**Professional Hazards Assessment upon the Nursing Staff Inside the Operating Room at Al-Sadder Educational Hospital and Al-Zahrawy Surgery Hospital in AL-Amarah City**

**First Item / Personal Information**

1. **Age**
2. **Gender Male Female**

1. **Educational Level**

**Nursing School Preparatory of Nursing**

**Nursing Institute Collage of Nursing**

**Other**

1. **Years of Occupation**

**Second Item / The Hazards that facing the nurses inside the operating room**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Type of Hazards** | **Always** | **Sometimes** | **Never** |
| **1-** | **Ergonomics Hazards** |  |  |  |
| **a-** | **Do you slip or fall while working?** |  |  |  |
| **b-** | **Do you feel exhausted or stressed while working?** |  |  |  |
| **c-** | **Do you wound by the tools using ?** |  |  |  |
| **d-** | **Do you have varicose veins because of standing for a long time inside the operating room ?** |  |  |  |
| **e-** | **Do you burn by the tools that are sterilized by heat?** |  |  |  |
| **f-** | **Do you get an electric shock because of ineligible tools?** |  |  |  |
| **g-** | **Do you get back pain because of lifting heavy materials or when you lift the patient to change his position?** |  |  |  |
| **h-** | **Do you have health problems while working in the operating room during pregnancy?** |  |  |  |
| **2-** | **Physical Hazards** | **Always** | **Sometimes** | **Never** |
| **a-** | **Do you exposure to rays for example, X-ray?** |  |  |  |
| **b-** | **Do you hear loud voices that affect your health while working?** |  |  |  |
| **c-** | **Do you exposure to high heat while working?** |  |  |  |
| **3-** | **Chemical Hazards** | **Always** | **Sometimes** | **Never** |
| **a-** | **Do you get a chemical poisoning while working?** |  |  |  |
| **b-** | **Do you suffer from skin diseases because of using soap or sterilizing materials ?** |  |  |  |
| **c-** | **Do you suffer from eyes, nose, or throat agitation because of using cleaning or sterilizing liquids ?** |  |  |  |
| **d-** | **Do you affected by breathing anesthesia materials while working?** |  |  |  |
| **4-** | **Biological Hazards** | **Always** | **Sometimes** | **Never** |
| **a-** | **Do you feel dizzy or sickness while working?** |  |  |  |
| **b-** | **Do you get infected while working with the patients ?** |  |  |  |
| **5-** | **Psychological Hazards** | **Always** | **Sometimes** | **Never** |
| **a-** | **Do you get psychological nerves because of the work stress and its hug responsibilities ?** |  |  |  |
| **b-** | **Do you get psychological stress and tired while night or additional working?** |  |  |  |
| **c-** | **Do you feel sad because of the responsibilities that you have taken on yourself?** |  |  |  |
| **d-** | **Do you have personal problems with the health team members?** |  |  |  |
| **e-** | **Do you face violence or oppression by the patient or one of his relatives?** |  |  |  |