SUPPLEMENTARY FILE S1

Structured Data Collection Survey Instrument

Occupational Health Hazards and Safety Protocol Compliance among Clinical Staff across Tertiary and Secondary Healthcare Facilities in Gombe State, Nigeria

INSTRUCTIONS FOR PARTICIPANTS

- **Purpose:** This survey assesses occupational safety practices, hazard exposures, and protocol compliance among clinical healthcare workers across target health facilities in Gombe State.
- **Confidentiality:** Participation is completely voluntary and anonymous. Do NOT write your name, staff identity number, or specific department code on this form.
- **Submission:** Upon completion, please deposit the completed questionnaire directly into the locked survey collection box located in your facility's staff common room or breakroom.

SECTION A: DEMOGRAPHIC AND PROFESSIONAL PROFILE

1. Age (in completed years): ----------

2. Gender:

- ☐ Male
- ☐ Female

3. Primary Professional Discipline:

- ☐ Nursing / Midwifery
- ☐ Physiotherapy
- ☐ Medicine (Physician / Surgeon)
- ☐ Radiography / Medical Imaging
- ☐ Medical Laboratory Science
- ☐ Dentistry
- ☐ Pharmacy

4. Cadre / Rank Level:

- ☐ Junior / Resident / Intern
- ☐ Senior / Nursing Officer / MO
- ☐ Principal / Consultant / Chief

5. Participating Healthcare Facility:

- ☐ Federal Teaching Hospital (FTH), Gombe
- ☐ State Specialist Hospital (SSH), Gombe
- ☐ Federal Medical Centre (FMC), Kumo
- ☐ General Hospital (GH), Bajoga
- ☐ General Hospital (GH), Kaltungo

6. Practice Experience at Current Facility:

- ☐ 6 months to 2 years
- ☐ 6 to 10 years
- ☐ 3 to 5 years
- ☐ More than 10 years

SECTION B: SAFETY PRACTICES AND PPE UTILIZATION

7. Personal Protective Equipment (PPE) Usage Frequency:

Please rate how consistently you utilize the following PPE items during routine clinical care or diagnostic activities:

PPE Item	Always	Often	Sometimes	Rarely	Never

8. Institutional Supply Barriers:

How often do supply shortages at your facility prevent you from using required PPE?

- ☐ Never
- ☐ Frequently
- ☐ Rarely
- ☐ Always

9. Waste Disposal Practices:

Are sharps containers (puncture-proof safety boxes) available at your immediate point of use?

- ☐ Yes
- ☐ No

SECTION C: SAFETY POLICY AWARENESS AND INSTITUTIONAL CULTURE

10. Institutional Orientation & Training:

Have you received formal Occupational Safety and Health (OSH) orientation or safety training at this facility within the last 12 months?

- ☐ Yes
- ☐ No

11. Policy Awareness:

Are you aware of an official institutional policy or protocol for exposure to infectious materials and sharps disposal at your facility?

- ☐ Yes
- ☐ No
- ☐ Unsure

12. Institutional Support:

How would you rate your facility administration's commitment to employee health and occupational safety?

- ☐ Excellent
- ☐ Fair
- ☐ Good
- ☐ Poor

SECTION D: OCCUPATIONAL HAZARD EXPOSURE HISTORY

13. Musculoskeletal Symptoms (Past 12 Months):

Have you experienced work-related pain, numbness, or discomfort in any of the following body regions in the past 12 months? *(Select all that apply)*

- ☐ Low back
- ☐ Knees / Feet / Legs
- ☐ Neck / Shoulders
- ☐ None
- ☐ Wrists / Hands

14. Sharps Injuries & Percutaneous Exposures:

In the past 12 months, how many times have you sustained a needle-stick or sharps-related injury during duty?

- ☐ None (0)
- ☐ 3–4 times
- ☐ 1–2 times
- ☐ 5 or more times

15. Bio-Fluid Splashes:

In the past 12 months, have you experienced blood or body fluid splashes to your eyes, mouth, or non-intact skin?

- ☐ Yes
- ☐ No

16. Chemical & Physical Hazards:

Have you been exposed to chemical hazards (e.g., disinfectants, sterilants) or physical hazards (e.g., radiation, extreme heat,