**Supplementary material for "Effect of a national policy of universal masking and uniform criteria for SARS-CoV-2 exposure on hospital staff infection and quarantine"**

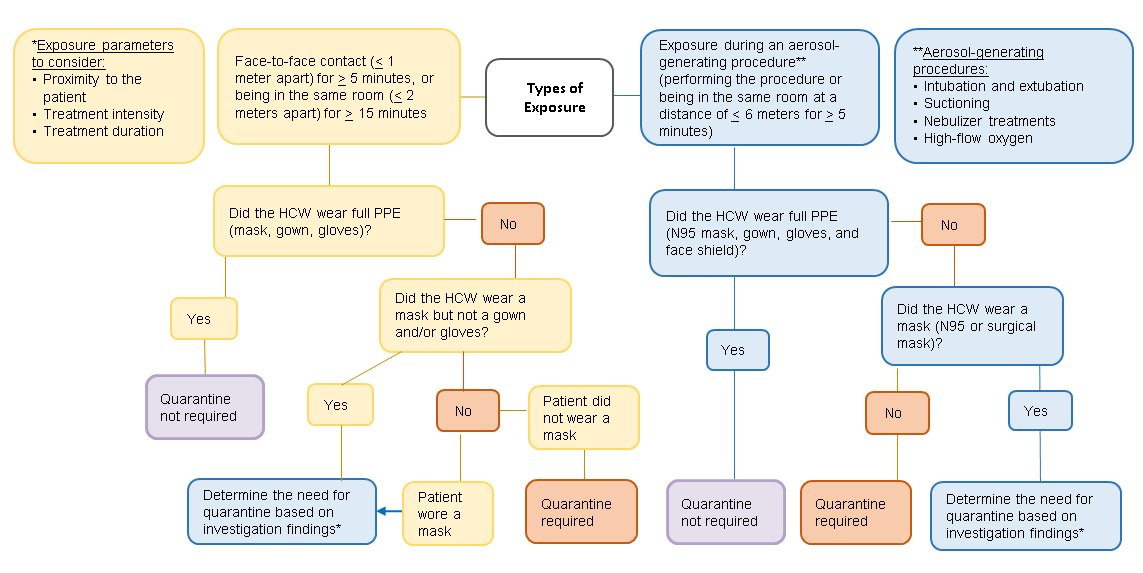
**Table S1. ORION checklist and location of information**

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| **Item #** | **ORION checklist item** | | **Where reported** |
| **Title and abstract** | | |  |
| 1 | Description of paper as outbreak report or intervention study. | | Abstract |
|  | Design of intervention study (eg, interrupted time series with or without control group, cross over study). | | Abstract |
|  | Brief description of intervention and main outcomes. | | Abstract |
| **Introduction** | | |  |
| 2 | **Background** | |  |
|  |  | Scientific and/or local clinical background and rationale. | Introduction |
|  |  | Description of organism as epidemic, endemic, or epidemic becoming endemic. | Introduction |
| 3 | **Type of paper** | |  |
|  |  | Description of paper as intervention study or an outbreak report. | Main text, introduction section |
|  |  | If an outbreak report, report the number of outbreaks. | N/A |
| 4 | **Dates** | |  |
|  |  | Start and finish dates of the study or report. | Introduction, data sources paragraph in Methods section, Table 1 |
| 5 | **Objectives** | |  |
|  |  | Objectives for outbreak reports. Hypotheses for intervention studies. | Main text, introduction section |
| **Methods** | | |  |
| 6 | **Design** | |  |
|  |  | Study design. | Study design paragraph in Methods section |
|  |  | Whether study was retrospective, prospective, or ambidirectional. | Study design paragraph in Methods section |
|  |  | Whether decision to report or intervene was prompted by any outcome data. | Study design paragraph in Methods section |
|  |  | Whether study was formally implemented with predefined protocol and endpoints. | Study design paragraph in Methods section |
| 7 | **Participants** | |  |
|  |  | Number of patients admitted during the study or outbreak. Summaries of distributions of age and lengths of stays. If possible, proportion admitted from other wards, hospitals, nursing homes, or from abroad. Where relevant, potential risk factors for acquiring the organism. Eligibility criteria for study. Case definitions for outbreak report. | N/A |
| 8 | **Setting** | |  |
|  |  | Description of the unit, ward, or hospital and, if a hospital, the units included. | Settings paragraph in Methods section and Figure 1 |
|  |  | Number of beds, the presence and staffing levels of an infection control team. | N/A |
| 9 | **Interventions** | |  |
|  |  | Definition of phases by major change in specific infection control practice (with start and stop dates). | Introduction and Table 1 |
| 10 | **Culturing and typing** | |  |
|  |  | Details of culture media, use of selective antibiotics and local and/or reference typing. Where relevant, details of environmental sampling. | N/A |
| 11 | **Infection-related outcomes** | |  |
|  |  | Clearly defined primary and secondary outcomes (eg, incidence of infection, colonisation, bacteraemia) at regular time intervals (eg, daily, weekly, monthly) rather than as totals for each phase, with at least three data points per phase  and, for many two phase studies, or more monthly data points per phase. | Outcomes paragraph in Method section |
|  |  | Denominators (eg, numbers of admissions or discharges, patient bed days). | N/A |
|  |  | For short studies or outbreak reports, use of charts with duration of patient stay and dates organism detected may be useful (see text). | N/A |
| 12 | **Economic outcomes** | |  |
|  |  | If a formal economic study done, definition of outcomes to be reported, description of resources used in interventions, with costs broken down to basic units, stating important assumptions. | N/A |
| 13 | **Potential threats to internal validity** | |  |
|  |  | Which potential confounders were considered, recorded or adjusted for | Data sources paragraph in Methods section |
|  |  | Description of measures to avoid bias including blinding and standardisation of outcome assessment and provision of care. | Classification of infection source paragraph in Methods section |
| 14 | **Sample size** | |  |
|  |  | Details of power calculations, where appropriate. | N/A |
| 15 | **Statistical methods** | |  |
|  |  | Description of statistical methods to compare groups or phases. Methods for any subgroup or adjusted analyses, distinguishing between planned and unplanned (exploratory) analysis. Unless outcomes are independent, statistical approaches able to account for dependencies in the outcome data should be used, adjusting, where necessary, for potential confounders. | Statistical analysis paragraph in Methods section |
|  |  | For outbreak reports statistical analysis may be inappropriate. | N/A |
| **Results** | |  |  |
| 16 | **Recruitment** | |  |
|  |  | For relevant designs, such as cross over studies, or where there are exclusions of groups of patients, the dates defining the periods of recruitment and follow-up, with a flow diagram describing participant flow in each phase. | N/A |
| 17 | **Outcomes and estimation** | |  |
|  |  | For the main outcomes, the estimated effect size and its precision (usually using confidence intervals). A graphical summary of the outcome data is often appropriate for dependent data (such as most time series). | Table 2, Figures 1-3 |
| 18 | **Ancillary analyses** | |  |
|  |  | Any subgroup analyses should be reported and it should be stated whether or not it was planned (ie, specified in the protocol) and adjusted for possible confounders. | N/A |
| 19 | **Harms** | |  |
|  |  | Prespecified categories of adverse events and occurrences of these in each intervention group. This might include drug side-effects, crude or disease-specific mortality in antibiotic policy studies, or opportunity costs in isolation studies. | N/A |
| **Discussion** | |  |  |
| 20 | **Interpretation** | |  |
|  |  | For intervention studies an assessment of evidence for/against hypotheses, accounting for potential threats to validity of inference including regression to mean effects and reporting bias. | Limitations section of discussion |
| 21 | **Generalisability** | |  |
|  |  | External validity of the findings of the intervention study—ie, to what degree can results be expected to generalise to different target populations or settings. | Discussion |
|  |  | Feasibility of maintaining an intervention long term. |  |
| 22 | **Overall evidence** | |  |
|  |  | General interpretation of results in context of current evidence. | Research in context section, discussion |

**Table S2. Criteria for classifying the source of COVID-19 infection among healthcare workers in general hospitals**

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| **Infection source** | **Criteria** |
| Co-worker | Documented contact with a specific infected co-worker or  Belongs to a cluster (>2 HCW in same department who test positive within a 14-day period) and is not the first detected case in the cluster  Or  Works in a position with no patient contact and no known with a confirmed case outside of the hospital |
| Patient | Documented contact with a specific infected patient  Or  Works in a COVID-19 unit and no contact with an infected co-worker or with a confirmed case outside of the hospital |
| Co-worker or patient | Meets both criteria above |
| Co-worker or community | Works in a position with no patient contact  or  Documented contact with an infected co-worker and with a confirmed case outside of the hospital |
| Patient or community | Documented contact with an infected patient and with a confirmed case outside of the hospital |
| Unknown | Investigation uncovered no source  Or  Possible patient, co-worker, and community sources |
| Community (excluded from analysis) | Documented contact with a confirmed case outside of the hospital and no documented contact with a patient or infected co-worker and not part of a cluster |

**Figure S1. The Israeli Ministry of Health's decision tree for determining the need for home quarantine for a healthcare worker (HCW) exposed to a patient with confirmed SARS-CoV-2**

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