

Risk Profiling of Occupational exposure of SARS-CoV-2 among healthcare workers.

This survey aims to identify potential risk factors related to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection among our staff.

In the last few months, many healthcare workers (HCW) have been infected with SARS-CoV-2. Working in close proximity to patients in the hospital setting increase the risk of cross-infection among HCWs. However, the appropriate use of personal protective equipment and other infection control precautions can considerably reduce this risk. The study will be conducted in NMC Specialty Hospital, Dubai and NMC Royal Hospital, DIP, Dubai under the Principal investigator (PI), Dr Prashant Nasa (Head, ICU and PCI, NMC Specialty Hospital, Al Nahda), co-investigators Dr Surjya Upadhyay, Dr Payal Modi.

The purpose of the study is to understand the clinical and exposure characteristics of Healthcare workers (HCWs) who were tested positive for RT-PCR and to use this data for future planning in reducing the risk of exposure. We plan to include all HCWs tested positive for SARS-CoV-2 RT-PCR from the inception of the pandemic until 30 August 2021.

Participation in the study is completely voluntary, and there is no benefit (compensation) or risk for you in this study. The information collected through this survey will be treated anonymously and with complete confidentiality. The survey data will be used exclusively for the study and will not share or used for any other purpose.

There are four sections of the survey, 1. Basic demographics 2. The course of illness (during COVID-19) 3. Questions on COVID-19 transmission 4. Perception related to COVID-19

The survey will take approximately 7-10 minutes to complete. In case of any concerns or complaints regarding this survey, please contact Dr Prashant Nasa (042122255 or prashant.nasa@nmc.ae)

By inserting your E-mail address, you give consent to participate in this study!

***Required**

1. Email *

Acronyms used in this survey

ICU: Intensive care unit

COVID-19: Coronavirus disease 2019

SARS-CoV-2: Severe acute respiratory syndrome coronavirus 2

PPE: Personal protective equipment

BiPAP: Bilevel positive airway pressure

COPD: Chronic obstructive pulmonary disease

Demographic Details

2. Age in years as on 01 September 2021. *

3. Gender *

Mark only one oval.

Female

Male

4. Which hospital were you working ? *

Tick all that apply.

NMC Specialty Hospital, Al Nahda, Dubai

NMC Royal Hospital, DIP, Dubai

5. Job Designation *

Mark only one oval.

- Doctor
- Nurse
- Ward aid/Patient assistant
- Physiotherapist
- Pharmacist
- Laboratory staff
- Technician
- Catering
- House keeping
- Customer Care Executive/ PRO
- Billing Executive
- Driver
- Administrative staff (including HR, Finance)
- Other (please specify in comments section)
- Other: _____

6. Comments

7. Are you in direct contact/care of suspected or confirmed COVID-19 patients? (Frontline staff) *

Mark only one oval.

- Yes
- No
- Maybe

8. If yes, which all places do you work?

Tick all that apply.

- Emergency
- ICU
- Fever/Flu Clinic/OPD- (Internal Medicine, Respiratory Medicine, ENT, Ophthalmology, Dental, Paediatrics)
- COVID-19 (Isolation Ward)
- Operation theatre
- Other

Course of COVID-19

9. Date of 1st RT-PCR positive (if you remember)

Example: 7 January 2019

10. What was the reason for your RT-PCR testing? *

Mark only one oval.

- Symptoms of COVID-19 were present
- As part of contact tracing
- Screening during travel
- Other (please specify in comments section)
- Other: _____

11. Comments

12. Severity of your COVID-19 illness *

Mark only one oval.

- No symptoms
- Mild: Cough, fever, headache, etc.
- Moderate: Breathlessness, Pneumonia on C-xray, Spo2 >94%
- Severe: Severe breathlessness, Spo2 <94% or requirement of oxygen support
- Critical -ICU admission, need of ventilator or any other support like BiPAP, Dialysis

13. What type of care you received during your illness? *

Tick all that apply.

- Hospitalisation
- Hotel based Isolation facility
- Institutional quarantine (e.g. Field hospital)
- Home isolation
- ICU admission

Other: _____

14. How long your symptoms lasted? *

Mark only one oval.

- less than 1 week
- 1-2 weeks
- 2-4 weeks
- More than 4 weeks

Questions related to COVID-19 transmission

15. Have you completed two doses of the COVID-19 vaccine before SARS-CoV-2 infection? *

Mark only one oval.

- Yes
- No
- Less than two weeks after second dose

16. Did you take the vaccine after COVID-19 if not received earlier?

Mark only one oval.

- Yes
- No
- Option 3

17. If Yes, which COVID-19 vaccine did you receive?

Mark only one oval.

- Sinopharma
- Pfizer
- Astra Zeneca (COVISHIELD)
- Sputnik V

18. Do you have any long-standing illnesses? *

Tick all that apply.

- Diabetes Meillitus
- Hypertension
- Any respiratory illness like COPD, Asthma etc
- Kidney diseasea
- Any heart disease like previous Heart attack/ Angioplasty
- Liver disisease
- None of the above
- Other (please specify in comments section)

Other: _____

19. Comments

20. Do you smoke? *

Mark only one oval.

- Yes
- No

21. Do you drink alcohol? *

Mark only one oval.

- Yes
- No

22. Accommodation details? *

Mark only one oval.

Company sponsored

Rented

Owned

Others

23. Type of Accommodation *

Mark only one oval.

Family

Shared with friends (or colleague)

Staying alone

Other: _____

24. Did any family or friend who is sharing accommodation was tested positive for COVID-19 within 14 days of your test? *

Write how many households got infection in comment section.

Mark only one oval.

Yes

No

25. Comments (number of households got infected)

26. If yes, whether friend/family tested earlier, same time or later after your positive test (with 14 days)?

Mark only one oval.

- Earlier (2 days -14 days)
- Same (within 2 days of your test)
- Later (2 days -14 days)

27. Did any staff in the same department you are working tested positive for COVID-19 within 14 days of your test? *

Write how many staff got infection in comment section.

Mark only one oval.

- Yes
- No

28. Comments (Number of staff got infected)

29. If Yes, whether that particular staff tested earlier, same time or later after your positive test

Mark only one oval.

- Earlier (2 days -14 days)
- Same (within 2 days of your test)
- Later (2 days -14 days)

30. Do you share daily transport with colleagues or friends ? *

Mark only one oval.

- Yes
- No

Perception about COVID-19

31. Are you aware about appropriate personal protective equipments for the care of COVID-19 patients? *

Mark only one oval.

Yes

No

32. Have you ever been exposed to a COVID-19 patient without adequate PPE? *

Mark only one oval.

Yes

No

33. How much do you agree with the statement: There was always enough PPE in my workplace? *

Mark only one oval.

1 2 3 4 5

Strongly agree Strongly disagree

34. How much do you agree with the statement: PPE availability and quality should be improved at my workplace? *

Mark only one oval.

1 2 3 4 5

Strongly agree Strongly disagree

35. How much do you agree with the statement: Proper precautions (face mask, hand hygiene, social distance) are most important tools to save you from SARS-CoV-2? *

Mark only one oval.

	1	2	3	4	5	
Strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly disagree

36. How much do you agree with the statement: Vaccines for SARS-CoV-2 can reduce infection rate and can prevent severe disease and hospitalisation? *

Mark only one oval.

	1	2	3	4	5	
Strongly agree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly disagree

37. Any comments related to this survey

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