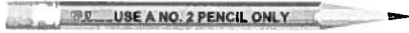




Survey : Worklife

Marking Instructions



- Use number 2 pencil only.
- Make dark marks that fill the circle completely.

Incorrect Marks



- Erase cleanly any mark you wish to change.
- Make no stray marks.

Correct Mark



1. Are there sleeping quarters at your EMS facility? *If you work at more than one EMS facility, answer questions 18 - 20 about the one you work at most often.*

Yes → GO TO QUESTION 19

No → SKIP TO QUESTION 21

2. Do you use the sleeping quarters at this EMS facility?

- Yes
 No

3. Are the sleeping quarters segregated by gender?

- Yes
 No
 No, since all staff are the same gender

4. Does your EMS facility have the following? PLEASE CHECK ONE BOX PER LINE. *If you work at more than one EMS facility, answer these questions about the one you work at most often.*

- | | Yes | No |
|--------------------------|-----------------------|-----------------------|
| a. Exercise equipment | <input type="radio"/> | <input type="radio"/> |
| b. Shower facility | <input type="radio"/> | <input type="radio"/> |
| c. Food preparation area | <input type="radio"/> | <input type="radio"/> |

5. When responding to a call, are you required to conform to a dress code?

- Yes
 No
 Don't Know

6. Does your EMS service provide your squad with immunizations against hepatitis B?

- Yes
 No
 Don't Know

7. Does your EMS service have a policy on use of emergency lights and sirens?

- Yes
 No
 Don't Know

8. Does your EMS service have an employee assistance program that provides counseling or other services for stress, substance abuse, or other employee problems?

- Yes
 No
 Don't Know

PLEASE DO NOT WRITE IN THIS AREA



9. How easy is it for you to *properly* dispose of materials contaminated with blood and body fluids?

- Very Easy
- Easy
- Somewhat difficult
- Difficult
- Very difficult

10. Have you received training in procedures for handling patients with infectious diseases in the past 12 months?

- Yes
- No

11. Have you received hazardous materials awareness training in the past 12 months?

- Yes
- No

12. Has a patient ever assaulted you or your partner in the following ways? PLEASE CHECK ONE BOX PER LINE.

- | | Yes | No |
|--------------------------------------|-----------------------|-----------------------|
| a. Punching, slapping, or scratching | <input type="radio"/> | <input type="radio"/> |
| b. Spitting | <input type="radio"/> | <input type="radio"/> |
| c. Cursing or making threats | <input type="radio"/> | <input type="radio"/> |
| d. Stabbing or stabbing attempts | <input type="radio"/> | <input type="radio"/> |
| e. Shooting or shooting attempts | <input type="radio"/> | <input type="radio"/> |

13. How easy is it to get police assistance, when needed, when you are providing patient services?

- Very Easy
- Easy
- Somewhat difficult
- Difficult
- Very difficult

14. How often do you use body armor?

- Always
- Usually
- Sometimes
- Rarely
- Never

15. Does your EMS service provide body armor to EMTs who wish to use it?

- Yes
- No
- Don't Know

16. Are you adequately trained to restrain a violent patient?

- Yes
- No