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The perception of the COVID-19 pandemic threat in Poland. A health security study

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Abstract

The global threats posed by the COVID-19 pandemic offered an impetus for the study of the perception of these threats in Poland by professional groups, which in the course of their duties support state authorities in eliminating the effects of the outbreak of the coronavirus infection the capital city of Warsaw. The aim of this study was thus to identify how the threats caused by the COVID-19 pandemic were perceived in Poland. The analysis made it possible to formulate recommendations for dealing with subsequent phases of the epidemic. These are addressed to entities responsible for ensuring health security and may serve the purpose of more effective restoration of national security to the state it was in prior to the epidemic.

Keywords

health security, COVID-19 pandemic, threats, security, country, Poland

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Introduction

The dynamically changing reality brings about many dangers and challenges concerning nearly all dimensions of human existence, including health, and more broadly speaking, health security. On one hand, this may refer to the efforts of public administration to coordinate the dispersed elements of health, social and rehabilitation care, accident compensation, pensions, sickness benefits as well as occupational health and other benefits to meet the need for healthcare services and the means of subsistence. On the other, health security may be considered from the viewpoint of individuals who consider the available health care to be sufficient and the costs of treatment to be within their financial capacity, and who trust that in the event of the loss of their earning capacity they will have secured financial means enabling them to lead a decent life.¹ However, health security refers to the creation of optimal conditions to ensure the survival and development of people in terms of their physical, mental and social health. Such an interpretation of health security indicates that it is a process in which people strive for biological, psychological and social wellbeing, which enables them to function in many dimensions, and to pursue their life plans and aspirations. Health is the topmost value here, aimed at stimulating active human participation in various forms of physical culture.²

The global experience of 2020-2021 has shown that health security is currently mainly discussed from the perspective of protection against global health threats, with a particular focus on new infectious diseases. Thus, the threats posed by the COVID-19 pandemic have dominated the public and scientific discourse. There has been an increasing demand for interdisciplinary research involving researchers from the security sciences.³ This situation has given rise to a new field of exploration, which is the perception of these threats. What seems particularly interesting is the perception of threats posed by the COVID-19 pandemic in Poland by professional groups who in the course of their duties support state authorities in eliminating the effects of the outbreak of the coronavirus infection in the capital city of Warsaw. The aim of this study was thus to identify how the threat brought about by the COVID-19 pandemic is perceived in Poland. The issues addressed in this article, although multifaceted and complex, required division into three main parts. The first part presents theoretical aspects of the COVID-19 pandemic, the second one – the research methodology and research results, while the third one presents the empirical results. The organisation of the narrative in this manner has made it possible to formulate a summary and concluding comments.

1. P. Supranowicz, M.J. Wysocki, J. Car, A. Dębska, A. Gębska-Kuczerowska, *Gotowość mieszkańców Warszawy do współpracy ze służbą zdrowia. II. Ocena bezpieczeństwa zdrowotnego i emerytalnego*, "Przegląd Epidemiologiczny", 2012, 66 (1), p. 150.

2. I. Urych, *Kultura fizyczna w kształtowaniu bezpieczeństwa zdrowotnego*, ASzWoj 2018, pp. 59–64.

3. F.M. Szymański, C. Smuniewski, A.E. Platek, *Will the COVID-19 Pandemic Change National Security and Healthcare in the Spectrum of Cardiovascular Disease?*, "Current Problems in Cardiology", 2020, 45 (9), pp. 1–9. DOI: [10.1016/j.cpcardiol.2020.100645](https://doi.org/10.1016/j.cpcardiol.2020.100645)

Theoretical aspects of the COVID-19 pandemic

The first reports about a mysterious new disease that causes severe pneumonia began to flow from the city of Wuhan, China, in December 2019. This happened thanks to China's system for detecting unusual pneumonias following previous outbreaks of SARS and MERS. Initially, all cases were closely linked to a fish market in the Hubei province where live animals were traded, so Chinese scientists began to assume it was a zoonotic pathogen.⁴ The Chinese government notified the World Health Organisation (WHO) about the new pathogen on 31 December 2019 when 44 cases of infection had been detected. On 9 January 2020, the whole world officially heard about the novel coronavirus, similar to SARS-CoV.⁵

In February 2020, the virus was named SARS-CoV-2 and the disease it causes was named COVID-19. Scientists indicated that it is the seventh virus from the coronavirus family known to infect humans. This group also includes the SARS-CoV virus which caused the 2002-2003 epidemic, and the MERS-CoV virus responsible for the Middle East respiratory syndrome. Other viruses in this group cause mild respiratory infections in humans and animals.⁶

The first symptoms of the COVID-19 infection appear between two and fourteen days after a contact with the pathogen.⁷ The most common symptoms are fever, cough and shortness of breath, and fatigue. There are also non-specific symptoms such as weakness, muscle and joint pain, rhinitis, headache, sore throat, organoleptic disorders in the form of olfactory and taste impairment, laryngitis or conjunctivitis, as well as nausea, vomiting and diarrhoea. The variety of symptoms that occur is due to the fact that the cell receptors identified by SARS-CoV-2 are found not only on lung cells, but also on vascular endothelial cells, vascular muscle membranes, erythrocytes and intestinal epithelial cells.⁸

The modes of SARS-CoV-2 transmission are divided into direct and indirect modes. Direct transmission involves immediate transfer of the infectious agent from an infected host or reservoir to the actual infection gate. The direct routes therefore include touch, kissing, sexual intercourse, other contact (birth, medical procedures, injections), through the air over short distances (droplet route, cough, rhinitis), transfusion and transplantation. Indirect transmission, on the other hand, occurs through contact with contaminated objects (food, water, tools), transmitters (birds, insects, mammals) and air (dust, aerosol). Distinguishing between the types of transmission was important in order to select the appropriate methods for controlling infectious diseases.⁹ The first symptoms of the

4. A. Afelt, J. Duszyński, A. Ochab-Marcinek, R. Owczuk, K. Pyrc, M. Rosińska, A. Rychard, T. Smiatcz, *Zrozumieć COVID-19*, PAN 2020, p. 12.

5. Ibidem.

6. Z. Drulis-Kawa, *Koronawirus SARS-COV-2 – biologia, wykrywanie i zwalczanie*, <https://uni.wroc.pl/koronawirus-sars-cov-2-biologia-wykrywanie-i-zwalczanie/?fbclid=IwAR3t4yzwmn4ChA5zYPBC6rA-YgvL7OCylpaXfo4ZRr1MP-IHJHOsL4Nv5qk>, (access 21.21.2020).

7. R. Gierczyński, G. Juszczyk, A. Lipińska-Ojrzanowska, K. Socha, B. Świątkowska, J. Walasiuk-Skorupa, *Ochrona zdrowia pracujących przed zakażeniem koronawirusem sars-cov-2 wywołującym COVID-19 – aktualny stan wiedzy i zalecenia*, Instytut Medycyny Pracy im. prof. J. Nofera w Łodzi 2020, p. 5.

8. Ibidem, pp. 6-7.

9. R. Beaglehole, R. Bonita, T. Kjellstrom, *Basic epidemiology*, World Health Organization 1993, pp. 115-116.

disease appear between two and fourteen days after a contact with the pathogen, making it difficult to isolate people who are likely to infect others.¹⁰

The Chief Sanitary Inspector of Poland prepared procedures and case definitions for the monitoring of persons infected with SARS-CoV-2. According to these definitions, each person who has had or may have had contact with the virus can be placed into one of three categories: A (suspected case), B (probable case), C (confirmed case).¹¹ The Chancellery of the Prime Minister also prepared a procedure used in the case of suspected infection or contact with a sick person, as well as in the case of a confirmed infection. The procedures in the case of contact with a sick person oblige individuals to report this fact to the sanitary and epidemiological service and to enter quarantine. If the condition of the person remains unchanged (no symptoms of the disease), the quarantine ends after ten days. If a person develops any symptoms of COVID-19, they should contact their GP who will assess their health and, if necessary, refer them for a molecular test for the genetic material of the virus. In case of a negative result, the quarantine automatically ends. A positive result means that isolation is mandatory and those who live in the same household as that person are also placed under quarantine.

In contrast, the global methods for preventing and reducing the transmission of COVID-19 are as follows:

- elimination of the source of infection – in the case of SARS-CoV-2, this involves rapid identification of those infected and their isolation from healthy persons,
- cutting transmission routes – these are all actions limiting social contacts, such as restricting assemblies, closing educational institutions, as well as decreasing the probability of infection if contact between people is necessary, i.e. maintaining physical distance from others, hand hygiene, wearing masks, disinfecting surfaces,
- immunization of the population through vaccination – the essence of this strategy is to try to achieve herd immunity in the population so that the epidemic dies out.¹²

Although many countries took various measures to contain the COVID-19 pandemic, it caused over 255 million confirmed cases and over five million deaths worldwide.¹³ The resulting rise in

10. R. Gierczyński, G. Juszczyk, A. Lipińska-Ojrzanowska, K. Socha, B. Świątkowska, J. Walasiuk-Skorupa, *Ochrona zdrowia pracujących przed zakażeniem koronawirusem sars-cov-2 wywołującym COVID-19 – aktualny stan wiedzy i zalecenia*, Instytut Medycyny Pracy im. prof. J. Nofera w Łodzi 2020, p. 5.

11. More about this topic: *Definicja przypadku na potrzeby nadzoru nad zakażeniami ludzi nowym koronawirusem SARS-CoV-2*, https://www.gov.pl/web/gis/definicja-przypadku-na-potrzeby-nadzoru-nad-zakazeniami-ludzi-nowym-koronawirusem-sars-cov-2?fbclid=IwARlnQDZ3ZF2D67cQlfx_SvRJoMP_IYeIR-iDsXJWripYODIVKFOg5CgWg, (access 12.04.2021).

12. A. Afelt, J. Duszyński, A. Ochab-Marcinek, R. Owczuk, K. Pyrc, M. Rosińska, A. Rychard, T. Smiatacz, *Zrozumieć COVID-19*, PAN 2020, pp. 19-20.

13. *Coronavirus disease 2019*, <https://www.google.com/search?client=firefox-b-d&q=covid+19+liczba+zgon%C3%B3w+na+%C5%9Bwiecie>, (access 23.04.2021).

the numbers of hospital admissions and deaths far exceeded the capacity of the current health care system.¹⁴ The challenge posed by the pandemic to all countries was to maintain a health service that is fully operational and capable of treating and saving lives of their citizens. For health is a supreme value, the protection of which is guaranteed by public institutions, and access to medical services must be provided on an equal and fair basis.¹⁵ As Zbyszko Melosik aptly observed: “The pandemic fell on humanity, fell on us, because each of us is humanity, absurdly suddenly. As a health fact, but also as a socio-economic and cultural fact. At the same time, the pandemic not only brings to the surface or amplifies many features of contemporary society, but it also makes us aware of what is important to us and what we can let go of.”¹⁶ Thus, “in a manner so brutal and yet so simple, and perhaps because of that so painful, the pandemic forced us to think about the value of security, including national security. From the point of view of national security, the moment when national borders were closed, and individual countries had to cope on their own during the pandemic was significant. We remembered about the relationship between the state and that which is international,”¹⁷ added Cezary Smuniewski.

Ensuring security in the broadest sense is one of the basic functions of the state and is considered a public good, which at the same time entitles state authorities to intervene in all areas of security.¹⁸ The Polish state, having all the forces and means necessary to neutralise the threat that SARS-CoV-2 undoubtedly is, is obliged to take appropriate measures to prevent the effects and limit further transmission of the coronavirus.

The interest in the topic discussed above and the current epidemiological situation in Poland have been the factors determining the aim of this study as the diagnosis of the perception of the threat posed by the COVID-19 pandemic in Poland. The main problem addressed by this study is contained in the following question: What is the image of the threats brought about by the COVID-19 pandemic in Poland? This research problem was linked with a description and a diagnosis, and not with verification research, and therefore the formulation of detailed research hypotheses was abandoned, which, according to some authors, may avert the problem of the research hypotheses influencing the final outcome of research.¹⁹

The study used theoretical methods, such as the analysis and synthesis of literature, and empirical methods in the form of a diagnostic survey with the use of the survey technique, and a research tool in the form of a survey questionnaire. The survey questionnaire on the perception of threats

14. F.M. Szymański, C. Smuniewski, A.E. Platek, *Will the COVID-19 Pandemic Change National Security and Health-care in the Spectrum of Cardiovascular Disease?*, “Current Problems in Cardiology”, 2020, 45 (9), pp. 1–9. DOI: [10.1016/j.cpcardiol.2020.100645](https://doi.org/10.1016/j.cpcardiol.2020.100645)

15. P. Grzywina, *Bezpieczeństwo zdrowotne — wprowadzenie do problematyki*, Studia Politicae Universitatis Silesiensis, 2015, Vol. 14, pp. 116–117.

16. P. Nowak, “*Pierwsza pandemia globalizacji*”, <https://www.mp.pl/covid19/covid19-aktualnosci/282366.pierwsza-pandemia-globalizacji>, (access 25.04.2021). Fragment of a statement by Zbyszko Melosik during an online debate “System wartości w dobie COVID-u” (The system of values in the times of COVID), which was held on 18 October 2021 at the Catholic University of Lublin.

17. P. Nowak, “*Pierwsza pandemia globalizacji*”, <https://www.mp.pl/covid19/covid19-aktualnosci/282366.pierwsza-pandemia-globalizacji>, (access 25.04.2021). Fragment of a statement by Cezary Smuniewski during an online debate “System wartości w dobie COVID-u” (The system of values in the times of COVID), which was held on 18 October 2021 at the Catholic University of Lublin.

18. B. Bober, *Bezpieczeństwo zdrowotne jako istotny komponent bezpieczeństwa państwa*, Wyższa Szkoła Zarządzania i Bankowości 2016, p. 33.

Methodology and research results

posed by the COVID-19 pandemic in Poland by the respondents included 17 questions. Six closed questions have been analysed in this paper. These were four single-choice and two multiple-choice questions that concerned the following:

- knowledge of the respondents regarding the specifics of the threat of the COVID-19 pandemic prior to confirmation of the first diagnosed case in Poland,
- opinions of the respondents regarding Poland's preparedness for the new epidemiological threat posed by COVID-19,
- respondents' anticipation of multidimensional consequences for the state at the time of the diagnosis of the first case of COVID-19,
- the dimensions of the functioning of the state where, in the opinion of the respondents, the COVID-2 epidemic poses the greatest threat,
- effective actions that the respondents believe will contribute to containing the epidemic,
- opinions of the respondents on whether Poland will be better prepared to face other epidemiological threats in the future.

The study on the threats brought about by the coronavirus outbreak in Poland involved 79 people who are Border Guard officers in the Podlaskie Border Guard Unit and the Warmińsko-Mazurskie Border Guard Unit (78.5%), police officers in the Warszawa Rembertów Police Station (16.5%) and volunteers in the National Hospital (5.1%). The selection of respondents was intentional and incidental.²⁰ The adoption of the criterion of purposeful sample selection was dictated by the fact that the selected professional groups were those that support the state authorities in eliminating the effects of the coronavirus epidemic in Poland in the capital city of Warsaw in the course of their official duties. Moreover, some officers, inspectors, civil servants and health care workers responsible for these activities refused to participate in the study, which significantly limited the selection of respondents and resulted in the use of the incidental selection of the research sample. Therefore, a random selection, which would have created an opportunity for obtaining information from all employees randomly selected, was not possible.

19. See S. Nowak, *Metodologia badań społecznych*, PWN 1985, p. 25; M. Łobocki, *Metody i techniki badań pedagogicznych*, Oficyna Wydawnicza "Impuls" 2006, p. 26.

20. See e.g. P. Guilford, *Podstawowe metody statystyczne w psychologii i pedagogice*, PWN 1964, p. 186; E. Babie, *Podstawy badań społecznych*, PWN 2008, p. 212.

Empirical results

The empirical research was aimed at learning the opinions of officers, inspectors, officials and health care workers on the threats posed by the coronavirus epidemic in Poland. The first question determined whether the respondents had any knowledge of the specific threat posed by SARS-CoV-2 to the country (Table 1).

Table 1. Knowledge of the respondents of the specific threat of COVID-19 pandemic prior to the confirmation of the first diagnosed case in Poland

No. 1	Question	Answers			
	Had you aware been of the specifics of the COVID-19 pandemic threat before the first diagnosed case was confirmed in Poland?	I had been fully aware of the epidemiological situation in the world	I had heard about a new threat, without knowing specific details	I had heard about a new threat and had been familiar with its specifics	I had heard nothing about the subject
		40.5%	44.3%	10.1%	5.1%

Source: Original research.

As indicated by the survey results presented in Table 1, most respondents (94.9%) had known the specifics of the COVID-19 pandemic threat before the first diagnosed case was confirmed in Poland.

The next question made it possible to determine whether according to the respondents Poland had been prepared for the new epidemic threat (Table 2).

Table 2. Views of the respondents on the preparedness of Poland for the new epidemiological threat posed by COVID-19

No. 2	Question	Answers				
	In your opinion was Poland prepared for the new epidemiological threat of COVID-19?	Definitely yes	Rather yes	Do not know	Rather not	Definitely not
		0%	6.3%	11.4%	38%	44.3%

Source: Original research.

An analysis of the survey results presented in Table 2 shows that the overwhelming majority of the respondents (82.3%) believed that Poland had not been prepared for the new threat. No respondent gave a “Definitely yes” answer, and only 6.3% responded “Rather yes”.

The next question concerned the perception of the respondents of the multidimensional consequences of the epidemic for Poland following the detection of the first case of infection in the country (Table 3).

Table 3. The respondents’ prediction of multidimensional consequences for the state at the time the first COVID-19 case was diagnosed

No. 3	Question	Answers				
	When the first case of COVID-19 was diagnosed in Poland, did you foresee such multidimensional consequences for the state?	Definitely yes	Rather yes	Do not know	Rather not	Definitely not
		15.2%	31.6%	6.3%	35.4%	11.4%

Source: Original research.

The results of the study presented in Table 3 show that 47% of the respondents were unlikely to have anticipated the multifaceted consequences for the state at the time the first COVID-19 case was diagnosed in Poland. At the same time, a comparable number of respondents (46.8%) anticipated these consequences.

Subsequent questions included in the survey questionnaire made it possible to determine the individual aspects of the functioning of state for which the COVID-2 epidemic poses the greatest threat according to the respondents (Table 4).

Table 4. The aspects of the functioning of the state for which the COVID-2 epidemic poses the greatest threat according to the respondents

No. 4	Question	Answers								
	For which aspect of state security does the COVID-2 epidemic pose the greatest threat?	Economic	Health	Social	Public	General	Culture	Politics	Ecological security	Military
		85.3%	82.3%	45.6%	34.2%	13.9%	3.8%	3.8%	3.8%	1.3%

* up to three responses could be selected

Source: Original research.

An analysis of the data presented in Table 4 shows that according to the respondents COVID-19 posed the greatest threat primarily to the economic (85.3%) and health (82.3%) aspects. The social aspect (45.6%) and the public aspect (34.2%) were also among those mentioned as the most threatened. The other aspects of state functioning are not significantly threatened in the opinion of the respondents.

The respondents were also asked about effective actions they believed would contribute to curbing the epidemic. The respondents, given a choice of up to five answers, indicated the following actions:

- quarantine (60.8%),
- closing clubs and discos (50.6%),
- banning cultural and professional events (50.6%),
- ordering people to cover their mouths and noses (45.6%),

- restrictions on religious services (31.6%),
- restrictions on movement (31.6%),
- restrictions on gyms, swimming pools, ski slopes, sports clubs (27.8%),
- restrictions in the educational system (16.8%),
- reduced operation of shopping centres and malls (10.1%),
- restrictions in organising special events (10.1%),
- restrictions in public transport (10.1%),
- restrictions on the operation of catering establishments (5.1%),
- restrictions and prohibition of assembly (5.1%),
- restrictions on the hotel industry (1.3%),
- special shopping hours for senior citizens (1.3%).

The next question concerned Poland's preparedness for new epidemic threats in the future (Table 5).

Table 5. Opinions of the respondents as to whether Poland will be better prepared to face other epidemiological threats in the future

No. 5	Question	Answers				
	In your opinion will Poland be better prepared for other epidemiological threats in the future?	Definitely yes	Rather yes	Do not know	Rather not	Definitely not
		8.9%	34.2%	19%	26.6%	11.4%

Source: Original research.

The results of the study presented in Table 5 show that almost one half of the respondents (43.1%) believed that Poland was prepared for new epidemic threats in the future. An opposite opinion was held by almost 40% of the respondents (38%).

The survey indicated that most of the respondents (94.9%) had known the specifics of the COVID-19 pandemic threat before the first diagnosed case was confirmed in Poland. The overwhelming majority of the respondents (82.3%) believed that Poland was not prepared for the new epidemic threat. 47% of respondents were unlikely to have anticipated the multifaceted consequences for the state at the time the first case of COVID-19 was diagnosed in Poland. At the same time, a comparable number of respondents (46.8%) anticipated these consequences. According to the respondents, COVID-19 caused the greatest threat primarily to the economic (85.3%) and health (82.3%) aspects. The social (45.6%) and public (34.2%) aspects were also among the top aspects mentioned as at risk. In turn, the effective measures they believed would help contain the epidemic were mainly quarantine (60.8%), closing clubs and discos (50.6%), banning cultural and professional events (50.6%), ordering people to cover their mouths and noses (45.6%), restrictions on religious celebrations (31.6%), restrictions on movement (31.6%) and restricting the activities of gyms, swimming pools, ski slopes, and sports clubs (27.8%). In addition, almost one half of the respondents (43.1%) believed that Poland was prepared for new epidemic threats in the future, while a similar group of the respondents was of an opposite opinion, although that group was almost 4% smaller (38%).

The conducted research allows for concluding that the entities responsible for maintaining security in Poland knew the specificity of the threat related to the epidemic hazard that had developed in China. A significant number of them did not realise the multifaceted consequences of the appearance of the SARS-CoV-2 virus within the borders of Poland for the country. Thus, the majority of the respondents indicated that Poland had not been prepared for the appearance of an epidemic threat. These empirical findings are confirmed by the epidemiological situation in Poland. During the first wave of the pandemic, it was with a considerable delay that primary health care clinics received detailed guidelines if a patient with a suspected coronavirus infection turned up. They were not supplied with personal protective equipment in a quantity adequate for their needs.²¹ The fairly poor preparedness of the Polish state for an epidemiological threat may be associated with the lack of appropriate legal instruments enabling a quick response to such a threat. This fact also confirmed the necessity of amending the “Act on preventing and combating infections and infectious diseases in

21. K. Klinger, P. Otto, *Polska nie jest gotowa na atak koronawirusa. Brakuje wyposażenia, lekarze nie wiedzą jak postępować*, <https://serwis.gazetaprawna.pl/zdrowie/artykuly/1455927,koronawirus-w-polsce-jak-postepowac.html>, (access 28.04.2021).

Summary and concluding comments

humans²² as the original version, which had been passed in 2008, did not contain all the provisions necessary for legal restrictions of civil liberties and freedoms. Only one half of the respondents felt that the amended law provided for all powers and resources required to combat the effects of the epidemic and limit virus transmission.

When the first restrictions and procedures were introduced to combat the effects of the epidemic and limit its extent, it was important to focus on three aspects of state functioning: the economic, health, and social aspects. It was these aspects of the state that the respondents believed were most susceptible to destabilisation. The decisions of the government and responsibility of citizens made it possible to reduce drastically the number of infections as compared with other countries. However, each of the decisions made by the government brought about its own consequences. In this regard, particular attention should be paid to the closure of schools, colleges and universities, the introduction of restrictions on economic activities, as well as the obligation of a quarantine and the obligation to cover the mouth and the nose.²³

The closure of schools, colleges and universities was one of the first restrictions to be imposed, with their activities remaining limited until the end of the 2019/2020 school year. This action can be judged as justified in view of the asymptomatic or mildly symptomatic transmission of this disease among children, whereby it should be noted that the children can still infect others.²⁴ Subsequently, due to the minor increase in infections over the summer holidays, the government decided to resume full-time education and allow for the return of all children to schools. On one hand, this was an appropriate decision because of the opportunity for the children to interact with their peers, which is a very important factor for their mental development.²⁵ On the other, the flu season began in the autumn of 2020, which coincided with the continued epidemic, placing an additional strain on the health care system. At the same time, the return to in-person teaching when the epidemic was not adequately controlled meant that students began to infect each other, and this directly translated into the need to close schools and return to remote teaching.²⁶ With these experiences in mind, the issue of education should also be considered during the development of a response plan for other epidemics. What seems to be needed is an algorithm for conduct that would allow a proper balance between the principles of a sanitary regime and the need to protect the health and lives of citizens, and meeting the educational and developmental needs of children and young people.

22. Ustawa z dnia 5 grudnia 2008 r. o zapobieganiu oraz zwalczaniu zakażeń i chorób zakaźnych u ludzi, Dz.U. 2008 nr 234 poz. 1570, [Act of 5 December 2008 on the prevention and combating infections and infectious diseases in humans, Journal of Laws 2008, No. 234, item 1570].

23. M. Mikołajska, *Rok epidemii COVID-19 w Polsce. Sukcesy, porażki, prognozy – eksperci podsumowują*, <https://www.medonet.pl/koronawirus/koronawirus-w-polsce,rok-epidemii-covid-19-w-polsce--eksperti-mowia-co-nas-czeka,artykul,90113652.html>, (access 29.04.2021).

24. *Dziecko i koronawirus*, <https://pacjent.gov.pl/aktualnosc/dziecko-i-koronawirus>, (access 28.04.2021).

25. M. Chrapieńska-Krupa, *Brak kontaktu z rówieśnikami u dziecka*, <https://www.spokojwglowie.pl/brak-kontaktuz-rowiesnikami-u-dziecka/>, (access 28.04.2021).

26. S. Stachura, *Koronawirus w Polsce. "Polskie szkoły nie są w żaden sposób przygotowane do epidemii"*, <https://www.medonet.pl/koronawirus/koronawirus-w-polsce,koronawirus-w-polsce--polskie-szkoly-nie-sa-w-zaden-sposob-przygotowane-do-epidemii,film,65601491.html>, (access 28.04.2021).

It is also worth mentioning that the threats posed by the COVID-19 pandemic in Poland were also related to the restrictions in economic activities, which affected financial liquidity of the state and many of its citizens. Therefore, the respondents identified the economic aspect as most susceptible to the epidemic. In turn and in response to the introduced restrictions, the Polish government also introduced the “Anti-Crisis Shield”, the aim of which was to stabilise the economy and stimulate investment. The main principles of the Shield consisted in the protection of jobs and security of employees, financing for businesses, protection of health, strengthening of the financial system, and public investments.²⁷ In the first version of the Shield, financial support was granted to every enterprise, for example in the form of a three-month exemption from social-security (ZUS) contributions or a non-returnable loan. This could be considered a too hasty and ill-considered measure as companies that had not suffered any financial losses also received support. In the subsequent modifications of the Shield, targeted aid was introduced, addressed exclusively to industries particularly affected by the consequences of the epidemic, which seems to be a more reasonable approach. With this in mind, when discussing changes to the financial instruments designed to minimise the impact of economic stagnation, attention should be paid to all industries in which operations were suspended. It is necessary to provide assistance only to those industries that do not have the possibility of securing financial liquidity to maintain their operations at the same level as prior to their suspension.

The mandatory quarantine and covering of the mouth and the nose remain important preventive elements in ensuring health security. By means of a compulsory quarantine for persons with suspected infections and persons who have had contact with a sick person, as well as the order to cover the mouth and the nose, the government was trying to implement the principles of health safety in order to prevent mass infections which would cause the collapse of the health care system, which in turn would endanger life or health of many citizens. An important achievement of the information policy pursued by the government was also the improvement of medical awareness of the public as regards observance of the hygiene and sanitary principles. The habit of washing and disinfecting hands as well as the use of protective face masks are manifestations of the sense of responsibility of the citizens, but also of their awareness of the risk. An important issue that should be noted is the fact that the situation did not reach a collapse in Poland and despite numerous inconveniences there were no situations such as those that could be observed in France or Italy.²⁸

The analysis presented above is a modest contribution to the discussion on the role of the state during an epidemiological emergency based on the example of the COVID-19 pandemic in Po-

27. *Tarcza Antykryzysowa*, <https://www.gov.pl/web/tarczaantykryzysowa>, (access 28.04.2021).

28. M. Mikołajska, *Rok epidemii COVID-19 w Polsce. Sukcesy, porażki, prognozy – eksperci podsumowują*, <https://www.medonet.pl/koronawirus/koronawirus-w-polsce,rok-epidemii-covid-19-w-polsce--eksperti-mowia-co-nas-czeka,artykul,90113652.html>, (access 29.04.2021).

land. The presented recommendations for dealing with subsequent phases of the epidemic, which have been addressed to entities responsible for ensuring health security, may serve to restore state security more effectively to the state it was in prior to the epidemic. They can be regarded as challenges the dealing with which is not easy, but certainly achievable.

Bibliography

Afelt A., Duszyński J., Ochab-Marcinek A., Owczuk R., Pyrc K., Rosińska M., Rychard A., Smiatcz T., *Zrozumieć COVID-19*, PAN 2020.

Babbie E., *Podstawy badań społecznych*, PWN 2008.

Beaglehole R., Bonita R., Kjellstrom T., *Basic epidemiology*, World Health Organization 1993.

Bober B., *Bezpieczeństwo zdrowotne jako istotny komponent bezpieczeństwa państwa*, Wyższa Szkoła Zarządzania i Bankowości 2016.

Chrapińska-Krupa M., *Brak kontaktu z rówieśnikami u dziecka*, <https://www.spokojwglowie.pl/brak-kontaktu-z-rowiesnikami-u-dziecka/>, (access 28.04.2021).

Coronavirus disease 2019, <https://www.google.com/search?client=firefox-b-d&q=covid+19+liczba+zgon%C3%B3w+na+%C5%9Bwiecie>, (access 23.04.2021).

Definicja przypadku na potrzeby nadzoru nad zakażeniami ludzi nowym koronawirusem SARS-CoV-2, https://www.gov.pl/web/gis/definicja-przypadku-na-potrzeby-nadzoru-nad-zakazeniami-ludzi-nowym-koronawirusem-sars-cov-2?fbclid=IwARlnQDZ3ZF2D67cQIfx_SvRJoMP_IYeIR-iDsXJWripYOD1VKFo-og5CgWg, (access 12.04.2021).

Drulis-Kawa Z., *Koronawirus SARS-COV-2 – biologia, wykrywanie i zwalczanie*, <https://uni.wroc.pl/koronawirus-sars-cov-2-biologia-wykrywanie-i-zwalczanie/?fbclid=IwAR3t4yuzwmn4ChA5zYPBC6rA-YgvL7OCylpaXfo4ZRr1MP-1HJHO-sL4Nv5qk>, (access 21.12.2020).

Dziecko i koronawirus, <https://pacjent.gov.pl/aktualnosc/dziecko-i-koronawirus>, (access 28.04.2021).

Gierczyński R., Juszczyk G., Lipińska-Ojrzanowska A., Socha K., Świątkowska B., Walasiuk-Skorupa J., *Ochrona zdrowia pracujących przed zakażeniem koronawirusem sars-cov-2 wywołującym COVID-19 – aktualny stan wiedzy i zalecenia*, Instytut Medycyny Pracy im. prof. J. Nofera w Łodzi 2020.

Grzywna P., *Bezpieczeństwo zdrowotne – wprowadzenie do problematyki*, “Studia Politicae Universitatis Silesiensis”, 2015, Vol. 14, pp. 105–121.

Guilford P., *Podstawowe metody statystyczne w psychologii i pedagogice*, PWN 1964.

Klinger K., Otto P., *Polska nie jest gotowa na atak koronawirusa. Brakuje wyposażenia, lekarze nie wiedzą jak postępować*, <https://serwis.gazetaprawna.pl/zdrowie/artykuly/1455927,koronawirus-w-polsce-jak-postepowac.html>, (access 28.04.2021).

Łobocki M., *Metody i techniki badań pedagogicznych*, Oficyna Wydawnicza “Impuls” 2006.

Mikołajska M., *Rok epidemii COVID-19 w Polsce. Sukcesy, porażki, prognozy - eksperci podsumowują*, <https://www.medonet.pl/koronawirus/koronawirus-w-polsce,rok-epidemii-covid-19-w-polsce--eksperci-mowia--co-nas-czeka,artykul,90113652.html>, (access 29.04.2021).

Nowak P., *“Pierwsza pandemia globalizacji”*, <https://www.mp.pl/covid19/covid19-aktualnosci/282366,pierwsza-pandemia-global>, (access 25.04.2021).

Nowak S., *Metodologia badań społecznych*, PWN 1985.

Stachura S., *Koronawirus w Polsce. “Polskie szkoły nie są w żaden sposób przygotowane do epidemii”*, <https://www.medonet.pl/koronawirus/koronawirus-w-polsce,koronawirus-w-polsce--polskie-szkoly-nie-sa-w-zaden-sposob-przygotowane-do-epidemii,film,65601491.html>, (access 28.04.2021).

Supranowicz P., Wysocki M.J., Car J., Dębska A., Gębska-Kuczerowska A., *Gotowość mieszkańców Warszawy do współpracy ze służbą zdrowia. II. Ocena bezpieczeństwa zdrowotnego i emerytalnego*, “Przegląd Epidemiologiczny”, 2012, 66 (1), pp. 149–155.

Szymański F.M., Smuniewski C., Platek A.E., *Will the COVID-19 Pandemic Change National Security and Healthcare in the Spectrum of Cardiovascular Disease?*, "Current Problems in Cardiology", 2020, 45 (9), pp. 1–9. DOI: [10.1016/j.cpcardiol.2020.100645](https://doi.org/10.1016/j.cpcardiol.2020.100645)

Tarcza Antykryzysowa, <https://www.gov.pl/web/tarczaantykryzysowa>, (access 28.04.2021).

Urych I., *Kultura fizyczna w kształtowaniu bezpieczeństwa zdrowotnego*, ASzWoj 2018.

Ustawa z dnia 5 grudnia 2008 r. o zapobieganiu oraz zwalczaniu zakażeń i chorób zakaźnych u ludzi, Dz.U. 2008 nr 234 poz. 1570, [Act of 5 December 2008 on the prevention and combating infections and infectious diseases in humans, Journal of Laws 2008, No. 234, item 1570].