Questionnaire for Personal protective equipment use by obstetricians and obstetric nurses during the COVID-19 pandemic in Mansoura, Egypt

Dear Participants: This study is performed by staff members at Mansoura faculty of medicine & Nursing to assess the personal protective equipment use during Covid 19 in Obstetrics and Gynecology departments.

Your participation is voluntary, whenever you decided to fill in this questionnaire the data would be anonymous & confidential. The Name of hospital wouldn't be added in the study. This study is approved from institution research board in Faculty of medicine

Demographic data:

Name (optional) : Mobile phone number:

Type of hospital : □Ministry of health □university hospital □private hospital

Job description: □ physician □specialist □consultant □ nurse □ technicians □ others

Duration of work in years in current job:

Duration of daily work hours:……

Do you work in isolation hospital currently? □Yes □no

Are you giving care to Covid 19 patients? □Yes □no

Did you have symptoms suggestive of covid 19? □Yes □no

How was the covid 19 infection confirmed? □PCR □CT chest □both □ non specific test : Dimer &CBC or inflammatory markers

Availability & use of personal protective equipment (PPE)	
Did you receive formal training on use of PPE	□Yes □ no
Do you use gloves during usual patients care "examination-ttt"?	□Yes □no
Type of used gloves during patients examination	□ latex □plastic □nitril □ Heavy duty plastic gloves □Others mention….
Change gloves after use on each patient	□Yes □no
Do you discard them in the nearest appropriate receptacle "red bags"	□Yes □no
Do you wash gloves when visibly contaminated?	□Yes □no
When wearing gloves ,Do you avoid touching your face or adjust PPE with contaminated gloves	□Yes □no
When wearing gloves , Do you avoid touching environmental surfaces with contaminated gloves except as necessary during patient care ?	□Yes □no
Do you wear Gown and /or aprone?	□Yes □no
What is the type of Gown used?	□Cotton □ spun □Fluid resistant □Isolation gowns
Type of gown used	□Reused □single use □ reuse the single use
For reused one ,are they properly cleaned or laundered?	□Yes □ no
Sterile gown for invasive procedures Clean gowns are generally used for isolation	□Yes □ no
Goggles Does goggles Fit snuggly over & around the eyes Anti fog feature that improves the quality	□Yes □ no □Yes □ no □Yes □ no
Do you use face shield ? Is it fully covering nose mouth?	□Yes □ no □Yes □ no
How do you Select ppe? " according to type of exposure"	□Splash &touch □isolation precautions □durability *appropriateness

COVID 19 Patients contact "Infection control guidelines"	
Respiratory protection During patients care (suspected or confirmed)	□Yes □no
Do you Don before contact with the patient?	□Yes □no
Do you follow the sequence of donning PPE? • **Gown first** • **Mask or respirator** • **Goggles or face shield** • **Gloves**	□Yes □no
Do you follow the sequence of removing PPE ? **Gloves** • **Face shield or goggles** • **Gown** • **Mask or respirator**	□Yes □no
The ppe are available in different size to fit different ages & sexes ?	□Yes □no
hand hygiene Immediately after patient touching or leaving room	□Yes □no
Actual number of daily hours wearing respirator	……
Actual number of daily hours Wearing full ppe	…….
Acceptable number of hours wearing full PPE	…….
Hazards of using full PPE	
Sense of heat	□Yes □no
Sense of thirst	□Yes □no
Itching & skin reaction	□Yes □no
Pressure areas	□Yes □no
Extreme exhaustion	□Yes □no

All the following questions are directed to use of PPE during intrapartum care

Intrapartum care(physician & nurses)		
Mode of delivery for attended cases	□Normal □Elective CS □both but elective section more frequently □Both but normal is more common	
In case of caesarian section in operating theater		
Did you wear tight fitting goggles	□Yes	□no
Did you wear sterile gloves ?	□Yes	□no
Did you wear the fluid resistant sterile gown?	□Yes	□no
Did you wear foot protective equipment?	□Yes	□no
Did you wear masks?	□Surgical mask □ FFP □N95particulate mask □ others :mention…….	
Face shield	□Yes	□no
In case of spontaneous delivery		
Did you wear tight fitting goggles	□Yes	□no
Did you wear sterile gloves	□Yes	□no
Did you wear the fluid resistant sterile gown with long sleeves	□Yes	□no
What is the used leg & foot protective?	□safety boots □overshoes □others: mention …….	
Did you wear the mask or respirator before entering the room	□Surgical mask □ FFP □N95particulate mask	
Did you remove masks before leaving the delivery room	□Yes □no	
Is there limited number of staff per case	□Yes □ no	