

Abstract

Occurrence of occupational hazards has raised issues of Health care waste management amongst health workers. Reports of 39 health workers claiming for compensation after the Uganda Ebola outbreak in 2000 resonated the issue of occupational safety in health care settings yet these do not only affect the employees but also the clients and the community neighboring the health center.

The aim of the study was to assess the HCWM and occurrence of occupational hazards in the health sector of Pabbo Sub County. The specific objectives were to: (i) document the HCWM practices, (ii) assess the knowledge of health workers on HCWM, (iii) document occupational hazards occurring, and (iv) to describe the management of occupational hazards in Pabbo Sub County, Amuru district.

The study was a descriptive cross sectional study that used a census among health workers of Pabbo Sub County in all the eight operational health facilities in August- September 2012 irrespective of time they had been working in the area. The study population was 72 of all those who delivered health services as per the definition in Uganda Health services Commission Act and eight (8) HFs. Researcher administered checklists and questionnaire were used to collect information from each health facility and willing respondents in the study. Permission was sought from IHPM of IHSU and an introductory letter issued for the authorities of the district and the health centres. Also, ethical considerations were read to each participant on top of each data collection tool for verbal consent before their responses were captured.

Results: A total of 70 health workers participated in the study from all the eight health facilities having a respondent rate of 97.2%. SPSS version 16 was used to analyze the data with majority of respondents being nursing assistants at 45.7%, nurses at 24.3%, porters at 24.3% and health assistants at 5.7%. All the facilities were primary health-care centers of Level II at 75% and III at 25%.

The HCWM practices included Display of protocols at a lowly 12.5%, segregation practiced in 87.5% only by separation of sharps from other types of waste produced and open air burning at 87.5% as the major method of waste disposal. Also, all the HFs lacked HCWM plan, committees and none recorded the waste they produced.

Knowledge of health workers about the HCWM policy was at 55.7% with those that have got training standing at 44.3%. Correct identification of color codes/containers for waste storage was at an average of 44.8% for all with the best being in sharps at 84.3% and the least of 4.3 % for Blood giving sets.

The occupational hazards occurrence was at 42.9% that included cuts 50.0%, pricks 23.3%, splash/spills 20.0% and others at 6.7%.

These were commonest on OPD in the afternoon duty shift due to various causes like crude dumping, splashes and other causes, notably fatigue with six cases and uncooperative clients with eight cases.

The common actions taken in event of an occupational hazard were investigations and provision of PEP followed with training and display of warning signs.

Conclusion and recommendations:

The study identified low knowledge and lack of facilities as major hindrances to proper HCWM which may be partly responsible for the occurrence of occupational hazards. Therefore, ADLG health office and MOH should carry out in service training of health workers on HCWM and disseminate protocols on the standard practices. Also, efforts should be made to avail central waste management centers in the district to improve on disposal as open air burning is not an option any more.