## SUPPLEMENTARY MATERIALS

Supplementary Table S1. Scale and Shape parameters used in Monte Carlo Simulation

Parameters	Economic criteria	Clinical criteria
Q 1	0,23	0,47
Scale	0,27	0,56
	0,78	0,64
	1,31	0,58
Shape	0,63	0,84
	1,46	1,19

Supplementary Figure S1. Individual virus protection device



## Supplementary Figure S2. Contact tracking device, Monte Carlo results



Domains	Pros	Cons	Threats	Opportunities
Effectiveness	<ul> <li>continuous monitoring of temperature</li> <li>integrated protection: mouth, nose and eyes</li> </ul>	<ul> <li>no back up in case of malfunctionings</li> <li>uncomfortable</li> </ul>	<ul> <li>stress of health professionals</li> </ul>	<ul> <li>chance of immediate actions in case of alert</li> <li>no need for masks</li> </ul>
Safety	<ul> <li>no need for filters (can cause damages and toxicities if substitution is delayed)</li> <li>no signs and bruises of health professionals faces</li> </ul>	<ul> <li>problems in wearing the devices in case of fire or other emergencies</li> <li>chance of fogging and scratching</li> </ul>	<ul> <li>stress</li> <li>risk for health professionals health in case of evacuation (ie fire)</li> <li>chance of clinical errors iin case of scratching or fogging</li> </ul>	social distancing is more fficient
Organizational aspects	no need for breaks in order to measure and monitor temperaure	<ul> <li>immediate action in case of alert challenging</li> <li>need for space to recharge batteries and store helmets</li> <li>need for personnel for sanification and substitution damaged helmets</li> </ul>	<ul> <li>risk of unjustified alters can decrease productivity and slow time to respnse during health emergencies</li> </ul>	no breaks to measure temperature can increase efficiency
			<ul> <li>stress and burn out due to continuous work and continuous monitoring</li> </ul>	

Economic aspects	<ul> <li>multi-use device</li> <li>multi-year mortage</li> </ul>	<ul> <li>not sure if useful after covid emergency</li> <li>high cost due to energy sanification, storage</li> <li>high opportunity costs if compared with other alternatives (i.e. temperature monitoring every 2 hours)</li> </ul>	<ul> <li>waste of resources</li> <li>not cost effective</li> <li>increase of inefficiency of health expenditure</li> </ul>	<ul> <li>costs can be partially compensated with the decrease of costs and space for storage of masks</li> </ul>
Ethics, Social and legal aspects	<ul> <li>positive social externality</li> </ul>	<ul> <li>stigma</li> <li>disciplinary measures difficult to identify and to apply in case of non adherence</li> </ul>	<ul> <li>increase of stress due to stigma</li> </ul>	<ul> <li>positive signal and social commitment</li> </ul>

Domains	Pros	Cons	Opportunities	Threats
Effectiveness	standard platforms needed	<ul> <li>effectiveness depends on the number of people using the technology</li> </ul>		<ul><li>low adherence</li><li>chance of biases in upgrading registers</li></ul>
	<ul> <li>risk of contact is traced, not people</li> </ul>	<ul><li>volounteering base</li><li>only IoS techology is allowed</li></ul>	<ul> <li>if massive use is achieved, lockdowns can be shorter</li> </ul>	
	doesn't trace mobility on time	<ul> <li>available informative matherial is scarce</li> <li>detecting range higher than bluetooth is not a necessity in order to reduce COVID contagion</li> </ul>		
	• it uses the mobility history in			
	order to predict contact			
	<ul> <li>data already collected for other uses</li> </ul>			
	<ul> <li>doubles the chance od</li> </ul>			
	detecting infected comparedd to bluetooth			
Safety	anonymized data	private data management	users feel not to be	excessive trust can bring to
	<ul> <li>cripted data</li> </ul>		surveilled	under-evaluation of non- mapped risks
			<ul> <li>minimize risk of biased information</li> </ul>	<ul> <li>risk of hackerage</li> </ul>

		<ul> <li>not clear compliance with GDPR</li> </ul>		
Organizational aspects	<ul> <li>data storage with already existing technologies</li> </ul>	<ul> <li>need to manage hackerages or malfunctioning</li> </ul>	<ul> <li>Fast development and implementation</li> </ul>	<ul> <li>patients not adherent</li> <li>malfunctioning can cause biases in thee contact tracing and increase of contagiousness</li> </ul>
	<ul> <li>no need to download app</li> </ul>	<ul> <li>volounteer base</li> </ul>	<ul> <li>technology available for massive use</li> </ul>	
	fast upgrade	<ul> <li>poor available informative matherial on functioning and safety.</li> </ul>		
Econmics	<ul> <li>affordable costs of implementation</li> <li>low manteinance costs</li> </ul>	<ul> <li>need incentive to increase adherence</li> <li>not clear if use is free of charge</li> </ul>	<ul> <li>decrease of lockdwn duration</li> <li>increase of social welfare</li> </ul>	<ul> <li>if not free of charge chance of poor effectiveness and increase of inequalities</li> </ul>
Ethics, Social and Legal aspects	<ul> <li>no surveillance on time</li> </ul>	<ul> <li>surveillance not completely avoided</li> </ul>	<ul> <li>incentive to social cooperation and commitment</li> </ul>	
	<ul> <li>no individual tracing</li> </ul>	<ul> <li>mapping of entire areas , stigma</li> <li>poor informative matherial available</li> </ul>	<ul> <li>increase on capabilities</li> <li>chance of taking more informed and responsible choices</li> </ul>	<ul> <li>social stigma (entire areas or categories)</li> </ul>
				<ul> <li>inequalities increase if not free of charge</li> </ul>