

## **Supplementary Material**

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### **Brigham and Women's Hospital COVID Cluster Staff Survey**

This supplementary material was provided by the authors to give readers further details on their article. The material was reviewed but not copyedited.

## **Brigham and Women's Hospital Covid Cluster Staff Survey**

1. What is the primary unit you work on? (list of all BWH inpatient units)
  - a. If you are not associated with a specific unit, where is your primary work location (free text)
2. What is your primary role? (RN, PCA, resident, fellow, attending, PA, NP, pharmacist, respiratory therapist, phlebotomist, EVS, social worker, SLP, OT, PT, administration, student, other)
  - a. If other, what is your primary role?(free text)
3. Do you wear eye glasses regularly? (yes, no)

### Care for Covid+ case patients:

1. Did you care for any of the following confirmed Covid positive patients in the last 14 days before they were placed on enhanced respiratory isolation? (list of Covid+ patients associated with the BWH cluster – yes, no, unsure)
2. If yes to question 2:
  - a. Were you present during nebulization? (yes, no)
  - b. Were you present during any other aerosol generating procedures? (yes, no)
    - i. If yes, which procedures (intubation, bronchoscopy, high flow, BIPAP, CPAP, CPR, other)
      1. If other, which procedure? (free text)
  - c. If yes to question 2a or 2b, what type of mask did you wear during the procedure? (N95, surgical mask)
  - d. What was the duration of cumulative exposure to these patient(s)? (<15min, 15-30min, 30-45min, 45-60min, >60mins)
  - e. Was/were the patient(s) wearing a mask during all your encounters with them? (yes, no)
  - f. Were you wearing a mask for all encounters with this/these patients (before the patient was placed on enhanced respiratory isolation)? (yes, no)
  - g. What kind of mask were you wearing? (N95/PAPR, surgical mask)
  - h. Did you wear eye protection for all encounters with this/these patients (before the patient was placed on enhanced respiratory isolation)? (yes, no)
  - i. Was/were the patient(s) short of breath? (yes, no)
  - j. Was/were the patient(s) shouting? (yes, no)
  - k. Was/were the patient(s) coughing? (yes, no)
  - l. Did you interact with the patient(s) outside of their room? (yes, no)
  - m. Did the patient(s) cough in your face at any time? (yes, no)
  - n. Did you examine the oropharynx of this/these patient(s)? (yes, no)
  - o. Did you place an NG or OG tube? (yes, no)
  - p. Did you help roll a patient to clean them, change bed sheets, shift positions, etc.? (yes, no)

### Care for Covid negative patients on cluster units:

1. For all care provided to non-case patients in the 14 days before the unit was placed on enhanced respiratory isolation:
  - a. Were you present during nebulization? (yes, no)

- b. Were you present during any other aerosol generating procedures? (yes, no)
  - i. If yes, which procedures (intubation, bronchoscopy, high flow, BIPAP, CPAP, CPR, other)
    1. If other, which procedure? (free text)
- c. If yes to questions 1a or b, what type of mask did you wear during the procedure? (N95, surgical mask)
- d. What was the duration of cumulative exposure to these patient(s)? (<15min, 15-30min, 30-45min, 45-60min, >60mins)
- e. Was/were the patient(s) wearing a mask during all your encounters with them? (yes, no)
- f. Were you wearing a mask for all encounters with this/these patients (before the patient was placed on enhanced respiratory isolation)? (yes, no)
- g. What kind of mask were you wearing? (N95/PAPR, surgical mask)
- h. Did you wear eye protection for all encounters with this/these patients (before the patient was placed on enhanced respiratory isolation)? (yes, no)
- i. Was/were the patient(s) short of breath? (yes, no)
- j. Was/were the patient(s) shouting? (yes, no)
- k. Was/were the patient(s) coughing? (yes, no)
- l. Did you interact with the patient(s) outside of their room? (yes, no)
- m. Did the patient(s) cough in your face at any time? (yes, no)
- n. Did you examine the oropharynx of this/these patient(s)? (yes, no)
- o. Did you place an NG or OG tube? (yes, no)
- p. Did you help roll a patient to clean them, change bed sheets, shift positions, etc.? (yes, no)

Breakrooms and workrooms in the 14 days before your test:

1. Did you use breakrooms or workrooms? (yes, no)
2. Did you eat in breakrooms/workrooms while others were present? (yes, no)
3. If you ate in the breakroom with others present, were you within 6 feet of others while you ate? (yes, no)
4. If you were within 6 feet of others, was a barrier present? (yes, no)
5. Did others eat in the breakroom/workroom while you were present? (yes, no)
6. If others ate in the breakroom/workroom when you were present, were you within 6 feet of them while they ate? (yes, no)
7. If you were within 6 feet of others while they ate, was a barrier present between you? (yes, no)
8. Did you wear a mask at all times in breakrooms and workrooms? (yes, no)
9. If you did not wear a mask at all times in the breakroom/workroom, did you wear a mask at all times when others were present? (yes, no)
10. Did others wear masks at all times while you were in breakrooms and workrooms? (yes, no)
11. Were you in a breakroom/workroom with >10 people present? (yes, no)
12. Was there always  $\geq 6$  feet between you and others while SITTING in a breakroom/workroom? (yes, no)
13. How much time do you typically spend in breakrooms/workrooms per day? (<15mins, 15-30mins, 30-60mins, 60-120mins, >2 hours)

Contact with Covid+ staff in the 14 days before your test

1. Did you have any contact with staff members who subsequently tested positive for Covid? (yes, no)
2. Where did the contact take place? (in breakrooms/workrooms, in clinical locations, outside work, other)
  - a. If other, please explain where contact took place? (free text)
3. Were you and the contact wearing a mask at all times? (yes, no)
4. Were you >6 feet away from the person at all times? (yes, no)
5. Estimated cumulative time with Covid+ colleagues? (<15mins, 15-30mins, 30-45mins, 45-60mins, >60mins)