month before (2)
- ☐ Uncertain of the exact date, but more than 1 month before (3)

Display This Question:

If Did you receive any IPC training in the three months before your test? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q3.5 In the three month before your test date, how much cumulative IPC training (routine practices and additional precautions) did you receive?

- ☐ Less than 2 hours (1)
- ☐ More than 2 hours (2)

Display This Question:

If Did you receive any IPC training in the three months before your test? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q3.6 Was the IPC training on personal protective equipment (PPE) carried out remotely (e.g. presentations only, e-learning) or were practical sessions on standard precautions/additional precautions conducted?

- ☐ Only remotely / online (1)
- ☐ Only practical (2)
- ☐ Both (3)

Page Break

Display This Question:

If Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q3.7 Before your COVID-19 test, did you know the recommended moments for hand hygiene in health care?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Not sure / can't remember (3)
-

Display This Question:

If Before your COVID-19 test, did you know the recommended moments for hand hygiene in health care? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q3.8 Did you follow these recommended hand hygiene practices?

- ☐ Always (1)
 - ☐ Most of the time (2)
 - ☐ Occasionally (3)
 - ☐ Rarely (4)
 - ☐ Never (5)
-

Page Break

Display This Question:

If Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q3.9 Before your test date, were you using alcohol-based hand rub or soap and water:

| | Always (1) | Most of the time (2) | Occasionally (3) | Rarely (4) | Never (5) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Before touching a patient? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Before cleaning/aseptic procedures? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| After (risk of) body fluid exposure? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| After touching a patient? (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| After touching a patient's surroundings? (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Display This Question:

If Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q3.10 Was alcohol-based hand rub available at point of care?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Occasionally (3)
- ☐ Not sure (4)

Display This Question:

If Does your job involve contact with patients, their materials or belongings, or medical equipment... =
Yes



Q3.11 Please tick the box that best describes how you OFTEN used personal protective equipment (PPE) while encountering patients in the 2 weeks before your test.

| | Always (1) | Most of the time (2) | Occasionally (3) | Rarely (4) | Never (5) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Medical / surgical masks (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Respirator (N95, FFP2 or equivalent) (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Face shield or goggles / glasses (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gloves (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gowns and coverall (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Head cover (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shoe covers (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (optional; specify) (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Display This Question:

If Does your job involve contact with patients, their materials or belongings, or medical equipment... =
Yes

Q3.12 Did you experience difficulty getting PPE in the 2 weeks before your test?

☐ Yes (1)

☐ No (2)

Display This Question:

If Did you experience difficulty getting PPE in the 2 weeks before your test? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q3.13 Which PPE did you experience difficulty getting? (Select all that apply)

☐

Medical / surgical masks (1)

☐

Face shields or goggles / glasses (2)

☐

Gloves (3)

☐

Gowns or coveralls (4)

☐

Head covers (5)

☐

Respirators (e.g. N95, FFP2 or equivalent) (6)

☐

Shoe covers (7)

☐

Other (specify) (8) _____

Display This Question:

If Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q3.14 Did you reuse any PPE in the 2 weeks before your test on account of an inadequate supply?

☐ Yes (1)

☐ No (2)

Display This Question:

*If Did you reuse any PPE in the 2 weeks before your test on account of an inadequate supply? = Yes
And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes*

Q3.15 Which PPE did you reuse? (Select all that apply)

- ☐ Medical / surgical masks (1)
- ☐ Face shields or goggles / glasses (2)
- ☐ Gloves (3)
- ☐ Gowns or coveralls (4)
- ☐ Head covers (5)
- ☐ Respirators (e.g. N95, FFP2 or equivalent) (6)
- ☐ Shoe covers (7)
- ☐ Other (specify) (8) _____

Page Break

End of Block: 3. Adherence to IPC

Start of Block: 4. Exposures to COVID patients

Display This Question:

If Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.1 In relation to your test date, when was your earliest exposure to a confirmed COVID-19 patient at work?

- ☐ 3 days or less before the test (1)
- ☐ 4 - 7 days before the test (2)
- ☐ 8 or more days before the test (3)
- ☐ I was not exposed to a known COVID-19 patient (4)

Display This Question:

If In relation to your test date, when was your earliest exposure to a confirmed COVID-19 patient at... != I was not exposed to a known COVID-19 patient

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes



Q4.2

Before your test date, how many COVID-19 patients were you exposed to during your occupational duties?

(An exact number or an estimated range is permissible)

Display This Question:

If In relation to your test date, when was your earliest exposure to a confirmed COVID-19 patient at... != I was not exposed to a known COVID-19 patient

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.3 Did you have close contact (within 2 metres) with the COVID-19 patient(s) since their admission?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Unknown (3)

Display This Question:

If Did you have close contact (within 2 metres) with the COVID-19 patient(s) since their admission? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.4 How many times (total) did you have close contact with the COVID-19 patient(s)?

- ☐ < 10 times (1)
- ☐ 10 - 50 times (2)
- ☐ > 50 times (3)

Display This Question:

If Did you have close contact (within 2 metres) with the COVID-19 patient(s) since their admission? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes



Q4.5 Please specify exactly how many times, if you can recall:
(optional)

Display This Question:

If Did you have close contact (within 2 metres) with the COVID-19 patient(s) since their admission? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.6 What was the duration of the longest of the close contacts?

- ☐ Less than 15 minutes (1)
- ☐ More than 15 minutes (2)
- ☐ Unknown (3)

Display This Question:

If In relation to your test date, when was your earliest exposure to a confirmed COVID-19 patient at... != I was not exposed to a known COVID-19 patient

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.7 Were you present for any aerosolizing procedures on a COVID-19 patient?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Unknown (3)

Display This Question:

If Were you present for any aerosolizing procedures on a COVID-19 patient? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.8

Which procedure(s)?

(Check all that apply)

- ☐ Tracheal intubation (4)
- ☐ Nebulizer treatment (7)
- ☐ Open airway suctioning (8)
- ☐ Collection of sputum (9)
- ☐ Tracheostomy (10)
- ☐ Bronchoscopy (11)
- ☐ Cardiopulmonary resuscitation (CPR) (12)
- ☐ Other (specify) (13) _____

Display This Question:

If Were you present for any aerosolizing procedures on a COVID-19 patient? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.9 Did you wear PPE during the aerosolizing procedures?

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Unknown (3)
-

Display This Question:

If Did you wear PPE during the aerosolizing procedures? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.10

What PPE was worn during the aerosolizing procedures?

(Tick all that apply)

- ☐ Medical / surgical masks (1)
- ☐ Respirators (e.g. N95, FFP2 or equivalent) (2)
- ☐ Face shields or goggles / glasses (3)
- ☐ Gloves (4)
- ☐ Gowns or coveralls (5)
- ☐ Head covers (6)
- ☐ Shoe covers (7)
- ☐ Other (specify) (8) _____

Page Break

Display This Question:

If Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.11 If you wore a respirator at work in the 2 weeks before your COVID-19 test, was it fit tested?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Unknown (3)
- ☐ I did not wear a respirator in the 2 weeks before the COVID-19 test (4)

Display This Question:

If If you wore a respirator at work in the 2 weeks before your COVID-19 test, was it fit tested? = Yes
And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.12 When was the fit testing done?

- ☐ Within 2 years of your test date (1)
- ☐ More than 2 years before your test date (2)
- ☐ Don't know (3)

Page Break

Display This Question:

If Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.13 Did you have direct contact with the **patient's materials** in the 2 weeks before your test? (Patient's materials include personal belongings, linen and medical equipment that the patient may have come into contact with)

- ☐ Yes (1)
- ☐ No (2)
- ☐ Unknown (3)

Display This Question:

If Did you have direct contact with the patient's materials in the 2 weeks before your test? (Patien... = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.14 Which patient materials did you have direct contact with? Tick all that apply:

- ☐ Personal items (2)
- ☐ Linens / clothes (3)
- ☐ Medical devices used on the patient (4)
- ☐ Medical equipment connected to the patient (e.g. ventilator, infusion pump, etc.) (5)
- ☐ Other (specify) (6) _____

Display This Question:

If Did you have direct contact with the patient's materials in the 2 weeks before your test? (Patien... = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.15 How many times during the period did you have direct contact with the patient's materials (total)?

- ☐ < 10 times (1)
- ☐ 10 - 50 times (2)
- ☐ > 50 times (3)

Display This Question:

If Did you have direct contact with the patient's materials in the 2 weeks before your test? (Patien... = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes



Q4.16 Please specify exactly how many times, if you can recall:(optional)

Display This Question:

If Did you have direct contact with the patient's materials in the 2 weeks before your test? (Patien... = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.17 Did you come into contact with the patient's body fluids via the patient's materials?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Unknown (3)

Display This Question:

If Did you come into contact with the patient's body fluids via the patient's materials? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.18 Which body fluids:

- ☐ Blood (13)
- ☐ Vomit (12)
- ☐ Urine (11)
- ☐ Stool (7)
- ☐ Mucus from the nose or lungs (8)
- ☐ Sweat (9)
- ☐ Breast milk (4)
- ☐ Other (specify) (14) _____

Display This Question:

If Did you have direct contact with the patient's materials in the 2 weeks before your test? (Patien... = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes



Q4.19 Please select which most accurately apply to your PPE while handling patient's materials:

| | Always (1) | Most of the time (2) | Occasionally (3) | Rarely (4) | Never (5) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Medical / surgical masks (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Respirator (N95, FFP2 or equivalent) (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Face shield or goggles / glasses (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gloves (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gowns and coverall (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Head cover (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shoe covers (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (optional; specify) (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break

Display This Question:

If Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.20 Did you have direct contact with the surfaces around the patient?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Unknown (3)

Display This Question:

If Did you have direct contact with the surfaces around the patient? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.21 Which surfaces did you have direct contact with?

- ☐ Bed (1)
- ☐ Bathroom (2)
- ☐ Ward corridor (3)
- ☐ Patient table (4)
- ☐ Bedside table (5)
- ☐ Dining table (6)
- ☐ Medical gas panel (7)
- ☐ Other (specify) (8) _____

Display This Question:

If Did you have direct contact with the surfaces around the patient? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes

Q4.22 Approximately how many times in the 2 weeks before your test did you make such contact in total?

- ☐ < 10 times (1)
- ☐ 10 - 50 times (2)
- ☐ > 50 times (3)

Display This Question:

If Did you have direct contact with the surfaces around the patient? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes



Q4.23 Please specify exactly how many times, if you can recall:(optional)

Display This Question:

If Did you have direct contact with the surfaces around the patient? = Yes

And Does your job involve contact with patients, their materials or belongings, or medical equipment... = Yes



Q4.24 Please select which most accurately describes your PPE use while making direct contact with the surfaces around the patient

| | Always (1) | Most of the time (2) | Occasionally (3) | Rarely (4) | Never (5) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Medical / surgical masks (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Respirator (N95, FFP2 or equivalent) (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Face shield or goggles / glasses (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gloves (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gowns and coverall (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Head cover (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shoe covers (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (optional; specify) (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: 4. Exposures to COVID patients

Start of Block: 5. Health worker pre-existing conditions

Q5.1 Before your test date, did you have any underlying disease or pre-existing condition(s)?

☐

Pregnancy (1)

☐

Obesity (optional: specify BMI) (2)

☐

Cancer (3)

☐

Diabetes (4)

☐

HIV / other immune deficiency (5)

☐

Heart disease (6)

☐

Asthma (requiring medication) (7)

☐

Chronic lung disease (non-asthma) (8)

☐

Chronic liver disease (9)

☐

Chronic haematological disorder (10)

☐

Chronic kidney disease (11)

☐

Chronic neurological impairment / disease (12)

☐

Organ / bone marrow recipient (13)

☐

No (14)

☐

Unknown (15)

☐

Other (specify) (16) _____

Display This Question:

If Before your test date, did you have any underlying disease or pre-existing condition(s)? = Pregnancy

Q5.2 Specify trimester of pregnancy:

- ☐ First (1)
 - ☐ Second (2)
 - ☐ Third (3)
 - ☐ Unknown (4)
-

Q5.3 What was your smoking status at the time of your test?

- ☐ Current smoker (1)
 - ☐ Past smoker (2)
 - ☐ Never smoked (3)
-

Page Break

Q5.4 Have you received the COVID-19 vaccine?

☐ Yes (1)

☐ No (2)

if yes, date of first vaccine?

Second (if applicable)?

Q5.5 Thank you for completing the questionnaire. You may submit your responses now or proceed to answer a few short questions on your experience with COVID-19 testing and how you feel regarding safety from COVID-19.

☐ Submit now (1)

☐ Continue to additional questions (2)

End of Block: 5. Health worker pre-existing conditions

Start of Block: 6. COVID-19 Experience

Q6.1 How satisfied were you with:

| | Very dissatisfied (1) | Somewhat dissatisfied (2) | Neither satisfied nor dissatisfied (3) | Somewhat satisfied (4) | Very satisfied (5) |
|---|-----------------------------|---------------------------------|---|---------------------------|-----------------------|
| how quickly you could get tested? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| how quickly you received your result? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| instructions / communication you received related to getting tested for COVID-19? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q6.2

Any comments you want to share regarding your test experience or anything else?
(*optional*)

Page Break

Q6.3 How would you describe how safe you feel regarding:

| | Very unsafe (1) | Somewhat unsafe (2) | Neither safe nor unsafe (3) | Somewhat safe (4) | Very safe (5) |
|---|-----------------------|------------------------|-----------------------------------|-----------------------|-----------------------|
| contracting COVID-19 at work (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| contracting COVID-19 in the community (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q6.4

Any comments you want to share regarding your safety from COVID-19 or anything else?
(optional)

End of Block: 6. COVID-19 Experience

**APPENDIX 1: TO ASSESS THE STATE OF OHS IN SOUTH AFRICAN HOSPITALS IN LINE
SOUTH AFRICAN OCCUPATIONAL HEALTH LAWS DURING THE COVID-19 PANDEMIC, 2020**

PART A

Demographic information

1. Name of person completing the questionnaire.

2. Designation of person:

3. Cell number

4. Landline number

5. e-mail address

6. Hospital

Hospital information

7. Is there a hospital occupational health and safety policy?

Mark only one oval.

☐ Yes

☐ No

8. Is there a hospital occupational health and safety policy standard operating procedure?

Mark only one oval.

☐ Yes

☐ No

9. Does the hospital have an agreement with organised labour or a nomination or section procedure for health and safety representatives?

Mark only one oval.

☐ Yes

☐ No

10. Does the hospital have an adequate number of health and safety representatives to employees?

Mark only one oval.

☐ Yes

☐ No

11. If not what is the ratio?

12. Do health and Safety Representative have appointment letter?

Mark only one oval.

☐ Yes

☐ No

13. Have the Health and Safety Representative been trained?

Mark only one oval.

☐ Yes

☐ No

14. What percentage of health and safety representatives have been trained?

15. Is there a health and safety committee appointed in the hospital?

Mark only one oval.

☐ Yes

☐ No

16. Are there at least three monthly Health and safety committee meetings (see minutes)?

Mark only one oval.

☐ Yes

☐ No

17. Is there chairperson of the health and safety committee appointed in writing?

Mark only one oval.

☐ Yes

☐ No

18. Does the hospital have a Health Risk Assessment in the last 2 years?

Mark only one oval.

☐ Yes

☐ No

19. Was the Health Risk Assessment amended to include Covid-19

Mark only one oval.

☐ Yes

☐ No

20. Proof of evidence (report) of the health risk assessment?

Mark only one oval.

☐ Yes

☐ No

21. Is the health risk assessment approved by the following?

| | | | |
|--------------|--|-----------------------------|--|
| Hospital CEO | | Health and safety Committee | |
|--------------|--|-----------------------------|--|

22. Are there summaries of the health risk assessment in each working area?

Mark only one oval.

☐ Yes

☐ No

23. Are there Occupational Risk Exposure Profiles for different categories job profiles?

Mark only one oval.

☐ Yes

☐ No

24. Is there an active medical surveillance programme at the hospital?

Mark only one oval.

☐ Yes

☐ No

25. What is the proportion of workers that have had a baseline medical examination?

Mark only one oval.

☐ Yes

☐ No

26. Has the hospital conducted individual risk assessment to identify Covid-19 vulnerable workers?

Mark only one oval.

☐ Yes

☐ No

27. Are workers HWs screened for COVID-19 related symptoms before each shift?

Mark only one oval.

☐ Yes

☐ No

28. To whom does the occupational health department report to in the organogram?

29. Did the HWs receive training on how to protect themselves from occupational hazard?

Mark only one

☐ Yes

☐ No

☐ Partially

30. What was the nature of the training?

Tick all that apply.

- ☐ In person training session
- ☐ Communication via electronic
- ☐ media pamphlets and posters

Other: ☐ _____

31. Was any training conducted on the Regulations for Hazardous Biological Agents during the last 12 months?

Mark only one oval.

- ☐ Yes
- ☐ No

32. Proof of evidence that training was done.

Mark only one oval.

- ☐ Yes
- ☐ No

33. Was there any recent training on hospital infection prevention and control relevant to COVID-19 control?

Mark only one oval.

- ☐ Yes
- ☐ No

34. Frequency of communication from the hospital OHS / IPC concerning COVID-19?

Mark only one oval.

- ☐ Daily
- ☐ Weekly
- ☐ Other: _____

35. Indicate the frequency surfaces are cleaned in the different Departments.

Mark only one oval.

- ☐ Every hour
- ☐ Every 2 – 4 hours
- ☐ Every 4 – 6 hours
- ☐ Every 6 - 8 hours
- ☐ Weekly
- ☐ None of the above
- ☐ Other: _____

36. Indicate the type of surfaces cleaned in the Departments.

37. Are the windows open during the audit?

Mark only one oval.

- ☐ Yes
- ☐ No

38. Are the doors open during the audit?

Mark only one oval.

- ☐ Yes
- ☐ No

39. If not, are there functional air conditioners in place (Split units, Heating Air conditioning Ventilation System)
-

40. Does the hospital have mechanical ventilation system?

Mark only one oval.

☐ Yes

☐ No

41. Is the mechanical ventilation system functional ?

Mark only one oval.

☐ Yes

☐ No

42. What type of PPE is provided in the hospital i.e. is a system for allocating PPE ?

43. Are there different sizes of PPE available?

44. Is HWs trained to perform a fit test after donning the respirator?

Mark only one oval.

☐ Yes

☐ No

45. Are health workers trained on donning and doffing of PPE ?

Mark only one oval.

☐ Yes

☐ No

46. Is the respirator fit testing programme in the hospital?

Mark only one oval.

☐ Yes

☐ No

PART B

How the semi-structured walk-through survey is conducted:

1. This section is driven by the HealthWISE Tool of the World Health Organization (WHO) and the International Labour Organization (ILO). Health workers (HWs) in some of the health facilities and or hospitals in the Provincial Departments of Health (PDoH) have been trained on a basic methodology for conducting a walk-through survey in the areas where they work and observe the working environment for biological hazards. This is then followed a short working discussion on what they can do to improve the working environment without engaging OHS professionals or even external experts.
2. The procedure for this walk-through is as follows:
 - i. Walkthrough team (Researchers, provincial OHS coordinator, health facility OHS coordinator, and one person from the area (e.g. casualty) being assessed);
 - ii. Before entering the area, the team is offered surgical masks ONLY as personal protective equipment (PPE), and they use hand sanitizer on entry of the area walk-through survey;
 - iii. The four walk across the area (maintaining social distancing) and look & observe without any discussion while in the area (casualty);
 - iv. On exit the group again uses the hand sanitizers to clean their hands;
 - v. The group then finds an open area without activity to then have a discussion on what they have observed and what immediate recommendation, and what might require further discussion with health facility management that the hospital OHS coordinator will take to management;
 1. In one of the facilities visited already the research team had identified that in one casualty there were no measures in place to prevent COVID-19 for patients and HWs alike;
 2. This was identified during the walk-through survey around 16h30, after some responsible staff members had left;
 3. The research team then immediately recommended that the responsible persons be called back to put measures in place;

4. That the walk-through team including the researchers stay and put the urgent measures to protect both the patients and HWs in place that very evening;
 5. This exercise took an extra 2.5 hours and all were relieved afterwards
-
- vi. At the discussion each person writes their own notes for discussion with the hospital OHS coordinator expected to implement the discussion working with the ward managers and hospital management as per the guidelines of the principles of the WHO/ILO HealthWISE Tool
 - vii. It must be noted that the researcher / academic support is not going to be available for all health facilities and the Provincial OHS coordinator is expected to learn from the walk-through so they can escalate the service to other health facilities within their PDoH;
 - viii. All the above have already happened in at least one facility in Gauteng, Mpumalanga, and North West PDoH.

Areas to be visited

Entrance gates (pedestrian and cars)

1. Ventilation

Is it adequate OR not adequate? Elaborate below

2. Administrative controls

- a. Are patients social distancing?
- b. Is staff social distancing?
- c. Are there markings for social distancing?
- d. Is furniture positioned for social distancing?
- e. Are the posters or information leaflets about COVID-19?
- f. Is there an area with water and soap to clean hands?
- g. Are there hand sanitizers in all entrances and exit points?
- h. Is waste properly segregated?

- i. Are COVID-19 waste management boxes or even leaflets
 - j. Any other observation
3. Personal Protective equipment (PPE)
- a. What PPE are staff in this area wearing?
 - b. Are they wearing PPE correctly
 - c. Is staff wearing their home clothes
 - d. Do you think there is adequate supply of PPE

Corridors and passages

1. Ventilation
- Is it adequate OR not adequate? Elaborate below
2. Administrative controls
- a. Are patients social distancing?
 - b. Is staff social distancing?
 - c. Are there markings for social distancing?
 - d. Is furniture positioned for social distancing?

- e. Are the posters or information leaflets about COVID-19?
 - f. Is there an area with water and soap to clean hands?
 - g. Are there hand sanitizers in all entrances and exit points?
 - h. Is waste properly segregated?
 - i. Are COVID-19 waste management boxes or even leaflets
 - j. Any other observation
3. Personal Protective equipment (PPE)
- a. What PPE are staff in this area wearing?
 - b. Are they wearing PPE correctly
 - c. Is staff wearing their home clothes
 - d. Do you think there is adequate supply of PPE

Casualty

1. Ventilation

Is it adequate OR not adequate? Elaborate below

2. Administrative controls

- a. Are patients social distancing?
- b. Is staff social distancing?
- c. Are there markings for social distancing?
- d. Is furniture positioned for social distancing?
- e. Are the posters or information leaflets about COVID-19?
- f. Is there an area with water and soap to clean hands?
- g. Are there hand sanitizers in all entrances and exit points?
- h. Is waste properly segregated?
- i. Are COVID-19 waste management boxes or even leaflets
- j. Any other observation

3. Personal Protective equipment (PPE)

- a. What PPE are staff in this area wearing?
- b. Are they wearing PPE correctly
- c. Is staff wearing their home clothes
- d. Do you think there is adequate supply of PPE

OPD

1. Ventilation

Is it adequate OR not adequate? Elaborate below

2. Administrative controls

- a. Are patients social distancing?
- b. Is staff social distancing?
- c. Are there markings for social distancing?
- d. Is furniture positioned for social distancing?
- e. Are the posters or information leaflets about COVID-19?

- f. Is there an area with water and soap to clean hands?
 - g. Are there hand sanitizers in all entrances and exit points?
 - h. Is waste properly segregated?
 - i. Are COVID-19 waste management boxes or even leaflets
 - j. Any other observation
3. Personal Protective equipment (PPE)
- a. What PPE are staff in this area wearing?
 - b. Are they wearing PPE correctly
 - c. Is staff wearing their home clothes
 - d. Do you think there is adequate supply of PPE

COVID-19 Persons Under Investigation or Treatment area (isolation)

- 1. Ventilation

Is it adequate OR not adequate? Elaborate below
- 2. Administrative controls
 - a. Are patients social distancing?

- b. Is staff social distancing?
 - c. Are there markings for social distancing?
 - d. Is furniture positioned for social distancing?
 - e. Are the posters or information leaflets about COVID-19?
 - f. Is there an area with water and soap to clean hands?
 - g. Are there hand sanitizers in all entrances and exit points?
 - h. Is waste properly segregated?
 - i. Are COVID-19 waste management boxes or even leaflets
 - j. Any other observation
3. Personal Protective equipment (PPE)
- a. What PPE are staff in this area wearing?
 - b. Are they wearing PPE correctly

- c. Is staff wearing their home clothes
- d. Do you think there is adequate supply of PPE

| # | Variable / Field Name | Field Label <i>Field Note</i> | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) |
|---|--------------------------|---|--|
| Instrument: COVID-19 SURVEILLANCE & HEALTH CARE WORKER STUDY (covid19_surveillance_health_care_worker_study) | | | |
| 1 | [chs_sirecordid] | Section Header: <i>This section is about COVID-19</i> Record ID section 1 <i>Automatic record numbering</i> | text Custom alignment: RH |
| 2 | [chs_studyinfo recordid] | Record ID <i>Assign ID to participant starting CHS followed by 3 digits</i> | text, Required |
| 3 | [chs_studyinfo daytime] | Please provide day and time you are completing this section | text (datetime_dmy), Required |
| 4 | [studyinfo r] | Study title: OHASIS COVID-19 surveillance Use of Information Systems, the experience of COVID-19 and vaccine uptake and hesitancy Dear NHLS Staff member We, NIOH and the Health and Safety Department are researching your COVID-19 pandemic experiences at work. Research is a process used in seeking new knowledge. In this study, we want to learn about your use of OHASIS during COVID and if you had a COVID-19 infection and your experiences. This information will help us to evaluate OHASIS and support staff in the NHLS. We are inviting you to take part in this research study What is involved in the study? This could include but would not necessarily be limited to: This is an electronic anonymous (you will not add your name or employee number) survey. In the second part of the study, your confidential incident data from The Occupational Health and Safety Information System (OHASIS) will be analysed anonymously. The survey will start in February 2022 and end once sufficient participants have joined You will need to complete the survey on your computer by answering all the questions. This should take 15 minutes. A link to the questionnaire will be emailed to you and you will complete the survey on REDCap, please remember that completing the survey online implies that you consent to the study. The survey will ask about your interactions with OHASIS and your safety behaviours. Some information will also be collected about your COVID-19 experiences and your COVID-19 vaccination reasons. Risks of being involved in the study: There are no clear risks in participating in this survey If you have questions about COVID-19 please call the staff hotline 011 386 6131. If you need other support please contact the EWP provider Metropolitan Health SMS 083 450 0508 or Email: ewp@metropolitanhrm.co.za Benefits of being in the study: There is no direct benefit to you if you participate in this study. But you are an important part of ensuring good health and safety in the NHLS. You will be given information on the study while involved in the project and after the results are available. Participation is voluntary, and refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may stop at any time without penalty or loss of benefits to which you are otherwise entitled; there is no requirement to provide a reason for withdrawing and any data collected with identifiable information will be destroyed unless you specifically consent to its retention. Confidentiality: Any personal information will be treated in the strictest confidence and will only be available to the Principal Investigator (PI), The only exceptions - and all of them are rare - would normally be: Personal information where collected may be disclosed if required by law The Human Research Ethics Committees of the University may exceptionally require personal data to respond to a formal complaint, or for a compliance audit If results are published, this may, exceptionally, lead to cohort, or very rarely, individual identification. The survey data collected in the course of the study will be securely retained for 2 to 6 years. While the surveillance data will be kept for as long as the OHASIS system operates, due to the responsibility of surveillance to describe and investigate trends over time. Thereafter it will be destroyed accordingly. Anonymity will be guaranteed in the survey, where no | descriptive |

| | | |
|--|--|---|
| | | <p>name or ID number will be collected. This will impact the deletion of survey responses if you wish to withdraw from the study. For further information, please contact Kerry Wilson at kerryw@nioh.ac.za or call 0117126422</p> <p>Outputs</p> <p>The study will produce peer-reviewed publications, these may be accessed on the NIOH website once published. A group summary of results for all staff will be published in the NHLS Labrap magazine once the study is completed. This study has been approved by the Human Research Ethics Committee (Medical) of the University of the Witwatersrand, Johannesburg (HREC). A principal function of this Committee is to safeguard the rights and dignity of all human subjects who agree to participate in a research project and the integrity of the research. If you have any concerns over the way the study is being conducted, please contact the Chairperson of this Committee who is Professor Clement Penny, who may be contacted on telephone number 011 717 2301, or by e-mail at Clement.Penny@wits.ac.za. The telephone numbers for the Committee secretariat are 011 717 2700/1234 and the e-mail addresses are Zanele.Ndlovu@wits.ac.za and Rhulani.Mukansi@wits.ac.za</p> <p>Thank you for reading this Study Information Sheet. November 2021 POPIA considerations</p> <p>This study will use your personal information (PI) including, your age, your education, your employment history, your home language, and medical information relevant to COVID-19. Only the required information will be collected. The responsible party is the National Institute for Occupational Health, a division of the National Health Laboratory Services (NHLS). The purpose for which Your PI is Being Collected: The study collects your PI for research purposes, to describe and evaluate the surveillance and health and safety at NHLS during COVID along with your experiences of COVID-19 infection.Â Ethics clearance has been sought to ensure there are safeguards in place to protect you. Your PI is also collected to allow us to comply with relevant legislation. The study team will work to ensure your correct and complete PI is collected. How the study will use your PI include the following: To research COVID-19 Surveillance and health and Safety; To manage our data and combine information from different sources; To comply with legal requirements and obligations imposed on us by law, and To ensure that our research is conducted rigorously and scientifically. The collection and processing of your PI will be conducted only with your voluntary consent, upon disclosure of the purposes for which such PI is processed. However, your PI will also be processed if the study is required to do so to comply with obligations imposed on it by law. Access to your PI is limited to the study team who need to know such information, to conduct the research. Your PI will not be shared unless required by Law. Unidentifiable data will be shared as group data in reports and publications. Your data will be stored securely in a digital format - from the collection on REDCap to storage on password-secured computers that undergo regular updates. Data will be stored on a secure server to maintain the integrity of your data. We shall delete or otherwise de-identify your personal information after the minimum storage periods required for research and statutory record-keeping periods have expired. As a study subject, you have a number of rights concerning your PI. You can, amongst others: require the study company to confirm what PI we have stored; require us to amend incorrect or incomplete PI; object to the, or require the company to stop processing your PI, for example where the processing of your PI is no longer necessary; require us to erase your PI; where our processing of your PI is based solely on your consent, you may withdraw that consent; or receive from us the PI we hold about you, which you have provided to us, including for the purpose of you transmitting that PI to another responsible party. You have the right to complain to the Information Regulator if aggrieved. as your PI will be collected anonymously fulfilling these obligations will depend on your cooperation. If you would like access to your PI please contact the NHLS Information Officer the CIO Mr Sibongiseni Hlongwane Seni.Hlongwane@nhls.ac.za</p> |
|--|--|---|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|-------------------------|--|---|---|--------------|------------------|----|--------------|------------------------|---|--------------|-------------------------|---|--------------|----------|---|--------------|---------------------------|---|--------------|---------------------------------|---|--------------|--------|---|--------------|-----------|---|--------------|----------------------------|----|---------------|-------------------------------------|----|---------------|-----------|----|---------------|--------------------|----|---------------|-----------|----|---------------|------------|----|---------------|---------------------------|----|---------------|----------------------|
| 5 | [chs_consent] | PARTICIPANT CONSENT on REDCap 1. I have been given a Participant Information Sheet which explains the survey and processes involved in this study, 2. I was given time to read it, or had it read to me, in a language I understand;3. I was given contact details to ask any questions 4. I believe I understand why the study is being conducted and what the intended outcomes will be;5. I understand that there will be no immediate benefit to me, should I agree to participate, nor will I receive any payment; conversely, participation will not cost me anything but my time;6. I understand that, even if I initially consent to take part in the study, I may subsequently withdraw at any time and would not be required to give any reasons; if that happened, any data collected about me for the purposes of the study would immediately be destroyed, unless I give consent for it to be retained7. I have been given a range of contact details, listed below. If I require further information or become concerned about any aspect of this study I am free to speak to any of these contacts. Contact details:Kerry Wilson, Principal Investigator, telephone no. 0117126422, or by e-mail at Kerryw@nioh.ac.za, Professor CB Penny, Chairperson of the Human Research Ethics Committee (Medical) at the University of Witwatersrand, on telephone no. 011 717 2301, or by e-mail at Clement.Penny@wits.ac.za. Ms. Z Ndlovu or Mr Rhulani Mkansi, Committee Secretariat, telephone nos.: 011 717 2700 or 1234, or by e-mail at: Zanele.Ndlovu@wits.ac.za or Rhulani.Mkansi@wits.ac.za | descriptive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | [chs_consented] | Consent <i>MUST RESPOND</i> | yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | [chs_nameinterviewer] | Name of the interviewer, if interviewed <i>NAME IN CAPITAL LETTERS</i> | text Custom alignment: RH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | [chs_dtssone] | Section Header: <i>Section 1: Information About You</i> Please provide day and time you are completing this section 1: Information about you | text (date_dmy), Required Custom alignment: LH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | [nstructns] | OHASIS COVID-19 HEALTH & SAFETY QUESTIONNAIRE All information you provide will be anonymous and only a group report relayed to all NHLS. Please note that by completing this questionnaire you are voluntarily agreeing to participate in this research study. Your data will be treated confidentially at all times. Processing of your data will comply with POPI Act regulations You may withdraw from this study at any moment during the completion of the questionnaire | descriptive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | [subregion] | 1.1 Which sub-region do you work in? <i>Choose ONLY one</i> | checkbox, Required <table><tr><td>1</td><td>subregion__1</td><td>Academic Complex</td></tr><tr><td>2</td><td>subregion__2</td><td>Alfred Nzo & Joe Gqabi</td></tr><tr><td>3</td><td>subregion__3</td><td>Buffalo City & Amathole</td></tr><tr><td>4</td><td>subregion__4</td><td>Capricon</td></tr><tr><td>5</td><td>subregion__5</td><td>Charlotte Maxeke Academic</td></tr><tr><td>6</td><td>subregion__6</td><td>Chris Hani Baragwanath Academic</td></tr><tr><td>7</td><td>subregion__7</td><td>Ibhayi</td></tr><tr><td>8</td><td>subregion__8</td><td>Corporate</td></tr><tr><td>9</td><td>subregion__9</td><td>Dr George Mukhari Academic</td></tr><tr><td>10</td><td>subregion__10</td><td>Eastern Cape - Management and Admin</td></tr><tr><td>11</td><td>subregion__11</td><td>Ehlanzeni</td></tr><tr><td>12</td><td>subregion__12</td><td>Ekurhuleni Tshwane</td></tr><tr><td>13</td><td>subregion__13</td><td>EThekweni</td></tr><tr><td>14</td><td>subregion__14</td><td>Free State</td></tr><tr><td>15</td><td>subregion__15</td><td>Free State and North West</td></tr><tr><td>16</td><td>subregion__16</td><td>Management and Admin</td></tr></table> | 1 | subregion__1 | Academic Complex | 2 | subregion__2 | Alfred Nzo & Joe Gqabi | 3 | subregion__3 | Buffalo City & Amathole | 4 | subregion__4 | Capricon | 5 | subregion__5 | Charlotte Maxeke Academic | 6 | subregion__6 | Chris Hani Baragwanath Academic | 7 | subregion__7 | Ibhayi | 8 | subregion__8 | Corporate | 9 | subregion__9 | Dr George Mukhari Academic | 10 | subregion__10 | Eastern Cape - Management and Admin | 11 | subregion__11 | Ehlanzeni | 12 | subregion__12 | Ekurhuleni Tshwane | 13 | subregion__13 | EThekweni | 14 | subregion__14 | Free State | 15 | subregion__15 | Free State and North West | 16 | subregion__16 | Management and Admin |
| 1 | subregion__1 | Academic Complex | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | subregion__2 | Alfred Nzo & Joe Gqabi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | subregion__3 | Buffalo City & Amathole | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | subregion__4 | Capricon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | subregion__5 | Charlotte Maxeke Academic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | subregion__6 | Chris Hani Baragwanath Academic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | subregion__7 | Ibhayi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | subregion__8 | Corporate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | subregion__9 | Dr George Mukhari Academic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | subregion__10 | Eastern Cape - Management and Admin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | subregion__11 | Ehlanzeni | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | subregion__12 | Ekurhuleni Tshwane | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | subregion__13 | EThekweni | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | subregion__14 | Free State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | subregion__15 | Free State and North West | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | subregion__16 | Management and Admin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|---------------|---------------------------------------|--|--|----|---------------|---------------------------------------|-------|---------------|---------------------------|----|---------------|------------------------|----|---------------|-----------------|----|---------------|---------------------------|----|---------------|---------------------------|----|---------------|----------------|----|---------------|------------------------|----|---------------|----------------------|----|---------------|----------------|----|---------------|----------------------|----|---------------|-----------------------------|----|---------------|----------------------------|----|---------------|----------|----|---------------|------|----|---------------|------|----|---------------|------------|----|---------------|---------------|----|---------------|------------------------|----|---------------|-------------------|----|---------------|-----------------------|----|---------------|------|----|---------------|------------------------|----|---------------|------------------|----|---------------|------------------|----|---------------|--------------------|----|---------------|--------------|----|---------------|-------------|----|---------------|--------------------------|----|---------------|--------------|----|---------------|---------------------------|----|---------------|----------------------|
| | | | | <table border="1"> <tr><td>17</td><td>subregion__17</td><td>Gauteng Management and Administration</td></tr> <tr><td>18</td><td>subregion__18</td><td>Gert Sibande and Nkangala</td></tr> <tr><td>19</td><td>subregion__19</td><td>Groote Schuur Academic</td></tr> <tr><td>20</td><td>subregion__20</td><td>Harry Gwala-Ugu</td></tr> <tr><td>21</td><td>subregion__21</td><td>Joburg Sedibeng West Rand</td></tr> <tr><td>22</td><td>subregion__22</td><td>KZN -Management and Admin</td></tr> <tr><td>23</td><td>subregion__23</td><td>Lembe-Thungulu</td></tr> <tr><td>24</td><td>subregion__24</td><td>Limpopo and Mpumalanga</td></tr> <tr><td>25</td><td>subregion__25</td><td>Management and Admin</td></tr> <tr><td>26</td><td>subregion__26</td><td>Maju-Mzinyathi</td></tr> <tr><td>27</td><td>subregion__27</td><td>Mgungundlovu-Thukela</td></tr> <tr><td>28</td><td>subregion__28</td><td>Nelson Mandela Academic Lab</td></tr> <tr><td>29</td><td>subregion__29</td><td>Nelson Mandela Bay & Sarah</td></tr> <tr><td>30</td><td>subregion__30</td><td>Baartman</td></tr> <tr><td>31</td><td>subregion__31</td><td>NICD</td></tr> <tr><td>32</td><td>subregion__32</td><td>NIOH</td></tr> <tr><td>33</td><td>subregion__33</td><td>North West</td></tr> <tr><td>34</td><td>subregion__34</td><td>Northern Cape</td></tr> <tr><td>35</td><td>subregion__35</td><td>Northern -Limpopo East</td></tr> <tr><td>36</td><td>subregion__36</td><td>Northern Rekopane</td></tr> <tr><td>37</td><td>subregion__37</td><td>OR Tambo & Chris Hani</td></tr> <tr><td>38</td><td>subregion__38</td><td>SAVP</td></tr> <tr><td>39</td><td>subregion__39</td><td>Sekhukhune - Waterberg</td></tr> <tr><td>40</td><td>subregion__40</td><td>Southern Gauteng</td></tr> <tr><td>41</td><td>subregion__41</td><td>Tshwane Academic</td></tr> <tr><td>42</td><td>subregion__42</td><td>Tygerberg Academic</td></tr> <tr><td>43</td><td>subregion__43</td><td>Umkhanyazulu</td></tr> <tr><td>44</td><td>subregion__44</td><td>Universitas</td></tr> <tr><td>45</td><td>subregion__45</td><td>Vhembe - Mopani District</td></tr> <tr><td>46</td><td>subregion__46</td><td>Western Cape</td></tr> <tr><td>47</td><td>subregion__47</td><td>Western and Northern Cape</td></tr> <tr><td>48</td><td>subregion__48</td><td>Management and Admin</td></tr> </table> | 17 | subregion__17 | Gauteng Management and Administration | 18 | subregion__18 | Gert Sibande and Nkangala | 19 | subregion__19 | Groote Schuur Academic | 20 | subregion__20 | Harry Gwala-Ugu | 21 | subregion__21 | Joburg Sedibeng West Rand | 22 | subregion__22 | KZN -Management and Admin | 23 | subregion__23 | Lembe-Thungulu | 24 | subregion__24 | Limpopo and Mpumalanga | 25 | subregion__25 | Management and Admin | 26 | subregion__26 | Maju-Mzinyathi | 27 | subregion__27 | Mgungundlovu-Thukela | 28 | subregion__28 | Nelson Mandela Academic Lab | 29 | subregion__29 | Nelson Mandela Bay & Sarah | 30 | subregion__30 | Baartman | 31 | subregion__31 | NICD | 32 | subregion__32 | NIOH | 33 | subregion__33 | North West | 34 | subregion__34 | Northern Cape | 35 | subregion__35 | Northern -Limpopo East | 36 | subregion__36 | Northern Rekopane | 37 | subregion__37 | OR Tambo & Chris Hani | 38 | subregion__38 | SAVP | 39 | subregion__39 | Sekhukhune - Waterberg | 40 | subregion__40 | Southern Gauteng | 41 | subregion__41 | Tshwane Academic | 42 | subregion__42 | Tygerberg Academic | 43 | subregion__43 | Umkhanyazulu | 44 | subregion__44 | Universitas | 45 | subregion__45 | Vhembe - Mopani District | 46 | subregion__46 | Western Cape | 47 | subregion__47 | Western and Northern Cape | 48 | subregion__48 | Management and Admin |
| 17 | subregion__17 | Gauteng Management and Administration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | subregion__18 | Gert Sibande and Nkangala | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | subregion__19 | Groote Schuur Academic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | subregion__20 | Harry Gwala-Ugu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | subregion__21 | Joburg Sedibeng West Rand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | subregion__22 | KZN -Management and Admin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | subregion__23 | Lembe-Thungulu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | subregion__24 | Limpopo and Mpumalanga | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | subregion__25 | Management and Admin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | subregion__26 | Maju-Mzinyathi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | subregion__27 | Mgungundlovu-Thukela | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | subregion__28 | Nelson Mandela Academic Lab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | subregion__29 | Nelson Mandela Bay & Sarah | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | subregion__30 | Baartman | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | subregion__31 | NICD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | subregion__32 | NIOH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | subregion__33 | North West | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | subregion__34 | Northern Cape | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | subregion__35 | Northern -Limpopo East | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | subregion__36 | Northern Rekopane | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | subregion__37 | OR Tambo & Chris Hani | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | subregion__38 | SAVP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | subregion__39 | Sekhukhune - Waterberg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | subregion__40 | Southern Gauteng | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | subregion__41 | Tshwane Academic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | subregion__42 | Tygerberg Academic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | subregion__43 | Umkhanyazulu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | subregion__44 | Universitas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | subregion__45 | Vhembe - Mopani District | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | subregion__46 | Western Cape | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | subregion__47 | Western and Northern Cape | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 | subregion__48 | Management and Admin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 | [ruralurban] | 1.2 In your opinion are you based in a rural or urban facility <i>Choose ONLY one</i> | radio, Required <table border="1"> <tr><td>1</td><td>Rural</td></tr> <tr><td>2</td><td>Urban</td></tr> </table> Custom alignment: RH | 1 | Rural | 2 | Urban | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rural | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Urban | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | [pplebuilding] | 1.3 How many people work in your building / facility <i>Choose ONE</i> | radio, Required <table border="1"> <tr><td>1</td><td>1-10</td></tr> <tr><td>2</td><td>11-50</td></tr> <tr><td>3</td><td>51-200</td></tr> <tr><td>4</td><td>201+</td></tr> </table> Custom alignment: RH | 1 | 1-10 | 2 | 11-50 | 3 | 51-200 | 4 | 201+ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1-10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 11-50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 51-200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 201+ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 13 | [ageyrs] | 1.4 What is your age in years? <i>Age between 15 - 100 years</i> | text (number, Min: 15, Max: 100), Required Custom alignment: RH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14 | [sex] | 1.5 What was your sex at birth? <i>Choose ONLY one</i> | radio, Required <table border="1"> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Male</td></tr> </table> Custom alignment: RH | 1 | Female | 2 | Male | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Male | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|---|--|---|---|--------------------|---|----------------------|---|--------------------------|---|--------------------|---|------------------|---|----------------------|---|--|---|---------------------------------|---|------------------|----|--------------|----|---|----|-------------------|----|--------------------|----|-------------|----|-----------|----|-------|----|----|----|-------|
| 15 | [genderid] | 1.5 What gender do you identify with? <i>Choose ONLY one</i> | radio, Required <table border="1"> <tr><td>1</td><td>Woman</td></tr> <tr><td>2</td><td>Man</td></tr> <tr><td>3</td><td>Other</td></tr> <tr><td>4</td><td>Choose not to say</td></tr> </table> Custom alignment: LH | 1 | Woman | 2 | Man | 3 | Other | 4 | Choose not to say | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Woman | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Man | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Choose not to say | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | [race] | 1.6 What is your race? <i>Choose ONLY one</i> | radio, Required <table border="1"> <tr><td>1</td><td>Asian</td></tr> <tr><td>2</td><td>Black</td></tr> <tr><td>3</td><td>Coloured</td></tr> <tr><td>4</td><td>Indian</td></tr> <tr><td>5</td><td>White</td></tr> <tr><td>6</td><td>Other</td></tr> </table> Custom alignment: LH | 1 | Asian | 2 | Black | 3 | Coloured | 4 | Indian | 5 | White | 6 | Other | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Asian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Black | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Coloured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Indian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | White | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | [chs_soneotherrace] Show the field ONLY if: [race] = '6' | If other, specify | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | [homelang] | 1.7 What is your home language? <i>Choose ONLY one</i> | radio, Required <table border="1"> <tr><td>1</td><td>Sepedi</td></tr> <tr><td>2</td><td>Sesotho</td></tr> <tr><td>3</td><td>Setswana</td></tr> <tr><td>4</td><td>siSwati</td></tr> <tr><td>5</td><td>Tshivenda</td></tr> <tr><td>6</td><td>Xitsonga</td></tr> <tr><td>7</td><td>Afrikaans</td></tr> <tr><td>8</td><td>English</td></tr> <tr><td>9</td><td>isiNdebele</td></tr> <tr><td>10</td><td>isiXhosa</td></tr> <tr><td>11</td><td>isiZulu</td></tr> <tr><td>12</td><td>Other</td></tr> </table> | 1 | Sepedi | 2 | Sesotho | 3 | Setswana | 4 | siSwati | 5 | Tshivenda | 6 | Xitsonga | 7 | Afrikaans | 8 | English | 9 | isiNdebele | 10 | isiXhosa | 11 | isiZulu | 12 | Other | | | | | | | | | | | | |
| 1 | Sepedi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sesotho | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Setswana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | siSwati | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Tshivenda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Xitsonga | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Afrikaans | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | English | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | isiNdebele | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | isiXhosa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | isiZulu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | [chs_soneotherlanguage] Show the field ONLY if: [homelang] = '12' | If other language, specify | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | [jobcategory] | 1.8 Which category would your job best fit in? <i>Choose ONLY one</i> | radio, Required <table border="1"> <tr><td>1</td><td>Medical Technician</td></tr> <tr><td>2</td><td>Medical Technologist</td></tr> <tr><td>3</td><td>Clerk (Laboratory-based)</td></tr> <tr><td>4</td><td>Laboratory Manager</td></tr> <tr><td>5</td><td>Intern / Student</td></tr> <tr><td>6</td><td>Laboratory assistant</td></tr> <tr><td>7</td><td>Admin including HR and finance /Clerk (Non-laboratory)</td></tr> <tr><td>8</td><td>Management staff non-laboratory</td></tr> <tr><td>9</td><td>Driver/messenger</td></tr> <tr><td>10</td><td>Phlebotomist</td></tr> <tr><td>11</td><td>General worker including cleaners and security staff & workshop</td></tr> <tr><td>12</td><td>Medical Scientist</td></tr> <tr><td>13</td><td>Medical Specialist</td></tr> <tr><td>14</td><td>Pathologist</td></tr> <tr><td>15</td><td>Registrar</td></tr> <tr><td>16</td><td>Nurse</td></tr> <tr><td>17</td><td>IT</td></tr> <tr><td>18</td><td>Other</td></tr> </table> | 1 | Medical Technician | 2 | Medical Technologist | 3 | Clerk (Laboratory-based) | 4 | Laboratory Manager | 5 | Intern / Student | 6 | Laboratory assistant | 7 | Admin including HR and finance /Clerk (Non-laboratory) | 8 | Management staff non-laboratory | 9 | Driver/messenger | 10 | Phlebotomist | 11 | General worker including cleaners and security staff & workshop | 12 | Medical Scientist | 13 | Medical Specialist | 14 | Pathologist | 15 | Registrar | 16 | Nurse | 17 | IT | 18 | Other |
| 1 | Medical Technician | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Medical Technologist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Clerk (Laboratory-based) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Laboratory Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Intern / Student | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Laboratory assistant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Admin including HR and finance /Clerk (Non-laboratory) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Management staff non-laboratory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Driver/messenger | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Phlebotomist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | General worker including cleaners and security staff & workshop | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Medical Scientist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Medical Specialist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Pathologist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Registrar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | IT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|----|---|--|--|---|------------------|---|-------------------|---|-----------------|---|---------------------|---|-----------------|
| 21 | [chs_soneotherjobcatego] Show the field ONLY if: [jobcategory] = '18' | Other, specify which job category | text | | | | | | | | | | |
| 22 | [jobexpyears] | 1.9.b How many years of experience do you have (in total for your current speciality)? | radio, Required <table border="1"> <tr><td>1</td><td>0 to < 2 years</td></tr> <tr><td>2</td><td>> 2 - 8 years</td></tr> <tr><td>3</td><td>> 8 - 14 years</td></tr> <tr><td>4</td><td>14+ years</td></tr> </table> Custom alignment: RH | 1 | 0 to < 2 years | 2 | > 2 - 8 years | 3 | > 8 - 14 years | 4 | 14+ years | | |
| 1 | 0 to < 2 years | | | | | | | | | | | | |
| 2 | > 2 - 8 years | | | | | | | | | | | | |
| 3 | > 8 - 14 years | | | | | | | | | | | | |
| 4 | 14+ years | | | | | | | | | | | | |
| 23 | [wkdutieschange] | 1.10 Did your work duties change during the pandemic? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 24 | [howchange] | 1.11 If so, how did they change? <i>Choose ONLY ONE</i> | radio, Required <table border="1"> <tr><td>1</td><td>More work</td></tr> <tr><td>2</td><td>Less work</td></tr> <tr><td>3</td><td>Different tasks</td></tr> <tr><td>4</td><td>Moved work location</td></tr> <tr><td>5</td><td>Other</td></tr> </table> Custom alignment: LH | 1 | More work | 2 | Less work | 3 | Different tasks | 4 | Moved work location | 5 | Other |
| 1 | More work | | | | | | | | | | | | |
| 2 | Less work | | | | | | | | | | | | |
| 3 | Different tasks | | | | | | | | | | | | |
| 4 | Moved work location | | | | | | | | | | | | |
| 5 | Other | | | | | | | | | | | | |
| 25 | [chs_soneotherchanges] Show the field ONLY if: [howchange] = '5' | If other, specify | text Custom alignment: LH | | | | | | | | | | |
| 26 | [stresshome] | 1.11a How often do you experience stress at home <i>Choose ONLY ONE</i> | radio, Required <table border="1"> <tr><td>1</td><td>Most of the time</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Rarely</td></tr> <tr><td>4</td><td>Never</td></tr> <tr><td>5</td><td>Don't know (DK)</td></tr> </table> Custom alignment: LH | 1 | Most of the time | 2 | Sometimes | 3 | Rarely | 4 | Never | 5 | Don't know (DK) |
| 1 | Most of the time | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Rarely | | | | | | | | | | | | |
| 4 | Never | | | | | | | | | | | | |
| 5 | Don't know (DK) | | | | | | | | | | | | |
| 27 | [stresswork] | 1.11b How often do you experience stress at work <i>Choose ONLY ONE</i> | radio, Required <table border="1"> <tr><td>1</td><td>Most of the time</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Rarely</td></tr> <tr><td>4</td><td>Never</td></tr> <tr><td>5</td><td>Don't know (DK)</td></tr> </table> Custom alignment: LH | 1 | Most of the time | 2 | Sometimes | 3 | Rarely | 4 | Never | 5 | Don't know (DK) |
| 1 | Most of the time | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | |
| 3 | Rarely | | | | | | | | | | | | |
| 4 | Never | | | | | | | | | | | | |
| 5 | Don't know (DK) | | | | | | | | | | | | |
| 28 | [chs_sonetrachespains] | Section Header: 1.12 In the past 3 months how often have you been troubled by the following symptoms? Answer all questions. 1.12.a. Aches and pains | radio, Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Troubled a little</td></tr> <tr><td>3</td><td>Troubled a lot</td></tr> </table> Custom alignment: RH | 1 | Not at all | 2 | Troubled a little | 3 | Troubled a lot | | | | |
| 1 | Not at all | | | | | | | | | | | | |
| 2 | Troubled a little | | | | | | | | | | | | |
| 3 | Troubled a lot | | | | | | | | | | | | |
| 29 | [chs_sonetrchestpain] | 1.12.b. Chest pain or pounding or racing heart | radio, Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Troubled a little</td></tr> <tr><td>3</td><td>Troubled a lot</td></tr> </table> Custom alignment: RH | 1 | Not at all | 2 | Troubled a little | 3 | Troubled a lot | | | | |
| 1 | Not at all | | | | | | | | | | | | |
| 2 | Troubled a little | | | | | | | | | | | | |
| 3 | Troubled a lot | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|---|-------------------|----------------------------------|---|---|---|----------------|---|-------------------|---|----------------|---|----------|---|-------------------|
| | 30 | [chs_sonetrtroublesleep] | 1.12.c. Trouble sleeping? | radio, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Troubled a little</td></tr><tr><td>3</td><td>Troubled a lot</td></tr></table> Custom alignment: RH | 1 | Not at all | 2 | Troubled a little | 3 | Troubled a lot | | | | |
| 1 | Not at all | | | | | | | | | | | | | |
| 2 | Troubled a little | | | | | | | | | | | | | |
| 3 | Troubled a lot | | | | | | | | | | | | | |
| | 31 | [chs_sonetr tiredness] | 1.12.d. Tiredness | radio, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Troubled a little</td></tr><tr><td>3</td><td>Troubled a lot</td></tr></table> Custom alignment: RH | 1 | Not at all | 2 | Troubled a little | 3 | Troubled a lot | | | | |
| 1 | Not at all | | | | | | | | | | | | | |
| 2 | Troubled a little | | | | | | | | | | | | | |
| 3 | Troubled a lot | | | | | | | | | | | | | |
| | 32 | [chs_sonetrheadaches] | 1.12.e. Headaches or dizziness | radio, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Troubled a little</td></tr><tr><td>3</td><td>Troubled a lot</td></tr></table> Custom alignment: RH | 1 | Not at all | 2 | Troubled a little | 3 | Troubled a lot | | | | |
| 1 | Not at all | | | | | | | | | | | | | |
| 2 | Troubled a little | | | | | | | | | | | | | |
| 3 | Troubled a lot | | | | | | | | | | | | | |
| | 33 | [chs_sonetr muscle tension] | 1.12.f. Muscle tension or jaw clenching | radio, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Troubled a little</td></tr><tr><td>3</td><td>Troubled a lot</td></tr></table> Custom alignment: RH | 1 | Not at all | 2 | Troubled a little | 3 | Troubled a lot | | | | |
| 1 | Not at all | | | | | | | | | | | | | |
| 2 | Troubled a little | | | | | | | | | | | | | |
| 3 | Troubled a lot | | | | | | | | | | | | | |
| | 34 | [chs_sonetr stomach problems] | 1.12.h. Stomach or digestion problems | radio, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Troubled a little</td></tr><tr><td>3</td><td>Troubled a lot</td></tr></table> Custom alignment: RH | 1 | Not at all | 2 | Troubled a little | 3 | Troubled a lot | | | | |
| 1 | Not at all | | | | | | | | | | | | | |
| 2 | Troubled a little | | | | | | | | | | | | | |
| 3 | Troubled a lot | | | | | | | | | | | | | |
| | 35 | [chs_sonetr shortness of breath] | 1.12.i. Shortness of breath | radio, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Troubled a little</td></tr><tr><td>3</td><td>Troubled a lot</td></tr></table> Custom alignment: RH | 1 | Not at all | 2 | Troubled a little | 3 | Troubled a lot | | | | |
| 1 | Not at all | | | | | | | | | | | | | |
| 2 | Troubled a little | | | | | | | | | | | | | |
| 3 | Troubled a lot | | | | | | | | | | | | | |
| | 36 | [chs_sonetr injuries] | 1.12.j. Injuries | radio, Required <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Troubled a little</td></tr><tr><td>3</td><td>Troubled a lot</td></tr></table> Custom alignment: RH | 1 | Not at all | 2 | Troubled a little | 3 | Troubled a lot | | | | |
| 1 | Not at all | | | | | | | | | | | | | |
| 2 | Troubled a little | | | | | | | | | | | | | |
| 3 | Troubled a lot | | | | | | | | | | | | | |
| | 37 | [chs_soneqwlqgoodremune] | Section Header: 1.13. Quality of Work Life Please tick the statement that best describe the quality of your work life in the past 12 months 1.13.A. My company provides good remuneration and benefits | radio, Required <table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly disagree</td></tr></table> Custom alignment: LH | 1 | Strongly agree | 2 | Agree | 3 | Neutral | 4 | Disagree | 5 | Strongly disagree |
| 1 | Strongly agree | | | | | | | | | | | | | |
| 2 | Agree | | | | | | | | | | | | | |
| 3 | Neutral | | | | | | | | | | | | | |
| 4 | Disagree | | | | | | | | | | | | | |
| 5 | Strongly disagree | | | | | | | | | | | | | |
| | 38 | [chs_soneqwlqfairpolproc] | 1.13.B. My company has fair policies and procedures | radio, Required <table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly disagree</td></tr></table> Custom alignment: LH | 1 | Strongly agree | 2 | Agree | 3 | Neutral | 4 | Disagree | 5 | Strongly disagree |
| 1 | Strongly agree | | | | | | | | | | | | | |
| 2 | Agree | | | | | | | | | | | | | |
| 3 | Neutral | | | | | | | | | | | | | |
| 4 | Disagree | | | | | | | | | | | | | |
| 5 | Strongly disagree | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|----|-----------------------------|--|---|---|----------------|---|-------|---|----------|---|----------|---|-------------------|
| 39 | [chs_soneqwlqgrowdev] | 1.13.C. My company provides me with opportunities to grow and develop in my job | radio, Required <table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly disagree</td></tr></table> Custom alignment: LH | 1 | Strongly agree | 2 | Agree | 3 | Neutral | 4 | Disagree | 5 | Strongly disagree |
| 1 | Strongly agree | | | | | | | | | | | | |
| 2 | Agree | | | | | | | | | | | | |
| 3 | Neutral | | | | | | | | | | | | |
| 4 | Disagree | | | | | | | | | | | | |
| 5 | Strongly disagree | | | | | | | | | | | | |
| 40 | [chs_soneqwlqppmrkh1] | 1.13.D. My company's policies and procedures enable me to manage work and home life | radio, Required <table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly disagree</td></tr></table> Custom alignment: LH | 1 | Strongly agree | 2 | Agree | 3 | Neutral | 4 | Disagree | 5 | Strongly disagree |
| 1 | Strongly agree | | | | | | | | | | | | |
| 2 | Agree | | | | | | | | | | | | |
| 3 | Neutral | | | | | | | | | | | | |
| 4 | Disagree | | | | | | | | | | | | |
| 5 | Strongly disagree | | | | | | | | | | | | |
| 41 | [chs_soneqwlqwngllygood] | 1.13.E. Working relationships within the company are generally good | radio, Required <table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly disagree</td></tr></table> Custom alignment: LH | 1 | Strongly agree | 2 | Agree | 3 | Neutral | 4 | Disagree | 5 | Strongly disagree |
| 1 | Strongly agree | | | | | | | | | | | | |
| 2 | Agree | | | | | | | | | | | | |
| 3 | Neutral | | | | | | | | | | | | |
| 4 | Disagree | | | | | | | | | | | | |
| 5 | Strongly disagree | | | | | | | | | | | | |
| 42 | [chs_soneqwlqsuffrs] | 1.13.F. I have sufficient resources to be able to do my job | radio, Required <table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly disagree</td></tr></table> Custom alignment: LH | 1 | Strongly agree | 2 | Agree | 3 | Neutral | 4 | Disagree | 5 | Strongly disagree |
| 1 | Strongly agree | | | | | | | | | | | | |
| 2 | Agree | | | | | | | | | | | | |
| 3 | Neutral | | | | | | | | | | | | |
| 4 | Disagree | | | | | | | | | | | | |
| 5 | Strongly disagree | | | | | | | | | | | | |
| 43 | [chs_soneqwlqfreedomtask] | 1.13.G. I have freedom within my work to decide how to do my tasks | radio, Required <table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly disagree</td></tr></table> Custom alignment: LH | 1 | Strongly agree | 2 | Agree | 3 | Neutral | 4 | Disagree | 5 | Strongly disagree |
| 1 | Strongly agree | | | | | | | | | | | | |
| 2 | Agree | | | | | | | | | | | | |
| 3 | Neutral | | | | | | | | | | | | |
| 4 | Disagree | | | | | | | | | | | | |
| 5 | Strongly disagree | | | | | | | | | | | | |
| 44 | [chs_stwokhcontactshe] | Section Header: <i>SECTION 2: Information about Workplace Health and Safety and experiences</i> 2.1 Do you know how to contact your Safety Health and Environment (SHE) Officer | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not sure</td></tr></table> Custom alignment: LH | 1 | Yes | 2 | No | 3 | Not sure | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 3 | Not sure | | | | | | | | | | | | |
| 45 | [chs_stwokhcontactohn] | 2.2 Do you know how to contact your Occupational Health Nurse? | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not sure</td></tr></table> Custom alignment: LH | 1 | Yes | 2 | No | 3 | Not sure | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 3 | Not sure | | | | | | | | | | | | |
| 46 | [chs_stwocontacthsrep] | 2.3 Do you know how to contact your Health and Safety Representative? | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not sure</td></tr></table> Custom alignment: LH | 1 | Yes | 2 | No | 3 | Not sure | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 3 | Not sure | | | | | | | | | | | | |

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|----|---|---|---|---|------------------------------|---|---|---|---|---|--|---|-----|
| 47 | [chs_stwoseenohasis] | 2.4 Have you seen OHASIS on the NHLS intranet landing page | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not sure</td></tr></table> Custom alignment: LH | 1 | Yes | 2 | No | 3 | Not sure | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 3 | Not sure | | | | | | | | | | | | |
| 48 | [chs_stworcompleteohasis] | 2.5 Do you regularly complete OHASIS COVID-19 screening? | yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 49 | [chs_stwocohasisifyhow] Show the field ONLY if: [chs_stworcompleteohasis] = '1' | 2.5.1 If so, how? | radio <table><tr><td>1</td><td>On OHASIS</td></tr><tr><td>2</td><td>On paper</td></tr><tr><td>3</td><td>Both on paper and OHASIS</td></tr></table> Custom alignment: LH | 1 | On OHASIS | 2 | On paper | 3 | Both on paper and OHASIS | | | | |
| 1 | On OHASIS | | | | | | | | | | | | |
| 2 | On paper | | | | | | | | | | | | |
| 3 | Both on paper and OHASIS | | | | | | | | | | | | |
| 50 | [chs_stwocohasisifnown] Show the field ONLY if: [chs_stworcompleteohasis] = '0' | 2.5.2 If No why not? | text Custom alignment: LH | | | | | | | | | | |
| 51 | [chs_stworeportinciddiswk] | 2.6 Do you know that you need to report all incidents including diseases you think came from work exposures | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not sure</td></tr></table> Custom alignment: LH | 1 | Yes | 2 | No | 3 | Not sure | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 3 | Not sure | | | | | | | | | | | | |
| 52 | [chs_sfwpinillness] | 2.7. If you were to experience a workplace injury or illness. What would happen? | radio, Required <table><tr><td>1</td><td>I generally do not report it</td></tr><tr><td>2</td><td>I generally report it but usually nobody comes to investigate</td></tr><tr><td>3</td><td>I generally report it and it is usually promptly investigated, but then nothing is done to fix it</td></tr><tr><td>4</td><td>I generally report it and it is usually promptly investigated and resolved</td></tr><tr><td>5</td><td>N/A</td></tr></table> | 1 | I generally do not report it | 2 | I generally report it but usually nobody comes to investigate | 3 | I generally report it and it is usually promptly investigated, but then nothing is done to fix it | 4 | I generally report it and it is usually promptly investigated and resolved | 5 | N/A |
| 1 | I generally do not report it | | | | | | | | | | | | |
| 2 | I generally report it but usually nobody comes to investigate | | | | | | | | | | | | |
| 3 | I generally report it and it is usually promptly investigated, but then nothing is done to fix it | | | | | | | | | | | | |
| 4 | I generally report it and it is usually promptly investigated and resolved | | | | | | | | | | | | |
| 5 | N/A | | | | | | | | | | | | |
| 53 | [chs_stwokreportwpio] | 2.8 Do you know how to report a workplace incident, injury or disease including COVID-19 on OHASIS? | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not sure</td></tr></table> Custom alignment: LH | 1 | Yes | 2 | No | 3 | Not sure | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 3 | Not sure | | | | | | | | | | | | |
| 54 | [chs_stwousedcshotline] | 2.9 Have you used the COVID-19 staff hotline | yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 55 | [chs_stworeadnhlscvaccti] | 2.10 Have you read the NHLS intranet-based COVID-19 Vaccination training and information | yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 56 | [chs_stwoneedlesinjexpblood] | Section Header: 2B WORKPLACE INJURIES AND DISEASES 2.11 Did you have a needle stick/sharp injury or other unprotected exposure to blood or body fluids from January 2020 to now? | yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |

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|----|--|---|---|---|----------------------------|-----------------------------|----|----------------------------|---|---|----------------------------|-------------------|---|----------------------------|--------------------------------|---|----------------------------|-----------|---|----------------------------|------------|---|----------------------------|----------|---|----------------------------|--------|---|----------------------------|-------|----|-----------------------------|--------------|
| 57 | [chs_stwoifyesinjexphmany] Show the field ONLY if: [chs_stwoneedlesinjexpblood] = '1' | 2.11.1 If yes How many ? | text Custom alignment: RH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 | [chs_stwodateneedle] Show the field ONLY if: [chs_stwoneedlesinjexpblood] = '1' and [chs_stwoifyesinjexphmany] > 1 | 2.11.2 What date did you have a needle stick or splash? | text (date_dmy) Custom alignment: RH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59 | [chs_stwootherdateinjury] Show the field ONLY if: [chs_stwoifyesinjexphmany] > 1 | 2.11.3 Which other date did you have the injury (ies)? | text (date_dmy) Custom alignment: RH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | [chs_stworeportedto] Show the field ONLY if: [chs_stwoneedlesinjexpblood] = '1' | 2.11.4 If Yes to the above question, to whom did you report this? (CHOOSE ALL THAT APPLY) <i>Check all boxes that apply</i> | checkbox, Required <table><tr><td>1</td><td>chs_stworeportedto__1</td><td>Occupational Health Service</td></tr><tr><td>2</td><td>chs_stworeportedto__2</td><td>Outsourced service provider (Life Assist)</td></tr><tr><td>3</td><td>chs_stworeportedto__3</td><td>First Aid Service</td></tr><tr><td>4</td><td>chs_stworeportedto__4</td><td>Health & Safety Representative</td></tr><tr><td>5</td><td>chs_stworeportedto__5</td><td>Colleague</td></tr><tr><td>6</td><td>chs_stworeportedto__6</td><td>Supervisor</td></tr><tr><td>7</td><td>chs_stworeportedto__7</td><td>Casualty</td></tr><tr><td>8</td><td>chs_stworeportedto__8</td><td>OHASIS</td></tr><tr><td>9</td><td>chs_stworeportedto__9</td><td>Other</td></tr><tr><td>10</td><td>chs_stworeportedto__10</td><td>Not reported</td></tr></table> | 1 | chs_stworeportedto__1 | Occupational Health Service | 2 | chs_stworeportedto__2 | Outsourced service provider (Life Assist) | 3 | chs_stworeportedto__3 | First Aid Service | 4 | chs_stworeportedto__4 | Health & Safety Representative | 5 | chs_stworeportedto__5 | Colleague | 6 | chs_stworeportedto__6 | Supervisor | 7 | chs_stworeportedto__7 | Casualty | 8 | chs_stworeportedto__8 | OHASIS | 9 | chs_stworeportedto__9 | Other | 10 | chs_stworeportedto__10 | Not reported |
| 1 | chs_stworeportedto__1 | Occupational Health Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | chs_stworeportedto__2 | Outsourced service provider (Life Assist) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | chs_stworeportedto__3 | First Aid Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | chs_stworeportedto__4 | Health & Safety Representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | chs_stworeportedto__5 | Colleague | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | chs_stworeportedto__6 | Supervisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | chs_stworeportedto__7 | Casualty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | chs_stworeportedto__8 | OHASIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | chs_stworeportedto__9 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | chs_stworeportedto__10 | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 61 | [chs_stworeportedtospecify] Show the field ONLY if: [chs_stworeportedto(9)] = '1' | If reported to Other, specify | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62 | [chs_stworeasonsntreport] Show the field ONLY if: [chs_stworeportedto(10)] = '1' | 2.11.5 If you have NOT reported your biological needle stick or splash, please describe the reasons: | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63 | [chs_stwowninjurypast12m] | 2.12 Did you have a work-related injury in the last 12 months other than a needle stick? | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Not sure</td></tr></table> Custom alignment: LH | 1 | Yes | 2 | No | 3 | Not sure | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Not sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64 | [chs_stwoureportedtop12m] | 2.13 If Yes, to whom did you report this? (CHOOSE ALL THAT APPLY) <i>Check all boxes that apply</i> | checkbox, Required <table><tr><td>1</td><td>chs_stwoureportedtop12m__1</td><td>Occupational Health Service</td></tr><tr><td>2</td><td>chs_stwoureportedtop12m__2</td><td>Outsourced service provider (Life Assist)</td></tr><tr><td>3</td><td>chs_stwoureportedtop12m__3</td><td>First Aid Service</td></tr><tr><td>4</td><td>chs_stwoureportedtop12m__4</td><td>Health & Safety Representative</td></tr><tr><td>5</td><td>chs_stwoureportedtop12m__5</td><td>Colleague</td></tr><tr><td>6</td><td>chs_stwoureportedtop12m__6</td><td>Supervisor</td></tr><tr><td>7</td><td>chs_stwoureportedtop12m__7</td><td>Casualty</td></tr><tr><td>8</td><td>chs_stwoureportedtop12m__8</td><td>OHASIS</td></tr><tr><td>9</td><td>chs_stwoureportedtop12m__9</td><td>Other</td></tr><tr><td>10</td><td>chs_stwoureportedtop12m__10</td><td>Not reported</td></tr></table> | 1 | chs_stwoureportedtop12m__1 | Occupational Health Service | 2 | chs_stwoureportedtop12m__2 | Outsourced service provider (Life Assist) | 3 | chs_stwoureportedtop12m__3 | First Aid Service | 4 | chs_stwoureportedtop12m__4 | Health & Safety Representative | 5 | chs_stwoureportedtop12m__5 | Colleague | 6 | chs_stwoureportedtop12m__6 | Supervisor | 7 | chs_stwoureportedtop12m__7 | Casualty | 8 | chs_stwoureportedtop12m__8 | OHASIS | 9 | chs_stwoureportedtop12m__9 | Other | 10 | chs_stwoureportedtop12m__10 | Not reported |
| 1 | chs_stwoureportedtop12m__1 | Occupational Health Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | chs_stwoureportedtop12m__2 | Outsourced service provider (Life Assist) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | chs_stwoureportedtop12m__3 | First Aid Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | chs_stwoureportedtop12m__4 | Health & Safety Representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | chs_stwoureportedtop12m__5 | Colleague | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | chs_stwoureportedtop12m__6 | Supervisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | chs_stwoureportedtop12m__7 | Casualty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | chs_stwoureportedtop12m__8 | OHASIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | chs_stwoureportedtop12m__9 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | chs_stwoureportedtop12m__10 | Not reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|--|--|---|---|--------------------------------------|------------------------------|---------------------------------|--------------------------|--------------------------|---|--|----------------------------|----------------|--------------------------|--------------------|---|--------------------------|------------------|---|--------------------------|--|---|--------------------------|----------|
| 65 | [chs_stwonotreportedp12m] Show the field ONLY if: [chs_stworeportedtop12m(10)] = '1' | 2.13.1 If you have NOT reported please describe the reasons: | text | | | | | | | | | | | | | | | | | | | | | |
| 66 | [chs_stwovaccinatedfor] | 2.14 Have you been vaccinated for (CHOOSE ALL THAT APPLY) <i>Check all boxes that apply</i> | checkbox, Required <table border="1"> <tr> <td>1</td> <td>chs_stwovaccinatedfor__1</td> <td>Varicella (as a child)</td> </tr> <tr> <td>2</td> <td>chs_stwovaccinatedfor__2</td> <td>Influenza in 2021</td> </tr> <tr> <td>3</td> <td>chs_stwovaccinatedfor__3</td> <td>Hep B</td> </tr> <tr> <td>4</td> <td>chs_stwovaccinatedfor__4</td> <td>BCG 9 (as a child)</td> </tr> <tr> <td>5</td> <td>chs_stwovaccinatedfor__5</td> <td>MMR (as a child)</td> </tr> <tr> <td>6</td> <td>chs_stwovaccinatedfor__6</td> <td>TDap (tetanus, Diphtheria, Pertussis, within past 10yrs)</td> </tr> <tr> <td>7</td> <td>chs_stwovaccinatedfor__7</td> <td>COVID-19</td> </tr> </table> | 1 | chs_stwovaccinatedfor__1 | Varicella (as a child) | 2 | chs_stwovaccinatedfor__2 | Influenza in 2021 | 3 | chs_stwovaccinatedfor__3 | Hep B | 4 | chs_stwovaccinatedfor__4 | BCG 9 (as a child) | 5 | chs_stwovaccinatedfor__5 | MMR (as a child) | 6 | chs_stwovaccinatedfor__6 | TDap (tetanus, Diphtheria, Pertussis, within past 10yrs) | 7 | chs_stwovaccinatedfor__7 | COVID-19 |
| 1 | chs_stwovaccinatedfor__1 | Varicella (as a child) | | | | | | | | | | | | | | | | | | | | | | |
| 2 | chs_stwovaccinatedfor__2 | Influenza in 2021 | | | | | | | | | | | | | | | | | | | | | | |
| 3 | chs_stwovaccinatedfor__3 | Hep B | | | | | | | | | | | | | | | | | | | | | | |
| 4 | chs_stwovaccinatedfor__4 | BCG 9 (as a child) | | | | | | | | | | | | | | | | | | | | | | |
| 5 | chs_stwovaccinatedfor__5 | MMR (as a child) | | | | | | | | | | | | | | | | | | | | | | |
| 6 | chs_stwovaccinatedfor__6 | TDap (tetanus, Diphtheria, Pertussis, within past 10yrs) | | | | | | | | | | | | | | | | | | | | | | |
| 7 | chs_stwovaccinatedfor__7 | COVID-19 | | | | | | | | | | | | | | | | | | | | | | |
| 67 | [chs_stwotestedtbxray] | 2.14 a. Have you been tested (x-ray) for Tuberculosis (TB) at work? | yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LH | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 68 | [chs_stwoifnottestedtbwhy] Show the field ONLY if: [chs_stwotestedtbxray] = '0' | 2.14 b. If no why not | text Custom alignment: RH | | | | | | | | | | | | | | | | | | | | | |
| 69 | [tbscreen] | 14.c If your risk assessment indicates you need to screen regularly for Tuberculosis (TB) Do you? | radio <table border="1"> <tr> <td>1</td> <td>Self-screen on OHASIS every 3 months</td> </tr> <tr> <td>2</td> <td>Self-screen on OHASIS sometimes</td> </tr> <tr> <td>3</td> <td>Never screen</td> </tr> <tr> <td>4</td> <td>Screen but don't report if no symptoms</td> </tr> </table> Custom alignment: LH | 1 | Self-screen on OHASIS every 3 months | 2 | Self-screen on OHASIS sometimes | 3 | Never screen | 4 | Screen but don't report if no symptoms | | | | | | | | | | | | | |
| 1 | Self-screen on OHASIS every 3 months | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Self-screen on OHASIS sometimes | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Never screen | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Screen but don't report if no symptoms | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | [chs_stwosuffertbatnhls] | 2.15 Did you suffer from Tuberculosis (TB) during your employment at the NHLs | yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LH | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 71 | [chs_stwoiftbyreported] Show the field ONLY if: [chs_stwosuffertbatnhls] = '1' | 2.16 a. Did you report this | yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: RH | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 72 | [tbreported] Show the field ONLY if: [chs_stwoiftbyreported]= '1' | 2.16 b, Where or to whom did you report | radio <table border="1"> <tr> <td>1</td> <td>On OHASIS</td> </tr> <tr> <td>2</td> <td>To employee wellness</td> </tr> <tr> <td>3</td> <td>To your manager</td> </tr> <tr> <td>4</td> <td>To the OHS Nurse</td> </tr> <tr> <td>5</td> <td>Never reported</td> </tr> </table> Custom alignment: RH | 1 | On OHASIS | 2 | To employee wellness | 3 | To your manager | 4 | To the OHS Nurse | 5 | Never reported | | | | | | | | | | | |
| 1 | On OHASIS | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | To employee wellness | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | To your manager | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | To the OHS Nurse | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Never reported | | | | | | | | | | | | | | | | | | | | | | | |
| 73 | [chs_stwotbnhlsnoreprtwhy] Show the field ONLY if: [chs_stwoiftbyreported] = '0' | 2.16 c. If no why not | text Custom alignment: RH | | | | | | | | | | | | | | | | | | | | | |
| 74 | [chs_stwoiftbyyear] Show the field ONLY if: [chs_stwosuffertbatnhls] = '1' | 2.17 What year did you have TB? <i>Year</i> | text (date_dmy) Custom alignment: RH | | | | | | | | | | | | | | | | | | | | | |
| 75 | [handhygiene] | Section Header: <i>SECTION 3: TRAINING Please indicate all the training you have received at NHLs (e.g. talks, demonstrations, courses)(CHOOSE ALL THAT APPLY)</i> 3 a. Hand hygiene | checkbox, Required <table border="1"> <tr> <td>1</td> <td>handhygiene__1</td> <td>I have NOT received training</td> </tr> <tr> <td>2</td> <td>handhygiene__2</td> <td>I have received training</td> </tr> <tr> <td>3</td> <td>handhygiene__3</td> <td>I would like more training</td> </tr> </table> | 1 | handhygiene__1 | I have NOT received training | 2 | handhygiene__2 | I have received training | 3 | handhygiene__3 | I would like more training | | | | | | | | | | | | |
| 1 | handhygiene__1 | I have NOT received training | | | | | | | | | | | | | | | | | | | | | | |
| 2 | handhygiene__2 | I have received training | | | | | | | | | | | | | | | | | | | | | | |
| 3 | handhygiene__3 | I would like more training | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|----|--------------------------------------|--|---|
| 76 | [chs_sthtdonningppe] | 3 b. Donning (put on) of personal protective equipment (PPE) e.g. respirators, lab coats, gloves | radio, Required 1 I have NOT received training 2 I have received training 3 I would like more training |
| 77 | [chs_sthtdoffingppe] | 3 c. Doffing (removing) of PPE | radio, Required 1 I have NOT received training 2 I have received training 3 I would like more training |
| 78 | [chs_thtCOVIDpreventt] | 3 d. COVID-19 how to prevent transmission | radio, Required 1 I have NOT received training 2 I have received training 3 I would like more training |
| 79 | [chs_sthtneedlestickinjprev] | 3 e. Needle-stick and sharps injury prevention | radio, Required 1 I have NOT received training 2 I have received training 3 I would like more training |
| 80 | [chs_sthtHIV/AIDSprevention] | 3 f. HIV/AIDS prevention | radio, Required 1 I have NOT received training 2 I have received training 3 I would like more training |
| 81 | [chs_sthtHCRiskwastemgt] | 3 g. Health care risk waste management | radio, Required 1 I have NOT received training 2 I have received training 3 I would like more training |
| 82 | [chs_sthtChemicalhazards] | 3 h. Chemical hazards | radio, Required 1 I have NOT received training 2 I have received training 3 I would like more training |
| 83 | [chs_sthtEmergencyproc] | 3 i. Emergency procedures (evacuation) | radio, Required 1 I have NOT received training 2 I have received training 3 I would like more training |
| 84 | [chs_sthtHowreportworkplaceincident] | 3 j. How to report a workplace incident | radio, Required 1 I have NOT received training 2 I have received training 3 I would like more training |
| 85 | [chs_sthtTbworkplace] | 3k. TB in the workplace | radio, Required 1 I have NOT received training 2 I have received training 3 I would like more training |
| 86 | [chs_sthtHIVworkplace] | 3 l. HIV in the workplace | radio, Required 1 I have NOT received training 2 I have received training 3 I would like more training |
| 87 | [chs_sthCOVIDworkplace] | 3 m. COVID 19 training | radio, Required 1 I have NOT received training 2 I have received training 3 I would like more training |

| | | | | | | | | | | | | | | | |
|----|---|--|--|---|----------|---|----------------|---|--------------------------------------|---|--|---|----------|---|-------|
| 88 | [chs_sfwp risk assessment conducted] | <p>Section Header: <i>SECTION 4: Workplace Hazards</i></p> <p>4.1 Has a risk assessment been conducted in your facility? Choose ONLY ONE</p> | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not sure</td></tr> </table> <p>Custom alignment: RH</p> | 1 | Yes | 2 | No | 3 | Not sure | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | |
| 3 | Not sure | | | | | | | | | | | | | | |
| 89 | [chs_sfwp risk incl covid] | <p>4.2 Did your recent risk assessment include COVID-19 Choose ONLY ONE</p> | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not sure</td></tr> </table> <p>Custom alignment: RH</p> | 1 | Yes | 2 | No | 3 | Not sure | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | |
| 3 | Not sure | | | | | | | | | | | | | | |
| 90 | [chs_sfwp how often wps idone] | <p>4.3 How often are workplace safety inspections done Choose ONLY ONE</p> | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Monthly</td></tr> <tr><td>2</td><td>Every 3 months</td></tr> <tr><td>3</td><td>Annually</td></tr> <tr><td>4</td><td>Other</td></tr> <tr><td>5</td><td>Not sure</td></tr> </table> <p>Custom alignment: LH</p> | 1 | Monthly | 2 | Every 3 months | 3 | Annually | 4 | Other | 5 | Not sure | | |
| 1 | Monthly | | | | | | | | | | | | | | |
| 2 | Every 3 months | | | | | | | | | | | | | | |
| 3 | Annually | | | | | | | | | | | | | | |
| 4 | Other | | | | | | | | | | | | | | |
| 5 | Not sure | | | | | | | | | | | | | | |
| 91 | [chs_sfwp implemented] | <p>4.4 Are the control measures recommended by the risk assessment being implemented? Choose ONLY ONE</p> | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>Not Sure</td></tr> </table> <p>Custom alignment: LH</p> | 1 | Yes | 2 | No | 3 | Somewhat | 4 | Not Sure | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | |
| 4 | Not Sure | | | | | | | | | | | | | | |
| 92 | [chs_sfwp how easy get info] | <p>4.5 How easy do you think it is to get information you need about workplace hazards in your area?</p> | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Easy</td></tr> <tr><td>2</td><td>Not Easy</td></tr> <tr><td>3</td><td>Not Sure</td></tr> </table> <p>Custom alignment: RH</p> | 1 | Easy | 2 | Not Easy | 3 | Not Sure | | | | | | |
| 1 | Easy | | | | | | | | | | | | | | |
| 2 | Not Easy | | | | | | | | | | | | | | |
| 3 | Not Sure | | | | | | | | | | | | | | |
| 93 | [chs_sfwp reported how easy follow up] | <p>4.6 After a health & safety issue is reported, how easy is it to get follow-up information from management?</p> | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Easy</td></tr> <tr><td>2</td><td>Not Easy</td></tr> <tr><td>3</td><td>Not Sure</td></tr> </table> <p>Custom alignment: RH</p> | 1 | Easy | 2 | Not Easy | 3 | Not Sure | | | | | | |
| 1 | Easy | | | | | | | | | | | | | | |
| 2 | Not Easy | | | | | | | | | | | | | | |
| 3 | Not Sure | | | | | | | | | | | | | | |
| 94 | [chs_sfwp infection control improved] | <p>4.7 How much has your infection control behavior improved since COVID-19</p> | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Reasonable</td></tr> <tr><td>3</td><td>A lot</td></tr> </table> <p>Custom alignment: RH</p> | 1 | A little | 2 | Reasonable | 3 | A lot | | | | | | |
| 1 | A little | | | | | | | | | | | | | | |
| 2 | Reasonable | | | | | | | | | | | | | | |
| 3 | A lot | | | | | | | | | | | | | | |
| 95 | [chs_sfwp work from home during lockdown] | <p>4.8 Did you work from home during the two level 5 lock down periods?</p> | <p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH</p> | 1 | Yes | 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 96 | [chs_sfwp other work adaptations] | <p>4.9 If you were at work did you use other work adaptations</p> | <p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Flexi time (different hours at work)</td></tr> <tr><td>4</td><td>Work rotation (different days at work)</td></tr> <tr><td>5</td><td>Both</td></tr> <tr><td>6</td><td>Other</td></tr> </table> <p>Custom alignment: LH</p> | 1 | Yes | 2 | No | 3 | Flexi time (different hours at work) | 4 | Work rotation (different days at work) | 5 | Both | 6 | Other |
| 1 | Yes | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | |
| 3 | Flexi time (different hours at work) | | | | | | | | | | | | | | |
| 4 | Work rotation (different days at work) | | | | | | | | | | | | | | |
| 5 | Both | | | | | | | | | | | | | | |
| 6 | Other | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-----|---|--|--|---|------------------------------|---|---|---|---|---|--|---|----------|
| 97 | [chs_sfwp <h1>hazardouswrkarea</h1>] | 4.10 How risky do you feel your work area was? | radio, Required <table><tr><td>1</td><td>Risky</td></tr><tr><td>2</td><td>Normal (expected risk)</td></tr><tr><td>3</td><td>Low risk</td></tr><tr><td>4</td><td>No Risk</td></tr><tr><td>5</td><td>Not Sure</td></tr></table> Custom alignment: LH | 1 | Risky | 2 | Normal (expected risk) | 3 | Low risk | 4 | No Risk | 5 | Not Sure |
| 1 | Risky | | | | | | | | | | | | |
| 2 | Normal (expected risk) | | | | | | | | | | | | |
| 3 | Low risk | | | | | | | | | | | | |
| 4 | No Risk | | | | | | | | | | | | |
| 5 | Not Sure | | | | | | | | | | | | |
| 98 | [chs_sfwp <h1>easytoreporthaz</h1>] | 4.11 How easy is it to report a workplace hazard in your area? | radio, Required <table><tr><td>1</td><td>Easy</td></tr><tr><td>2</td><td>Not Easy</td></tr><tr><td>3</td><td>Not Sure</td></tr></table> Custom alignment: LH | 1 | Easy | 2 | Not Easy | 3 | Not Sure | | | | |
| 1 | Easy | | | | | | | | | | | | |
| 2 | Not Easy | | | | | | | | | | | | |
| 3 | Not Sure | | | | | | | | | | | | |
| 99 | [chs_sfwp <h1>identifywphaz</h1>] | 4.12. When you identify what you think is a workplace hazard | radio, Required <table><tr><td>1</td><td>I generally do not report it</td></tr><tr><td>2</td><td>I generally report it but usually nobody comes to investigate</td></tr><tr><td>3</td><td>I generally report it and it is usually promptly investigated, but then nothing is done to fix it</td></tr><tr><td>4</td><td>I generally report it and it is usually promptly investigated and resolved</td></tr><tr><td>5</td><td>N/A</td></tr></table> | 1 | I generally do not report it | 2 | I generally report it but usually nobody comes to investigate | 3 | I generally report it and it is usually promptly investigated, but then nothing is done to fix it | 4 | I generally report it and it is usually promptly investigated and resolved | 5 | N/A |
| 1 | I generally do not report it | | | | | | | | | | | | |
| 2 | I generally report it but usually nobody comes to investigate | | | | | | | | | | | | |
| 3 | I generally report it and it is usually promptly investigated, but then nothing is done to fix it | | | | | | | | | | | | |
| 4 | I generally report it and it is usually promptly investigated and resolved | | | | | | | | | | | | |
| 5 | N/A | | | | | | | | | | | | |
| 100 | [chs_sfio <h1>heye</h1> protection] | Section Header: <i>SECTION 5: Occupational Health & Safety Procedures and Barriers</i> 5.1 I use eye protection (other than prescription glasses) during procedures that have a potential for splashes and aerosols <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Less than half of the time</td></tr><tr><td>3</td><td>Half of the time</td></tr><tr><td>4</td><td>More than half of the time</td></tr><tr><td>5</td><td>Always</td></tr></table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always |
| 1 | Never | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | |
| 101 | [chs_sfio <h1>hrecap</h1> needles] | 5.2 I recap needles <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Less than half of the time</td></tr><tr><td>3</td><td>Half of the time</td></tr><tr><td>4</td><td>More than half of the time</td></tr><tr><td>5</td><td>Always</td></tr></table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always |
| 1 | Never | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | |
| 102 | [chs_sfio <h1>hdisp</h1> inscontainer] | 5. 3 I dispose of sharps in a sharps container <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Less than half of the time</td></tr><tr><td>3</td><td>Half of the time</td></tr><tr><td>4</td><td>More than half of the time</td></tr><tr><td>5</td><td>Always</td></tr></table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always |
| 1 | Never | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | |
| 103 | [chs_sfio <h1>huse</h1> fumehoods] | 5.4 I use fume hoods/down drafts/ microbiological safety cabinet, when indicated <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Less than half of the time</td></tr><tr><td>3</td><td>Half of the time</td></tr><tr><td>4</td><td>More than half of the time</td></tr><tr><td>5</td><td>Always</td></tr></table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always |
| 1 | Never | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | |
| 104 | [chs_sfio <h1>hwear</h1> n95indicated] | 5.5. I wear an N95 respirator when indicated by a risk assessment <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Less than half of the time</td></tr><tr><td>3</td><td>Half of the time</td></tr><tr><td>4</td><td>More than half of the time</td></tr><tr><td>5</td><td>Always</td></tr></table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always |
| 1 | Never | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | |

| | | | |
|-----|-----------------------------|--|--|
| 105 | [chs_sfiohmaskwsomeone] | 5.6 I wear a mask when I share a room with someone <i>Choose ONLY ONE</i> | radio, Required 1 Never 2 Less than half of the time 3 Half of the time 4 More than half of the time 5 Always |
| 106 | [chs_sfiohsocialdistancing] | 5.7 I observe social distancing at work <i>Choose ONLY ONE</i> | radio, Required 1 Never 2 Less than half of the time 3 Half of the time 4 More than half of the time 5 Always |
| 107 | [chs_sfiohhandsanitizerr] | 5.8 I use hand sanitiser/ wash hands regularly <i>Choose ONLY ONE</i> | radio, Required 1 Never 2 Less than half of the time 3 Half of the time 4 More than half of the time 5 Always |
| 108 | [chs_sfiohreportspillsseen] | 5.7 I report spills I see <i>Choose ONLY ONE</i> | radio, Required 1 Never 2 Less than half of the time 3 Half of the time 4 More than half of the time 5 Always |
| 109 | [chs_sfiohreporttomyhrep] | 5.8 I feel comfortable reporting health and safety problems to my HSrep or manager <i>Choose ONLY ONE</i> | radio, Required 1 Never 2 Less than half of the time 3 Half of the time 4 More than half of the time 5 Always |
| 110 | [chs_sfiohsuggestcorrhp] | 5.9 I make suggestions for correcting health and safety problems <i>Choose ONLY ONE</i> | radio, Required 1 Never 2 Less than half of the time 3 Half of the time 4 More than half of the time 5 Always |
| 111 | [chs_sfiohclearsupswpract] | 5.10 I get clear supervision regarding safe work practices <i>Choose ONLY ONE</i> | radio, Required 1 Never 2 Less than half of the time 3 Half of the time 4 More than half of the time 5 Always |
| 112 | [chs_sfiohrepinillnesswk] | 5.11 I am encouraged to report injuries and illness at work <i>Choose ONLY ONE</i> | radio, Required 1 Never 2 Less than half of the time 3 Half of the time 4 More than half of the time 5 Always |

| | | | | | | | | | | | | | | | |
|-----|-----------------------------|---|--|---|-------|---|----------------------------|---|------------------|---|----------------------------|---|--------|---|-----|
| 113 | [chs_sfiohtrustmanager] | 5.12 I trust my manager to make my workplace safe <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Less than half of the time</td></tr><tr><td>3</td><td>Half of the time</td></tr><tr><td>4</td><td>More than half of the time</td></tr><tr><td>5</td><td>Always</td></tr></table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always | | |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 114 | [chs_sfiohtrustscomm] | 5.13 I trust my health and safety committee to make my workplace safe <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Less than half of the time</td></tr><tr><td>3</td><td>Half of the time</td></tr><tr><td>4</td><td>More than half of the time</td></tr><tr><td>5</td><td>Always</td></tr></table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always | | |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 115 | [chs_sfiohrecnf] | When recommended health and safety including COVID-19 prevention procedures are NOT followed, please rate how often you think each of the following reasons play a role | descriptive | | | | | | | | | | | | |
| 116 | [chs_sfiohrecnfnotentime] | 5.14 Not enough time/too much work <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Less than half of the time</td></tr><tr><td>3</td><td>Half of the time</td></tr><tr><td>4</td><td>More than half of the time</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>6</td><td>N/A</td></tr></table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always | 6 | N/A |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 6 | N/A | | | | | | | | | | | | | | |
| 117 | [chs_sfiohrecnfpooravequip] | 5.15 Poor availability of proper equipment <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Less than half of the time</td></tr><tr><td>3</td><td>Half of the time</td></tr><tr><td>4</td><td>More than half of the time</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>6</td><td>N/A</td></tr></table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always | 6 | N/A |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 6 | N/A | | | | | | | | | | | | | | |
| 118 | [chs_sfiohrecnflackspace] | 5.16 Lack of proper space <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Less than half of the time</td></tr><tr><td>3</td><td>Half of the time</td></tr><tr><td>4</td><td>More than half of the time</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>6</td><td>N/A</td></tr></table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always | 6 | N/A |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 6 | N/A | | | | | | | | | | | | | | |
| 119 | [chs_sfiohrecnfnotfeelrisk] | 5.17 Do not feel the risk requires it <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Less than half of the time</td></tr><tr><td>3</td><td>Half of the time</td></tr><tr><td>4</td><td>More than half of the time</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>6</td><td>N/A</td></tr></table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always | 6 | N/A |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 6 | N/A | | | | | | | | | | | | | | |
| 120 | [chs_sfiohrecnfpeerpress] | 5.18 Peer pressure <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Less than half of the time</td></tr><tr><td>3</td><td>Half of the time</td></tr><tr><td>4</td><td>More than half of the time</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>6</td><td>N/A</td></tr></table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always | 6 | N/A |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 6 | N/A | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-----|---|---|--|---|-------|---|----------------------------|---|------------------|---|----------------------------|---|--------|---|-----|
| 121 | [chs_sfiohrecnfnottrained] | 5.19 Not trained well enough <i>Choose ONLY ONE</i> | radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than half of the time</td></tr> <tr><td>3</td><td>Half of the time</td></tr> <tr><td>4</td><td>More than half of the time</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>6</td><td>N/A</td></tr> </table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always | 6 | N/A |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 6 | N/A | | | | | | | | | | | | | | |
| 122 | [chs_sfiohrecnfsupervnot] | 5.20 Proper supervision not provided <i>Choose ONLY ONE</i> | radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than half of the time</td></tr> <tr><td>3</td><td>Half of the time</td></tr> <tr><td>4</td><td>More than half of the time</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>6</td><td>N/A</td></tr> </table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always | 6 | N/A |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 6 | N/A | | | | | | | | | | | | | | |
| 123 | [chs_sfiohrecnfno supportm] | 5.21 Not supported by my manager <i>Choose ONLY ONE</i> | radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than half of the time</td></tr> <tr><td>3</td><td>Half of the time</td></tr> <tr><td>4</td><td>More than half of the time</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>6</td><td>N/A</td></tr> </table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always | 6 | N/A |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 6 | N/A | | | | | | | | | | | | | | |
| 124 | [chs_sfiohrecnf others specify] | 5.22 Other (please specify) <i>Choose ONLY ONE</i> | radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than half of the time</td></tr> <tr><td>3</td><td>Half of the time</td></tr> <tr><td>4</td><td>More than half of the time</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>6</td><td>N/A</td></tr> </table> | 1 | Never | 2 | Less than half of the time | 3 | Half of the time | 4 | More than half of the time | 5 | Always | 6 | N/A |
| 1 | Never | | | | | | | | | | | | | | |
| 2 | Less than half of the time | | | | | | | | | | | | | | |
| 3 | Half of the time | | | | | | | | | | | | | | |
| 4 | More than half of the time | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | |
| 6 | N/A | | | | | | | | | | | | | | |
| 125 | [chs_sfirecnto others specify] Show the field ONLY if: [chs_sfiohrecnf others specify] = '1' or [chs_sfiohrecnf others specify] = '2' or [chs_sfiohrecnf others specify] = '3' or [chs_sfiohrecnf others specify] = '4' or [chs_sfiohrecnf others specify] = '5' or [chs_sfiohrecnf others specify] = '6' | Specify other in 5.22 above | text | | | | | | | | | | | | |
| 126 | [timestested] | Section Header: <i>SECTION 6: COVID-19</i> How many times have you had a PCR test for COVID-19 | text (number, Min: 0, Max: 100) | | | | | | | | | | | | |
| 127 | [testplace] | Where did you test? NHLS or Private Labs or Both | radio <table border="1"> <tr><td>1</td><td>NHLS</td></tr> <tr><td>2</td><td>Private Labs</td></tr> <tr><td>3</td><td>Both</td></tr> </table> | 1 | NHLS | 2 | Private Labs | 3 | Both | | | | | | |
| 1 | NHLS | | | | | | | | | | | | | | |
| 2 | Private Labs | | | | | | | | | | | | | | |
| 3 | Both | | | | | | | | | | | | | | |
| 128 | [chs_ssixceverttpositive] | 6.1 Have you ever tested positive for COVID-19 ? <i>Choose ONLY ONE</i> | radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not sure</td></tr> </table> Custom alignment: RH | 1 | Yes | 2 | No | 3 | Not sure | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | |
| 3 | Not sure | | | | | | | | | | | | | | |
| 129 | [chs_ssixchmanytimes] Show the field ONLY if: [chs_ssixceverttpositive]= '1' | 6.2 How many separate times have you had COVID-19 Disease? <i>Choose ONLY ONE</i> | radio, Required <table border="1"> <tr><td>1</td><td>Once</td></tr> <tr><td>2</td><td>Twice</td></tr> <tr><td>3</td><td>Three or more</td></tr> </table> Custom alignment: RH | 1 | Once | 2 | Twice | 3 | Three or more | | | | | | |
| 1 | Once | | | | | | | | | | | | | | |
| 2 | Twice | | | | | | | | | | | | | | |
| 3 | Three or more | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|--|---|---|---------------------------|---|---|---------------------------|--------------------------------------|---|---------------------------|---|---|---------------------------|-----------------------------------|---|---------------------------|---|---|---------------------------|---|---|---------------------------|--|---|---------------------------|---------------------------------|---|-------------------------|-----------------|----|--------------------------|--------------------------|----|--------------------------|---------|----|--------------------------|-------------------------------------|----|--------------------------|----------------|----|--------------------------|---------|----|--------------------------|------------|----|--------------------------|-------|
| 130 | <p>[chs_ssixcwhentpositive]</p> <p>Show the field ONLY if: [chs_ssixceverttpositive] = '1'</p> | <p>6.3a When did you test positive? Tick all that apply if you suffered COVID-19 more than once. <i>Check all boxes that apply</i></p> | <p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>chs_ssixcwhentpositive__1</td> <td>Before the first wave (up to 7 June 2020)</td> </tr> <tr> <td>2</td> <td>chs_ssixcwhentpositive__2</td> <td>First wave (7 June - 22 August 2020)</td> </tr> <tr> <td>3</td> <td>chs_ssixcwhentpositive__3</td> <td>Between 1st and 2nd wave (23 Aug - 15 Nov 2020)</td> </tr> <tr> <td>4</td> <td>chs_ssixcwhentpositive__4</td> <td>Second wave (15 Nov - 6 Feb 2021)</td> </tr> <tr> <td>5</td> <td>chs_ssixcwhentpositive__5</td> <td>Between 2nd and 3rd wave (6 Feb - 10 June 2021)</td> </tr> <tr> <td>6</td> <td>chs_ssixcwhentpositive__6</td> <td>Third wave (19 May - 26 September 2021)</td> </tr> <tr> <td>7</td> <td>chs_ssixcwhentpositive__7</td> <td>After 3rd wave (26 September 2021 -)</td> </tr> <tr> <td>8</td> <td>chs_ssixcwhentpositive__8</td> <td>Fourth wave (4th December 2021)</td> </tr> </table> | 1 | chs_ssixcwhentpositive__1 | Before the first wave (up to 7 June 2020) | 2 | chs_ssixcwhentpositive__2 | First wave (7 June - 22 August 2020) | 3 | chs_ssixcwhentpositive__3 | Between 1st and 2nd wave (23 Aug - 15 Nov 2020) | 4 | chs_ssixcwhentpositive__4 | Second wave (15 Nov - 6 Feb 2021) | 5 | chs_ssixcwhentpositive__5 | Between 2nd and 3rd wave (6 Feb - 10 June 2021) | 6 | chs_ssixcwhentpositive__6 | Third wave (19 May - 26 September 2021) | 7 | chs_ssixcwhentpositive__7 | After 3rd wave (26 September 2021 -) | 8 | chs_ssixcwhentpositive__8 | Fourth wave (4th December 2021) | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | chs_ssixcwhentpositive__1 | Before the first wave (up to 7 June 2020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | chs_ssixcwhentpositive__2 | First wave (7 June - 22 August 2020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | chs_ssixcwhentpositive__3 | Between 1st and 2nd wave (23 Aug - 15 Nov 2020) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | chs_ssixcwhentpositive__4 | Second wave (15 Nov - 6 Feb 2021) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | chs_ssixcwhentpositive__5 | Between 2nd and 3rd wave (6 Feb - 10 June 2021) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | chs_ssixcwhentpositive__6 | Third wave (19 May - 26 September 2021) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | chs_ssixcwhentpositive__7 | After 3rd wave (26 September 2021 -) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | chs_ssixcwhentpositive__8 | Fourth wave (4th December 2021) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 131 | <p>[chs_ssixcyescowhomrep]</p> <p>Show the field ONLY if: [chs_ssixceverttpositive] = '1'</p> | <p>6.4 If Yes to COVID, to whom did you report this? <i>Check all boxes that apply</i></p> | <p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>chs_ssixcyescowhomrep__1</td> <td>NHLS Occupational Health Nurse</td> </tr> <tr> <td>2</td> <td>chs_ssixcyescowhomrep__2</td> <td>First Aid Service</td> </tr> <tr> <td>3</td> <td>chs_ssixcyescowhomrep__3</td> <td>Health & Safety Representative</td> </tr> <tr> <td>4</td> <td>chs_ssixcyescowhomrep__4</td> <td>Colleague</td> </tr> <tr> <td>5</td> <td>chs_ssixcyescowhomrep__5</td> <td>Supervisor/ Manager</td> </tr> <tr> <td>6</td> <td>chs_ssixcyescowhomrep__6</td> <td>Other</td> </tr> <tr> <td>7</td> <td>chs_ssixcyescowhomrep__7</td> <td>Did Not Report this</td> </tr> </table> | 1 | chs_ssixcyescowhomrep__1 | NHLS Occupational Health Nurse | 2 | chs_ssixcyescowhomrep__2 | First Aid Service | 3 | chs_ssixcyescowhomrep__3 | Health & Safety Representative | 4 | chs_ssixcyescowhomrep__4 | Colleague | 5 | chs_ssixcyescowhomrep__5 | Supervisor/ Manager | 6 | chs_ssixcyescowhomrep__6 | Other | 7 | chs_ssixcyescowhomrep__7 | Did Not Report this | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | chs_ssixcyescowhomrep__1 | NHLS Occupational Health Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | chs_ssixcyescowhomrep__2 | First Aid Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | chs_ssixcyescowhomrep__3 | Health & Safety Representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | chs_ssixcyescowhomrep__4 | Colleague | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | chs_ssixcyescowhomrep__5 | Supervisor/ Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | chs_ssixcyescowhomrep__6 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | chs_ssixcyescowhomrep__7 | Did Not Report this | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 132 | <p>[chs_ssixcnotreportedwhy]</p> <p>Show the field ONLY if: [chs_ssixcyescowhomrep(7)] = '1'</p> | <p>If you have NOT reported please describe the reasons:</p> | <p>text</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 133 | <p>[chs_ssixcsyptomscexp]</p> <p>Show the field ONLY if: [chs_ssixceverttpositive]='1'</p> | <p>6.5.a If you had COVID-19, what COVID-19 symptoms did you experience: <i>Check all boxes that apply</i></p> | <p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>chs_ssixcsyptomscexp__1</td> <td>none</td> </tr> <tr> <td>2</td> <td>chs_ssixcsyptomscexp__2</td> <td>sore throat</td> </tr> <tr> <td>3</td> <td>chs_ssixcsyptomscexp__3</td> <td>runny nose</td> </tr> <tr> <td>4</td> <td>chs_ssixcsyptomscexp__4</td> <td>headache</td> </tr> <tr> <td>5</td> <td>chs_ssixcsyptomscexp__5</td> <td>fever</td> </tr> <tr> <td>6</td> <td>chs_ssixcsyptomscexp__6</td> <td>loss of smell</td> </tr> <tr> <td>7</td> <td>chs_ssixcsyptomscexp__7</td> <td>body aches</td> </tr> <tr> <td>8</td> <td>chs_ssixcsyptomscexp__8</td> <td>chills</td> </tr> <tr> <td>9</td> <td>chs_ssixcsyptomscexp__9</td> <td>short of breath</td> </tr> <tr> <td>10</td> <td>chs_ssixcsyptomscexp__10</td> <td>difficulty concentrating</td> </tr> <tr> <td>11</td> <td>chs_ssixcsyptomscexp__11</td> <td>fatigue</td> </tr> <tr> <td>12</td> <td>chs_ssixcsyptomscexp__12</td> <td>gastrointestinal (stomach) symptoms</td> </tr> <tr> <td>13</td> <td>chs_ssixcsyptomscexp__13</td> <td>sleep disorder</td> </tr> <tr> <td>14</td> <td>chs_ssixcsyptomscexp__14</td> <td>anxiety</td> </tr> <tr> <td>15</td> <td>chs_ssixcsyptomscexp__15</td> <td>depression</td> </tr> <tr> <td>16</td> <td>chs_ssixcsyptomscexp__16</td> <td>other</td> </tr> </table> | 1 | chs_ssixcsyptomscexp__1 | none | 2 | chs_ssixcsyptomscexp__2 | sore throat | 3 | chs_ssixcsyptomscexp__3 | runny nose | 4 | chs_ssixcsyptomscexp__4 | headache | 5 | chs_ssixcsyptomscexp__5 | fever | 6 | chs_ssixcsyptomscexp__6 | loss of smell | 7 | chs_ssixcsyptomscexp__7 | body aches | 8 | chs_ssixcsyptomscexp__8 | chills | 9 | chs_ssixcsyptomscexp__9 | short of breath | 10 | chs_ssixcsyptomscexp__10 | difficulty concentrating | 11 | chs_ssixcsyptomscexp__11 | fatigue | 12 | chs_ssixcsyptomscexp__12 | gastrointestinal (stomach) symptoms | 13 | chs_ssixcsyptomscexp__13 | sleep disorder | 14 | chs_ssixcsyptomscexp__14 | anxiety | 15 | chs_ssixcsyptomscexp__15 | depression | 16 | chs_ssixcsyptomscexp__16 | other |
| 1 | chs_ssixcsyptomscexp__1 | none | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | chs_ssixcsyptomscexp__2 | sore throat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | chs_ssixcsyptomscexp__3 | runny nose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | chs_ssixcsyptomscexp__4 | headache | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | chs_ssixcsyptomscexp__5 | fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | chs_ssixcsyptomscexp__6 | loss of smell | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | chs_ssixcsyptomscexp__7 | body aches | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | chs_ssixcsyptomscexp__8 | chills | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | chs_ssixcsyptomscexp__9 | short of breath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | chs_ssixcsyptomscexp__10 | difficulty concentrating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | chs_ssixcsyptomscexp__11 | fatigue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | chs_ssixcsyptomscexp__12 | gastrointestinal (stomach) symptoms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | chs_ssixcsyptomscexp__13 | sleep disorder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | chs_ssixcsyptomscexp__14 | anxiety | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | chs_ssixcsyptomscexp__15 | depression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | chs_ssixcsyptomscexp__16 | other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|---|---|---|---|--------------------|---|-----------------|---|------------------------|---|--------------|---|---------------------|---|------------|---|--------------------|
| 134 | <p>[chs_ssixcothersymptom]</p> <p>Show the field ONLY if: [chs_ssixcsyptomscexp(16)] = '1'</p> | Other (specify other symptom) | text | | | | | | | | | | | | | | |
| 135 | <p>[chs_ssixclengthsymptoms]</p> <p>Show the field ONLY if: [chs_ssixcsyptomscexp(1)] = '1' or [chs_ssixcsyptomscexp(2)] = '1' or [chs_ssixcsyptomscexp(3)] = '1' or [chs_ssixcsyptomscexp(4)] = '1' or [chs_ssixcsyptomscexp(5)] = '1' or [chs_ssixcsyptomscexp(6)] = '1' or [chs_ssixcsyptomscexp(7)] = '1' or [chs_ssixcsyptomscexp(8)] = '1' or [chs_ssixcsyptomscexp(9)] = '1' or [chs_ssixcsyptomscexp(10)] = '1' or [chs_ssixcsyptomscexp(11)] = '1' or [chs_ssixcsyptomscexp(12)] = '1' or [chs_ssixcsyptomscexp(13)] = '1' or [chs_ssixcsyptomscexp(14)] = '1' or [chs_ssixcsyptomscexp(15)] = '1' or [chs_ssixcsyptomscexp(16)] = '1'</p> | 6.5.b Length (in days/weeks/months) that you experienced symptoms <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>0-3 days</td></tr><tr><td>2</td><td>3-7 days</td></tr><tr><td>3</td><td>7-14 days</td></tr><tr><td>4</td><td>14-30 days</td></tr><tr><td>5</td><td>30 days to 2 months</td></tr><tr><td>6</td><td>2-3 months</td></tr><tr><td>7</td><td>more than 3 months</td></tr></table> | 1 | 0-3 days | 2 | 3-7 days | 3 | 7-14 days | 4 | 14-30 days | 5 | 30 days to 2 months | 6 | 2-3 months | 7 | more than 3 months |
| 1 | 0-3 days | | | | | | | | | | | | | | | | |
| 2 | 3-7 days | | | | | | | | | | | | | | | | |
| 3 | 7-14 days | | | | | | | | | | | | | | | | |
| 4 | 14-30 days | | | | | | | | | | | | | | | | |
| 5 | 30 days to 2 months | | | | | | | | | | | | | | | | |
| 6 | 2-3 months | | | | | | | | | | | | | | | | |
| 7 | more than 3 months | | | | | | | | | | | | | | | | |
| 136 | <p>[chs_ssixcseveritysymptoms]</p> <p>Show the field ONLY if: [chs_ssixcsyptomscexp(1)] = '1' or [chs_ssixcsyptomscexp(2)] = '1' or [chs_ssixcsyptomscexp(3)] = '1' or [chs_ssixcsyptomscexp(4)] = '1' or [chs_ssixcsyptomscexp(5)] = '1' or [chs_ssixcsyptomscexp(6)] = '1' or [chs_ssixcsyptomscexp(7)] = '1' or [chs_ssixcsyptomscexp(8)] = '1' or [chs_ssixcsyptomscexp(9)] = '1' or [chs_ssixcsyptomscexp(10)] = '1' or [chs_ssixcsyptomscexp(11)] = '1' or [chs_ssixcsyptomscexp(12)] = '1' or [chs_ssixcsyptomscexp(13)] = '1' or [chs_ssixcsyptomscexp(14)] = '1' or [chs_ssixcsyptomscexp(15)] = '1' or [chs_ssixcsyptomscexp(16)] = '1'</p> | 6.5.c How severe were your symptoms or infection? <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Mild</td></tr><tr><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Severe</td></tr></table> Custom alignment: RH | 1 | Mild | 2 | Moderate | 3 | Severe | | | | | | | | |
| 1 | Mild | | | | | | | | | | | | | | | | |
| 2 | Moderate | | | | | | | | | | | | | | | | |
| 3 | Severe | | | | | | | | | | | | | | | | |
| 137 | <p>[chs_ssixcwhilecovidu]</p> <p>Show the field ONLY if: [chs_ssixceverttpositive]='1'</p> | 6.6.a While ill with COVID-19 were you <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>a</td><td>Fine / No symptoms</td></tr><tr><td>b</td><td>Self-medicating</td></tr><tr><td>c</td><td>Prescribed home oxygen</td></tr><tr><td>d</td><td>Hospitalised</td></tr></table> | a | Fine / No symptoms | b | Self-medicating | c | Prescribed home oxygen | d | Hospitalised | | | | | | |
| a | Fine / No symptoms | | | | | | | | | | | | | | | | |
| b | Self-medicating | | | | | | | | | | | | | | | | |
| c | Prescribed home oxygen | | | | | | | | | | | | | | | | |
| d | Hospitalised | | | | | | | | | | | | | | | | |
| 138 | <p>[chs_ssixcdayshospitalised]</p> <p>Show the field ONLY if: [chs_ssixcwhilecovidu] = 'd'</p> | 6.6.b If hospitalised how long in days | text (number) | | | | | | | | | | | | | | |
| 139 | <p>[chs_ssixcmonthyr]</p> <p>Show the field ONLY if: [chs_ssixcwhilecovidu] = 'd'</p> | 6.6.c What month and year were you hospitalized <i>Month & Year</i> | text (date_dmy), Required | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|--|---|------------------------------|-----------------|-------------|------------------------------|---------------------|---|------------------------------|---------------|-----------|------------------------------|--------------------|---|------------------------------|---|--------|------------------------------|-----------------|----|--------------------------|----|---------|----|-------------------------------------|----|-----------------|----|---------|----|------------|----|-------|
| 140 | <div>[chs_ssixccovidinfectionfr]</div> <div>Show the field ONLY if: [chs_ssixceverttpositive]='1'</div> | 6.7 Did you get your COVID-19 infection from: <i>Check all boxes that apply</i> | <div>checkbox, Required</div> <table><tr><td>1</td><td>chs_ssixccovidinfectionfr__1</td><td>Someone at home</td></tr><tr><td>2</td><td>chs_ssixccovidinfectionfr__2</td><td>A colleague at work</td></tr><tr><td>3</td><td>chs_ssixccovidinfectionfr__3</td><td>Work activity</td></tr><tr><td>4</td><td>chs_ssixccovidinfectionfr__4</td><td>Travelling to work</td></tr><tr><td>5</td><td>chs_ssixccovidinfectionfr__5</td><td>From the community (e.g. a funeral or wedding or visiting friends and family)</td></tr><tr><td>6</td><td>chs_ssixccovidinfectionfr__6</td><td>Unknown</td></tr></table> | 1 | chs_ssixccovidinfectionfr__1 | Someone at home | 2 | chs_ssixccovidinfectionfr__2 | A colleague at work | 3 | chs_ssixccovidinfectionfr__3 | Work activity | 4 | chs_ssixccovidinfectionfr__4 | Travelling to work | 5 | chs_ssixccovidinfectionfr__5 | From the community (e.g. a funeral or wedding or visiting friends and family) | 6 | chs_ssixccovidinfectionfr__6 | Unknown | | | | | | | | | | | | | | |
| 1 | chs_ssixccovidinfectionfr__1 | Someone at home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | chs_ssixccovidinfectionfr__2 | A colleague at work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | chs_ssixccovidinfectionfr__3 | Work activity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | chs_ssixccovidinfectionfr__4 | Travelling to work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | chs_ssixccovidinfectionfr__5 | From the community (e.g. a funeral or wedding or visiting friends and family) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | chs_ssixccovidinfectionfr__6 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141 | <div>[chs_ssixchadcaftervacc]</div> <div>Show the field ONLY if: [chs_ssixceverttpositive]='1'</div> | 6.8 Were you diagnosed with COVID-19 after receiving all your COVID-19 vaccination doses? <i>Choose ONLY ONE</i> | <div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Don't Know (DK)</td></tr></table> <div>Custom alignment: RH</div> | 1 | Yes | 2 | No | 3 | Don't Know (DK) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't Know (DK) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142 | <div>[chs_ssixcafterlastcvacch1]</div> <div>Show the field ONLY if: [chs_ssixchadcaftervacc] = '1'</div> | 6.9 How long after your last COVID-19 vaccination were you diagnosed with COVID-19 <i>Choose ONLY ONE</i> | <div>radio, Required</div> <table><tr><td>1</td><td>< 2 weeks</td></tr><tr><td>2</td><td>2-4 weeks</td></tr><tr><td>3</td><td>2-3 months</td></tr><tr><td>4</td><td>3-5 months</td></tr><tr><td>5</td><td>6+ months</td></tr></table> | 1 | < 2 weeks | 2 | 2-4 weeks | 3 | 2-3 months | 4 | 3-5 months | 5 | 6+ months | | | | | | | | | | | | | | | | | | | | | | |
| 1 | < 2 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2-4 weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 2-3 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 3-5 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 6+ months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 143 | <div>[chs_ssixcdrtoldulongc]</div> <div>Show the field ONLY if: [chs_ssixceverttpositive]='1'</div> | 6.10 Has your doctor told you, you are suffering from long COVID <i>Choose ONLY ONE</i> | <div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Don't Know (DK)</td></tr></table> <div>Custom alignment: RH</div> | 1 | Yes | 2 | No | 3 | Don't Know (DK) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't Know (DK) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 144 | <div>[chs_ssixcrnsymptoms]</div> <div>Show the field ONLY if: [chs_ssixceverttpositive]='1'</div> | 6.11 Have you had any return of symptoms or new symptoms after you recovered from COVID-19? <i>Choose ONLY ONE</i> | <div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Don't Know (DK)</td></tr></table> <div>Custom alignment: RH</div> | 1 | Yes | 2 | No | 3 | Don't Know (DK) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't Know (DK) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 145 | <div>[chs_ssixcwhichsymptomsr]</div> <div>Show the field ONLY if: [chs_ssixcrnsymptoms]='1'</div> | 6.12 If Yes, Which symptoms, select all that apply <i>Choose ONLY ONE</i> | <div>radio, Required</div> <table><tr><td>1</td><td>none</td></tr><tr><td>2</td><td>sore throat</td></tr><tr><td>3</td><td>runny nose</td></tr><tr><td>4</td><td>headache</td></tr><tr><td>5</td><td>fever</td></tr><tr><td>6</td><td>loss of smell</td></tr><tr><td>7</td><td>body aches</td></tr><tr><td>8</td><td>chills</td></tr><tr><td>9</td><td>short of breath</td></tr><tr><td>10</td><td>difficulty concentrating</td></tr><tr><td>11</td><td>fatigue</td></tr><tr><td>12</td><td>gastrointestinal (stomach) symptoms</td></tr><tr><td>13</td><td>sleep disorders</td></tr><tr><td>14</td><td>anxiety</td></tr><tr><td>15</td><td>depression</td></tr><tr><td>16</td><td>other</td></tr></table> | 1 | none | 2 | sore throat | 3 | runny nose | 4 | headache | 5 | fever | 6 | loss of smell | 7 | body aches | 8 | chills | 9 | short of breath | 10 | difficulty concentrating | 11 | fatigue | 12 | gastrointestinal (stomach) symptoms | 13 | sleep disorders | 14 | anxiety | 15 | depression | 16 | other |
| 1 | none | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | sore throat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | runny nose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | headache | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | loss of smell | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | body aches | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | chills | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | short of breath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | difficulty concentrating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | fatigue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | gastrointestinal (stomach) symptoms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | sleep disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | anxiety | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | depression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|---|---|--------------------------|----------|----------------------------|--------------------------|---------------------|---|--------------------------|--------|-----------------------|--------------------------|----------------------|---|--------------------------|--------|---|--------------------------|---------------|---|--------------------------|---------|---|--------------------------|--------------------|---|--------------------------|----|----|---------------------------|------------------|----|---------------------------|---------------|----|---------------------------|----------------|----|---------------------------|------------|----|---------------------------|---------------|----|---------------------------|--------------------|
| 146 | [chs_ssixcothersymptomsr] Show the field ONLY if: [chs_ssixcwhichsymptomsr] = '16' | If other symptoms, specify <i>Specify if other</i> | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147 | [chs_ssixcsymptsimpactedw] Show the field ONLY if: [chs_ssixcrnsymptoms]='1' | 6.13 Did these symptoms impact on your work? <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Don't Know (DK)</td></tr></table> Custom alignment: RH | 1 | Yes | 2 | No | 3 | Don't Know (DK) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't Know (DK) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 148 | [chs_ssixchowaffectedwork] Show the field ONLY if: [chs_ssixcsymptsimpactedw] = '1' | 6.14 How have they affected your work? <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>More tired</td></tr><tr><td>2</td><td>Need to concentrate harder</td></tr><tr><td>3</td><td>More stress at work</td></tr><tr><td>4</td><td>Needed days off</td></tr><tr><td>5</td><td>Can't cope physically</td></tr><tr><td>6</td><td>Other problem</td></tr></table> | 1 | More tired | 2 | Need to concentrate harder | 3 | More stress at work | 4 | Needed days off | 5 | Can't cope physically | 6 | Other problem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | More tired | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Need to concentrate harder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | More stress at work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Needed days off | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Can't cope physically | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Other problem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 149 | [chs_ssixcotherimpactedws] Show the field ONLY if: [chs_ssixchowaffectedwork] = '6' | Specify other problem | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 150 | [chs_ssevpreeexistinghc] | 7.1 Do you have any pre-existing health conditions? <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Don't Know (DK)</td></tr></table> Custom alignment: RH | 1 | Yes | 2 | No | 3 | Don't Know (DK) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't Know (DK) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 151 | [chs_ssevpreeexistingc] Show the field ONLY if: [chs_ssevpreeexistinghc] = '1' | 7.2 Which do you have? select all that apply <i>Check all boxes that apply</i> | checkbox, Required <table><tr><td>1</td><td>chs_ssevpreeexistingc__1</td><td>Diabetes</td></tr><tr><td>2</td><td>chs_ssevpreeexistingc__2</td><td>High Blood Pressure</td></tr><tr><td>3</td><td>chs_ssevpreeexistingc__3</td><td>Cancer</td></tr><tr><td>4</td><td>chs_ssevpreeexistingc__4</td><td>Chronic Lung Disease</td></tr><tr><td>5</td><td>chs_ssevpreeexistingc__5</td><td>Asthma</td></tr><tr><td>6</td><td>chs_ssevpreeexistingc__6</td><td>Heart Disease</td></tr><tr><td>7</td><td>chs_ssevpreeexistingc__7</td><td>Obesity</td></tr><tr><td>8</td><td>chs_ssevpreeexistingc__8</td><td>Autoimmune disease</td></tr><tr><td>9</td><td>chs_ssevpreeexistingc__9</td><td>TB</td></tr><tr><td>10</td><td>chs_ssevpreeexistingc__10</td><td>Organ transplant</td></tr><tr><td>11</td><td>chs_ssevpreeexistingc__11</td><td>Liver Disease</td></tr><tr><td>12</td><td>chs_ssevpreeexistingc__12</td><td>Kidney disease</td></tr><tr><td>13</td><td>chs_ssevpreeexistingc__13</td><td>Current TB</td></tr><tr><td>14</td><td>chs_ssevpreeexistingc__14</td><td>History of TB</td></tr><tr><td>15</td><td>chs_ssevpreeexistingc__15</td><td>Other pre-existing</td></tr></table> | 1 | chs_ssevpreeexistingc__1 | Diabetes | 2 | chs_ssevpreeexistingc__2 | High Blood Pressure | 3 | chs_ssevpreeexistingc__3 | Cancer | 4 | chs_ssevpreeexistingc__4 | Chronic Lung Disease | 5 | chs_ssevpreeexistingc__5 | Asthma | 6 | chs_ssevpreeexistingc__6 | Heart Disease | 7 | chs_ssevpreeexistingc__7 | Obesity | 8 | chs_ssevpreeexistingc__8 | Autoimmune disease | 9 | chs_ssevpreeexistingc__9 | TB | 10 | chs_ssevpreeexistingc__10 | Organ transplant | 11 | chs_ssevpreeexistingc__11 | Liver Disease | 12 | chs_ssevpreeexistingc__12 | Kidney disease | 13 | chs_ssevpreeexistingc__13 | Current TB | 14 | chs_ssevpreeexistingc__14 | History of TB | 15 | chs_ssevpreeexistingc__15 | Other pre-existing |
| 1 | chs_ssevpreeexistingc__1 | Diabetes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | chs_ssevpreeexistingc__2 | High Blood Pressure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | chs_ssevpreeexistingc__3 | Cancer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | chs_ssevpreeexistingc__4 | Chronic Lung Disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | chs_ssevpreeexistingc__5 | Asthma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | chs_ssevpreeexistingc__6 | Heart Disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | chs_ssevpreeexistingc__7 | Obesity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | chs_ssevpreeexistingc__8 | Autoimmune disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | chs_ssevpreeexistingc__9 | TB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | chs_ssevpreeexistingc__10 | Organ transplant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | chs_ssevpreeexistingc__11 | Liver Disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | chs_ssevpreeexistingc__12 | Kidney disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | chs_ssevpreeexistingc__13 | Current TB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | chs_ssevpreeexistingc__14 | History of TB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | chs_ssevpreeexistingc__15 | Other pre-existing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 152 | [chs_ssevothepreeexistingc] Show the field ONLY if: [chs_ssevpreeexistingc(15)] = '1' | If Other pre-existing condition, specify <i>Specify if other</i> | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 153 | [chs_ssevconditcontrolled] Show the field ONLY if: [chs_ssevpreeexistinghc] = '1' | 7.3 Is your condition under control (you take medication regularly, no flare-ups, medical tests good) <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Don't Know (DK)</td></tr></table> Custom alignment: RH | 1 | Yes | 2 | No | 3 | Don't Know (DK) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't Know (DK) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 154 | [chs_ssevnatespreexistingc] | Notes for pre-existing condition | notes Custom alignment: RH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|--|--|--|--|---|------------------------------|-------------------------------|--------|------------------------------|---|---|------------------------------|--|---|------------------------------|---------------------------------|---|------------------------------|---|---|------------------------------|----------------------------------|---|------------------------------|-------------------------|---|------------------------------|--|---|------------------------------|-----------------------------------|---|------------------------------|-------------------------|---|------------------------------|-------|
| 155 | [vaccc19] | Section Header: <i>Section 8: COVID-19 Vaccinations</i> 8.1 Have you been vaccinated for COVID-19 ? <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: RH | | 1 | Yes | 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 156 | [chs_seigvaccinereceived] Show the field ONLY if: [vacc19] = '1' | 8.2a Which vaccine did you receive? <i>Choose ONLY ONE</i> | radio, Required <table><tr><td>1</td><td>J & J (Jansen)</td></tr><tr><td>2</td><td>Pfizer</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: RH | | 1 | J & J (Jansen) | 2 | Pfizer | 3 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | J & J (Jansen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Pfizer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 157 | [chs_seigpfizerall] Show the field ONLY if: [vacc19] = '1' | 8.2b Did you have all the doses? | yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH | | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 158 | [chs_seigothervaccinerec] Show the field ONLY if: [vacc19] = '1' | 8.2c If vaccine received is other, specify <i>Specify if other</i> | text Custom alignment: RH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 159 | [chs_seigreasontovaccinate] Show the field ONLY if: [vacc19] = '1' | 8.3a If Yes tick all the reasons for your decision <i>Check all boxes that apply</i> | checkbox, Required <table><tr><td>a</td><td>chs_seigreasontovaccinate__a</td><td>I did not want to get COVID19</td></tr><tr><td>b</td><td>chs_seigreasontovaccinate__b</td><td>I did not want to get COVID-19 side effects</td></tr><tr><td>c</td><td>chs_seigreasontovaccinate__c</td><td>I trusted the research in developing the vaccine</td></tr><tr><td>d</td><td>chs_seigreasontovaccinate__d</td><td>To protect my family from COVID</td></tr><tr><td>e</td><td>chs_seigreasontovaccinate__e</td><td>I want to be able to see friends and family</td></tr><tr><td>f</td><td>chs_seigreasontovaccinate__f</td><td>I did not want to get long COVID</td></tr><tr><td>g</td><td>chs_seigreasontovaccinate__g</td><td>It was organised for me</td></tr><tr><td>h</td><td>chs_seigreasontovaccinate__h</td><td>My doctor/family said I should get the vaccine</td></tr><tr><td>i</td><td>chs_seigreasontovaccinate__i</td><td>The vaccine is safe and effective</td></tr><tr><td>j</td><td>chs_seigreasontovaccinate__j</td><td>To protect my pregnancy</td></tr><tr><td>k</td><td>chs_seigreasontovaccinate__k</td><td>Other</td></tr></table> | | a | chs_seigreasontovaccinate__a | I did not want to get COVID19 | b | chs_seigreasontovaccinate__b | I did not want to get COVID-19 side effects | c | chs_seigreasontovaccinate__c | I trusted the research in developing the vaccine | d | chs_seigreasontovaccinate__d | To protect my family from COVID | e | chs_seigreasontovaccinate__e | I want to be able to see friends and family | f | chs_seigreasontovaccinate__f | I did not want to get long COVID | g | chs_seigreasontovaccinate__g | It was organised for me | h | chs_seigreasontovaccinate__h | My doctor/family said I should get the vaccine | i | chs_seigreasontovaccinate__i | The vaccine is safe and effective | j | chs_seigreasontovaccinate__j | To protect my pregnancy | k | chs_seigreasontovaccinate__k | Other |
| a | chs_seigreasontovaccinate__a | I did not want to get COVID19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | chs_seigreasontovaccinate__b | I did not want to get COVID-19 side effects | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | chs_seigreasontovaccinate__c | I trusted the research in developing the vaccine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d | chs_seigreasontovaccinate__d | To protect my family from COVID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e | chs_seigreasontovaccinate__e | I want to be able to see friends and family | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f | chs_seigreasontovaccinate__f | I did not want to get long COVID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g | chs_seigreasontovaccinate__g | It was organised for me | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h | chs_seigreasontovaccinate__h | My doctor/family said I should get the vaccine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | chs_seigreasontovaccinate__i | The vaccine is safe and effective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j | chs_seigreasontovaccinate__j | To protect my pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k | chs_seigreasontovaccinate__k | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|---|--|--|---|--------------|---|------------|--------------|------------------------|---|--------------|--|---|--------------|---|---|--------------|--|---|--------------|---|---|--------------|--|---|--------------|--------------------------|---|--------------|---------------------------------------|----|---------------|------------------------------|----|---------------|--------------------------|----|---------------|--------------------------------------|----|---------------|--|----|---------------|---|----|---------------|--|----|---------------|-------------------------------------|----|---------------|--|----|---------------|--------------------------------------|----|---------------|--|----|---------------|-----------------------|
| 160 | <div>[negresons]</div> <div>Show the field ONLY if: [vaccc19] = '2'</div> | 8.3b If no please indicate all your reasons | <div>checkbox</div> <table><tr><td>1</td><td>negresons__1</td><td>I am worried about the vaccine side effects</td></tr><tr><td>2</td><td>negresons__2</td><td>I am scared of needles</td></tr><tr><td>3</td><td>negresons__3</td><td>My religion prevents me from having vaccines</td></tr><tr><td>4</td><td>negresons__4</td><td>I do not feel there has been enough research on the vaccine</td></tr><tr><td>5</td><td>negresons__5</td><td>I do not know what the long term effects of the vaccine will be?</td></tr><tr><td>6</td><td>negresons__6</td><td>It was difficult to get to a place to get the vaccine</td></tr><tr><td>7</td><td>negresons__7</td><td>I did not have the funds for transport to a vaccine site</td></tr><tr><td>8</td><td>negresons__8</td><td>The queues were too long</td></tr><tr><td>9</td><td>negresons__9</td><td>My health condition does not allow it</td></tr><tr><td>10</td><td>negresons__10</td><td>I am healthy I don't need it</td></tr><tr><td>11</td><td>negresons__11</td><td>It is being forced on me</td></tr><tr><td>12</td><td>negresons__12</td><td>Vaccinated people still get COVID-19</td></tr><tr><td>13</td><td>negresons__13</td><td>I have natural immunity from a previous COVID-19 infection</td></tr><tr><td>14</td><td>negresons__14</td><td>I am not sure how it will affect my fertility</td></tr><tr><td>15</td><td>negresons__15</td><td>It is a plan from big pharmaceutical companies to make money</td></tr><tr><td>16</td><td>negresons__16</td><td>I worry it will affect my pregnancy</td></tr><tr><td>17</td><td>negresons__17</td><td>I feel I may get COVID-19 in the queue</td></tr><tr><td>18</td><td>negresons__18</td><td>I am not sure if the vaccine is safe</td></tr><tr><td>19</td><td>negresons__19</td><td>I do not trust how the vaccines are made</td></tr><tr><td>20</td><td>negresons__20</td><td>COVID is a conspiracy</td></tr></table> <div>Custom alignment: RH</div> | 1 | negresons__1 | I am worried about the vaccine side effects | 2 | negresons__2 | I am scared of needles | 3 | negresons__3 | My religion prevents me from having vaccines | 4 | negresons__4 | I do not feel there has been enough research on the vaccine | 5 | negresons__5 | I do not know what the long term effects of the vaccine will be? | 6 | negresons__6 | It was difficult to get to a place to get the vaccine | 7 | negresons__7 | I did not have the funds for transport to a vaccine site | 8 | negresons__8 | The queues were too long | 9 | negresons__9 | My health condition does not allow it | 10 | negresons__10 | I am healthy I don't need it | 11 | negresons__11 | It is being forced on me | 12 | negresons__12 | Vaccinated people still get COVID-19 | 13 | negresons__13 | I have natural immunity from a previous COVID-19 infection | 14 | negresons__14 | I am not sure how it will affect my fertility | 15 | negresons__15 | It is a plan from big pharmaceutical companies to make money | 16 | negresons__16 | I worry it will affect my pregnancy | 17 | negresons__17 | I feel I may get COVID-19 in the queue | 18 | negresons__18 | I am not sure if the vaccine is safe | 19 | negresons__19 | I do not trust how the vaccines are made | 20 | negresons__20 | COVID is a conspiracy |
| 1 | negresons__1 | I am worried about the vaccine side effects | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | negresons__2 | I am scared of needles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | negresons__3 | My religion prevents me from having vaccines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | negresons__4 | I do not feel there has been enough research on the vaccine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | negresons__5 | I do not know what the long term effects of the vaccine will be? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | negresons__6 | It was difficult to get to a place to get the vaccine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | negresons__7 | I did not have the funds for transport to a vaccine site | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | negresons__8 | The queues were too long | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | negresons__9 | My health condition does not allow it | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | negresons__10 | I am healthy I don't need it | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | negresons__11 | It is being forced on me | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | negresons__12 | Vaccinated people still get COVID-19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | negresons__13 | I have natural immunity from a previous COVID-19 infection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | negresons__14 | I am not sure how it will affect my fertility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | negresons__15 | It is a plan from big pharmaceutical companies to make money | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | negresons__16 | I worry it will affect my pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | negresons__17 | I feel I may get COVID-19 in the queue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | negresons__18 | I am not sure if the vaccine is safe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | negresons__19 | I do not trust how the vaccines are made | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | negresons__20 | COVID is a conspiracy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 161 | <div>[chs_seigootherreasonvacc]</div> <div>Show the field ONLY if: [chs_seigreasantovaccinate(k)] = '1'</div> | <div>If other reasons to vaccinate, specify</div> <div>Specify if other</div> | <div>text</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 162 | <div>[chs_seigreportvaccobasis]</div> <div>Show the field ONLY if: [vaccc19] = '1'</div> | <div>8.5 Have you reported your COVID-19 Vaccination on OHASIS self-report?</div> <div>Choose ONLY ONE</div> | <div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Don't Know (DK)</td></tr></table> <div>Custom alignment: RH</div> | 1 | Yes | 2 | No | 3 | Don't Know (DK) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't Know (DK) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 163 | <div>[covid19_surveillance_health_care_worker_study_complete]</div> | <div>Section Header: Form Status</div> <div>Complete?</div> | <div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table> | 0 | Incomplete | 1 | Unverified | 2 | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Incomplete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Unverified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



QUESTIONNAIRE (will be in an electronic format)

You have been invited to participate in a research study. This survey should take no more than 15 minutes to complete. Please note that by completing this questionnaire, you voluntarily agree to participate in this study.

This form is divided into six sections:

1. Information about you;
2. Your training;
3. Work related stress;
4. Your psychological wellbeing;
5. Your behaviour and practices.

SECTION 1. INFORMATION ABOUT YOU

1.1 Please indicate the perspective from which you are responding to the questions in this survey.

Please select one response:

- Head of Unit
- Intern
- Community service MO
- Medical Officer
- Registrar
- Senior medical officer
- Consultant/Specialist
- Matron
- Professional Nurse
- Enrolled Assistant Nurse
- Enrolled / staff nurse
- Radiologist
- Physiotherapist
- Pharmacist
- Janitor
- Clerk
- Delivery
- Phlebotomist
- Other, please specify _____

1.2 What is the name of the facility where you are working? _____

1.3 Do you work in:

- inpatient
- outpatient
- both

1.4 Where does the bulk of your patient contact take place i.e. more than 3 days a week?

- Theater/procedures
- Radiology
- General medical ward
- Surgical ward
- Emergency unit
- ICU/high care
- COVID-19 isolation ward
- Other, please specify _____

1.5 How long have you worked as a healthcare worker? _____ months or _____ years

1.6 What is your age? _____

1.7 Sex

- Male
- Female

1.8 Home Language spoken:

- English
- Afrikaans
- IsiZulu
- IsiXhosa
- Ndabele
- Sepedi
- Sesoto
- Setswana
- Tsonga
- Swati
- Venda
- Other, please specify _____

1.9 Country of birth: _____

If not South African, how long have you been living in SA? _____ years

1.10 Have you had a work related illness or injury in the last 12 months? Y/N

If yes, please specify the nature of illness or injury. _____

1.11 Have you been vaccinated for influenza this season? Y/N

If not, please specify reasons why.

- Did not have time to go.
- No stock available.
- Other, please specify _____

- 1.12 Prior to the COVID-19 pandemic were any mental health/ managing stress workshops/ interventions available to you
- 1.13 Did you attend any? Yes / No
- 1.14 What is your biggest concern around the COVID-19 pandemic

1.15 Physical symptoms (PHQ-15) in the past 2 months

During the past 7 days, how much have you been bothered by any of the following problems?

Item Score - Not affected at all (0) affected a little (1) affected a lot (2)

1. Stomach pain
2. Back pain
3. Pain in your arms, legs, or joints (knees, hips, etc.)
4. Menstrual cramps or other problems with your periods WOMEN ONLY
5. Headaches
6. Chest pain
7. Dizziness
8. Fainting spells
9. Feeling your heart pound or race
10. Shortness of breath
11. Pain or problems during sexual intercourse
12. Constipation, loose bowels, or diarrhoea
13. Nausea, gas, or indigestion
14. Feeling tired or having low energy
15. Trouble sleeping

SECTION 2 TRAINING

| Please circle all that apply | 2.1 Please indicate all the training you have received at work (e.g. talks, demonstrations, courses) (CHOOSE ALL THAT APPLY) | I have NOT received training | I have received training | I would like more training |
|------------------------------|--|------------------------------|--------------------------|----------------------------|
| | a. Hand hygiene | 1 | 2 | 3 |
| | b Donning of personal protective equipment | 1 | 2 | 3 |
| | c. Doffing of personal protective equipment | 1 | 2 | 3 |
| | d. General Infection Control | 1 | 2 | 3 |

| | | | |
|--------------------------------------|---|---|---|
| e. COVID-19 infection control | 1 | 2 | 3 |
| f. Ventilation requirements | 1 | 2 | 3 |
| g. Emergency procedures (evacuation) | 1 | 2 | 3 |

SECTION 3 Work Stress (ISMA)

The following questions assess your experience of stressful work situations. Since the beginning of the COVID-19 pandemic. For each question please tick how often you are affected by each situation. If you are never affected by the situation tick 1; if you are rarely affected by the situation tick 2; if you are sometimes affected by the situation tick 3; if you are often affected by the situation tick 4 and if you are affected by the situation nearly all of the time tick 5.

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Nearly all of the time = 5

PLEASE MAKE SURE THAT YOU ANSWER ALL FIFTEEN QUESTIONS BELOW.

| 3. | How often do you feel that: | 1 | 2 | 3 | 4 | 5 |
|----|--|---|---|---|---|---|
| 1 | You have too little authority to carry out the responsibilities assigned to you | | | | | |
| 2 | Being unclear on just what the scope and responsibilities of your job are doing | | | | | |
| 3 | Not knowing what opportunities for advancement or promotion exist for you | | | | | |
| 4 | Feeling that you have too heavy a workload, one that you cannot possibly finish during an ordinary working day | | | | | |
| 5 | Thinking that you will not be able to satisfy the conflicting demands of the various people over you | | | | | |
| 6 | Feeling that you are not fully qualified to handle your job | | | | | |
| 7 | Not knowing what your immediate supervisor thinks of you and how he or she evaluates your performance | | | | | |
| 8 | Not being able to get the necessary information to carry out your job | | | | | |
| 9 | Having to decide things that affect the lives of individuals, people that you know | | | | | |
| 10 | Feeling that you may not be liked or accepted by the people that you work with | | | | | |
| 11 | Feeling unable to influence your immediate supervisor's decisions that affect you | | | | | |
| 12 | Not knowing what the people that you work with expect of you | | | | | |
| 13 | Thinking that amount of work that you have to do may interfere with how well it gets done | | | | | |

| | | | | | | |
|-----------|---|--|--|--|--|--|
| 14 | Feeling that you have to do things on the job that go against your better judgement | | | | | |
| 15 | Feeling that your job tends to interfere with your family life | | | | | |

Perceptions

| 3.2 Perceptions | Strongly disagree | disagree | slightly disagree | slightly agree | agree | strongly agree |
|--|-------------------|----------|-------------------|----------------|-------|----------------|
| 1. I believe that my job is putting me at great risk | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. I feel extra stress at work | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. I am afraid of falling ill with COVID-19 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. I feel I have little control over whether I get infected or not | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. I feel I may be unlikely to survive if I get COVID-19 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. I have thought about resigning because of COVID-19 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. I am afraid I will pass COVID-19 on to others | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. My family is worried they might get COVID-19 through me | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. I feel altruistic working with COVID-19 | 1 | 2 | 3 | 4 | 5 | 6 |

SECTION 4 Your psychological wellbeing and support structures

The following 12 questions relate to your psychological wellbeing (GHQ-12).

Please mark with a tick the response that you feel best suits the way that you have felt, though or behaved in the past few weeks. PLEASE MAKE SURE THAT YOU ANSWER ALL TWELVE QUESTIONS BELOW.

4. 1 Have you recently.....

| | Better than usual (1) | Same as usual (2) | Worse than usual (3) | Much worse than usual (4) |
|--|-----------------------|-------------------|----------------------|---------------------------|
| i. Been able to concentrate on what you are doing? | | | | |

| | Not at all (1) | No more than usual (2) | Rather more than usual (3) | Much worse than usual (4) |
|---------------------------------|----------------|------------------------|----------------------------|---------------------------|
| ii. Lost much sleep over worry? | | | | |

| | More so than usual (1) | Same as usual (2) | Less useful than usual (3) | Much less useful (4) |
|---|------------------------|-------------------|----------------------------|----------------------|
| iii. Felt that you are playing a useful part in things? | | | | |

| | More so than usual (1) | Same as usual (2) | Less so than usual (3) | Much less capable (4) |
|--|------------------------|-------------------|------------------------|-----------------------|
| iv. Felt capable of making decisions about things? | | | | |

| | Not at all (1) | No more than usual (2) | Rather more than usual (3) | Much worse than usual (4) |
|----------------------------------|----------------|------------------------|----------------------------|---------------------------|
| v. Felt constantly under strain? | | | | |

| | Not at all (1) | No more than usual (2) | Rather more than usual (3) | Much worse than usual (4) |
|---|----------------|------------------------|----------------------------|---------------------------|
| vi. Felt that you could not overcome your difficulties? | | | | |

| | More so than usual (1) | Same as usual (2) | Less so than usual (3) | Much less than usual (4) |
|--|------------------------|-------------------|------------------------|--------------------------|
| vii. Been able to enjoy your normal day-to-day activities? | | | | |

| | More so than usual (1) | Same as usual (2) | Less able than usual (3) | Much less able than usual (4) |
|--|------------------------|-------------------|--------------------------|-------------------------------|
| | | | | |

| | | | | | |
|------|--|--|--|--|--|
| iii. | Been able to face up to your problems? | | | | |
|------|--|--|--|--|--|

| | | | | | |
|-----|-------------------------------------|----------------|------------------------|----------------------------|---------------------------|
| | | Not at all (1) | No more than usual (2) | Rather more than usual (3) | Much worse than usual (4) |
| ix. | Been feeling unhappy and depressed? | | | | |

| | | | | | |
|----|-------------------------------------|----------------|------------------------|----------------------------|---------------------------|
| | | Not at all (1) | No more than usual (2) | Rather more than usual (3) | Much worse than usual (4) |
| x. | Been losing confidence in yourself? | | | | |

| | | | | | |
|-----|--|----------------|------------------------|----------------------------|---------------------------|
| | | Not at all (1) | No more than usual (2) | Rather more than usual (3) | Much worse than usual (4) |
| xi. | Been thinking of yourself as a worthless person? | | | | |

| | | | | | |
|------|--|------------------------|-----------------------------|------------------------|--------------------------|
| | | More so than usual (1) | About the same as usual (2) | Less so than usual (3) | Much less than usual (4) |
| xii. | Been feeling reasonably happy all things considered? | | | | |

4.2 Social Support

The following questions measure the extent to which you can rely on various people in your life to give you support in different situations. Please tick for each of these people, that is, your supervisor/boss; your colleagues; your family, your friends and your husband/partner.

PLEASE MAKE SURE THAT YOU ANSWER ALL FIVE QUESTIONS BELOW.
AND THAT YOU TICK FOR EACH OF THE PEOPLE IN EACH QUESTION.

Not at all = 1; A little = 2; Fairly often = 3; Extremely Often = 4

| 1. How much can each of these people be relied upon to help and support you or when things get tough at work | | | | |
|--|----------------|--------------|------------------|--------------------|
| | Not at all - 1 | A little - 2 | Fairly Often - 3 | Extremely often -4 |
| Your immediate supervisor/boss | | | | |
| Your colleague/s | | | | |
| Your family | | | | |

| | | | | |
|----------------------|--|--|--|--|
| Your friend/s | | | | |
| Your husband/partner | | | | |

2. How often do each of these people let you know that they appreciate the job that you are doing

| | | | | |
|--------------------------------|----------------|--------------|-----------------|--------------------|
| Your immediate supervisor/boss | Not at all - 1 | A little - 2 | Fairly Often -3 | Extremely often -4 |
| Your colleague/s | | | | |
| Your family | | | | |
| Your friend/s | | | | |
| Your husband/partner | | | | |
| Your immediate supervisor/boss | | | | |

3. Do you access your employee wellness program for stress-related issues? Y/N

SECTION 5 KAP Behaviour and practices

| | | | |
|--------------------------|--|--|---|
| <i>Please circle one</i> | 5.1 How hazardous do you feel your workplace is in general? | Risky | 1 |
| | | Normal | 2 |
| | | Low risk | 3 |
| | | No risk | 4 |
| | | | |
| | 5.2 How hazardous do you feel your workplace since the COVID-19 pandemic began? | Risky | 1 |
| | | Normal | 2 |
| | | Low risk | 3 |
| | | No risk | 4 |
| | | | |
| | 5.3 Has your behaviour related to infection control changed since the COVID-19 pandemic? | | |
| | 5.4 From your perspective, is the supply of PPE available to you? | sufficient adequate insufficient | |
| | 5.5 Do you have access to reusable or disposable ppe? | y/n | |

| | | | | | | |
|---|---|-------|----------------------------|------------------|----------------------------|--------|
| 5.6. Please circle one answer for each item | When in contact with a COVID-19 confirmed or suspected patient. | Never | Less than half of the time | Half of the time | More than half of the time | Always |
| | 5.6.1 I use eye and face protection (other than prescription glasses) | 1 | 2 | 3 | 4 | 5 |
| | 5.6.2 I use a surgical mask when dealing with patients when an N95 is not available | 1 | 2 | 3 | 4 | 5 |
| | 5.6.3 I wear an N95 | 1 | 2 | 3 | 4 | 5 |
| | 5.6.4 I reuse my disposable masks | 1 | 2 | 3 | 4 | 5 |
| | 5.6.5 I wear an gown or apron | 1 | 2 | 3 | 4 | 5 |
| | 5.6.6 I wear gloves | 1 | 2 | 3 | 4 | 5 |
| | 5.6.7 Cleaning supplies are available | 1 | 2 | 3 | 4 | 5 |
| | 5.6.8 I make suggestions for correcting health and safety problems | 1 | 2 | 3 | 4 | 5 |
| | 5.6.9 I get clear supervision regarding safe work practices | 1 | 2 | 3 | 4 | 5 |
| | 5.6.10 I am encouraged to report injuries and illness at work | 1 | 2 | 3 | 4 | 5 |
| | 5.6.11 I trust my manager to make my workplace safe | 1 | 2 | 3 | 4 | 5 |
| | 5.6.12 I trust my health and safety committee to make my workplace safe | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|--|---|-------|----------------------------|------------------|----------------------------|--------|
| 5.7 Please circle one answer for each item | When in contact with a non-covid patient. | Never | Less than half of the time | Half of the time | More than half of the time | Always |
| | I use a surgical mask | 1 | 2 | 3 | 4 | 5 |
| | I wear gloves | 1 | 2 | 3 | 4 | 5 |
| | I wear a gown/apron | 1 | 2 | 3 | 4 | 5 |
| | I send them for testing if they report one symptom | 1 | 2 | 3 | 4 | 5 |
| | i send them for testing if they report more one symptom | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|--|-------|----------------------------|------------------|----------------------------|--------|
| 6. Please circle one answer for each item | When recommended safety procedures are NOT followed, please rate how often you think that each of the following reasons play a role. | Never | Less than half of the time | Half of the time | More than half of the time | Always |
| | 1. Not enough time/too much work | 1 | 2 | 3 | 4 | 5 |
| | 2. poor availability of proper equipment | 1 | 2 | 3 | 4 | 5 |
| | 3 Lack of proper space | 1 | 2 | 3 | 4 | 5 |
| | 4 Do not feel the risk requires it | 1 | 2 | 3 | 4 | 5 |
| | 5. Peer pressure | 1 | 2 | 3 | 4 | 5 |
| | 6 Not trained well enough | 1 | 2 | 3 | 4 | 5 |
| | 7 Proper supervision not provided | 1 | 2 | 3 | 4 | 5 |
| | 8 Not supported by my manager | 1 | 2 | 3 | 4 | 5 |
| | 9 Other (please specify)_____ | 1 | 2 | 3 | 4 | 5 |

If you have any other comments or suggestions, please write them in the space provided below:

Thank you for your time and your answers!

Survey instrument

Invitation message:

Dear colleague,

This survey aims to identify the most common occupational risks for health and safety of health workers and the measures for their prevention in the context of the ongoing pandemic of Corona Virus Infectious Disease (COVID-19).

In this survey we are interested in health and safety of all health workers - all people engaged in the promotion, protection or improvement of the health of the population. This includes health workers involved in direct patient care, both formal and informal, in public and private facilities, including traditional medicine, as well as other assisting and supporting staff, including administration, management, ambulance drivers, public health workers, community health workers and others.

The survey is intended for health workers, managers and practitioners providing services for protecting the health and safety of workers in health facilities. The results will be used to inform action at all levels for improving the protection of health and safety of health workers in the ongoing response to COVID-19.

The survey has been developed by an international multi-disciplinary group of experts convened by the World Health Organization and the International Labour Organisation and should take approximately 7 minutes to complete.

Your answers are completely anonymous, and the data will be processed and analysed in a way that will not link your answers to your identity.

1. In which country do you usually work?

[Drop down list of countries in the world]

2. Your gender? [select one]

- Female
- Male
- Other
- Prefer not to answer

3. What is your primary area of work? (select one only)

- | | |
|--|--|
| • occupational and environmental health | • patient care (medicine, nursing, midwifery, dentistry) |
| • infection prevention and control | • allied health professional |
| • management and human resources | • community health worker |
| • mental health and psychosocial support | • support staff – cleaner, driver, food worker |
| • public health | |

- administration and clerical support
- pharmacy
- Other > please specify

4. You work most of the time for: (select one only)

- national government
- sub-national (provincial, district)
- healthcare facility - hospital, primary health-care centres, isolation camp
- social care facility (e.g. nursing home, home care)
- local community
- business enterprise or farm
- academia, research
- professional association
- trade union
- employers' association /hospital federation
- other

5. Think about the working conditions of health workers in your country, jurisdiction or health facility - those that you are most familiar with. Below is a list of the most common risks for health and safety health workers.

6.

7. How would you rate the level of these risks, now during the COVID19 pandemic?

| Health and Safety Risks for Health Workers | Risk is negligible | Risk is acceptable for a short time | Risk is not acceptable at all | Don't know/Unsure |
|---|--------------------|-------------------------------------|-------------------------------|-------------------|
| 1. Exposure to blood, body fluids, respiratory secretions, and other potentially infectious materials | | | | |
| 2. Skin damage from personal protective equipment and/or frequent hand hygiene | | | | |
| 3. Thermal discomfort (cold, heat, humidity) | | | | |
| 4. Needlesticks and sharps injuries | | | | |
| 5. Slips, trips, and falls | | | | |
| 6. Back injury from manual handling of patient and heavy objects | | | | |
| 7. Bullying or psychological harassment at the workplace | | | | |
| 8. Sexual harassment | | | | |
| 9. Physical violence and assaults | | | | |
| 10. Time pressure, high workload | | | | |
| 11. Crowded workplace | | | | |
| 12. Hazardous chemicals, such as drugs, disinfection and sterilization agents | | | | |
| 13. Shift work with night shifts | | | | |
| 14. Regular long working hours (more than 48 hours a week) | | | | |
| 15. Insufficient time-off duty to rest (less than 11 hours between shifts) | | | | |
| 16. Insufficient access to safe drinking water | | | | |
| 17. Inadequate sanitation facilities | | | | |
| 18. Insufficient facilities for personal hygiene (shower and menstrual hygiene) | | | | |

| Health and Safety Risks for Health Workers | Risk is negligible | Risk is acceptable for a short time | Risk is not acceptable at all | Don't know/Unsure |
|--|--------------------|-------------------------------------|-------------------------------|-------------------|
| Other, please, specify | | | | |

8. *Think again about the working conditions of health workers in your country, jurisdiction or health facility - those that you are most familiar with. Below is a list of the most common measures for prevention of risks for health and safety of health workers. How would you rate the level of application of these measures according to your knowledge of the real situation now during the COVID-19 pandemic?*

| Preventive measures | Measure does not exist at all | Measure exists and offers some protection to some workers | Measure exists and offers full protection for all workers at risk | Don't know/Unsure |
|---|-------------------------------|---|---|-------------------|
| 1. Policy for infection prevention and control in the health facility | | | | |
| 2. Processes for triage of patient in place at the emergency room, including early detection and isolation of infectious patients | | | | |
| 3. Routine assessment of the risk of exposure to body substances or contaminated surfaces before any health care activity and use of appropriate measures for personal protection | | | | |
| 4. Regular environmental clean-up and disinfection | | | | |
| 5. Immunization of health workers | | | | |
| 6. Reporting of incidental exposures to blood, body fluids, or respiratory secretions | | | | |
| 7. Policies in place for post-exposure prophylaxis, such as, for HIV, Hepatitis B | | | | |
| 8. Facilities for hand hygiene (hand washing and disinfection) are readily available | | | | |
| 9. Provision of personal protective equipment, such as masks, gloves, goggles, gowns are readily available | | | | |

| Preventive measures | Measure does not exist at all | Measure exists and offers some protection to some workers | Measure exists and offers full protection for all workers at risk | Don't know/Unsure |
|--|-------------------------------|---|---|-------------------|
| 10. Training and education of workers about infection prevention and control | | | | |
| 11. Occupational safety and health policy and management system in the facility | | | | |
| 12. Regular assessment of workplace health and safety risks and controls | | | | |
| 13. Engineering controls, such as ventilation, physical barriers, safer devices | | | | |
| 14. Prevention of workplace violence and security measures | | | | |
| 15. Workplace policies for the prevention of bullying, psychological and sexual harassment | | | | |
| 16. Ergonomic workplace design and furniture | | | | |
| 17. Devices for patient handling and lifting of loads | | | | |
| 18. Management of working time, rest and recuperation | | | | |
| 19. Human resource management of safe staffing and workload | | | | |
| 20. Medical surveillance and monitoring of health workers | | | | |
| 21. Medical first aid kits | | | | |
| 22. Psycho-social support and counselling | | | | |
| 23. Consultations between management and workers regarding health and safety at work | | | | |
| 24. Training and education of workers about occupational safety and health | | | | |
| 25. Other, please, specify | | | | |