THE REPUBLIC OF UGANDA

Ministry of Health

Policy for Mainstreaming Occupational Health & Safety In The Health Services Sector

February 2008

Policy for Mainstreaming Occupational Health & Safety in The Health Services Sector

Contents

ACRONYMS		**iv**
DEFINITIONS		**vi**
FOREWORD		**ix**
EXECUTIVE SUMMARY		**xi**
1.0	**INTRODUCTION**	**1**
1.1	Background	1
1.2	Occupational Health in the Health Sector	2
1.3	Potential occupational health hazards in the health sector	2
2.0	**THE DEVELOPMENT CONTEXT**	**4**
2.1	Institutional Framework	4
2.2	Global level	4
2.3	National level	5
2.4	Contribution of Occupational Health & Safety to Poverty Eradication (PEAP).	6
2.5	Legal and Policy Framework	7
2.6	Responsibility	12
3.0	**SITUATION ANALYSIS**	**13**
3.1	Regulatory framework	13
3.2	Potential health hazards in Uganda, ranked as experienced	15
	(1) Biological -Bacterial and Viral infections	15
	(2) Psyco - social	15
	(3) Physical:	16
	(4) Chemical:	17
	(5) Ergonomical	17
3.3.	Disease Burden	17
3.3.1	HIV/AIDS	18
3.3.2	Ebola	19
3.3.3	Hepatitis B	21
3.3.4	Tuberculosis	21
3.3.5	Infection control	22

3.3.6 Management of healthcare waste (HCW) 23
3.3.7 Infrastructural weaknesses and gaps 25
3.3.8 Resource allocation 25
3.3.9 Human resource 26

4.0 THE POLICY **28**

4.1 Policy Vision for OH&S in the HSSPII 28
4.2 Goal 28
4.3 Policy objectives 28
4.4 Strategic priorities 29
4.5 Guiding principles 30
4.6 Strategic activities 31
4.7 Policy Implementation 33
4.7.1 Scope 34
4.7.2 Outline of performance in the HSSP I 34
4.7.3 Impact on overall performance of health sector 35

5.0 POLICY IMPLEMENTATION MECHANISMS IN THE HSSP II **36**

5.1 Institutional & legal frame work 36
5.2 Establishment of Occupational Health & Safety Committees 36
5.3 Implementation of core interventions: 37
5.4 Occupational Safety and Health Priorities at health facilities 39
5.5 Safety at Workplaces 39
5.6 Health in the Workplaces 40
5.7 Welfare in the Workplaces 41
5.8 Preventive approaches 42
5.9 Risk assessment and management 43
5.10 Implementation of Clinical Guidelines for Occupational Health illnesses 44
5.11 Infection Control 45
5.12 Management of healthcare waste 46
5.13 Clinical management 47
5.14 Care for the Sick Health workers 47

6.0 ACHIEVEMENT OF SPECIFIC TARGETS: **49**

6.1 Main Implementation Strategies for Scaling ups 49
6.2 Indicators 50
6.3 Monitoring and Evaluation 51
6.4 Performance Indicators for Departments/Programmes 52

7.0 CONCLUSION **54**

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
CME	Continuing Medical Education
CNS	Central Nervous System
CVS	Cardiovascular System
HBIG	Hepatitis B Immuno-Globulin
HBV	Hepatitis B Virus
HCT	HIV Counselling and Testing
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
HSD	Health Sub -district
HSSP II	Health Sector Strategic Plan II
IEC	Information, Education and Communication
IHR	International Health Regulations
ILO	International Labour Organization
IV	Intravenous
KAP	Knowledge, Practice & Attitude
LD	Labour Department
LOU	Laws of Uganda
MAAIF	Ministry of Agriculture, Animal industry & Fisheries
MoGLSD	Ministry of Gender, Labour and Social Development
MoH	Ministry of Health

MSD	Musculo-Skeletal Disorders
MTT&I	Ministry of Trade, Tourism & Industry
OH&S	Occupational Health & Safety
OPD	Out-Patients Department
PEP	Post - exposure Prophylaxis
PHC	Primary Health Care
PFP	Private – For- Profit Health facilities
PPEs	Personal Protection Equipment
PNFP	Private –Not – For- Profit Health facilities
SOPs	Standard Operating Procedures
TB	Tuberculosis
UNMHCP	Uganda National Minimum Health Care Package
VHF	Viral Haemorrhagic Fever
WHO	World Health Organization

Definitions

Antiretroviral treatments:

The range of medications prescribed to attack and destroys the viruses in order to keep level of viruses within the body as low as possible.

Assessment:

An investigation, which must be agreed by all managers, that is made to identify the hazards facing an organisation and/or community.

Commuting accident:

An accident resulting in death or personal injury occurring on the direct way between the place of work and:

- the worker's principal or secondary residence; or
- the place where the worker usually takes a meal; or
- the place where the worker usually receives his or her remuneration.

Dangerous occurrence:

A readily identifiable event as defined under national laws and regulations, with potential to cause an injury or disease to persons at work or to the public.

Health services:

All infrastructures and settings involved in the provision of general and specialized health care to patients or support services such as public and private hospitals, nursing and personal care facilities;

blood collection services, home health care services; private clinics by doctors, dentists and other health professionals; medical and dental laboratories; occupational health services; dispensaries, funeral homes and maternity care services.

Health worker:

Any person whose activities involve contact with patients, with blood or other body fluids from patients such as the professional health worker, public safety worker, emergency response personnel, health care waste worker, first-aid provider.

Occupational accident:

An occurrence arising out of, or in the course of work which, results in fatal or non-fatal injury.

Occupational disease:

A disease contracted as a result of an exposure to risk factors arising from work activity.

Occupational injury:

Any personal injury resulting from an occupational accident.

Post-exposure prophylaxis:

The immediate provision of medication following an exposure to potentially infected blood or other body fluids in order to minimise the risk of acquiring infection.

Working environment:

All places of work as well as all sites and areas where work is carried out including not only the permanent, indoor, stationary

places of work which immediately come to mind, such as, offices and shops but also temporary places of work such as civil engineering sites, open-air places such as fields, forests, roads; and mobile places of work such as cabs of trucks, seats of tractors and excavators, and so on without exception; places where workers are found as consequence of their work (including canteens and living quarters around courts).

Workplace:

Any health care facility, including hospitals, health centres, clinics, community health posts, rehabilitation centres, long-term care facilities, general practitioners' clinics; and any place where services are performed outside the health care facility such as ambulance services, home care, outreach services, etc.

Foreword

Making workplaces safe and without risks to health leads to improved work ability of personnel and this increases productivity as it directly improves work efficiency and increases the amount of effective working time.

The hospital or health facility, like any other workplace, is a potentially hazardous environment. Health service delivery is ranked among the high-risk occupations which need an occupational health service. Some hazards are more specific to the nature of activities carried out by the health workers.

The Ministries of Health(MOH) and Gender, Labour & Social; Development(MGLSD) which are the lead Ministries in occupational health & safety issues are mandated by the Constitution of Uganda to develop relevant policies, set minimum safety standards, quality to improve the safety and working environment for health workers in the health sector, ensuring equity in accessing essential occupational and safety services with the overall goal of reducing morbidity and mortality due to occupationally related illnesses that afflict health workers.

The Government of Uganda has therefore prioritized Occupational Health & Safety Services for the health sector as one of the key elements for protecting and protecting all cadres of our health workers from occupational hazards and risks due to their nature of occupation by developing a Policy for Mainstreaming Occupational Health & Safety in the Health Services Sector.

Development of this policy is within the context of international development goals, the Constitution of Uganda(1995), the National Poverty Eradication Plan(PEAP), the National Health Policy and the second Health Sector Strategic Plan (HSSP II 2005 – 2010),among others.

I'm confident that this policy will enable us to focus more critically on occupational health and safety systems in our health facilities and on the identified gaps, take as far as is reasonably practicable all measures for the protection of all health workers and the general public from the dangerous aspects of health service delivery, and ensure as far as is reasonably practicable that the working environment is kept free from any hazard.

This will be achieved by employing technical measures applied to new facilities or processes in design, installation or addition to the existing facility or processes and putting in place supplementary organizational measures, and make concrete adjustments so that we can have a realistic, achievable and sustainable occupational health and safety services for workforce in the health sector.

On behalf of the Government of Uganda, the Ministry of Health and the Gender, Labour & Social; Development(MGLSD); I wish also to thank all stakeholders and Development Partners who have participated in one way or another in development of this Policy. I urge them to continue supporting government during its implementation.

S. O. Mallinga

Dr. Stephen. O. Mallinga, MP
MINISTER OF HEALTH

Executive Summary

In 1950, the International Labour Organization (ILO) and the World Health Organization (WHO) defined occupational health as the promotion and maintenance of the highest degree of physical and social well–being of workers in all occupations. This is to be achieved by preventing ill –health, controlling risks, and adapting work to people and people to their jobs (Ergonomic). Occupational health involves the health disciplines of occupational medicine, industrial hygiene, psychology, safety, physiotherapy, ergonomics and rehabilitation (WHO, 2002).

The hospital or health facility, like any other workplace, is a potentially hazardous environment. Health service delivery is ranked among the high-risk occupations which need an occupational health service. Some hazards are more specific to the nature of activities carried out by the health workers. Potential health hazards in Uganda, ranked as experienced, include Biological (Bacterial and Viral infections), Psyco – social, Physical, Chemical and Ergonomic.

Currently Ministry of Health has very limited Occupational Health & Safety Policy, Standards, Guidelines and Service for health workers. It is noteworthy that there is no health service facility in Uganda, which has a comprehensive occupational health & safety programme for its employees. The existing Occupational Health & Safety measures are carried out in an uncoordinated manner and mainly to a few individual groups of health workers e.g. surgeons. There is no clearly defined list of prescribed diseases *(notified diseases)*. The existing list has not been updated for many years. This has potential legal implications to both the employee and employer.

In Uganda, the health sector is increasingly having to manage frequent outbreaks of highly infectious epidemics; particularly HIH/AIDS, Ebola, Marburg and Meningococcal Meningitis. Although these diseases and illness are known to afflict health workers, such ill health is largely undocumented and not quantified. Hence the overall contribution of occupational illnesses to the overall national disease burden is not known for certain.

There have been recollections of occupational injuries and diseases among the health workers. However, most of those injuries and diseases are not reported to the appropriate authorities as required by the *Occupational Health and Safety Act No 9, 2006* and the *Worker's Compensation Act 2000.*

This scenario is further worsened by inadequate Disease surveillance, Infection control and Management of healthcare wastel measures, Infrastructural weaknesses and gaps, limited resource allocation for procurement of Personal Protective Wear& Equipment among others.

It should be noted that occupational health hazards exist in facility – based and non – facility based health situations.This policy is therefore, intended for all health care facilities, including hospitals, health centres, clinics, community health posts, rehabilitation centres, long-term care facilities, general practitioners' clinics; and any place where services are performed outside the health care facility such as ambulance services, home care, outreach services and field visits.

Objectives of this policy are therefore, to ensure safety and health for all health workers through adequate protection of the health workers against occupational hazards, therefore also protection of patients; provision of improved quality of health service delivery, work motivation, job satisfaction, better work output, efficiency and the overall productivity in the health sector.

Other objectives include improved *Public Image* of the National Health Services, for example through good housekeeping; achieving cost-effectiveness in terms of manpower, equipment and monitory terms for example by reduction on sickness absenteeism or accidents at workplaces; reduction in costs of healthcare and sometimes total loss of highly skilled health personnel(Daly's); protection of the environment and the community neighbouring the health facilities from poorly disposed healthcare waste or spread of contagious diseases from such facilities, preventing incidents and accidents at all the workplaces; effective management of all workplace incidents and exposures and providing rehabilitation and support to all workers who get injured within the workplaces

In order to achieve the above, Ministry of Health shall:

- Develop policies and guidelines on Occupational Health & Safety (OH&S) for the Health Sector.
- Implement an OH&S programme to cover the whole Health Sector including Public, PNFP, and PFP Health facilities.
- Provide technical support supervision; strengthen implementation of OH&S.
- Strengthen mechanisms for prevention, control and management of occupational illnesses .
- Increase access to preventive, control, treatment and rehabilitation services for occupational ill health.
- Promote Inter-sectoral collaboration with the Ministries of Gender, Labour and Social Development (MGLSD), Local Government, Districts & Urban Authorities and other key stakeholders including, PNFP, PFP and the Private Sector in implementation of OH&S programmes.
- Promote information, education and communication (IEC) on OH&S throughout the country.

- Incorporate OH&S education in the health curricula of Health Teaching & Training Institutions.

The following shall constitute the strategic activities for the National Occupational health Policy for the health sector:

- Occupational safety and health standards and guidelines shall be set and disseminated widely to stakeholders
- Priority will be put to inspection of workplaces to ascertain good working condition and safeguard against occupational accidents, disease and injuries
- Provision of adequate and appropriate personal protective wear and equipment
- Promotion of awareness on occupational safety and health by the workers and the employers will be one of the major priorities.
- Capacity building will be encouraged to provide skills in the management of accidents in health facilities and occupational diseases.
- Enhance/strengthen compliance to health and safety regulations/ legislation
- Establish reporting mechanism of accidents, injuries, hospital infections etc.
- Advocate for carrying out risk assessment at workplaces in all the health sectors
- Carrying out regular occupational and safety inspection of workplaces in the health sector.
- Training all health workers and managers in occupational safety and health at workplaces within the health sector.
- Safety and Health Management information System will be set up to provide a data base on safety and health services.
- Operational research will be encouraged to provide information

on causes of industrial accidents and occupational diseases.

- Developing and dissemination of Information, education and communication materials on safety and health at workplaces within the health sector.
- Institute a comprehensive compensation and rehabilitation programme for injured workers.
- Developing and maintaining data collection and reporting system, on occupational safety and health in the health sector.
- Monitoring and evaluation of the OH&S programme will be carried out regularly.

Effective implementation of OH&S Services will result in the following outcomes:

- Policies and guidelines developed and available at implementation level.
- Improvement in case management and reporting of OH&S illnesses decrease in morbidity and mortality from OH illnesses monitoring and surveillance of OH&S illnesses including (Data management) streamlined
- importance of occupational health and safety in the heath sector re-emphasized,
- OH& S service streamlined through health education, information flow, and physical participation by the health workers in the implementation activities, monitoring and surveillance.
- Health workers & patients protected with an overall improvement in health service delivery achieved.
- Protection and safety of workers in the health facilities and therefore also protection of the patients
- Improved morale, job satisfaction, resulting in better work output and efficiency

- Improved public image of the national health service delivery system
- Cost effectiveness in terms of man power, equipment and monitory terms, as for example it reduces on sickness absenteeism or loss of life
- Health workers will be exemplary to workers in other sectors.

1.0 Introduction

1.1 Background

In 1950, the International Labour Organization (ILO) and the World Health Organization (WHO) defined occupational health as the promotion and maintenance of the highest degree of physical and social well–being of workers in all occupations. This is to be achieved by preventing ill –health, controlling risks, and adapting work to people and people to their jobs. Occupational health involves the health disciplines of occupational medicine, industrial hygiene, psychology, safety, physiotherapy, ergonomics and rehabilitation (WHO, 2002).

All types of work are hazardous and persons at work are exposed to situations that may result into injury, disease or even death. Such occupational accidents and diseases cause great human suffering and loss. While the economic cost is high, public awareness of safety and health tends to be quite low. All too frequently the subject does not get the priority it merits and the health sector is no exception.

Workplace refers to any situation or location where an individual is involved in meaningful employment to earn a living. It covers both the formal places such as health facilities and offices; and the informal places such as the home, when health workers go to provide outreach services. The health sector is loaded with a wide variety of situations where health and safety issues are crucial. It also has a wide range of staff categories, which creates a variety of hazards and exposure that lead to an increase in workplace related risk.

The implementation of good safety, health and environmental practices is essential in improving productive and decent work while at the same time reducing expenditure. The progressive integration of health and safety principles into the workplace organisation is a fundamental pre-requisite for the reduction of occupational injuries and diseases.

The essential pillars of an effective strategy on occupational safety and health include: building and maintaining a preventive safety and health culture where the principle of prevention is accorded the highest priority; introduction of a systems approach to safety and health management; ensuring that the right to a safe and healthy working environment is respected at all levels; and active participation by the management and the staff in securing a safe and health working environment.

Safety and health at the workplace has improved in the developed countries over the past 20 to 30 years. However, the situation in developing countries is largely unclear because of inadequate accident and disease recognition, record-keeping and reporting mechanisms. It is estimated that at least 250 million workplace accidents occur annually world-wide. It is further estimated that up to 335,000 of the accidents are fatal; the majority of these are in the developing countries. The inadequate record-keeping and reporting mechanisms within developing countries implies that the figures could even be much higher.

1.2 Occupational Health in the Health Sector

The World Health Organization (WHO) and the International Labour Organization (ILO – Convention No. 6) emphasize provision o f Occupational Health Services at all work places and work situations, as an important preventive healthcare measure. The main objective

of this Primary Health Care (PHC) component is to promote and maintain the highest degree of physical, social and mental; and environmental well being of workers in their occupations.

Health facilities also play an important role of promoting and maintaining health of the community. The community expects from them quality healthcare, medical supplies to help them solve their health problems and to act as exemplary institutions in terms of good occupational and other public health practices.

1.3 Potential occupational health hazards in the health sector

The health sector has a wide range of occupational hazards that affect the different cadres of staff. The hazards include biological, chemical, physical, psycho-social as well as those associated with non-application of ergonomical principles.

The hospital or health facility, like any other workplace, is a potentially hazardous environment. Health service delivery is ranked among the high-risk occupations which need an occupational health service. Some hazards are more specific to the nature of activities carried out by the health workers.

Potential hazards range from physical, chemical, biological, ergonomic and psycho-social. Health care workers are exposed to a wide range of hazards such as micro-organisms (HIV, Hepatitis B, TB etc.), radiation, chemicals, ergonomic/postural problems, to mention but a few.

2.0 Development context

2.1 Institutional Framework

The Ministries of Health(MOH) and Gender, Labour & Social; Development(MGLSD) which are the lead Ministries in in occupational health & safety issues are mandated by the Constitution of Uganda to develop relevant policies, set minimum safety standards, quality to improve the safety and working environment for health workers in the health sector. This also includes ensuring equity in accessing essential occupational and safety services with the overall goal of reducing morbidity and mortality due to occupationally related illnesses that afflict health workers. Occupational health & safety is one of the priority components of the Minimum Health Care Package to be implemented under the Second Health Sector Strategic Plan (HSSP II).

Development of this Occupational health policy is within the context of international development goals, the Constitution of Uganda(1995), the National Poverty Eradication Plan(PEAP), the National Health Policy and the second Health Sector Strategic Plan (HSSP II 2005 – 2010),among others.

2.2 Global level

Globally, efforts to improve workplace conditions were put in place as early as 1954, but is was only in 1979 that the World Health Organization and the International Labour Organization intensified their efforts. Notably, Resolution WHA32.14 on the Comprehensive Worker's Health Programme further developed Occupational health,

and Resolution WHA33.31 encourages countries to integrate Occupational health into Primary Health Care services and to cover underserved populations.

More recently, in 1996, the global strategy on Occupational health for – all was adopted.The strategy seeks improvement in Occupational health and safety through the application of health measures in some countries and encourages others to take positive steps to make such trends possible (WHO, 2002).

The policy is also hinged on the ILO Conventions 148 of 1977, 155 of 1981,161 of 1985 and 167 of 1988 and ILO Recommendations 81 of 1947, 164 of 1981 and 171 of 1985.

2.3 National level

This policy is an integral part of the national development process and enhances the overall development objectives in Uganda. It emphasizes government commitment to the Poverty Eradication Plan (PEAP) in the attainment of sustainable development.
The National Health Sector Occupational Safety and Health Policy has been formulated within the context of the provisions of:
The Constitution of the Republic of Uganda, 1995, Article ( ), the Uganda Vision 2025, Social Development Sector Strategic Investment Plan (SDIP), 2003 - 2008, the Revised Poverty Eradication Action Plan, (PEAP) 2004, National Occupational Safety and Health Policy, the Occupational Safety and Health Act——, the Local Government Act 1997, the Factories Acts 2000, the Health Policy 2000, Health Sector Strategic Plan, *(HSSP II, 2005/06 – 2009/10)*. A draft National Employment Policy has been prepared that deals with many issues related to Workers' Rights and Labour markets.

2.4 Contribution of Occupational Health & Safety to PovertyEradication (PEAP)

Occupational Health & Safety services in the health sector do contribute to poverty eradication through the following:

a. Reduction in Production cost:

Decline in premature deaths due to accidents and occupational diseases, increases the work input in the National Economy. For health sector this means savings particularly in the sector where skilled employees are not easy to find. Disability pensions increase society's pension cost and reduce the overall work input. The cost of pension affects cost of employer's social security care contributions.

b. Protection of People Lives, Hospital Equipment and other Properties for High Productivity:

Statutory and other Inspections are carried out to ascertain that workers lives are not at risk of bad occurrences, that the and the entire property are not at risk either, and that productivity is enhanced.

c. Increased Productivity:

Making workplaces safe and without risks to health leads to improved work ability of personnel and this increases productivity as it directly improves work efficiency and increases the amount of effective working time. Decline in absenteeism increases the proportion of effective working time in the total working time and reduces the unit price of efficient working time.

d. **Quality products:**

By inspecting workplaces, Occupational Safety and Health services ensures that workers in the health sector deliver quality health services that are cost – effective.

Promotion of safety and health at the workplaces, and improvement of working conditions are crucial for increasing productivity. This in turn depends upon efficient organization of the system of inspection & monitoring the labour force and working environment, making interventions and providing continuous motivations for achieving high level of productivity.

2.5 Legal and Policy Framework

The Constitution of Uganda 1995

The Republic of Uganda has legislation on safety and health at work that applies to all sectors including the health sector. The parent legislative framework is the overall Constitution, which has several articles that relate to the concept of decent work. Specifically under the Constitution, every person is entitled to a clean and healthy environment. The Parliament is given authority to enact laws which ensure that the rights of workers to decent environment, non-discrimination and remuneration are upheld. The articles that are relevant to decent work are quoted and presented in the Constitution as follows:

Section XIV: General Social and Economic Objectives

The State shall Endeavour to fulfill the fundamental rights of all Ugandans to social justice and economic development and shall, in particular, ensure that-

(i) All developmental efforts are directed at ensuring the maximum social and cultural well- being of the people; and

(ii) All Ugandans enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security and pension and retirement benefits.

Section XX: Medical Services

The State shall take all practical measures to ensure the provision of basic medical services to the population

The Occupational Safety and Health Act No 9, 2006

The principle law for occupational safety and health is Occupational Safety and Health Act No 9, 2006 and Subsidiary Legislation. The Act has provisions that address the health, safety and welfare of persons employed at the workplace and work environment. It basically deals with the management of safety at all the workplaces and stipulates out the duties, roles, obligations and responsibilities of employers, workers, manufacturers, suppliers and contractors.

The Workers Compensation Act 2000

The Workers Compensation Act Cap 225 Law of Uganda is aimed at providing framework for compensation of persons injured or diseased during the course of their employment. It clearly addresses the importance of reporting of occupational injuries and diseases to the labour officer with immediate effect and guides in the computation of the percentage of permanent disability to be compensated. Under this Act, the employers are obliged to insure and keep themselves insured against any liability, which they may incur to any of their employees.

The National Health Policy (Sept. 1999)

The overall goal of this policy is to see that the health sector is "attaining a good standard of health by all people in Uganda, in order to promote a healthy and productive life". The policy provides the framework to address the major constraints of inadequate numbers and inappropriate distribution of trained health personnel; to develop guidelines for optimal deployment of trained health personnel; and to ensure increased productivity in accordance with the Result Oriented Management (ROM) policy of Government. Emphasis is put on effective and efficient utilisation of health personnel, and the provision of an enabling environment, which meets the special needs of both men and women.

Health Sector Strategic Plan II (2005/6 – 2009/2010)

The HSSP II underscores availability of appropriately trained human resources as a pre-requisite for the delivery of the Uganda National Minimum Health Care Package (UNMHCP). Within the plan, issues related to human resources for health are addressed.

Human Resources for Health Policy (April 2006)

The goal of the Human Resources for Health (HRH) Policy is to develop and maintain a health workforce that is appropriately sized, structured, skilled, well balanced, distributed, resourced, committed and performing efficiently and effectively in order to provide all Ugandans with equal access to a minimum health care package, sufficient to meet Uganda's health development targets within affordable resources.

The National Gender Policy (1997)

The overall goal of the Policy is to mainstream gender concerns in the national development process in order to improve the social,

legal/civic, political, economic and cultural conditions of the people in Uganda particularly women. The health sector, whose workforce has a significant proportion of females, has to take into consideration the following specific objectives of the Policy:

- To redress the imbalances which arise from existing gender inequalities.
- To ensure the participation of both women and men in all stages of the development process.
- To promote equal access to and control over economically significant resources and benefits.

Uganda National AIDS Policy (Final Draft July 2005)

The goal of the National AIDS Policy is to prevent HIV infections and eliminate the socio-economic impact of HIV and AIDS on the country and all categories of its population. Under the policy on prevention of HIV, care givers in health care institutions and homes will be sensitised to adopt appropriate practices and observe Universal Precautions to avoid HIV and other infections, to protect themselves or other persons. The Policy also makes provision for development of workplace policies in both the public and non-public, formal and informal sectors, which cater for HIV and AIDS prevention and care issues at the workplace.

National Policy on HIV/AIDS and the World of Work (Draft Dec. 2003)

The overall goal of this Policy is to provide a framework for prevention of further spread of HIV and mitigation of the socio-economic impact of HIV/AIDS within the world of work in Uganda. It applies to all persons at all workplaces in both formal and informal sectors; from the public and private workplaces; and contracts of employment including the informal sector as well as the self-employed.

The Policy covers issues related to non-discrimination on the basis of known or perceived HIV status; confidentiality; HIV testing within the workplace; greater involvement of people living with HIV/AIDS; the promotion of prevention, treatment, care and support; and gender concerns in the world of work.

Public Service HIV/AIDS Policy (Final Draft Nov. 2004)

This Policy applies to all public officers in the central and local Governments and aims to promote their health and productivity by developing and implementing effective HIV/AIDS sustainable prevention, care and control programmes. This is to be achieved through the following objectives: provision of a supportive working environment that promotes prevention of HIV infection for all public officers; provision of a supportive environment to public officers who are living with HIV /AIDS and their immediate families; mitigation of the impact of HIV/AIDS at the workplace and promotion individual and collective responsibility in the fight against HIV/AIDS among public officers and their immediate families.

Critical HIV-related issues addressed in the policy include: recruitment and selection for employment; deployment, transfer and promotion; training and development for public officers. Other issues included are: staffing, benefits, medical attention, special leave of absence, sick leave, and retirement on medical grounds. In relation to Safety and Health, the Policy is for Ministries, Departments and Local Governments to ensure that protective measures are in put in place to guard against exposure of public officers to HIV/AIDS in execution of their duties.

2.6. Responsibility

This policy derives its existence from the above named legislation and policies, which also spell out the responsibilities for making and implementing them. It is clear from the law that the responsibility of the employer is to:

a. take as far as is reasonably practicable all measures for the protection of all health workers and the general public from the dangerous aspects of health service delivery, at the employer's own cost.

b. ensure as far as is reasonably practicable that the working environment is kept free from any hazard by:
   - employing technical measures applied to new facilities or processes in design.
   - installation or addition to the existing facility or processes.
   - putting in place supplementary organizational measures.

In line with this responsibility, the Ministry has put in place these guidelines, which includes the institutional framework and a plan to address the safety, health and environment situation in the sector.

3.0 Situational Analysis

3.1 Regulatory framework

a) Currently Ministry of Health does not have in place a Health Occupational Health & Safety Policy, Standards, Guidelines and Service for health workers.

b) The existing Occupational Health & Safety measures are carried out in an uncoordinated manner and mainly to a few individual groups of health workers e.g. surgeons.

c) There is no clearly defined list of *prescribed diseases*. The existing list has not been updated for many years. This has potential legal implications to both the employee and employer.

d) It is noteworthy that there is no health service facility in Uganda, which has a comprehensive occupational health & safety programme for its employees. Unfortunately the recent Ebola epidemic was a rude reminder of this fact

The sector is putting in place the guidelines for management of accidental exposure to HIV and hepatitis virus as part of the response to workers' safety and health. However, with ever increasing workload due high turn up of patients, fear of infection and lack of safety equipment / supplies has resulted in enormous psychological and physical stress on the health workers. The overall capacity within the sector to deal with workplace safety and health is inadequate. In addition, there is no system to effectively handle reports of incidents and accidents that occur at the workplace.

Furthermore, there is no clear set of guidelines to be followed by the health manager on how to efficiently and systematically deal with the issues of safety and health at the workplace. This document addresses the basic principles and interventions that are important in order to deal with safety and health at the workplace for the health sector.

b) Workman's Compensation

The health sector has developed guidelines for management of accidental exposure of HIV and hepatitis, which are in the final stages. However, the sector has neither a system in place nor the capacity to deal with health, safety and environment issues at the workplace including occupational accidents. In addition, there is no system to handle effectively reporting of incidents and accidents that occur within the workplaces. There are a number of health workers who have faced hazards at the workplace but these have not been reported. All available information is based on the recollections of staff.

The *Occupational Health and Safety Act No 9, 2006* and the Worker's Compensation Act 2000, Cap 224 require that all cases of workplace accidents and incidents be formally reported to the Ministry of Gender, Labour and Social Development. Available records show that only 39 compensation claims for health workers were reported to the Ministry of Gender, Labour and Social Development (MoGLSD) and these were all victims of Ebola outbreak of 2000. This is compounded by the absence of an established Compensation Fund by Government and as a result delayed or no payments of the affected victims.

3.2. Potential health hazards in Uganda, ranked as experienced

(1) Biological -Bacterial and Viral infections

These can be a result of transmission directly from the patient, working environment or handling of infected products and wastes (clinical waste), example include:

a) Hospital – acquired infections e.g. Staph. Aureus,
b) H.I.V
c) Hepatitis: A, B and C
d) Tuberculosis
e) Ebola virus
f) Handling of Biological active agents e.g. Enzymes, vaccines, Laboratory specimen, experimental animals e.t.c.

Workers at higher risk are mainly those in Renal Units, Blood Transfusion Units, Medical Laboratories (Clinical and Research Labs).

(2) Psyco - social

a) Work stress and work overload, with their effects on C.N.S, C.V.S. Immune system, Ageing process, and the negative effect on work efficiency and job satisfaction.
b) Shift work – leading to chronobiologic disturbances e.g. sleep and social disruption e.g. Divorces, Accidents on night shifts.
c) Drug, Alcohol, Tobacco Abuse. This is one of the commonest and most serious occupational health hazards in health workers.

d) Working in unusual places and doing unusual jobs e.g. in pathology department and mortuary.

e) The aged health worker and his/her dilemma as retirement comes in.

f) Inadequate renumeration package leading to stress and job dissatisfaction.

g) Inadequate equipment and supplies

h) Emotional injury resulting from verbal abuse, belittlement, embarrassment and coercion from patients, clients, colleagues and supervisors.

(3) Physical:

a) Assault and violence at work place e.g. in mental clinics, drug addicts.

b) Musculo – skeleton disorders e.g. lifting heavy loads and patients.

c) Needle stick injuries and other traumatic injuries e.g. in theatres.

d) Air pollution, odour e.g. in mortuary, Laboratories.

e) Radiation Exposure.

I. Non-ionizing Radiation
- Infra Red
- U.V light
- Laser beam e.g. used in surgery
- V.D.U's
- Electromagnetic fields

II. Ionizing Radiation
- X-ray and Imaging Departments
- Radiotherapy and Radioisotope work
- Laboratory and Research work with radioactive chemicals.

- During Treatment of patients with Radioactive drugs.

f) Noise and vibration – e.g. electric drills and motors.
g) Infrastructural weaknesses for example slippery floors.

(4) Chemical:

a) Drug and Antiseptics causing e.g. Allergies, Dermatoses
b) Cytotoxic drugs and other Immuno suppressants (oncology)
c) Steroid drugs
d) Anesthetic Agents
e) Cleaning, pesticides
f) Others, e.g. Formaldehyde

(5) Ergonomical

a) Musculo-skeletal disorders.
b) Poor design of work places, work processes and tools.
c) Poor environmental design (Lighting, heating, ventilation, noise, vibration e.t.c.). These can lead to accidents, fatigue and spread of contagious disease.

3.3 Disease Burden

In Uganda, the health sector is increasingly having to manage frequent outbreaks of highly infectious epidemics; particularly HIH/AIDS, Ebola, Marburg and Meningococcal Meningitis. Although occupational diseases and illness are known to afflict health workers, such ill health is largely undocumented and not quantified. Hence the overall

contribution of occupational illnesses to the overall national disease burden is not known for certain. There have been recollections of occupational injuries and diseases among the health workers. However, most of those injuries and diseases are not reported to the appropriate authorities as required by the *Occupational Health and Safety Act No 9, 2006* and the Worker's Compensation Act 2000. Despite these gaps, the examples below justify the urgent need for an Occupational health policy for the health sector.

3.3.1. HIV/AIDS

Over the last two decades the Human Immunodeficiency Virus (HIV) has presented a special challenge. The health sector specifically has borne the brunt of this epidemic, on one hand, it has increased the burden on the health system, which has to provide HIV-related care and on the other hand, the health care providers have also been infected either through sexual transmission or via accidental exposure while providing care to the people living with HIV. The productivity is declining while costs of medical care, recruitment and training are increasing as a result of HIV-related complications and mortality. Although the country has lost many health workers due to HIV/ AIDS, it has been very difficult to prove that a given health worker suffering from HIV/ AIDS got it from occupational exposure except one confirmed case of an expatriate health worker working in an NGO Hospital who developed full blown HIV/AIDS and died after occupational exposure.

3.3.2. Ebola

Two major Ebola outbreaks have recently occurred in Uganda in 2000 and 2007.

In 2000, the first cases were reported on the 8th October 2000 from Rwot-Obillo village, a remote village 14 km north of Gulu town. Within one week of the reporting of the above cases, twelve deaths including 2 of health care workers and one student nurse were reported. The majority were linked to attendance of burial ceremonies. The total cumulative number of cases was 428 with 174 deaths. There were also 254 survivors who were accordingly discharged. The majority of cases (94.8%) occurred in 19 out of the 23 sub-counties in Gulu district between October and November 11th 2001. Twice as many women were affected compared to men. The cases also included 31 medical workers. The rest were children of Primary School age.

Laboratory confirmation was done in 195 out of the 425 cases. Of the 31 health care workers who were affected by the *EBOLA* disease, 17 died. Amongst the dead was Dr. Mathew Lukwiya, the Medical Superintendent of Lacor hospital.

The most recent 2007 outbreak in Bundibugyo District affected 14 health workers out of whom 5 unfortunately died. The dead included One Doctor, 2 Clinical officers and 2 Nurses. Nine health workers were treated and recovered. Again the main problem was because of handling cases not yet confirmed with little protective wear, limited infection control measures and limited awareness of the potentials risks of occupational hazards.

Many lessons were learnt from these epidemics, including need to:

a. Strengthen Disease surveillance, Infection control and Hospital Waste Management

The inadequacies in emergency preparedness for similar complex and unexpected diseases were noted at various levels of health care system. The districts had working committees and mechanisms to cope with routine diseases, but they required additional supplies and logistics for these new challenges. Scanty information on the new diseases was available at district level. We need guidelines on the new diseases at all levels. Poor attention to infection control was a common observation in many rural health units. Proper management of hospital waste needed to be undertaken more seriously than before. The outbreak prompted the health sector to undertake an active program to promote infection control in hospital and health facility settings. This also reminded health workers of the potential hazards in their working environment.

Some non-medical supporting staff were equally affected, which calls for increasing risk awareness and education to be extended to include these workers especially drivers. Transportation and referral of cases presented special risks because the available guidelines were meant for the medical worker. There was a need to get additional guidelines for handling of logistics in these risky environments. In particular minimum specifications for ambulances and guidelines for their use were to be established to guarantee safety.

The principle of isolation of cases proved useful but sometimes gave false confidence to health workers. It was not unusual to detect occasional new cases in the general wards. Therefore risk assessment and intensive sensitization about the risks is vital to all.

b. Rationalize the Legal, Ethical and Social Issues

Several Legal and Ethical issues emerged during the epidemic. For instance individual confidentially was breached by promoting shared confidentiality in the community. Information about the affected individuals was shared freely with relatives and the community in view of highly fatal nature of the disease and the possibility of sexual transmission. The government recognized the occupational hazards associated with patient care and enacted a rational *Workman Compensation* Act, which entitles those involved or their dependants to be compensated. This is an important direction for many developing countries who may not yet have updated their legislation.

3.3.3 Hepatitis B

A sero –survey was carried out in 2005 by the Epidemic Surveillance Division, Ministry of Health to assess the Hepatitis B sero status of health workers at Mbarara Teaching Hospital. Out of the 46 blood samples taken 6 (13%) were positive for Hepatitis B indicating previous exposure or infection from Hepatitis B. This percentage was high and was partly attributed to possible occupational exposure to sick patients, contact with infected body fluids or both. Few health workers are vaccinated against Hepatitis B.

3.3.4 Tuberculosis

In the past a number of health workers occupationally acquired T.B in Uganda. For example in 1981 one Pathologist got T.B and was successfully treated because of early diagnosis. Another Doctor working in the T.B Ward unfortunately died from the disease. This risk has been worsened by the recent emergence of drug – resistant mycobacterium that is difficult to treat and whose treatment cost is

too expensive, estimated at over UG. Shs. 50.0m per year per patient and drugs are not yet available in Uganda.

3.3.5 Infection control

Infection control in health facilities is of paramount importance because of the following:

a) Infection control is an important component of sanitation in health facilities. An outbreak of a hospital infection is an indicator of unsanitary medical practices.
b) A hospital infection caused by resistant organisms, can be expensive in socio-economic terms, disease burden, and cost of treatment.
c) In Uganda, Infection control in health facilities is at present very important and vital in light of the *new and emerging pandemics* like HIV/AIDS, Hepatitis B and Ebola.
d) In view of the threat of occupational and work-related HIV and Hepatitis virus exposure, the health sector should for example, have a strong component of HIV/AIDS and Hepatitis control in the workplace. This would mean dealing with a number of issues concurrently namely:

    i. Pioneering real institutionalization of occupational health and safety in the services sector.
    ii. Dealing with a group of vulnerable workers, who can pass on OH & S messages to other people who come under their care in the health care units.
    iii. Spearheading the implementation of the management of HIV/ AIDS and Hepatitis in workplaces.

However, the following gaps and weaknesses have been noted to exist:

a. There is uncertainty about policy coherence for example on Post – exposure prophylaxis (PEP), Injection control guidelines developed by different programmes e,g, HIV/AIDS Control Programme and Quality Control Department, and Management of HCW,
b. Although Infection Control Committees exist in health facilities they are largely not functional
c. Infection Control and Injection Safety Guidelines are not effectively implemented.
d. The majority of health workers have limited Knowledge, Practice and Attitudes (K.P.A) of Occupational Health & Safety. The scanty K.P.A gathered from teaching institutions is not well defined in the teaching curricular and therefore not well integrated in the National Health Practice.
e. There is limited information or data on infection control.
f. Training of newly recruited health workers in infection control measures is inconsistent
g. There is limited budget for procurement of PPEs and generally a negative attitude towards use of PPEs. Most workers do not want to wear PPEs and do not know how to protect themselves. Sometimes workers use in appropriate PPEs.

3.3.6 Management of healthcare waste (HCW)

Management of healthcare waste in health facilities in Uganda is characterized by the following weaknesses and gaps, namely:

a. Health units are faced with large volumes of un –segregated HCW as a result of:
    - Management of HCW not prioritized

- Lack of specific budgets and operational plans for HCW
- Increasing number of medical procedures carried out
- Limited awareness on the potential dangers from poor management of HCW
- Inadequate coordination
- Waste not segregated therefore difficult to manage
- Few health facilities have functional incinerators

b. A sample exercise conducted in Hoima District in 2005 to assess the existing capacity of health facilities in management of HCW found that only 3 out of 44 facilities had standard disposal methods

Poor management of healthcare waste is a potential occupational risk to the health care staff and personnel who handle the waste disposal. It is also a potential public health and environmental health risk for example as a result of environmental contamination of water sources, food, and air and due to direct contact with the general public. Poor Healthcare Waste management is associated with health risks such as:

a) Occupational health risks to health workers, Support staff and Waste disposal staff e.g. from Needle stick injuries and potential risk of disease transmission

b) The World Health Organization in 2005 reported an increased rate of infection transmission in the health sector attributed to poor management of HCW. These included:

   - 44% of health workers sustaining Needle stick injuries due to poor handling of Sharps(WHO, 2003)
   - 40% of new cases of Hepatitis C
   - 30% of new cases of Hepatitis B

- 2.5 – 5% of new cases of HIV

c) Risk to patients due to failure in proper implementation of infection control mechanisms e.g. Laundry, sterilization, personal hygiene and general good house – keeping.

d) Risk to the general public who may directly come in contact with waste materials e.g. syringes, needles and body parts among others.

e) There are also potential risks of contamination of the water supplies, food and other environmental systems with eventual negative impacts on public health.

3.3.7 Infrastructural weaknesses and gaps

Currently there are infrastructural weaknesses and gaps in provision of cross – cutting services in most health facilities in the country namely:

a. Limited availability and adequacy of safe water supply,
b. Inadequate Sanitation and excreta disposal facilities and systems
c. provision of protective clothing and equipment for the health worker
d. limited mechanisms for ensuring food hygiene and safety
e. Limited vector control measures for insects, rodents, mosquitoes, rats and other disease vectors

3.3.8 Resource allocation

Minimal funds are allocated to related activities for example infection control, provision of Personal Protective Wear& Equipment and even of staff uniforms in some of the health facilities.

3.3.9 Human resource

The Health Sector has one of the largest and varied work force in the country. A Ministry of Health report on *Strategic Plan for Human Resource for Health, 2006* indicates the current health workforce as:

1) Total health service staff = 59,000 (45% in public sector) and is projected to increase by 67%(98,919); by 2020
2) 20% of the current public sector workforce is of Allied Health staff
3) 39% of the public sector workforce is of semi – skilled and unskilled staff
4) Loss rates out of the health sector vary by cadre between 2.5% and 6% per year.

These figures do not include health workers employed in the private health sector. The number of health workers in Private – Not – For - Profit (PNFPs), Private for Profit (PFPs) and NGO/CBO health facilities is also large and is comprised of cadres similar to those in the public health sector. The lower cadres especially the semi – skilled and unskilled staff are the ones at most occupational risks partly because of the nature of work they do, lack of awareness of the potential risks associated with their work and the low level of education in general.

The training curricula of health workers do not cover occupational health issues in greater detail and in some curricula occupational health and safety is non – existent. On top of these sensitization and awareness activities programmes as a way of continuing medical education are limited.

The current Doctor /Patient ratio is very high at 1:150,000 and one Nurse in Uganda carries the burden that requires 10 Nurses. . In many health facilities most approved posts are not filled. These are further compounded by inadequate remuneration, inadequate health infrastructure, limited resource and logistical support. The sum total is understaffing, work overload, long working hours and the resultant work related stress, low job satisfaction and the frequent migration of health workers to other countries. Functionality of the national health systems is therefore compromised.

4.0 The Policy

The purpose of the Policy is to reinforce the principle of decent work by promoting workplace related safety and health for all workers in the health sector.

4.1. Policy Vision for OH&S in the HSSPII

The vision of the policy is "To make the health sector in Uganda a safe working environment where Occupational Health & Safety will no longer be a major public health concern.

4.2 Goal

The overall goal of these guidelines is to provide a framework for the attainment of workplace safety and health for all workers within the health sector. It aims at reduction in the prevalence of Occupational illnesses in the Health Sector.

4.3. Policy objectives

Occupational health services for the health sector will be a national priority in the overall delivery of services in Uganda. The main strategies will be to ensure safety and health for all the health workers through the following:

a. Ensure adequate protection of the health workers against occupational hazards, therefore also protection of patients.

b. Provide improved quality of health service delivery, work motivation, job satisfaction, better work output, efficiency and the overall productivity in the health sector.

c. Ensure improved *Public Image* of the National Health Services, e.g. through good housekeeping.

d. Achieve cost-effectiveness in terms of manpower, equipment and monitory terms, e.g. by reduction on sickness absenteeism or accidents at workplaces, costs of healthcare and sometimes total loss of highly skilled manpower (Daly's).

e. Protect the environment and the community neighbouring the health facilities from poorly disposed healthcare waste or spread of contagious diseases from such facilities.

f. preventing incidents and accidents at all the workplaces

g. effective management of all workplace incidents and exposures

h. providing rehabilitation and support to all workers who get injured within the workplaces

4.4. Strategic priorities

The overall objective of Occupational Safety and Health Policy will be to prevent occupational accidents, diseases and injuries in the workplaces. Ensuring that awareness of occupational safety and health issues among workers and employers is at its maximum, promote and maintain the highest degree of physical, social and mental well being of workers in their occupations. In order to achieve this Ministry of Health shall:

a. Develop policies and guidelines on Occupational Health & Safety (OH&S) for the Health Sector.

b. Implement an OH&S programme to cover the whole Health Sector including Public, PNFP, and PFP Health facilities.

c. Provide technical support supervision; strengthen implementation of OH&S.

d. Increase access to preventive, control, treatment and rehabilitation services for occupational ill health.

e. Strengthen prevention and control of OH&S illnesses in high risk workplaces.

f. Promote Inter-sectoral collaboration with the Ministries of Gender, Labour and Social Development (MGLSD), Local Government, Districts & Urban Authorities and other key stakeholders including Ministry of Agriculture, PNFP,PFP and the Private Sector in implementation of OH&S programmes.

g. Promote information, education and communication (IEC) on OH&S throughout the country.

h. Incorporate OH&S education in the health curricula of Health Teaching & Training Institutions.

4.5. Guiding principles

The key to an effective occupational safety and health management is to apply sound principles, founded on experience to the problem at hand. The following is the summary of the underlying principles, which guided the development of this policy and will guide its implementation.

1. **Competent planning:**
   The essence of effective preparedness and management is competent planning which takes into account the relation between occupational incidents and development. Consequently, it is necessary to require that Safety, Health and

Environment (SHE) management plans be drawn at national, sectoral and district levels.

2. **Legitimate interests:**
   Respect for legitimate interests is pivotal in creating justice and therefore support for the exercise, correspondingly, all affected parties have a legitimate interest in the choices among planning alternatives.

3. **Participatory approach:**
   All-important decisions should be made and taken with the participation of the affected persons and local communities concerned. It is therefore necessary to ensure involvement of staff in the process.

4. **All concerns should be considered:**
   For a comprehensive approach, it is necessary to take into account all concerns. Consequently, a representative choice of participants will ensure that all concerns of various elements of the community have been catered for.

4.6. Strategic activities

The following will therefore, constitute the strategic activities for the National Occupational health Policy for the health sector:

a. Priority will be put to inspection of workplaces to ascertain good working condition and safeguard against Occupational Accidents, Disease and Injuries
b. Occupational Safety and Health standards shall be set and disseminated widely to stakeholders

c. Ensure compliance with all provisions of the Factories Act and other Safety and Health standards available. Monitoring and evaluation of the workplaces will be carried out regularly.
d. Safety and Health Management information System will be set up to provide a data base on safety and health services.
e. Operational research will be encouraged to provide information on causes of industrial accidents and occupational diseases.
f. Awareness on occupational safety and health by the workers and the employers will be one of the major priorities.
g. Capacity building will be encouraged to provide skills in the management of accidents in health facilities and occupational diseases.
h. Enhance / strengthen compliance to health and safety regulations / legislation
i. Establish reporting mechanism of accidents, injuries, hospital infections etc.
j. Advocate for carrying out risk assessment at workplaces in all the health sectors
k. Carry out regular occupational and safety inspection of workplaces in the health sector.
l. Train all health workers and managers in occupational safety and health at workplaces within the health sector.
m. Develop and disseminate Information, education and communication materials on safety and health at workplaces within the health sector.
n. Institute a comprehensive compensation and rehabilitation programme for injured workers.
o. Develop and maintain data collection and reporting system, on occupational safety and health in the health sector.
p. Monitoring and evaluation of the OH&S programme

4.7 Policy Implementation

To achieve the policy objective the Government shall:

(a) Support provision of Occupational Safety and Health Standards, guidelines and Standard Operating Procedures (SOPs) to guide people in the workplaces;

(b) Provide adequate resources to enable regular inspection of workplaces including risk assessment and risk management;

(c) Support establishment of Occupational and Safety information system for monitoring Occupational Safety and Health activities;

(e) Ensure awareness by workers and employers about Occupational Safety and Health;

(f) Provide technical equipment for examples, measuring temperature, heat, noise, dust humidity, radiation and so forth;

(g) Provide adequate protective gears for workers;

(h) Provide Pre – exposure and post –exposure prophylaxis for HIV, Hepatitis B infections, etc.

(i) Provide a Health Insurance Scheme for all Health workers;

(j) Establish a Workman's Compensation system and ensure compensation of workers who either die or go injured during the course of their work;

(k) Carry out job placement of sick health workers to protect patients;

(l) Implement the Standing Orders for Terminally ill workers;

(m) Support research in Occupational health & Safety to provide information on Occupational Safety and Health;

(n) Support capacity building in order to develop skills in managing occupational accidents and diseases;

(o) Ensure that Occupational and Labour officers are available in all the districts;

(p) Implement International Health Regulations (IHR, 2005) to prevent, protect against, control and provide a public health response to international spread of diseases;

4.7.1 Scope

The Workplace Safety and Health policy will target all health workers at the different levels of the health care delivery system. It shall apply to national, regional, district, health sub-district as well as community level workplaces, the PNFP and PFP heath facilities. It includes both the formal places such as health facilities, ambulances or offices and the informal places such as the outreach services in the home or under a tree.

4.7.2 Outline of performance in the HSSP I

Although Occupational Health & Safety was one of the preventive areas mentioned in the HSSP I, it was not implemented as a priority area because there were no resources allocated to this programme.

In order to address these issues, Ministry of Health formulated the National Health Policy and the National Health Strategic Plan (2001 – 2005) which spell out a Minimum Health Care Package in which Occupational Health is a priority area for implementation through among others:

a. Protection of health workers against occupational diseases & injuries
b. Infection control programmes
c. Safe management of solid and liquid waste such as healthcare waste, rubbish, garbage, waste water.

Against this background, an Occupational Health & Safety programme for the Health Sector is planned for implementation in the HSSPII.

4.7.3 Impact on overall performance of health sector

a) Health facilities have direct and important influence on the public and should be exemplary institutions on public health issues for example in good OH&S practices and portray a positive image of health service delivery systems. Health care workers should be an example to other workers in all health related matters including those of occupational health and safety.

b) Protection and safety of workers in the health facilities and therefore also protection of the patients results in:

i. Improved morale, job satisfaction, resulting in better work output and efficiency;
ii. Improved public image of the National Health Service delivery system;
iii. Cost effectiveness in terms of man power, equipment and monitory terms, as for example it reduces on sickness absenteeism or loss of life;
iv. Act as exemplary workers to workers in other sectors.

The Ministry will ensure that the OH&S established in the HSSP II is fully implemented by all concerned stakeholders. All levels of delivery of health services in the country namely, national referral hospitals, Local Government health facilities, PNFPs, PFPs, NGO/CBOs will fully implement the policy and provide occupational services for their health personnel.

5.0 Policy implementation mechanisms in the HSSP II

POLICY STATEMENTS

5.1 Institutional & legal frame work

The process of mainstreaming will be based on the overall National Occupational Health & Safety Policy formulated by the Ministry of Gender, Labour and Social Development which is the line ministry mandated as the lead agency.

The Factories Act Chapter 220 Of the Laws of Uganda (2000) is the labour legislation, which obliges employers to make provisions for health and safety in all workplaces and for all workers. The Department of Occupational Health & Safety in the Ministry of Gender, Labour & Social Development (MoGLSD) administers this Act. MoGLSD also mandates sectors to implement this act.

The Ministry of Health in consultation with key stakeholders in the health sector shall develop and regularly update the relevant policies and regulatory tools and ensure that they are effectively implemented.

5.2 Establishment of Occupational Health & Safety Committees

The sector will establish functional Occupational health & Safety committees at all levels of the health care delivery system namely: national, regional, district and health sub-district. Ministry of Health will develop the Terms of Reference for these Committees.

There will be a national Health and Safety Committee with responsibility to handle all issues related to workplace safety and health for all the health workers in the country. The members will be drawn from different departments but with selective representation as follows: one third shall be freely chosen representatives of the health workers; one third shall be drawn from the Management group; and the other third shall comprise of technical persons. The Committee shall have a Chairman who is appointed by the Director General of Health Services and Secretariat will be the Human Resource Division.

Each health facility in the country will establish and operationalize Safety Committees composed of technical personnel/ workers representatives. At the district level the Director of Health Services (DHO) will chair the safety committee, the Medical Superintendent will chair at hospital level and the In-charges will chair will chair at HC4, HC3 and HC2 levels. These committees will also absorb the current members of the infection control committees to the wider Occupational health & Safety Committee.

5.3 Implementation of core interventions:

Objective:

The main strategy shall be to develop a pro-active OH & S programme in the health sector in order to minimize occupationally related ill health

To achieve this objective, Government's main focus shall be through:

a. Development of Health Sector OH&S Policy, Guidelines and support supervision tools

b. Assessment of status of OH situation in the country
c. Strengthening Stakeholder collaboration in implementation of OH services
d. Development of OH public awareness and education programmes, work plans for high risk groups especially targeting the health sectors.
e. Carry out sensitization and awareness programmes for Health workers and other key stakeholders
f. Strengthen training programmes for implementers e.g. Health Inspectors and other enforcement personnel
g. Proper Case Management of OH&S illnesses.
h. Prevention and control of occupational diseases through regular vaccination and other preventive programmes.
i. Carry out technical support supervision& quality assurance
j. Strengthen enforcement, monitoring & evaluation mechanisms including Data management
k. Logistical capacity building and procurement protective equipment & wear, and of relevant vaccines e.g. Hepatitis B vaccine.
l. Conduct regular Metrology & Calibration of medical equipment and instruments e.g. X- ray and radiotherapy equipment to limit over exposure. This will require collaboration and technical support from the Metrology & Certification Project of the Uganda national Bureau of Standards(MTT&I)
m. Develop and harmonize standards, Guidelines and Standard Operating Procedures(SOPs)

5.4 Occupational Safety and Health Priorities at health facilities

Objective:

The objective will be provision of a safe and healthy working environment.

The following will therefore constitute the main areas of focus:

a. Safety at workplaces
b. Health at workplaces
c. Welfare at workplaces

5.5 Safety at Workplaces

Objective:

To ensure that work places are free of accidents and injuries;

To achieve this objective, Government shall ensure that:

a. All workplaces are registered with Department of Occupational Safety and Health as required by the Factories Act
b. Equipment and tools are properly maintained
c. Workers and employers are aware about hazards associated with their work and how to avoid them.
d. Protective wears are provided and used
e. Accidents are notified to Department of Occupational Safety and Health
f. Measures to deal with accidents, and emergencies are well defined
g. Accidents are investigated and preventive measures put in place
h. A system for Fire protection and control is put in place

i. There is proper storage, use and disposal of chemicals. In case of large amounts of chemicals as effluent, treatment plant must be in place before such chemicals are released to environment
j. Workers who develop disability due to accidents that occurred in the workplaces are compensated through a Health Insurance Scheme.

5.6 Health in the Workplaces

Objective:

To ensure that workers are protected from getting occupational diseases, Government shall ensure that:

a. All workplaces are registered with Department of Occupational Safety and Health as required by Factories Act.
b. All work places are kept clean
c. Overcrowding is avoided
d. Adequate ventilation available
e. Adequate lighting available
f. Guidelines to deal with diseases and disease outbreaks are in place
g. Workers and employers are aware about hazards associated with their work and how to avoid them.
h. Occupational diseases are investigated and preventive measures put in place
i. There is proper use and disposal of chemicals
j. Medical examinations are carried out on all new employees to determine their status as they enter the service
k. Regular examination of workers is carried out to update their medical status
l. All those who develop medical problems as a result of their work are moved away from continuing with work

m. Workers who develop disability due to diseases contracted in the workplaces are compensated.
n. Notification of occupational diseases to the Department of Occupational Safety and Health is carried out
o. Protective wears are provided and used
p. Provide standard guidelines for the intensity and amount of noise, light heat humidity required in the workplace and this should include the space and height of working environment.
q. Proper disposal of medical wastes
r. Provision of standards mortuary

5.7 Welfare in the Workplaces

Objective:

To ensure that workers are provided with essential social requirement in the working environment

To achieve the above objective, Government shall ensure that:

a. Workplaces have adequate clean and safe water for drinking and washing
b. Workplaces have toilet facilities for female and male and for disabled persons
c. Facilities are available for buying and partaking meals
d. Medical facilities and personnel are available in the workplaces to provide First Aid and make referral if necessary
e. Dust and fumes are removed from working environment regularly
f. Protective clothing and appliances are provided and used

5.8 Preventive approaches

Government emphasizes ***prevention*** as the main pillar for delivery of health services in Uganda. Therefore, prevention will be the main pillar for implementation of this policy. Emphasis shall be put on instituting preventive measures through sensitization, awareness and training of workers in *Good Work Practices*, proper use of and maintenance of working tools& equipments, *Standard Operating Procedures (SOPs)*, proper and adequate use of protective wear & equipment, and for Health workers orientation in application of the *Universal Hygiene Precautions* and Infection Control Procedures.

Other preventive measures will include immunization against some diseases like tetanus, Hepatitis B for those workers at high risk e.g. Surgeons, Midwives, Laboratory and Mortuary attendants. Other preventive measures will include:

a. Setting Occupational Safety and Health Standards and enforcing their compliance throughout the country.
b. Inspection of workplaces to ascertain good working conditions and safe guard against Occupational accidents, diseases and injuries,
c. Identifying Occupational hazards and putting in place measures to control their occurrences/reoccurrences.
d. Ensure the provision of adequate Occupational Health Services e.g. First-Aid, Clinics on site health services etc,
e. Ensure compliance with all provisions of the Factories Act and its subsidiary Legislation,
f. Carry out specific inspections with regard to working methods, production methods and processes and planning of agricultural activities with an aim of improving productivity,
g. Ensure safe handling and use of toxic chemicals, materials and other dangerous materials, including proper waste management.

h. Carry out medical inspections of workplaces
i. Monitor record and interpret statistical data of agricultural accidents, diseases and health hazards,
j. Investigate illness arising out of different economic activities
k. Organize training courses/Seminars on Occupational safety and Health for both employees, employers and other stakeholders to stimulate interest in matters connected with Occupational Safety and Health related to agricultural activities,

5.9 Risk assessment and management

Objective:

To rapidly respond and effectively, timely manage highly infectious diseases

Implementation strategies

Government will put in place effective risk assessment and management mechanisms through disease surveillance, monitoring and ensure rapid response and management of outbreaks of highly infectious diseases that have potential of occupational health risks to the health worker. Multi – disciplinary rapid response teams will be established at the centre and at all other levels of health services delivery in the country, with central direction and support. The following will constitute key strategies:

a. Strengthening epidemiological Surveillance of infectious disease outbreaks
b. Develop and implement a coordinated reporting system and information sharing
c. Rapid identification and response to disease outbreaks

d. Enforce the legal and regulatory framework using the International Health Regulations, 2005 (IHR).

5.10 Implementation of Clinical Guidelines for Occupational Health illnesses

Objective:

Emphasis shall be put on instituting preventive measures through sensitization, awareness and training of workers in *Good Work Practices, Standard Operating Procedures (SOPs)*, proper and adequate use of protective wear & equipment, and for Health workers orientation in application of the *Universal Hygiene Precautions* and Infection Control Procedures.

Other preventive measures will include immunization against some diseases like tetanus, Hepatitis B for those workers at high risk e.g. Surgeons, Midwives

Implementation strategies

Clinical management shall therefore be specifically tailored to the cause, nature and status of illness of a given individual patient. Treatment for diseases acquired via occupational exposure shall be given following the guidelines spelt out in relevant sections of the Health

Facility Treatment Guide especially for the following diseases (pre – exposure prophylaxis, post – exposure management and treatment of clinical onset):

1. Tetanus
2. Hepatitis B

3. HIV/AIDS
4. Ebola
5. T.B
6. Other highly infectious viral diseases

5.11 Infection Control

Objective:

Government will establish mechanisms to ensure effective implementation of Universal precautions developed by the World Health Organization (WHO) and endorsed, and adopted by Member States.

This shall be achieved through effective implementation of Universal/ Standard Precautions and Transmission based Precautions.

Implementation strategies

a. Ensure policy coherence for example on Post – exposure prophylaxis (PEP), Injection control guidelines developed by different programmes e.g. HIV/AIDS Control Programme and Quality Control Department, and Management of HCW,
b. Strengthen infection control measures including training, application of Universal/Standard Precautions and Transmission based Precautions.
c. Careful handling and disposal of sharps(needles or other sharp objects)
d. Hand – washing before and after a procedure
e. Use of protective barriers (PPEs)– such as gloves, gowns, masks - for direct contact with blood and other body fluids;
f. Safe disposal of waste contaminated with body fluids and blood;
g. Proper disinfection of instruments and other contaminated equipment;

h. Proper handling of soiled linen.
i. Establishment of functional Isolation Wards
j. Scaling –up resource , logistical provisions and supplies

5.12 Management of healthcare waste

In line with the WHO core principles for management of HCW, Government shall:

a. Establish and enforce relevant regulatory framework
b. Develop a national HCW management strategic plan using the bottom up approach and wide stakeholder consultations
c. The strategic plan will be implemented as a horizontal/routine programme incorporated into ongoing sector activities
d. The strategic plan will rationalize how waste will be managed including waste minimization, segregation, treatment, transportation, storage and final disposal.
e. Mobilize and allocate adequate resources to cover costs of establishment and maintenance of sound HCW management systems in the health sector
f. Implement, supervise and monitor sound HCW management system
g. Support capacity building and training plans
h. Ensure health workers and the community are adequately sensitized on the potential dangers of poorly managed HCW
i. Ensure provision of appropriate and adequate personal protection gear at health facilities
j. Adequate mechanisms will be established to address environmental concerns, in consultation with the lead agencies for environmental protection in the country.

5.13 Clinical management

Clinical management including rehabilitation shall specifically be tailored to the cause, nature and status of illness of a given individual patient. Treatment (pre – exposure prophylaxis, post – exposure management and treatment of clinical onset) for diseases acquired via occupational exposure will be given following the guidelines spelt out in relevant sections of National Treatment Guides, especially for the following diseases:

- Hepatitis B
- HIV/AIDS
- Ebola
- T.B
- Tetanus
- Other highly infectious viral diseases

5.14 Care for the Sick Health workers

Objective:

Government will establish a system to provide effective prevention, treatment and rehabilitation programmes for health workers who contract occupationally related ill health.

Implementation strategies

a. Ensure access to adequate health services (drugs, rehabilitation etc)
b. Provide Pre – exposure and post –exposure prophylaxis for HIV, Hepatitis B infections, etc.
c. Provide a Health Insurance Scheme for all Health workers;
d. Establish a Workman's Compensation system and ensure

compensation of workers who either die or got injured during the course of their work;

e. Carry out job placement of sick health workers to protect patients;

f. Implement the Standing Orders for Terminally ill workers;

6.0 Achievement of specific targets

Objective:

Government will ensure that the OH & S targets set in the HSSP II are achieved as a measure of programme success.

Policy statement

The Ministry will ensure that:

a. Appropriate policies and guidelines on OH&S are developed and disseminated by the 1st Quarter of HSSP II.
b. All Health facilities implementing Occupational Health Services by 2010
c. Technical support supervision conducted in 50% of districts.
d. All Health workers in Uganda access OH services by 2010
e. 80% of all workers in Uganda are made aware and sensitized on OH&S by 2010.
f. 80% of all workers in Uganda access OH services by 2010.
g. Avail relevant vaccines in 80% of the designated Health facilities by 2010.

6.1 Main Implementation Strategies for Scaling ups

a. Enhanced collaboration between the Centre, Districts and Urban Authorities in OH&S Services, surveillance and data management.
b. In-service training of health workers at district and lower level health facilities in OH&S prevention and control.

c. Mass production and dissemination of OH&S IEC materials
d. Health education (IEC), mass mobilization and advocacy.
e. Procurement and supply of vaccines and protective equipment
f. Training of Health workers through inclusion of OH&S in the health training curricula.
g. Additional financial and material resources will be needed to achieve the set targets.
h. Strengthening Multi-sectoral Technical collaboration & participation, in particular between Ministry of Health, MAAIF, MLOG (Districts and Urban Authorities), MGLSD and MTT&I.

6.2 Indicators

a. Policies, guidelines and other relevant documents on OH&S in place and implemented the Health Sector.
b. A functional Infection control programme and facilities in place
c. Level of personal hygiene practices,
d. Established Occupational health & Safety rogrammes,
e. Availability of protective clothing and equipment for the health workers.
f. Availability of a functional Healthcare waste management programme.
g. Number of Technical support supervision visits conducted and epidemic preparedness measures undertaken.
h. Level of awareness and knowledge about OH&S, prevention and control among the Health workers.

6.3 Monitoring and Evaluation

Objective:

Government will establish an effective mechanism to monitor and evaluate performance of the OH&S Programme.

At the Health Facility level progress will be measured using the following indicators:

a. Status of high risk units(Maternity wards, Theatre, Laboratory, Blood Transfusion units, etc)
b. Facilities and utilities for infection Control (disinfectant, segregated waste containers, gloves, boots, Sterilizers etc).
c. Disposal pits (Placenta pit, Sharps etc) or any other method for disposal
d. Existence & implementation Occupational health & safety programmes.
e. Existence of functional OH & Safety Committees,
f. Provision and use of protective clothing and equipment
g. OH&S Data Management programme

6.4 Performance Indicators for Departments Programmes

National Level indicators (HSSP II)	Central level indicators (Depart/ Divisions/ Programmes)	Service delivery level (District, Hospitals, HSDs, HUs)	Comments
50% of all health workers in the formal sector accessing Occupational health services	Appropriate policies and guidelines on OH&S developed and disseminated by the 1st Quarter of HSSP II.	Policies , guidelines and other relevant documents on OH&S in place and implemented by the Health Sector	The data will be availed through the HIMS and some will be directly generated by the Central OH& S Programme
30% of all health workers in the informal health sector accessing Occupational health services	All Health facilities implementing Occupational Health Services by 2010.	% of health facilities with established Occupational health & Safety programmes,	
All Trade Unions in the health sector are made aware and educated about Occupational health services	Technical support supervision conducted in 50% of districts in 1st quarter of HSSP II	% of health facilities with functional OH & S Committees	
	All Health workers in Uganda access OH services by 2010	Level of personal hygiene & personal protection practices,	

National Level indicators (HSSP II)	Central level indicators (Depart/ Divisions/ Programmes)	Service delivery level (District, Hospitals, HSDs, HUs)	Comments
	80% of all workers in Uganda are made aware and sensitized on OH&S by 2010.	Availability of protective clothing and equipment for the health workers.	
	80% of all workers in Uganda access OH services by 2010.	Number of Technical support supervision visits conducted to lower Health facility level	
	Avail relevant vaccines in 80% of the designated Health facilities by 2010.	Level of awareness and knowledgeable about OH&S, prevention and control among the Health workers.	
		Epidemic preparedness measures undertaken	
		Healthcare waste management programme.	

7.0 Conclusion

A well implemented OH&S programme will result in the overall Outputs and outcomes

a. Policies and guidelines developed and available at implementation level.
b. Improvement in case management and reporting of OH&S illnesses decrease in morbidity and mortality from OH illnesses
c. monitoring and surveillance of OH&S illnesses including (Data management) streamlined.
d. importance of occupational health and safety in the heath sector re-emphasized,
e. OH& S service streamlined through health education, information flow, and physical participation by the health workers in the implementation activities, monitoring and surveillance.
f. Health workers & patients protected with an overall improvement in health service delivery achieved.
g. Protection and safety of workers in the health facilities and therefore also protection of the patients
h. Improved morale, job satisfaction, resulting in better work output and efficiency
i. Improved public image of the national health service delivery system
j. Cost effectiveness in terms of man power, equipment and monitory terms, as for example it reduces on sickness absenteeism or loss of life
k. Health workers will be exemplary to workers in other sectors.