**Supplementary Appendix**

This appendix has been provided by the authors to give readers additional information about their work.

Supplement Table 1. Risk categorization of healthcare personnel (HCP) exposed to COVID-19

|  |  |  |
| --- | --- | --- |
| Risk level | Exposure | Personal Protective Equipment (PPE) used |
| High risk | HCP who had prolonged\* close contact†with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection | * HCP not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask) ‡ * HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask * HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure § |
| Low risk | HCP with exposure risk other than those described as high risk above | |

\* Exposure of 15 minutes or more. This could refer to a single 15-minute exposure to one infected individual or several briefer exposures to one or more infected individuals adding up to at least 15 minutes during a 24-hour period.

† Being within 6 feet of a person with confirmed SARS-CoV-2 infection or having unprotected direct contact with infectious secretions or excretions of the person with confirmed SARS-CoV-2 infection. Distances of more than 6 feet might also be of concern, particularly when exposures occur over long periods of time in indoor areas with poor ventilation

‡ While respirators confer a higher level of protection than facemasks and are recommended when caring for patients with SARS-CoV-2 infection, facemasks still confer some level of protection to HCP, which was factored into this risk assessment if the patient was also wearing a cloth mask or facemask.

§ Open suctioning of airways, sputum induction, cardiopulmonary resuscitation, endotracheal intubation and extubation, non-invasive ventilation (e.g., BiPAP, CPAP), bronchoscopy, manual ventilation, nebulizer administration, high flow O2 delivery

Hospital-acquired COVID-19 is defined as the following1

* Onset of SARS-CoV-2 infection in a patient occurring more than 14 days after admission; of note, onset of SARS-CoV-2 infection after a shorter period (e.g*.,* ≥2 days) could still indicate healthcare-associated transmission.
* Two or more SARS-CoV-2 infections are identified among epidemiologically linked HCP or patients (*e.g.,* those working or residing on the same unit).

Reference

1. Centers for Disease Control and Prevention. Responding to SARS-CoV-2 Infections in Acute Care Facilities. 2020. Available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/responding-acute-care-facilities.html. Assessed December 28, 2020.