MSF
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REPORT SUMMARY

Report on the protection of healthcare personnel during the COVID-19 outbreak in Spain

MEDECINS SANS FRONTIERES

Note at the closing date of the report (31.07.2020)

On 22 July, the Congress of Deputies, Spain's lower house, approved the health ruling of the Commission for Social and Economic Reconstruction. It includes numerous proposals, some of which are in line with the recommendations in this report, while others have not been included in the ruling. We will continue to work to address aspects that we consider essential in order to be adequately prepared for possible secondary outbreaks of COVID-19 or other epidemics. The document approved by the Congress is not binding. Legislative proposals, and especially budgetary allocation for the different autonomous communities, will need to be approved. For this reason, we will remain attentive and monitor the actual implementation of the agreed measures, and continue our advocacy work to improve the protection of health, social health and care home staff.

> COVER PHOTO: © ANNA SURINYACH/MSF
Training for health personnel.

Executive summary

Protection of health personnel during the outbreak has been inadequate and incomplete

The difficulty and, in many cases, the inability to ensure suitable protection of healthcare personnel during the most acute phases of the COVID-19 outbreak in Spain, constitute one of the main failures identified in the response to the disease in our country. The consequences have been felt both personally, in the form of a tremendous and dramatic impact on professionals, and systemically, with a decrease in the ability of the health system to cope with the new disease, even to the point of its collapse in some parts of the country. Contagion among healthcare professionals will only decrease if adequate protective equipment is provided. However, even today, this equipment continues to be insufficient, especially in primary healthcare centres and elderly care homes.

In this report, Médecins Sans Frontières (MSF) analyses the impact that the absence of protection and preventive measures had on healthcare personnel from the time the state of emergency entered into force (15 March) until the end of June.

One in five people infected in Spain are healthcare workers

MSF's report underlines the inadequate and incomplete protection of healthcare personnel, even though they are the group of workers with the highest exposure and greatest risk of contracting SARS-CoV-2. This was a decisive factor in reaching a figure of 52,746 infected healthcare professionals by 17 July.[1] One in five infected people belong to this group. It is the highest rate in Europe and does not include the staff of elderly care homes. The biggest spikes occurred on 8 and 25 April, with 1,847 and 1,808 new cases of COVID-19 among healthcare providers, respectively. Other sources point to an even higher number. According to a survey by the SATSE nursing union, 74,000 male and female nurses have reportedly had COVID-19 symptoms.

The difficulty in determining a death toll is similar; while data from the Ministry of Health affirms that 63 healthcare professionals died between the start of the pandemic and 5 June, other reports include higher numbers. The *Asociación de Médicos Unidos por sus Derechos* (Association of Doctors United for their Rights) put the number of deceased healthcare and social healthcare personnel at 76 at the beginning of May. Its chairperson, Enrique Alonso, subsequently raised this figure to 98.

[1] Ministry of Health, Consumption and Social Welfare.

There was a woeful lack of PPE during the peak of the pandemic in Spain

The indisputable lack of personal protective equipment (PPE), detection and diagnostic tests and clear criteria for their use for COVID-19, and the shortage of personnel and, therefore, of rest periods, contributed decisively to the high rate of infection and almost certainly led to the incorrect use of protective equipment.

PPE is essential to prevent healthcare professionals from becoming vectors of disease transmission. It would also have prevented the high rates of sick leave that occurred in the sector, leaving other pathologies without care during the most acute phase of the outbreak.

Lack of PPE has been a general constant throughout the pandemic and was particularly dramatic during the peak, as evidenced by some of the testimonies of healthcare workers from hospitals, care homes and MSF teams that are included in the document.

Surveys of the sector also indicate a lack of training in the use of PPE

According to a report,[2] 12 per cent of healthcare professionals who contracted the disease went back to work without a diagnostic test confirming that they were free of coronavirus. A survey among nursing professionals[3] reveals issues related to the lack of protective equipment: the assessment of the quantity and quality of PPE during the worst weeks of the outbreak was 3.46 out of 10. Three out of four respondents considered that they would need more training on how to use it, and more than 35 per cent stated that they had not received any type of information in this regard. Seven out of 10 professionals had to reuse FPP-2 or FPP-3 masks; six out of 10 had reused surgical masks, and more than half had reused waterproof gowns.

The high number of lawsuits at national and regional level in these months reflects the lack of protection to which healthcare workers have been exposed. While awaiting resolution, these lawsuits have managed to force precautionary measures aimed at reinforcing the protection of health personnel to be taken.

[2] The study *Factors related to SARS-CoV-2 infection in healthcare professionals in Spain. The SANICOVI project* by the Health Care and Services Research Unit (Investén-isciii) analyses data of 2,230 healthcare workers, from questionnaires answered between 4 and 30 April. The data is still preliminary and there are some limitations in the collection and analysis of information, such as the autonomous communities response variability, a not very high response rate and the bias itself that results from obtaining responses only from infected professionals. Available at: https://www.sciencedirect.com/science/article/pii/S1130862120303223?via%3Dihub.

[3] Analysis carried out by Sondea, a company specialised in online studies, for the nursing union, SATSE, after conducting a survey in late May and early June of a total of 8,218 male and female nurses from across the country regarding their work situation and conditions in the current COVID-19 health crisis. Available at: https://www.satse.es/comunicacion/sala-de-prensa/notas-de-prensa/5.500-enfermeras-y-enfermeros-graves-por-la-covid-19.

The report also reviews the shortage problems and the different supply attempts made by the central and regional governments. In early March, the WHO called on industry and governments to increase production by 40 per cent to meet global demand. In just under three months, 498 cargo flights dedicated exclusively to the transport of healthcare equipment arrived in Spain. Even so, healthcare personnel encountered a flagrant lack of equipment during the worst weeks of the pandemic. The first wave has shown us that, in the face of fierce competition for resources on the world market, it is essential to generate local production capacity to supply the domestic market.

Psychosocial care for health personnel it was also deficient

In addition to the purely physical lack of protection, healthcare professionals have also faced the psychological consequences of working in the midst of what has been called "disaster medicine". Various studies show the levels of anxiety and stress, emotional exhaustion and the cost in terms of mental health that the first wave has left among healthcare and social healthcare personnel. Continued psychosocial care will be essential in future scenarios.

MSF's concern about the lack of protection for frontline personnel dealing with COVID-19, exacerbated by what its teams observed on the ground and by the information provided by a group of its workers employed in the healthcare system, led the organisation to carry out various advocacy actions, together with Amnesty International and medical and nursing societies, and to maintain contacts with authorities and political parties to provoke substantial changes and put in place immediate measures to improve protection.

Recommendations

COVID-19 has shown that public health responsibility is fragmented

For years, public health policies have not been considered a priority. This is the case from both a financial point of view, with an average investment of 1.1 per cent of all health investment since 1988,[4] and from an institutional development point of view, as demonstrated by the lack of progress since the approval of the General Law on Public Health nine years ago. The pandemic has also revealed that public health responsibility has been fragmented between different levels of management. Examples of this are the accusations made between the different political players over the responsibility for elderly care homes or differences in the counting of cases by the autonomous communities and the central government.

In light of the facts examined, and faced with the possibility of a second wave of COVID-19, health and care home staff must be provided with protection. To this end, MSF is making a series of recommendations to public administrations aimed at preparing contingency plans to strengthen the public health system in terms of health, social health and care home staff. Here are some of them:

To the Ministry of Health

- Carry out an independent evaluation, with the participation of healthcare professionals and patients, of the impact of COVID-19 on health, social health and care home personnel to identify failures and bottlenecks. That includes information on the distribution and quantity of PPE, protocols, and psychosocial resources available during the acute phase of the first wave.

- Improve the collection, reporting, analysis, publication and **processing of information,** establishing a transparent, cross-checkable and accessible reporting system, with updated disaggregated data by profession and the centre where infections have occurred.

[4] 'Cuenta Satélite del Gasto Sanitario Público (2002-2018)'. Health Satellite Account. Ministry of Health. Available at: https://www.mscbs.gob.es/estadEstudios/estadisticas/sisInfSanSNS/pdf/egspGastoReal.pdf.

For this, it is necessary to:

  - Harmonise the system of **collection, analysis, publication and central reporting of data** for the autonomous communities with unified criteria, and the approval of public, transparent, updated and flexible information indicators in order to adapt to new pandemic realities quickly.

  - Include social healthcare personnel and caregivers as a group at risk, as they are in the first line of response.

- Incorporate in all contingency and epidemiology surveillance plans the protection of healthcare professionals and caregivers in the performance of their duties.

- Ensure capacity for the availability of PPE and a sufficient stock for future scenarios, and appropriate and expeditious purchasing validation protocols with a regulation of retail prices.

- Devise clear and implementable protocols, adapted to the reality of the available equipment, which include quantitative information on the times of use of the PPE and the risks of its misuse, scarcity, reuse or disinfection.

- Support the autonomous communities with financial and technical means.

- Incorporate the protection of healthcare and public health staff in the Spanish Strategy for Safety and Health at Work 2021-2025.

- Strengthen and enhance public health by providing it with human and financial resources and developing the General Law on Public Health.

To the autonomous communities

- Bolster human resources, adapting the staff to patient ratio and the complexity of their management, especially in intensive care and emergency services.

- Guarantee the distribution of PPE in sufficient quantity and quality and strengthen the services that did not have sufficient equipment during the pandemic. These include emergency services, health centres, home visits and elderly care homes.

- Develop the continuous training of healthcare and care home personnel in the correct use of PPE, forms of transmission, and infection prevention and control measures.

- Ensure a package of psychosocial support measures.

- Ensure access to diagnostic means for all health, social health and care home personnel. The lack of screening tests led to situations in which asymptomatic health professionals continued to work and became a vector for spreading the virus to colleagues, patients and family members.

- Improve the mechanisms for the detection and tracing of cases among frontline personnel to avoid cross-contagion within health centres.

- Provide primary healthcare with adequate protection and a mobilisation plan for personnel that is proportional to needs. The lack of protective means and of staff, who were sometimes reassigned to hospitals, led to the closure of numerous health centres.

To healthcare and social healthcare structures and public-private care homes

- Ensure that economic interest does not take precedence over the care and protection of personnel, ensuring adequate access to protective equipment.

- Guarantee that the distribution of protective equipment is carried out equitably regardless of whether patients have public or private insurance cover.

To hospital managers

- Have a contingency plan that includes a list of healthcare professionals trained in the care of COVID-19 cases in order to carry out staff rotation and cover possible absences.

- Strengthen occupational and preventive health plans, immediately detect suspected and confirmed cases, carry out diagnostic tests and facilitate sick leave if necessary.

- Ensure a sufficient stock of protective materials adapted to each service based on a better knowledge of the disease and the tasks. Organise measures to avoid intrahospital contagion.

To civil society organisations

Continue monitoring work by strengthening capacities.

To unions

Promote and demand mechanisms to comply with the obligations of occupational risk prevention and the provision of PPE to healthcare personnel.

To the ombudsman

Enable resources to monitor the situation ex officio and reinforce strict compliance with legislation on the protection of healthcare personnel.

To the judicial bodies

Adopt precautionary measures that reinforce the best distribution of the means of protection and the streamlining of the resolution of claims.

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Zamora, 54-58
08005 Barcelona

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