COMPREHENSIVE APPROACH OF THE HEALTH OF HCW FROM A PUBLIC HEALTH PERSPECTIVE IN THE CONTEXT OF COVID-19

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What is occupational health?
In 1950, the Joint ILO/WHO Committee on Occupational Health stated that: “Occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities”.


From the Labour to the public health Approach

**The Labour Approach**

**Occupational Health**
- Employee work force
- Labour Contract
- Employer’s responsibility
- Focus on workplace
- Only work-related health issues
- Bargaining between workers and employers
- Decent work

**The Public Health Approach**

**Workers Health**
- All workers
- Beyond the workplace
- Responsibility of everybody
- Considers all health determinants
- HiAP Approach
- Other stakeholders: insurance, health and environment authorities
- Health protection = Human right

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**PAHO**
Pan American Health Organization

**World Health Organization Americas**

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What determines workers health?

Working Environment

Working conditions
- Mechanical
- Physical
- Chemical
- Biological
- Ergonomic
- Psycho-social hazards/work organization

Social Factors

Employment conditions
- Employment conditions
  Salaries, contracts, etc.
- Economic Status: poverty
- Equity: gender, ethnic, age, residence, etc.
- Employer-employee relationships
- Family, community, union

Individual Work-related health practices

Behavioural conditions
- individual behaviours
- sedentary work
- diet and nutrition
- unhealthy habits – smoking, alcohol
- religious & cultural practices

Access to health services

Comprehensive health services
- Preventive OHS services
- Healthcare: care and rehab
- Health insurance
- Workers’ compensation schemes (occupational disease and accident insurance)
# Social Determinants of Workers’ Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
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<tbody>
<tr>
<td>Work</td>
<td>Housing</td>
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<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
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<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
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<td>Playgrounds</td>
<td>Vocational training</td>
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<td>Discrimination</td>
<td>Quality of Care</td>
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<td>Medical Bills</td>
<td>Walkability</td>
<td>Higher education</td>
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<tr>
<td>Support</td>
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## Health Outcomes
- Mortality
- Morbidity
- Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations

COVID-19

Background

The WHO launched a Commission on the Social Determinants of Health (CSDH).
The Rio Political Declaration on Social Determinants of Health.
Regional Plan of Action in the Americas.

2005

2011

2014

Towards sustainable development

The 2030 Agenda for Sustainable Development

The social determinants of health conceptual framework

The social determinants of health and health inequities

World Health Organization

World Health Organization Americas

Pan American Health Organization

Health in the Americas

Core regional challenges

- Reproductive and maternal health
- Communicable diseases
- Noncommunicable diseases and mental health
- Occupational diseases, injuries and fatalities

The social determinants of health approach to core regional challenges

Given the close links between health equity and the underlying determinants of health, an integrated and systematic approach to address the underlying determinants of health is essential for reducing health inequities.

Health of HC Workers

"the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life".

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Models of care based on the values and principles of the primary health care.

Latin America and the Caribbean remains the most inequitable region in the world: 29% of the population below the poverty line and 40% of the poorest population receiving less than 15% of total income.

2014


The access to health takes into account:
- cultural and ethnic preferences;
- linguistically appropriate;
- gender-sensitive.

Inequities are those inequalities that are considered avoidable, unnecessary, and unfair.

The critical role of human resources for health. 16 countries of the Region demonstrate a critical shortage of health workers.

Access to medication and appropriate health technologies:
- The cost of medications limit individual's access and impact the sustainability of health systems.

Social determinants, barriers to equitable health and well-being:
- Financial barriers
- Education barriers
- Demographic barriers
## Section 1: Introduction and conceptual framework

Commission on Equity and Health Inequalities in the Americas  
Conceptual framework

## Section 2: Health inequalities in the Americas

## Section 3: Structural drivers: inequities in power, money, and resources

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
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<tr>
<td>Recommendation 1</td>
<td>Achieving equity in political, social, cultural, and economic structures</td>
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<tr>
<td>Recommendation 2</td>
<td>Protecting the natural environment, mitigating climate change, and respecting relationships to land</td>
</tr>
<tr>
<td>Recommendation 3</td>
<td>Reversing the health equity impacts of ongoing colonialism and structural racism</td>
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## Section 4: Conditions of daily life

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<tr>
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<td>Equity from the start: Early life and education</td>
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<td><strong>Recommendation 5</strong></td>
<td><strong>Decent work</strong></td>
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<tr>
<td>Recommendation 6</td>
<td>Dignified life at older ages</td>
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<tr>
<td><strong>Recommendation 7</strong></td>
<td><strong>Income and social protection</strong></td>
</tr>
<tr>
<td>Recommendation 8</td>
<td>Reducing violence for health equity</td>
</tr>
<tr>
<td>Recommendation 9</td>
<td>Improving environment and housing conditions</td>
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<tr>
<td><strong>Recommendation 10</strong></td>
<td><strong>Equitable health systems</strong></td>
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## Section 5: Governance for health equity

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<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>Recommendation 11</td>
<td>Governance arrangements for health equity</td>
</tr>
<tr>
<td>Recommendation 12</td>
<td>Fulfilling and protecting human rights</td>
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</table>

## Section 6: Conclusions

References
PLAN DE ACCIÓN SOBRE LA SALUD DE LOS TRABAJADORES
2015-2025

PLAN OF ACTION ON WORKERS’ HEALTH
2015-2025

PLAN D’ACTION SUR LA SANTÉ DES TRAVAILLEURS
2015-2025

PLANO DE AÇÃO SOBRE A SAÚDE DOS TRABALHADORES
2015-2025

Approved by Resolution CD54/10
September 30, 2015
PAWH ➔ Offers options to address the problems:

1. Preventive interventions at the workplace.
2. Collaborative and coordinated actions with all economic sectors.
3. Protect and safeguard life and health of all workers.

The ministries of health have a key role to make it happen:

- Strengthen *public policies and regulations* on WH in the countries.
- Set in place *policies and inter-sectorial strategies* with leadership and close coordination with the ministries of Labor, and other key sectors (environment, education, mining and agriculture).
- Increasing *comprehensive and competitive health services*, to increase coverage through *Primary health care services* in harmony with the mandates of the WHO Global action plan on WH, SDGs and other governmental agreements.
The ministries of health will strengthen:

✓ Their **technical and institutional capacities**;

✓ **Actions to prevent and control the conditions** that cause injuries, diseases and deaths at work; and,

✓ **promote and protect life, health and wellbeing of the workforce.**

✓ The **leadership of health authorities / ministries of labor and others** → applying the fundamentals of **Health in All Policies (HiAP)**

✓ **Close the gaps on inequalities** in workers’ health; and

✓ **Improve universal access and coverage of health** for all workers.

**Goal**

Strengthen the response of the health sector to provide comprehensive health services for workers’ health during the life cycle and decreased health through implementation of up dated policies, plans and regulations inequalities.
### Strategic lines of action:

<table>
<thead>
<tr>
<th>No.</th>
<th>Specific Objective</th>
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<tbody>
<tr>
<td>1</td>
<td>Elaborate and update legislation and technical regulations on WH</td>
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<tr>
<td>2</td>
<td>Identify, evaluate, prevent and control working conditions and hazardous las exposures at work</td>
</tr>
<tr>
<td>3</td>
<td>Increase access and coverage of health services for all workers</td>
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<tr>
<td>4</td>
<td>Promote health, wellbeing and health at work in all workplaces</td>
</tr>
<tr>
<td>5</td>
<td>Strengthen the diagnostic capacities, information systems, epidemiologic surveillance and research of diseases, injuries and deaths at work</td>
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**STRUCTURE of the PLAN**

**SPECIFIC OBJECTIVES**

- 2
- 3

**INDICATORS**

- 2 3
- 2 4 5
- 2 1
- 3 1 3
- 2 2 4
Do we care enough for those who care?

- **2014–2016 Ebola outbreak**: Risk of infection for HCW was 21 to 32 > general adult population in West Africa
- **Latent tuberculosis**: 54% of HCW in Low & Middle income countries, 25 times > general population
- **COVID-19 infections**: Highest risk of COVID-19 infections
- **Chronic low back pain**: Between 44% and 83% of nurses in Africa
- **Occupational burnout**: Between 17% and 32% of health-care workers in developed countries
- **Violence at the workplace**: 63% of health workers report experiencing any form globally
- **Suicide**: Medical professions at higher risk in all parts of the world
- **Depression and anxiety during COVID-19**: 23% of front-line health-care workers worldwide
- **Insomnia**: 39% of front-line health-care workers worldwide

Source: Ivanov, I. WHO World Patient Safety, September 17 2020
Basic concepts:

1. **Spread**: by *exposure* to a contaminated source (close contact person-to-person close, surfaces or working objects with respiratory infected droplets of persons coughing or sneezing), by *proximity* (no social distancing) or by *aggregation* (contact with groups of persons in closed places).

2. **Determination of risk of exposure at work**: particularly when the worker has more and closer contact with colleagues or persons probably infected, if symptomatic or not.

3. **Consequences of the epidemic at the workplace**: they vary, from absenteeism due to medical leave for the sick worker, changes due to mechanisms to control dissemination of the virus, closure of services or products, and variations in the service markets.
ACTIVITIES TO PROMOTE & PROTECT HEALTH WORKERS AND AVOID SPREAD OF COVID-19

Preparation and response plan to the epidemics at the workplace:

1. **Follow the instruction of health authorities** ➔ guidance actions to control the epidemics in your community, city, workplace or house.

2. **Determine the risk and occupational exposure levels for the workers** ➔ general public, colleagues and partners, or clients either sick or carrying the virus.

3. **Determine the presence of non-occupational risk factors** ➔ contagion at home or the community, and worker’s individual characteristics such as NCDs or others.

4. **Take all precautions to control the impact of absenteeism** ➔ social distancing that conducts to drastic reduction measures including temporary closure of the workplace, including suspension of production or services, or establishing virtual work (teleworking).
Preparados en el lugar de trabajo #COVID19

Promueve una buena higiene respiratoria. Provee mascarillas y/o pañuelos desechables a quienes tengan goteo nasal o tos, y basureros con tapa para desecharlos higiénicamente.

Preparados en el lugar de trabajo #COVID19

Las superficies (como los escritorios y las mesas) y objetos (como los teléfonos y los teclados) deben desinfectarse regularmente.

Preparados en el lugar de trabajo #COVID19

Asegúrate de que tus empleados sigan las instrucciones de las autoridades locales sobre restricciones de movimiento, viaje y lugares de alta concurrencia.

Preparados en el lugar de trabajo #COVID19

Aconseja a tus empleados y contratistas que consulten las recomendaciones nacionales antes de realizar viajes de negocio o de placer.

Preparados en el lugar de trabajo #COVID19

Promueve el lavado de manos frecuente y de forma correcta. Coloca los dispensadores de desinfectante para las manos en áreas viables en el lugar de trabajo. Proporciona acceso a lugares donde el personal, los contratistas y los clientes puedan lavarse las manos con agua y jabón.

Preparados en el lugar de trabajo #COVID19

Informa a tus empleados, contratistas y clientes que, si el coronavirus comienza a propagarse en sus comunidades, cualquier persona que tenga una tos leve o fiebre deberá quedarse en casa.

Preparados en el lugar de trabajo #COVID19

Promueve el teletrabajo habitual en su organización. Si hay un brote de COVID-19 en su comunidad, las autoridades sanitarias pueden recomendar a las personas que eviten el transporte público y los lugares concurridos. El teletrabajo ayudará a mantener a su empresa en funcionamiento y protegerá a sus empleados.
ACTIVITIES TO PROMOTE & PROTECT HEALTH WORKERS AND AVOID SPREAD OF COVID-19

Implement basic preventive measures at the workplace

1. Promote hand washing
2. Stay home if symptomatic
3. Respiratory etiquette
4. Trash cans and disposable bins available at the workplace
5. Establish work organization that allows social distancing, including teleworking and flexi-time.
6. Avoid to share work and personal elements such as desks/working tables, cell phones, computers, etc.
7. Keep adequate order and cleanliness at the workplaces: including cleaning and disinfection of surfaces, equipment and other office and elements of usual usage
Define a strategy for early detection and isolation of a sick worker:

1. **Detection of sick workers**: Be ready for detecting cases!
2. **Monitor symptoms**: temperature control can prevent contagion.
3. **Establish a report mechanism**: so if sick, stay at home.
4. **Establish procedures to help a COVID symptomatic or a sick worker**, placing the person in isolation while home transfer is available.
5. **Define isolation measures for symptomatic and sick workers**, and train the workers to put them in place.
6. **Organize personal protective programs and provide the Personal protective elements (PPE)** to control the spread or respiratory secretions of these symptomatic or sick workers, such as glasses, facial protectors, etc.
7. **Foresee the need to establish the access to a health service or a triage station**, to ensure screening of possible sick workers, and the use of containment barriers.
8. **Use all other additional engendering or administrative measures available**, including good occupational safety practices, personal protective systems and elements, to avoid contagion with asymptomatic persons.
SOME KEYS ISSUES FOR OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT DURING COVID

- **Identify incidents and follow-up:** presence of anosmia and loss of taste, COVID testing, determine release and follow-up from work until recovery and RTW programs.
- **Observation of asymptomatic workers:** COVID tests, labs, RTW with respiratory protection program and follow-up.
- **Track and screen symptoms:** screening/questionnaires: throat-ache, mild headache, follow-up with testing, home observation casa, RTW.
- **Populations at high risk:** pregnant workers or workers with NCDs.
- **Surveillance and information management:** record keeping for updated info to assure timely protection of workers and definition of RTW programs RAT.

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ACTIVITIES TO PROMOTE & PROTECT HEALTH WORKERS AND AVOID SPREAD OF COVID-19

Implemente medidas de control en el lugar de trabajo con base en la jerarquía de controles:

1. **Controles de ingeniería:** control en la fuente - de la calidad de aire con instalación de filtros, incremento de la ventilación en el ambiente de trabajo, barreras físicas, mecanismos avanzados de ventilación presurizada, etc

2. **Controles administrativos:** cuidados en casa en caso de estar enfermo, minimizar contacto entre trabajadores, alternar turnos y días de trabajo para disminuir exposición, no usar transporte público, definir planes de comunicación de emergencia, mantener una línea de comunicación viva para atender las inquietudes de los trabajadores.

3. **Prácticas de trabajo seguro:** los controles administrativos para reducir la duración, la frecuencia y la intensidad de cualquier exposición al virus, con medidas de higiene ocupacional y personal (jabones, desinfectantes, guantes, etc.), y lavado de manos antes y después de usar guantes y después de usar los servicios sanitarios.

4. **Elementos de protección personal EPP:** no reemplazan los controles administrativos, pueden incluir guantes, protectores visuales o faciales, protección respiratoria, y algunos muy específicos dependiendo del oficio que desempeña el trabajador. Asegurar su uso adecuado en el tiempo y lugar de trabajo requerido, mantenimiento y la reposición necesarias. Aquellos trabajadores que se vean obligados a trabajar en cercanía deberán utilizar respiradores adecuados (NIOSH N95, con o sin filtros, PAPR, mascaras quirúrgicas N95, piezas protectoras de cara, etc.)
Key messages

- Protecting health workers and ensuring occupational health and safety is fundamental for well-functioning and resilient health systems.
- Health workers face a range of occupational risks associated with biological, chemical, physical, ergonomic and psychosocial hazards affecting the safety of both health workers and patients.
- Ensuring the occupational safety and health of health workers needs to be a priority and is a prerequisite for quality care.
- Comprehensive programmes on occupational health and safety for health workers in line with national occupational health and safety policies and laws are recommended to effectively protect health workers.
National programmes on occupational health for health workers

A national programme on occupational health of health workers provides a policy framework for actions to protect health, safety and well-being of workers in the health sector. It facilitates the regulatory compliance of facilities in the health sector with the national occupational safety and health laws and regulations, bearing in mind the specific working conditions and occupational hazards in the sector. It aims at providing decent work and a healthy and safe work environment for all health workers, thereby improving productivity and job satisfaction of health workers and their retention. Such programmes also contribute to improving the quality of care and patient safety. By strengthening the protection of health and safety of health workers and responders, such programmes increase the resilience of health services in the face of outbreaks and public health emergencies.

What is occupational health?
In 1950, the Joint ILO/WHO Committee on Occupational Health stated that: “Occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities”.


**Building blocks of national occupational health programmes for health workers according to the WHO–ILO Global Framework**

1. Identify a responsible person with authority for occupational health at both the national and workplace levels.
2. Develop a written policy on safety, health and working conditions for health workforce protection at the national and workplace levels.
3. Ensure access to Occupational Health Services by strengthening existing or establishing new occupational health programme, and allocate sufficient resources/budget to the programme, occupational health professional services, and the procurement of necessary personal protective equipment and supplies.
4. Create joint labour–management health and safety committees, with appropriate worker and management representation.
5. Provide ongoing (or periodic) education and training that is appropriate to all parties, including occupational health practitioners, senior executives, front-line managers, health and safety committees, front-line workers and their representatives, and the general public.
6. Identify hazards and hazardous working conditions in order to prevent and control them, and manage risks by applying the occupational health hierarchy of controls, which prioritizes elimination or control at the source.
7. Provide pre-service and ongoing immunization against hepatitis B and other vaccine-preventable diseases in the workplace at no cost to the employee and ensure all three doses of the hepatitis B immunization have been received by all workers at risk of blood exposure (including cleaners and waste handlers).
8. Promote exposure and incident reporting, eliminating barriers to reporting and providing a blame-free environment.
9. Promote and ensure health worker access to diagnosis, treatment, care and support for HIV/AIDS, tuberculosis and viral hepatitis B and C.
10. Utilize appropriate information systems to assist in the collection, tracking, analysing, reporting and acting upon data to promote health and safety of the health-care workplace and health workforce.
11. Ensure that health workers are provided with entitlement for compensation for work-related disability in accordance with national laws.
12. Promote research on occupational health and safety issues of concern to health workers and translation of research into practice, particularly with respect to combined exposures and applied intervention effectiveness research.
13. Promote and implement green health sector initiatives that incorporate occupational health, green and safe jobs while reducing greenhouse gas emissions with a preference for: use of renewable energy; providing safe drinking water; promoting hand hygiene; active transport; environmentally preferable management of hazardous health care waste; and environmentally preferable selection and disposal of chemicals such as pesticides, disinfectants, and sterilants.

Developed and adopted in 2010, the WHO–ILO Global Framework is meant to be adaptable to national contexts and emerging epidemiological developments.
Mechanisms for implementation

Responsible authorities
- National – responsible unit in the ministry of health, technical resource
- Sub-national – responsible person, inspection authority
- Health facility – responsible person

Collaboration and participation
- National level → Committee on health and safety in the health sector, with representatives of workers and employers, and government agencies
- Facility level → labour-management health and safety committees

Enforcement
- Inspection authority – regulatory compliance
- Occupational health services – risk assessment, surveillance
- Accreditation of healthcare facilities – standards for OH&S
- Financial mechanisms - special budget line for occupational health and safety in the health facilities
- Employment injury benefits – social protection of workers in the case of occupational injuries and diseases
NEW TOOL FOR HEALTHCARE FACILITIES

Contents:

- **Introduction**
  - Tool in line with the WHO/ILO Global Framework for national Occupational Health Programs for health Workers

- **Preparations**
  - Appointments with facility manager and other relevant persons

- **How to use the check list**
  - Observation based answers to deliver advise for action and improvement

- **Assessment information:**
  A. Management of Occupational health and Safety
  B. Prevention of physical risks for health and safety
  C. Preventions of Occupational infections
  D. Prevention of Psychosocial risks
  E. Additional measures
### Pillar 9 Maintaining essential health services and systems

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<td>Institutional delivery</td>
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<tr>
<td>Essential health services during COVID-19 pandemic</td>
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<td>Percentage of countries where at least one VPD immunization campaign were affected (suspended or postponed, fully or partially) by COVID-19</td>
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### Cross-cutting issues

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<td>Percentage of countries with multi-sectoral mental health and psychosocial support technical working group</td>
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<tr>
<td>Percentage of countries that have national occupational safety and health plans or programmes for health workers</td>
<td>100%</td>
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RESPONSE IN THE ACUTE PHASE

- All HCW should be covered by OHS regulations, workers’ compensation systems, and economic compensation in case of loss of income and health coverage in case of disease.
- Labor rights are key to ensure health worker’s protection.
- Social dialog and participation of the employer and workers organizations are fundamental so that all can play an active role in the COVID-19 response.

Recuperation / post-crisis / in the long-term

- Safe personnel recruitment levels: investing in health employment is an urgent need to tackle health worker shortage.
- The Decent Work’s working conditions are critical to provide high quality health services and retention of highly qualified and motivated health workers.

MENTAL HEALTH OF HEALTH WORKERS

CARING FOR YOUR MENTAL HEALTH IS EQUALY IMPORTANT AS CARING FOR YOUR PHYSICAL HEALTH

1. Remember that the virus affects everyone no matter age, gender, ethnicity, economic or social levels, hierarchy, etc.

2. Remember not to call the sick worker as [case*, or sick one*, or the Corona virus family*, etc..]

3. The worker feels under personal pressure because of the increase in stress levels and mixed feelings of human impotency and pain, and the rejection of his family or neighborhood caused by the fear of contagion.
¿Es esto para mí?
¿Está cumpliendo una función crítica durante la pandemia de COVID-19? ¿Su trabajo es esencial para la supervivencia de las personas afectadas por COVID-19 o para mantener los sistemas y servicios funcionando en beneficio de todos?
Si es así, ¡esta información es para usted!

Quizás trabaje...
como profesional de la salud: p.ej. médico, enfermera/o, consejero/a; trabajador/a social o en manejo de casos
como personal de primera línea de respuesta: p.ej. agente de la ley, conductor/a de ambulancia, bombero
en el suministro o preparación de alimentos, en una farmacia o en trabajos funerarios, transporte, gobierno, servicios públicos o saneamiento
apoyando a sus seres queridos, amigos, o a personas vulnerables en la comunidad
como supervisor o gerente apoyando al personal o al equipo voluntario.
1. **Health is at risk** due to hazardous exposure to:
   - Direct exposure to the virus
   - Long working hours
   - Fatigue and burnout risk
   - Psychological stressors
   - Stigma and/or violence

2. **Health and safety conditions at work** should be optimal because they are the first line responders to the epidemic, and contagion should be avoided.

3. **Some conditions imposing additional risk** for healthcare workers are:
   - Late diagnosis of COVID-19 in patients
   - Work in High risk services (ER, ICU)
   - Lack of compliance from infection prevention and control programs, such as: hand wash
   - Lack of containment measures and biosafety programs in health institutions, not only of personal protective programs and equipment (PPE).
4. All infected workers at the workplace have the right to receive the benefits of workers’ compensation systems and insurances. Thus, recognizing the occupational or work related character of the disease acquired at the workplace, for compensation, rehabilitation and treatment.

5. In some occupations they are often victims of threats and aggressions: physicians, nurses, midwives, care-givers (home, elderly homes) and safety personnel who are providing services for COVID-19 testing, tracking contacts and ensuring social distancing to control the epidemics.

6. The health labor force is overwhelmed due the shortage of health workers to address these type of situations in many countries of the region and the world. This calls to strengthen and reinforcing investments in sustainable health systems, and to strengthen the health workforce with decent working conditions that will enable them to safely do their work.

7. There is an increasing trend of violence raising against health workers and health institutions due to all the above and the social tensions caused by the epidemics.

The ILO sectoral impact, responses and recommendations briefs are now available at: ilo.ord/covid19
1. A nivel individual es hacer un llamado a atender su salud mental y su bienestar psicosocial:
   • Cuidar su salud y bienestar mental dentro y fuera del trabajo.
   • Darse pausas de descanso, alimentación saludable, actividad física (pausas ergonómicas).
   • Mantener contacto con su familiares o amigos.
   • Buscar estrategias que le hayan ayudado con el estrés.
   • Recordar que no hay afán, es una situación que se prevé de una mayor longitud.
   • Evitar respuestas inadecuadas como acudir al alcohol u otras drogas.

2. A nivel institucional, también se recomiendan acciones tales como:
   • Mantener la salud mental del personal y aliviar los niveles de estrés para la prestación del servicio en condiciones totalmente fuera de lo habitual.
   • Tomar conciencia de que es una situación de largo plazo.
   • Brindar orientación para prestar apoyo básico y emocional a las personas en el primer nivel de respuesta. [enfermeras, conductores de ambulancia, voluntarios, maestros, líderes comunitarios, médicos] ➔ TENER DISPONIBLE Y ACCEDER A PRIMERA AYUDA PSICOLOGICA
4. Las respuestas y actividades en curso de acción

Cursos sobre la COVID-19 disponibles en el Campus Virtual de Salud Pública de la OPS (ESP-POR)

Virus respiratorios emergentes, incluido el virus de la COVID-19: métodos de detección, prevención, respuesta y control (ESP, POR)

Directrices de planificación operativa para la COVID-19 para el sistema de UNCT y otros asociados (ESP)

Prevención y control de infecciones (PCI) causadas por la COVID-19 (ESP, POR)

ePROTECT Infecciones respiratorias: Salud y seguridad ocupacional (ESP)

Curso de manejo clínico de las infecciones respiratorias agudas graves (IRAG) (ESP)

Diseño de centros para el tratamiento de los síndromes respiratorios agudos graves (SRAG) (POR, ESP)

Materiales técnicos de la OPS/OMS sobre la COVID-19
NUEVOS Y ACTUALIZADOS

Intervenciones recomendadas en salud mental y apoyo psicosocial (SMAPS) durante la pandemia (solo en español)
Publicado: 1 de julio del 2020

En este documento se describen las intervenciones de salud mental y apoyo psicosocial fundamentales que se recomienda desarrollar de manera intersectorial en los países y las comunidades. Para ello se propone utilizar una pirámide de intervenciones para estos servicios creada por el Comité Permanente entre Organismos (IASC), la cual ilustra diferentes niveles de apoyo que varían desde las consideraciones sociales hasta la prestación de servicios especializados para el manejo de afecciones más graves, así como la dimensión probable de la demanda a cada nivel.

PAHO
Pan American Health Organization
World Health Organization Americas

BE AWARE. PREPARE. ACT.
www.paho.org/coronavirus
Objetivo general:

Examinar los problemas de salud mental, conductual y social experimentados por los trabajadores de servicios de salud en diferentes contextos de salud (hospitales, centros de atención primaria, residencias, etc.)
Diseño del estudio:
Estudio prospectivo de cohorte
Evaluación inicial (línea de base) y evaluaciones de seguimiento a los 3, 6 y 12 meses.
Cuestionario en línea que incluye instrumentos estandarizados y preguntas ad-hoc.

Participantes:
Trabajadores de centros de salud o residenciales que brindan atención a personas con COVID-19 o que pueden brindar servicios en el futuro.
El instrumento:
- GHQ-12
- PHQ-9
- Preguntas sobre empleo, temores y preocupaciones
- Suicidio
- Estigma y discriminación
- Resiliencia
- Apoyo psicológico/social
- Precondiciones

Países de la Región:
Implementando: CHL, MXC, GTM, ARG;
En proceso: Puerto Rico, VEN, PER, BOL, BRA,
En discusión: COL, DOM, URU, ECU
RESULTADOS PRELIMINARES

Datos preliminares. Requiere validación y revisión para su difusión.
CONCLUSIONES PRELIMINARES

1. Alto riesgo de infección
2. Alto nivel de percepción de riesgo
3. Alto nivel de desconfianza en la respuesta organizada
4. Alto nivel de sintomatología y percepción de necesidad por el cuidado de la salud mental

Datos preliminares. Requiere validación y revisión para su difusión.
“Es solo cuando se garantizan los derechos humanos para todos, cuando todos los pueblos tienen acceso universal a la salud y sus determinantes socioeconómicos, cuando garantizamos la protección social de los vulnerables y cuando nuestro desarrollo económico aborda la erradicación de la pobreza y el logro de los objetivos del desarrollo sostenible, solo entonces el mundo estará preparado para enfrentar futuras pandemias. Pero tenemos que comenzar este trabajo ahora”.

Mayo 19, 2020

Dra. Carissa F. Etienne
Directora OPS
THANKS! GRACIAS! MERCI! OBRIGADA!

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