Personal Protective Equipment (PPE) in Ophthalmology

Since the declaration of COVID-19 pandemic, recommendations were published regarding the use of PPE and infection control measures. In this study we aim to assess the suitability of various PPE to our practice as ophthalmologists.

This survey is supposed to take five minutes. Data will be used only for research purpose.

If you have any query, kindly send to: drdoaa_ashour@med.asu.edu.eg

1. I agree to participate in this study. I understand the purpose of this study and I am participating voluntarily. I grant permission for the data obtained from this survey to be used in the researchers' publications on this topic.

Mark only one oval.

☐ Yes
☐ No

Demographic data

2. Gender *

Mark only one oval.

☐ Male
☐ Female

3. What is the country of your current practice? *

4. Your age *

Mark only one oval.

☐ 25-30
☐ 30-40
☐ 40-50
☐ 50-60
☐ 60 above
☐ 60

5. Your current position *

Mark only one oval.

☐ Resident
☐ Specialist or fellow
☐ Consultant or attending physician

6. What is your subspecialty? choose the most appropriate to your current practice *

Mark only one oval.
7. Name of your institution (optional)

________________________________________________________________________

PPE use in clinical practice

8. According to your institution guidelines; Which of the following is required in your routine practice during the current pandemic? *
   
   Mark only one oval per row.

   |                          | Yes | No |
   |--------------------------|-----|----|
   | Face masks               |     |    |
   | Protective goggles       |     |    |
   | Face shields             |     |    |
   | Disposable aprons        |     |    |
   | Slit-lamp shield         |     |    |
   | Disposable gloves        |     |    |
   | Frequent hand hygiene    |     |    |

9. According to your institution guidelines; Which of the following is required in your practice while dealing with COVID-19 patients or suspects? *
   
   Mark only one oval per row.

   |                          | Yes | No |
   |--------------------------|-----|----|
   | Face masks               |     |    |
   | Protective goggles       |     |    |
   | Face shields             |     |    |
   | Disposable aprons        |     |    |
   | Slit-lamp shield         |     |    |
   | Disposable gloves        |     |    |
   | Frequent hand hygiene    |     |    |

10. Do you have the availability of fitting tests for PPE (fitted size masks, protective goggles ..)? *

   Mark only one oval.
PPE convenience to your practice (We mean by convenience that you are able to proceed with your work without difficulty, in a state of physical ease and freedom from pain or constraints during work.)

11. How much do you find the following PPE convenient to your current practice? (1 means not convenient at all, 5 means totally convenient, not applicable if you have not use this type of PPE in your practice) *

Mark only one oval per row.

| Type of PPE | 1 | 2 | 3 | 4 | 5 | Not applicable |
|-------------|---|---|---|---|---|----------------|
| Mask during slit-lamp examination |   |   |   |   |   |                 |
| Mask during the use of indirect ophthalmoscope |   |   |   |   |   |                 |
| Protective goggles during slit-lamp examination |   |   |   |   |   |                 |
| Protective goggles during the use of indirect ophthalmoscope |   |   |   |   |   |                 |
| Protective goggles during the use of surgical microscope |   |   |   |   |   |                 |
| Face shield during slit-lamp examination |   |   |   |   |   |                 |
| Face shield during the use of indirect ophthalmoscope |   |   |   |   |   |                 |
| Face shield during the use of surgical microscope |   |   |   |   |   |                 |

12. Do you notice that the use of PPE increases the time of your examination? *

Mark only one oval.

☐ Yes
☐ No

13. Which type of masks are you using in your clinic? *

Mark only one oval.

☐ Disposable surgical masks
☐ N95 masks, FFP2, FFP3 or similar types
☐ Reusable half-face respirators
☐ Reusable full-face masks
☐ Cloth masks

14. Which type of masks are you using during surgeries? (if you are currently practicing surgery)

Mark only one oval.

☐ Disposable surgical masks
☐ N95 masks, FFP2, FFP3 or similar types
☐ Reusable half-face masks
☐ Reusable full-face masks
15. Do you notice that the mask you are currently using during surgeries, negatively affects your surgical performance or increases the time of surgery?

*Mark only one oval.*

☐ Yes  
☐ No

Clarity of examination and surgical procedures with different PPE

16. Regarding clarity during examination with different PPE: in a scale from 1 to 5 (1 means not clear at all, 5 means clear as without PPE and not applicable if you have not use this type of PPE in your practice) Do you find your examination or operative field clear when using...? *

*Mark only one oval per row.*

|                          | 1 | 2 | 3 | 4 | 5 | Not applicable |
|--------------------------|---|---|---|---|---|----------------|
| Masks during slit-lamp examination |   |   |   |   |   |                |
| Masks during the use of indirect ophthalmoscope |   |   |   |   |   |                |
| Protective goggles during slit-lamp examination |   |   |   |   |   |                |
| Protective goggles during the use of indirect ophthalmoscope |   |   |   |   |   |                |
| Protective goggles during the use of surgical microscope |   |   |   |   |   |                |
| Face shield during slit-lamp examination |   |   |   |   |   |                |
| Face shield during the use of indirect ophthalmoscope |   |   |   |   |   |                |
| Face shield during the use of surgical microscope |   |   |   |   |   |                |

17. Do you wear eyeglasses (spectacles) on performing your routine clinical practice? (if no skip the following 2 questions) *

*Mark only one oval.*

☐ Yes  
☐ No  
☐ No Skip to question 16

18. Do you think your glasses interfere with the use of masks?

*Mark only one oval.*

☐ Yes  
☐ No  
☐ Maybe

19. Do you think your glasses interfere with the use of protective goggles or face shields?

*Mark only one oval.*

☐ Yes  
☐ No  
☐ Maybe
20. Do you have any of the following chronic illnesses? *
   *Mark only one oval per row.*

|                | Yes | No |
|----------------|-----|----|
| Cardiac disease|     |    |
| Bronchial asthma|   |    |
| Chronic sinusitis| |    |
| Others         |     |    |

21. If you have other chronic illnesses, please specify

__________________________________________________________________________

22. Have you stopped using any kind of PPE because of inconvenience or discomfort during practice? *
   *Mark only one oval.*

   - [ ] Yes
   - [ ] No

23. If yes please specify

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