**Supplement 1**

IP&C Guidelines and Nebulizer Care Attitudes

Start of Block: Block 8

Introduction:
Hello,

You are invited to participate in a short survey as part of a research study of Cystic Fibrosis Center Directors, Associate Directors, and Center Coordinators regarding CFF Infection Prevention and Control Guidelines as related to nebulizer care. Your participation is greatly appreciated and will help contribute to an accurate data set. Responses will be kept secure and confidential. If you have five minutes, please consider taking this survey as your participation is incredibly important. Thank you.

*Your participation in this study is completely voluntary. You are free to withdraw participation at any time without adversely affecting your relationship with the investigators. Your decision regarding whether or not to participate in this study will not result in any loss of benefits to which you are otherwise entitled.*

 *The Connecticut Children’s IRB has reviewed this study.*

Please start the survey by clicking the forward arrow below.

Start of Block: Question Block

Q1 Approximately how many adult patients (18 years and older) are in your Cystic Fibrosis Center?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q2 Approximately how many pediatric patients (17 years and younger) are in your Cystic Fibrosis Center?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Default Question Block

Start of Block: Block 1

Q3 Where is your Cystic Fibrosis Center located?

* New England (CT, ME, MA, NH, RI, VT) (1)
* Mid-Atlantic (NJ, NY, PA) (2)
* East North Central (IL, IN, MI, OH, WI) (3)
* West North Central (IA, KS, MN, MO, NE, ND, SD) (4)
* South Atlantic (DE, FL, GA, MD, NC, SC, VA, DC, WV) (5)
* East South Central (AL, KY, MS, TN) (6)
* West South Central (AR, LA, OK, TX) (7)
* Mountain (AZ, CO, ID, MT, NV, NM, UT, WY) (8)
* Pacific (AK, CA, HI, OR, WA) (9)
* Puerto Rico (10)
* US Virgin Islands (11)

End of Block: Block 1

Start of Block: Block 2

|  |
| --- |
|  |

Q4 How often do you review the CFF guidelines for nebulizer cleaning and disinfection with your patients? Select all that apply.

* With every visit (1)
* 3-6 times per year (2)
* Twice per year (3)
* Annually (4)
* With hospitalization (5)
* With illnesses not requiring hospitalization (6)
* With new emergence of pathogenic bacteria on sputum culture (7)
* Never (8)

Q5 Who mainly reviews cleaning and disinfection with patients?

* MD (1)
* RN (2)
* RT (3)
* Clinic Coordinator (4)
* Varies; no usual person (5)

End of Block: Block 2

Start of Block: Block 3

Q6 How often do you recommend that your patients clean their equipment?

* Daily (1)
* Immediately after each treatment (2)
* Daily but nebulizers are not reused before they are cleaned (3)
* Several times per weak (4)
* Weekly (5)
* Other. If other, please specify: (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q7 How often do you recommend that your patients disinfect their equipment?

* Daily (1)
* Directly after each treatment (2)
* Daily but nebulizers are not reused before they are disinfected (3)
* Several times per week (4)
* Weekly (5)
* Other. If other, please specify: (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q8 Which of the following methods of disinfection do you recommend to patients? (Select all that apply).

* Boiling (1)
* Microwave (2)
* Steam (3)
* Alcohol (4)
* Hydrogen Peroxide (5)
* Based on patient preference (6)
* Other. If other, please specify: (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q9 Rate the following methods of disinfection from your most preferred (1) to least preferred (5).

\_\_\_\_\_\_ Alcohol (1)

\_\_\_\_\_\_ Boiling (2)

\_\_\_\_\_\_ Hydrogen Peroxide (3)

\_\_\_\_\_\_ Microwave (4)

\_\_\_\_\_\_ Steam (5)

Q10 How do you recommend patients rinse disinfected equipment?

* Sterile Water (1)
* Distilled Water (2)
* Tap Water (3)
* Boiled Tap Water (4)
* No specific recommendation (5)
* Other, please explain: (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q11 How frequently do you advise families to switch out their old nebulizer? Round to the closest response.

* Monthly (1)
* Every 2 months (2)
* Every 3 months (6)
* Every 4 months (3)
* Every 6 months (4)
* After isolation of new pathogenic strain of bacteria (5)

End of Block: Block 3

Start of Block: Block 5

Q12 In your estimation, what percentage of your patients/families are following your recommendations for cleaning?

* Less than 5% (1)
* >5-25% (2)
* >25-50% (3)
* >50-75% (4)
* >75-100% (5)

Q13 In your estimation, what percentage of your patients/families are following your recommendations for disinfection?

* Less than 5% (1)
* >5-25% (2)
* >25-50% (3)
* >50-75% (4)
* >75-100% (5)

End of Block: Block 5

Start of Block: Block 5

Q14 Do your recommendations strictly adhere to those listed in the CFF's IP&C Guidelines?

* Yes (3)
* No (5)
* I don't know (4)

End of Block: Block 5

Start of Block: Block 6

Display This Question:

If Do your recommendations strictly adhere to those listed in the CFF's IP&C Guidelines? = No

Q15 If no, why?

* Cost (1)
* Too time consuming for patients and families (2)
* Difficult to get supplies (3)
* Other. If other, please explain: (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Block 6

Start of Block: Block 7

Q16 Is there anything else you would like to share?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q17 Would you like to get the results of this survey?

* Yes. If yes, please enter your email address below: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (2)

End of Block: Block 7