

Oil Spill Cleanup Responder Survey

BASIC INFORMATION	
A-1.	<p>During oil spill cleanup activities, please select if you are a/an:</p> <p><input type="radio"/> Safety and Health Professional <input type="radio"/> Employer <input type="radio"/> Supervisor</p> <p><input type="radio"/> Employee/Worker <input type="radio"/> Other _____</p>
A-2.	<p>How many people work for your company/organization?</p> <p><input type="radio"/> 1-9 <input type="radio"/> 10-19 <input type="radio"/> 20-49 <input type="radio"/> 50-99 <input type="radio"/> 100+</p>
A-3.	<p>How many years have you been involved with oil spill cleanups?</p> <p>_____</p>
A-4.	<p>What state do you currently work in?</p> <p>_____</p>
A-5.	<p>Do you respond to oil spill cleanups in other states/countries?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If you answered YES to the previous question, in what other states/countries have you responded to oil spill cleanups? (If you answered NO, please skip this question.)</p> <p>_____</p>

HEAT EXPERIENCES AT WORK	
B-1.	<p>On average, how many emergency oil spill cleanups do you usually respond to in a year?</p> <p>_____</p>
B-2.	<p>During oil spill cleanups, on average, how long is your shift?</p> <p>_____</p>
B-3.	<p>How many breaks do you usually take during a shift while working on oil spill cleanups?</p> <p><input type="radio"/> 1 <input type="radio"/> 2-3 <input type="radio"/> 4-5 <input type="radio"/> 6 or more</p>
B-4.	<p>During oil spill cleanups, I have experienced the following (check all that apply):</p>

- Temperatures above 80°F
- Temperatures above 90°F
- Temperatures above 100°F
- High humidity
- Wearing personal protective equipment (PPE) ensembles that cover parts of my body
- Wearing a respirator
- Wearing a personal flotation device (PFD/life jacket)
- Other heat-related hazard _____

B-5. **During oil spill cleanups, I have experienced the following symptoms of heat-related illnesses (check all that apply):**

- dizziness headache irritability cramps confusion
- profuse sweating seizures fainting nausea vomiting
- weakness decreased urine output dark urine heat rash
- high body temperature and/or flushed skin other _____

B-6. **During oil spill cleanups, I was told by a medical professional that I was experiencing the following heat-related illness (check all that apply):**

- heat stroke heat exhaustion rhabdomyolysis heat cramps
- heat syncope heat rash

B-7. **During oil spill cleanups, I have experienced the following heat-related injuries (check all that apply):**

- burns from hot equipment accident related to fogged up glasses
- falls from dizziness other _____

B-8. **During an oil spill cleanup response, what percent of your shift are you performing the following types of activities? (Total should equal 100%)**

	0%	25%	50%	75%	100%
light activities (sit/stand, slow walk, inspecting visually)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
moderate activities (walking, surveying environment, working with hands and arms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heavy activities (handling lighter equipment, physically active)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	very heavy activities (handling heavy equipment, very physically active doing strenuous work)	○	○	○	○	○
B-9.	<p>My work provides the following (check all that apply):</p> <input type="checkbox"/> Preplacement medical evaluation <input type="checkbox"/> Annual medical evaluation <input type="checkbox"/> Training on heat stress <input type="checkbox"/> Acclimatization plan (easing into a hot/strenuous job over multiple days; starting with lighter work or shorter shifts and gradually adding on more work each day) <input type="checkbox"/> Work/rest schedules <input type="checkbox"/> Shaded or cooled area for rest breaks <input type="checkbox"/> Access to drinking water <input type="checkbox"/> Buddy system <input type="checkbox"/> Weather monitoring <input type="checkbox"/> Mandatory “stop work” rules based on whether it will be too hot <input type="checkbox"/> Water-cooled or air-cooled garments/vests					

Heat Stress			
C-1. True or False	True	False	Unsure
Some medications may affect tolerance to the heat	○	○	○
The difference between heat exhaustion and heat stroke is there is no sweating with heat stroke	○	○	○
Dark, infrequent urination may mean I am dehydrated	○	○	○
High humidity is a risk factor for heat stress	○	○	○
Taking a break in the air conditioning will ruin your acclimatization	○	○	○
Having a previous heat-related illness puts you at higher risk for another heat-related illness	○	○	○
Salt tablets are an effective way to restore electrolytes lost during sweating	○	○	○
Heat stroke is not always a medical emergency	○	○	○

HEAT STRESS SEVERITY					
D-1. During oil spill cleanup activities:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I am concerned about becoming ill from working in a hot environment because heat-related illnesses can be dangerous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other oil spill cleanup workers may suffer from a heat-related illness because it is a hot, hard job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heat stroke can lead to death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As long as I am still sweating, I am ok	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have mentioned to my supervisor that it may be too hot to finish a task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HEAT-RELATED ILLNESSES AND FIRST AID					
E-1. During oil spill cleanup activities:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I feel confident I can recognize the signs and symptoms of heat-related illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in distinguishing between heat exhaustion and heat stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident administering first aid for heat-related fainting and heat cramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in contacting emergency medical services for a heat-related illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a coworker became ill because of the heat, I worry I won't know what to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HYDRATION AND REST BREAKS					
F-1. During oil spill cleanup activities:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Taking a break to rest will make me look weak in front of coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get too busy to take breaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to water is too far away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm never sure how long to rest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm never sure how much I should drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not like the taste of water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My PPE is too burdensome to remove or put back on, so I try not to take breaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor regularly encourages me to take a break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TRAINING AND EDUCATIONAL MATERIALS					
G-1. I have received sufficient training on:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Recognition of signs and symptoms of heat-related illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First aid for heat-related illnesses and procedures for contacting emergency medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental risk factors (temperature, humidity, air movement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal risk factors for heat-related illnesses (medications, physical condition, health problems, age)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper hydration (what you should drink, how much, how often)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Added heat load caused by exertion, clothing, and PPE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acclimatization (how to achieve and maintain)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance of immediately reporting signs or symptoms of heat-related illness to a supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Monitoring weather reports and responding to hot weather advisories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a work/rest schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G-2. I want more training/education on:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Recognition of signs and symptoms of heat-related illnesses (heat cramps, heat rash, heat exhaustion, heat stroke)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First aid for heat-related illnesses and procedures for contacting emergency medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental risk factors (temperature, humidity, air movement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal risk factors for heat-related illnesses (medications, physical condition, health problems, age)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper hydration (what you should drink, how much, how often)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Added heat load caused by exertion, clothing, and PPE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acclimatization (how to achieve and maintain)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance of immediately reporting signs or symptoms of heat-related illness to a supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring weather reports and responding to hot weather advisories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a work/rest schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G-3.	<p>I currently receive the following types of heat stress training and educational materials (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> All-day training with instructor <input type="checkbox"/> Half-day training with instructor <input type="checkbox"/> Just-in-Time training (short talks at a work-site prior to the start of a shift) <input type="checkbox"/> Online training course with multiple modules that could be taken as needed <input type="checkbox"/> Posters <input type="checkbox"/> Printed educational materials suitable for keeping in a pocket, toolbox, or vehicle glovebox <input type="checkbox"/> Smart phone or tablet app <input type="checkbox"/> Other heat stress training or educational materials _____
G-4.	<p>I would like to have access to the following types of heat stress training and educational materials (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> All-day training with instructor <input type="checkbox"/> Half-day training with instructor <input type="checkbox"/> Just-in-Time training (short talks at a work-site prior to the start of a shift) <input type="checkbox"/> Online training course with multiple modules that could be taken as needed <input type="checkbox"/> Posters <input type="checkbox"/> Printed educational materials suitable for keeping in a pocket, toolbox, or vehicle glovebox <input type="checkbox"/> Smart phone or tablet app <input type="checkbox"/> Other heat stress training or educational materials _____

DEMOGRAPHICS

Reminder: Information gathered through this survey will be combined and kept confidential.

H-1.	Age? <input type="radio"/> 18-29 <input type="radio"/> 30-39 <input type="radio"/> 40-49 <input type="radio"/> 50-59 <input type="radio"/> 60+
H-2.	Sex? <input type="radio"/> Male <input type="radio"/> Female
H-3.	What is the highest level of education you have achieved? <input type="radio"/> Some high school <input type="radio"/> High school diploma <input type="radio"/> GED <input type="radio"/> Trade/vocational school <input type="radio"/> Some college <input type="radio"/> Associate's degree <input type="radio"/> Bachelor's degree <input type="radio"/> Graduate (e.g., MS, PhD) or Professional (e.g., MD) degree <input type="radio"/> Other _____
H-4.	Race/Ethnicity? <input type="radio"/> African American/Black <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Caucasian <input type="radio"/> Hispanic/Latino <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Other _____