

Preventing the Middle East Respiratory Disease in Health Care Workers

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DESCRIPTION

The most recent member of the Coronaviridae family to infect humans and cause of Middle East Respiratory Syndrome (MERS) is the coronavirus. Despite the possibility that camels have a role in disease transmission, the virus's present impact comes from its connection to outbreaks centred on the healthcare system. The Kingdom of Saudi Arabia is where the bulk of instances have been found. Hospital outbreaks highlight the significance of adhering to infection control standards, where other interventions addressing patient triage, placement, and flow within and between healthcare facilities are also critical to preventing disease spread. These interventions include not only the obvious practises of hand hygiene and proper use of personal protective equipment (PPE).

Root causes of this pandemic included delayed case detection, congestion in emergency departments, and "doctor shopping." The latest epidemic at our hospital in Riyadh, Saudi Arabia, was linked back to delayed detection of MERS patients, congestion in the Emergency Department, and inadequate adherence to infection control techniques such as barrier precautions and hand cleanliness. These epidemics not only resulted in patient morbidity and mortality, but they also had significant economic, social, and even political consequences.

Moreover, the capacity of hospitals to deliver normal sickness treatment was significantly threatened during both MERS epidemics. Furthermore, as in previous outbreaks of Severe Acute Respiratory Syndrome (SARS), anxiety among healthcare professionals of being infected while caring for sick patients resulted in substantial psychological and physical distress.

More than half of the states in the United States are ill-equipped to deal with infectious disease epidemics, according to a recent analysis. Consider influenza vaccination to gain a better understanding of procedures that would help patients and healthcare

professionals with primary prevention. Just 43% of infection prevention and control professionals surveyed at 386 U.S. institutions said that all medical staff members must have an influenza vaccination before working in a hospital or clinic. Only 1.3 percent of Veterans Affairs hospitals mandated influenza vaccination for all medical staff. According to studies, many hospitals in the USA lack negative pressure rooms and surge capacity for medical personnel. Compliance with infection prevention and control policies, which is crucial in avoiding healthcare-associated transmission of many of these new infectious illnesses, including MERS. Notwithstanding numerous strengths in our healthcare systems, the core causes of several recent respiratory virus infections have been poor compliance with respiratory sickness methods. The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) have both advised that all patients be treated in the same way (CDC) Early detection and diagnosis of ARI are critical for early isolation and the only ways to secure a break in the transmission cycle. However, early diagnosis and isolation are frequently delayed.

Hospitals must create a system-wide and systematic approach to ensure that respiratory pathogens and their diagnoses are understood in order to comply with the recommendations above for preventing healthcare transmission of respiratory pathogens. Hospitals must also empower such programmes in order to prepare for and respond to emerging respiratory diseases. The expense and value of funding such initiatives will need to be weighed by the healthcare industry's leadership. The infection control programmes must redefine their roles under three main pillars: policy and procedure, facility preparedness and accountability and leadership, cleaning and storage, as well as training on their use, in order to develop for enhanced preparedness to new infectious and unexpected respiratory outbreaks and pandemics. A significant intervention is evaluating the potential for airborne isolation.

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