Supplementary Material 1. Distribution of study population and COVID-19-related overtime work by COVID-19-related workloads among EMS providers in Seoul (N=693)

|  |  |  |  |
| --- | --- | --- | --- |
|   | Total | Experience of COVID-19-related overtime work | p-value1 |
| N (%) | N (%) |
| Overall | 693 (100.0) | 514 (74.2) |   |
| Received COVID-19 Screening test |  |  | <0.001 |
|  No | 382 (55.1) | 257 (67.3) |  |
|  Yes | 311 (44.9) | 257 (82.6) |  |
| COVID-19-related self-quarantine |  |  | <0.001 |
|  No | 349 (50.4) | 234 (67.0) |  |
|  Yes | 344 (49.6) | 280 (81.4) |  |
| Experience of COVID-19 infection |  |  |  0.960 |
|  No | 685 (98.8) | 508 (74.2) |  |
|  Yes | 8 (1.2) | 6 (75.0) |  |
| Experience of not going home after work |  |  | <0.001 |
|  No | 516 (74.5) | 365 (70.7) |  |
|  Yes | 177 (25.5) | 149 (84.2) |  |
| Perceived increase in workload |  |  |  0.009 |
|  No | 48 (6.9) | 28 (58.3) |  |
|  Yes | 645 (93.1) | 486 (75.3) |  |
| Experience of lack of time for administrative work |  |  |  0.017 |
|  No | 53 (7.6) | 32 (60.4) |  |
|  Yes | 640 (92.4) | 482 (75.3) |  |
| Experience of difficulty in selecting a hospital to transfer a patient |  |  | <0.001 |
|  No | 27 (3.9) | 11 (40.7) |  |
|  Yes | 666 (96.1) | 503 (75.5) |  |
| Experience of transferring the patient to the outside of service area |  |  | <0.001 |
|  No | 34 (4.9) | 16 (47.1) |  |
|  Yes | 659 (95.1) | 498 (75.6) |  |
| Experience of waiting more than an hour after transferring the patient to the hospital |  |  | <0.001 |
|  No | 24 (3.5) | 10 (41.7) |  |
|  Yes | 669 (96.5) | 504 (75.3) |  |
| EMS, emergency medical services; COVID-19, coronavirus disease 2019.1P‐value of the chi‐square test comparing the prevalence of overtime work across different groups. |