

CLEAN - VIRUSEND - Pre-implementation

Page 1: Welcome

Welcome to the VIRUSEND questionnaire. Thank you for agreeing to take part in this research project, we are very grateful for your time and feedback.

This is the first of two questionnaires we will ask you to complete during the project. The second will follow the trial period of using the VIRUSEND spray.

Your information is strictly confidential and stored on secure University of Leeds servers. Your answers will not be seen by anyone outside of the research team. The questions should take you no longer than 10 minutes to complete.

If you would like to know more about University of Leeds privacy policies for research data, please see [Research Participant Privacy Notice \(leeds.ac.uk\)](https://leeds.ac.uk/research-participant-privacy-notice)

Page 2: About you

This section asks for some information about you. We collect this information so we can describe our sample of participants and to help us make sure we represent experiences of a broad range of people.

1. Please enter your study number (this should be located on your consent form and the message inviting you to this questionnaire. It will be a three character code with one letter and two numbers e.g. A21)

Your answer should be no more than 3 characters long.

2. Which clinical area do you mainly work in? (if you work across multiple areas, please select just your main area, which will likely be where you were recruited for this study)

- ☐ A&E
- ☐ J20
- ☐ Endoscopy
- ☐ Portering services
- ☐ Theatres
- ☐ ICU
- ☐ Other

2.a. If you selected Other, please specify:

3. What is your main job role? (if you have multiple roles then please select your main role only)

- ☐ Doctor
- ☐ Nursing staff
- ☐ Porter
- ☐ Admin staff
- ☐ Domestic staff
- ☐ Healthcare worker
- ☐ Physiotherapist
- ☐ Pharmacist/ Pharmacy tech
- ☐ Occupational therapist
- ☐ Dietician
- ☐ Other

3.a. If you selected Other, please specify:

4. How long have you worked in healthcare?

- ☐ less than 6 months
- ☐ 6 months-1 year
- ☐ 1 - 2 years
- ☐ 2 - 5 years
- ☐ 5 - 7 years
- ☐ 7 -10 years
- ☐ 10 - 15 years
- ☐ 15 - 20 years
- ☐ 20+ years

5. Which age-group do you belong to?

- ☐ 18-24
- ☐ 25-30
- ☐ 31-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60+
- ☐ Prefer not to say

6. How would you describe your ethnic origin? This refers to people who share the same cultural background and identity, not country of birth or nationality (if you would rather not provide this information you can select “prefer not to say”)

Page 3: Survey of infection prevention and control, and COVID related safety

This section focusses on infection prevention and control procedures and experiences in your working environment.

7. Where do you get your information on COVID-19 infection prevention and control (IPC) in the hospital setting? Please tick all that apply.

Please select at least 1 answer(s).

☐ Public Health England

☐ NHS 111

☐ Trust guidance

☐ From other members of staff

☐ Other

☐ I have never seen or heard any information about IPC related to COVID-19

7.a. If you selected Other, please specify:

8. The following set of questions ask for your views on infection prevention and control.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It is my responsibility to keep my working environment clean	☐	☐	☐	☐	☐

I am clear what precautions I am expected to take in relation to infection prevention and control in my everyday work	☐	☐	☐	☐	☐
Infection prevention and control strategies lead to increased workload	☐	☐	☐	☐	☐
Infection prevention and control strategies increase my fatigue at work	☐	☐	☐	☐	☐
I feel that some infection prevention and control strategies are unnecessary	☐	☐	☐	☐	☐

8.a. Please use this space to provide any additional information about your answers to the above questions.

9. Have you been risk assessed in your current role to test if you might be at increased risk from the consequences of COVID-19?

☐ Yes

☐ No

10. Have adjustments been made as a result of your risk assessment? (if you have not been risk assessed please select N/A)

☐ Yes

- ☐ No
- ☐ N/A

11. Please answer the following questions in relation to your everyday work in clinical areas.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
Washing my hands (or using hand gel) regularly is effective in preventing COVID-19	☐	☐	☐	☐	☐	☐
Wearing face masks is effective in reducing the transmission of COVID-19 in my clinical environment	☐	☐	☐	☐	☐	☐
Wearing face masks in an aerosol generating procedure (AGP) is effective in reducing the transmission of COVID-19	☐	☐	☐	☐	☐	☐
Over the last week, I have had adequate access to the personal protective equipment (PPE) I need	☐	☐	☐	☐	☐	☐
When a patient has signs and symptoms of COVID-19, I can confidently participate in the management of the patient within my role	☐	☐	☐	☐	☐	☐

I have felt pressure to see patients without having adequate protection	☐	☐	☐	☐	☐	☐
I feel I have adequate equipment to manage the COVID-19 risk at work in terms of contaminated surfaces	☐	☐	☐	☐	☐	☐
I feel I have adequate equipment to manage the COVID-19 risk at work in terms of airborne transmission	☐	☐	☐	☐	☐	☐

12. What is your main area of concern in terms of managing the risk of COVID-19 transmission at work?

- ☐ I am mainly worried about airborne transmission
- ☐ I am more worried about airborne transmission than contaminated surfaces
- ☐ I am equally worried about airborne transmission and contaminated surfaces
- ☐ I am more worried about contaminated surfaces than airborne transmission
- ☐ I am mainly worried about contaminated surfaces

13. Taking everything into account, I feel safely protected from COVID-19 infection in my place of work

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Please select	☐	☐	☐	☐	☐

14. Please use this space if you wish to provide any additional information related to your answers in this questionnaire or your general experience of infection prevention and control during the COVID-19 pandemic.

Page 4: Thank you

We appreciate your time and value your feedback.

If you have any concerns or comments about this questionnaire, or the study in general, please contact the research team on Clean.Study@leeds.ac.uk

Key for selection options

6 - How would you describe your ethnic origin? This refers to people who share the same cultural background and identity, not country of birth or nationality (if you would rather not provide this information you can select “prefer not to say”)

White

Gypsy or Traveller

Black or Black British - Caribbean

Black or Black British - African

Other Black background

Asian or Asian British -Indian

Asian or Asian British - Pakistani

Asian or Asian British - Bangladeshi

Chinese

Other Asian background

Mixed - White and Black Caribbean

Mixed - White and Black African

Mixed - White and Asian

Other mixed background

Arab

Other ethnic background

Prefer not to say
