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All kudos to the brave hearts…

"There are more things in heaven and earth, Horatio, Than are dreamt of in your philosophy. " These lines spoken by Hamlet in Shakespeare's drama Hamlet, to me, will be the ideal line to start the discussion. Truly, in spite of being aware of pandemics playing a "refrain" in the saga of time we preferred to be blissfully confident that nothing of such, of such massive scale, would recur in our lifetime that will not only paralyze the world in a ziffy but would force us to reassess and re-strengthen our shields of defense. Venturing into the hitherto unbound avenues of possible treatments of the disease we have also realized that psychiatry of the health care workers need also to be assessed and analyzed along with their physical health status[1]. Fear psychosis is a major cause of escapism and this is very natural for all human beings be it a patient or a health care worker. The irony of the situation however has a different role to play. While the general public is advised to remain indoors , maintain social distancing, avoid crowd et. al. by instilling in them the element of fear of getting infected, the healthcare workers on the other hand are forced by their ethics of duties to remain in close association with the infected patients and that too under challenging situations where the risk of getting infected is very high. While health workers represent less than 3% of the population in the large majority of countries and less than 2% in almost all low- and middle-income countries, around 14% of COVID-19 cases reported to WHO are among health workers. Although this dichotomy is a necessary evil yet something must be done to protect not only their physical health but also the mental health of the HCWs[2].

There is increasing evidence that suggests that COVID-19 can be *a major* risk factor for stress in HCW. A detailed study was conducted through e-databases, including PubMed, EMBASE, Scopus, and Web of Science (WoS) from December 2019 up to April 12th 2020. All cross- sectional studies published in English assessed the health workers' psychological well-being during the SARS-CoV-2 pandemic. The lowest reported prevalence of anxiety, depression, and stress among HCWs was 24.1%, 12.1%, and 29.8%, respectively. In addition, the highest reported values for the aforementioned parameters were 67.55%, 55.89%, and 62.99%, respectively. Nurses, female workers, front-line health care workers, younger medical staff, and workers in areas with higher infection rates reported more severe degrees of all psychological symptoms[2,3].

Regular screening of medical personnel involved in treating, diagnosing patients with COVID-19 should be done for evaluating stress, depression and anxiety by using multidisciplinary Psychiatry teams. Previous evidence suggested that HCWs were emotionally affected and traumatized during outbreaks, like in the case of severe acute respiratory syndrome (SARS) in 2003[4]. In fact, HCWs during an outbreak might experience the fear of being infected and other unfavorable conditions, such as increasing number of confirmed cases, excessive workload, shortage of personal protective equipment, and intense media scrutiny, that could increase their risk of developing psychological problems. They, therefore, suffered from sleep disorders with worse sleep quality and sleep time reduction aside from anxiety and guilt. An observational cohort study in the United Kingdom and the United States of America indicated that frontline HCWs were 11 times more likely to contract COVID-19 than the general community.

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Figure 1 Prevalence of burnout, state anxiety, trait anxiety, depression, stress, and post-traumatic symptoms in health professionals participating to the study. MBI-E, Maslach Burnout Inventory-Emotional Exhaustion; MBI-R, Maslach Burnout Inventory-Reduced personal accomplishment; MBI-D, Maslach Burnout Inventory-Depersonalization; STAI, State-Trait Anxiety Inventory; DASS-D, Depression Anxiety Stress Scales 21-Depression; DASS-A, Depression Anxiety Stress Scales 21-Anxiety; DASS-D, Depression Anxiety Stress Scales 21-Stress; IES, Impact of Event Scale-6.

Ref No 4

Such psychological impact would not only burden HCWs' well-being but might also hinder their ability to effectively manage COVID-19. Their main concern is the risk of transmitting the infection to their families or to acquire it themselves.

Our study demonstrates a significant association between the prevalence of physical symptoms and psychological outcomes among healthcare workers during the COVID-19 outbreak. We postulate that this association may be bi-directional, and that timely psychological interventions for healthcare workers with physical symptoms should be considered once an infection has been excluded. During pandemics, general population have been safeguarded with several precautionary measures including shutdown or slowdown in daily activities, social distancing, reductions in interactions between people, wearing face masks and have good ventilation to reduce the possibility of new infections[5,6]. On the contrary, healthcare professionals were exposed to longer work shifts, in order to manage the growth of health care demand. These critical conditions are exacerbated by the need of wearing personal protective equipment which cause discomfort and difficulties in breathing.

Hereafter I would take the liberty of quoting a major volume of text from the WHO) website that categorically lists the measure to be adopted to protect the covid soldiers[2].

5 steps to improve health worker safety and patient safety

On World Patient Safety Day, WHO reminds governments that they have a legal and moral responsibility to ensure the health, safety and wellbeing of health workers. The Organization's health worker charter calls on all Member States and relevant stakeholders to take steps to:

Establish synergies between health worker safety and patient safety policies and strategies:
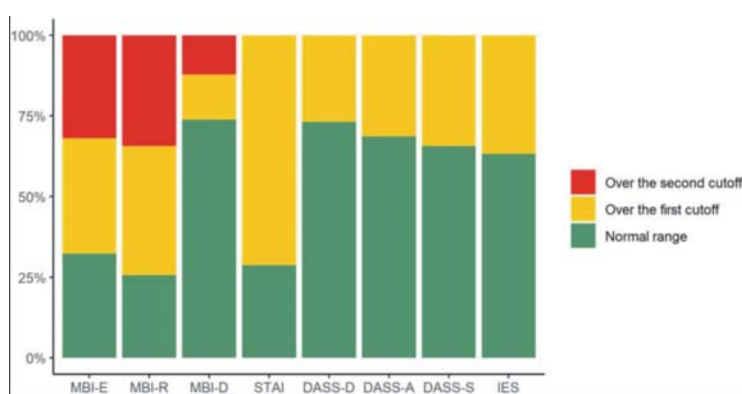
Develop linkages between occupational health and safety, patient safety, quality improvement, and infection prevention and control programmes.

Include health and safety skills in personal and patient safety into education and training programmes for health workers at all levels.

Incorporate requirements for health worker and patient safety in health care licensing and accreditation standards.

Integrate staff safety and patient safety incident reporting and learning systems.

Develop integrated metrics of patient safety, health

worker safety and quality of care indicators, and integrate with health information system.

Develop and implement national programmes for occupational health and safety of health workers :

Develop and implement national programmes for occupational health for health workers in line with national occupational health and safety policies.

Review and upgrade, where necessary, national regulations and laws for occupational health and safety to ensure that all health workers have regulatory protection of their health and safety at work.

Appoint responsible officers with authority for occupational health and safety for health workers at both the national and facility levels.

Develop standards, guidelines, and codes of practice on occupational health and safety.

Strengthen intersectoral collaboration on health worker and patient safety, with appropriate worker and management representation, including gender, diversity and all occupational groups.

Protect health workers from violence in the workplace

Adopt and implement in accordance with national law, relevant policies and mechanisms to prevent and eliminate violence in the health sector.

Promote a culture of zero tolerance to violence against health workers

Review labour laws and other legislation, and where appropriate the introduction of specific legislation, to prevent violence against health workers.

Ensure that policies and regulations are implemented effectively to prevent violence and protect health workers.

Establish relevant implementation mechanisms, such ombudspersons and helplines to enable free and confidential reporting and support for any health worker facing violence.

Improve mental health and psychological well-being

Establish policies to ensure appropriate and fair duration of deployments, working hours, rest break and minimizing the administrative burden on health workers.

Define and maintain appropriate safe staffing levels within health care facilities.

Provide insurance coverage for work-related risk, especially those working in high-risk areas.

Establish a 'blame-free' and just working culture through open communication and including legal and administrative protection from punitive action on reporting adverse safety events.

Provide access to mental well-being and social support services for health workers, including advice on work-life balance and risk assessment and mitigation.

Protect health workers from physical and biological hazards.

Ensure the implementation of minimum patient safety, infection prevention and control, and occupational safety standards in all health care facilities across the health system.

Ensure availability of personal protective equipment (PPE) at all times, as relevant to the roles and tasks performed, in adequate quantity and appropriate fit and of acceptable quality. Ensure an adequate, locally held, buffer stock of PPE. Ensure adequate training on the appropriate use of PPE and safety precautions.
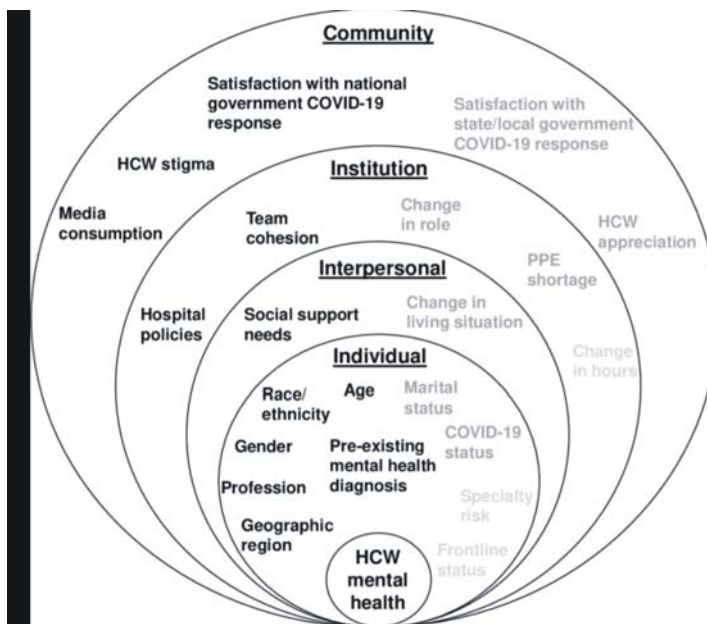
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Fig 1. Socio-ecological model for mental health outcomes among healthcare workers during the COVID-19 pandemic. Socio-ecological factors in light grey text were not significantly associated with any mental health outcome in unadjusted and adjusted models.

Ref No 6

Ensure adequate environmental services such as water, sanitation and hygiene, disinfection and adequate ventilation at all health care facilities.

Ensure vaccination of all health workers at risk against all vaccine-preventable infections, including Hepatitis B and seasonal influenza, in accordance with the national immunization policy, and in the context of emergency response, priority access for health workers to newly licensed and available vaccines.

Provide adequate resources to prevent health workers from injuries, and harmful exposure to chemicals and radiations; provide functioning and ergonomically designed equipment and work stations to minimize musculoskeletal injuries and falls.

In addition to the Health Worker Safety Charter, WHO has also outlined specific World Patient Safety Day 2020 Goals for health care leaders to invest in, measure, and improve health worker safety over the next year. The goals are intended for health care facilities to address five areas: preventing sharps injuries; reducing work-related stress and burnout; improving the use of personal protective equipment; promoting zero tolerance to violence against health workers, and reporting and analyzing serious safety related incidents.

India's deadly second wave of Covid-19 has claimed the lives of almost 270 doctors. In the first wave of the pandemic in 2020, nearly 750 doctors had succumbed to the disease.

In September last year, the IMA had demanded that the Indian government treat doctors who succumbed to Covid-19 as martyrs. The IMA said that it would help the families of the deceased to be eligible for the right compensation. "…Their families and children deserve solace and from the government. IMA also urges the government to seek data from the representatives of nurses and other healthcare workers," National President, IMA Dr Rajan Sharma wrote to the Government of India in September 2020[7]. There are many slips between the cup and the lips and there are many promises which are made but not implemented. How many doctors who have sacrificed their lives have received proper compensation? Has the Government as well as the private health sector strictly adhered to Health Worker Safety Charter recommended by WHO? While even the workers in

factories are protected by the Factory Act laid down in the laws of the land why not these brave-hearts be protected and allowed to live when they themselves present a fresh lease of life to their patients. It is high time that the health workers together with the citizens of India raise their voice in unison to demand health and safety as their primary right.

Offence is the best form of Defense and to defend we need brave warriors who can outbrave the alien forces. We thus require a regiment of strong and healthy warriors. Undeniably our HCW are our defenders and we must avail for them a strong support system so that they can invest all their skills to fight the Lucifer called COVID 19.

"Asato ma sadgamaya tamaso ma jyotirgamaya".

Let us be lead from the path of untruth to the avenue of truth/ Lead us be lead out of the tunnel of darkness to the zone of halo and light. All kudos to the brave hearts.

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