LAST UPDATE: 20 October 2021

CORONAVIRUS
UPDATE
68

Update on

Health and care workers during COVID-19

THE LATEST ON THE COVID-19 GLOBAL SITUATION &
HOW TO PROTECT HEALTH WORKERS

World Health Organization | EPI•WiN | infodemic MANAGEMENT

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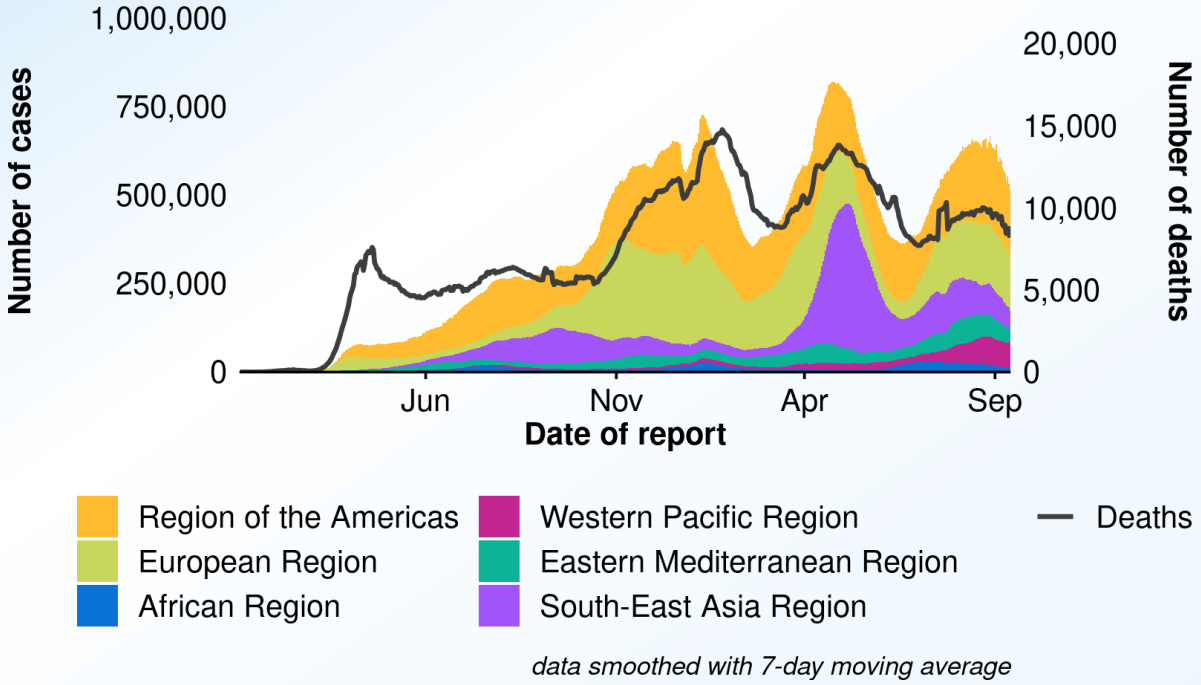
Current global situation

CASES REPORTED TO WHO AS OF 20 OCTOBER 2021

- **Cases: > 241 million**
- **Deaths: > 4.9 million**



CHECK OUT THE LATEST GLOBAL SITUATION

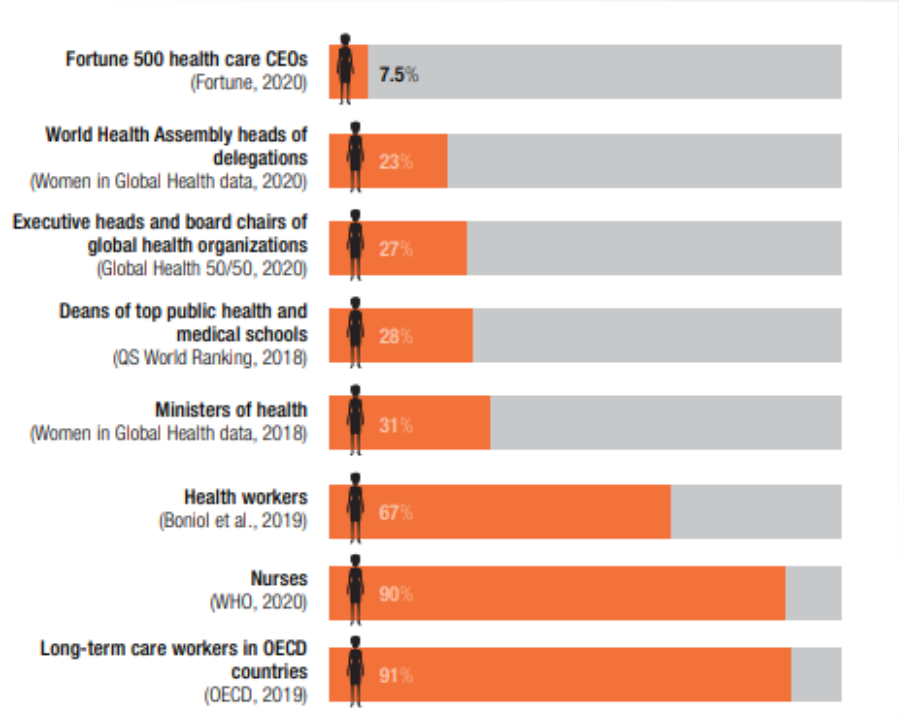
WHO Coronavirus Disease (COVID-19) Dashboard

** Data are incomplete for the current week. Cases depicted by bars; deaths depicted by line*

Impact of the COVID-19 pandemic on health and care workers

- COVID-19 has had a significant impact on the lives and physical and mental health of health and care workers
- Women comprise 7 in 10 health and care workers and have borne significant impacts from the pandemic*

Figure. women's representation in global health



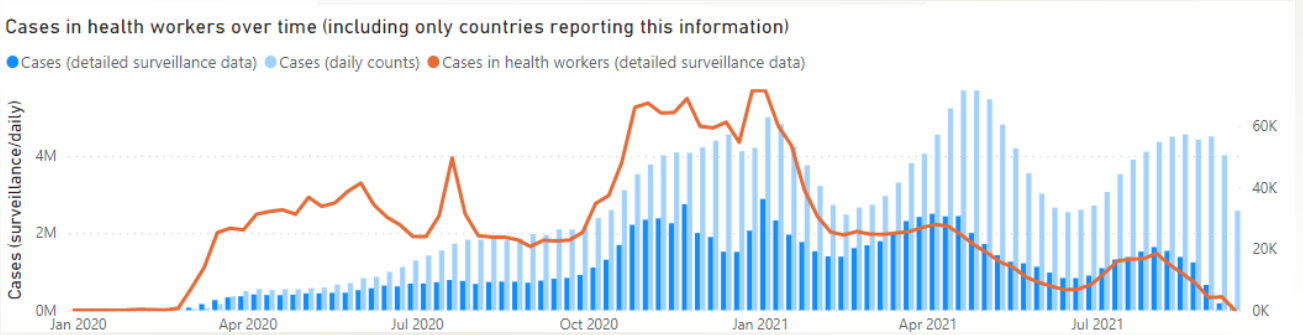
Source: Closing the leadership gap: gender equity and leadership in the global health and care workforce (who.int)

*Closing the leadership gap: gender equity and leadership in the global health and care workforce (who.int)

Many health workers have died during the pandemic

However, SARS-CoV-2 infections in health workers have reduced over time

- 115 500 health workers globally, a conservative estimate, are believed to have died during the pandemic*
- Better access to personal protective equipment (PPE) and COVID-19 vaccination have decreased SARS-CoV-2 infections in health workers over the course of the pandemic, yet their occupational service continues to put them at greater risk



Data as reported to WHO

**https://apps.who.int/iris/bitstream/handle/10665/345300/WHO-HWF-WorkingPaper-2021.1-eng.pdf*

Occupational risks in health workers during the COVID-19 pandemic

- Apart from the risk of COVID-19 infection, other risks in health workers need to be considered
- These include risks around:
  - Work time and workload
  - Lack of recognition, including inadequate pay and support resources
  - Prolonged use of PPE and PPE fit
  - Harassment, violence, stigma and discrimination
  - Mental health, including burnout
  - Sanitation and hygiene

Photo: WHO

Prevention of COVID-19 in health workers should be based on a risk assessment

- Purpose of a workplace risk assessment for SARS-CoV-2:
  - Determine the level of risk for occupational exposure related to different roles, work tasks and work settings
  - Plan and implement adequate measures for risk prevention and mitigation
  - Assess individual health workers' fitness for work and return to work, including workers with co-morbidities

Photo: WHO

Levels of workplace risk may vary based on health worker tasks and roles

- Health workers should observe hand and respiratory hygiene, use preventive measures correctly and stay home if unwell
- Training on use and disposal of PPE should be provided to all workers
- Sufficient quantities of appropriately fitted PPE should be available for all workers, based on task and role

Risk level	Health worker tasks & roles	Preventive measures for workers
Low risk	**Jobs or tasks without frequent, close contact with the public** and that do not require contact with people known or suspected of being infected with SARS-CoV-2. (For example: telehealth workers, remote interviewing of suspected or confirmed COVID-19 patients or their contacts	➢ **Use fabric masks** in common areas and face-to-face meetings
Medium risk	**Jobs or tasks with close frequent contact** with patients, visitors, suppliers and co-workers but that do not require contact with people known or suspected of being infected with SARS-CoV-2	➢ **Wear medical masks and other PPE** and apply standard precautions in providing patient care
High risk	**Jobs or tasks with high potential for close contact** with people who are known to be or suspected of being infected with SARS-CoV-2 or contact with objects and surfaces possibly contaminated with the virus	➢ **Use PPE (medical mask, gown, gloves, eye protection)** and apply standard precautions in providing patient care
Very high risk	**Jobs and tasks with risk of exposure to aerosols containing SARS-CoV-2**, in settings where aerosol-generating procedures are regularly performed on patients with COVID-19 or working with infected people in indoor places without adequate ventilation	➢ **Use PPE (respirator N95 or FFP2 or FFP3, gown, gloves, eye protection, apron)** and apply standard precautions in providing patient care

COVID-19: Occupational health and safety for health workers (who.int)

Organizing work time and workload for a healthy and safe work environment

- During the COVID-19 pandemic, health workers may be working long hours with heavy workloads and insufficient time for rest and recuperation
- This can result in chronic fatigue and lack of energy, with decreased alertness, coordination and efficiency; increased reaction time; impaired cognition and mood changes
- To prevent chronic fatigue in health workers:
  - Provide enough available staff, including by additional recruitment
  - Distribute workload, tasks and roles fairly
  - Ensure longer working hours are only temporary and that rest periods are available

WHO: *Health workforce policy and management in the context of the COVID-19 pandemic response*; ILO: *Guidelines on decent work in public emergency services*

Photo: Science Photo Library

Recognition for the work of health workers

- A lack of recognition, including inadequate pay and overtime can impact health workers, including resulting in departures from service
- A study by the Royal College of Nursing found that around a third of nurses in the United Kingdom were considering leaving the profession, two thirds citing low pay and almost half citing their treatment during the pandemic

Photo credits://www.itagroup.com/insights/7-things-cause-nurse-turnover-8-things-to-stop-it

Closing the leadership gap: gender equity and leadership in the global health and care workforce (who.int)

Prevent prolonged use of personal protective equipment

- PPE is intended to be used for short periods of time
- In the context of COVID-19, heavy workload and patient flows may require health workers to wear PPE for extended periods of time
- If used for a long period of time, PPE can cause eczema, contact dermatitis, skin lesions or heat stress

Medical Device-Related Pressure Injury in health care professionals in times of pandemic

Photo: Science Photo Library

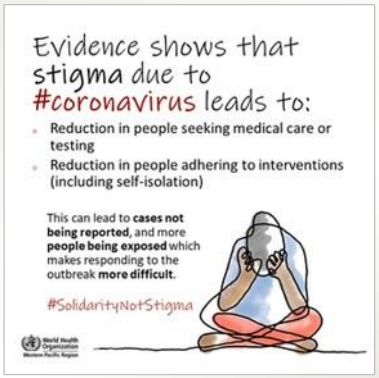
Advice for health workers on safe use of PPE

- Use non-latex or nitrile gloves in case of latex allergy
- Use properly fitted PPE
- Apply moisturizers or gel before wearing gloves and facial protective equipment
- Avoid using over-tight goggles, which can damage the skin and generate fogging
- Limit the time spent in full PPE
- Rest in a cool area
- Drink enough safe drinking-water
- Avoid using coveralls, double layering of gowns, shoe protection or hoods

Prevent violence, harassment, stigma and discrimination of health and care workers

- Incidents of harassment, stigma and discrimination have been reported during the pandemic
- Policies for prevention of harassment, stigma and discrimination should be put in place, including:
  - Regulations that criminalize violence and harassment against health workers
  - Policies for prevention of workplace violence in the health sector
  - Policies for reporting of incidents and for security measures
  - Communication around behavioural standards and community-engagement projects to prevent stigmatization of health workers
  - Promoting respect for health workers

Photo: Jim Varney/Science Photo Library



Mental health and psychosocial support for health workers

- Health workers' mental health and well-being can be affected in the context of COVID-19
- Levels of burnout and other mental health conditions are high among health workers*
- Recommendations to protect mental health in the workplace:

Photo: OpenAccess Government, © Martinmark

- Ensure that accurate information updates are provided to all health workers
- Rotate workers from higher-stress to lower-stress functions, if possible
- Partner inexperienced workers with experienced colleagues
- Ensure access to confidential mental health and psychosocial support services for health workers
- Train health workers in basic psychosocial skills
- Provide mechanisms for early and confidential identification and management of anxiety, depression and other mental health conditions, and initiate first-line interventions
- Promote a mental health prevention culture among health workers and health managers
- Ensure health workers who develop mental health conditions and seek help can return to their work without stigma or discrimination

*https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00159-0/fulltext
https://www.sciencedirect.com/science/article/pii/S0163834321000700?via%3Dihub

https://www.euro.who.int/en/health-topics/Health-systems/health-workforce/news/news/2021/4/frontline-stories-mental-health-of-health-care-workers-in-the-covid-19-pandemic

Ensure adequate sanitation, hygiene and rest facilities for health workers

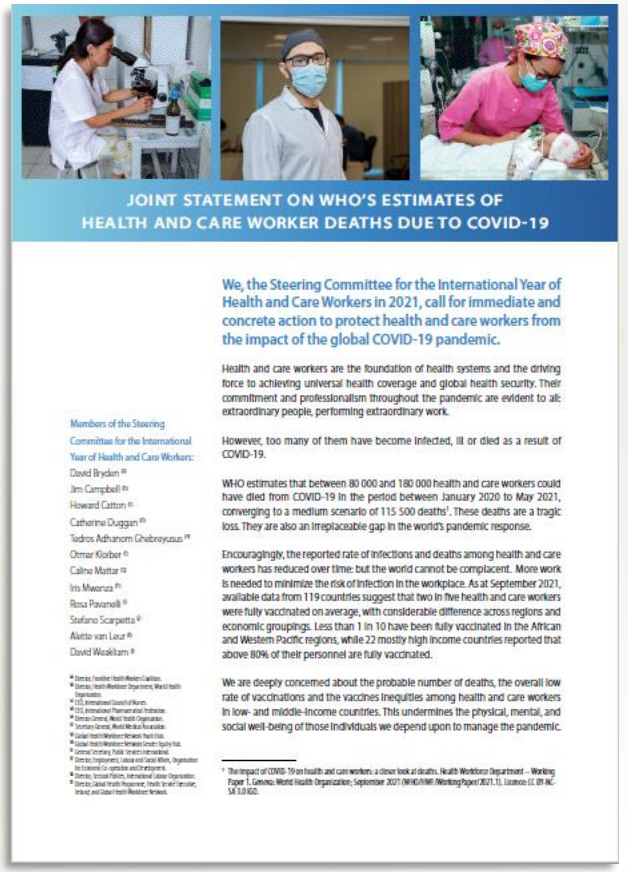
- Provide hand hygiene facilities
- Provide rest rooms, safe drinking-water, toilets and supplies for personal and menstrual hygiene
- Provide space and appropriate work breaks for personal and menstrual hygiene
- Ensure daily (or more) cleaning and cleaning protocols
- Provide facilities for changing clothes and professional laundry for work clothes
- Train health workers in the safe use of disinfectants, PPE use and disposal, and provide adequate PPE
- Do not spray individuals with disinfectants (such as in a tunnel, cabinet or chamber) under any circumstances

Photo: WHO

Protect health and care workers

The Steering Committee for the **2021 International Year of Health and Care Workers** issued a **Joint Statement** calling for immediate and concrete action to protect health and care workers to:

- Strengthen data collection and reporting on infections, ill-health and deaths among health and care workers due to COVID-19
- Protect health and care workers during and beyond the current global COVID-19 pandemic
- Accelerate the vaccination of all health and care workers in all countries



JOINT STATEMENT ON WHO'S ESTIMATES OF HEALTH AND CARE WORKER DEATHS DUE TO COVID-19

We, the Steering Committee for the International Year of Health and Care Workers in 2021, call for immediate and concrete action to protect health and care workers from the impact of the global COVID-19 pandemic.

Health and care workers are the foundation of health systems and the driving force to achieving universal health coverage and global health security. Their commitment and professionalism throughout the pandemic are evident to all: extraordinary people, performing extraordinary work.

However, too many of them have become infected, ill or died as a result of COVID-19.

WHO estimates that between 80 000 and 180 000 health and care workers could have died from COVID-19 in the period between January 2020 to May 2021, converging to a medium scenario of 115 500 deaths[1]. These deaths are a tragic loss. They are also an irreplaceable gap in the world's pandemic response.

Encouragingly, the reported rate of infections and deaths among health and care workers has reduced over time: but the world cannot be complacent. More work is needed to minimize the risk of infection in the workplace. As at September 2021, available data from 119 countries suggest that two in five health and care workers were fully vaccinated on average, with considerable difference across regions and economic groupings. Less than 1 in 10 have been fully vaccinated in the African and Western Pacific regions, while 22 mostly high income countries reported that above 80% of their personnel are fully vaccinated.

We are deeply concerned about the probable number of deaths, the overall low rate of vaccinations and the vaccines inequities among health and care workers in low- and middle-income countries. This undermines the physical, mental, and social well-being of those individuals we depend upon to manage the pandemic.

Members of the Steering Committee for the International Year of Health and Care Workers:

David Bryden
Jim Campbell
Howard Catton
Catherine Duggan
Tedros Adhanom Ghebreyesus
Otmar Kloiber
Caline Mattar
Iris Mwanza
Rosa Pavanelli
Stefano Scarpetta
Aletta van Leur
David Woakham

[1] The impact of COVID-19 on health and care workers: a closer look at deaths. Health Workforce Department – Working Paper 1. Geneva: World Health Organization; September 2021 (WHO/HWF/WorkingPaper/2021.1). Licence: CC BY-NC-SA 3.0 IGO.

https://cdn.who.int/media/docs/default-source/2021-dha-docs/iyhcw_sc_joint_statement.pdf?sfvrsn=5fe331d2_5

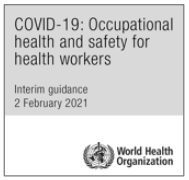
Data, evidence and knowledge on health workers

WHO's work to support health workers during the COVID-19 pandemic

- WHO published guidance on the standardized measurement and reporting of impact on health care workers
- The Health Workforce has commissioned living systematic reviews on
  - Health education disruptions and adaptations
  - Health workforce policy and governance response
  - Health impacts for health and care worker
  - Health workforce vaccination
  - Strikes, industrial action and protests
- WHO has piloted Workforce Intelligence from Open Sources (WIOS) with Nanyang Technological University to use artificial intelligence for monitoring
- WHO has conducted almost 30 country case studies to examine national level human resources for health adaptations to COVID-19
- Consistent work across WHO departments and with professional associations to triangulate data on health worker infections and deaths

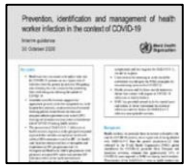
https://www.who.int/health-topics/health-workforce#tab=tab_1

Resources



COVID-19: Occupational health & safety for health workers

This interim guide provides specific measures to protect occupational health and safety of health workers and highlights the duties, rights and responsibilities for health and safety at work.



Prevention, identification and management of health worker infection in the context of COVID-19 (who.int)

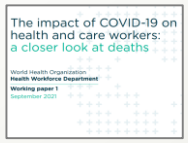
This document provides interim guidance on the prevention, identification and management of health worker infection in the context of COVID-19

Health workforce policy and management

An interim guidance on health workforce policy and management in the context of the COVID-19 pandemic response.

OpenWHO: Occupational health & safety for health workers in the context of COVID-19

All health workers require knowledge and skills to protect themselves and others from the occupational risks they encounter, so that they can work safely and effectively.



The impact of COVID-19 on health and care workers: a closer look at deaths (who.int)

The impact of COVID-19 on health and care workers in terms of deaths.

Health workers and administrators

Health workers face higher risks of infection and are exposed to hazards such as psychological distress, fatigue and stigma. Here, WHO provides the latest advice & guidance for health workers and administrators.

COVID-19 and health facilities: Checklist of measures to be taken in health facilities (ilo.org)

Checklist to prevent COVID-19 infection in health facilities and protect health personnel.

Occupational safety and health in public health emergencies: a manual for protecting health workers and responders (who.int)

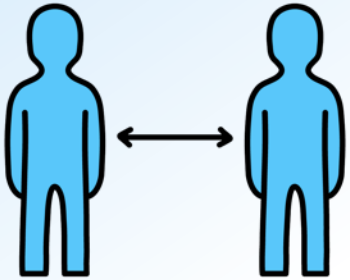
A manual for protecting health workers and responders

Caring for those who care

A short overview on the issues and recommendations for policy decision-makers in ministries of health and ministries of employment and labour.

COVID-19 protective measures

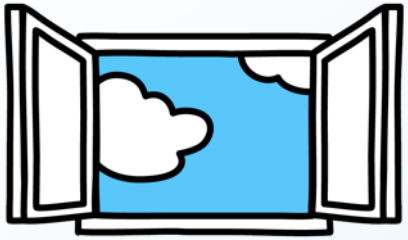
Protect yourself & others



Keep your distance

Wash your hands frequently

Cough & sneeze into your elbow



Ventilate or open windows

Wear a mask

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www.who.int/epi-win