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## Letter to the Editor

## Beyond the assistance: additional exposure situations to COVID-19 for healthcare workers



Sir,

Although many workers may be exposed to the novel coronavirus, healthcare workers (HCWs) have an increased risk of contracting COVID-19 due to their close contact with patients affected by SARS-CoV-2 [1,2]. For this reason, the World Health Organization (WHO) and other authorities have recommended the adoption of adequate prevention and control measures for HCWs. WHO has recommended that HCWs should use proper personal protective equipment (PPE), such as medical masks, gowns, gloves and eye protection [3]. In some cases, such as in aerosol-generating procedures, WHO has recommended the use of FFP2 respirator masks [3]. Strict compliance with these recommended measures and with good practice procedures for managing infectious diseases may minimize the risk of virus transmission from patients to HCWs.

Nevertheless, several HCWs have been infected by SARS-CoV-2. The main reasons for this are a shortage of PPE and the lack of provision of training for infection prevention and control [4]. However, in cases in which HCWs adopted proper PPE and adequate procedures, it is important to consider other situations of potential transmission, such as contacts among colleagues and contacts outside hospital settings.

The potential risk of transmission between HCWs when they are not caring for patients should not be underestimated. Clinical case discussions, clinical handovers between HCWs, and lunch breaks are examples of situations in which HCWs may transmit the infection to each other. Moreover, HCWs usually work in confined spaces in which it is not possible to ensure social distancing of at least 1 m, as recommended. For these reasons, it is important to maintain appropriate prevention measures in case of close contact with colleagues, even if there are no patients present in the room. It is fundamental to avoid eating together and to maintain social distancing during meals, as well as during meetings.

Finally, we should consider the risk of transmission outside hospital settings. After work, HCWs have contact with other people and they have the same infection risk as the general

population. HCWs may potentially be infected because of their exposure to COVID-19 patients during work shifts. For these reasons, we recommend that HCWs should implement adequate prevention and protection measures, not only in hospital contexts but also in other contexts. In this way, they can protect themselves and their relatives and friends against the risk of contracting the disease.

We also want to emphasize the continued need to provide HCWs with adequate PPE in order to reduce the high risk of contracting COVID-19 whilst caring for patients.

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