

## Covid-19 among Health care professionals- A Global Perspective

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**ABSTRACT:** Coronaviruses are a gaggle of viruses belonging to the family of Coronaviridae, which infect both animals and humans. Globally, healthcare workers sacrificing their health within the battle to combat COVID-19 lack sufficient protective equipment to stay safe. medical examiners are at the forefront of a plague response and are prone to threats of outbreak pathogens (COVID-19, during this case). The hazards include pathogenic exposure, working hours, physical and psychological pain, exhaustion, job burnout, stigma, and abuse. The International Council of Nurses (ICN) and therefore the Italian Nurses Association (CNAI) are warning of the dire consequences of not supplying adequate personal protective equipment for nurses working with patients who have COVID-19. The high rate of infections among nurses and other healthcare staff could be a serious concern because workers who are infected must keep one's hands off from work for a minimum of 14 days, depleting the already exhausted workforce. The latest figures show that Italy has had quite 41,000 COVID-19 cases a minimum of 2,609 of them among healthcare workers which shows that the health care professionals are under risk. during this review, we've given the important picture of covid19 infection among health care professionals from various sources.

**KEYWORDS:** Health care worker, Covid-19, pandemic,

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### I. INTRODUCTION

Coronavirus disease (COVID-19) is a communicable disease caused by the newly discovered coronavirus. (1). The novel Coronavirus (2019-nCoV, officially known as SARS-CoV-2 or COVID-19) was first reported in December 2019, as a cluster of acute respiratory illness in Wuhan, Hubei Province, China, from where it spread rapidly to over 198 countries. It was declared as a global pandemic by WHO on 12th March 2020. (2). The disease is highly infectious, and its main clinical symptoms include fever, dry cough, fatigue, myalgia, and dyspnea. (3). As of 6th of May 2020, over 3.7 million cases of COVID, and have been reported with a death rate of over 2,59,432 patients. (4). COVID-19 is thought to have higher mortality than seasonal influenza, even as wide variation is reported. (5). Healthcare workers (HCWs) play an essential role at the front lines, providing care for patients. In the context of COVID-19 and during routine health services, they provide critical care to patients and ensure that infection prevention and control (IPC) measures are implemented and adhered to in healthcare facilities in order to limit healthcare-associated infections. (6) Healthcare worker is the one who delivers the care and the services to the sick and ailing either directly as doctors and nurses or indirectly as aides, helpers, laboratory technicians, or even medical waste handlers. There are approximately 59 million healthcare workers worldwide. Recognizing the vital role played by health care workers as “the most valuable resource for health” the World Health Organization (WHO) had declared the years 2006 to 2015 as the “The decade of the human resources for the health.”(7).

#### How many people in Health care are affected by Covid-19 ?

Health care professionals spend a lot of time working next to the patient's health. The essence of the job creates an increased risk for health workers to catch any transmissible disease, like COVID-19. One-fifth of all cases were health workers during the SARS outbreak in 2002. If they start to get sick in large numbers during an outbreak of a disease, the burden on the healthcare system is already high. As of 21 April 2020 countries reported to WHO that over 35,000 health workers were infected with COVID19.(8). The report said the number is probably under-represented as there is so far no systematic reporting of infections among healthcare workers to the WHO.(9) In U.S. 9,300 health care workers were infected with COVID-19, 27 of whom died. A majority of those who have screened (55%) claim that they have been exposed during research. About 8% of those who tested positive didn't have symptoms. And the majority (90%) didn't have to be hospitalized. But as many as 5% did requires the intensive care. A third of the health care workers who died were over 65 years old. (10) In India,

at least 96 doctors and 156 nurses have tested positive for Covid-19 as of April 22. As most of the infections were transmitted by the patients in a hospital environment, at least 826 medical workers who came in contact with the infected personnel had to be quarantined and at least 20 hospitals had to be fully or partially closed. (11). In Delhi, at least 290 health care workers, including doctors and nurses, across 25 Delhi hospitals have been infected so far. Overall, the city has reported nearly 3,700 Covid-19 cases. So, one in 13 infected people is a health care worker. (12). The major occupational risks for COVID-19 infection among health workers are: late recognition or suspicion of COVID-19 in patients, working in a higher-risk the department, longer duty hours, sub-optimal adherence to infection prevention and control measures, such as hand hygiene practices, and lack of or improper use of personal protective equipment (PPE). Other factors have also been documented, such as inadequate or insufficient IPC training for respiratory pathogens, including the COVID-19 virus, as well as long exposure in areas in healthcare facilities where large numbers of COVID-19 patients were being cared for. (8). Healthcare workers diagnosed with COVID-19 will be entitled to workplace injury compensation, including remuneration, rehabilitation, and recovery programs, following their job exposure.

### **Violence and Stigma against the health care workers**

Health care workers around the world are at great risk of abuse. Somewhere in their employment between 8% and 38% of the health staff are physically assaulted. Many others are being harassed or exposed because of their work to physical abuse and social stigma. In the COVID-19 crisis, shortage of staff and resources and increasing social tensions result in an increased level of violence against health care workers and even attacks against health care facilities. Doctors, nurses, security personnel and those who are assisting in testing, tracing contacts and enforcing physical distancing measures to stop COVID-19 experience threats and aggression. WHO calls upon governments, employers and workers organizations to institute measures for zero-tolerance to violence against health workers at the workplace and at the way to and from their workplace, and for intensifying social support and respect for health workers and their families. (8). But what the COVID-19 pandemic illustrates is that attacks against healthcare can – and do – happen everywhere. Since the beginning of the pandemic, different sorts of aggression have combined to interfere with the professional and private lives of healthcare workers. Healthcare workers in China, Thailand, Turkey, and Pakistan have faced intimidation or arrest for casting doubt on government policies or for suggesting that casualty numbers and infection rates have been minimized or obscured. (13). In the United Kingdom and the United States workers are also blamed for lack of sufficient personal safety equipment. In the southern city of Bengaluru, health workers were attacked as they went door to door checking people for symptoms. In the city center of Bhopal, doctors coming back from an emergency shift were stopped by the police, accused of spreading the virus, and beaten with batons. And in New Delhi, one doctor was assaulted by a client at an area fruit market, while neighbors of 1 of her colleagues attempted to force the lady from her apartment building. (14). Medical staff from Australia to the Philippines were also targeted, but the situation in India is particularly poor. The government issued a statement last week calling for a cessation of the stigma. The big question that we as citizenry all need to ask ourselves is how we treat sick people? Although the virus origin is connected to a specific region of China, there is no greater risk of infection or dissemination in any racial or ethnic group. Discrimination also promotes distrust in the healthcare profession, mass panic, and social marginalization. Decades of research have shown that discrimination is associated with poorer health outcomes and stigmatized groups are particularly vulnerable during these times. Stigmatization can lead people to hide symptoms of illness to avoid discrimination. They may not seek healthcare when they need it and may further isolate themselves, which comes with its own health risks. (15)

### **How do we fight with the Stigma?**

The myths, rumors, and prejudices must be debunked and those whose language encourages partiality questioned. And the use of science, truth, and facts only — and the removal of the mad, unfounded, misinformation causing fear, panic, and negativity in the world, especially those sent via WhatsApp messages. Like every other outreach program, we should include influencers to raise awareness and de-stigmatize the disease. Finally, we can celebrate recovery stories, because most people who recover from this virus will encourage the public to hear their experiences, particularly as they represent the diversity of our communities.

### **Health staff have long working hours and psychosocial risks**

Workplaces are surrounded by a variety of hazards. Psychosocial factors, especially, can become a big hazard. As reported in the current issue, long working hours are closely connected with health disorders. Some sorts of work schedules, like shift work, dramatically affect our mental and physical functioning. Being bullied at work also disrupts the quality of working life. (16)

Because of rising demand for health care, many health employees have to work long or irregular hours. Furthermore, many countries neglect health professionals or junior employees in requesting new positions. Healthcare workers are faced with psychosocial hazards that escalate their demands in emergencies and are in danger of infection or death. Hazards include pathogen exposure, long working hours, psychological distress,

fatigue, occupational burnout, stigma, and physical and psychological violence. This document highlights the rights and responsibilities of health workers, including specific measures needed to protect occupational safety and health. (17) Fatigue, workplace burnout, increased psychological distress, and deteriorating mental wellbeing - impacting wellbeing workers' health, the quality or protection of the treatment received - can lead to long working hours, changing assignments, a high workload and other psychosocial risks. In order to minimize psychosocial danger and ensure the provision of mental health and psychosocial resources, WHO calls for acceptable levels of staffing and clinical rotation in medical facilities.

### **How to protect Health care workers from Covid-19?**

Worldwide, as many people occupy home to attenuate transmission of severe acute respiratory syndrome coronavirus 2, health-care workers prepare to try to the precise opposite. They will attend clinics and hospitals, putting themselves at high risk from COVID-2019. As the pandemic accelerates, access to personal protective equipment (PPE) for health workers is a key concern. Medical staff are prioritized in many countries, but PPE shortages have been described in the most affected facilities. (18). Health workers should:

- follow established occupational safety and health procedures, avoid exposing others to health and safety risks and participate in employer-provided occupational safety and health training;
- use provided protocols to assess, triage and treat patients;
- treat patients with respect, compassion and dignity;
- maintain patient confidentiality;
- swiftly follow established public health reporting procedures of the suspect and confirmed cases;
- provide or reinforce accurate infection prevention and control and public health information, including to concerned people who have neither symptoms nor risk;
- put on, use, take off and dispose of personal protective equipment properly;
- self-monitor for signs of illness and self-isolate or report illness to managers, if it occurs;
- advise management if they are experiencing signs of undue stress or mental health challenges that require support interventions; and
- report to their immediate supervisor any the situation which they have reasonable justification to believe presents an imminent and serious danger to life or health. (17)

### **Increase access to Personal Protective Equipment**

Healthcare workers rely on personal protective equipment to protect themselves and their patients from being infected and infecting others. (19). The widespread use of recommended barrier precautions (such as masks, gloves, gowns, and eyewear) in the care of all patients with respiratory symptoms must be of the highest priority. (20). Access is key and the global PPE shortage is complicating efforts for health workers to stay protected. A United Nations task force will coordinate and scale up the procurement and distribution of PPE. Every month, the task force will need to deliver an estimated 500 million medical masks and gloves, as well as other equipment such as respirators and oxygen concentrators for clinical care. Additionally, the WHO has launched a collection of tools to help managers and planners at hospitals calculate the equipment that will be needed for their patients. (21)

### **Support the Health care workers at the time of Covid 19 and also in Global Epidemic**

Health workers are showing up to increasingly stretched and perilous work environments with decreasing certainty of adequate funding, infrastructure, or even protective equipment to swab, examine or care for the hundreds of thousands of patients suffering from COVID-19 worldwide. (22). Most health professionals undergo lengthy, continuous transitions. Health staff with stressed tension can be less attentive for no fault in using personal protective equipment. Hospital personnel, including caregivers, support staff, administration, and preparedness teams, all will be stressed by the challenges of a prolonged response to COVID-19, and leadership must emphasize the importance of self-care as the center of the response. Transparent and thoughtful communication could contribute to trust and a sense of control. Ensuring that workers feel they get adequate rest, are able to tend to critical personal needs (such as care of an older family member), and are supported both as health care professionals and as individuals will help maintain individual and team performance over the long run. (20) Involving the private and defense sectors in speeding up global PPE output. Preventing storing and distributing PPEs to health workers who respond both within and across borders to needs. Led by manufacturers and logistics providers with opportunistic hyperinflation in prices for PPE and medical equipment. To raise the pressure on the under-personal health systems by carefully changing duties and making additional supervisors, military personnel, and/or volunteers accountable. Ensure that all health professionals are qualified to handle patients safely and efficiently. Whenever possible, health workers who have reacted equally to their time, particularly health care workers in the community, need to be tracked and contacted. Prioritize vaccine roll-out healthcare staff.

## II. CONCLUSION

The primary route for the spread of COVID-19 is thought to be through aerosolized droplets that are expelled during coughing, sneezing, or breathing, but they are also are concerns about possible airborne transmission. In the situation we describe, 85% of health care workers were exposed during an aerosol-generating procedure while wearing a surgical mask, and the remainder were wearing N95 masks. (23) Frequent information and feedback sessions with local managers and the broader facility community, complemented by clear, concise, and measured communication, will help teams stay focused on care and secure in their roles. (20). Health care workers should take care of themselves is very important in this situation. Use Coping strategies like ensuring adequate rest during work or in between the shifts, eat healthy food, engage in physical activity regularly, spend some quality of time with the family and friends. These factors are relieving from stress. Most importantly avoid uses of tobacco, alcohol, or other forms of drugs.

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