Principles and Practice of Clinical Research

A Global Journal in Clinical Research



COVID-19 – The efficacy of the LEAF-mask measured by assessing the viral load of the mask's inner and outer surface used by nurses in ICUs compared to the N95: a phase II, multicenter, randomized, controlled, open-label, clinical trial protocol

HU. Richarz^{1*}, AJ. Mendes², SM. Hincapie Arias³, AM. Santos Cury Marduy³, SA. Chottera⁵, OF. Yanque Robles⁶, A. de Moura Brasil Matos⁷, ACM. Gomes⁸, V. Henriques Carvalho⁹, P. Bottamedi Ratto Guimaraes¹⁰, MS. Grigorescu Vlass¹¹, AH. Motoyama Caiado¹², AA. Boto¹³, ER. Diaz¹⁴, J. Colleti Junior¹⁵, N. Chaves¹⁶

#All authors have contributed equally to this work.

*Corresponding author: Hans-Udo Richarz, Fascia Research Group, Department of Experimental Anesthesia, Ulm University, Germany, richarz@gmx.at.

Rest of the author's affiliation at the end of the manuscript.

Received December 13, 2020; accepted March 8, 2021; published March 30, 2021.

APPENDICES

Appendix 1

Participant Code: _____ Site Center: _____

Date: __/__/___

Self-Report Questionnaire

This questionnaire is to be filled out at the end of each shift. The document is separated into two main sections: the first one is related to general information about number and length of time of the donning and doffing of your mask during your shift and the second one is related to potential adverse effects of the mask used by you. In case of any doubt, please ask the researcher.

1. Information about the shift

Number of hours of work: ______

- Number of donning/doffing of the mask in total: _______
- Length of time of every single doffing of the mask. We will provide you for each shift with additional sheets of paper (being an essential part of this questionnaire part) so that you can allocate a specific length of time to every doffing of your mask.
- Did something unexpected occur during this shift (e.g., a problem with the mask)? If yes, please elaborate:

Yes	No No

2. Adverse effects

Please indicate if you felt any side-effect related to the use of the mask (e.g., breathing difficulties). If yes, please elaborate:

Yes	No No

Appendix 2

1. Emotion

 Participant Code:

 Date:

Comfort Rating Scale (CRS)

(Adapted from Malik et al. 2006)

For each question, please indicate from 0 ("Lowest") to 20 ("Highest") the most adequate response. Each question evaluates the comfortability in several domains, namely, emotion, attachment, physical effect, perceived change, movement, and anxiety.

There is a total of 11 questions. Please clearly circle the most adequate number.

Did you feel uncomfortable with the temperature during the duration of your shift? Highest Lowest 2. Attachment How difficult was the mask to don? Highest Lowest 3. Physical Effect Did you encounter any: i. Auricular discomfort? Highest Lowest



