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.

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of the two educational sessions during the assigned two weeks. Within one day of completing lesson two, the learner will be required to take the same quiz again. Once the student finishes the EM rotation, they will be enrolled in spaced repetition schedule where they will be receiving emails with links to take the same quiz at progressively longer time intervals. In this way, we can use spaced information retrieval to solidify the knowledge. The two knowledge review sessions were created using Articulate 360 platform and the spaced quizzes were created using “Google forms,” a free online resource.

Results: The spaced quizzes would serve both as teaching tools as well as assessment tools. The learner will also be asked to complete a 4-question survey of the course in order to fine tune the material as well as identify other potential topics suited for this format.

Conclusion: Teaching antibiotics is just one of the thousands of topics that can be adapted to this teaching format. I can easily see this format being used to teach rare EKG finding such as Brugada, De-Winter’s, etc. This format could also be used to teach management of common ED presentations such as CHF exacerbation, PNA, sepsis etc. I can see creating an online database of such short, teaching modules that the learner can access at any time, modules focused on knowledge needed during “transition to the wards.”

234 A Scoping Review of Current Social Emergency Medicine Research
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Study Objectives: Social emergency medicine (social EM) is an emerging field at the intersection of emergency medicine and social risks and adverse determinants that influence health outcomes; however, the breadth and scope of existing research is not well defined. We conducted a scoping review of existing research pertaining to social emergency medicine.

Methods: We conducted a comprehensive PubMed search using a combination of MeSH terms and phrases pertaining to topic areas identified using a previously published journal supplement informed by expert consensus (Ex. "homelessness", "housing instability"). For topics yielding fewer than 100 total publications, the PubMed “similar articles” tool was utilized to expand the search and ensure no relevant articles were missed. We restricted studies to those conducted in the US or Canada. Relevant studies were defined as those relating specifically to both emergency medicine and the topic area, and were independently abstracted by two investigators. Relevant publications were classified by design (original observational or interventional research, literature synthesis, or commentary) type, study site, and year. Discrepancies in relevant articles or classification were reviewed by a third investigator and resolved through discussion.

Results: The PubMed search identified 1,587 total publications, of which 37% (N=534) were classified as relevant to social EM. Among relevant articles, 77.5% (N=414) were original research, and the remainder were commentary (17.4%, N=93) or literature synthesis (5.1%, N=27). Among original research publications, 7.2% were interventional; the remaining 92.8% were observational. Topics with largest number of relevant publications were intimate partner violence (N=115), child abuse (N=104), and homelessness and housing instability (N=87). The majority of studies were published between 2010 and 2020. Research output related to firearm injury (N=55) and LGBTQ health (N=22) in particular grew rapidly over the last five years. The human trafficking topic area had the highest proportion (16.7%) of interventional studies. Over one-third (35.2%) of publications focused on pediatric patients. Research in the transportation, financial insecurity, education, employment, racism, and legal needs areas was sparse, with fewer than ten relevant publications related to EM in each topic. Overall, existing research largely focused on the increased ED utilization associated with adverse social determinants, with a small but growing body of work describing the influence of adverse social determinants to poor health outcomes. Inter-rater agreement with respect to relevant article classification was 91.8% (kappa=81.7).

Conclusion: There is substantial variation in the breadth and scope of social EM research by topic area, with increases in research output among specific topics within the past five years. The growth in research suggests increased interest, though the relative paucity of interventional studies may reflect insufficient resources or funding. A consensus-driven research agenda and dedicated funding to areas to priority areas would be useful to catalyze higher-quality research, including evidence-based interventions to improve patient outcomes for ED patients most impacted by adverse social determinants of health.

235 An Assessment of Health Care Worker Safety during COVID-19
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Study Objectives: The COVID-19 pandemic has been associated with significant occupational stressors and challenges for frontline health care workers (HCWs), including COVID-19 exposure risk. Our study sought to describe the proportion of HCWs infected with COVID-19 in a diverse sample of United States-based HCWs, in addition to evaluating potential risk factors contributing to health care worker infection, and possible psychological distress associated with infection risk.

Methods: We conducted a cross sectional survey of HCWs (physicians, nurses, trainees, EMTs, techs, hospital non-clinical staff), collected via social media platforms. Participants completed a 42-item survey assessing disease transmission risk (clinical role, work environment, availability of personal protective equipment) and mental health (anxiety, depression and burnout) risk.

Results: 3,083 HCWs accessed the survey and 2,040 participants completed at least 80% of the survey. Participants were largely from the Northeast and Southern US, with attending physicians (31.12%) or nurses (26.80%), with emergency medicine being the most common specialty represented (38.30%). Twenty-nine percent of respondents met criteria for being a probable case due to reported COVID-19 symptoms or a positive test. HCWs in the emergency department (31.64%), outpatient departments (56.16%), long term health care facilities (35.14%) were more likely to contract COVID-19 compared to HCWs in the ICU (23.17%) and inpatient settings (25.53%). HCWs that contracted COVID-19 also reported higher levels of depressive symptoms (Mean Diff.=0.31; 95% CI: 0.16, 0.47), anxiety symptoms (Mean Diff.=0.34; 95% CI: 0.17, 0.52) and burnout (Mean Diff.=0.54; 95% CI: 0.36, 0.71).

Conclusion: The physical and psychological fallout of COVID-19 is broad, particularly impacting HCWs.

236 Access to Covid-19 Testing by Homeless/Housing-Insecure Individuals in Northeast Ohio
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Study Objectives: Homelessness and housing insecurity is a global public health issue that leads to increased mortality from a multitude of health conditions and low life expectancy. The complex interplay between medical, psychiatric and social factors raises questions about how this population accesses available health care resources. This is magnified in times of global health crises, such as the current coronavirus disease 2019 (COVID-19) pandemic. Patients experiencing housing insecurity may have limited access to health care resources, and live in settings, such as homeless shelters, that place them at high risk for COVID-19 transmission. Moreover, the high prevalence of underlying medical conditions in this population puts them at high risk for developing severe illness associated with COVID-19. Therefore, how this population accesses COVID-19 testing is of public health interest. This study’s objective was to compare the testing patterns of homeless/housing insecure patients for COVID-19, as well as results, compared to the general population across a large health system.

Methods: A retrospective cohort study was conducted at the Cleveland Clinic Health System in Ohio and Florida. All patients tested for COVID-19 between March 8 and April 15, 2020 were included, including drive-through, emergency department (ED)-based and inpatient testing. Homeless/housing insecure patients were identified based on a previously utilized address-based registry: patients listing their address as “homeless” or using the address of transitional housing/homeless shelter during at least one ED visit across the health system between 2014 and 2019. Descriptive statistics were calculated and compared with Chi-squared testing.

Results: During the study period, 21,561 patients were tested for COVID-19, 94 of whom were identified as homeless/housing insecure (0.4%). 3,934 of these patients (3.2%) tested positive for COVID-19, compared to 2,027/21,467 patients (9.4%) in the general population. Out of all patients tested, 12,776 patients had a testing site listed, 78 of whom were homeless/housing insecure. Homeless/housing insecure individuals were significantly more likely to be tested for COVID-19 in the ED setting rather than drive-through testing, X²(1, N = 12718) = 22.8, p < .00001 [Table 1].