

Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Contents lists available at ScienceDirect

# Intensive & Critical Care Nursing

journal homepage: www.elsevier.com/iccn

Correspondence

# Web-based survey of the importance and effectiveness of personal protective equipment during the COVID-19 pandemic



Intensive and Critical Care <u>Nursing</u>

Gregor A. Schittek<sup>a,\*</sup>, Markus Köstenberger<sup>b</sup>, Franz Allerberger<sup>c</sup>, Eva Schaden<sup>d,e</sup>, FASIM-COVID-Taskforce Collaborators

<sup>a</sup> Division of General Anaesthesiology, Emergency- and Intensive Care Medicine, University Hospital of Graz, Austria

<sup>b</sup> Department of Anesthesia, Klinikum Klagenfurt, Klagenfurt, Austria

<sup>c</sup> Division of Public Health at the Austrian Agency for Health and Food Safety, Spargelfeldstraße 191, 1220 Vienna, Austria

<sup>d</sup> Department of Anaesthesia, Intensive Care Medicine and Pain Medicine, Währinger Gürtel 18-20, 1090 Vienna, Austria

<sup>e</sup> Ludwig Boltzmann Institute for Digital Health and Patient Safety, Medical University of Vienna, Spitalgasse 23, Bauteil 86, 2. Stock, 1090 Vienna, Austria

# Dear Editor,

In the wake of the current pandemic, it has been noted that many health care workers (HCWs) were infected with SARS-CoV-2 despite the use of personal protective equipment (PPE) (CDC, 2020). By April 2020, almost 10,000 HCWs in the United States had acquired SARS-CoV-2, either through direct or indirect contact with infected patients or other HCWs or as a result of ongoing community transmission (CDC, 2020; Jansson et al., 2020).

In order to prepare for the so called second wave or any future pandemic, we aimed to assess the particular measures taken in Austrian intensive care units (ICUs) as well as the lessons learned regarding HCWs' safety.

We performed an anonymised survey with the official support of the Austrian intensive care societies (FASIM, ÖGARI, ÖGIAIN) by contacting all Austrian ICUs by email and inviting them to participate in a web-based questionnaire con

cerning their experiences during the first wave on LimeSurvey<sup>™</sup>. The survey was conducted from July until September 2020. The questionnaire was developed by a national expert group in a multi-stage process and consisted of 36 questions (suppl. Table 1) concerning the logistics of the respective ICUs, the handling of COVID-19 patients, types of PPE and the implementation of safety protocols.

Two hundred and twenty-eight ICUs were contacted and 179 ICUs participated in this survey.

The use of FFP2 masks was reported in 14% of the 85 units and in 86%, FFP3 masks were applied. PPE shortages were not reported. Training in the correct use of these PPE was performed in 97% of all 179 ICUs (Table 1).

In total, 25 ICUs had HCW who tested positive, with mainly nurses affected (Table 1). Only two ICUs reported higher numbers of infected staff members. The ICU with the highest number (7 – all nurses) treated the most patients. The second ICU with five

\* Corresponding author. E-mail address: gregor.schittek@medunigraz.at (G.A. Schittek).

#### Table 1

Percentage and median values of experience in treating COVID-19 patients (n = 85). Values are displayed in percent when a dichotomical answer was the only option or with median when the answer was given in numbers. Interquartile range is displayed in brackets as appropriate.

Question	Answers of ICUs $(n = 85)$
ICU only for COVID	41.2%
Max simultaneously COVID-19 patients	4 [1, 6]
Training of donning and doffing	97,3%
Training hands on	88.2%
Training per video	67.1%
Donning/Doffing area for the entire ICU	38.8%
Donning/Doffing area for each room	52.9%
FFP 2	14.0%
FFP 3	86.0%
Faceshields	84.2%
Surgical caps	96.1%
Surgical gowns	97.4%
Aprons	75.0%
Single gloves	16.0%
Double gloves	84.0%
Special PPE shoes	50.0%
Other	23.7%
Seropositive nurses	0 [0,1]
Seropositive physicians	0 [0, 0]

infected staff members (all nurses) pointed out, that the transmissions had occurred in the first weeks and were possibly due to poor adherence to safety protocols; after these five cases, no further transmissions were identified. No difference could be identified between the available PPE or training mode in these two ICUs.

In conclusion, no infection clusters were observed, presumably due to the unrestricted availability of PPE and adherence to the safety protocols. This low prevalence of COVID-19 acquired by HCWs performing patient care, suggests that PPE guidelines consistent with those of the WHO as well as the ECDC and CDC, offer adequate protection (WHO, 2020; CDC, 2020; ECDC, 2020). However, the seriousness of SARS-CoV-2 has still to be highlighted for all HCWs. For example in Germany, the highest mortality rate was observed in social workers with 1% followed by physicians with 0.5% and nurses 0.3%, with nurses constituting the majority of those with suspected HCW infections. (63.9% of 10,835) (Nienhaus and Hod, 2020).

#### Ethical statement

Due to the nature of this study (anonymised web based questionnaire) no approval from an ethics committee was necessary

# **Funding source**

None.

### **Author Agreement statement**

Hereby we certify that all authors have seen and approved the final version of the manuscript being submitted. They warrant that the article is the authors' original work, hasn't received prior publication and isn't under consideration for publication elsewhere.

#### **Declaration of Competing Interest**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

#### Acknowledgements

The FASIM-COVID-TaskForce Collaborators are Gregor A Schittek, Markus Köstenberger, Franz Allerberger, Eva Schaden, Andreas Valentin, Michael Joannidis, Ulrich Zerlauth, Larissa Sampl, Helmar Bornemann-Cimenti, Rudof Likar.

# Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.iccn.2020.102996.

## References

World Health Organization. Infection Prevention and Control During Health Care When Novel Coronavirus (nCoV) Infection is Suspected (March 19, 2020). Available at: https://www.who.int/publications/i/item/10665-331495, (accessed 11.10.2020).

https://www.ecdc.europa.eu/en/publications-data/infection-prevention-and-

- control-and-preparedness-covid-19-healthcare-settings, (accessed 11.10.2020). CDC COVID-19 Response Team Characteristics of health care personnel with COVID-19—United States, February 12-April 9, 2020. MMWR Morb. Mortal. Wkly. Rep. 2020; 69:477–481. doi: 10.15585/mmwr.mm6915e6
- 2020;69:477-481. doi: 10.15585/mmwr.mm6915e6. Jansson, M., Liao, X., Rello, J., 2020. Strengthening ICU health security for a coronavirus epidemic. Intensive Crit. Care Nurs. 57,. https://doi.org/10.1016/j. iccn.2020.102812 102812.
- Nienhaus, A., Hod, R., 2020. COVID-19 among health workers in Germany and Malaysia. Int. J. Environ. Res. Public Health 17 (13), 4881. https://doi.org/ 10.3390/ijerph17134881. Published 2020 Jul 7.