Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Methods: Participants included 20 attending PEMP (50% female) within a children’s hospital. Participants completed self-report behavioral instruments between August 2020 and February 2021. Perfectionism was assessed via the Socially Prescribed (ie, beliefs that others impose unrealistic standards) and Self-Oriented Perfectionism (ie, high self-standards) subscales of the Big Three Perfectionism Scale. Emotional Exhaustion, Depersonalization, and Personal Accomplishment Burnout levels were assessed via the Maslach Burnout Inventory. Mean difference and logistic regression analyses were conducted.

Results: In this sample, 5% of PEMP endorsed high levels of emotional exhaustion and personal accomplishment burnout, and 35% reported high levels of depersonalization burnout. Demographic factors were not associated with burnout. PEMP who endorsed high depersonalization burnout also reported significantly higher levels of socially prescribed perfectionism (11.14 vs. 8.00, Z = -2.02, p = 0.028). The odds of experiencing high depersonalization burnout was 1.64 (95% CI 1.05-2.54) higher with each unit increase in socially prescribed perfectionism (X2 = 6.39, p = .012). No other factors were associated with burnout.

Conclusion: During the COVID-19 pandemic, 35% of PEMP reported high levels of depersonalization burnout, which reflects interpersonal detachment from patients and peers. Socially prescribed perfectionism was the only PEMP characteristic associated with burnout. Collectively, results suggest that stronger beliefs that others expect perfect performance may have contributed to interpersonal detachment while navigating stressors during the pandemic. Future work in larger PEMP samples is needed to confirm the current findings and address individual and system-level factors that may promote detrimental perfectionistic expectations.

Study Objectives: Violence in the emergency department (ED) is a common and longstanding threat to staff. The COVID-19 pandemic brought unique challenges; however, it remains unclear what effect the pandemic had on violence in health care. The objective of this study was to identify the impact of the pandemic on workplace violence at an academic emergency department in the Midwest.

Methods: The hospital referral region (HRR) COVID-19 case rate per 100,000 people was obtained from March through December 2020. Monthly incidents of ED violence were obtained from the Office of Security and included both physical assault and verbal threats where security officers were notified to respond. These incidents were combined with monthly reports of violent flags added to patient charts within the electronic medical record. Overlapping data from both sources were counted only once. Monthly ED patient volume was obtained to calculate a rate of violent incidents per 1,000 ED visits. Two anonymous surveys were sent to all multidisciplinary ED staff both pre/early-pandemic (April 2020) and mid/late-pandemic (December 2020) and surveyed responders regarding the incidence of verbal abuse and physical assault experienced over the prior 6-months (November 2019-April 2020 and July 2020-December 2020). Chi-squared tests and Fisher’s exact tests were used for comparison. The study was deemed exempt by the Mayo Clinic Institutional Review Board.

Results: In this sample, 5% of PEMP endorsed high levels of emotional exhaustion and personal accomplishment burnout, and 35% reported high levels of depersonalization burnout. Demographic factors were not associated with burnout. PEMP who endorsed high depersonalization burnout also reported significantly higher levels of socially prescribed perfectionism (11.14 vs. 8.00, Z = -2.02, p = 0.028). The odds of experiencing high depersonalization burnout was 1.64 (95% CI 1.05-2.54) higher with each unit increase in socially prescribed perfectionism (X2 = 6.39, p = .012). No other factors were associated with burnout.

Conclusion: Despite our findings of a positive association between the COVID-19 pandemic and the rate of violent ED incidents (r = 0.24; Figure 1). There was also an increase in overall violent workplace incidents per ED volume during the pandemic compared to the months leading up to it. A total of 259 responses were received for the initial pre/early-pandemic survey and 259 responses received for the mid/late-pandemic survey. The reported level of safety perceived by staff remained the same, as did the overall percentage of respondents indicating any verbal abuse or physical assault in the prior 6-months (November 2019-April 2020 and July 2020-December 2020). The reported levels of violence perceived by staff remained the same, as did the overall percentage of respondents indicating any verbal abuse or physical assault in the prior 6-months (November 2019-April 2020 and July 2020-December 2020). Chi-squared tests and Fisher’s exact tests were used for comparison. The study was deemed exempt by the Mayo Clinic Institutional Review Board.

Results: There was a positive association between the HRR rate and rate of violent ED incidents (r = 0.24; Figure 1). There was also an increase in overall violent workplace incidents per ED volume during the pandemic compared to the months leading up to it. A total of 259 responses were received for the initial pre/early-pandemic survey and 259 responses received for the mid/late-pandemic survey. The reported level of safety perceived by staff remained the same, as did the overall percentage of respondents indicating any verbal abuse or physical assault in the prior 6-months (November 2019-April 2020 and July 2020-December 2020). Chi-squared tests and Fisher’s exact tests were used for comparison. The study was deemed exempt by the Mayo Clinic Institutional Review Board.

Study Objectives: Violence in the emergency department (ED) is a common and longstanding threat to staff. The COVID-19 pandemic brought unique challenges; however, it remains unclear what effect the pandemic had on violence in health care. The objective of this study was to identify the impact of the pandemic on workplace violence at an academic emergency department in the Midwest.

Methods: The hospital referral region (HRR) COVID-19 case rate per 100,000 people was obtained from March through December 2020. Monthly incidents of ED violence were obtained from the Office of Security and included both physical assault and verbal threats where security officers were notified to respond. These incidents were combined with monthly reports of violent flags added to patient charts within the electronic medical record. Overlapping data from both sources were counted only once. Monthly ED patient volume was obtained to calculate a rate of violent incidents per 1,000 ED visits. Two anonymous surveys were sent to all multidisciplinary ED staff both pre/early-pandemic (April 2020) and mid/late-pandemic (December 2020) and surveyed responders regarding the incidence of verbal abuse and physical assault experienced over the prior 6-months (November 2019-April 2020 and July 2020-December 2020). Chi-squared tests and Fisher’s exact tests were used for comparison. The study was deemed exempt by the Mayo Clinic Institutional Review Board.

Results: There was a positive association between the HRR rate and rate of violent ED incidents (r = 0.24; Figure 1). There was also an increase in overall violent workplace incidents per ED volume during the pandemic compared to the months leading up to it. A total of 259 responses were received for the initial pre/early-pandemic survey and 259 responses received for the mid/late-pandemic survey. The reported level of safety perceived by staff remained the same, as did the overall percentage of respondents indicating any verbal abuse or physical assault in the prior 6-months (November 2019-April 2020 and July 2020-December 2020). Chi-squared tests and Fisher’s exact tests were used for comparison. The study was deemed exempt by the Mayo Clinic Institutional Review Board.

Study Objectives: Violence in the emergency department (ED) is a common and longstanding threat to staff. The COVID-19 pandemic brought unique challenges; however, it remains unclear what effect the pandemic had on violence in health care. The objective of this study was to identify the impact of the pandemic on workplace violence at an academic emergency department in the Midwest.

Methods: The hospital referral region (HRR) COVID-19 case rate per 100,000 people was obtained from March through December 2020. Monthly incidents of ED violence were obtained from the Office of Security and included both physical assault and verbal threats where security officers were notified to respond. These incidents were combined with monthly reports of violent flags added to patient charts within the electronic medical record. Overlapping data from both sources were counted only once. Monthly ED patient volume was obtained to calculate a rate of violent incidents per 1,000 ED visits. Two anonymous surveys were sent to all multidisciplinary ED staff both pre/early-pandemic (April 2020) and mid/late-pandemic (December 2020) and surveyed responders regarding the incidence of verbal abuse and physical assault experienced over the prior 6-months (November 2019-April 2020 and July 2020-December 2020). Chi-squared tests and Fisher’s exact tests were used for comparison. The study was deemed exempt by the Mayo Clinic Institutional Review Board.

Results: There was a positive association between the HRR rate and rate of violent ED incidents (r = 0.24; Figure 1). There was also an increase in overall violent workplace incidents per ED volume during the pandemic compared to the months leading up to it. A total of 259 responses were received for the initial pre/early-pandemic survey and 259 responses received for the mid/late-pandemic survey. The reported level of safety perceived by staff remained the same, as did the overall percentage of respondents indicating any verbal abuse or physical assault in the prior 6-months (November 2019-April 2020 and July 2020-December 2020). Chi-squared tests and Fisher’s exact tests were used for comparison. The study was deemed exempt by the Mayo Clinic Institutional Review Board.

Study Objectives: Violence in the emergency department (ED) is a common and longstanding threat to staff. The COVID-19 pandemic brought unique challenges; however, it remains unclear what effect the pandemic had on violence in health care. The objective of this study was to identify the impact of the pandemic on workplace violence at an academic emergency department in the Midwest.

Methods: The hospital referral region (HRR) COVID-19 case rate per 100,000 people was obtained from March through December 2020. Monthly incidents of ED violence were obtained from the Office of Security and included both physical assault and verbal threats where security officers were notified to respond. These incidents were combined with monthly reports of violent flags added to patient charts within the electronic medical record. Overlapping data from both sources were counted only once. Monthly ED patient volume was obtained to calculate a rate of violent incidents per 1,000 ED visits. Two anonymous surveys were sent to all multidisciplinary ED staff both pre/early-pandemic (April 2020) and mid/late-pandemic (December 2020) and surveyed responders regarding the incidence of verbal abuse and physical assault experienced over the prior 6-months (November 2019-April 2020 and July 2020-December 2020). Chi-squared tests and Fisher’s exact tests were used for comparison. The study was deemed exempt by the Mayo Clinic Institutional Review Board.

Results: There was a positive association between the HRR rate and rate of violent ED incidents (r = 0.24; Figure 1). There was also an increase in overall violent workplace incidents per ED volume during the pandemic compared to the months leading up to it. A total of 259 responses were received for the initial pre/early-pandemic survey and 259 responses received for the mid/late-pandemic survey. The reported level of safety perceived by staff remained the same, as did the overall percentage of respondents indicating any verbal abuse or physical assault in the prior 6-months (November 2019-April 2020 and July 2020-December 2020). Chi-squared tests and Fisher’s exact tests were used for comparison. The study was deemed exempt by the Mayo Clinic Institutional Review Board.
reported/perceived violence may be attributable to staff prioritizing other personal safety concerns throughout the pandemic. This positive association could be due to significant fear and stress experienced by the general public, or worsening substance abuse or mental health state during the pandemic.

![Figure 1: Incidence of violence per 1,000 patients ED volume compared to average monthly HRR rate (r = 0.24)](image)

### 70 Can 8-Point Lung Ultrasound Be Used as a Risk Stratification Tool in Patients Under Investigation for COVID-19

Joseph R, Nessemann S, Kadri N, Pham T, Kendrick Z, Solis-McCarthy J, Roka A, Sisson C, Foster M, Gelabert C/University of Texas Health Science Center at San Antonio, San Antonio, Texas

Background: Point of care lung ultrasound (LUS) has become an integral part in the clinical care and evaluation of patients presenting with respiratory complaints in the setting of COVID-19 infection. Since the start of the COVID-19 pandemic, LUS has been used not only to help identify possible COVID-19 infection, but also to help prognosticate and risk stratify patients with known, or highly suspicious for, COVID-19 infection.

Study Objective: To determine if point-of-care LUS can be used to risk stratify patients presenting under suspicion of COVID-19 infection.

Methods: 118 patients were scanned using 8-point LUS score method looking at 4 lung fields on each side in order to evaluate the diagnostic and prognostic value of LUS in COVID-19 patients. Scores were assigned to each field based on presence of B-lines, pleural abnormalities, and subpleural consolidations. All lung ultrasounds were performed in the emergency department on persons under investigation (PUI) for COVID-19 respiratory infections.

Result: There is a clear trend of increasing mean total LUS score with increasing severity of illness. The increasing severity was defined in ascending order as patients discharged, admitted to floor, admitted to ICU, and death in hospital. The mean total LUS score for each was: discharged (5.18 ± 1.47 [95% CI 3.71-6.65]), admitted to floor (9.82 ± 1.57 [95% CI 8.25-11.44]), admitted to ICU (10.83 ± 1.99 [95% CI 8.84-12.81]), and death in hospital (13.14 ± 4.64 [95% CI 8.5-17.8]). One of the deaths was a patient with a mean total LUS score of 3 who was placed on comfort care and then terminally extubated in the setting of metastatic lung disease. If this patient is removed, the mean LUS score associated with death in hospital is 14.83 ± 3.83 (95% CI 11-18.7).

Conclusion: We report preliminary results for an ED-based COVID vaccine program using the single-dose J&J/Janssen vaccine. Female patients represented a higher percentage of those receiving the vaccine than represented by their percentage of our total ED visits. Further research needs to be done into those who refuse the vaccine, as well as interventions to reduce the number of missed opportunities (patients who were flagged on the tracking board but did not receive further screening for vaccine eligibility by the ED provider). Adverse events were not reported in our cohort.