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High risk groups among Health Care Workers and hot spots in hospital during Covid 19 pandemic: Observations from an exploratory study in a teaching hospital of Central Kerala

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Abstract

HCWs developing Covid 19 in large numbers is reported globally, but there is a paucity of scientific literature from Kerala. Irrespective of HCWs acquired infection from work place, family or community, there is a need for caring and supporting them. Positive HCW pose risk to colleagues, clients or persons living with.


This is a cross sectional descriptive study based on observations from leave records of HCWs. Number of HCWs taken leave between 1st August and 31st December 2020 on the ground of Covid 19 was gathered. Their designation, current work station and leave dates were collected. The designations were categorized into doctors, nurses, staff closely providing service, staff providing indirect service and managerial staff. The numbers of those working in the same/similar areas were grouped together. Calculations made in excel. Results presented in graph and tables.

Among 2781 HCWs 272 were Covid positive during the study period (10 %). The highest (12%) was for nurses, followed by managers (10%), close contact supporting staff (8%), doctors (7%) and staff supporting

indirectly (5%). The highest percentage for single subcategory was phlebotomist (17%) and least was general worker (2%). Among doctors SRs and JRs had highest followed by Interns. Numbers were less among faculty. Among nurses all categories had same incidence. Among support staff canteen workers had the highest number. Among managerial staff, managers had highest rate. About 65% of diagnosed HCW were ward workers. Those in OPs (9%) and college area (6%) had lower percentages. Exclusive Covid ward had only 2.2 percentage contribution.

HCWs had higher Covid 19 incidence than in the community. Nurses serving in wards have the highest risk. Lower incidence in Covid ward staff could be due to higher level of caution and full PPE Managers face the risk of meeting clients before clinical assessments. Serving many patients, close proximity, being less protected and less trained increase the risk to phlebotomists. Reverse quarantine exemptions and inclusion of pre and para clinical departments serving in no contact roles lead to lower number of Professors among affected.

Training program to prepare HCWs to face Covid 19 is effective, but this study points to the need for improved sub programs to suit different categories of HCWs to ensure their safety. Different areas having wide difference in risk levels need attention.

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