

ABSTRACT

Background

Infection control is key component of practice for all healthcare professionals, not only for their health but also to reduce nosocomial infections and thus improve patient safety. Infection control measures involve the use of personal protective equipment to reduce contact with infectious materials, immediate hand washing after exposure to reduce the risk of disease transmission, and proper sharps disposal to reduce needle-stick injuries. Decisions regarding the level of precautions to use are based on the nature of the procedure, and not on the actual or assumed serological status of the patient.

Objective; The objective of this study was to assess the capacity of health facilities in the implementation of infection control measures.

Methods; The research was a descriptive cross-sectional study using quantitative and qualitative data collection methods. The qualitative methods were used because involves the development of competency profiles, which is primarily done through interviews with the respondents and through the use of key result areas and competencies as components of quality performed on tasks by respondents. The study population for the present study were health facility heads at each of the health facilities in Bududa district. Qualitative data was collected using structured self administered questionnaires, while key informant interview guides were used to obtain the qualitative data in the study.

Results; All infection control measures were practiced but not satisfactorily with a few exceptions like hand washing with soap (100%), use of sterile techniques (54.4%), wearing masks (90.7%), and isolation of patients on immunosuppressive drugs (28.7%) being most adhered to as they practiced always by majority of the health workers. health facilities were generally equipped with the required medical supplies (66.7%) apart from a few exceptions like toxic waste bins (84.3%), medicated soap (88.9%), and shoe covers (98.1%). the general extent of implementation of infection control measures, only (64%) respondents satisfactorily applied the infection control measures. As regards the level of supervision in the implementation of infection control measures, the results show that the level of supervision of infection control measures was not satisfactory with less than half of the health facility population scoring more than 80% on supervision 7 (47%). Measures that registered more responses on not being implemented included functional isolation and standard precautions, waste disposal bins and sites in all wards, infection control committee, adequate inter bed space and adequate isolation facilities

for airborne, droplet, contact isolation and protective, of all the major measures, only 65% of them were being implemented.

Factors which were found to be significantly related to implementation of infection control measures were extent of practice of infection control measures by health workers (0.003), medical supplies (0.001), and level of supervision (0.000).

Conclusion; Generally, most health facilities in Bududa have implemented infection control programs and have the supplies and measures in place, however, the results show that some components of the program as recommended by the WHO are still lacking for example functional microbiology laboratories, adequate isolation facilities for airborne, droplet, contact isolation and protective, adequate inter bed space, waste disposal bins and sites in all wards.