

Table S1: Adequacy of PPE training and respondents' level of confidence in using PPE for managing COVID-19

Dentists (N=121)		
	n	%
<i>Adequacy of PPE training</i>		
Not at all adequate	0	0
Slightly adequate	9	7.4
Somewhat adequate	19	15.7
Mostly adequate	57	47.1
Entirely adequate	36	29.8
<i>Confidence in using PPE</i>		
Not at all confident	13	3.7
Slightly confident	31	8.7
Somewhat confident	70	19.7
Mostly confident	153	43
Entirely confident	89	25

Table S2: Respondents' participation in COVID-19 outbreak response activities

<i>COVID-19 outbreak response activities</i>	<i>Yes n (%)</i>	<i>No n (%)</i>
Reviewing and updating policies or procedures	191 (51.9)	177 (48.1)
Establishing fever clinics	3 (0.8)	365 (99.2)
Training in donning and doffing PPE	78 (21.2)	290 (78.8)
Supporting healthcare staff	88 (23.9)	280 (76.1)
Supporting other staff	97 (26.4)	271 (73.6)
Planning for surge capacity	15 (4.1)	353 (95.9)
None of the above	118 (32.1)	250 (67.9)

Table S3: COVID-19 support services provided by respondents' workplace and respondents' attendance and access

<i>Support services provided by the dental practice/facility</i>	<i>n (%)</i>
Yes, debriefing only	54 (15.9)
Yes, staff psychological support only	13 (3.8)
Yes, both	32 (9.4)
Neither	198 (58.4)
Do not know	42 (12.4)
Total	339 (100)
<i>Attending debriefings and their usefulness</i>	
No	236 (69.6)
Yes, but it was not useful	5 (1.5)
Yes, and it was slightly useful	36 (10.6)
Yes, and it was moderately useful	41 (12.1)
Yes, and it was extremely useful	21 (6.2)
Total	339 (100)
<i>Accessing psychological services and their usefulness</i>	
No	328 (96.8)
Yes, but it was not useful	0 (0)
Yes, and it was slightly useful	2 (0.6)
Yes, and it was moderately useful	4 (1.2)
Yes, and it was extremely useful	5 (1.5)
Total	339 (100)

Dentists and COVID-19: Have your say!

DENTISTS' KNOWLEDGE, PREPAREDNESS AND EXPERIENCES OF MANAGING SARS-COV-2 and COVID-19 IN AUSTRALIAN HEALTHCARE SETTINGS: A MULTIDISCIPLINARY STUDY

Participant Information Statement (HREC 2020/200)

(1) What is this study about?

We would like to invite you to take part in an ADA supported research study about Dentists' knowledge, preparedness, and experiences of managing SARS-CoV-2 and COVID-19 in the Australian healthcare settings. You have been invited to participate in this study because you are a member of the ADA; The ADA has approved this study of its members, Dentists, who are front-line healthcare workers with a fundamental role in managing the health and wellbeing of the Australian community.

This Participant Information Statement tells you about the research study. Knowing what is involved will help you decide if you want to take part in the research. Please read this statement carefully and ask questions about anything that you don't understand or want to know more about. Participation in this research study is voluntary. By giving your consent to take part in this study you are telling us that you understand what you have read, agree to take part in the research study as outlined below, and agree to the use of your personal information as described.

(2) Who is running the study?

The study is being led by [REDACTED]

[REDACTED] This study is an unfunded investigator-initiated project, and we do not require any additional resources to those available to us in our usual employment to ensure successful completion of this study. The researchers declare no conflicts of interest.

(3) What will the study involve for me?

We would like you to complete a short, anonymous online survey comprising of four sections. Section 1 asks a few demographic questions about you. Section 2 asks questions about your knowledge of COVID-19. In Section 3 we explore aspects about your preparedness for COVID-19, including training, provision of information and availability of COVID-19 guidelines. In the last section, we explore your experiences of working as a dentist in the context of COVID-19. We ask that you do not include any personally identifying information in the survey responses. Most questions will have pre-defined answers; however, some will ask for a written response. Should you wish to do so, you are welcome to expand your replies or make any other comments at the end of the survey. By ticking the "I agree to participate" checkbox at the end of this statement you consent to participate in this study.

(4) How much of my time will the study take?

We estimate the survey will take you 10 minutes to complete.

(5) Who can take part in the study?

This is a survey of members of the ADA. We are conducting a similar survey of nine other frontline healthcare workers including general practitioners, infectious diseases physicians, infection control practitioners, emergency physicians, emergency nurses, intensivists, critical care nurses, public health physicians and paramedics via their professional college or society.

(6) Do I have to be in the study? Can I withdraw from the study once I've started?

Participation in this study is completely voluntary and you do not have to take part. Your decision whether or not to participate will not affect your current or future relationship with [REDACTED] or any other organisation. Submitting your completed questionnaire is an indication of your consent to participate in the study. You can withdraw your responses any time before you have submitted the questionnaire. Once you have submitted it, your responses cannot be withdrawn.

(7) Are there any risks or costs associated with being in the study?

The risks to you participating in this study are low/negligible. The study is an anonymous online survey, and participation is voluntary. Aside from giving up your valuable time, we do not expect that there will be any risks or costs associated with taking part in this study. There is no information obtained in connection with this research project that can identify you. All collected information will remain confidential and will only be accessed by the investigators. No data that identifies you will be reported in publications or presentations arising from the study. The information you provide will only be used for the purpose of this research study, and will only be disclosed with your permission, except as required by law.

(8) Are there any benefits associated with being in the study?

While we cannot guarantee that you will receive any direct benefits from being in the study, this study will provide valuable information about your knowledge, preparedness and experiences of managing COVID-19 in the Australian healthcare settings. This information will help to identify gaps in infection control preparedness, inconsistencies between international and national guidelines, and any evidence-practice gaps in dentistry.

(9) What will happen to information about me that is collected during the study?

By providing your consent, you are agreeing to us collecting your survey responses for the purposes of this research study. The information you provide will only be used for the purposes outlined in this Participant Information Statement. There is no information obtained in connection with this research project that can identify you. All collected information will remain confidential and will only be accessed by the researchers. The information you provide will be stored securely and kept strictly confidential, except as required by law. It is anticipated that the results of this research study will be published and/or presented in a variety of scientific forums. In any publication and/or presentation, information will be provided in such a way that you or your practice/healthcare facility cannot be identified, except with your express permission. All data will be stored on password-protected confidential servers within [REDACTED] in accordance with prevailing legislation policies at both institutions. In accordance with [REDACTED] records for this study will be stored securely for five years following publication of the results before destruction.

(10) Can I tell other people about the study?

Yes, you are welcome to tell other people about the study.

(11) What if I would like further information about the study?

For more information about the study please contact [REDACTED]

(12) Will I be told the results of the study?

You have a right to receive feedback about the overall results of this study. This feedback will be in the form of a one-page lay summary. No personalised feedback will be provided. If you wish to receive the one-page lay summary, please provide your email address at the end of the survey. You will receive this feedback after the study is completed.

(13) What if I have a complaint or any concerns about the study?

Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this study have been approved by [REDACTED]. The study has also been approved for distribution by the ADA. As part of this process, we have agreed to carry out the study according to the National Statement on Ethical Conduct in Human Research (2007). This statement has been developed to protect people who agree to take part in research studies. If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact [REDACTED] using the details outlined below quoting the study title and protocol number:

By ticking the "I agree to participate" checkbox, you consent to participate in this study.

☐ I agree to participate

This is a list of the acronyms used in the survey:

SARS-CoV-2: Severe Acute Respiratory Syndrome Coronavirus 2 COVID-19: Coronavirus Disease 2019

SECTION 1: DEMOGRAPHICS

1. What is your country of residence?

- ☐ Australia
☐ New Zealand
☐ Other

2. In which Australian state or territory do you currently or ordinarily work?

- ☐ Australian Capital Territory
☐ New South Wales
☐ Northern Territory
☐ Queensland
☐ South Australia
☐ Tasmania
☐ Victoria
☐ Western Australia
☐ I don't live in Australia

3. How many years have you worked in your professional field as of 01 January 2020?

SECTION 2: KNOWLEDGE In this section we would like to ask some questions about what you know about COVID-19.

4. Where do you routinely go for up-to-date information about COVID-19? (Please select all that apply)

- ☐ World Health Organization website
- ☐ US Centers for Disease Control and Prevention (CDC) website
- ☐ Australia Government Health Protection Principal Committee
- ☐ 2019 Australian Guidelines for the Prevention and Control of Infection in Healthcare
- ☐ Communicable Diseases Network Australia (CDNA) Guidelines
- ☐ State/territory departments of health website
- ☐ Commonwealth Department of Health website
- ☐ Colleagues
- ☐ Scientific literature and journals
- ☐ Social media (e.g. Twitter, Facebook),
- ☐ Television, radio or newspaper
- ☐ ADA Federal COVID-19 site
- ☐ ADA Branch site
- ☐ National COVID-19 Clinical Evidence Taskforce
- ☐ Other

5. Which of the following ADA COVID-19 mini-site resources do you use?

(Please select all that apply)

- ☐ ADA COVID-19 webinars
- ☐ ADA dental service restrictions
- ☐ COVID-19 decision trees
- ☐ Managing PPE resources
- ☐ Managing COVID-19 in the practice
- ☐ Infection control resources
- ☐ Infection control FAQ
- ☐ Practice resources
- ☐ None of the above

6. How would you rate your current level of knowledge about COVID-19?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

7. Information about this outbreak changes rapidly. How easy or difficult is it to keep up-to-date with the following areas of information about COVID-19?

	Very difficult	Difficult	Neutral	Easy	Very easy
Case definition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epidemiology (Data on the <input type="radio"/> number of cases and locations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Clinical presentation, signs, <input type="radio"/> symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Access to testing locations and <input type="radio"/> ease of testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Infection prevention and control <input type="radio"/> measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Use of personal protect <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> equipment	<input type="radio"/>
Treatment and management <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isolation practices <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact tracing and outbreak <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> management	<input type="radio"/>
Travel advisory and restrictions <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health orders <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 3: PREPAREDNESS

In this section we want to know about aspects of preparedness for COVID-19.

8. Have you completed any general outbreak management education and training?	<input type="radio"/> Yes <input type="radio"/> No
8a. Who provided this education and training?	<input type="checkbox"/> Internal program run within my own organisation <input type="checkbox"/> ADA <input type="checkbox"/> External program
9. Are you a member of a COVID-19 planning or response committee? (Please select all that apply)	<input type="checkbox"/> Yes, at local practice level <input type="checkbox"/> Yes, at hospital level <input type="checkbox"/> Yes, at health district level <input type="checkbox"/> Yes, at multiple group practice level <input type="checkbox"/> Yes, at state level <input type="checkbox"/> Yes, at national level <input type="checkbox"/> Yes, at international level <input type="checkbox"/> No
10. How prepared were you for COVID-19 on 31 December 2019?	<input type="radio"/> Not at all prepared <input type="radio"/> Slightly prepared <input type="radio"/> Somewhat prepared <input type="radio"/> Moderately prepared <input type="radio"/> Extremely prepared
11. How prepared are you for COVID-19 today?	<input type="radio"/> Not at all prepared <input type="radio"/> Slightly prepared <input type="radio"/> Somewhat prepared <input type="radio"/> Moderately prepared <input type="radio"/> Extremely prepared
12. How prepared do you think your dental practice/service is to manage COVID-19 into the future?	<input type="radio"/> Not at all prepared <input type="radio"/> Slightly prepared <input type="radio"/> Somewhat prepared <input type="radio"/> Moderately prepared <input type="radio"/> Extremely prepared
13. How prepared do you think Australia was for COVID-19?	<input type="radio"/> Not at all prepared <input type="radio"/> Slightly prepared <input type="radio"/> Somewhat prepared <input type="radio"/> Moderately prepared <input type="radio"/> Extremely prepared
14. In your opinion, has your dental practice / service provided clear, timely and authoritative information about COVID-19?	<input type="radio"/> Strongly disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Neutral <input type="radio"/> Somewhat agree <input type="radio"/> Strongly agree
15. In your opinion, has Australian Dental Association (ADA) provided clear, timely and authoritative information about COVID-19?	<input type="radio"/> Strongly disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Neutral <input type="radio"/> Somewhat agree <input type="radio"/> Strongly agree

16. In your opinion, has your state or territory government health department provided clear, timely and authoritative information about COVID-19?

- ☐ Strongly disagree
☐ Somewhat disagree
☐ Neutral
☐ Somewhat agree
☐ Strongly agree

17. In your opinion, has the Australian Government Department of Health provided clear, timely and authoritative information about COVID-19?

- ☐ Strongly disagree
☐ Somewhat disagree
☐ Neutral
☐ Somewhat agree
☐ Strongly agree

18. Have you received specific education, training or instruction about COVID-19 within your organisation?

- ☐ Yes
☐ No

18a. What kind of education, training or instruction did you receive?(Please select all that apply)

- ☐ In-house practice education
☐ Primary Health Network (PHN) education / webinar
☐ ADA education / webinar
☐ Other external provider education / webinar

18b. How would you rate the adequacy of this education, training or instruction?

- ☐ Not at all adequate
☐ Slightly adequate
☐ Somewhat adequate
☐ Mostly adequate
☐ Entirely adequate

19. Have you received training or certification in the use of personal protective equipment (PPE) for managing COVID-19?

- ☐ Yes
☐ No

19a. How would you rate the adequacy of this training or certification in the use of personal protective equipment (PPE) for managing COVID-19?

- ☐ Not at all adequate
☐ Slightly adequate
☐ Somewhat adequate
☐ Mostly adequate
☐ Entirely adequate

20. How confident are you in using personal protective equipment (PPE) for managing COVID-19?

- ☐ Not at all confident
☐ Slightly confident
☐ Somewhat confident
☐ Mostly confident
☐ Entirely confident

21. Does your dental practice / service have COVID-19 guidelines and an outbreak response plan?

- ☐ Yes
☐ No
☐ Don't know

21a. How familiar are you with your dental practice / service COVID-19 guidelines and outbreak response plan?

- ☐ Not at all familiar
☐ Slightly familiar
☐ Somewhat familiar
☐ Moderately familiar
☐ Entirely familiar

21b. How easy or difficult is it for you to adhere to your dental practice / service guidelines and outbreak response plan for COVID-19?

- ☐ Very difficult
☐ Difficult
☐ Neutral
☐ Easy
☐ Very easy

SECTION 4: EXPERIENCES

In this section we want to hear about your experiences of working during COVID-19 outbreak.

- | | |
|--|---|
| 22. Is your dental practice / service involved in assessing suspected cases of COVID-19? | <input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> Don't know |
| 23. Does your dental practice / service refer suspected or confirmed cases COVID-19 to other facilities? | <input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> Don't know |
| 24. Is your dental practice / service involved in treating suspected or confirmed cases COVID-19? | <input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> Don't know |
| 25. How concerned are you currently about contracting SARS-CoV-2? | <input type="radio"/> Not at all concerned
<input type="radio"/> Slightly concerned
<input type="radio"/> Somewhat concerned
<input type="radio"/> Moderately concerned
<input type="radio"/> Extremely concerned |
| 26. Have you taken an absence from work because you are, or have been, concerned about contracting SARS-CoV-2 at work? | <input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> Prefer not to say |
| 27. Have you taken an absence from work while waiting the results of a SARS-CoV-2 test? | <input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> Prefer not to say |
| 28. Have you, or would you, avoid telling others that you have cared for patients with COVID-19 because you are afraid of a negative reaction from them? | <input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> Don't know
<input type="radio"/> Prefer not to say |
| 29. Do you feel that your family or friends have, or are, avoiding contact with you due to the nature of your work? | <input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> Don't know
<input type="radio"/> Prefer not to say |
| 30. Have you experienced or witnessed racial or other forms of discrimination at work associated with the COVID-19 outbreak? | <input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> Don't know
<input type="radio"/> Prefer not to say |
| 31. Has the COVID-19 outbreak increased your workload (i.e. added to your normal daily duties)? | <input type="radio"/> No, it has lessened
<input type="radio"/> No, it has stayed the same
<input type="radio"/> Slightly more
<input type="radio"/> Somewhat more
<input type="radio"/> Moderately more
<input type="radio"/> Considerably more |
| 32. Do you feel more stressed than usual at work due to the outbreak of COVID-19? | <input type="radio"/> Not at all
<input type="radio"/> Slightly
<input type="radio"/> Somewhat
<input type="radio"/> Moderately
<input type="radio"/> Extremely |

33. Have you participated in any of the following COVID-19 outbreak response activity? (Please select all that apply)

- ☐ Reviewing and updating policies or procedures
- ☐ Establishing fever clinics
- ☐ Training in donning and doffing PPE
- ☐ Supporting healthcare staff
- ☐ Supporting other staff
- ☐ Planning for surge capacity
- ☐ None of the above

34. Does your dental practice /service provide debriefing or staff psychological support services to you regarding COVID-19?

- ☐ Yes, debriefing only
- ☐ Yes, staff psychological support only
- ☐ Yes, both
- ☐ Neither
- ☐ Don't know

35. Have you attended debriefings in your dental practice /service regarding COVID-19, and were they useful?

- ☐ No
- ☐ Yes, but it was not useful
- ☐ Yes, and it was slightly useful
- ☐ Yes, and it was moderately useful
- ☐ Yes, and it was extremely useful

36. Have you accessed psychological support services in your dental practice /service regarding COVID-19, and was it useful?

- ☐ No
- ☐ Yes, but it was not useful
- ☐ Yes, and it was slightly useful
- ☐ Yes, and it was moderately useful
- ☐ Yes, and it was extremely useful

37. What has been the most positive outcome/experience in your work during COVID-19?

38. What is for you the single biggest issue about COVID-19?

39. Do you have any other comments to make about SARS-CoV-2 and COVID-19?

If you wish to receive a summary of the survey findings, please provide your email address.
