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Continuous Medical Education Forum (CME from EB)

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

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Recently, healthcare workers (HCWs) caring for patients with coronavirus disease 2019 (COVID-19) are exposed to an increased risk of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) infection. Risk assessment for HCW's exposure to suspected/confirmed COVID-19 cases allows for early identification and management of COVID-19 among HCWs and limit introduction and spread of COVID-19 within healthcare facilities by healthcare personnel [1]. Five clinical scenarios are presented here. In each, a different risk exists. For each of the five cases we need to identify: Who is at risk?, What is this risk category?, What should the HCWs do after identifying the risk?, If there are any considerations in limited resources settings.

Recently, healthcare workers (HCWs) caring for patients with coronavirus disease 2019 (COVID-19) are exposed to an increased risk of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) infection. Risk assessment for HCW's exposure to COVID-19 cases allows for early identification and management of COVID-19 among HCWs and limit introduction and spread of COVID-19 within healthcare facilities by healthcare personnel.

Five clinical scenarios are presented here. In each, a different risk exists. For each of the five cases we need to identify:

Q1- Who is at risk?

Q2- What is this risk category?

Q3- What should the HCWs do after identifying the risk?

Q4- If there are any considerations in limited resources settings.

Scenario No. 1. A 60 years old patient was admitted to the emergency room "ER" with radius and ulnar shaft fractures. He was eligible for surgical corrections. Routine preoperative chest X-ray raised a high clinical suspicion of COVID-19. The patient was isolated; COVID-19 is confirmed. In ER, the orthopedic surgeon was wearing a surgical mask. In operating room "OR", the anesthetist was wearing a scrub only. The orthopedic surgeon was wearing a surgical mask, a sterile gown, and gloves.

Scenario No.2. Pediatric resident doctors were suspected as being COVID-19 case, they were admitted to an

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isolation hospital. Their colleagues in gynecology and obstetrics “G/O” departments were in frequent contact with them during the two days preceding their admission. G/O residents were worried of catching SARS-CoV2 infection.

Scenario No.3. A patient “X” underwent Endoscopic retrograde cholangiopancreatography (ERCP). Surgeons were putting on surgical gowns, surgical masks, and sterile gloves. During postoperative period, the patient “X” was admitted to the intensive care unit. The X-ray revealed a high suspicion of COVID-19.

Scenario No.4. During her first shift in a primary care center, a recently graduated physician (wearing a surgical mask) interviewed a diabetic patient (with a cloth mask on her face). She recorded the present illness history and measured the blood glucose level. One day later, she was informed that the patient was diagnosed as a COVID-19 case.

Scenario No.5. During his shift, the intensivist A [Wearing surgical mask, face-shield, gown and gloves] dealt with a patient “x” and intubated him. Three days later, the patient was diagnosed as a COVID-19 case. During the same shift, the intensivist B [Wearing surgical mask, face-shield, gown and gloves] dealt with a patient “y” and intubated her. One day later, the patient was diagnosed as a COVID-19 case.

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