# Occupational health and safety among health care personnel in a COVID-19 pandemic

| Submission date 14/04/2020 | <b>Recruitment status</b><br>No longer recruiting | [X] Prospectively registered    |
|----------------------------|---|---------------------------------|
|                            |   | [_] Protocol                    |
| Registration date          | Overall study status                              | [] Statistical analysis plan    |
| 15/04/2020                 | Completed   | [_] Results                     |
| Last Edited                | Condition category                                | Individual participant data     |
| 12/06/2023                 | Other   | [_] Record updated in last year |

# Plain English summary of protocol

#### Background and study aims

COVID-19 is a condition caused by the coronavirus (called SARS-CoV-2) that was first identified in late 2019. This virus can infect the respiratory (breathing) system. Some people do not have symptoms but can carry the virus and pass it on to others. People who have developed the condition may develop a fever and/or a continuous cough among other symptoms. This can develop into pneumonia. Pneumonia is a chest infection where the small air pockets of the lungs, called alveoli, fill with liquid and make it more difficult to breathe.

In 2020, the virus has spread to many countries around the world and neither a vaccine against the virus or specific treatment for COVID-19 has yet been developed. As of March 2020, it is advised that people minimize travel and social contact, and regularly wash their hands to reduce the spread of the virus.

Groups who are at a higher risk from infection with the virus, and therefore of developing COVID-19, include people aged over 70 years, people who have long-term health conditions (such as asthma or diabetes), people who have a weakened immune system and people who are pregnant. People in these groups, and people who might come into contact with them, can reduce this risk by following the up-to-date advice to reduce the spread of the virus.

Since the appearance of the Covid-19 virus in the Chinese region of Wuham at the end of 2019, its expansion has been unstoppable, currently becoming a pandemic that dramatically affects our country and has become a major health problem. Since the virus landed in Spain, its evolution has gone from isolated cases to community transmission and has continued throughout the country since mid-March.

At the health level, the most important thing is the detection of the infected patient as early as possible in order to generate isolation, and isolation or confinement zones have been created both in the emergency services and in hospitalization areas in which the sanitarians have to remain a certain number of hours within them. In addition, their care must be carried out through personal protection equipment (PPE) with more or less protection.

Working in these isolation areas or Covid zones (ZoCod) PPEs provide health professionals with security to carry out their work, but at the same time generates physiological and psychological stress that can affect their professional performance.

Work similar to that proposed in research laboratory settings and in a short time in which gender, muscle mass, bone mass, height and physical activity carried out by the individual can determine muscle fatigue and have been developed consequently the performance of these professionals. However, this work is intended to be carried out under real conditions for workers, both at emergency care levels and at hospitalization levels.

Who can participate? Workers of the Río Hortega Hospital and the Convalescence Hospital for COVID19 in Valladolid.

What does the study involve?

Volunteers undergo a structured and objective evaluation. Respiratory rate, saturation, heart rate, blood pressure, temperature, weight, height, medication intake, and baseline pathology are measured, and a blood test is performed.

The volunteer is equipped with PPE against biological risks (some use N95 respirators and others FFP2 face mask randomly) and enter the treatment unit of COVID19.

At 4 hours the workday ends with PPE, once decontaminated, the same determinations that were made at baseline are repeated: respiratory rate, saturation, heart rate, blood pressure, temperature and a blood test is performed. They are also asked about the presence of headache, skin lesions, etc.

Both N95 respirators and FFP2 face masks offer the same level of protection and are approved in both hospital procedures.

What are the possible benefits and risks of participating?

Through this study, the researchers intend to know how health workers physically and metabolically tolerate PPE and see if working conditions can be improved. Volunteers present the risks inherent in their own work, whether or not they participate in the study.

Where is the study run from? Hospital de Convalecencia de la Feria y Hospital Universitario Rio Hortega, Valladolid (Spain).

When is the study starting and how long is it expected to run for? April 2020 for one week.

Who is funding the study? Investigator initiated and funded

Who is the main contact? Prof. Francisco Martín-Rodríguez, fmartin@saludcastillayleon.es

# **Contact information**

**Type(s)** Scientific

**Contact name** Prof Francisco Martín-Rodríguez

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## **Contact details**

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# Additional identifiers

**EudraCT/CTIS number** Nil known

## **IRAS number**

**ClinicalTrials.gov number** Nil known

Secondary identifying numbers V\_01\_2020\_ref.03.v\_02

# Study information

## Scientific Title

Predictive value of biological, physiological and analytical biomarkers with the use of personal protection equipment in COVID-19: observational, prospective, analytical, intervention and multicenter study

#### Acronym

COVVA

#### **Study objectives**

Evaluate the prognostic capacity of different parameters (PAS, PAD, T, SpO2, HR, etc ..), analytical biomarkers (pH, PaCO2, HCO3, Cl, K, Ca, Cl, Lactate, creatinine, BUN, etc.), and life style habits, separately and at the joint level obtained at the COVID19 treatment unit, to predict metabolic fatigue in workers.

#### Ethics approval required

Old ethics approval format

## Ethics approval(s)

Approved 10/04/2020, CEIC Área de Salud de Valladolid Oeste (Hospital Universitario Río Hortega, 47012 Valladolid (Valladolid); +34 983 420 400; rconvi@saludcastillayleon.es), ref: PI075-20

#### Study design

Observational prospective cross-sectional cohort analytical intervention and multicenter study

#### Primary study design

## Observational

# Secondary study design

Cross sectional study

Study setting(s) Hospital

## Study type(s)

Prevention

#### Participant information sheet

Not available in web format, please use contact details to request a participant information sheet

## Health condition(s) or problem(s) studied

Complications or secondary effects derived from the use of personal protective equipment against biological risks

## Interventions

Volunteers (workers in a COVID19 treatment unit) undergo a structured and objective evaluation. Physiological variables (respiratory rate, saturation, heart rate, systolic and diastolic blood pressure and temperature) are collected, health variables are also collected (previous illnesses, taking medication, COVID19 symptoms, weight and height) and an analytical test is performed of blood (venous by extraction in the cephalic vein of the left arm) to obtain the following parameters: pH, PaCo2, PO2, HCO3, Na, K, Cl, Ca, Hematocrit, hemoglobin, lactate, glucose, urea, BUN and creatinine.

Volunteers are randomized, some wear N95 respirators and others wear an FFP2 mask with an exhalation valve, are fully equipped with personal protective equipment and enter the COVID19 area. At 4 hours of work they leave, are decontaminated and the same determinations that have been made on a basal basis are repeated. They are also asked if they have a headache (not due to the pressure of the glasses or face shield), wounds or chafing, and how they have felt at the level of tiredness.

At this time, the observation will end.

## Intervention Type

Mixed

## Primary outcome measure

1. Respiratory rate, assessed by clinical observation at baseline and at the end of the 4-hour workday

2. Oxygen saturation, assessed using a Physio LifePAK® 15 monitor at baseline and at the end of the 4-hour workday

3. Heart rate, assessed using a Physio LifePAK® 15 monitor at baseline and at the end of the 4-hour workday

4. Blood pressure, assessed using a Physio LifePAK® 15 monitor at the start of the study and at the end of the 4-hour workday

5. Tympanic temperature evaluated using a Braun ThermoScan® PRO 6000 model at baseline and at the end of the 4-hour workday

6. Weight, with the TANITA BC 545-N scale at baseline

8. Size, with the SECA 206 tape measure at baseline

9. Analytical biomarkers: pH, pCO2, pO2, cHCO3-, BE (ecf), cSO2, Na +, K +, Ca ++, Cl-, TCO2, Agap, AGapK, Hct, Hb, BE (b), Glu , Lac, BUN, Urea and Crea, evaluated using COPD Siemens Healthcare at baseline and at the end of the 4-hour workday

10. Medical history of interest, through a structured questionnaire at baseline

11. Level of physical activity using the IPAQ questionnaire at baseline

#### Secondary outcome measures

1. Headache presence measured using self-report at the end of the 4 hours of working with the equipment

2. Presence of serious adverse events during the use of protective equipment measured using self-report at the end of the 4 hours of working with the equipment

3. Presence of chafing, wounds, etc., due to the use of protective equipment measured using self-report at the end of the 4 hours of working with the equipment

4. Perception of the state of physical fatigue at the end of the working day with the protective equipment measured using self-report at the end of the 4 hours of working with the equipment 5. Time in COVID19 zone measured using self-report at the end of the 4 hours of working with the equipment

#### Overall study start date

01/04/2020

## **Completion date**

22/04/2020

# Eligibility

## Key inclusion criteria

 Workers (doctors, nurses and assistants) in the COVID19 treatment unit with the biological risks training course
 Aged over 18 years
 Provide informed consent

#### Participant type(s)

Health professional

Age group Adult

**Lower age limit** 18 Years

**Sex** Both

**Target number of participants** 80

Key exclusion criteria

Pregnant
 Psychiatric pathology
 Do not sign the informed consent
 Not to be part of the HURH and Covid-Fair staff during the month of April

Date of first enrolment 16/04/2020

Date of final enrolment 17/04/2020

# Locations

**Countries of recruitment** Spain

**Study participating centre Hospital de Convalencia de la Feria para COVID19 (COVVA)** Avda. Ramón Pradera, 3 Valladolid Spain 47009

**Study participating centre Hospital Universitario Rio Hortega** Calle Dulzaina, 2 Valladolid Spain 47012

# Sponsor information

**Organisation** University of Valladolid

**Sponsor details** Facultad de Medicina Avda. Ramón y Cajal, 7 Valladolid Spain 47005 +34 983 42 37 21 csca@med.uva.es

**Sponsor type** University/education

Website http://www.uva.es/export/sites/uva/

ROR https://ror.org/01fvbaw18

# Funder(s)

**Funder type** Other

**Funder Name** Investigator initiated and funded

# **Results and Publications**

## Publication and dissemination plan

There is a study protocol and analysis plan that can be sent upon reasonable request.

The research team will promote the dissemination of the results obtained in various scientific publications:

- 1. American Journal of Medicine
- 2. Critical Care Medicine
- 3. Emergencies

4. Intensive Care Medicine

5. Prehospital & Emergency Care

6. Resuscitation

If external funding is obtained, communications could be sent to the main international emergency and emergencies forums

## Intention to publish date

20/05/2020

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from (F. Martín-Rodríguez, fmartin@saludcastillayleon.es). Statistical data will be available from the end of the data collection phase for 4 years. The data may be shared with researchers carrying out similar studies, provided that the exchange of information is mutual, by sending the anonymized data of patients. Patients will have signed informed consent for data sharing.

## IPD sharing plan summary

Available on request

#### Study outputs

| Output type        |  |  |  |
|--------------------|--|--|--|
| Other publications |  |  |  |

Date created 04/01/2021

Details

**Date added** 12/06/2023 **Peer reviewed?** Yes Patient-facing? No