

**SECTORAL
ACTIVITIES PROGRAMME**

Sectoral Working Paper No. 206

WORKING PAPER

**The impact of Severe
Acute Respiratory
Syndrome (SARS) on
health personnel**

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Working papers are preliminary documents intended to stimulate discussion
and comment

INTERNATIONAL LABOUR OFFICE GENEVA

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The Sectoral Activities Department is part of the Social Dialogue Sector of the ILO. Its objective is to promote social dialogue at the sectoral level and to facilitate the exchange of information among the ILO's constituents on labour and social developments concerning particular economic sectors. One of its means of action is practically oriented research on topical sectoral issues. This publication is an outcome of that research.

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First published 2003

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Softcover: 92-2-114263-9
PDF: 92-2-114264-7

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Printed by the International Labour Office, Geneva, Switzerland

Contents

1. Introduction.....	1
2. Occupational safety and health aspects.....	1
The risk of infection for health workers	1
Quarantine	2
Increased workload, stress and anxiety.....	3
Protection measures	3
3. Labour aspects.....	5
4. Impact of SARS on the health sector.....	7
5. ILO discussion and recommendations	9

Acknowledgements

Several colleagues supported the drafting of this paper by providing information and comments. Special thanks to: Jon Beaulieu and John Myers (Sectoral Activities Department, ILO), Tsuyoshi Kawakami (ILO Subregional Office for East Asia, Bangkok) and Pavan Baichoo (ILO Programme on Safety and Health at Work and the Environment).

Thanks for information also to the colleagues of Public Services International, International Council of Nurses and World Health Organization.

1. Introduction

Millions of health workers worldwide are facing risks to their own health in their daily work due to the nature of their profession. The global proliferation of the Severe Acute Respiratory Syndrome (SARS), a previously unknown contagious disease, highlights the important and indispensable role of health workers in protecting the well being of populations. It also draws attention to the conditions of work of health workers.

This working paper is intended to provide information on how health workers may be affected by SARS in their working and living environment, and which measures of protection are currently recommended.

2. Occupational safety and health aspects

The risk of infection for health workers

As of 11 June 2003, a total of 8,430 cumulative probable cases of SARS had been reported to the World Health Organization. China, including the Hong Kong Special Administrative Region (China) and Taiwan (China), as well as Singapore and Canada¹ have been affected the most.

Infections among health care workers have been common since the emergence of SARS, as they represent a large proportion of reported cases. They account for about 18 per cent of all reported cases in China with 969 cases of infected health professionals², 22 per cent in Hong Kong, China³ and one fourth in Canada⁴.

The health care workplace is particularly exposed to the risk of SARS. Clinical studies indicate an extensive spread among health workers in various hospital settings, such as 51 per cent among SARS patients in the greater Toronto area⁵ and 50 per cent in Hong Kong, China⁶. Occupational groups with the highest risk are health care workers, ambulance paramedics, acute and long-term caregivers and community care workers⁷. According to current knowledge transmission appears

¹World Health Organization (2003). Cumulative Number of Reported Probable Cases of SARS.

http://www.who.int/csr/sars/country/2003_06_10/en/, last accessed 11 June 2003.

² Department of International Cooperation of the Ministry of Health, China (2003). China Daily Report of SARS Cases. Available at: http://www.who.int/csr/sars/china2003_06_11.pdf, last accessed 11 June 2003.

³ Department of Health Hong Kong, China (2003). Latest Figures on Severe Acute Respiratory Syndrome. <http://www.info.gov.hk/dh/diseases/ap/eng/infected.htm>, last accessed 11 June 2003.

⁴ Service Employees International Union (SEIU) (2003). Fact sheet SARS, http://www.seiu.org/docUploads/Final_SARS_Factsheet_5_21_03.pdf, accessed 29 May 2003.

⁵ Booth, CM et al (2003). Clinical Features and Short-term Outcomes of 144 Patients with SARS in the Greater Toronto Area. The Journal of the American Medical Association (JAMA), June 4, 2003-Vol 289, No.21; available at <http://jama.ama-assn.org/cgi/content/full/289.21.JOC30885v1>, accessed 24 May 2003.

⁶ Lee, N; Hui, D; Wu, A et al (2003). A Major Outbreak of Severe Acute Respiratory Syndrome in Hong Kong. The New England Journal of Medicine, available at <http://content.nejm.org/cgi/content/abstract/NEJMoa030685v2>, accessed 24 May 2003.

⁷ Canadian Union of Public Employees (2003). Hazard alert: Severe Acute Respiratory Syndrome (SARS) www.cupe.ca, accessed 29 April 2003.

to result primarily from direct interaction with patients or contact with respiratory droplets in the space closely surrounding an infected person⁸. The Hong Kong Secretary for Health, Welfare and Food reported to the 56th World Health Assembly that a risk of infection also arises from the spread of droplets through environmental routes, for example by nebuliser treatments and from the contact with all kinds of contaminated body fluids.⁹ This extends the risk beyond workers providing direct care to a patient to all workers dealing with SARS patient related materials. This includes laboratory technicians or radiographers, and support personnel such as laundry staff, cleaners and workers dealing with clinical disposals. Affected staff from low risk settings in Canada included physicians, nurses and service assistants such as porters and housekeepers¹⁰.

Most health worker infections occurred where infection control and protection measures were either not instituted, for example at the very beginning of the outbreak, or where they were not accurately applied. However, protected health care workers are also at risk of contracting the virus. This underscores the need for perfectly fitting personal protection equipment (PPE), changing rooms separate from patient's rooms and training on how to properly remove PPE¹¹.

Quarantine

In addition to the large number of sick colleagues, hundreds of health care workers have been quarantined in SARS affected regions. Isolation measures vary depending on the context of the situation. Some workers have been suspended from work and sent home, others were transferred to special isolation areas or as in the case of a hospital in Beijing¹²; healthcare workers were confined to the institution with all staff and patients.

Quarantine measures affect health workers in various ways. Isolation and disruption from daily routine may cause distress and anxiety. A pathologist in a Beijing hospital was quoted as saying, "We're stuck here and it feels very lonely"¹³. Quarantine may be stressful for the isolated individuals as well as for their families and friends who may feel worried and helpless¹⁴. Being isolated from home creates additional burdens on the family. Furthermore, numerous health workers have to face the risk of income loss unless they are eligible to compensation schemes¹⁵ (see also section labour issues).

⁸ Canada Communicable Disease Report (2003). Cluster of Severe Acute Respiratory Syndrome Cases Among Protected Health Care Workers – Toronto, April 2003, available at www.hc-sc.gc.ca/pphb-dgsp/psp/publicat/ccdr-rmtc/03vol29/prev/dr-sars0515.html, accessed 23 May 2003.

⁹ The Government of the Hong Kong Special Administrative Region (China). Speech by SHWF at the World Health Assembly in Geneva. Press release. www.info.gov.hk/gia/general/200305/20/0520243.htm, accessed 21 May 2003.

¹⁰ Health Canada (2003). SARS Epidemiological Summaries: April 26, 2003 – SARS Among Ontario Health Care Workers. www.hc-sc.gc.ca/pphb-dgsp/psp/sars-sras/pef-dep/sars-es20030426_e.html, accessed 14 May 2003.

¹¹ Canada Communicable Disease Report (2003), loc. cit.

¹² Kahn, J (2003). Quarantine Set in Beijing Areas to Fight SARS. The New York Times, 24 April 2003 www.nytimes.com/2003/04/24/in.../24CND-SARS.html.

¹³ *ibid.*

¹⁴ Mental Health Support Network of Canada (2003). SARS and Quarantine. http://www.cma.ca/cma/common/displayPage.do?pageId=/staticContent/HTML/N0/12/working_on/SARSquarantine.htm&lang=2&skin=432, accessed 14 May 2003.

¹⁵ Public Services International (2003). The SARS Crisis. Draft Resolution. Adopted by the Health Services Task Force of Public Services International, meeting in Geneva on 5-6 May 2003.

Increased workload, stress and anxiety

The difficult working conditions of the SARS frontline health workers make them particularly vulnerable to stress; beyond increased workload, they also cope with their fear of contracting the disease. Possible reactions may include distress, frustration, refusing to attend to suspected SARS patients or the denial of risk^{16,17}. The extra work required by SARS protocols is added to an already heavy workload. Security measures may reduce efficiency, thus increasing levels of frustration¹⁸. The protective equipment, such as wearing masks during an entire shift may cause unease due to heat and breathing difficulties.¹⁹

Furthermore, the overall atmosphere of anxiety in the population spills over to health care workers in terms of social ostracism by the general public, neighbours or family. The daily irritations health workers have to face in this regard have been reported in Canada^{20,21}.

Protection measures

(1) Infection control

In the course of the emerging epidemic and with increasing knowledge of the ways in which SARS is transmitted, the protection measures for health workers and populations have been progressively adjusted. Strict **isolation** of suspected and probable cases has proven a most effective public health measure to contain the spread of the disease. This includes the quarantine for up to 10 days of persons who had contact with probable SARS patients or came from transmission areas.

The protection of health workers focuses on the prevention of SARS exposure. The smooth dissemination of information on the transmission of SARS and protection measures to be implemented are key to protect health workers²². There are common recommendations on personal precautions in addition to routine infection control procedures. Briefly summarized they include:

¹⁶ Mental Health Support Network of Canada (2003). Severe Acute Respiratory Syndrome and Health Care Workers: Dealing with Stress.

http://www.cma.ca/cma/common/displayPage.do?pageId=/staticContent/HTML/N0/12/working_on/SARSstress-hcworkers.htm, accessed 5 May 2003.

¹⁷ Nocum, A (2003). SARS wreaks havoc on health workers' health. Philippine Daily Inquirer, 25 April 2003, accessed through <http://global.factiva.com>, 21 May 2003.

¹⁸ Mental Health Support Network of Canada (2003). Severe Acute Respiratory Syndrome and Health Care Workers, op. cit.

¹⁹ Abocar, A (2003). Toronto health workers feel strain of SARS. <http://www.alertnet.org/thenews/newsdesk/N25299468.htm>, accessed 28 April 2003.

²⁰ *ibid.*

²¹ Maccarten, J (2003). Health workers come under fire for spreading SARS. http://chealth.canoe.ca/health_news_detail.asp?channel_id=60&news_id=6731, accessed 28 April 2003.

²² Kawakami, T (2003). SARS and the World of Work. Workplace Measures to Deal with Health Crises – Lessons from the ILO Response to Occupational Safety and Health. ILO Sub-regional Office Bangkok, 23 May 2003.

- **Hand hygiene:** before and after any contact with a suspected SARS patient and related materials
- **Respiratory protection:** N 95 respirators or the equivalent are recommended during all patient contact. Surgical masks do not provide sufficient protection, but may serve as interim measure where respirators are not available²³.
- **Eye protection:** Full face shields or goggles should be worn during direct patient care, during aerosol-generating procedures and other procedures which expose to the potential splattering or spraying of SARS related body fluids and substances.
- **Gloves:** In addition to hand hygiene, gloves should be worn during all patient contact and contact with related materials.
- **Gowns:** long sleeved gowns are recommended for all personnel before entering a room of a suspect SARS patient.
- **Footwear:** footwear that can be decontaminated should be worn.

The personal protection measures apply to all staff in direct contact with suspected or probable SARS patients, related materials and equipment. Primarily, these are health care workers, and disinfection, laundry and cleaning personnel.

Special patient protocols and procedures have been developed in order to prevent the spread of SARS infection, in addition to personal protection measures. The procedures vary according to the different health care settings and health workplaces. A considerable number of detailed and comprehensive **guidance materials** have been published. Some selected references **for health professionals** are listed for further information:

- WHO SARS Guidelines: <http://www.who.int/csr/sars/guidelines/en/>
- Health Canada: http://www.hc-sc.gc.ca/pphb-dgsp/sars-sras/prof_e.html
- Hospital Authority Hong Kong (China):
 - http://www.ha.org.hk/sars/ps/information/infection_control.htm
 - http://www.ha.org.hk/sars/ps/information/clinical_management.htm
- Ministry of Health Singapore : <http://www.gov.sg/moh/sars/information/healthcare.html>
- Centre of Disease Control, USA: <http://www.cdc.gov/ncidod/sars/ic.htm#healthcare>
- Service Employees International Union SARS fact sheet: What Every Health Care Worker Needs to Know: http://www.seiu.org/docUploads/Final_SARS_Factsheet_5_21_03.pdf

(2) Psycho-social support

The emergence of SARS and its rapid spread has caused high levels of stress and anxiety in the populations as well as among health workers. Canadian recommendations addressing this aspect include the advice that health workers and patients keep the extent of the danger in perspective. However, feelings of stress, worry and anxiety about the conditions of a threatening disease should be understood as normal reaction. Although health workers are professionals, they are human beings first. Social support in times of stress is very important. It is therefore recommended to talk about feelings of distress and anxiety with a person of trust, since this is an effective method to diffuse negative feelings. In this regard, taking care of each other within a team provides important psychosocial support to cope. Health workers struggling with stress

²³ Health Canada (2003). Infection Control Guidance for Health Care Workers in Health Care Facilities and Other Institutional Settings. Revised 1 May 2003.
SARS & HEALTH PERSONNEL

symptoms over a period of time should consider professional help.

Information and guidance for health workers on how to deal with stress related to SARS and to the situation of quarantine is provided by the Mental Health Support Network of Canada:

- Severe Acute Respiratory Syndrome and Health Care Workers: Dealing with Stress: http://www.cma.ca/cma/common/displayPage.do?pageId=/staticContent/HTML/N0/12/working_on/SARSstress-hcworkers.htm
- SARS and Quarantine: http://www.cma.ca/cma/common/displayPage.do?pageId=/staticContent/HTML/N0/12/working_on/SARSquarantine.htm&lang=2&skin=432

3. Labour aspects

The SARS outbreak has had immediate impact on the economic and employment situation especially in the Asian Region, particularly affecting the tourism and transport – related industries. The ASEAN Labour Ministers Meeting decided to convene a Special Meeting to discuss the impact of SARS on labour, employment, human resources, occupational safety and health and the role to be played by the social partners in helping to ease the SARS impact on retrenchments, unemployment and workers protection²⁴.

SARS may impact the workplace and the workers in various ways²⁵:

- loss of skilled workers,
- absenteeism due to fear, quarantine, sickness or the increased care burden on household members
- increased labour costs, e.g. health insurance, sick leave, retraining
- loss of family income
- reduced productivity and innovation

The rights and obligations of employers and employees related to occupational safety and health and social protection are regulated in the respective legislation of the countries. They are mainly covered through the occupational safety and health legislation, the employment standards and compensation schemes. The duties employers have to protect workers are outlined in the occupational safety and health (OSH) regulations. With regard to SARS at the health sector workplace, this includes timely information on precautionary measures, the provision of personal protective equipment and clothing for SARS exposed workers and the training of its use. Workers should cooperate with employers by providing information on workplace situations exposing them to risk, in order to optimize precautionary measures and by applying the protocols and procedures recommended.

The right of workers to refuse work that they believe will endanger themselves or other workers varies according to the respective countries' legislation. To some degree, it is limited in the case

²⁴ The Seventeenth ASEAN Labour Ministers Meeting. Joint Communiqué. 8-9 May 2003, Mataram, Indonesia. <http://www.aseansec.org/14782.htm>, accessed 14 May 2003.

²⁵ Walzholz, G (2003). SARS and the World of Work: Lessons from the ILO Response to HIV/AIDS? Draft discussion paper, 25 April 2003.

of health workers if their refusal would endanger another person, or if the hazard is part of their work²⁶. Health workers are expected to perform their duties, when appropriate protocols, equipment and procedures are in place to enable safe care²⁷. Workers, who consider refusing certain work, should consult with their appropriate legislation and their occupational safety and health representatives.

With regard to **social protection**, the emergence of SARS has raised special questions and some amendments to regulations have been adopted. The Federal Government of Canada responded to the needs by making amendments to the Employment Insurance (EI) Regulations related to sickness benefits and by introducing a special income-replacement programme for workers affected by SARS. Moreover, the Ontario Government has introduced a change to the Employment Standards Act to protect the jobs of workers absent from work because of SARS²⁸. The amendments in the EI regulations include the removal of the usual two-week waiting period for SARS related cases and of the requirement for a medical certificate for the 10-day period of quarantine²⁹.

Limits of protection coverage are imposed by the eligibility of claimants. In Canada, only workers who have worked 600 hours, about three months of full time work, in insurable employment in the last 12 months can benefit from these provisions³⁰. Workers who do not have the required hours remain unprotected. Furthermore, the Canadian Union of Public Employees (CUPE) notes that the salary replacement is only partial, thus leaving the affected workers with a loss of income³¹.

In Hong Kong, China, similar regulations have been applied without direct SARS related legislative amendments. The Labour Department has urged employers to be as flexible and sympathetic with affected workers as possible. Paid sick leave for workers is equivalent to four-fifths of normal wages and applies to quarantined persons as well. Compensation is also applicable to persons suspended from work due to SARS precautions³². In Singapore, the Ministry of Manpower has classified SARS as one of the compensable occupational diseases, applying to all health professions and other occupations dealing with SARS³³. Furthermore, guidelines on regulations concerning a leave of absence have been agreed upon in tripartite consultations between government, employers and workers. Along these guidelines, workers in

²⁶ Canadian Union of Public Employees (2003). Hazard alert: Severe Acute Respiratory Syndrome (SARS). <http://cupe.ca/issues/healthandsafety/showitem.asp?id=9169>, accessed 28 April 2003.

²⁷ Capital Health (2003). SARS Update – As of 3 April 2003. <http://www.cdha.nshealth.ca/physicianupdate/sars/sarsUpdateApril032003.html>, accessed 14 May 2003.

²⁸ Canadian Union of Public Employees (2003). ESA and EI changes for workers affected by SARS. <http://www.cupe.ca/www/113/ART3ebfb7632d295>, accessed 13 May 2003.

²⁹ Human Resources Development Canada (2003). Changes to EI Regulations related to Severe Acute Respiratory Syndrome (SARS). 4 April 2003, <http://www.hrdc-drhc-gc.ca/common/news/insur/030404.shtml>, accessed 23 May 2003.

³⁰ *ibid.*

³¹ Canadian Union of Public Employees (CUPE), information on request, 12 May 2003.

³² Labour Department, Government of the Hong Kong Special Administrative Region, China (2003). Atypical Pneumonia- Guidelines for Employers and Employees. <http://www.labour.gov.hk/eng/news/apg.htm>, accessed 28 May 2003.

³³ Ministry of Manpower Singapore (2003). The Workmen's Compensation Act (Amendment Of Second Schedule) Order 2003. <http://www.mom.gov.sg/MOM/CDA/0,1858,1271-----3637.....00.html>, accessed 30 May 2003.

quarantine will be on paid medical leave. This applies to those who are eligible under employment contract, agreements or employment legislation. For employees who are asked by their employers to stay at home for reasons related to SARS, various arrangements are suggested. Employers are asked to pay employees not less than half of their daily salary. The other part would have to be born by the employees either using their paid leave or unpaid leave. Similar to Hong Kong, China, employers are urged by government to be as flexible and sympathetic as possible to SARS related leave needs³⁴.

Examples of **guidelines for employers and employees** with regard to SARS:

- Ministry of Labour, Ontario: SARS – checklist for workplaces; <http://www.gov.on.ca/LAB/english/hs/sars/checklist.html>
- Labour Department, Hong Kong (China): Atypical Pneumonia- Guidelines for Employers and Employees; <http://www.labour.gov.hk/eng/news/apg.htm>
- Ministry of Manpower, Singapore:
 - Tripartite Guidelines on Leave of Absence Relating to SARS: <http://www.mom.gov.sg/MOM/CDA/0,1858,1271-----3231---,00.html>
 - Guide On Implementing Systems To Facilitate Tracing Of Close Contacts In The Workplace Or During The Course Of Work <http://www.mom.gov.sg/MOM/CDA/0,1858,1276-----3461----,00.html>

4. Impact of SARS on the health sector

The outbreak of SARS calls attention to the already overburdened public health systems in some countries. Cost cutting measures in some public health systems, have impacted on human resources and working conditions. These are a few of the reasons for shortages of qualified health professionals. These deficiencies diluted the capacity of some to deal with unplanned outbreaks and public health emergencies. In this regard, public employees' representatives and professional associations had expressed concern about the weakening of the public sector by downsizing and privatization^{35, 36}. The Health Services Task Force of Public Services International (PSI) stated in their draft resolution on the SARS crisis³⁷ that public health systems in Canada might have been unable to react timely and appropriately to health alerts because of the weakening of public health laboratories and the use of deregulated laboratories.

³⁴ Ministry of Manpower, Singapore: Tripartite Guidelines on Leave of Absence Relating to SARS: <http://www.mom.gov.sg/MOM/CDA/0,1858,1271-----3231---,00.html>, accessed 2 June 2003.

³⁵ Canadian Nurses Association (2003). SARS outbreak points to gaps in public health infrastructure. http://www.cna-nurses.ca/pages/press/sars_outbreak_points_to_gaps_in_public_health_infrastructure.htm, accessed 14 May 2003.

³⁶ Clancy, J (2003). NUPGE: how to prevent another public health crisis. National Union statement on SARS. National Union of Public and General Employees, Canada. http://www.nupge.ca/news_2003/n25ap03b.htm, accessed 28 April 2003.

³⁷ Public Services International (2003). The SARS Crisis. Draft Resolution. Loc cit. SARS & HEALTH PERSONNEL

Several countries have reacted by seeking professional assistance from other sectors, such as the military and the police, or by recruiting additional staff from the private sector or employment agencies. One example is the initiative of the Ministry of Health in Singapore to temporarily recruit private sector medical doctors for the public health service in the fight against SARS³⁸. With the aim to recognise and reward health personnel, an originally private initiative called the “Courage Fund”, has received additional resources from the Government of Singapore and has been given the status of an “Institution of Public Character”, so that donors enjoy tax deduction.³⁹

China has been the most affected country by the SARS epidemic. It has committed a large amount of money and support to the public health system. The recognition and motivation of the health personnel is one important part of the strategy. This includes bonuses and other financial benefits for frontline workers, such as waiving income taxes and granting salary increases. Infected health workers receive free medical care and full compensation, while family members of health workers who had died from SARS, are supported by a pension. Honours and medals are awarded and Chinese universities are reported to give priority to children of frontline medical staff. There are also funds and donations from the private sector for health personnel working on the SARS front.⁴⁰

However, while these measures appear encouraging they should be critically examined since all of them appear to be limited to a short-term goal. These are reasonable in an emergency situation, but they will not change the critical state of public health systems in the long run. Canadian unions and professional associations are concerned about the temporary employment of agency staff, saying that this presents logistical, ethical and financial issues. Sustainable health systems depend on advance human resources planning and should not suffer from cuts in recruitment as a result of previous cost containment policies.⁴¹ Staff in some hospitals are paid high wages for working in SARS units and this might focus the attention of some on compensation and not safety. This could be an argument for placing more emphasis on occupational safety and health efforts.⁴²

The SARS crisis highlights the need for investment in the public health services, especially in strategies addressing the shortages of health workers, but also in capital funding for hospitals and medical equipment.⁴³ Public Services International urges governments to consider the need to plan for the increasing likelihood of new, unexpected or more easily transmitted diseases.⁴⁴

³⁸ Ministry of Health Singapore (2003). Supporting the fight against SARS.

http://www.gov.sg/moh/sars/pdf/Appeal_for_medical_manpower.pdf, 16 May 2003.

³⁹ Ministry of Finance Singapore (2003). Government unveils \$230 million SARS Relief Package. Press statement. <http://app10.internet.gov.sg/scripts/mof/pressrelease/pressdetails.asp?pressID=93>, accessed 21 May 2003.

⁴⁰ Hsieh, D (2003). Rich rewards for medical staff. The Straits Times China Bureau, 11 May 2003. <http://straitstimes.asia1.com.sg/>, accessed 13 May 2003.

⁴¹ Canadian Nurses Association (2003), loc. cit.

⁴² Canada Newswire (2003). Focus should be on hospital worker safety, says CUPE. <http://www.newswire.ca/releases/May2003/29/c71113.html>, accessed 30 May 2003.

⁴³ Clancy, J (2003), loc. cit.

⁴⁴ Public Services International (2003). The SARS Crisis. Draft Resolution, op. cit.

5. ILO discussion and recommendations

SARS has raised levels of fear comparable to the HIV/AIDS epidemic and the question was discussed to which degree lessons learnt from the ILO response to HIV/ AIDS in the world of work could be drawn for a response to SARS. A draft discussion paper⁴⁵ suggests that it may be difficult to apply such lessons learnt to SARS, because the two diseases differ in terms of contagiousness, socio-economic vulnerability, impact on work and productivity, treatment and care and factors contributing to stigmatisation and discrimination.

However, a number of arguments are mentioned supporting an ILO response to SARS. First, there are a range of interventions that could reduce the adverse effects of both epidemics, such as education campaigns, revision of labour and social security laws and other responses. Secondly, the ILO's tripartite constituents would have an important role in designing policies addressing HIV/AIDS and SARS at national, regional and workplace level. Thirdly, the workplace would be a good platform for reaching large parts of the population in education and prevention programmes. Despite significant differences between SARS and HIV/AIDS, some of the key principles of the *ILO Code of Practice on HIV/AIDS and the World of Work*⁴⁶ could be adapted to SARS at the workplace. These include the recognition of SARS as a workplace issue, the principle of a healthy work environment, the importance of social dialogue for successful implementation of policies and programmes, the principles of prevention and solidarity, care and support.

The ILO Sub-regional Office (SRO) Bangkok suggests in a note on SARS⁴⁷, that the safety and health management system approach would provide useful assistance for action at the workplace. Practical experiences with the *ILO Guidelines on Occupational Safety and Health Management Systems* (2001)⁴⁸ in the region had been very promising. These management system approaches have also been increasingly applied in hospitals, thus providing lessons learnt for the current SARS crisis. Since health care workers are at the highest risk for the SARS infection, they need concrete measures to prevent exposure, primarily in the area of infection control (see also: protection measures).

With regard to the health sector workplace, the **recommendations** from experiences with the ILO OSH response in the Asian region appear applicable also in other regions⁴⁹. They include:

- **Timely information dissemination**

This is a crucial factor for protecting health care workers. All knowledge on the modes of transmission and treatment is critical in infection control and containment.

⁴⁵ Walzholz, G (2003), loc. cit.

⁴⁶ available at <http://www.ilo.org/public/english/protection/trav/aids/code/codemain.htm>

⁴⁷ Kawakami, T (2003), loc. Cit.

⁴⁸ available at <http://www.ilo.org/public/english/protection/safework/managmnt/guide.htm>

⁴⁹ adapted from Kawakami, T (2003), loc. cit.

- **Practical training to prevent SARS**

This includes the responsibility for employers to provide information and education on SARS and appropriate precautionary measures. A survey of the British Medical Association reported that every second medical doctor respondents did not feel sufficiently prepared for suspect SARS cases⁵⁰. The necessity to train protocols and procedures, such as handling personal protection equipment is evident from the experiences in Canada where even protected workers became infected.

- **Participatory risk assessment and risk control cycles**

All persons concerned should be involved in the assessment of risks at their workplace and in the identification of steps needed to eliminate, avoid or control them. Risk assessments should be carried out periodically to evaluate the effectiveness of the SARS infection control programme. Failures should be recorded and analysed so as to revise measures accordingly.

- **Special attention to older workers and immune-compromised persons**

The mortality rates of these vulnerable groups are higher than in other groups. Though no reference points to a special SARS related vulnerability of workers in distress, attention should be given also to the fact that high levels of distress compromise the immunodeficiency system of people. Health care workers who have to cope with heavy workloads as well as the fear and stress of SARS should also be considered as vulnerable.

- **Attention to small facilities and rural sectors**

Special attention should be given to awareness-raising in smaller health care facilities where the dissemination of SARS information could be less. Particularly facilities in rural and remote areas where they have fewer resources should receive equipment, information and practical training for protective measures.

- **Support and care to SARS patients and suspected SARS patients**

With regard to the psychosocial strains, SARS patients and isolated individuals are facing, psychological and social support is crucial to ease their situation. This support helps also to increase the compliance with procedures such as quarantine orders.

- **Adopting occupational safety and health (OSH) management system approaches**

A sustainable approach to safety and health at work is to implement it as an integral part of the overall management system of the institution. Critical factors to successfully implement methods include a clear commitment of the top management, written OSH policies, workers' involvement, achievable goal setting and monitoring and evaluation.

⁵⁰ British Medical Association (2003). Doctors feel exposed in face of outbreak. Opinion. BMA news, 10 May 2003.

- **National long-term health policy**

For the health sector, SARS might become a long-term issue in some areas or countries. In addition to the immediate responses and support measures, mid- and long-term policies should be developed. The financial and technical support for high-risk sectors, such as health services, should continue. Strengthening public health services, particularly the workforce, would be an asset in the fight of SARS and other potential outbreaks of unknown diseases.

More information on SARS is available at:

World Health Organization: <http://www.who.int/csr/sars/en/>

Health Canada: <http://www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/index.html>

Canadian Nurses Association: http://www.cna-nurses.ca/_frames/welcome/frameindex.html

Canadian Union of Public Employees: <http://www.cupe.ca>

Government of Singapore: <http://www.sars.gov.sg/>

Please also consult the various information sources in your country:

The **Ministry of Health**, the **Ministry of Labour**, **trade unions** and **professional associations** .