**Hospital Sick Visitor and Staff Policies in US Hospitals Survey**

We ask you to take part in this SRN 15-question survey from Brown University/Rhode Island Hospital (PIs: Drs. Eric Chow, Michael Smit and Leonard Mermel). We seek to identify US hospitals' visitor restriction and/or staff leave policies for possible respiratory viral infections. This questionnaire should take no more than 15 min of your time.

Your participation in this research survey is voluntary. The completion of the survey may not benefit you personally, however, we hope these completed surveys will provide information to better understand the policies in US hospitals regarding sick visitors and staff. You are not obligated to answer any question that you do not want to answer. This is a one-time survey.

**Please note:** Your survey responses will be linked to the state in which your hospital is located. All other information will be de-identified and reported in aggregate. You are answering this survey for your "primary hospital," i.e. the institution tied to the SRN ID in **blue** on your invitation email.

If you have any questions about this survey or the research study itself, please free to reach out to us (Rhode Island Hospital 401-444-2608). If you have questions about your rights as a research subject please feel free to call our Research Protections Office Director, Janice Muratori, at 401-444-6897.

**Demographics:**

**1. Do you have a hospital affiliation?**

A. Yes

B. No

**2. If yes, in what state is your hospital located? (Choose from drop down)**

**3. Is the hospital you are primarily affiliated with**

1. University affiliated vs non-university affiliated (circle one)
2. Teaching vs Non-teaching (circle one)
3. For profit vs Not for profit (circle one)
4. Veteran’s Hospital vs public (circle one)

**4. If your primary affiliation is with a pediatric hospital, what type of hospital is it?**

A. Free-standing Children’s Hospital

B. Hospital-in-Hospital

C. Ward(s) in a hospital

**5. Are positive respiratory viral tests reportable to the state health department?**

A. Yes, but only specific viruses (eg influenza) -> which specific viruses

B. Yes, all positive respiratory viral tests

C. No, there are no state reporting requirements

D. Other: (eg only during outbreaks)

E. I don’t know

**Visitor Restriction:**

**6. Do you have a visitor restriction policy aimed at reducing risk of respiratory viral infections in hospitalized patients?**

A. Yes

B. No

**7. If yes, is your visitor restriction policy hospital-wide or localized (e.g., only applies to the intensive care unit or bone marrow transplant unit)**

A. Hospital-wide

B. Localized (please specify)

 1. Emergency Department

 2. Pediatric ICU

 3. Neonatal ICU

 4. Newborn Nursery

 5. Med-Surg units

 6. Hospitalist units

 7. Hematology/Oncology Units

**8. Is your visitor restriction policy based upon: (Circle all that apply)**

A. Age of visitor

B. Signs and symptoms of visitor

C. Influenza vaccine status

D. Season based (e.g. respiratory virus season)

E. Other (Please specify)

**Staff Sick Leave Policies:**

9. **Does your hospital have a policy stating that staff with symptoms suggestive of a possible respiratory viral infection (e.g., rhinorrhea, sore throat, cough, or fever) should be evaluated by** **employee/occupational health?**

A. Yes

B**.** No

**10. When evaluated by employee/occupational health, which of the following conditions will limit staff from direct patient contact at your primary hospital? (Circle all that apply)**

1. Symptom-based (e.g., rhinorrhea, sore throat, cough, fever)
2. Positive respiratory virus testing
3. Influenza vaccine status
4. Other (Please specify)

**11. If you circled 10A, does restriction from direct patient contact require the staff to have a fever in addition to respiratory symptoms?**

A. Yes

B. No

**12. If your primary hospital does have a staff restriction policy in place regarding respiratory symptoms, is this policy hospital-wide or localized to a specific unit or patient population?**

A. Hospital-wide

B. Localized (please specify)

1. Emergency Department

 2. Pediatric ICU

 3. Neonatal ICU

 4. Newborn Nursery

 5. Med-Surg Units

 6. Hospitalist Units

 7. Hematology/Oncology Units

**13. If you are at a teaching hospital, does your primary hospital have an on-call system in place with shift coverage for an ill house officer?**

A. Yes

B. No

**14. Does your primary hospital have an on-call system in place with shift coverage for ill licensed independent practitioners (i.e., physicians, physician assistants, and nurse practioners)?**

A. Yes

B. No

**15. Does your primary hospital have an on-call system in place with shift coverage for ill attending physicians in the hospital?**

A. Yes

B. No