



- 78% of respondents work in England, 11% in Scotland, 4% in Northern Ireland and 6% in Wales.
- 5% of respondents identify as having a disability.
- 90% identify as female, 8% as male, 2% prefer not to say and, finally, 0.1% have selected 'other' as gender identity.

Ethnicity	%
Asian/Asian British: Bangladeshi	0.1%
Asian/Asian British: Indian	1.9%
Asian/Asian British: Pakistani	0.2%
Asian/Asian British: other	2.4%
Black/Black British: African	3.6%
Black/Black British: Caribbean	0.8%
Black/Black British: other	0.3%
Chinese	0.3%

Mixed: White and Asian	0.3%
Mixed: White and Black African	0.2%
Mixed: White and Black Caribbean	0.3%
Mixed: other	0.5%
White: British	75.4%
White: Irish	3.3%
White: other	5.1%
Prefer not to say	3.3%
Other (please specify)	2.0%

Access to standard PPE

11,314 respondents told us they work in environments with patients with confirmed or possible COVID-19, that does not involve taking part in high-risk procedures. According to UK-wide guidance, working in such environments requires the following items of personal protective equipment:

- Eye/face protection. (This may be single or reusable face/eye protection/full face visor or goggles.)
- Fluid-resistant surgical face mask (Type IIR).
- Disposable plastic apron.
- Disposable gloves.

The responses below are from those working in an environment with patients with confirmed or possible COVID-19 who do not take part in high-risk procedures; deliver or assist with aerosol-generating procedure (AGP); or work in a high-risk area even if not participating/supporting in AGPs, for example, intensive care units or the hot zone of an emergency department.

Access to enough supplies of PPE

- 30% of respondents said there is not enough eye/face protection for them to use for the duration of the shift. A further 28% said they have enough now but are concerned for the supply for their next shift.
- More than one in four respondents (27%) said there are not enough fluid-resistant surgical face masks for them to use for the duration of the shift. A quarter of respondents (25%) have enough now but are concerned for the supply for their next shift.
- 14% said they were lacking surgical masks. A third of respondents (32%) said they have enough surgical masks for them to use for the duration of the shift but are concerned for the supply for their next shift.
- Least shortage is with disposable aprons (5%) and gloves (3%).

Questions asked of all respondents

These questions were asked to all respondents. Anecdotal evidence from our members revealed that they were concerned with being pressured by their employers to care for confirmed or possible COVID-19 patients without suitable PPE. We wanted to explore the extent to which this was a problem for nursing professionals. We have also received calls about specific issues our members had with using the prescribed PPE equipment, so we wanted to use this survey to explore the range of issues with PPE.

In addition, we wanted to understand how far nursing professionals had access to materials and facilities to help address infection control in their work environments. Finally, we asked the extent to which nursing professionals were able to raise concerns, how they did this and whether these concerns had been addressed.

- Half of respondent said that during this COVID-19 pandemic, they have felt pressure to care for a patient without adequate protection as outlined in the current PPE guidance.
- Almost one in five (18%) of respondents has had issues with supplied PPE due to specific individual needs such as having disabilities, religious and cultural practices, having facial hair or wearing glasses.

We ran analysis of the free text to better understand the main issues relating to the use of PPE.

The overriding issue was related to the use of PPE for those wearing spectacles. Respondents described the protective goggles provided to staff as being self-assembly and flimsy. They did not fit properly over their glasses and left gaps at the sides of their eyes. In addition, the lenses were often scratched, and nurses were being asked to re-use and share goggles. Wearing glasses also resulted in challenges in terms of wearing protective face masks and shields or visors. They fog, or steam up which compromises the nurse's vision whilst carrying out patient care. This was especially challenging when nurses were providing close up personal care or administering injections. Those wearing varifocal glasses also reported difficulties in reading computer screens and notes.

A second issue was around fit testing for FFP2 and FFP3 masks, many respondents report how they were fit tested for one mask, but when these had depleted they were replaced with masks they had not been fit tested for. Some respondents said they had failed the fit test due to having too small a face, wearing a religious hijab or headscarf, or as a result of having a beard. For some with facial hair the option of shaving this was removed due to their religious beliefs. Similarly, removal of the hijab or headscarf was also not possible on religious grounds. These nurses expressed some concern at remaining open to contagion and while some reported receiving hoods, these were in short supply and often had to be shared amongst staff. There was a sense from some of the respondents that PPE masks in particular appeared to be made primarily for men. Tall respondents commented that long gowns were too short for their arms.

Respondents also reported more general issues around PPE. For example, some nurses reported receiving conflicting advice about PPE, citing their organisations adherence to Public Health England (PHE), rather than guidance from the World Health Organization (WHO) on where PPE should be used, and what kind of PPE should be used. In addition, nurses reported receiving conflicting advice from infection control nurses within the same organisation. Some respondents reported being pressured by managers to re-use PPE in clear contravention of the manufacturer's instructions. Others reported how PPE was either non-existent or that it had been locked away as a result of theft, or where it was available, especially in the form of gloves and aprons, these were very flimsy and often tore when being removed from the dispenser.

A further issue reported was the length of time staff were expected to wear full PPE during a shift. Nurses reported having little or no time to take a break, and also expressed concern about not being able to drink when wearing masks, face shields or visors for fear of contaminating the equipment. Some of the respondents reported their fears of being infected with COVID-19 as a result of the issues raised.