**Supplementary Table 1.** Top ten types of patient care interactions in the NICUa, and their corresponding hypothesized risk for patient-provider cross-contamination.

|  |  |  |
| --- | --- | --- |
| **Interaction** | **Relative frequency among all interactions** | **Hypothesized Fulkerson scale ratingb** |
| 1. Vital signs
 | 36% | 6 |
| 1. Respiratory assessment
 | 18% | 7 |
| 1. Stool description and testing
 | 17% | 12 |
| 1. Physical assessment
 | 13% | ≥12 |
| 1. Ventilator assessment
 | 5% | 7 |
| 1. Height and weight
 | 5% | 6 |
| 1. Neonatal abstinence scoring
 | 1% | 11 |
| 1. Pain and sedation assessment
 | 1% | 6 |
| 1. Newborn feeding
 | 1% | 8 |
| 1. Physical therapy
 | <1% | 8 |

*NICU*, neonatal intensive care unit

a The most common patient care interactions in the NICU are from bedside nurses, and overall confirm low to medium risk for patient-provider cross-contamination. Patient care events that confirm a much greater risk, such as chest tube placement, tracheal intubation, lumbar puncture, and other procedures, occur in <1% of types of care provided, but importantly were still included in the overall assessment of hourly interactions.

 b Fulkerson ranking scale is based on provider contact with patient, environment, or fomites, where 1=no/minimal risk for patient-provider contamination (sterile or autoclaved materials), and 15=greatest risk for patient-provider contamination (e.g., direct contact with known infected patient sites).2 This study considered patient-provider interactions ≥5 on the scale sufficient to spread methicillin-resistant *Staphylococcus aureus*.