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## Reply to CME

# Continuous medical education activities; Answers to Case No. 2: Exposure to a suspected or confirmed COVID-19 case

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Healthcare workers (HCWs)' risk evaluation enables early detection of HCWs at high risk of exposure to Coronavirus disease-19 (COVID-19), strengthen the need for HCWs to self-monitor fever and other symptoms and stop work while ill, and limit the development and distribution of COVID-19 inside healthcare facilities by healthcare personnel. We had previously presented five clinical scenarios. In each, a different risk exists. For each of the five cases we asked to identify: Who is at risk? What is this risk category? What should the HCWs do after identifying the risk? Whether there are any considerations in limited resources settings or not. Answers are provided in this forum on the basis of currently available data and are subject to change as new knowledge becomes available. It is therefore necessary to update the COVID-19 data on an ongoing basis.

Healthcare workers (HCWs)' risk evaluation enables early detection of HCWs at high risk of exposure to Coronavirus disease-19 (COVID-19), strengthen the need for HCWs to self-monitor fever and other symptoms and stop work while ill, and limit the development and distribution of COVID-19 inside healthcare facilities by healthcare personnel. We had previously presented five clinical scenarios [1]. In each, a different risk exists. For each of the five cases we asked to identify: Who is at risk? What is this risk category? What should the HCWs do after identifying the risk? Whether there are any considerations in limited resources settings or not. Answers are provided in this forum on the basis of currently available data and are subject to change as new knowledge becomes available. It is therefore necessary to update the COVID-19 data on an ongoing basis. Conditions that expose HCWs to a *High risk* of COVID-19 are shown in **figure (1)**. *Low risk* exposure

is anticipated when the contact with a person with COVID-19 did not meet high risk exposure requirements [2].

Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. Patients and visitors should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the healthcare facility. If they do not have a face covering, they should be offered a facemask or cloth face covering, as supplies allow. HCW should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. Educate patients, visitors, and HCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering [3].

HCWs who enter the room of a patient with suspected

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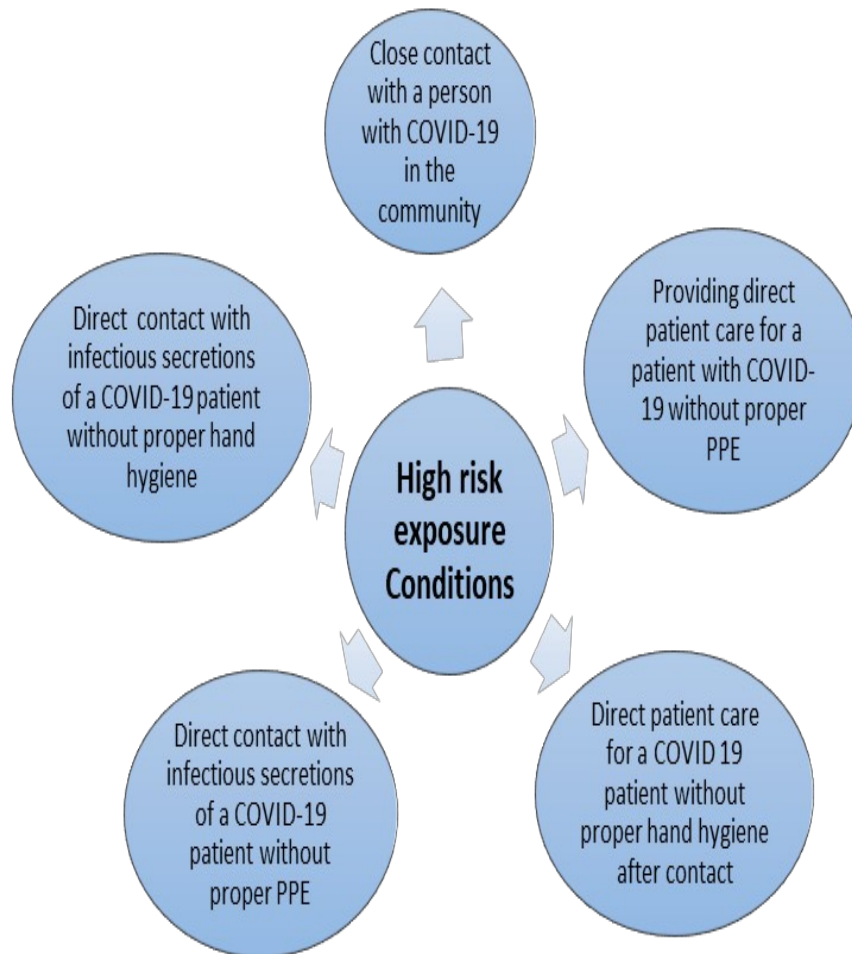
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or confirmed SARS-CoV-2 infection should use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. If face mask is used, an additional face

shield is recommended. If aerosol generating procedures are to be done, a NIOSH-approved N95 or equivalent or higher-level respirator must be used [3].

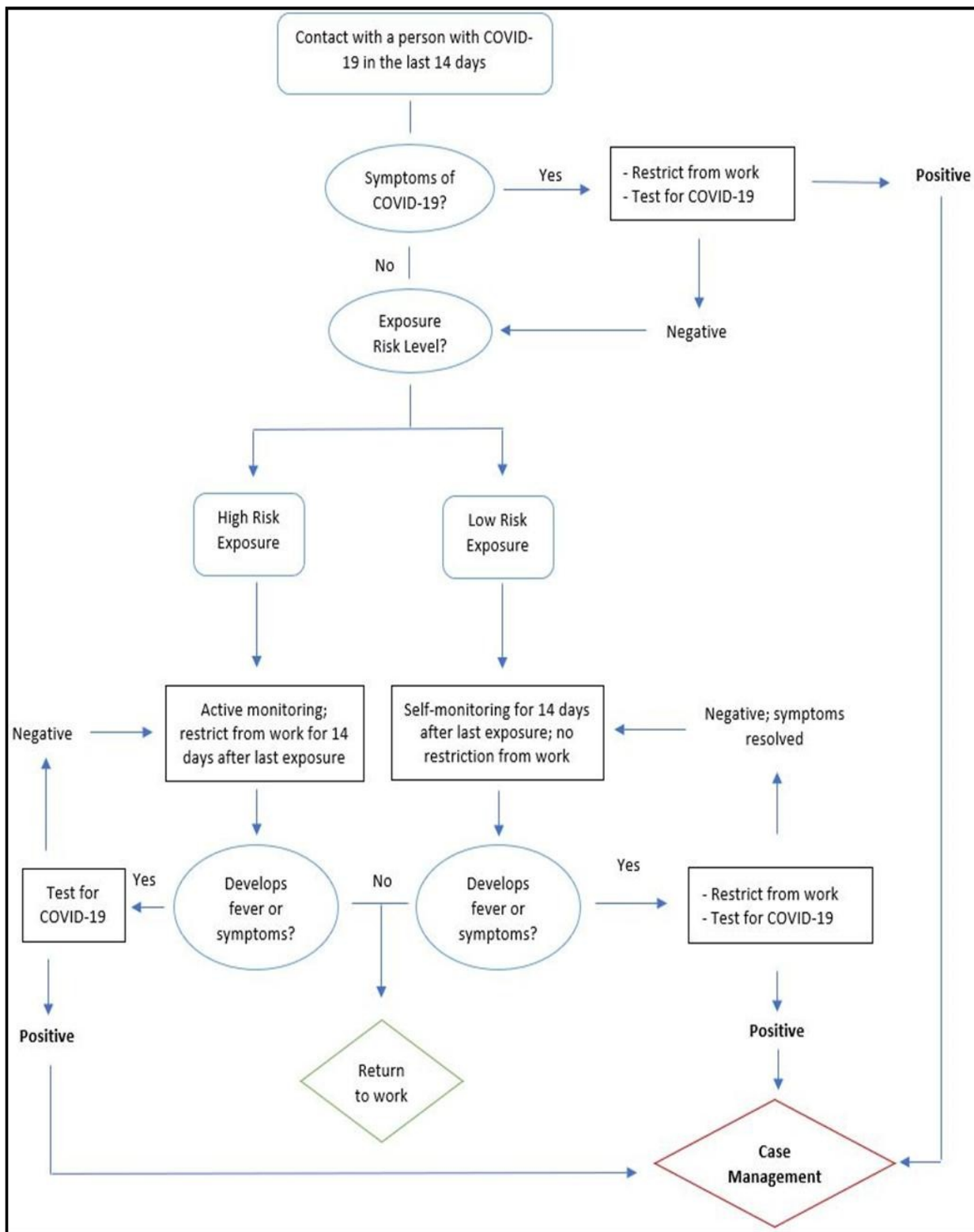
**Figure 1.** High risk exposure situations [1].



Answers

	Scenario No. 1	Scenario No. 2	Scenario No. 3	Scenario No. 4	Scenario No. 5
Who is at risk	Anaesthetist in OR	Gynecology and obstetrics "G/O" resident doctors who contacted the pediatrics resident doctors	All surgeons in the OR who dealt with the patient during ERCP	The physician	Intensivist B
What is the risk category	High, [No appropriate PPE] intubation necessitates wearing N95 respirator	High or low risk should be determined after an individualized assessment of all "G/O" resident doctors on a "case by case" basis	High [No appropriate PPE] N95 respirator is missed. Although there are no data on whether endoscopy is an aerosol-generating procedure, positive insufflation during endoscopic procedures could pose a risk of generating aerosol [4].	Low risk	High risk [No appropriate PPE] intubation necessitates wearing N95 respirator
What should HCWs do after identifying the risk	Management of HCWs with exposure to a person with COVID-19 is performed according to the chart in <b>figure (2)</b> .				
Considerations in limited resources settings	<ul style="list-style-type: none"> <li>■ Healthcare Facilities should determine whether they will manage these staff as low-risk or high-risk while weighing the risks and benefits of each strategy (e.g., available resources, ability to work restrict HCWs, etc.).</li> <li>■ To avoid critical staffing shortages, some facilities have allowed asymptomatic exposed staff, including those with high-risk exposures, to continue working while wearing a medical mask to reduce the risk of asymptomatic or pre-symptomatic transmission.</li> </ul>				

Figure 2. Flowchart for management of HCWs with exposure to a person with COVID-19 [1].



## References

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