

INCIDENCE OF COVID-19 ACCIDENTS AMONG HEALTHCARE WORKERS

OO.RR. VITTORIA COMISO

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ABSTRACT

The infections at work from Covid-19 reported to Inail as of August 31 are 52,209. Information relating to harmful events was obtained from the analysis of the INAIL files and from the certificates of the competent doctor. In the period from April 2020 to January 2021, 72 accidents involving employees of the P.O. Guzzardi di Vittoria, infected with coronavirus (SARS-CoV-2).

The beginning of the epidemiological wave among employees was found in a crescendo that goes from the middle of which goes from mid-October 2020 to the end of November 2020, divided as follows:

43% with the beginning of an injury in the second half of October 2020,

33.3% in the first ten days of November,

and significant reduction of 15.27% in the first ten days of December to then witness a further reduction in the number of cases in January 2021, equal to 5.5%.

The days of illness attributable to the COVID infection gave an average of no. 32 days with a disastrous outcome only by chance. The observational analysis is aimed at studying the incidence of COVID-19 accidents among employees who have served in the COVID assistance modules, specifically U.O. Medicine-COVID, U.O. First Aid, Pre-triage Area, U.O. Radiology, equal to 29 injuries (40.3%).

The percentage indicators that emerged from the epidemiological survey, essential for arriving at assessments on containment measures relating to the world of hospital work, made it possible to highlight not a few points for reflection and appropriate, if not due, changes to the work organization.

INTRODUCTION AND PURPOSE OF THE STUDY

The period of health emergency related to the SARS-CoV-2 pandemic has led to the need to take important restraining actions to reduce both social contact and work activity occasions for the risk of contagion in Health Authorities. As of 31 August, 52,209 people infected with Covid-19 at work were reported to INAIL (with an incidence of 19.4% compared to the total number of national infected people reported by the Istituto Superiore di Sanità on the same date), i.e. 846 more than those recorded in the monitoring on 31 July. On the basis of Decree Law no. 6 of 23 February 2020, 'Urgent measures for the containment and management of the epidemiological emergency caused by Sars-Cov2' were adopted, the application of which relates to measures for the containment of the spread of this pathogenic agent, in all areas of the garrison where the active work of the individual OUs takes place. As reported in the *DVR related to the emergency linked to the spread of the coronavirus SARS-CoV-2, cause of COVID-19 diseases (Legislative Decree 81/2008)*¹, the risk of contagion from SARS-CoV-2 at work can be classified according to three variables:

- Exposure: the likelihood of coming into contact with sources of contagion while performing specific work activities.
- Proximity: the intrinsic characteristics of carrying out the work that do not allow sufficient social

distancing (e.g. specific health services on the patient that do not allow a distance > 1 m) for part or almost all of the work time;

- Aggregation: the type of work that involves contact of the health worker not only with the patient but also with third parties. (e.g. relative/patient companion).

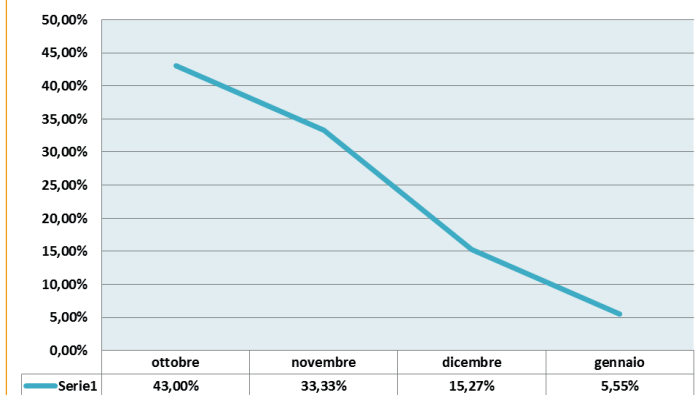
In terms of productive activities, 71.2% of the infections reported and 23.3% of the fatal cases are concentrated in the health and social care sector (which includes hospitals, nursing and retirement homes, institutes, clinics, university polyclinics, residences for the elderly and the disabled), which, together with the public health organisation sector (ASL), accounts for 80.2% of the infections and 34.0% of the deaths in the health² sector.

Article 42(2) of Decree-Law No 18 of 17 March 2020 states that in cases of proven coronavirus (SARS-CoV-2) infection at work, the certifying doctor draws up the usual accident certificate and sends it electronically to INAIL, which, in accordance with the provisions in force, ensures the protection of the injured person.

MATERIALS AND METHODS

The information on injury events was obtained from the analysis of INAIL records and the competent doctor's certificates, and then, from the emerging data, the necessary reprocessing was carried out by means of statistical analysis.

Andamento temporale infortuni COVID 19 P.O. Guzzardi di Vittoria



Tab. 1

In the period from April 2020 to January 2021, 72 injuries of employees of the P.O. *Guzzardi di Vittoria*, infected with coronavirus (SARS- CoV-2), were recorded.

The onset of the epidemiological wave among employees was found to be in a crescendo from mid-October 2020 to the end of November 2020, as follows 43% with injury starting in the second half of October 2020,

33,3% in the first ten days of November, and significant reduction of 15,27% in the first ten days of December, followed by a further reduction in the number of cases in January 2021, amounting to 5,5%.

The number of days of illness attributable to COVID infection averaged 32 days with an adverse outcome per case.

RESULTS

The observational analysis is aimed at studying the incidence of COVID-19 injuries among employees who served in COVID care modules, specifically O.U. Medicina-COVID, O.U. Pronto Soccorso, Area pre-triage, O.U. Radiologia, amounting to *n.29* injuries (40.3%).

The table shows the number of health workers in the OUs directly involved in primary care who fell ill with COVID19, broken down by:

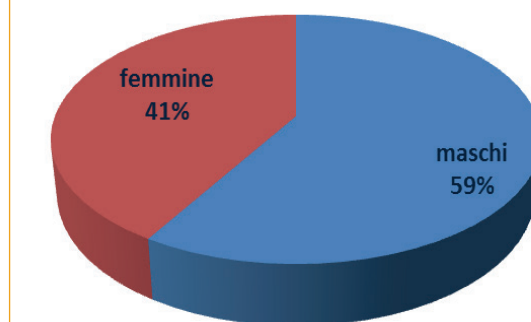
AGE	n.	kv	24/04/2021 - 31/05/2021
20-40	21	medicina	04/05/2021 - 24/05/2021
41-50	6		
> 50	2		

Tab. 3

Professional qualification	n.	%
Nurse	17	58,6%
Doctor	3	0,87%
TSRM	4	13,8%
Ambulance driver	1	3,4%
Auxiliary	3	10,3%
OSS	1	3,4%

Tab. 4

Infortuni COVID per genere



Tab. 2

DISCUSSION AND CONCLUSIONS

The percentage indicators that emerged from the epidemiological survey, which are essential for assessing the restrictive measures relating to the world of hospital work, have made it possible to highlight a number of points for reflection and opportune, if not necessary, changes to the work organisation.

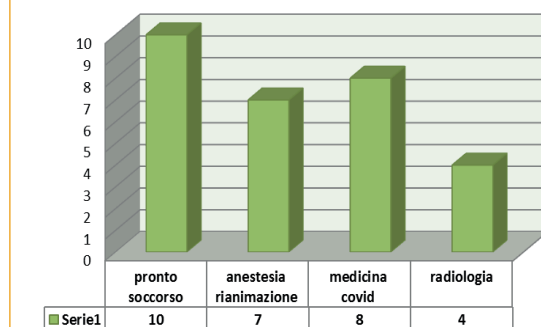
In particular, the two highest percentages for identifying factors for improvement concern: 40.3% of healthcare workers infected in operational units directly involved in the care of COVID patients; the remaining 59.7% are healthcare workers belonging to operational units not directly involved in COVID services.

WHEREAS, all the staff together with what is expressed in the DVR-COVID taking into account the various provisions of law (DPCM) succeeded to date, in fact, was in the conditions of adequate knowledge on how to work in managing the epidemic emergency.

In addition, the staff directly involved in the <management> of the COVID patient first participated in a theoretical and practical training course on care and related service activities.

The 40.3 % infection rate among healthcare staff providing <direct> care to COVID patients is an average of low static-epidemiological significance, while the 59.7 % rate of accidents among staff not directly involved in the care of COVID patients gives rise to a relevant indication/suggestion: the theoretical-practical training course should have been extended to all staff at the hospital on the island of Capri.

Moduli COVID-Correlati



Tab. 5

■ REFERENCES

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2. World Health Organization. Pandemic Influenza Risk Management. A WHO guide to inform & harmonize national & international pandemic preparedness and response. Geneva: WHO; 2017. (WHO/WHE/IHM/GIP/2017.1) http://www.who.int/influenza/preparedness/pandemic/influenza_risk_management/en/
3. European Centre for Disease Prevention and Control. Guide to revision of national pandemic influenza preparedness plans - Lessons learned from the 2009 A(H1N1) pandemic. Stockholm: ECDC; 2017. <https://www.ecdc.europa.eu/sites/default/files/documents/Guide-to-pandemic-preparedness-revised.pdf>

Notes

1. DVR *Rev.03 of 08.05.2020*
2. INAIL report as of 31 August 52,209 occupational Covid-19 infections reported

