

American Journal of Epidemiology & Public Health

Letter to Editor

The INAIL Commitment in the Covid-19 Crisis. Future Study Opportunities - 3

Patrizio Rossi*

Chief of "Central Medical Department", INAIL

*Address for Correspondence: Patrizio Rossi, Chief of "Central Medical Department", INAIL, Tel: +39-333-864-9213; E-mail: pat.rossi@inail.it

Submitted: 19 June 2020; Approved: 19 June 2020; Published: 23 June 2020

Cite this article: Rossi P. The INAIL Commitment in the Covid-19 Crisis. Future Study Opportunities. American J Epidemiol Public Health. 2020;4(2): 052-053. https://dx.doi.org/10.37871/ajeph.id29

Copyright: © 2020 Rossi P. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

ISSN: 2644-0032



The Italian National Institute for prevention of accidents ad work (INAIL) is a State managed national mandatory insurance that insures 16.962.473 workers. The Institute provides compensation to the insured subjects in case of work-related injuries and diseases.

The Institute has an autonomous Healthcare System (Table 1) providing to the insured workers a safeguard system, ranging from precise preventive measures to adopt on the workplace, medical services, financial assistance, reintegration to social and work life [1].

Table 1: Inail Healthcare System.			
Structures		Healthcare staff	
Central medical Department	1	Doctors	1215
Regional and provincial	21	Nurses	668
medical Department			
Medico-legal centers	196	Physiotherapists	77
Outpatient treatment center	120	Technicians in radiodiagnostic	86
		medicine	
Rehabilitation centers	12	Orthopedic technician	98
Prosthetic assistance centers	11	Psychologists	3
		Social workers	131

In the current Covid-19 emergency, healthcare professionals employed in acceptance and triage in the INAIL are equipped with individual protection devices; moreover, workstations and dedicated paths have been created, in order to guarantee social distancing. Smart working has been introduced in the INAIL for the remaining healthcare personnel. The risk of infection in the healthcare facilities is reduced by the correct utilization of protective equipment and by the reduction of the on-spot personnel [2].

Healthcare professionals are at high risk for COVID-19, hence falling under the INAIL's protection since it is assumed that the infection was contracted during work a work shift. In Italy not all symptomatic patients can be subjected to a swab: in some cases, clinical/instrumental and/or laboratory indicative references could be useful for medical legal presumptive evaluations.

In the current pandemic emergency situation, the INAIL has extended such presumption to other categories of workers who are in constant contact with the public: front-office workers, cashiers, sales staff/bankers, technical, support, cleaning, personnel operating in healthcare structures, ambulance and transport operators, etc.

For other workers the medico legal assessment in order to receive compensation will be based on epidemiological, clinical, anamnestic and circumstantial elements. Being infected on the way to and from work also falls under the safeguard of the Institute after investigation about to the means of transport, the route and the frequency of the travel [3].

In Italy the number of infected, mostly in the healthcare area, is very high [4,5]. About 50,000 COVID-19 cases were reported to the INAIL up to May 31st. The exclusive protection offered by the INAIL will allow a "privileged" epidemiological study of COVID-19 and a real "identikit" of the infected worker, along with a detailed evaluation of the permanent damages.

It is a firm commitment of the INAIL to make these data available as soon as possible to the scientific community.

REFERENCES

- 1. Rossi P. Oltre un secolo di cure e riabilitazione dell'invalido del lavoro, Inail, Milano 2019
- 2. World Health Organization. Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19). Interim guidance. 27 February 2020. https://bit.ly/2NdvP7G
- 3. Rossi P, Comacchio A, Mele A. La gestione del rischio sanitario medicolegale. Dalla clinical governance ai processi medico legali, Giuffrè; Milano. 2014. https://bit.ly/30TAzr7
- 4. Grasselli G, Zangrillo A, Zanella A, Antonelli M, Cabrini L, Castelli A, et al. Baseline characteristics and outcomes of 1591 patients infected with SARS-CoV-2 admitted to ICUs of the Lombardy Region, Italy. JAMA. 2020; 323: 1574-1581. DOI: 10.1001/jama.2020.5394
- 5. Kamps BS, Hoffmann C. CovidReference.com. Ed. 2020- 4. https://bit. lv/3fIVMbr