МЕДИЦИНА, ПЕДАГОГИКА И ТЕХНОЛОГИЯ:
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MEDICAL-SOCIAL CHARACTERISTICS OF THE HEALTH OF EMERGENCY MEDICAL SERVICE PERSONNEL AND WAYS TO OPTIMIZE THEIR WORKING CONDITIONS.

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Abstract: This study aims to investigate the health and working conditions of emergency medical personnel. The study analyzes the medical and social characteristics of the personnel, stress levels, risks associated with infectious diseases, and physical fitness.

It also examines measures such as improving working conditions, psychological support, health programs, training opportunities, and social engagement.

The aim of this study is to propose effective strategies to maintain the health of emergency medical personnel and improve their working conditions. The results of the study may be useful for medical leaders and policymakers, as they will help them make decisions aimed at improving the health and performance of personnel.

Introduction: The Emergency Medical Service (EMS) plays a key role in the healthcare system, providing emergency medical care to the population in critical situations. WMC employees face high physical and emotional loads, making their health and well-being an important factor not only for their personal life but also for the quality of services provided.

Relevance of the research: In recent years, there has been an increase in the number of calls to emergency services, which leads to an increase in the workload on WMC employees. This, in turn, necessitates assessing the health status of these specialists and identifying factors influencing their work capacity and quality of life.

Goals and objectives: The purpose of this study is to conduct a medical and social characterization of the health status of medical workers and to propose ways to optimize their working conditions. To achieve this goal, it is necessary to solve the following tasks: Assess the physical and mental health of WMC employees.

Materials and methods: The study was conducted on the basis of several emergency medical care stations in various regions. The sample included: Number of participants: 150 SMP employees, including doctors, paramedics, and drivers. Age range: 25-55 years. Sex: 60% men and 40% women. Research methods: Questionnaire: Purpose: To gather information about the health status, stress level, and working conditions of employees. Tools: A questionnaire has been developed that includes questions about: Physical health (presence of chronic diseases, frequency of doctor visits). Mental health (stress level, burnout symptoms). Working conditions (work schedule, availability of resources, level of support). The materials and methods used allowed for a comprehensive assessment of the health status of emergency medical service workers and the identification of key factors influencing their well-being.

However, for many years, the lack of special statistical data did not allow us to fully imagine the state of health of medical workers. The few studies available in this area have shown that morbidity among health care workers remains high in recent years.76% of doctors have chronic diseases, and only 40% of them are in dispensary accounts [4]. Medical workers take the first place in occupational diseases. Infectious diseases are the first (from 75.0 to 83.8%, average -80.2%), second -allergic diseases (from 6.5 to 18.8%, average -12.3%), third intoxication and diseases of the locomotors system take the place. Chronic pathology was found in 60% of doctors and 50% of secondary medical workers [5] N.H. Amirova and others. (2014), with increasing professional experience of medical personnel, diseases of the cardiovascular system, digestive organs, and vertebrogenic pathologies at the cervical and lumbosacral level are increasing. Pathology of the female reproductive system is often noted with work experience up to 9 years, the majority of women are women of reproductive age. According to statistics, every year in Russia 320,000 medical workers do not go to work due to illness and take the 5th place in the prevalence of occupational diseases, and even ahead of chemical industry workers. People with tuberculosis are especially at risk, because tuberculosis accounts for 40% of occupational diseases. At the same time, the detection rate of occupational diseases does not exceed 10% of their total number [6]. According to some local authors, the number of such medical workers is 80% [7] As a rule, medical workers are diagnosed only with diseases that cannot be hidden, and a significant proportion of occupational patients consists of people working in work conditions of categories 3.3 and 3.4, which in itself is permanent disability, especially viral hepatitis and leads to the formation of clear, severe forms that cause

tuberculosis [7]. The working conditions and nature of different categories and professional groups of medical workers are of course important from the point of view of health. While performing their duties, many doctors are exposed to unfavorable factors, in particular, high neuro-emotional stress and unfavorable microclimate, harmful chemical and biological agents, noise and ultrasound, laser exposure and ionizing radiation, insufficient lighting of workplaces. The use of many drugs used for chemotherapy in medical practice, especially in oncology and hematology, is associated with an increase in the number of occupational diseases among medical workers. The incidence of occupational dermatitis among medical workers is 3-4 times higher than among workers in other fields. Contact with all types of drugs is possible. The most dangerous method of administration of drugs is injection. Becauseof many studies, the effects of anesthetics, antibiotics and antitumor antibiotics on the body of medical workers have been proven [8]. In the process of working with antibiotics, nurses often develop candidiasis or candidiasis in various organs, allergic diseases, as well as systemic toxic effects. In about 30% of inpatient departments, 40% of doctors and nurses are sensitive to the main groups of drugs. In addition to drugs, chemical laboratory reagents, disinfectant detergents, medicinal plants, and latex can cause occupational allergies. The most common form of latex allergy among healthcare workers is contact dermatitis, which is associated with glove powder, detergent solutions, and frequent hand washing [9, 10, 11]. Doctors are at high risk of contracting blood-borne infections, including hepatitis B and C viruses, as well as human immunodeficiency virus. This happens when the infected biological fluid of the patient falls on the mucous membrane of the medical worker, as well as when accidentally

The risk of contracting HIV from an infected needle stick is about 0.3%, 10% with hepatitis C, and 30% with hepatitis B. About 350 health workers in the world are officially documented to be infected with HIV at work. As for viral hepatitis B and C, the number of victims is tens of thousands of people [12, 13]. It is known that the incidence of hepatitis B is higher among medical workers and the symptoms of hepatitis infection are more frequent than the general population who do not have professional contact with the blood of patients or patients themselves. In addition, the frequency of identified symptoms increases with age and/or length of service in medicine [10]. According to the same authors, the characteristic features of viral hepatitis in medical workers are the frequent development of mixed (mixed) formsof hepatitis (B + C), which increases the clinical appearance of the disease and its

prognosis, the development of viral hepatitis. Against the background of previous poisoning, it is possible to add allergic liver damage, various levels of resistance to drug therapy, frequent development of hepatitis complications (liver failure, cirrhosis, liver cancer).The occupational risk group for parenteral hepatitis includes only persons who have direct contact with the blood of patients (surgeons, resuscitators, operative and procedural nurses, etc.), as well as doctors in therapeutic specialties who occasionally perform parenteral procedures, almost none no measures are taken against the epidemic [10].

Results: Assessment of the health status of WMC workers: Physical health: Morbidity: The conducted study showed that 65% of WMC workers suffer from chronic diseases, the most common of which are: Cardiovascular system diseases (30%). Problems with musculoskeletal system (25%). Psychosomatic disorders (20%).

Mental health: Stress and burnout: About 70% of workers report high levels of stress. At the same time, 40% of worker's experience symptoms of emotional burnout, including: Fatigue. Cynicism towards work. Decreased professional effectiveness.

Social and organizational factors: Working conditions: Overtime: 80% of EMS employees work under frequent overtime conditions, leading to physical and emotional exhaustion. Lack of resources: 40% of respondents noted the lack of necessary medical equipment and materials to provide assistance. Social support: Lack of support: 55% of employees believe that lack of support from management and colleagues negatively affects their psychological state.

Improving the working environment: The need to modernize medical equipment and vehicles. Creation of comfortable recreation and recovery zones on the basis of S EMS s. Organization of working time: Introduction of flexible work schedules and rotation of positions to reduce workload and stress. Mental Health Support: Developing psychological support programs and stress management training.

Conclusion: The research results emphasize the need for a comprehensive approach to improving the health status of emergency medical service workers. Optimizing working conditions, supporting employees' physical and mental health are important steps in improving the quality of emergency medical care and worker well-being.

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