



The protection and care of health personnel, a priority and valuable strategy during a health emergency

La protección y atención del personal de salud, una estrategia prioritaria y valiosa durante una emergencia sanitaria

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The year 2020 will be remembered in the history of humanity as the moment of the biggest health emergency never experienced before in the modern era. The reported cases of a severe acute respiratory infection from Wuhan, China¹ looked so far away, but in few weeks and months the world was immerse in the uncertainty, in the threat of the disease, the overload of healthcare services, the scarcity of supplies, death and the impact on other fields like the educational, social economic, work and more. During the months of January and February of that year, health institutions of the country started to prepare themselves to treat this cases, that moment arrived to Mexico on the 27th of February, when the first case in the country was diagnosed, in the National Institute for Respiratory Illness Ismael Cosío Villegas (INER). In the previous week, the INER carried out a wide training program in the proper use of the personal protective equipment (PPE) aimed first and foremost to the frontline staff and afterwards extended to all levels of the workforce, 100% of staff.

The Preventive and Occupational Health Care Coordination, a multidisciplinary group of doctors and nurses, initially it was implemented as a measurement to offer medical attention to all the INER staff, since the primary health services of the ISSSTE were closed. The article of Salazar LMA and collaborators, «COVID-19-

Occupational in the National Institute for Respiratory Illness, Mexico City, during the pandemic»,² add to the already reported³ the detail of the work model design for the care of the healthcare staff of the INER during all the pandemic period by SARS-CoV-2 and interesting results as a result of the group work. The INER made available the biggest healthcare workforce to assist in the pandemic, with 4,772 members, from whom almost 60% (2,823) were considered frontline staff. In this way, it was expected that the group of Occupational Health Care took care of a large number of sick people and contacts. It was interesting the complete assistance protocol given to the sick employees, which included the medical consultation to have clinical criteria, the obtaining of samples to detect SARS-CoV-2, the computerized chest tomography to rule out pneumonia, to provide administrative facilities including the internal incapacity for work, the management and follow up in their houses or in the hospital until their recovery and reintegration to their work activities.

The total of assistance during three long years, 12.3% turned out to be positive (4,160), being the largest number due to the Omicron variant.⁴ This data agrees with other many different hospitals. Unfortunately, there were three diseased non-active workers during the pandemic period. From the total of 4,772 people, any active worker died during

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the pandemic, it is a very relevant health fact considering the almost 5,000 deaths of the healthcare staff reported in all the country during pandemic. The low prevalence of the nosocomial acquisition of the infection, only 3% of the cases, as well as the nil mortality in the active staff taking care of COVID-19 patients is a success of the Occupational and Preventive Health Care Program and the institutional work, explained by the extensive and continuous campaign on the correct use of the PPE, the availability of this resources and the early detection of sick people, avoiding the contact with the rest of their peers at work.

In a pandemic as the one we lived, it is very important to have in the healthcare centers the enough amount of staff, in good conditions, trained and with the service vocation. Undoubtedly, the doctor Salazar and his group of work did a great job, permanently, 24 hours the seven days of the week, in benefit of the workers as the text shows.

There are many lessons learned during the SARS-CoV-2 pandemic and they must be part of the protocol of action for new possible events. Without doubt, some of these lessons are resource management; offering training to the healthcare staff and provide healthcare through an

organized and permanent program that facilitates the work conditions, safety and mental and physical health.

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