

**Availability and use of personal protective equipment and satisfaction
of healthcare professionals during COVID-19 pandemic in Addis Ababa,
Ethiopia**

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**Questionnaire for Assessment of Availability and Use of Personal Protective
Equipment by Healthcare Workers at Public Hospitals in Addis Ababa**

Self-Administered Questionnaire

1. Name of the Hospital: _____
2. What is your gender? 1. Male 2. Female
3. What is your age (years)? _____
4. How long (years of experience) have you served in this hospital? _____
5. What is your medical profession?
 1. General Practitioner
 2. Specialist
 3. Resident
 4. Intern
 5. Nurse
 6. Midwife
 7. Health officer
 8. Radiographer
 9. Lab technologist
 10. Other (specify) _____
6. In which Department/unit do you currently work in this hospital?
 1. Medical
 2. Pediatrics
 3. Surgical
 4. Gyn & Obs
 5. OPD
 6. Intensive care
 7. Emergency
 8. Screening/Triage
 9. Isolation room/ward
 10. Anesthesia
 11. Other (please specify) _____
7. What forms of the following PPE were **FREQUENTLY AVAILABLE** in the routine care of patients in your hospital **before** the COVID-19 pandemic? (*Circle all that apply*)

7.1 Gloves	1. Yes	2. No
7.2 Gowns	1. Yes	2. No
7.3 Facemask	1. Yes	2. No
7.4 N95 respirator	1. Yes	2. No
7.5 Eye protection (Goggles and face shield)	1. Yes	2. No
7.6 Hair covers	1. Yes	2. No
7.7 Other (please describe) _____		
8. What forms of the following PPE did you **FREQUENTLY USE** in your hospital **before** the COVID-19 pandemic? (*Circle all that apply*)

8.1 Gloves	1. Yes	2. No
8.2 Gowns	1. Yes	2. No
8.3 Facemask	1. Yes	2. No
8.4 N95 respirator	1. Yes	2. No
8.5 Eye protection (Goggles and face shield)	1. Yes	2. No
8.6 Hair covers	1. Yes	2. No
8.7 Other (please describe) _____		

- 73 9. What forms of the following PPE were **FREQUENTLY AVAILABLE** to use in your hospital **during**
74 the COVID-19 pandemic? (*Circle all that apply*)
75 9.1 Gloves 1. Yes 2. No
76 9.2 Gowns 1. Yes 2. No
77 9.3 Facemask 1. Yes 2. No
78 9.4 N95 respirator 1. Yes 2. No
79 9.5 Eye protection (Goggles and face shield) 1. Yes 2. No
80 9.6 Hair covers 1. Yes 2. No
81 9.7 Other (please describe) _____
82
- 83 10. What forms of the following PPE did you **FREQUENTLY USE** in your hospital **during** the COVID-
84 19 pandemic? (*Circle all that apply*)
85 10.1 Gloves 1. Yes 2. No
86 10.2 Gowns 1. Yes 2. No
87 10.3 Facemask 1. Yes 2. No
88 10.4. N95 respirator 1. Yes 2. No
89 10.5 Eye protection (Goggles and face shield) 1. Yes 2. No
90 10.6 Hair covers 1. Yes 2. No
91 10.7 Other (please describe) _____
92
- 93 11. What forms of the following PPE did you **USE** during your last interaction with a patient in your
94 hospital? (*Circle all that apply*)
95 11.1 Gloves 1. Yes 2. No
96 11.2 Gowns 1. Yes 2. No
97 11.3 Facemask 1. Yes 2. No
98 11.4. N95 respirator 1. Yes 2. No
99 11.5 Eye protection (Goggles and face shield) 1. Yes 2. No
100 11.6 Hair covers 1. Yes 2. No
101 11.7 Other (please describe) _____
102
- 103 12. Are you satisfied with the current availability of PPE in your hospital during the COVID-19
104 pandemic?
105 1. Very satisfied
106 2. Somewhat satisfied
107 3. Average
108 4. Somewhat unsatisfied
109 5. Unsatisfied
110
- 111 13. Are you satisfied with the current use of PPE by health professionals in your hospital?
112 1. Very satisfied
113 2. Somewhat satisfied
114 3. Average
115 4. Somewhat unsatisfied
116 5. Unsatisfied
117
- 118 14. Are some of the PPE, you would normally use currently, unavailable in your hospital?
119 1. Yes 2. No 3. Don't know [*If "No" or "Don't know", please skip to 16*]
120
- 121 15. If YES question 14, please mention them _____
122
- 123 16. Are some of the PPE, you don't normally use, currently available in your hospital?
124 1. Yes 2. No 3. Don't know [*If "No" or "Don't know", please skip to 18*]
125
- 126 17. If YES to question 16, please mention them _____
127

18. Have you received any training in PPE during the past two years? 1. Yes 2. No
19. Have you received training in PPE since the COVID-19 pandemic? 1. Yes 2. No
[If “No”, please skip to 21]
20. If YES to question 19, what training have you received with regard to PPE since the COVID-19 pandemic? (Circle all that apply)
- | | | |
|---|--------|-------|
| 20.1 Gloves | 1. Yes | 2. No |
| 20.2 Gowns | 1. Yes | 2. No |
| 20.3 Facemask | 1. Yes | 2. No |
| 20.4 N95 respirator | 1. Yes | 2. No |
| 20.5 Eye protection (Goggles and face shield) | 1. Yes | 2. No |
| 20.6 Hair covers | 1. Yes | 2.No |
| 20.7 Other (please describe) _____ | | |
21. Have you received training in the cleaning and disinfection procedures of PPE during the current COVID-19 pandemic? 1. Yes 2. No
22. The correct PPE (as recommended by WHO) is always available to me when treating a non-COVID-19 patient in my hospital?
1. Strongly agree
 2. Agree
 3. Neither agrees nor disagrees
 4. Disagree
 5. Strongly disagree
23. The correct PPE (as recommended by WHO) is always available to me when treating a patient with suspected or confirmed COVID-19 in my hospital?
1. Strongly agree
 2. Agree
 3. Neither agrees nor disagrees
 4. Disagree
 5. Strongly disagree
24. Do you feel that the PPE currently available to you by your hospital is adequate to protect you when managing patients with suspected or confirmed COVID-19?
1. Yes
 2. No
25. Are you using any “homemade”, “creative” PPE such as homemade fabric, cloth face covering, sewed cotton mask, plastic or surgical drapes in a hospital?
1. Yes
 2. No
26. How worried are you about the current availability of PPE in your hospital?
1. Extremely worried
 2. Generally worried
 3. Neither worried nor not worried
 4. Generally not worried
 5. Not worried at all
27. Have you ever previously provided direct clinical care to any patients affected by an infectious disease outbreak? (Examples of outbreaks: ebola, SARS, MERS, swine flu, avian flu, cholera, zika virus) 1. Yes 2. No
28. Have you ever provided direct clinical care to any suspected or confirmed COVID-19 patient since the 1st report of the case in Ethiopia? 1. Yes 2. No [If “No”, please skip to 35]

- 185 29. If YES to question 33, how many suspected or confirmed cases of COVID-19 have you had direct
186 clinical contact with since the 1st report of the case in Ethiopia? _____
187
188 30. How do you feel on your preparedness to provide direct care to suspected or confirmed cases of
189 COVID-19?
190 1. Completely unprepared
191 2. Somewhat unprepared
192 3. Neither unprepared or prepared
193 4. Somewhat prepared
194 5. Very prepared
195
196

197 Thank you so much for your cooperation and time!