

Health Workers at COVID Hospitals in Guadalajara, Jalisco, Mexico: The Effect of Biosecurity on Biological and Psychosocial Risks

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Introduction

Biosafety Good biosafety procedures are crucial for the entire population during the pandemic. However, due to direct exposure and the possibility of contracting, they must be carried out quickly in medical personnel who provide treatment for patients. The use of suitable personal protective equipment of acceptable quality, together with practicing good hand hygiene and managing infectious biological waste produced at work, are some biosafety practices that these patients are paying attention to. A high level of biosafety in hospitals helps to prevent disease and the infection of medical staff. For safety, it is necessary to be aware of and to abide by the stated biosafety standards and measures [1].

Description

Primary and secondary containment barriers are used. The most important are face shields, gloves, gowns, jackets, and other personal protective equipment. The effective use of personal protective equipment is crucial to preventing contagion. The secondary barriers are from separated work spaces to sinks or ventilation systems. Respirators are important, according to another study. The value of wearing and how essential it is to reducing, circumstances at work and safety in. The rules for disposing of biological and infectious waste stipulate that these must be done so strictly and in accordance with the right processes based on the type of waste. In international workplaces, risk communication is also required. The document in Mexico describes how to identify and communicate biological risks while handling infectious agents. On the other hand, workers must receive all the protective equipment from their employers and have working conditions with all the implements and biosafety actions. According to the International Labor Organization and Mexico's federal labour legislation, these must be granted by the employer [2].

The questionnaire was online by email, where a link was sent, or by publishing the code to the link to the survey and reading the informed consent. Later in the Survey Monkey program, general research law protected the database. The Goldberg questionnaire, were used, which consists of two scales, anxiety and depression, with nine items each, all of them with a dichotomous response. The cut-off points were for the anxiety scale and for the depression scale, with a sensitivity of 74% and a specificity of. The questionnaire to evaluate fatigue subjective symptoms had three spheres; drowsiness and heaviness, difficulty

concentrating, and projection of physical discomfort, each with ten items; all of them had a dichotomous response, the cut-off point included seven positive responses or more. The symptoms that occur in disease include: respiratory symptoms: dyspnea, cough, odynophagia, rhinorrhea, and anosmia as well as non-respiratory symptoms: fever, headache, myalgia, diarrhea, nausea, and. In another study, the five most common symptoms among infected throat, and myalgia. Biological and psychosocial risks are confirmed. The purpose of this study was to determine the relationship between biosafety to risk, and safety at work) and psychosocial risk factors with fatigue, anxiety, or depression, in during the period [3].

Probiotics are live microorganisms that have health benefits. They frequently contain lactic-acid producing bacteria from the Bifidobacterium and Lactobacillus genera. Psychobiotics are probiotics that alter cognitive functions, mood, and anxiety, and the term has recently been expanded to include all interventions that alter the microbiota and influence the relationships between bacteria and the brain. A meta-analysis found that supplementing with probiotics improved preclinical psychological symptoms of anxiety and depression in healthy people. Although the mechanism by which probiotics induce beneficial effects on psychiatric disorders is unknown, it is believed that probiotics promote the biosynthesis of neurotransmitters such as dopamine, serotonin, norepinephrine, and acetylcholine, which improve mood symptoms [4,5].

Conclusion

The hypothesis was verified because fewer biosafety conditions were observed, and higher psychosocial risk increased fatigue, anxiety, and depression levels. In the analysis of provided by their institution, almost two thirds reported receiving it. Our results are similar to a study in which their institution provided them with the same it is not specified in what proportion this equipment was awarded. Both results show the institutional commitment to grant a high level of protection to against infectious risks. There are other reports in which the institutions gave the only gloves, a gown, protective glasses, and a surgical mask. In this study, they did not have a total level of protection since they did not have the respirator. A high level of security with this respirator by was demonstrated. However, the time of use of the surgical mask and respirator was not in our study, used it; however, they did not change it during their working day.

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