Chelsea and Westminster Hospital NHS
NHS Foundation Trust

IMPACT EVALUATION OF COVID-19 ON HOSPITAL HEALTHCARE WORKERS

Thank you for taking time to complete this questionnaire We are evaluating the impact of COVID-19 on healthcare workers at our two main hospitals. The information collected is anonymous. Participation in this evaluation is voluntary. Thank you for your input.

Questionnaire No.	☐☐☐☐	Date of questionnaire (dd/mm/yyyy)	☐☐/☐☐/☐☐☐☐

Personal and professional details

1. What is your age?

☐ less than 20 ☐ 20 - 29 ☐ 30 - 39 ☐ 40 – 49

☐ 50 - 59 ☐ 60 - 69 ☐ 70 and above

2. What is your sex?

☐ Male ☐ Female

3. What is your ethnicity?

White
☐English/Welsh/Scottish/Northern Irish/British
☐ Irish
☐ Gypsy or Irish Traveller
☐ Any other White background*(specify)*
……

Mixed / Multiple ethnic groups
☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed/Multiple ethnic background*(specify)*
……

Asian / Asian British
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Chinese
☐ Any other Asian background *(specify)*……

Black/African/Caribbean/Black British
☐ African
☐ Caribbean
☐ Any other Black/African/Caribbean background *(specify)*……

Other ethnic group
☐ Arab
☐ Any other ethnic group *(specify)*
……

4. Which of the two hospitals do you predominantly work at?

☐ Chelsea and Westminster Hospital

☐ West Middlesex Hospital

☐ Both

5. What is your occupation?	☐ Medical Doctor ☐ Registered Nurse ☐ Healthcare assistant/assistant practitioner ☐ Radiographer ☐ Laboratory personnel ☐ Phlebotomist ☐ Physiotherapist	☐ Nutritionist/Dietician ☐ Patient transporter ☐ Clerical officer / administrative staff ☐ Catering staff ☐ Cleaner ☐ Security guard ☐ Other *(specify)* ……
6. Approximately how many weeks, to the nearest whole number, have you worked in the hospital for the following months?		March ☐ week/s April ☐ week/s May ☐ week/s June ☐ week/s
7. Which department do you predominantly work in?		☐ Emergency Department ☐ Inpatient ward (any) ☐ Intensive Care Unit ☐ Outpatients ☐ Other *(specify)*……
Personal illness		
8. At any time since the 1st of March 2020, have you had any symptoms of COVID-19?	☐ Yes ☐ No → If NO, go to Question 12 ☐ Unsure	
9. If YES, which symptoms did you develop?	☐ Fever / high temperature ☐ New cough ☐ Shortness of breath ☐ Sore throat ☐ Muscle pain ☐ Fatigue	☐ Headache ☐ Loss of sense of smell and/or taste ☐ Diarrhoea ☐ Vomiting ☐ Nausea ☐ Other*(specify)*……
10. When did your symptoms begin?	☐ Less than 7 days ago ☐ 7-14 days ago ☐ 15-21 days ago ☐ More than 21 days ago	

11. (a) At any time since the 1st of March 2020, have you self-isolated after developing COVID-19 like symptoms?	☐ Yes ☐ No	(b) If YES how many times?	☐ Once ☐ Twice ☐ Three times or more
12. (a) At any time since the 1st of March 2020, have you self-isolated after being in contact with someone with COVID-19 like symptoms?	☐ Yes ☐ No	(b) If YES how many times?	☐ Once ☐ Twice ☐ Three times or more
13. Have you ever had a COVID-19 positive test result on a swab (or other) sample?	☐ Yes	☐ No	
Family and travel exposures			
14. In your house, how many people of the following age groups are there? *(enter number in boxes provided)*	Adults (18+ years) ☐☐ Children (<18 years) ☐☐		
15. Have any of the people in your household been symptomatic for possible COVID-19?	☐ Yes, starting before I became unwell ☐ Yes, starting at similar time/after me ☐ No		
16. Have any of your household contacts had a positive COVID-19 swab test?	☐ Yes, before I became unwell ☐ Yes, at a similar time/after I became unwell ☐ No		
17. At any time since the 1st of March 2020, have you had any contact (within 2 metres) at a social gathering with a person who was later suspected/confirmed to have COVID-19 swab test within 7 days of the gathering?	☐ Yes ☐ No / not to my knowledge		
18. How do you normally get to work? (Tick all that apply and fill the approximate time for each)	☐ Train ☐☐☐ minutes ☐ Bus. ☐☐☐ minutes ☐ Car ☐☐☐ minutes ☐ Bicycle ☐☐☐ minutes ☐ Walk ☐☐☐ minutes ☐ Other*(specify)*..... ☐☐☐ minutes		
19. How long is your commute to work (minutes) in total ?	☐☐☐ minutes		

The following questions ask about contact with COVID 19 patients.

By " ***contact with COVID-19****", we mean being in the same room or place with a patient with confirmed or suspected COVID-19 OR contact with a COVID-19 patient's respiratory or digestive secretions OR contact with a specimen (e.g. nasal swab) from such a COVID-19 patient before the sample was packaged.*

Aerosol-generating procedures *include intubation, extubation, open suctioning, tracheostomy, upper gastrointestinal endoscopy with open suctioning, bronchoscopy, surgery (including post mortem) involving high speed devices, high-speed dental drilling, non-invasive ventilation, high frequency oscillatory ventilation, induction of sputum and high flow nasal oxygen*

If you had ***any contact with patients,*** *go to question 20*

If you ***did not have contact with patients****, go to question 23*

Patient care related exposures

20. Estimate the average number of days per week (to nearest whole day) that you have been working in the following types of area since 1 March 2020.	Red zones	☐ days per week
	Green zones	☐ days per week
	Non-COVID zones	☐ days per week
21. Estimate the number of confirmed or suspected COVID-19 patients that you have been in contact with since the 1st of March 2020 in any area of the hospital (Red zone or Green zone or other area)	☐ 1-10 ☐ 11-50 ☐ 51-100 ☐ >100	

22. What nature of contact did you have with COVID patients?

22(a)	Performed an aerosol-generating procedure (see list above) **WITHOUT** *FFP2/FFP3/N95 respirator*, apron, gown, gloves	☐ Yes ☐ No
22(b)	Performed an aerosol-generating procedure (see list above) **WITH** *FFP2/FFP3/N95 respirator*, apron, gown, gloves	☐ Yes ☐ No
22(c)	Provided care within 2 metres of a COVID-19 patient **WITHOUT** performing an aerosol-generating procedure **WITHOUT** *surgical mask*, apron, gown, surgical gloves	☐ Yes ☐ No
22(d)	Provided care within 2 metres of a COVID-19 patient **WITHOUT** performing an aerosol-generating procedure **WITH** *surgical mask*, apron, gown, surgical gloves	☐ Yes ☐ No
22(e)	Carried out any other activities more than 2 metres away from a COVID-19 patient, **WITH** or **WITHOUT** *FFP2/FFP3/N95 respirator/surgical mask, apron/gown, surgical gloves*	☐ Yes ☐ No

Healthcare worker related exposures	
23. How many healthcare worker colleagues (any staff in your group / unit / team) have developed suspected or confirmed COVID-19?	☐ None that I know ☐ 1-2 ☐ 3-5 ☐ 6-10 ☐ >10
24. What nature of physical contact (within 2 metres distance) did you have with these healthcare workers? Tick all that apply	☐ None ☐ While delivering patient care ☐ In changing room ☐ In eating area/room ☐ In office / meeting room ☐ Other *(specify)*……
Infection Prevention and Control (IPC) training and practice details	
25. How much total IPC training on Standard and Additional Precautions relating to COVID-19 have you had at your facility since the 1st of January 2020?	☐ No COVID-19 IPC training attended ☐ Less than an hour ☐ 1-2 hrs ☐ More than 2 hours
26. Have you attended the FFP2/3 respirator fit testing training?	☐ Yes ☐ No
27. Do you follow IPC standard precautions as advised by Chelsea and Westminster Trust IPC guidelines when in contact with any patient or in the healthcare environment?	☐ Always, as recommended ☐ Most of the time ☐ Occasionally ☐ Rarely ☐ Not aware of local IPC guidelines ☐ No direct contact with patients
28. Do you follow recommended hand hygiene practices?	☐ Always, as recommended ☐ Most of the time ☐ Occasionally ☐ Rarely
29. Do you wear Personal Protective Equipment when indicated?	☐ Always, according to risk assessment ☐ Most of the time, according to risk assessment ☐ Occasionally ☐ Rarely
END OF QUESTIONNAIRE *Thank you so much for taking time to fill this questionnaire !*	

Serology Test Result (to be filled by the clinician)	
May you kindly check that all questions above are completed , enter the SARS-CoV-2 IgM, IgG, overall result then finally enter your initials of your first and last name in the space provided below.	
Date when test was done (dd/mm/yyyy)	☐☐/☐☐/☐☐☐☐
SARS-CoV-2 IgM	☐ Negative ☐ Positive
SARS-CoV-2 IgG	☐ Negative ☐ Positive
Overall serology test result	☐ Negative ☐ Positive
Initials	……