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Short Communication

A LITERATURE REVIEW TO ASSESS THE PREVENTIVE MEASURES AT WORKPLACE POST COVID- 19 PANDEMIC- A CROSS SECTIONAL STUDIES

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ABSTRACT

SARS-CoV-2, discovered for the first time in December 2019 in Wuhan, China, is a new viral strain that has never been seen in humans. It can be spread by air, direct and indirect contact, but droplets are the most common mode of transmission. It, like the other coronaviruses in the same family, can cause mild flu-like symptoms like a cold, sore throat, cough, and fever, as well as more serious symptoms like pneumonia and breathing problems, and even death. Since no effective specific drug therapy or vaccine capable of reducing the spread of this pathogen has yet to be discovered, it is critical to find ways to avoid the spread of this infection. The purpose of our research was to provide a protocol to prevent the spread of SARS-CoV-2 infection in light of the limited information related to this coronavirus. In detail, we analyzed and searched targeted evidence-based guidelines issued in the various countries affected by this epidemic up till now. In addition, we analyzed the recommendations for the prevention and control of other epidemics caused by other pathogens belonging to the same family of coronaviruses or others that present the same mechanisms of transmission. The responsible authorities have imposed general organizational steps for the containment and management of the COVID-19 epidemiological emergency in order to ensure an effective and proportionate management of the epidemiological situation's evolution. The aim of the SARS-CoV-2 prevention and safety organizational initiatives is to reduce the risk of infection. To this end, precautions must be taken at work to prevent new infections or the spread of the virus where it already exists. Furthermore, environmental controls are in place to reduce the risk of SARS-CoV-2 transmission to individuals through interaction with infected people, materials, equipment, or contaminated surfaces. When there is a chance of coming into close contact with a suspect case, protective equipment should be worn, particularly if the potentially infected person is not wearing a surgical mask that may help minimize the spread of viruses in the area. It would be possible to help combat the COVID-19 pandemic by implementing the unique prevention and safety measures suggested in the workplace.

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INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is a novel infectious disease that is extremely portable and lethal. [1]Patients with a positive virological test or a positive radiological finding of pneumonia may have a fever and flu-like symptoms, or they may not have any symptoms at all.[2] The first COVID-19 case was discovered in Wuhan, China, at the end of December 2019, and cases are now being registered in an increasing number of countries around the world. COVID-19 has spread across seven continents and more than 110 countries as of March 9, 2020, with 113,702 confirmed cases and 4,012 deaths in the Western Pacific Region, European Region, South-East Asian Region,

Eastern Mediterranean Region, Region of the Americas, and African Region. [3] On 11 March 2020, the WHO declared the COVID-19 outbreak as pandemic [4] and it is a serious concern for public and occupational health. The spread of infectious diseases is aided by social mobilization, according to evidence. [5] Many jurisdictions have adopted policy interventions and public health programme to reduce the spread of COVID-19 through foreign contact and outbreaks in local communities, in order to prevent the rapid spread of COVID-19 through international contact and outbreaks in local communities.

A number of policies and guidelines were also developed, including the closure of certain transportation links and border

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checkpoints, as well as the closure of all public areas, theme parks, and schools, as well as border surveillance and quarantine policies for suspicious or close-contact cases. As a result, starting on January 28, 2020, all government employees (except those delivering essential/emergency services) will be able to operate from home. Similar proposals to introduce home offices or flexible work arrangements have been announced in other majority industries such as education, social service units and non-governmental organizations, and commercial offices in the private sector. According to a survey, more than 80% of HK businesses have adopted work-fromhome policies,[6] however, the extents were not consistent across the board and differed by industry. A significant number of businesses also failed to adhere to them. Overnight, HK transforms from a vibrant and energetic metropolis to a sleepy town with minimal retail and catering options. Social distancing measures have a significant psychological effect on workers. There were also a number of problems, such as the inability to renew a driver's license and the lack of postal service. [7, 8] due to the special work arrangement with the termination or special arrangement of the public service. With rising public support for service resumption, the government declared the resumption of office duty on February 27, 2020, with roster system implementation on March 2, 2020, following 33 days of special work arrangements at home. [9] Employees' stress levels rose as a result of their fear of contracting an infection once they returned to work. In regions with high outbreak risk, assessing communication, workplace safety policy, and supporting interventions in the working community as part of disease preparedness is critical in order to recognize potential vulnerabilities and enhance occupational safety and viral surveillance.

The World Health Organization (WHO) has issued a set of recommendations for both health and non-health personnel to follow in order to ensure their safety.[10] Six themes were recommended for non-health workplaces to ensure workplace safety during the COVID-19 outbreak: (1) facility cleaning, (2) hand-washing, (3) respiratory hygiene, (4) national travel guidance, (5) communicating and reinforcing the message "stay at home even if you only have mild flu-like symptoms or a low-grade fever," and (6) meetings and event plans. [11] Simultaneously, the European Agency for Safety and Health at Work released revised workplace guidelines for preventing COVID-19 transmission based on practical knowledge published by the WHO, the International Labour Organization, and the Canadian Centre for Occupational Health and Safety. The information on coronavirus, cleaning infrastructure, face masks, management of reported COVID-19 events, travelling and meetings, and certifying absence is also included in this workplace guidance. [12]

COVID-19 has triggered an ongoing global public health crisis. Hundreds of thousands of people have died as a result of the virus, which has infected millions of people around the world. [13]. The number of cases in India has surpassed millions, with the number of deaths increasing by the day. Many of these cases are still ongoing, posing a danger of spreading to other residents [14]. There are currently no clear therapies or vaccines available for COVID-19. Furthermore, the use of hydroxychloroquine for COVID-19 pre-exposure prophylaxis is debatable. [15]. As a result, the most successful way to avoid

the spread of COVID-19 is to religiously embrace and observe various COVID-19 prevention activities. [16-18]. Hand and personal hygiene, social distancing, avoiding unwanted travel, and other preventive measures are constantly emphasized by public health authorities. Several factors, such as diverse cultures, large socioeconomic differences, and inequalities in healthcare services, can make it difficult to adopt these preventive practices at the community level. [19]. This necessitates an assessment of public knowledge as well as actual practice in terms of COVID-19 prevention. In India, there are few studies that evaluate people's COVID preventive activities. The objective of our study was to assess the level of awareness and adoption of various preventive practices against COVID-19 among people of different age groups, socioeconomic status and residing in different regions of the country.

Objectives

COVID-19 has infected millions of people across the globe, leading to hundreds of thousands of deaths. Currently, there now vaccines available for COVID-19 and the most effective way to curb its spread are to follow preventive practices. The present study aimed to assess the extent of adoption of preventive practices at work places.

Coronaviruses (CoV) are a large family of positive-stranded RNA respiratory viruses. Their name is owed to the crownshaped tips present on their surface. Coronaviruses (CoV) are divided into four genera, including α -/ β --/ γ --/ δ -CoV. α - and β -CoV are able to infect mammals, while γ - and δ -CoV tend to infect birds. Previously, six CoVs have been identified as human-susceptible viruses, among them α-CoVs HCoV-229E and HCoV-NL63 and β-CoVs HCoV-HKU1 and HCoV-OC43, which have low pathogenicity, causing mild respiratory symptoms similar to a common cold. The other two, known as β-CoVs, SARS-CoV (Severe Acute Respiratory Syndrome— Coronavirus) and MERS-CoV (Middle East Respiratory Syndrome-Coronavirus) lead to severe and potentially fatal respiratory tract infections [22]. In December 2019, unexplained pneumonia (later named as coronavirus disease 2019, COVID-19) broke out in Wuhan, China [23-26]. The initial patient was related to a seafood wholesale market in Wuhan. A new type of coronavirus was isolated from human respiratory epithelial cells, which belongs to the subgenus Sabevirus of the subfamily Coronavirus [27]. Different from the previously isolated MERS-CoV and SARS-CoV, this virus is the seventh coronavirus that can infect humans and is named as SARS-CoV-2 [28,29]. It is speculated that the coronaviruses circulating in pangolin, bat, and other animal species are likely to be a "gene pool" for the generation of new recombinants [30]. Given the use of pangolins in traditional medicine and for food, frequent human-animal interaction has been supposed the major cause for viral cross-species transmission. The similarity analysis of SARS-CoV-2 and the animal-origin coronaviruses has demonstrated that recombination events were likely to occur in batand pangolin-origin coronaviruses [31]. In particular, the similarity between SARS-CoV-2 and the closest bat relative is very high: all proteins in the coronavirus proteome (with the exception of ORF10) have identities of above 85%, with full conservation of the genome length (~30 kb) [32]. The number of coronaviruses that affect people and

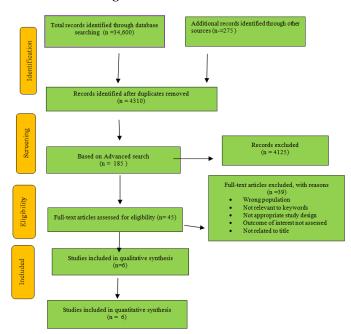
which are known up to now, being common all over the world, are seven.

The most lethal of the known coronaviruses is MERS-CoV, which often progresses to severe pneumonia and has an estimated mortality rate between 30% and 40%; SARS-CoV causes fever, chills and body aches, and often progresses to pneumonia, a severe condition in which the lungs become inflamed and fill with pus; this virus has an estimated mortality rate of 9.6%; and the most recent, SARS-CoV-2, has an estimated mortality rate of about 2.3% (Table 1) [6].

Literature Review

Author and year of publication	Country or origin	Aim and objectives	Study population and sample size	Methodology	Key findings
Professor Eliza Lai-y WONG, PhD 20 March 2020	Hong Kong		We interviewed 1,049 employees through online self-administered questionnaire in Hong Kong.	Cross-sectional survey	Findings Of respondents, 88% (923 of 1048) were stressful in the past 7 days. Eighty-four percent respondents (881 of 1048) reported different extents of workplace policies. Those who reported having workplace policy in their company were not satisfied with the arrangement and provided negative comments on its comprehensiveness (36%, 319 of 881), timeliness (38%, 337 of 881), and transparency (63%, 558 of 881). Only 68% respondents (715 of 1048) reported that their workplace supplied face masks to them.
K. D.V. Prasad and Mruthyanjaya Rao Mangipudi, 2020	Hyderabad, India	To develop and provide a detailed Covid-19 back to workplace plan, which is safe and effective - Back to Workplace – a phase wise approach with minimal risk to staff and organization. • To suggest appropriate Human Resource Paradigms and interventions for Post-Covid-19 back to workplace.	various states following some regulations according to the respective state conditions. Several industry sectors – Information Technology, Central and State Government Offices, agricultural sector, and other public sectors started functioning partially.	A Case Study	The framework suggested. was developed considering the work culture, ethics, values of agricultural research sector and believe this framework can be tested and applied in other areas also if need be with necessary modification to suit the organization. The Covid-19 Pandemic will stay for some more time. The New Human Resources Paradigm should concentrate on developing policies to reduce the anxiety of employees, stakeholders with positive communication, and allocating some resources to maintain the disturbances of Cocvid-19 situation.
Christina J Atchison,2020	UK Adults	in the UK.	Conducted with a nationally representative sample of UK adults within 48 hours of the UK Government advising the public to stop non-essential contact with others and all unnecessary travel.2,108 adults living in the UK aged 18 years and over. Data were collected between March 17 and 18 2020.	A cross-sectional survey	Overall, 1,992 (94.2%) respondents reported taking at least one preventive measure: 85.8% washed their hands with soap more frequently; 56.5% avoided crowded areas and 54.5% avoided social events. Adoption of social-distancing measures was higher in those aged over 70 compared to younger adults aged 18 to 34 years (aOR:1.9; 95% CI:1.1 to 3.4).
Carl-Etienne Juneau,2020	Following PRISMA systematic review guidelines, MEDLINE	Articles reporting on the effectiveness or cost-effectiveness of at least one intervention were included and grouped into higher-quality evidence (randomized trials) and lower-quality evidence (other	We found 1,653 papers; 62 were included. Higher-quality evidence was only available to support the effectiveness of hand washing and face masks. Modelling studies indicated that these measures are highly costeffective. For other interventions, lower-quality evidence	Systematic review	A cautious interpretation of the evidence suggests that for COVID-19: (1) social distancing is effective but costly, especially when adopted late and (2) adopting as early as possible a combination of interventions that includes hand washing, face masks, ample protective equipment for healthcare workers, and swift contact tracing and case isolation is likely to be the most cost-effective strategy.
Luigi Cirrincione,2020	India	study designs). The aim of this study is to determine the awareness, knowledge and attitude about COVID-19 and relate the behaviour of Indian society, especially when the country is restarting all its economic activities, after the complete lockdown.	The present paper is based on an extensive survey among 21 406 adult participants of various sections of Indian society with different age groups between 18 and 80 years o introspect the level of public awareness with respect to cause, spread, prevention and treatment of disease caused by spread of COVID-19 viral outbreak, which will be automatically reflected in the societal behavioural response of rigorous precautionary measures.	Cross Sectional Study	There is a need to extend the knowledge base among individuals to enhance their active participation in the prevention mechanisms with respect to the spread of the pandemic. There is a need to elaborate the Indian socio-cultural aspects, so that society starts appreciating and voluntarily following social distancing. This should improve the adaptability of people with livelihood resilience to let them protect themselves not only from the present pandemic but also from all other unforeseen infections, and to provide care to patients.
Sulistyawati Sulistyawati,2021	Indonesia	To assess knowledge, attitude, practice and information needs about COVID-19 in Indonesian society.	A total of 816 respondents were included in this study. In general, public knowledge about COVID-19 was sufficient, but some topic areas were still low. Most people had a positive attitude about the COVID-19, but they provided a negative response to government policies. Most of the community has taken preventive measures for COVID-19. However, some behaviours received a low percentage. Information about how to prevent COVID-19 was the most wanted information during this pandemic.	A cross-sectiona study	This research highlights the importance of providing valid, effective, efficient, and continuous information to the public through appropriate channels to increase understanding about COVID-19 precautions.

PRISMA Flow Diagram



CONCLUSION

SARS-CoV-2, discovered for the first time in December 2019 in Wuhan, China, is a new viral strain that has never been seen in humans. It can be spread by air, direct and indirect contact, but droplets are the most common mode of transmission. It, like the other coronaviruses in the same family, can cause mild flu-like symptoms like a cold, sore throat, cough, and fever, as well as more serious symptoms like pneumonia and breathing problems, and even death. Since no effective specific drug therapy or vaccine capable of reducing the spread of this pathogen has yet to be discovered, it is critical to find ways to avoid the spread of this infection. The purpose of our research was to provide a protocol to prevent the spread of SARS-CoV-2 infection in light of the limited information related to this coronavirus. In detail, we analyzed and searched targeted evidence-based guidelines issued in the various countries affected by this epidemic up till now. In addition, we analyzed the recommendations for the prevention and control of other epidemics caused by other pathogens belonging to the same family of coronaviruses or others that present the same mechanisms of transmission. The responsible authorities have imposed general organizational steps for the containment and management of the COVID-19 epidemiological emergency in order to ensure an effective and proportionate management of the epidemiological situation's evolution. The aim of the SARS-CoV-2 prevention and safety organizational initiatives is to reduce the risk of infection. To this end, precautions must be taken at work to prevent new infections or the spread of the virus where it already exists. Furthermore, environmental controls are in place to reduce the risk of SARS-CoV-2 transmission to individuals through interaction with infected people, materials, equipment, or contaminated surfaces. When there is a chance of coming into close contact with a suspect case, protective equipment should be worn, particularly if the potentially infected person is not wearing a surgical mask that may help minimize the spread of viruses in the area. It would be possible to help combat the COVID-19 pandemic by

implementing the unique prevention and safety measures suggested in the workplace.

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Availability of data and materials

Not applicable

Declarations

Ethics approval and consent to participate

There's no need for ethical approval for this systematic review since no patient data will be collected.

Competing interests

There are no potential conflicts of interest.

Reference

- 1. Gorbalenya AE, Baker SC, Baric RS, *et al.* Severe acute respiratory syndrome-related coronavirus: the species and its viruses a statement of the Coronavirus Study Group. bioRxiv, 2020 (pre-print).
- Lai CC, Shih TP, Ko WC, Tang HJ, Hsueh PR. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and coronavirus disease-2019 (COVID-19): The epidemic and the challenges. *International Journal of Antimicrobial Agents*, 2020; 55(3): 105924
- 3. World Health Organization. Coronavirus disease 2019 (COVID-19) Situation Report 50. World Health Organization, 2002 March 09.
- World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19-11 March 2020. Accessed at https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020. (11 Mar 2020)
- 5. World Health Organization. Social mobilization in public health emergencies: Preparedness, readiness and response. WHO, 2009, Geneva Switzerland.
- 6. South China Morning Post. The Covid-19 outbreak and the implications for Hong Kong's real estate sector. https://www.scmp.com/business/article/3052082/covid-19-outbreak-and-implications-hong-kongs-real-estate-sector (accessed March 15, 2020).
- South China Morning Post. Coronavirus: Hong Kong post offices to reopen with shortened working hours, thousands of parcels with masks backed up, union says. SCMP, 1 Feb 2020. https://www.scmp.com/news/hong-kong/health-environment/article/3048541/coronavirus-hong-kong-post-offices-reopen (accessed March 18, 2020).
- 8. TVB News. Government departments resuming with limited services, Long queues observed at Licencing Office, Transport Department. Television Broadcasts Limited, 3 Feb 2020.
- 9. Hong Kong SAR, Public services to resume in a safe and orderly manner while we fight the virus together. HKSAR Press release on 27 Feb 2020.
- 10. World Health Organization. Coronavirus disease (COVID-19) advice for the public. https://www.who.int/

- emergencies/diseases/novel-coronavirus-2019/advice-for-public (accessed March 10, 2020).
- 11. World Health Organization. Getting your workplace ready for COVID-19. Word Health Organization, 2020 March 20.
- 12. The European Union information agency for occupational safety and health (EU-OSHA) 2020. https://oshwiki.eu/wiki/COVID-19:_guidance_for_the workplace#See (accessed March 12, 2020).
- COVID-19 Coronavirus pandemic. (2020). Accessed: September 9, 2020: https://www.worldometers.info/ coronavirus/.
- Ministry of Health and Family Welfare, Government of India. (2020). Accessed: September 9, 2020: https://www.mohfw.gov.in/.
- Agarwal M, Ranjan P, Mittal A, Baitha U: Use of hydroxychloroquine for pre-exposure prophylaxis in COVID debate and suggested future course (PREPRINT). Expert Rev Anti Infect Ther. 2020, 10.1080/14787210. 2021.1828062
- 16. Garcia LP: Use of facemasks to limit COVID-19 transmission. EpidemiolServSaúde. 2020, 29:2020023.10.5123/S1679-49742020000200021
- 17. Thu TP, Ngoc PN, Hai NM, Tuan LA: Effect of the social distancing measures on the spread of COVID-19 in highly infected countries. Sci Total Environ. 2020, 742:140430. 10.1016/j.scitotenv.2020.140430
- Xiao Y, Torok ME: Taking the right measures to control COVID-19. Lancet Infect Dis. 2020, 20:523-524.10.1016/S1473-3099 (20)30152-3
- The Lancet: India under COVID-19 lockdown. Lancet. 2020, 395:1315. 10.1016%2FS0140-6736(20)30938-7 Yin, Y.; Wunderink, R.G. MERS, SARS and other coronaviruses as causes of pneumonia. Respirology 2017, 23, 130–137. [CrossRef] [PubMed]
- 20. Hui, D.S.E.I.A.; Madani, T.A. The continuing 2019nCoV epidemic threat of novel coronaviruses to global health-The latest 2019 novel coronavirus outbreak in Wuhan, China. *Int. J. Infect. Dis.* 2020, 91, 264–266. [CrossRef]
- 21. Li, Q.; Guan, X.; Wu, P.; Wang, X.; Zhou, L.; Tong, Y.; Ren, R.; Leung, K.S.; Lau, E.H.; Wong, J.Y.; *et al.* Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–Infected Pneumonia. *N. Engl. J. Med.* 2020, 382, 1199–1207. [CrossRef] [PubMed]
- 22. Phelan, A.L.; Katz, R.; Gostin, L.O. The Novel Coronavirus Originating in Wuhan, China. JAMA 2020, 323,709. [CrossRef]
- Zhu, N.; Zhang, D.; Wang, W.; Li, X.; Yang, B.; Song, J.; Zhao, X.; Huang, B.; Shi, W.; Lu, R.; et al. A NovelCoronavirus from Patients with Pneumonia in China, 2019. N. Engl. J. Med. 2020, 382, 727–733. [CrossRef] [PubMed]
- 24. Harding, A.; Lanese, N. The 12 Deadliest Viruses on Earth. Marzo 2020. Articolo Pubblicatosu "Livescience". Available online: https://www.livescience.com/56598-deadliest-viruses-on-earth. html#xenforo-comments1182. (accessed on 10 March 2020).
- 25. Guo, Y.; Cao, Q.; Hong, Z.; Tan, Y.; Chen, S.; Jin, H.; Tan, K.; Wang, D. The origin Yan Yan, transmission and clinical therapies on coronavirus disease 2019

- (COVID-19) outbreak-An update on the status. Mil. Med. Res. 2020, 7, 11. [CrossRef] [PubMed]
- Nie, J.; Li, Q.; Wu, J.; Zhao, C.; Hao, H.; Liu, H.; Zhang, L.; Nie, L.; Qin, H.; Wang, M.; et al. Establishment and validation of a pseudovirus neutralization assay for SARS-CoV-2. J. Emerg. Microbes Infect. 2020, 9, 680–686. [CrossRef]
- 27. Zhang, J.; Jia, W.; Zhu, J.; Li, B.; Xing, J.; Liao, M.; Qi, W. Insights into the cross-species evolution of 2019 novel coronavirus. *J. Infect*. 2020. [CrossRef]
- 28. Ceraolo, C.; Giorgi, F.M. Genomic variance of the 2019-nCoV coronavirus. *J. Med. Virol.* 2020, 92, 522–528. [CrossRef]
- 29. Zhou, P.; Yang, X.-L.; Wang, X.-G.; Hu, B.; Zhang, L.; Zhang, W.; Si, H.-R.; Zhu, Y.; Li, B.; Huang, C.-L.; *et al.* A pneumonia outbreak associated with a new coronavirus of probable bat origin. Nature 2020, 579, 270–273.[CrossRef]
- Zhang, M.Q.; Wang, X.H.; Chen, Y.L.; Zhao, K.L.; Cai, Y.Q.; An, C.L.; Lin, M.G.; Mu, X.D. Clinical features of 2019 novel coronavirus pneumonia in the early stage from a fever clinic in Beijing. *Chin. J. Tuberc. Respir. Dis.* 2020, 43, 13.
- 31. Huang, C.; Wang, Y.; Li, X.; Ren, L.; Zhao, J.; Hu, Y.; Zhang, L.; Fan, G.; Xu, J.; Gu, X.; *et al.* Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet 2020, 395, 497–506. [CrossRef]
- Cannizzaro, E.; Ramaci, T.; Cirrincione, L.; Plescia, F. Work-Related Stress, Physio-Pathological Mechanisms, and the Influence of Environmental Genetic Factors. *Int. J. Environ. Res. Public Health* 2019, 16, 4031. [CrossRef]
- 33. Cannizzaro, E.; Plescia, F.; Cirrincione, L.; Lo Pinto, E.; Plescia, F. Sport for job. differences in cortisol levels in a water polo team at different times of workout. *Euromediterranean Biomed. J.* 2018, 13, 181–184.
- Cannizzaro, E.; Cirrincione, L.; Mazzucco, W.; Scorciapino, A.; Catalano, C.; Ramaci, T.; Ledda, C.; Plescia, F.Night-Time Shift Work and Related Stress Responses: A Study on Security Guards. *Int. J. Environ.* Res. Public Health 2020, 17, 562. [CrossRef] [PubMed]
- 35. Guo, Y.R.; Cao, Q.D.; Hong, Z.S.; Tan, Y.Y.; Chen, S.D.; Jin, H.J.; Tan, K.S.; Wang, D.J.; Yan, Y. The origin,transmission and clinical therapies on coronavirus disease 2019 (COVID-19) outbreak-An update on thestatus. Mil. Med. Res. 2020, 7, 1–10. [CrossRef]
- 36. Ho, K. F. W., Ho, K. F., Wong, S. Y., Cheung, A. W., & Yeoh, E. (2020). Workplace safety and coronavirus disease (COVID-19) pandemic: survey of employees. Bulletin of the World Health Organization.
- 37. Prasad, K. D. V., &Mangipudi, M. R. (2020). The Post-Covid19 Pandemic Back to workplace Policies and Procedures: A Case Study with Reference to Agricultural Research Sector, Hyderabad. European Journal of Business and Management Research, 5(4).
- Atchison, C. J., Bowman, L., Vrinten, C., Redd, R., Pristera, P., Eaton, J. W., & Ward, H. (2020). Perceptions and behavioural responses of the general public during the COVID-19 pandemic: A crosssectional survey of UK Adults. MedRxiv.

- 39. Somashekhar, S. P., Shivaram, H. V., Abhaham, S. J., Dalvi, A., Kumar, A., Gode, D., ... &Pillarisetti, R. R. (2020). ASI's consensus guidelines: ABCs of what to do and what not during the COVID-19 pandemic.
- Chowdhury, R., Heng, K., Shawon, M. S. R., Goh, G., Okonofua, D., Ochoa-Rosales, C., ... & Franco, O. H. (2020). Dynamic interventions to control COVID-19 pandemic: a multivariate prediction modelling study comparing 16 worldwide countries. *European journal of epidemiology*, 35(5), 389-399.
- 41. Abbas, K., Nawaz, S. M. A., Amin, N., Soomro, F. M., Abid, K., Ahmed, M., ... & Qureshi, N. (2020). A webbased health education module and its impact on the preventive practices of health-care workers during the COVID-19 pandemic. Health education research, 35(5), 353-361.

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