

**Online supplementary 1. CERA Survey 1 Questions**

Field Label	Choices, Calculations, OR Slider Labels
Do you want to read the participant information sheet now?	
If you would like to download the patient information sheet to read later, please download the link below.	
By checking this box, I certify that I am at least 18 years old and that I give my consent freely to participate in this study.	1, I consent
What is your e-mail address?  (This will only be used for the delivery of survey 2 + 3, which you will receive over the coming months)	
What is the name of the Hospital where you work?	
You have selected other, please specify.	
What is your professional grade?	17, GP Trainee   1, ST1   2, ST2   3, ST3   4, ST4   5, ST5   6, ST6   7, ST7   8, ST8   9, F1   10, F2   11, Clinical Fellow (F2-ST3 Level)   12, Clinical Fellow (>=ST4 Level)   13, Consultant   14, Associate Specialist   15, Staff Grade   16, CESR Doctor   18, GP   19, Other
You have selected other, please specify.	
What is your gender?	1, Male   2, Female   3, Other   4, Prefer not to say
How old are you?	1, 20-25   2, 26-30   3, 31-35   4, 36-40   5, 41-45   6, 46-50   7, 51-55   8, 56-60   9, 61-65   10, 66-70   11, >70
What is your 'parent speciality'?	1, Emergency Medicine   2, Anaesthetics   3, Intensive Care Medicine   9, Paediatrics   4, General Practice   5, Surgery   6, Foundation Programme   7, Acute Internal Medicine   8, Other
What is your 'parent speciality'?	1, Emergency Medicine   2, Anaesthetics   3, Intensive Care Medicine   9, Paediatrics   4, General Practice   5, Surgery   6, Foundation Programme   7, Acute Internal Medicine   8, Other
You have selected other, please specify.	
<div class="rich-text-field-label"><p>In what Department were you working as of <span style="color: #ff0000;">March 1st 2020?</span></p></div>	1, Emergency Department (adult or paediatric)   2, Anaesthetic Department (adult or paediatric)   3, Intensive Care Department (adult or paediatric)   5, Acute Medical Unit   6, Hospital ward (adult or paediatric)   4, Other
<div class="rich-text-field-label"><p>In what Department were you working as of <span style="color: #ff0000;">March 1st 2020?</span></p> <p><span style="color: #000000;">Select all that apply</span></p></div>	1, Emergency Department (adult or paediatric)   2, Anaesthetic Department (adult or paediatric)   3, Intensive Care Department (adult or paediatric)   5, Acute Medical Unit   6, Hospital ward (adult or paediatric)   4, Other
<div class="rich-text-field-label"><p>You selected other, in which Department where you working as of <span style="color: #ff0000;">March 1st 2020?</span></p></div>	
Have you been deployed to a <font color="red">different <font color="black">clinical area as a result of the COVID-19 outbreak?	
Where have you been redeployed to?	1, Emergency Department (adult or paediatric)   2, Anaesthetic Department (adult or paediatric)   3, Intensive Care Department (adult or paediatric)   5, Acute Medical Unit   6, Hospital ward (adult or paediatric)   4, Other
You have selected other, please specify.	

How satisfied are you with this redeployment?	1, Very dissatisfied   2, Somewhat dissatisfied   5, Neither satisfied nor dissatisfied   3, Somewhat satisfied   4, Very satisfied
Have you previously provided direct clinical care to any patients affected by these infectious disease outbreaks? (please select all that apply)	0, None of the below   4, Ebola virus   10, MERS-CoV   16, SARS   1, Chikungunya   2, Cholera   6, Influenza (swine, avian, zoonotic)   20, Zika virus   21, Other
GHQ-12 Survey – For copyright reasons the questions have been removed. Please see the below for the general domains of questions	
Concentration	1, Better   2, Same   3, Less   4, Much less
Sleep	1, Better   2, Same   3, Less   4, Much less
Playing a part in things	1, Better   2, Same   3, Less   4, Much less
Decision making	1, Better   2, Same   3, Less   4, Much less
Strain	1, Better   2, Same   3, Less   4, Much less
Overcoming difficulties	1, Better   2, Same   3, Less   4, Much less
Enjoy of activities	1, Better   2, Same   3, Less   4, Much less
Facing problems	1, Better   2, Same   3, Less   4, Much less
Feelings of unhappiness or depression	1, Better   2, Same   3, Less   4, Much less
Confidence	1, Better   2, Same   3, Less   4, Much less
Feelings of worthlessness	1, Better   2, Same   3, Less   4, Much less
Happiness	1, Better   2, Same   3, Less   4, Much less
<div class="rich-text-field-label"><p><span style="font-weight: normal;">For the above 12 questions the following applies: </span><span style="font-weight: normal;">All rights reserved. This work may not be reproduced by any means, even within the terms of a Photocopying Licence, without the written permission of the publisher. Photocopying without permission may result in legal action. Published by GL Assessment Limited 1st Floor Vantage London, Great West Road, Brentford TW8 9AG This edition published 1992.</span> <span style="font-weight: normal;">GL Assessment is part of GL Education. <a href="http://www.gl-assessment.co.uk">www.gl-assessment.co.uk</a>. </span><span style="font-weight: normal; font-size: 8pt; font-family: 'Times New Roman,Bold';">David Goldberg, 1978 </span><strong style="font-family: Calibri, sans-serif; font-size: 14.66666984558105px;">General Health Questionnaire© (GHQ12)</strong><span style="font-weight: normal; font-family: Calibri, sans-serif; font-size: 14.66666984558105px;">.</span></p></div>	
Donning and doffing (gloves, gown, facemask, eye protection)	1, No training   2, Formal instructional video   3, Written instruction   4, Simulation training   5, Departmental guidance   6, Other
Formal fit testing for mask	1, No training   2, Formal instructional video   3, Written instruction   4, Simulation training   5, Departmental guidance   6, Other
PPE training for exposure to aerosol generating procedure (e.g. intubation)	1, No training   2, Formal instructional video   3, Written instruction   4, Simulation training   5, Departmental guidance   6, Other
Other. Please specify.	
If you have had any further PPE training please specify	
What practical education have you received in regards to the clinical care of patients presenting with suspected/diagnosed COVID-19?	0, None   1, Simulation training of a possible case   2, Simulation training of a case requiring aerosol procedure   3, Other
You selected other. Please specify.	
Government Guidance	1, Hourly   2, Up to twice a day   3, Daily   4, Several times a week   5, Weekly   6, Less than weekly   7, Never

College Guidance	1, Hourly   2, Up to twice a day   3, Daily   4, Several times a week   5, Weekly   6, Less than weekly   7, Never
Trust Guidance	1, Hourly   2, Up to twice a day   3, Daily   4, Several times a week   5, Weekly   6, Less than weekly   7, Never
Departmental guidance	1, Hourly   2, Up to twice a day   3, Daily   4, Several times a week   5, Weekly   6, Less than weekly   7, Never
Social Media	1, Hourly   2, Up to twice a day   3, Daily   4, Several times a week   5, Weekly   6, Less than weekly   7, Never
Online blogs and podcasts	1, Hourly   2, Up to twice a day   3, Daily   4, Several times a week   5, Weekly   6, Less than weekly   7, Never
Peer review literature	1, Hourly   2, Up to twice a day   3, Daily   4, Several times a week   5, Weekly   6, Less than weekly   7, Never
How confident do you feel in the infection control training that has been provided to you?	1, Not confident at all   2, Somewhat not confident   3, Somewhat confident   4, Very confident
How prepared do you feel to provide direct care to suspected cases?	1, Completely unprepared   2, Somewhat unprepared   3, Somewhat prepared   4, Very prepared
How do you feel the care received by patients who are NOT presenting with either symptoms or a diagnosis of COVID-19 is?	1, Significantly worse than before Covid-19   2, Slightly worse than before Covid-19   3, The same as before Covid-19   4, Slightly better than before Covid-19   5, Significantly better than before Covid-19
How many suspected cases of COVID-19 have you had direct clinical contact with since March 1st 2020?	0, 0   1, 1-5   2, 6-10   3, 11-15   4, 16-20   5, 21-25   6, 26-30   7, 31-35   8, > 36
As far as you are aware, how many of these suspected cases have turned out to be confirmed cases of COVID-19?	0, 0   1, 1-5   2, 6-10   3, 11-15   4, 16-20   5, 21-25   6, 26-30   7, 31-35   8, > 36
Are you concerned that the exposure to the COVID-19 outbreak may increase symptoms of any established medical health conditions?	0, Yes   1, No   2, Prefer not to disclose   3, I do not have an established medical condition
Are you concerned that the exposure to the COVID-19 outbreak may increase symptoms of any established mental health conditions?	0, Yes   1, No   2, Prefer not to disclose   3, I do not have an established mental health condition
I feel that my personal health is at risk during the COVID-19 outbreak due to my clinical role?	1, Strongly disagree   2, Disagree   3, Agree   4, Strongly agree
How worried are you about the potential risks if you were to become infected with COVID-19?	1, Extremely worried   2, Generally worried   3, Generally not worried   4, Not worried at all
How worried are you about the potential risks to your family, loved ones or others due to your clinical role in the COVID-19 outbreak?	1, Extremely worried   2, Generally worried   3, Generally not worried   4, Not worried at all
Have you had to self-isolate?	
For what reason did you have to self-isolate?	1, Personal symptoms   2, Symptoms of a member of the household   3, Exposure to a positive case of COVID-19 in the work environment   4, Exposure to a positive case of COVID-19 in your personal environment   5, Other (eg return from travel to high risk area)
Other - please specify	
How many clinical shifts in your rota have you missed due to self-isolation?	0, 0   1, 1   2, 2   3, 3   4, 4   5, 5-7   6, 8-10   7, >10
Date survey completed	
This is part 2 of the CERA survey. Thank you for taking the time to fill out the questions below.	
<div class="rich-text-field-label"><p><span style="font-weight: normal;">I have felt well supported by friends and family over the past two weeks (ie. since the </span><span style="text-decoration: underline;">national</span><span style="font-weight: normal;"> peak of the pandemic)?</span></p></div>	1, Strongly disagree   2, Disagree   3, Agree   4, Strongly agree

<p>&lt;div class="rich-text-field-label"&gt;&lt;p&gt;&lt;span style="font-weight: normal; font-family: Arial, Helvetica, sans-serif; font-size: 13.333333015441895px;"&gt;I have felt well supported by colleagues over the past two weeks (ie. since the &lt;/span&gt;&lt;span style="text-decoration: underline;"&gt;&lt;span style="font-family: Arial, Helvetica, sans-serif; font-size: 13.333333015441895px;"&gt;national&lt;/span&gt;&lt;/span&gt;&lt;span style="font-weight: normal; font-family: Arial, Helvetica, sans-serif; font-size: 13.333333015441895px;"&gt; peak of the pandemic)&lt;/span&gt;&lt;span style="font-weight: normal; font-family: Arial, Helvetica, sans-serif; font-size: 13.333333015441895px;"&gt; &lt;/span&gt;&lt;/p&gt;&lt;/div&gt;</p>	<p>1, Strongly disagree   2, Disagree   5, Neither agree nor disagree   3, Agree   4, Strongly agree</p>
<p>&lt;div class="rich-text-field-label"&gt;&lt;p&gt;&lt;span style="font-weight: normal; font-family: Arial, Helvetica, sans-serif; font-size: 13.333333015441895px;"&gt;During the COVID-19 pandemic, &lt;/span&gt;&lt;span style="font-weight: normal; font-family: Arial, Helvetica, sans-serif; font-size: 13.333333015441895px;"&gt;I have felt at personal high risk of dying/death?&lt;/span&gt;&lt;/p&gt;&lt;/div&gt;</p>	<p>1, Yes   2, No</p>
<p>&lt;div class="rich-text-field-label"&gt;&lt;p&gt;&lt;span style="font-weight: normal; font-size: 13.333333015441895px; font-family: Arial, Helvetica, sans-serif;"&gt;During the COVID-19 pandemic, &lt;/span&gt;&lt;span style="font-weight: normal; font-size: 13.333333015441895px; font-family: Arial, Helvetica, sans-serif;"&gt;I have witnessed the death of COVID-19 patients.&lt;/span&gt;&lt;/p&gt;&lt;/div&gt;</p>	<p>1, Yes   2, No</p>
<p>&lt;div class="rich-text-field-label"&gt;&lt;p&gt;&lt;span style="font-weight: normal;"&gt;Over the course of your life, have you experienced what you would characterise as a trauma?&lt;/span&gt;&lt;/p&gt;&lt;/div&gt;</p>	<p>1, Yes   2, No</p>
<p>&lt;div class="rich-text-field-label"&gt;&lt;p&gt;&lt;span style="font-weight: normal; font-family: Arial, Helvetica, sans-serif; font-size: 13.333333015441895px;"&gt;In the last two weeks I have experiences strong feelings of guilt, shame or helplessness as a consequence to my experience of working with COVID-19?&lt;/span&gt;&lt;/p&gt;&lt;/div&gt;</p>	<p>1, Strongly disagree   2, Disagree   5, Neither agree nor disagree   3, Agree   4, Strongly agree</p>
<p>&lt;div class="rich-text-field-label"&gt;&lt;p&gt;&lt;span style="font-weight: normal;"&gt;Have you had any loved ones receive intensive care treatment or die due to COVID-19 infection?&lt;/span&gt;&lt;/p&gt;&lt;/div&gt;</p>	<p>1, Yes   2, No</p>
<p>&lt;div class="rich-text-field-label"&gt;&lt;p&gt;&lt;span style="font-weight: normal;"&gt;Have you had any colleagues receive intensive care treatment or die due to COVID-19 infection?&lt;/span&gt;&lt;/p&gt;&lt;/div&gt;</p>	<p>1, Yes   2, No</p>
<p>&lt;div class="rich-text-field-label"&gt;&lt;p&gt;&lt;span style="font-weight: normal;"&gt;We should like to know if you have had any medical complaints, and how your health has been in general, over the past few weeks. &lt;/span&gt;&lt;br /&gt;&lt;span style="font-weight: normal;"&gt;Please answer ALL the questions simply by selecting the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those you had in the past. It is important that you try to answer ALL the questions.&lt;/span&gt;&lt;/p&gt;&lt;/div&gt;</p>	
<p>Been able to concentrate on whatever you're doing?</p>	<p>1, Better than usual   2, Same as usual   3, Less than usual   4, Much less than usual</p>
<p>Lost much sleep over worry?</p>	<p>1, Not at all   2, No more than usual   3, Rather more than usual   4, Much more than usual</p>
<p>Felt that you are playing a useful part in things?</p>	<p>1, More so than usual   2, Same as usual   3, Less useful than usual   4, Much less useful</p>
<p>Felt capable of making decisions about things?</p>	<p>1, More so than usual   2, Same as usual   3, Less so than usual   4, Much less capable</p>
<p>Felt constantly under strain?</p>	<p>1, Not at all   2, No more than usual   3, Rather more than usual   4, Much more than usual</p>
<p>Felt you couldn't overcome your difficulties?</p>	<p>1, Not at all   2, No more than usual   3, Rather more than usual   4, Much more than usual</p>
<p>Been able to enjoy your normal day-to-day activities?</p>	<p>1, More so than usual   2, Same as usual   3, Less so than usual   4, Much less than usual</p>
<p>Been able to face up to your problems?</p>	<p>1, More so than usual   2, Same as usual   3, Less able than usual   4, Much less able</p>

Been feeling unhappy and depressed?	1, Not at all   2, No more than usual   3, Rather more than usual   4, Much more than usual
Been losing confidence in yourself?	1, Not at all   2, No more than usual   3, Rather more than usual   4, Much more than usual
Been thinking of yourself as a worthless person?	1, Not at all   2, No more than usual   3, Rather more than usual   4, Much more than usual
Been feeling reasonably happy, all things considered?	1, More so than usual   2, About the same as usual   3, Less so than usual   4, Much less than usual
Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to the PEAK of the COVID-19 pandemic that occurred on _____. How much have you been distressed or bothered by these difficulties?	
Any reminder brought back feelings about it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I had trouble staying asleep	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
Other things kept me thinking about it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I felt irritable and angry	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I avoided letting myself get upset when I thought about it or was reminded of it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I thought about it when I didn't mean to	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I felt as if it hadn't happened or wasn't real	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I stayed away from reminders of it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
Pictures about it popped into my head	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I was jumpy and easily startled	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I tried not to think about it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I was aware that I still had a lot of feelings about it, but I didn't deal with them	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
My feelings about it were kind of numb	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I found myself acting or feeling like I was back at that time	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I had trouble falling asleep	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I had waves of strong feelings about it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I tried to remove it from my memory	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I had trouble concentrating	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea or a pounding heart	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I had dreams about it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely

I felt watchful and on-guard	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I tried not to talk about it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
Any reminder brought back feelings about it?	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I had trouble staying asleep	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
Other things kept me thinking about it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I felt irritable and angry	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I avoided letting myself get upset when I thought about it or was reminded of it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I thought about it when I didn't mean to	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I felt as if it hadn't happened or wasn't real	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I stayed away from reminders of it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
Pictures about it popped into my mind	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I was jumpy and easily startled	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I tried not to think about it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I was aware that I still had a lot of feelings about it, but I didn't deal with them	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
My feelings about it were kind of numb	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I found myself acting or feeling like I was back at that time	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I had trouble falling asleep	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I had waves of strong feelings about it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I tried to remove it from my memory	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I had trouble concentrating	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea or a pounding heart	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I had dreams about it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I felt watchful and on-guard	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
I tried not to talk about it	1, Not at all   2, A little bit   3, Moderately   4, Quite a bit   5, Extremely
On average, how many pills did you take each day last week?	0, Less than 5   1, 5-10   2, 6-15   3, Over 15
Using the handout, which level of dependence do you feel you are currently at?	0, 0   1, 1   2, 2   3, 3   4, 4   5, 5

The choices you made	1, Not satisfied at all   2, Somewhat dissatisfied   3, Indifferent   4, Somewhat satisfied   5, Very satisfied
Your life overall	1, Not satisfied at all   2, Somewhat dissatisfied   3, Indifferent   4, Somewhat satisfied   5, Very satisfied
Your job	1, Not satisfied at all   2, Somewhat dissatisfied   3, Indifferent   4, Somewhat satisfied   5, Very satisfied
Your family life	1, Not satisfied at all   2, Somewhat dissatisfied   3, Indifferent   4, Somewhat satisfied   5, Very satisfied

### **Online Supplementary 2. Ethical Approval**

Received 16<sup>th</sup> March 2020

This Ethics Form has now been signed off by the HoD.

Please click [here](#) to open **Fom No: 4421**

No further action is required. To see all the forms signed off, please click on the link above.

Please click [here](#) to view **All your Approved Ethics Forms**.

If you require any assistance or need to report a technical fault or issue with the form please refer to the following contact details:

Ethics Form: Technical Issues, Procedures & Suggestions:- [ethics@lists.bath.ac.uk](mailto:ethics@lists.bath.ac.uk)

Ethics Form: Urgent Technical Issues: [c.j.cooper@bath.ac.uk](mailto:c.j.cooper@bath.ac.uk)



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T + 353 (0) 1 409 6100 | F + 353 (0) 1 455 8873 | [www.olchc.ie](http://www.olchc.ie)  
*Cosc ar úsáid d'oidis leighis | Not for prescription purposes*

### ETHICS (MEDICAL RESEARCH) COMMITTEE OFFICE

Tel: +353 (01) 409 6307/6243

**A/Professor Michael Barrett**  
Consultant in Paediatric Emergency Medicine  
Children's Health Ireland (CHI) at Crumlin  
Dublin D12 N512

24<sup>th</sup> March 2020

REC Reference: GEN/806/20

**The COVID-19 Emergency Response Assessment Survey**  
*Principal Investigator: A/Professor Michael Barrett*

Dear Professor Barrett

The Ethics (Medical Research) Committee at this hospital reviewed and approved the above Study.

Yours sincerely

Claire Rice  
Secretary  
Ethics (Medical Research) Committee

### **Online Supplementary 3. HRA and Health and Care Research Wales, Approval**



Dr Tom Roberts  
TERN Fellow  
Royal College of Emergency Medicine  
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London  
EC4A 1DT

Email: [approvals@hra.nhs.uk](mailto:approvals@hra.nhs.uk)  
[HCRW.approvals@wales.nhs.uk](mailto:HCRW.approvals@wales.nhs.uk)

18 March 2020

Dear Dr Roberts

**HRA and Health and Care  
Research Wales (HCRW)  
Approval Letter**

<b>Study title:</b>	<b>COVID-19 Emergency Response Assessment (CERA)</b>
<b>IRAS project ID:</b>	<b>281944</b>
<b>Protocol number:</b>	<b>Protocol 1.</b>
<b>REC reference:</b>	<b>20/HRA/1500</b>
<b>Sponsor</b>	<b>North Bristol NHS Trust</b>

I am pleased to confirm that [HRA and Health and Care Research Wales \(HCRW\) Approval](#) has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

Please now work with participating NHS organisations to confirm capacity and capability, [in line with the instructions provided in the "Information to support study set up" section towards the end of this letter.](#)

**How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?**

HRA and HCRW Approval does not apply to NHS/HSC organisations within Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report (including this letter) have been sent to the coordinating centre of each participating nation. The relevant national coordinating function/s will contact you as appropriate.