Follow-up of caregivers involved in the management of Covid-19

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The caregivers confronted with the Covid-19 were applauded every day at 8 p.m. by the French population for their dedication in a situation described as a war situation by the Head of State, faced with a viral disease as brutal as unpredictable.

This activity under high tension took place in a climate of anguish, under the permanent threat of a shortage of beds, premises, medicines, qualified professionals and protective devices for both patients and nursing staff [1]. Doctors, nurses and caregivers were aware of the risks to themselves and their loved ones, some of them having to live in hotels to protect their families. In spite of the emotional shock caused by deaths among professionally infected colleagues, they never failed in their duty, caring with competence and extreme dedication for the patients they were responsible.

The increasing number of deaths among hospitalized patients has had a significant impact on the morale of the caregivers, who also faced family pain. Psychological disorders are observed (hyper-emotivity, high level of anxiety, insomnia), including post-traumatic stress disorder with an incoercible day and night repetition (nightmares) of the most painful memories and death anguish. Linked to the stressful working conditions imposed on the healthcare teams for several months, they appear in many caregivers after the crisis, at the time of decompression. Ignoring to recognize this complication would lead to subsequent psychological disorders, resulting in the inability to stay in a care nursing profession, and even to depressive and addictive disorders with their contingent of suicidal behaviors.

In the current end-of-epidemic phase, the support of intensive care workers who have been confronted with Covid-19 requires particular attention after the weeks during which their resilience abilities have been severely challenged.

The National Academy of Medicine has already recommended that the consequences of Covid-19 in caregivers contaminated in the course of their work should be covered under work-related accidents or, in the longer term, under compensable occupational diseases [2]. It is becoming necessary to speed up the implementation of this provision, particularly in the event of death leaving some families in a difficult material situation, since it refers to an array of occupational diseases which has not yet been published in the Official Journal.

The National Academy of Medicine recommends the following with regard to the healthcare workers who fought against Covid-19:
• a systematic medical examination by preventive doctors, to be repeated for three years, to identify possible psychological symptoms that appeared after the acute phase of the health crisis and to propose an appropriate treatment;
• the prescription, as often as justified, of therapeutic measures such as transitional adjustments of working conditions;
• that the employer, at the end of the crisis, shows its attention to the support needs of these people, by setting up mental health promotion tools such as discussion groups and physical activities;
• that the organization and working conditions in intensive care facilities be re-assessed and improved;
• rapid management for service-related accidents for state agents or for accidents at work for other employees or the self-employed.