

UChicago Medicine's Covid-19 PPE Practices Survey

Tell us what you think!

By completing this survey, you will help UChicago Medicine understand the impact of the resources provided to help faculty and staff follow the PPE practices put in place in response to Covid-19. The survey should take no longer than 10 minutes to complete. Thank you for your time!


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1. I have been on patient units in the hospital (CCD, Mitchell, ED, Comer) at least once since March 15th, 2020: No Yes
-
2. Role (select from drop down list):
- APP (NP, PA)
 - Attending (MD, DO)
 - Care Coordination
 - Chaplain/Spiritual Care Department
 - Clinical Nutrition
 - Cohort Unit Observer
 - Cohort Unit Runner
 - Environmental Services
 - Fellow
 - Food Services
 - Leadership (Manager, Director, etc.)
 - Medical Student
 - Nurse
 - Patient Transport
 - Pharmacist
 - Phlebotomist
 - Resident
 - Respiratory Therapist
 - Supply Chain
 - Technician (Pharmacy, Dialysis)
 - Therapist (Physical, Occupational)
 - Other
-
- Other (please describe): _____
-
3. I have provided care or services to (select all that apply):
- COVID Positive Patients
 - COVID Patients Under Investigation (PUIs)
 - COVID Positive Patients on Cohort Unit
 - All of the Above
 - None of the Above
-
4. I have worked on the following units (select all that apply):
- CCD Med/Surg
 - CCD ICU
 - CCD OR
 - ED
 - Comer ED
 - Comer Med/Surg
 - Comer ICU
 - Family Birth Center
 - Mitchell Med/Surg
 - Other
-
- Other (please describe): _____

-
5. I am _____ in knowing what PPE to use in different situations (select response that most closely reflects your confidence level):
- Example situations include: entering a patient's room with Special Respiratory Precautions and Contact Precaution signs, entering the cohort unit, etc.
- Extremely confident
 Somewhat confident
 Neutral Not confident
 Extremely not confident
-
6. Please select the proper steps for DONNING PPE prior to entering a COVID PUI patient room with Special Respiratory Precautions and Contact Precautions:
- Perform hand hygiene, DON gloves, DON gown, DON surgical mask/N95/half face respirator/PAPR
 Perform hand hygiene, DON surgical mask/N95/half face respirator/PAPR, DON gown, DON eye protection, and DON gloves
 Perform hand hygiene, DON eye protection, DON gloves, DON surgical mask/N95/half face respirator/PAPR
 DON surgical mask/N95/half face respirator/PAPR, DON gown, DON eye protection, and DON gloves
 I do not know the answer
-
7. A patient is on Special Respiratory Precautions and Contact Precautions. When leaving this patient's room, where should you DOFF your gown and gloves? (select the correct location):
- Outside the patient room
 Inside the patient room
 Either inside or outside the patient room
 None of the above I do not know the answer
-
8. True or False:
If you remove your N95 from over your nose and mouth, you can re-use this N95.
- True False I do not know the answer
(Please do not guess answer)
-
9. You are about to enter a COVID PUI room when you notice a sign on the door that states the patient is currently receiving an aerosol generating procedure.
- You can safely enter the patient room during the procedure while wearing what type of mask/respirator? (select the correct response):
- N95/half face respirator/PAPR
 Surgical mask Cloth mask
 All of the above I do not know the answer
(Please do not guess answer)
-
10. A N95/Half Face Respirator/PAPR is needed for which of the following aerosol generating procedures (select all that apply):
- Intubation/extubation
 CPR Bronchoscopy
 Nebulizer treatment
 BiPAP, CPAP None of the above
 All of the above I do not know the answer
(Please do not guess answer)
-
11. I use instructional signage to help me follow the COVID donning and doffing PPE practices correctly (select the answer that most closely applies):
- Initially, but not currently
 Only when I work with patients with Special Respiratory Precautions and Contact Precautions
 Only when I work on the Cohort Unit
 Often Always


12. Please review the following signage:

Contact Precautions


Visitors - Report to Nurses' Station Before Entering Room



**GOWNS
REQUIRED**



**GLOVES
REQUIRED**




**HAND
HYGIENE
REQUIRED**

MASKS: NOT required UNLESS performing procedures that may potentially generate aerosols of infective material (i.e. dressing changes) or if potential splattering may occur.


ARTICLES: Reusable equipment should be disinfected with a germicidal wipe or spray before being removed from the isolation room, cubicle or OR.

Special Respiratory Precautions


No Visitors Allowed



**MASKS
REQUIRED**




**EYE
PROTECTION
REQUIRED**



**HAND
HYGIENE
REQUIRED**

ROOM: Door to patient room should remain closed.

TRANSPORT: Patient should NOT leave the room unless absolutely necessary and should wear a surgical mask.



AEROSOL GENERATING PROCEDURES: All Healthcare workers MUST WEAR A TYPE N95 PARTICULATE RESPIRATOR (PR) or A PROTECTIVE RESPIRATOR (PAPR) when performing an aerosol generating procedure. The wearer must be Fit Tested and trained before using respirators.

Aerosol Generating Procedures:

- Intubation
- Non-invasive ventilation
- CPR
- Bronchoscopy
- Open suction
- Nasotracheal suction
- Nebulizer treatment

I have seen these signs on patient units:

- Yes
 No

These signs look trustworthy:

- Strongly Disagree Disagree
 Neutral Agree Strongly Agree

These signs are easy to follow:

- Strongly Disagree Disagree
 Neutral Agree Strongly Agree

These signs have informative content on PPE practices:

- Strongly Disagree Disagree
 Neutral Agree Strongly Agree

These signs feature clear imagery and layout:

- Strongly Disagree Disagree
 Neutral Agree Strongly Agree

13. Please review the following signage:

DON

PUI
Entering patient room

WHAT YOU WILL NEED:

Outside patient room

1. Hand hygiene.
2. Put on procedure mask. Cover chin, mouth, nose.

! For aerosolized procedures, must wear respirator mask

N95

Half-face respirator

PAPR
3. Put on gown; tie waist & neck strings.
4. Put on eye protection. **OR**
5. Put on gloves. Cover glove wrists with gown sleeves.
6. Pause to check your PPE.

Enter patient room—do NOT touch your PPE!

DOFF

PUI
Exiting patient room

WHAT YOU WILL NEED:

Take OFF before exiting patient room

1. Take off gown.

A

Break neck tie by crossing arms and pulling gown at shoulders.

B

Pull out arms to turn gown inside out, breaking waist tie.

C

Roll up inside-out gown.

D

Put in trash.
2. Peel off gloves.

A

Pinch palm of one hand and pull off.

B

Use index finger of bare hand to dig under wrist of remaining glove. Pull up.

C

Only touching the inside, pull remaining glove off hand.

D

Put in trash.
3. Hand hygiene.
4. Exit patient room.

Exit patient room and continue doffing outside of patient room

I have seen these signs on patient units:

Yes No

These signs look trustworthy:

Strongly Disagree Disagree
 Neutral Agree Strongly Agree

These signs are easy to follow:

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These signs have informative content on PPE practices:

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These signs feature clear imagery and layout:

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14. Please review the following signage:

Steps for Donning
 Personal Protective Equipment (PPE)

Outside Room

1. Do Hand Hygiene.

In Anteroom or Hallway

2. Place Face Mask on.
 Secure ties at middle of head and neck.

3. Place Eye Protection on (goggles or face shield).

4. Put on Gown:
 Cover torso from neck to knees, arms to end of wrists, wrap around the back.
 Fasten in back of neck and waist.

5. Put on Gloves to Wrist.

6. Check PPE.

7. Enter Patient Room

Written steps follow UCM video. Images show broad step only. Follow exact text.
 Health Literacy and Plain Language Translation by Diversity, Inclusion and Equity Department 3-23-2020

Steps for Doffing
 Personal Protective Equipment (PPE)

In Patient Room

1.

Remove Gown and Gloves. Wrap gloves into gown. Throw both away in room.

2. Do Hand Hygiene.

3. Exit Patient Room.

In Anteroom or Hallway

Eye Protection: *Re-use is permitted.
 Remove goggles or face shield.

4. If dirty: clean with PDI wipe (orange and purple wipe).

5. Do Hand Hygiene.

6. Mask: Extended use recommended.
 Remove if needed.

7. Do Hand Hygiene.

Written steps follow UCM video. Images show broad step only. Follow exact text.
 Health Literacy and Plain Language Translation by Diversity, Inclusion and Equity Department 3-23-2020

I have seen these signs on patient units:

Yes No

These signs look trustworthy:

Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

These signs are easy to follow:

Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

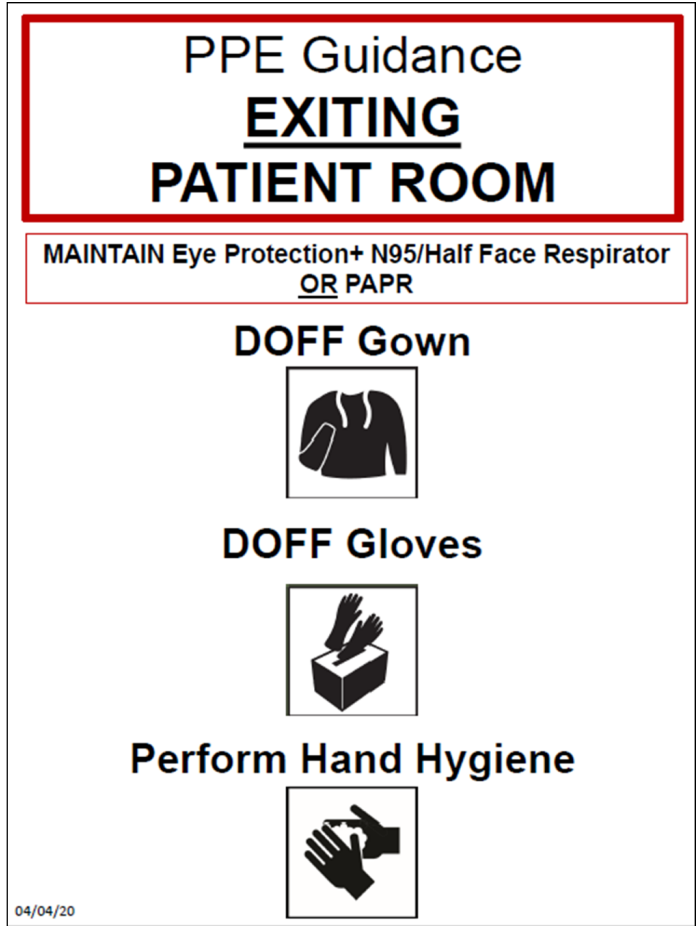
These signs have informative content on PPE practices:

Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

These signs feature clear imagery and layout:

Strongly Disagree Disagree
 Neutral Agree Strongly Agree

15. I have seen these signs on patient units:



I have seen these signs:

Yes No

These signs look trustworthy:

Strongly Disagree Disagree
 Neutral Agree Strongly Agree

These signs are easy to follow:

Strongly Disagree Disagree
 Neutral Agree Strongly Agree

These signs have informative content on PPE practices:

Strongly Disagree Disagree
 Neutral Agree Strongly Agree

These signs feature clear imagery and layout:

Strongly Disagree Disagree
 Neutral Agree Strongly Agree

16. The following have been the most helpful to me in understanding the PPE practices for PUIs and COVID Positive Patients (select all that apply):

- Huddles and/or team-level meetings
- Email communications
- Visible signage at key areas
- Videos Town halls
- Monitors and/or observers
- Other

Other (please describe):

17. Please provide feedback on the PPE practice guidance (including written policies, signage) put in place by the hospital in response to the COVID pandemic.

18. What is your age category?

- 18-24 years old 25-34 years old
 35-44 years old 45-54 years old
 55-64 years old 65+ years old
 I prefer not to answer
-

19. What is your gender?

- Male Female Other
 I prefer not to answer
-

20. Please specify your race and ethnicity (check all that apply):

- American Indian or Alaska Native
 Asian Black or African American
 Native Hawaiian or Other Pacific Islander
 White Other Hispanic or Latino or Spanish Origin
 Not Hispanic or Latino or Spanish Origin I prefer not to answer
-

21. I am considered high risk for severe illness from COVID or I live with someone who is considered high risk for severe illness from COVID:

- Yes No I prefer not to answer

NOTE: "High Risk" includes older adults, chronic lung disease or moderate to severe asthma, diabetes, severe obesity, serious heart conditions, being immunocompromised, chronic kidney disease, and/or liver disease.

22. I have been diagnosed with COVID:

- Yes No I prefer not to answer
 Additional Comment(s)
-

Additional Comment(s):
