**Supplementary Appendix**

**Board of Directors of the European Society of Anaesthesiology**

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**Summary of the questions in the survey and the corresponding response options**

1. What is your working country?
2. What kind of hospital do you practice in?
3. Do you treat patients with a SARS-CoV-2 infection/ COVID-19 at your institution?

*Yes/No*

1. In your institution, is your department primarily responsible for the treatment of patients with a SARS-CoV-2 infection/ COVID-19?

*Yes/No*

1. If not, who is primarily responsible for the treatment of patients with COVID-19 infection/disease at your institution?

*Surgeon /Critical Care Specialist / Internal medicine/ Anaesthesiology / Other (please specify)*

1. Do you currently have an excess capacity of ICU-beds available for the treatment of patients with a SARS-CoV-2 infection/ COVID-19 at your institution

*Yes/No*

1. Do you feel that excess capacity should be reserved for a local patient population potentially needing treatment for a SARS-CoV-2 infection/ COVID-19 in the future or that it should be made available?

*Hold / Make available*

1. To whom would you agree to allocate available ICU-beds?

*Allocate ICU-beds to supra-regional COVID-19 infected patients after careful consideration of cases / Return to pre-pandemic conditions and allocate beds to own surgery/internal medicine/post-anaesthesiological care*

1. Which mechanism for allocating supra-regional SARS-CoV2- / COVID-19 infected patients to hospitals with available capacity would you prefer?

*Self-initiated contact between critical care physicians / Accept the implementation of a centralized European (political/medical) institution to allocate patients (e.g. such as Eurotransplant)/none of the above (please specify)*

1. When optimizing the allocation of resources needed for patients with a SARS-CoV-2 infection/ COVID-19, would you prefer

*To allocate medical equipment/resources to sites in need / To allocate patients to centres with excess capacities*