**Online Supplement:**

**Rhee et al. Survey of COVID-19 Infection Control Policies at Leading**

**U.S. Academic Hospitals in the Context of the Initial Omicron Surge**

eTable. Top 20 U.S. News World & Report and/or Prevention Epicenters Hospitals Surveyed

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| --- | --- |
| **Region** | **Hospital and Location** |
| Midwest | Barnes-Jewish Hospital (St. Louis, MO)  Cleveland Clinic (Cleveland, Ohio)  John H. Stroger Jr. Hospital of Cook County Hospital (Chicago, IL)  Louis Stokes Cleveland VA Medical Center (Cleveland, OH)  Mayo Clinic Rochester (Rochester, MN)  Northwestern Memorial Hospital (Chicago, IL)  Rush University Medical Center (Chicago, IL),  University of Illinois Hospital (Chicago, IL)  University of Iowa Hospitals and Clinics (Iowa City, IA)  University of Michigan Hospital (Ann Arbor, MI)  University of Utah Hospital (Salt Lake City, UT) |
| Northeast | Brigham and Women’s Hospital (Boston, MA)  Hospital of the University of Pennsylvania (Philadelphia, PA)  Massachusetts General Hospital (Boston, MA)  Mount Sinai Hospital (New York, NY)  New York-Presbyterian Hospital (New York, NY)  NYU Langone Hospitals (New York, NY) |
| South | Duke University Hospital (Durham, NC)  Emory University Hospital (Atlanta, GA)  Houston Methodist Hospital (Houston, TX)  Johns Hopkins Hospital (Baltimore, MD)  Mayo Clinic-Phoenix (Phoenix, AZ)  University of Maryland Medical Center (Baltimore, MD)  University of North Carolina Hospitals (Chapel Hill, NC)  Vanderbilt University Medical Center (Nashville, TE) |
| West | Cedars-Sinai Medical Center (Los Angeles, CA)  Stanford Hospital (Palo Alto, CA)  University of California-Irvine Medical Center (Orange, CA)  UCLA Medical Center (Los Angeles, CA)  University of California-San Francisco Medical Center (San Francisco, CA) |

Note: 23 of the 30 hospitals completed the survey.

**eAppendix: Survey Questionnaire Distributed via REDCap**

Dear colleague,

These questions are aimed at better understanding variability in COVID-related infection control practices at leading

U.S. hospitals. We believe this will provide much needed context for other hospitals when considering their own policies.

We realize that some COVID-related policies are fluid and may shift as local community incidence increases or decreases. Please answer these questions from the standpoint of your hospital's most current practices (which, for most hospitals, should coincide with the post-Omicron surge period).

Please also note that no hospital-specific information will be shared during dissemination/publication of these results; in other words, it will not be possible to link a specific infection control practice (for example, N95 use) to any specific hospital. Results will only be shared in aggregate.

Thank you very much for taking the time out of your busy schedule to complete this survey!

**IDENTIFYING INFORMATION**

Hospital Name (Note: this will NOT be tied to any

specific infection control practices/policies in any publications resulting from this survey)

What is your hospital role? Hospital Epidemiologist

Infection Control Director or Manager Infection Preventionist



Quality and Safety Director Clinical Leader

Other

**MASKING/PPE POLICIES**

What is your universal masking strategy for staff Surgical/medical masks only



seeing non-COVID patients? This applies to routine KN95 respirators for all non-COVID care masking outside of the care of patients with suspected KN95 respirators for non-COVID care in certain or confirmed COVID-19 or who otherwise require high-risk situations

specific respiratory precautions. N95 respirators for all non-COVID care



N95 respirators for non-COVID care in certain high-risk situations

 Surgical/medical masks at a minimum, but then provider discretion if they want to use KN95s or N95s

 Other

You answered that surgical/medical masks are your Yes default masking strategy for non-COVID care. Does your No hospital offer additional tools to staff, such as mask

fitters or braces, to improve mask fit?



You answered "Other" - please describe your masking policy for non-COVID care (free text):

In which scenarios do you require KN95s or N95s for inpatients without suspected or confirmed COVID-19 (and not on other specific respiratory precautions)? Check all that apply.

All patient interactions

When patient is unable to be masked During aerosol generating procedures

If not recently COVID-negative by NAAT testing Other



You answered "Other" - please describe the situations where you use respirators for non-COVID care (free text):

What respiratory PPE do you use for suspected or Surgical/medical mask only

confirmed COVID-19 patients? Surgical/medical mask for routine care but N95 respirators (or equivalent/higher) for aerosol generating procedures



N95 respirators (or equivalent/higher) for all care Other (describe)



You answered "Other" - please describe your respiratory PPE for suspected/confirmed COVID patients (free text):

Do you require universal eye protection for clinical Yes encounters, even for patients without suspected COVID No or other respiratory pathogens?

**COHORTING**

Which of the following best describes your hospital's Cohort on dedicated COVID wards



current strategy for managing COVID+ patients COVID+ patients interspersed throughout the throughout the hospital? hospital (i.e., COVID+ and non-COVID patients on a

single unit)

 Mix of the above (i.e., some dedicated COVID wards, but other COVID+ patients interspersed)



Are the majority of COVID+ patients cared for on Majority on dedicated COVID wards dedicated COVID wards or interspersed? Majority interspersed throughout hospital

**NEGATIVE PRESSURE AND HEPA FILTERS**

Which of the following best describes your hospital's Negative pressure/AIIRs for all COVID+ patients approach to utilizing negative pressure / airborne Negative pressure/AIIRs for COVID+ patients infection isolation rooms for COVID-related care? undergoing aerosol-generating procedures



 Negative pressure/AIIRs for COVID+ patients based on alternate risk stratification method other than AGPs

No routine use of AIIRs for COVID+ patients Other (free text)



How do you stratify transmission risk? Check all that apply:

Aerosol generating procedures PCR Ct values

Severity of symptoms Duration from symptom onset Immune status

Respiratory rate

Supplemental oxygen requirements Other (free text)

You answered "Other" - please describe additional

factors you consider in stratifying transmission risk (free text)

You answered "Other" - please describe your approach

to utilizing negative pressure (free text):

What does your hospital do when you run out of  Nothing; negative pressure rooms are strictly negative pressure rooms for COVID+ patients that first come, first serve basis

otherwise qualify for those rooms under your policy?  Move patients around to prioritize COVID+ patients

for negative pressure based on highest transmission risk

 Have Engineering convert standard pressure rooms to negative pressure

 Add portable HEPA filters to standard rooms as a substitute for negative pressure

 Not applicable; we have not run out of negative pressure rooms for COVID+ patients

 Other (free text)

You answered "Other" - please describe what you do

when you run out of negative pressure rooms (free text):

What role do portable HEPA filters have in your transmission risk mitigation strategy? Check all that apply.

Portable HEPA filters in the rooms for all COVID+ patients

Portable HEPA filters for COVID+ patients if they meet your hospital's criteria for negative pressure/AIIRs but no such rooms available Portable HEPA filters outside the rooms of COVID+ patients

Portable HEPA filters in nursing stations Portable HEPA filters in workrooms Portable HEPA filters in breakrooms

Portable HEPA filters in shared patient rooms No role for portable HEPA filters

Other

You answered "Other"- please describe the role of

portable HEPA filters (free text):

**PATIENT TESTING**

What is your hospital's protocol for patient testing  Universal testing of patients on admission, on admission? regardless of symptoms

 Testing only of symptomatic patients or those with known exposures (or other high risk features)

 Other

You answered "Other" - please describe your testing strategy (free text):

Do you repeat testing in the first few days after Yes

admission in COVID-negative patients to identify No patients who might have been incubating virus on



admission?

Please list the days that post-admission retesting occurs (i.e., once on day 3, or twice in the first 5 days, etc.)

Do you perform regular surveillance testing on non-COVID patients during their hospitalization?

(For example, test all patients every 5 days, every 7 days, etc.)

No

Yes, every 3 days Yes, every 5 days Yes, every 7 days

Yes, at intervals > every 7 days Other (please list)

You checked "Other" - please describe your surveillance testing strategy for hospitalized patients.

What specimen site is preferred for your COVID testing Nasopharyngeal for SYMPTOMATIC inpatients? Anterior Nasal

Mid-turbinate Saliva



Other

What specimen site is preferred for your COVID testing Nasopharyngeal for ASYMPTOMATIC inpatients? Anterior Nasal

Mid-turbinate Saliva



Other

Do you have a testing algorithm that allows you to  Yes, can clear patient with a single high clear COVID precautions for asymptomatic patients who PCR/NAAT+ test with high cycle threshold

test positive but have high NAAT/PCR cycle threshold  Yes, can clear patient if repeat PCR/NAAT test values (i.e., potential false positives, or residual confirms stable high cycle threshold (or is

viral from prior infection)? negative); positive serologies are used as support to clear precautions

 Yes, can clear patient if repeat PCR/NAAT test confirms stable high cycle threshold (or is negative); serologies are not factored into the algorithm

 No

What cycle threshold do you consider to be high? (Please enter an integer number, e.g. 30)

Do you primarily use time-based criteria (i.e., 10 or Time-based criteria 20 days + clinical improvement) or test-based criteria Test-based criteria



(i.e., 1 or 2 negative NAAT tests or results with high Time-based criteria for most patients, but

Ct values) to clear precautions from inpatients with test-based criteria for high-risk patients (such COVID-19? as immunocompromised patients)

**EMPLOYEE TESTING**

Which of the following best describes your testing Routine mandatory asymptomatic testing of employees policy for employees? Test only if staff member symptomatic or following



known COVID exposures; no elective testing allowed  Test if staff member symptomatic, known COVID

exposures, or elective testing per employee discretion (for example, before or after travel, prior to a holiday gathering, self-reassurance, etc.)

 Other

You answered "Other" - please describe your employee testing strategy (free text)

For mandatory asymptomatic employee testing, what frequency do you require this? (free text, e.g. weekly, every 3 days, etc.)

For mandatory asymptomatic employee testing, do you Antigen use antigens or NAAT testing? NAAT

Either antigen or NAAT



For mandatory employee asymptomatic testing, does this All on-site employees apply to all on-site employee or clinical staff? Clinical staff only

Other



You answered "Other" - please describe who the mandatory testing policy applies to (free text):

**FINAL QUESTION - RELAXATION OF POLICIES**

Have any of your policies been relaxed recently, or are planning to be relaxed, in the wake of current declining case counts? (Free text)