COVID-19: THE ROLE OF WELFARE AND SAFETY OF HEALTH WORKERS IN COMBATING THE OUTBREAK[1]

Samuel Ayobami Fasogbon[1*], Samuel Chijioke Nnorom[2], Loveth Onotse Fasogbon[3], Ahmed Oladimeji Adebayo[4], Ibukun Akinsola Omisakin[5], Tolulope Samuel Ogunjimi[6], Godwin Omeri Okoro[7], Dayo Ebenezer Adediwura[8] and Kingsley Kama Anya[7]

[1]Public Health In-vitro Diagnostic Control Laboratory, Medical Laboratory Science Council of Nigeria, Lagos, Nigeria

[2]Graduate School of Social Works, University of Denver, Colorado, USA.

[3]Department of Medical Laboratory Science, College of Medicine, Ambrose Alli University, Ekpoma, Nigeria

[4]Department of Medical Laboratory Science, Lagos State College of Health Technology, Yaba-Lagos, Nigeria

[5]Department of Haematology, State Specialist Hospital, Abeokuta, Ogun State, Nigeria.

[6]Department of Medical Laboratory Science, Lead City University, Ibadan, Oyo Sate, Nigeria

[7]Ebonyi State University, Faculty of Health Sciences, Department of Medical Laboratory Science, Abakaliki, Nigeria

[8]Department of Chemical Pathology, Obafemi Awolowo Teaching Hospital Complex, Ile-Ife, Osun State, Nigeria.

Corresponding Author: Tel: +2348032229904. ORCID iD: 0000-0003-0434-6829.

ABSTRACT: *At the conclusion of year 2019, a novel coronavirus was distinguished as the cause of a cluster of pneumonia cases in Wuhan, a city within the Hubei Area of China. It quickly spread, coming about in a scourge all through China, taken after by an expanding number of cases in other nations all through the world. The name, Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was assigned to the virus that causes COVID-19. Understanding of the transmission risk is inadequate. The COVID-19 outbreak has been seen to have huge toll on the physical, mental, and feeling on the world's public health workforce. Health workers are at the front line of the COVID-19 outbreak reaction and as such are uncovered to dangers that put them at chance of contamination. It is of significance to avoid the spread of this illness, by executing work environment assurances for front line healthcare workers whose proficient obligation is to protect patients. The tall rate of diseases among healthcare staff universally could be a genuine concern since workers who are infected must remain absent from work for at least 14 days, depleting the already exhausted workforce. The chaos of coronavirus underscores the challenge that public health workers face in prioritizing their own wellness in the face of limited resources, the confront of restricted assets, regularly brutal hours, and apparently perpetual requests on their transfer speed. It would be a public health fiasco if huge numbers of health workers get debilitated or are isolated. COVID-19 is a novel disease that is not yet fully understood and therefore the need for enforcement of critical safety measures, provision of adequate personal protective equipment (PPE), and update safety trainings for health workers. Health workers are expected to take maximum precautions to prevent getting infected. Guaranteeing protection and satisfactory welfare for the health workers with the incorporation of insurance cover in case of accidental loss of life on account of contracting COVID-19 are exceptionally basic in combatting the outbreak.*

KEYWORDS: COVID-19, Safety, Welfare, Health Workers, Outbreak, Coronavirus.

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INTRODUCTION

Coronaviruses are critical human and animal pathogens. At the end of 2019, a novel coronavirus was distinguished as the cause of a cluster of pneumonia cases in Wuhan, a city in the Hubei Province of China. It quickly spread, coming about in an epidemic all through China, followed by an expanding number of cases in other nations all through the world. In February 2020, the World Health Organization assigned the illness COVID-19, which stands for coronavirus disease 2019 [1]. The virus that causes COVID-19 is assigned severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); previously, it was alluded to as 2019-nCoV. Understanding of COVID-19 is advancing. Between times direction has been issued by the World Health Organization and by the United States Centers for Disease Control and Prevention. However, cases have been reported in all continents, except for Antarctica, but for Antarctica, and have been relentlessly rising in numerous nations. These include the United States, most countries in Western Europe (including the United Kingdom), Iran and in many African countries [2].

Since the primary reports of COVID-19, disease has spread to incorporate more than 300,000 affirmed cases across the world, inciting the WHO to pronounce a public health emergency towards ending of January 2020 and in March 2020, it was characterized as a pandemic. Understanding of the transmission hazards is inadequate. Epidemiologic examination in Wuhan at the starting of the outbreak identified an initial association with a seafood market that sold live animals, where most patients had worked or gone by and which was along these lines closed for disinfection [3]. Be as it may, as the outbreak advanced, person-to-person spread got to be the most mode of transmission.

Person-to-person spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is thought to happen primarily through respiratory beads, taking after the spread of the flu. With droplet transmission, virus discharged within the respiratory secretions when an individual with infection coughs, sneezes, or talks can contaminate another individual in case it makes coordinate contact with the mucous layers; contamination can moreover occur if a individual touches a contaminated surface and after that touches his or her eyes, nose, or mouth. Typically, the distance droplets can travel is not more than six feet (around two meters) and do not hold up within the discuss; one study however reported that under experimental conditions, SARS-CoV-2 remained viable in aerosols for the minimum of three (3) hours [4]. Given the current instability with respect to transmission mechanisms, airborne safety measures are suggested routinely in few nations and within the setting of certain high-risk strategies in others. Upon doubt of COVID-19, infection control measures ought to be executed and public health officials informed. In health care settings in the United States, the Centers for Disease Control and Prevention (CDC) suggests a single-occupancy room for patients and gown, gloves, eye protection, and a respirator (or an alternative like facemask) for health care professionals. According to the daily situation report of World Health Organization (WHO) as regards COVID-19 pandemic on 8th April, 2020, more than 22,000 healthcare workers across 52 nations and regions has been infected with the virus, which was indeed said the number is likely under-represented as there's so far no efficient detailing of infections among healthcare workers to the WHO [5]. The COVID-19 outbreak has been seen to have colossal toll on the physical, mental, and emotion on the global public health workforce [6].

Health Care Workers Exposure and Hazards

Responding at the front line to the COVID-19 outbreak are the health workers and as such are uncovered to hazards that put the at the risk of being infected with the virus. The risks among others are pathogen exposure, mental distress, fatigue, long working hours, occupational burnout, stigma, and physical and psychological savagery [**7**]. More than 3,000 health care workers in China have been infected and among the death toll are the health workers who lose their lives not from the virus itself, but from cardiac arrest and other conditions caused by being overworked, exhaustion and fatigue. Within the U.K., NHS contract workers live in fear that an isolation could keep them from work for weeks on end—and without pay. And here in the U.S., a single patient who was denied a coronavirus diagnosis exposed dozens, if not hundreds, of UC Davis Medical Center staff to the disease, pointing out the dire consequences of having inadequate safety measures in place [6]. Of significance to avoid the spread of this disease, is executing work environment protections for front line healthcare workers whose professional obligations is to protect patients. There are as of now over 116,000 coronavirus infections worldwide, counting over 1000 cases in the United States [8]. China's outbreak infected over 3,300 healthcare workers by late February and included the deaths of 13 workers [9]. In the United States hundreds of healthcare workers are already in quarantine since the virus's first known American case in January [10].

Out of more than 41,000 COVID-19 cases recorded in Italy, the minimum of 2,609 of them includes healthcare workers, greater than 15,000 are hospitalized. In the intensive care units are 2,498 patients and at least 2,609 of them are healthcare workers. The deaths recorded has gotten to 3,405 which is more than in those recorded in China [11]. Healthcare workers make up 9% of Italy's COVID-19 cases which is really too high but in 24 hours a figure of 12% was seen in Spain. Deplorably, death of health workers in Indonesia, Iran, Spain and Italy was also detailed [12]. The high rate of infections among healthcare staff is a serious concern because workers who are infected must stay away from work for at least 14 days, depleting the already exhausted workforce. As more cases of the disease develop around the world, we can anticipate the strain on health care personnel to be more regrettable. Stockpiles of medical supplies will wane. The tide of clinic patients will rise and the deficiency of test kits might develop. The flu will proceed to tangle efforts to distinguish who has coronavirus and who doesn't. Together with the combination of long shifts, high stress, and understaffing could bring down the immune systems of health care workers and expose them to be more vulnerable to the disease and other illnesses than they ordinarily would be. An associated lack of sleep also threatens to debilitate their immune system response [6]. Coronavirus anarchy underscores the challenge that public health workers encounter in prioritizing their own wellness within trying to cope with limited resources, regularly brutal hours, and apparently perpetual requests on their transmission capacity. These issues are not interesting to times of emergency, but a chronic and worsening pattern in health field.

And it's a design that can have annihilating consequences not just for the public health community but for that of the individuals they care for. We know that supplier burnout is related with an uptick in medical blunders. And sick, exhausted health workers can lead to further staff deficiencies, longer hospital hold up times, and poorer patient outcomes generally [**6**]. It would be a public health catastrophe if large numbers of health care workers get debilitated or are quarantined.

Actions to be Taken to Protect Health Care Workers

COVID-19 is a novel disease that is not yet fully understood and in which the exposure can possess higher risks comparing to the present findings. The health workers which are at front line of combatting the outbreak need to be adequately protected.

The immediate actions to be taken in order to protect the health workers includes:

1. **Enforcement of Critical Safety Measures:** The most effective and quick action that can be taken to protect frontline workers from coronavirus exposure is to mandate that the health occupational safety body e.g. OSHA and others to issue an Emergency Temporary Standard (ETS) that will put an infectious disease standard into action that protects healthcare and other high-risk workers. Multiple agencies, including OSHA [13], have released guidance and best practices for workplace exposure to COVID-19. These assets are fundamental but will not enforce employer responsibility to actualize safety precautions or a robust exposure control plan. The agency whose mission is to assure safe and healthful conditions for workers must step in and enforce these critical safety measures.

2. **Provision of Adequate Personal Protective Equipment (PPE):** Majorities of the facilities globally lack adequate PPE in responding to COVID-19 positive patients. There is lack of sufficient protective equipment to keep healthcare workers in Italy secure, thereby relinquishing their health within the fight to combat COVID-19 outbreak. The is warning from some professional councils and associations (e.g. the International Council of Nurses (ICN) and the Italian Nurses Association (CNAI)) of the dire dangers of not providing adequate personal protective equipment for nurses and other health workers who works with COVID-19 patients. Few hospitals do have sufficient Personal Protective Equipment (PPE), but in most cases, Nurses, Doctors, Medical Laboratory Scientists and other health workers are constrained to wear masks which are distant past their viable utilize, and in some facilities in central and southern Italy, staff have no PPE at all [11]. These feel like going into fights with paper shields and toy weapons. These supplies are imminent now and not later. There is ought to be complete PPE mass production in this COVID-19 outbreak for health workers use (such as masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) and must be made available for use.

3. **Adequate and Update Safety Trainings:** The Bosses and Directors in health facilities should assume overall responsibility to guarantee that all essential preventive and protective measures are taken to minimize occupational safety and health risks. There should be provision of information, instruction and training on occupational safety and health, which should include; (a) Refresher training on infection prevention and control (IPC); (b) training on the use, putting on, taking off and disposal of personal protective equipment (PPE) [1]. There should also be provision of adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) in adequate quantity to healthcare or other staff caring for suspected or confirmed COVID-19 patients, such that workers do not personally incur cost for occupational safety and health requirements; familiarize workforce with specialized overhauls on COVID-19 and provide fitting apparatuses to assess, triage, test and treat patients and to share infection prevention and control information with patients and the public [1].

Role of Health Workers in Ensuring Safety

Health workers are expected to take necessary precautions to prevent getting infected. They ought to follow established occupational safety and health procedures; avoid exposing others to health and safety risks and participate in employer-provided occupational safety and health trainings. They should always put on, use, take off and dispose personal protective equipment properly. They should self-monitor for signs of illness and self-isolate or report illness to managers, in case it happens. They should use provided protocols to assess, triage and treat patients [1]. They should follow proper guidelines as described by World health organization (WHO).

Welfare of the Health Workers

In a way of combatting the COVID-19 outbreak, health workers professionals who are not considering their own health risks and have been attending to COVID-19 patients are to be motivated specially; governments and authorities are advised to be committed to it [14]. This will go a long way of making them put in their best in combatting the outbreak. The special motivation should be in form of the following:

1. Robust special welfare package and good incentives for the health workers at the frontline of combating the outbreak

2. It is emphatically recommended that, there should be an insurance cover provision for the health workers at the 'war' front who may have to be in direct contact and care of COVID-19 patients and who may be at risk of being affected by this. It should also include cover for inadvertent misfortune of life or accidental loss of life on account of contracting COVID-19.

CONCLUSION

Combating COVID-19 starts with keeping health workers very well. Ensuring protection and satisfactory welfare for health workers are exceptionally basic. This audit in this manner prescribe that appropriate protection mechanism and special welfare package should be provided for the health care workers; which could be a way of maintaining a strategic distance from diminishment in health workforce, decreasing the spread of disease, also a way of motivating, persuading and empowering the health workers.

Competing Interests

The authors declare no competing interests.

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