



AHASA: Area/Region: South Africa

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Article theme: Weighing in on COVID-19

Think of those fighting on the frontlines

On the 11th of March 2020, the Coronavirus or COVID-19 was declared a pandemic. The last time this happened was 11 years ago and for many, COVID-19 is something of a new and unexpected threat. It seems to have taken many of us by surprise, spreading unabated across the world.

Although a coronavirus—a family of viruses that cause illnesses ranging from the common cold to severe acute respiratory syndrome (SARS)—had not previously triggered a pandemic, this is not the first time our healthcare professionals have seen the transmission of a serious disease.

There is no armistice. The virus is a 24-hour war machine pushing to infect as quick as possible to ensure dominance.

For those working in the health sector, the threat of infection is very real, and in some cases very personal. They are in essence our frontline troops in a war against time. In the United Kingdom, for example, doctors in some cases are performing invasive procedures on patients positive for COVID-19 even though the recommended prevention masks are not available, leaving them no choice but to go ahead wearing a surgical mask that does not provide the appropriate level of protection against infection.

“Wartime” healthcare

We are battle ready and we have been here before. In the 1980’s the HIV/AIDS epidemic quickly spread throughout Southern Africa and to-date 36 million people have died globally from the virus. In 2002, SARS had a quicker effect on infections with a global reach causing an estimated 8000 infections cases with a 10% mortality rate.

Wartime healthcare takes a massive amount of dedication, energy and time from those on the frontlines. Healthcare professionals have to deal with a variety of challenges ranging from equipment shortages, lack of adequate facilities to the struggle for public participation.

“If we can’t protect our healthcare workers, they can’t protect the public,”

- C. Michael Gibson, MD

The Allied Healthcare Association of South Africa (AHASA) is calling on the public to support healthcare professionals in the war against COVID-19. With adequate support and effort stemming from those in the medical field, we can reduce the spread and impact of COVID-19.



How we can help?

Up and above the health and safety advice given by our Government, below are 3 additional ways we could help healthcare professionals fight the war against COVID-19:

Stick to the facts. By the spreading of misinformation, in essence, you are putting the lives of others in danger. The Daily Maverick summed up public misinformation by posting an article on the 11 Myths of COVID-19 in South Africa, they are:

Myth 1: Most people who contract COVID-19 will get very sick or die

Myth 2: Since COVID-19 is less deadly than SARS, it will kill fewer people

Myth 3: You can stay safe by avoiding Chinese people

Myth 4: Only older men need to worry about COVID-19

Myth 5: All I need to protect myself from COVID-19 is a mask

Myth 6: People with COVID-19 are easy to identify

Myth 7: Government is hiding South Africa's real COVID-19 numbers

Myth 8: People who cough in the coming weeks probably have COVID-19

Myth 9: There is a secret cure for COVID-19

Myth 10: My pet is at risk from COVID-19

Myth 11: I should avoid Chinese food until COVID-19 is forgotten

Follow news from reliable sources. The World Health Organisation has a dedicated page to convey information on the virus. Visit the page by clicking [here](#) (link). Locally, our Government is leading the charge with a series of communication channels reporting back to the public on a minute by minute basis.

Cut back on elective surgery or medical treatment. Many hospitals are reporting a spike in the public requesting non-essential medical treatments. With roughly 3 000 out of about 7 000 critical care beds available between the public and private healthcare sectors, any serious escalation in COVID-19 cases may lead to shortages in actual beds.

Overall be sensible in your approach to this pandemic. It is not the first and certainly not the last time we will face a threat like this. With the right support from the public COVID-19 infection and mortality rates can be reduced. While in isolation, think of the many people working on the frontlines to protect you and your family.

End.



Further Information

Registering with a legal and compliant Temporary Employment Services agency is free! Never pay to get placed.

For more information, visit www.ahasa.org

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About AHASA

AHASA plays an integral role in improving the South African Healthcare industry, providing healthcare recruitment agencies with a unified voice. In 2010, AHASA changed its acronym to mean the Allied Healthcare Association of South Africa. With that came a newer, more progressive AHASA, one that embraces not only nursing agencies but is inclusive of the entire healthcare employment sector.

AHASA is a member of the Confederation of Associations in the Private Employment Sector (CAPES)



About CAPES: In 2002, the need to form a unified body to engage in macro-level activities, to proactively lobby and to form associations with other stakeholders was identified and CAPES was established. CAPES has as its members the four staffing associations referred to hereunder, as well as several of South Africa's largest private employment agencies.

CAPES has formalised its relationships with various institutions and associations and these include:

Membership of Business Unity South Africa (BUSA), Membership of Black Business Council (BBC), Direct representation at NEDLAC via BUSA and BBC, Engagement with the Department of Labour and other Ministries, Engagement at various Bargaining Councils, Membership with primarily the Services SETA