

PHASE II CASE-CONTROL



Minnesota Veterinary Technicians' Study

Instructions

Study Participation

Thank you for completing the previous questionnaire, in which we asked you to answer questions about your work as a CVT during the past year. This questionnaire is asking questions more specifically about <<prevmth>>. Please complete this questionnaire and return it in the postage paid envelope within 2 weeks.

The questionnaire should take about 15 minutes to complete. *In order to obtain optimal information, we ask everyone who receives a questionnaire to participate, whether or not they experienced a work-related animal bite injury.* Responses from those who experienced a work-related bite injury and those who did not are important to identify factors that either increase or decrease the risk of a bite. This information can then be used to develop relevant prevention efforts. Your answers are important. **Please be sure to mark a response for every question, unless instructed to skip ahead.**

Gift Card Drawing:

A minimum of 50 randomly selected individuals will receive \$20 Target gift cards. At least 1 in 30 participants will be selected. You will be eligible whether or not you fully participate in the study. Winners will be notified by mail by January 1, 2006. Information on the study and the drawing will be available on the Regional Injury Prevention Research Center website: <http://enhs.umn.edu/riprc/riprc.html>

Confidentiality:

All information you provide will remain completely confidential. Any published reports will be reported in statistical summaries only, and there will be no information identifying any individual or associated institution or practice.

Voluntary Participation:

Participation in this study is voluntary. Choosing not to participate will not affect your future relations with any of the persons or institutions involved in this effort. Completion of this questionnaire implies consent to participate. We recognize that some questions included in this questionnaire may be sensitive in nature; however, you are free to skip questions that you prefer not to answer.

Questions:

If you have any questions, please contact Leslie Nordgren or Dr. Susan Gerberich at 612-625-5473 or toll free at 1-866-TECH-008 (1-866-832-4008). If you have any questions or concerns regarding this study and would like to talk to someone other than the researchers, you are encouraged to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware Street Southeast, Minneapolis, Minnesota 55455; (612) 625-1650.

We look forward to your involvement in this important study!

MINNESOTA VETERINARY TECHNICIAN'S STUDY

If there is any question you do not wish to answer, please mark an X on the question number, and continue to the next question.

Your answers are important. Please be sure to mark one response for every question, unless instructed otherwise.

Drawing –You are not required to complete the questionnaire to be eligible for the drawing for the \$20 Target gift cards; however, you do need to check yes or no below, and return this survey in the envelope provided.

1 ☐ Yes, include me in the Target gift card drawing 2 ☐ No, do not include me in the Target gift card drawing

1. Are you the person to whom this questionnaire was sent?

1 ☐ YES 2 ☐ NO

IF NO, please call 612-625-5473 or 1-866-TECH-008 (1-866-832-4008) toll free, so that we may clarify the situation.

2. During <<prevmonth>>, did you have physical contact with any animals at the facility where you worked the most time?

1 ☐ YES 2 ☐ NO

IF NO, thank you for taking the time to respond. Please stop here and return the questionnaire in the enclosed envelope.

3. What is today's date? ____ / ____ / ____
month day year

All of the following questions pertain to a specific month (unless otherwise indicated within the question), and to the facility in which you worked the most time. Please refer to the calendar on page 11 and answer according to the indicated time period. Thank you!

4. At the facility where you worked the most time during <<prevmonth>> please record your best estimate of the number of days worked, and the average number of hours per day you worked.

_____ # Days worked during <<prevmonth>> _____ Average # hours per day

5. At the facility where you worked the most time during <<prevmonth>>, on a typical day how many of the following animals did you physically handle?

Average number of animals per day:

1 _____ # Dogs/day

5 _____ # Ferrets/day

2 _____ # Cats/day

6 _____ # Horses/day

3 _____ # Pocket Pets/day
(rabbits, rodents, chinchillas, etc.)

7 _____ # Exotic Pets/day
(snakes, turtles, lizards, etc.)

4 _____ # Birds/day

8 _____ # Other animals that bite/day _____
(Specify type)

6. During <<prevmonth>>, how many veterinary staff, who handled animals, on average, worked at the facility, clinic, or department in which you worked the most time?

_____ # of Doctors _____
_____ # of Certified Veterinary Technicians _____
_____ # of Animal Assistants _____
_____ # of other staff who occasionally handled animals _____

☐ Don't know ☐ Doesn't apply
☐ Don't know ☐ Doesn't apply
☐ Don't know ☐ Doesn't apply
☐ Don't know ☐ Doesn't apply

7. Among the staff that assisted you during <<prevmonth>>, how many held the following job classification(s) at the facility where you worked the most time?

1 _____ # Full-time
2 _____ # Part-time
3 _____ # On-call Substitute
4 _____ # Other _____
(Specify)

Total = 100% of those assisting you

5 ☐ I did not receive assistance from other staff during <<prevmonth>>

8. At the facility where you worked the most time during <<prevmonth>>, when did you feel that anesthesia or chemical restraint was necessary for safety reasons or to prevent bites? *Check all that apply.*

1 ☐ When performing treatments
2 ☐ When performing examinations
3 ☐ When taking X-Rays
4 ☐ When working on animals that acted threatening
4 ☐ When working on animals with a history of being difficult to handle
4 ☐ When working with a frightened animal
5 ☐ When working with an injured animal
6 ☐ It was seldom necessary
7 ☐ It was never necessary
8 ☐ Other _____
(Specify)
9 ☐ Unsure

9. At the facility where you worked the most time during <<prevmonth>>, when was anesthesia or chemical restraint used by you or your employer for safety reasons or to prevent bites? *Check all that apply.*

1 ☐ When performing treatments
2 ☐ When performing examinations
3 ☐ When taking X-Rays
4 ☐ When working on animals that acted threatening
4 ☐ When working on animals with a history of being difficult to handle
4 ☐ When working with a frightened animal
5 ☐ When working with an injured animal
6 ☐ It was seldom necessary
7 ☐ It was never necessary
8 ☐ Other _____
(Specify)
9 ☐ Unsure

10. At the facility where you worked the most time during <<prevmonth>>, when did you feel that muzzle restraint was necessary? Check all that apply.

- 1 ☐ When performing treatments
- 2 ☐ When performing examinations
- 3 ☐ When taking X-Rays
- 4 ☐ When working on animals that acted threatening
- 4 ☐ When working on animals with a history of being difficult to handle
- 4 ☐ When working with a frightened animal
- 5 ☐ When working with an injured animal
- 6 ☐ It was seldom necessary
- 7 ☐ It was never necessary
- 8 ☐ Other _____ (Specify)
- 9 ☐ Unsure

11. At the facility where you worked the most time during <<prevmonth>>, when did you or your employer use muzzle restraint? Check all that apply.

- 1 ☐ When performing treatments
- 2 ☐ When performing examinations
- 3 ☐ When taking X-Rays
- 4 ☐ When working on animals that acted threatening
- 4 ☐ When working on animals with a history of being difficult to handle
- 4 ☐ When working with a frightened animal
- 5 ☐ When working with an injured animal
- 6 ☐ It was seldom necessary
- 7 ☐ It was never necessary
- 8 ☐ Other _____ (Specify)
- 9 ☐ Unsure

12. At the facility where you worked the most time during <<prevmonth>>, how often do you think the following statements was(were) accurate? Circle only one answer for each of the following (a-e).

	Always	Frequently	Sometimes	Infrequently	Never	Didn't apply
a. My employer expected that bite injuries were avoidable.	1	2	3	4	8	9
b. My co-workers expected that bite injuries were avoidable.	1	2	3	4	8	9
c. I believed it was possible to predict most aggressive animal behavior.	1	2	3	4	8	9
d. I expected that bite injuries were avoidable.	1	2	3	4	8	9
e. Sufficient time was allowed in the schedule to perform adequate animal restraint.	1	2	3	4	8	9

13. At the facility where you worked the most time during <<prevmonth>>, which method(s) of animal bite prevention was(were) used by you in the presence of the owner(s) of the animal(s)?

Check all that apply.

- 1 ☐ Muzzle
- 2 ☐ Anesthesia/Chemical
- 3 ☐ Assistance by trained veterinary staff
- 4 ☐ Gloves
- 5 ☐ A warning on the cage
- 6 ☐ Assistance by the animal's owner
- 7 ☐ A warning in the chart
- 8 ☐ A verbal warning to co-workers
- 9 ☐ Wrapped animal in towel or blanket
- 10 ☐ Animal restraint bag
- 11 ☐ Knowledge of the body language of the animal
- 12 ☐ Worked primarily from behind the animal, when possible
- 13 ☐ Used textbook restraint that was appropriate for the situation
- 14 ☐ Other _____
(Specify)
- 15 ☐ Animal owners were not present during exams or treatments
- 16 ☐ Did not apply
- 99 ☐ None

14. At the facility where you worked the most time during <<prevmonth>>, which method(s) of animal bite prevention were used by you when "not" in the presence of the owner(s) of the animal(s)? Check all that apply.

- 1 ☐ Muzzle
- 2 ☐ Anesthesia/Chemical
- 3 ☐ Assistance by trained veterinary staff
- 4 ☐ Gloves
- 5 ☐ A warning on the cage
- 6 ☐ A warning in the chart
- 7 ☐ A verbal warning to co-workers
- 8 ☐ Wrapped animal in towel or blanket
- 9 ☐ Animal restraint bag
- 10 ☐ Knowledge of the body language of the animal
- 11 ☐ Worked primarily from behind the animal, when possible
- 12 ☐ Used textbook restraint that was appropriate for the situation
- 13 ☐ Other _____
(Specify)
- 14 ☐ Did not apply
- 99 ☐ None

15. At the facility where you worked the most time during <<prevmonth>>, were the owners of the animals allowed to restrain their pets while being examined or treated? *Check only one.*

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Did not apply

If "**NO**", was there a written or formal policy that restricted pet owners from restraining their animal?
Check only one.

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

16. At the facility in which you worked the most time during <<prevmonth>>, how much would you have agreed or disagreed with the following statements? *Circle only one answer for each of the following (a-d).*

	Strongly agree	Agree	Disagree	Strongly disagree	Unsure	Didn't apply
a. My <u>employer took adequate preventive measures</u> against bite injuries in the workplace.	1	2	3	4	8	9
b. My <u>co-workers took adequate preventive measures</u> against bite injuries in the workplace.	1	2	3	4	8	9
c. I <u>took adequate preventive measures</u> against bite injuries in the workplace.	1	2	3	4	8	9
d. I felt confident in handling animals when <u>applying restraint techniques</u> .	1	2	3	4	8	9

17. At the facility where you worked the most time during <<prevmonth>>, which person most frequently assisted you with animal restraint? *Check only one.*

- 1 ☐ The animals' owners helped restrain most frequently
- 2 ☐ Other veterinary staff helped restrain most frequently
- 3 ☐ I did not get assistance with restraint
- 8 ☐ Unsure
- 9 ☐ Did not apply

18. At the facility where you worked the most time *during <<prevmonth>>*, how often did you experience each of the following characteristics? Circle one number for each item(a-d).

	Always	Frequently	Sometimes	Infrequently	Never	Didn't apply
a. <u>Adequate support from your employer to use proper animal restraint</u>	1	2	3	4	5	8
b. <u>Adequate staff help available for animal restraint</u>	1	2	3	4	5	8
c. <u>Good communication among staff</u>	1	2	3	4	5	8
d. <u>Animal owners were present during exams and procedures</u>	1	2	3	4	5	8

19. At the facility in which you worked the most time *during <<prevmonth>>*, did you have adequate equipment for animal restraint? Check only one.

- 1 ☐ Yes
2 ☐ No
3 ☐ Did not apply
4 ☐ Don't know

If "NO", please explain what equipment was not available and why you think the equipment was not available.

20. At the facility in which you worked the most time *during <<prevmonth>>*, would you have agreed with the following statements? Check only one answer for each of the following (a-f).

- a. My employer encouraged the use of muzzles, when I felt it was needed in the presence of the animals' owners. 1 ☐ Yes 2 ☐ No 3 ☐ Did not apply
- b. Bite prevention methods were supported by other staff. 1 ☐ Yes 2 ☐ No 3 ☐ Did not apply
- c. My employer encouraged or expected me to restrain the animals in a room away from the owner. 1 ☐ Yes 2 ☐ No 3 ☐ Did not apply
- d. In the presence of the animals' owners, I was just as likely to use muzzles and other proper restraint, as I would if the owners were not present. 1 ☐ Yes 2 ☐ No 3 ☐ Did not apply
- e. I felt comfortable asking other staff for help with animal restraint. 1 ☐ Yes 2 ☐ No 3 ☐ Did not apply
- f. Anyone could stop a procedure, if they felt the animal was being pushed too far and compromised our safety. 1 ☐ Yes 2 ☐ No 3 ☐ Did not apply

21. At the facility where you worked the most time *during* <<prevmonth>>, how would you rate the level of training in animal restraint among the veterinary staff who restrained an animal for you while you performed a procedure? *Check only one.*
- 1 ☐ Very well trained
 - 2 ☐ Adequately trained
 - 3 ☐ Not very well trained
 - 4 ☐ Not trained at all
 - 8 ☐ Unsure
 - 9 ☐ I did not receive assistance with restraint
22. At the facility where you worked the most time *during* <<prevmonth>>, how would you rate the level of experience in animal restraint among the veterinary staff who restrained an animal for you while you performed a procedure? *Check only one.*
- 1 ☐ Very experienced
 - 2 ☐ Adequately experienced
 - 3 ☐ Not very experienced
 - 4 ☐ Not experienced at all
 - 8 ☐ Unsure
 - 9 ☐ I did not receive assistance with restraint
23. Prior to <<prevmonth>>, were you trained during your Veterinary Technician training to protect the veterinarian from being bitten at any cost, even if it meant putting yourself in danger of a bite? *Check only one.*
- 1 ☐ Yes
 - 2 ☐ No
 - 3 ☐ Unsure
24. Prior to <<prevmonth>>, were you trained during your Veterinary Technician training to not question the veterinarian, even if safety was compromised? *Check only one.*
- 1 ☐ Yes
 - 2 ☐ No
 - 3 ☐ Unsure
25. At the facility where you worked the most time *during* <<prevmonth>>, how would you rate the capability of performing restraint by owners who restrained their animals for you while you performed a procedure? *Check only one.*
- 1 ☐ Nearly all were capable of adequate restraint
 - 2 ☐ Some were capable of adequate restraint
 - 3 ☐ Not very many were capable of adequate restraint
 - 4 ☐ None were capable of adequate restraint.
 - 8 ☐ Unsure
 - 9 ☐ I did not receive assistance with restraint from owners
26. Prior to <<prevmonth>>, do you feel you received adequate formal or informal training in recognizing animal behavior warning signs that may occur prior to an animal bite? *Check only one.*
- 1 ☐ Yes
 - 2 ☐ No
 - 3 ☐ Unsure

27. Prior to <<prevmonth>>, do you feel you received adequate formal or informal training in when to use animal restraint? *Check only one.*

- 1 ☐ Yes
2 ☐ No
3 ☐ Unsure

28. At the facility where you worked the most time *during* <<prevmonth>>, were the restraint and bite prevention methods used consistent with the training you received? *Check only one.*

- 1 ☐ Yes
2 ☐ No
3 ☐ Unsure
4 ☐ I did not receive training in animal restraint or bite prevention

29. At the facility where you worked the most time *during* <<prevmonth>>, would you have agreed with the following statements? *Check only one answer for each of the following (a-e)*

- | | | | | |
|--|--------------------------------|-------------------------------|---------------------------------------|--|
| a. My employer <u>provided adequate training in interpreting animal behavior.</u> | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Don't know | 3 <input type="checkbox"/> Did not apply |
| b. My employer <u>provided adequate animal restraint training.</u> | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Don't know | 3 <input type="checkbox"/> Did not apply |
| c. <u>New Certified Vet Tech employees were mentored by experienced employees.</u> | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Don't know | 3 <input type="checkbox"/> Did not apply |
| d. <u>Animal behavior was discussed during office staff meetings.</u> | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Don't know | 3 <input type="checkbox"/> Did not apply |
| e. <u>Animal restraint was discussed during office staff meetings.</u> | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 3 <input type="checkbox"/> Don't know | 3 <input type="checkbox"/> Did not apply |

30. At the facility where you worked the most time *during* <<prevmonth>>, did your employer require animal restraint training for all employees who physically handled animals? *Check only one.*

- 1 ☐ Yes
2 ☐ No
3 ☐ Unsure

31. Where did you receive your most recent animal restraint training? *Check all that apply.*

- 1 ☐ As part of your training at a CVT school
2 ☐ On the job
3 ☐ At a professional meeting
4 ☐ I have never had animal restraint training

32. In which state and in what year did you receive your most recent animal restraint training? *Check only one.*

- 1 ☐ Minnesota
2 ☐ Other state: _____
(Please specify state)
19__ or 200__
3 ☐ I have never had animal restraint training.

33. In what year did you have your most recent rabies antibody titer checked?

_____ Year of rabies antibody titer check

- 2 ☐ Unsure
3 ☐ I have never had my rabies antibody titer checked

34. In what year were you last vaccinated for rabies?

_____ Year of rabies vaccination

- 2 ☐ Unsure
3 ☐ I have never had a rabies vaccination

35. During <<prevmonth>>, did you have health insurance that covered routine medical care? Check only one.

- 1 ☐ Yes
2 ☐ No

If YES, what was/were the source(s) of your health insurance coverage? Check all that apply.

- 1 ☐ Your employer
2 ☐ Your spouse's employer
3 ☐ Your parent
4 ☐ Other: _____
(Please specify)

36. Prior to <<prevmonth>>, how long had you worked in a veterinary facility of any kind?

_____ Years _____ Months

37. During <<prevmonth>>, what was your approximate weight?

_____ Pounds

38. Prior to <<prevmonth>>, have you ever experienced any bite injuries, resulting in bruising and/or a break in the skin, as a result of Veterinary Technician work-related activities? Check only one.

- 1 ☐ Yes 2 ☐ No

If YES, prior to <<prevmonth>>, approximately how many total bites did you experience while working as a Certified Veterinary Technician?

_____ Total Number of Bite Injuries as CVT

39. During <<prevmonth>>, did you believe that work-related bite injuries could be prevented? Check only one.

- 1 ☐ Yes 2 ☐ No 3 ☐ Unsure

Please explain:

40. Please share any suggestions or unique methods of performing successful and safe animal restraint and/or bite prevention? You may use the back page of this survey and extra paper, if necessary.

41. Were there any questions in this questionnaire that were particularly difficult to answer? Please describe below.

We would appreciate your providing a telephone number in case we need to clarify some information with you.
 () - - ☐ work ☐ home ☐ cell phone
 area code

January 2004 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	February 2004 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	March 2004 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	April 2004 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	May 2004 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
June 2004 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	July 2004 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	August 2004 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	September 2004 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	October 2004 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
November 2004 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	December 2004 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	January 2005 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	February 2005 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	March 2005 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
April 2005 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	May 2005 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	June 2005 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	July 2005 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	August 2005 S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Some holidays are bolded and underlined for your reference.