

## SAFETY AND HEALTH MONITORING TOOLS; A TECHNIQUE TO ENSURE SELF COMPLIANCE TO OCCUPATIONAL SAFETY AND HEALTH NATIONAL GUIDELINES WITHIN THE HEALTH SECTOR IN UGANDA

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## Introduction

- Uganda is located in East Africa
  - Estimated Population of 33 million ( 2010)
  - Total Area 238,461 km<sup>2</sup>
  - Doctor to population ratio is approx 1:36,000
    - Nurse ratio 1:5000
    - Midwife 1: 10,000
- ( Data June: 2010)

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## Map of Uganda



## Health Sector

- 59 Public Hospitals
  - 2 National Referral Hospitals
  - 11 Regional Referral hospitals
  - 46 General Hospitals
- 2242 Government Health Centres
- 46 Private not for Profit (PNFP) Hospitals
  - 613 PNFP Health Centres
- 8 Private Hospitals
  - 269 Health Centres

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## Past experiences

- In 2000 Ebola outbreak in Gulu northern Uganda, 31 health workers were affected, 17 died
- A sero -status survey in Mbarara Teaching Hospital, 6 out of 46 health workers tested positive for Hepatitis B
- In 2007 Ebola outbreak in Bundibugyo, 14 health workers were affected , 5 died

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## Past experiences cont'd



Photo 1; shows Butabika National Referral Psychiatric Hospital workers in a compound while on strike

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## Personal statements

*"Our risk allowances were suspended yet we work from Monday to Saturday. We have no means of transporting ourselves to work or feeding our children,"* said Harriet Aldria, a nursing officer.

*"This is a referral hospital with a standby generator but when power goes off, we are left to suffer especially at night. Sometimes we hide in trenches when the patients turn against us,"* she lamented.

*"We work under difficult conditions. It is a big task handling the mentally challenged patients, yet no risk allowances are considered,"* the nursing officer added

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## What has been done

- Occupational Safety and Health Act, 2006
  - National Safety and Health policy and guidelines for the Health Sector
- Dissemination of Policy - trained health workers and district leadership in 8 pilot Districts for 5 days (Oyam, Kabarole, Mubende, Mityana, Amolator, Busia, Namutumba, Kamuli)
  - Need for operationalisation of the Policy through integration in existing systems
  - Hazard identification and control
  - Formation of safety committees
  - Proper record keeping

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## Tools for monitoring

- Inspection Action sheet (Form 1)
- Incident reporting tool (Form 2a)
- Incident investigation tool (Form 2b)
- Monitoring and Evaluation tool (Form 3)

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## FORM NO. 1 OSH WORKPLACE INSPECTION ACTION SHEET

To be filled on quarterly basis by the chairperson of the OSH committee or any other member of the committee delegated by the chairperson.

Workplace name.....Date of inspection...

Inspection Team leader:.....Title:...

Signature: .....

Identified Problem	Where/Location	Required Action	When (Date)	Responsible Persons	Assessment of Action taken	Assessment Date
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## FORM No. 2a. Incident reporting form

Name of workplace: ..... Date: .....

### 1. Information on the person involved in the incident

Name, Date of birth, Address, Occupation, Unit/department, Sex

### 2. Details of the incident /injury / accident

Date, Time, Place in which it happened, What activity was being performed by person injured?

### 3. Causes of the incident

### 4. What was the outcome of the incident?

### 5. Action taken

- Comment: This form should be availed to every department/section/unit and accessible to all workers in the health facility.

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## FORM No.2b Incident Investigation form

Health facility: ..... Date: .....

### 1. Information on the investigator Name, Occupation/position, Signature, Date

### 2. What was the affected worker during at the time of incident?

### 3a. Detail of accident Did an injury occur?, Bodily location(s):...

### 3b. Type of injury or disease sustained

### 4. Response required at the time of the accident

### 5. Details of PPE..... Did this task require PPE? Yes... No...

### 5b. What was the type of PPE being used at the time of the accident?

### 6. Was there any other person involved in the accident?

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### Form 3: Monitoring and Evaluation

- Details of the Facility
  - Name of the facility, Health Sub-district , District, Date, Name of evaluator, Job title
- Safety Policy
  - Workplace safety and health Policy ?
- Health and Safety Committee?
  - committee been trained ? Meetings held
- Workplace inspections ? Actions identified
- Health and Safety Action Plan
- Summary of the incidents  
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### Training of health workers



Photo 2: Human resource personal guiding health workers as they critically analyze tools provided and policy guidelines  
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### Lessons learnt

- How do we strike a balance between compliance to safety and health standards (workers and employers) and demand for health services by the community amidst challenges of inadequate staffing, space, equipment, lack of OSH specific budget line and low wages?
- How do we involve the community in compliance to set safety and health systems? Would this be through cost sharing by investing more resources (time, methods) to live in a safe and healthy environment right from household level?

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### Community demand for health services



Photo 3; Shows patients in the children ward in Mubende Referral Hospital waiting to be attended to by one health doctor and nurse  
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### Community demand for health services



Photo 4; shows 3 patients sharing a bed in the children's ward in Mubende Hospital

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### Lessons learnt cont'd

- How do we promote and enforce the National Labour Laws particularly the Occupational Safety and Health Act, Employment Act and Workers' Compensation Act in the health sector?
- What resources are needed and how do we ensure equitable distribution? How do we generate OSH Specific budgets and plans?
- How do we ensure self compliance through enhanced safety culture in the health sector?

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## Compliance to OSH standards?



**Photo 5: Health worker cleaning patient's blood spills from the hospital floor located at the entrance to the doctor's examination room adjacent to patient waiting bench.**  
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## Compliance to OSH standards cont'd



**Photo 6: Expectant mothers seated on benches and the floor in the antenatal clinic as they await medical examination**

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## Way forward

- Field inspection visits should be conducted in all health centers within the targeted districts so that majority of health workers attain hands on skills (this will lead to retention of safety and health knowledge gained despite the high staff turnover)
- There is need to integrate Safety and Health in the Primary Health Care Package through orientation of communities members on significance of living and working in a safe and healthy environment which will in turn reduce on the disease burden

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## Way forward cont'd

- Capacity building programme should be rolled out in all districts and health centers at whatever level.
- Compliance to Safety and Health should be integrated in all departments namely Human resource management (through all stages of recruitment, promotion, retention and retirement), planning and procurement (compliance to set standards during contract administration)
- Infection Control Committee should be given additional responsibilities of the Safety and health committee

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**Be not afraid of going slowly; be only afraid of standing still.**

*Chinese Proverb*

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## Conclusion

The safety and health system within the health sector is poorly enforcement, managed and constrained with under funding, high patient to health worker ratio and understaffing. For effective and efficient implementation of the National OSH policy among health workers there is the need to integrate the occupational safety and health systems into the existing primary health care systems to reduce on the resources and duplication of the effort.

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**END**

**THANKYOU FOR LISTENING**

**FOR GOD AND MY COUNTRY**

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