



# Long Term Care Sector Survey

Please return by January 31, 2003 in the addressed envelope enclosed to the attention of Carol Whitehead

Name (optional, but encouraged): \_\_\_\_\_

Employers name: \_\_\_\_\_

Local #: \_\_\_\_\_

Job function (please check one):  
 Direct care with clients  
 Administrative  
 Maintenance  
 Other (please specify) \_\_\_\_\_

Do you hold an executive position held in your local?  Yes  No

If so, what? \_\_\_\_\_

Please identify the top five issues you would like to have addressed:

- |   |   |
|---|---|
| <input type="checkbox"/> Wages  | <input type="checkbox"/> Higher needs clients |
| <input type="checkbox"/> Workload   | <input type="checkbox"/> Lay offs             |
| <input type="checkbox"/> Health & Safety                                  | <input type="checkbox"/> Bargaining           |
| <input type="checkbox"/> Accommodation (WSIB)                             | <input type="checkbox"/> Grievances           |
| <input type="checkbox"/> Communication                                    | <input type="checkbox"/> Discrimination       |
| <input type="checkbox"/> Equal treatment of part-time and full-time staff | <input type="checkbox"/> Funding              |

Does your collective agreement have WSIB language?  Yes  No

How frequently have you been at risk due to exposure/contact to the following in the last year?  
Please enter the number of times.

- |  |   |
|--|---|
| <input type="checkbox"/> Needle pricks     | <input type="checkbox"/> Body fluids                    |
| <input type="checkbox"/> Uncleanliness     | <input type="checkbox"/> Chemicals                      |
| <input type="checkbox"/> Poor air quality  | <input type="checkbox"/> HIV                            |
| <input type="checkbox"/> Handling of drugs | <input type="checkbox"/> Other (please indicate): _____ |

Direct care workers:  
How often do you work alone?

- Always
- Often
- Rarely
- Never

Do you work with clients who may become aggressive?

- Always
- Often
- Rarely
- Never

How frequently have you experienced or been exposed to the following in the past year? Please enter the number of times:

- Kicked
- Punched
- Hair pulled
- Abusive language
- False allegations
- A threatening statement

Do you have a health & safety committee in your unit?

- Yes
- No

Have you lost time due to a work related incident in the past year?

- Yes
- No

If yes, how many days? \_\_\_\_\_

Has your use of sick time increased in the past year?

- Yes
- No

If yes, by how much? \_\_\_\_\_

What was the cause?

- Disease/physical illness
- Disability
- Work stress
- Home stress
- Work load

Has sick time increased in your work place in the past year?

- Yes
- No
- Don't know

Do you believe the current climate (such as lay offs, workload, underfunding, current "hard bargaining climate") has contributed to increased stress levels at work?

- Lay offs
- Workload
- Underfunding
- Hard bargaining climate

Does your employer require mandatory training?

- Fire safety
- Back care
- Food handling
- CPR
- Nutrition
- First aid
- Non-violent crisis intervention
- Infectious disease control
- Pharmacology
- Other

Does the employer cover the cost of this training?

- Yes
- No

Do you receive the training you require for your position?

- Yes
- No

Comments/concerns on anything not covered in this survey:

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How would you like to see the Long term care Sector Executive working on your behalf?

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**Your input is very valuable. Thank you for participating in this survey.**