

Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Contents lists available at ScienceDirect

Journal of Critical Care



journal homepage: www.journals.elsevier.com/journal-of-critical-care

Corrigendum

Corrigendum to "Personal protective equipment and intensive care unit healthcare worker safety in the COVID-19 Era (PPE-SAFE): An international survey" [Journal of Critical Care, Volume 59, October 2020, Pages 70–75]



Alexis Tabah ^{a,*}, Mahesh Ramanan ^{b,s,t,u}, Kevin B. Laupland ^c, Niccolò Buetti ^d, Andrea Cortegiani ^e, Johannes Mellinghoff ^f, Andrew Conway Morris ^g, Luigi Camporota ^h, Nathalie Zappella ⁱ, Muhammed Elhadi ^j, Pedro Povoa ^k, Karin Amrein ¹, Gabriela Vidal ^m, Lennie Derde ^{n,v}, Guy Francois ^o, Matteo Bassetti ^p, Nathalie Ssi Yan Kai ^q, Jan J. De Waele ^r, the PPE-SAFE contributors

^a Intensive Care Unit, Redcliffe Hospital, 4019, Redcliffe, Faculty of Medicine, University of Queensland, 4029 Brisbane, Queensland, Australia

^b Intensive Care Units, Caboolture and Prince Charles Hospitals, Queensland, Australia

^c Department of Intensive Care Services, Royal Brisbane and Women's Hospital, Queensland University of Technology, Brisbane, Queensland, Australia

^d INSERM IAME, U1137, Team DesCID, Paris, France

^e Department of Surgical, Oncological and Oral Science (Di.Chir.On.S.) Section of Anesthesia, Analgesia, Intensive Care and Emergency Policlinico Paolo Giaccone University of Palermo Palermo, Italy

^f Faculty of Health and Social Care Education, Kingston & St George's University of London, UK

^g Division of Anaesthesia, Department of Medicine, University of Cambridge, Cambridge, UK

h Centre for Human & Applied Physiological Sciences (CHAPS) and School of Basic & Medical Biosciences, Faculty of Life Sciences & Medicine, King's College London, Department of Critical Care, Guy's and St Thomas' NHS Foundation Trust, London, UK

ⁱ Anesthesiology and Critical Care Medicine Department, DMU PARABOL, Bichat – Claude Bernard Hospital, HUPNVS, AP-HP, Paris, France

^j Faculty of Medicine, University of Tripoli, Libya

^k Polyvalent ICU, Sao Francisco Xavier Hospital, CHLO, NOVA Medical School, CHRC, New University of Lisbon, Lisbon, Portugal

¹ Department of Internal Medicine, Division of Endocrinology and Diabetology, Medical University of Graz, Graz, Austria

^m Servicio de Terapia Intensiva, Hospital Interzonal de Agudos San Martin de La Plata, La Plata, Buenos Aires, Argentina

ⁿ Intensive Care Center, University Medical Center Utrecht, Utrecht, the Netherlands

° Division of Scientific Affairs-Research, European Society of Intensive Care Medicine, Brussels, Belgium

^p Infectious Diseases Clinic, Department of Health Sciences, University of Genoa, Genoa and Hospital Policlinico San Martino-IRCCS, Genoa, Italy

^q Brisbane, Australia

^r Department of Critical Care Medicine, Ghent University Hospital, Gent, Belgium

^s School of Medicine, University of Queensland, Australia

^t The George Institute for Global Health, Sydney, Australia

^u University of New South Wales, Sydney, Australia

 $^{
m v}$ Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, The Netherlands

The authors regret errors were present in the published article. Counts of some of the adverse events were erroneous. Changes to the text include.

Last sentence of the abstract should read.

Adverse effects of PPE included heat (1266, 51%), thirst (1174, 47%), pressure areas (1088, 44%), headaches (696, 28%), Inability to use the bathroom (661, 27%) and extreme exhaustion (492, 20%). All but pressure areas were associated with longer shift durations.

DOI of original article: https://doi.org/10.1016/j.jcrc.2020.06.005.

* Corresponding author.

E-mail address: a.tabah@uq.edu.au (A. Tabah).

https://doi.org/10.1016/j.jcrc.2020.10.010 0883-9441/Crown Copyright © 2020 Published by Elsevier Inc. All rights reserved.

A. Tabah, M. Ramanan, K.B. Laupland et al.

Table 3

PPE-Shift duration denotes the amount of time in hours that theHCWiswearing PPE without the ability to take a break. Data expressed in n(%).

PPE-Shift duration:	<3 h n = 727	3-5.9 h n = 1097	6-8.9 h n = 524	>9 h n = 128
Any adverse effects	489, (67%)	930, (85%)	459, (88%)	108, (84%)
Extreme exhaustion	86, (12%)	216, (20%)	149, (28%)	41, (32%)
Inability to use the bathroom	72, (10%)	298, (27%)	226, (43%)	65, (51%)
Headaches	127, (17%)	345, (31%)	174, (33%)	50, (39%)
Thirst	231, (32%)	587, (54%)	275, (52%)	81, (63%)
Heat	319, (44%)	591, (54%)	286, (55%)	70, (55%)
Pressure areas	253, (35%)	546, (50%)	237, (45%)	52, (41%)
Other	17, (2%)	16, (1%)	12, (2%)	2, (2%)

Table 4

Univariate logistic regression of duration of PPE-clad shift on adverse effects experienced by HCWs. The odds ratio represents the change in odds of having the adverse effect with every 1-h increase in PPE-clad shift duration.

Adverse effect	OR (per 1 h shift duration)	Lower 95% CI	Upper 95% CI	р
Any	1.19	1.14	1.25	< 0.001
Extreme exhaustion	1.11	1.07	1.14	< 0.001
Inability to use bathroom	1.22	1.18	1.26	< 0.001
Headaches	1.08	1.05	1.11	< 0.001
Thirst	1.11	1.07	1.14	< 0.001
Heat	1.03	1.01	1.05	0.04
Pressure areas	1.02	0.99	1.04	0.19

Last sentence of the results section of the manuscript should read.

All but pressure areas were associated with longer duration of shifts wearing PPE (Table 4).

Table 1 the total number of community/urban type of hospital should read 740 instead of 741.

Updated Tables 3 and 4 should read as below:

The authors would like to apologise for any inconvenience caused.