

THE PPE SAFE SURVEY

(cover page)

The PPE-SAFE survey has been designed by a team of clinicians to collect information regarding

- the use and availability personal protective equipment (PPE),
- Shortages, reuse and creative use
- training in the use of PPE,
- the existence of adverse effects related to PPE

that is available to ICU HCW around the world. We are seeking responses from all staff (nurses, doctors and allied health staff of any training level, cleaning staff) directly involved in the clinical care of ICU patients with suspected and/or confirmed COVID-19.

Data is anonymous, no identifying data is collected.

This survey is endorsed by ESICM - the European Society of Intensive Care Medicine and ESCMID ESGCIP.

Your participation is voluntary.

By participating you consent to the collection of the information in the survey.

Thank you for participating.

The steering committee

THE PPE SAFE SURVEY

1. Are you a Health Care Worker currently involved in the management of COVID-19 ICU patients?

- a. YES (continues the survey)
- b. NO (redirects to end the survey)

2. COUNTRY

3. Type of Hospital

- a. Large tertiary teaching hospital
- b. Community, urban hospital
- c. Remote / regional hospital
- d. Private hospital

4. Today, your ICU is running:

- a. Below capacity
- b. Usual workload
- c. Above capacity
- d. Well above capacity and overflowing to other areas
- e. Unsure

5. Usual number of ICU beds in the hospital with invasive ventilation capacity

Text field

6. Current number of ICU beds in the hospital including surge/extended capacity for COVID-19 patients

Text field

7. Today's place of work

- a. Dedicated COVID-19 ICU
- b. Other ICU (may or may not have COVID-19 patients)
- c. Other are repurposed as ICU for COVID-19 pandemic ICU, COVID-19 patients only
- d. Other, please describe

8. Position (dropdown, one possible answer)

- a. Nurse
- b. Nurse, student.
- c. Assistant in nursing
- d. Physiotherapist
- e. Respiratory therapist
- f. Cleaning and maintenance

- g. Doctor in training, initial levels (intern/resident)
- h. Doctor in training, specialist/senior training levels
- i. Doctor, senior level
- j. Speech and language therapist
- k. Other, please specify.

9. Speciality or usual place of work

- a. Intensive Care
- b. Anaesthesia
- c. Emergency
- d. Hospital ward - medical
- e. hospital ward - surgical
- f. Other

10. Age

In years, free text field

11. Gender

- a. Female
- b. Male
- c. Other
- d. Undisclosed

12. Years of experience in ICU (postgraduate)

Free text field

Available is defined as recommended + in stock can be used by the respondent.

13. What forms of PPE do you use in the routine care of COVID-19 patients? (tick all that apply)

If multiple possible situations, please select the highest level used for routine care.

- a. Surgical mask or equivalent facemask
- b. N95 / FFP2 or equivalent facemask
- c. FFP3 Face Mask
- d. Powered air purification respirator (PAPR)
- e. Eye protection: Goggles
- f. Eye protection: Face shield
- g. Sleeveless apron
- h. Waterproof long sleeve gown
- i. Coveralls / Hazmat suits (full body waterproof suit)

- j. Single gloves
- k. Double Gloves
- l. Boot covers
- m. Hair net
- n. Balaclava (or similar: head also covers neck)
- o. Impervious hood
- p. Other (please describe)

14. In addition to above What forms of PPE are available for you to use during intubation of COVID-19 patients? (tick all that apply)

- a. No
- b. don't know
- c. Surgical mask or equivalent facemask
- d. N95 / FFP2 or equivalent facemask
- e. FFP3 Face Mask
- f. Powered air purification respirator (PAPR)
- g. Eye protection: Goggles
- h. Eye protection: Face shield
- i. Sleeveless apron
- j. Waterproof long sleeve gown
- k. Coveralls / Hazmat suits (full body waterproof suit)
- l. Single gloves
- m. Double Gloves
- n. Boot covers
- o. Hair net
- p. Balaclava (or similar: head also covers neck)
- q. Impervious hood
- r. Other (please describe)

15. Is some of the PPE you would normally use currently unavailable? (tick all that apply)

- a. No
- b. don't know
- c. Surgical mask or equivalent facemask
- d. N95 / FFP2 or equivalent facemask
- e. FFP3 Face Mask

- f. Powered air purification respirator (PAPR)
- g. Eye protection: Goggles
- h. Eye protection: Face shield
- i. Sleeveless apron
- j. Waterproof long sleeve gown
- k. Coveralls / Hazmat suits (full body waterproof suit)
- l. Single gloves
- m. Double Gloves
- n. Boot covers
- o. Hair net
- p. Balaclava (or similar: head also covers neck)
- q. Impervious hood
- r. Other (please describe)

16. Is some of the single use PPE that is washed or reused due to stock or availability issues? (tick all that apply)

- a. No
- b. don't know
- c. Surgical mask or equivalent facemask
- d. N95 / FFP2 or equivalent facemask
- e. FFP3 Face Mask
- f. Powered air purification respirator (PAPR)
- g. Eye protection: Goggles
- h. Eye protection: Face shield
- i. Sleeveless apron
- j. Waterproof long sleeve gown
- k. Coveralls / Hazmat suits (full body waterproof suit)
- l. Single gloves
- m. Double Gloves
- n. Boot covers
- o. Hair net
- p. Balaclava (or similar: head also covers neck)
- q. Impervious hood
- r. Other (please describe)

17. Are you using any “homemade”, “creative” PPE?

- a. Homemade fabric / cotton masked (sewed)
- b. Homemade gowns, ex: sewed fabric or plastic or surgical drapes
- c. 3d printed googles or faceshields
- d. No
- e. Other, please specify

please describe

-free text comment

18. Do you feel that the PPE available to you is adequate to protect you when managing patients with COVID-19?

- a. Not confident at all
- b. A little confident
- c. Somewhat confident
- d. Confident
- e. Very confident

19. If no, what additional equipment do you think your institution should provide? (tick all that apply)

Repeat same list as
q15

20. Have you received formal training in the use of the recommended PPE for airborne transmitted infections at your institution? (tick all that apply)

- a. Yes, at commencement of employment at my current institution
- b. Yes, within the last 2 months due to the COVID-19 pandemic
- c. Yes, at some other time but not in the last 2 months
- d. No

21. Do you believe that you would benefit from further PPE training and education? (tick all that apply)

- a. Yes- didactic teaching and printed materials
- b. Yes- demonstration by infection control experts
- c. Yes- simulation-based training
- d. No

22. Have you had formal fit testing for a N95 mask or equivalent? (tick all that apply) *Formal assessment of leakage around the face seal of a mask by using the user's sense of smell or an instrument to measure the degree of leakage.*

- a. Yes, at commencement of employment at my current institution
- b. Yes, within the last 2 months due to the COVID-19 pandemic
- c. Yes, at some other time but not in the last 2 months
- d. No

23. How confident do you feel that you know how to safely use the recommended PPE for managing COVID-19 patients at your institution?

- a. Not confident at all
- b. A little confident
- c. Somewhat confident
- d. Confident
- e. Very confident

24. Do you use a 2 persons team for donning and doffing PPE (one in PPE, one supervising and helping)

- a. Always for donning and doffing
- b. Only for donning
- c. Only for doffing
- d. sometimes
- e. never

25. What is the typical duration of a “PPE” shift (How long do you remain dressed in PPE before being able to take a break?)

free text____hours

26. Are you suffering from any significant adverse effects when working with PPE (not COVID transmission related). Only document if considered as very significant

- a. Extreme exhaustion
- b. Inability to use the bathroom
- c. Headaches as a symptom of hypercarbia
- d. Thirst
- e. Heat
- f. pressure areas
- g. Other____free text.

27. Other comments, free text