



Improving the Occupational and Health Safety of Health Personnel in the Workplace

Funded by SADC HIV and AIDS Fund



Training of trainers session



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The Southern African Development Community (SADC) is a 15-country intergovernmental organisation established in 1992. Its purpose is to enhance the development and economic growth of Southern Africa, alleviate poverty, and improve the standard and quality of life of the region's people through regional integration. SADC further seeks to promote coordination and cooperation between national and regional strategies and programmes.

The SADC HIV and AIDS Fund supports short-term research and interventions by government and civil society partners that: expand or complement existing programmes; involve three or more countries across a number of sectors; and are cost effective. The projects are endorsed by Ministries of Health and national AIDS authorities.

Background

Among all health workers, nurses experience the most needle stick injuries, which expose them to over 20 blood borne pathogens, the most common and serious being HIV and hepatitis B and C. A study conducted in Uganda showed that up to 57% of nurses and midwives had experienced at least one needle stick injury in the last year. The rate of needle stick injuries was 4.2 per person-year. Only 18% had not experienced any such injury in their entire careers. The study concluded that the strongest predictor for needle stick injuries was lack of training. Other important risk factors were related to long working hours, work habits (e.g., recapping needles most of the time and not using gloves when handling needles), and work experience.¹

Initial responses by the International Labour Organization (ILO) to the HIV pandemic included a combination of measures to prevent infection and to counter discrimination at work. Regardless of how workers contract HIV, whether as a result of occupational activities or otherwise, they are often subject to discrimination and stigma at the workplace.² This situation is likewise the case for nurses, midwives, and other health care workers (HCW) who test positive for HIV. Their risk of exposure are not considered; rather, they are morally judged.

A 2004 World Bank report on the state of the health workforce in sub-Saharan Africa³ contains a plan of action to stabilize the workforce. Several key objectives relate specifically to HCWs in the workplace in the era of HIV, including: 1) Improving training and knowledge regarding HIV and AIDS to decrease risk for workers, address fears and misconceptions, and improve patient care; 2) Investing in HIV prevention and care to mitigate the impact of the epidemic on the demand for health services and to prevent any further depletion of the workforce; and 3) Improving the non-monetary incentive framework for health personnel (e.g., continuous training, supervision, appropriate equipment) to improve motivation and thus the productivity and quality of the health workforce.

This project has contributed to these objectives as it aimed to reduce the risks of illness from HIV and other blood borne pathogens and improve the work environment by addressing occupational health and safety (OHS) issues. It also sought to strengthen national nurses' associations to engage in the development and implementation of OHS initiatives and ensure their sustainability.

Intervention

With support from the SADC HIV and AIDS Fund, the Southern African Network of Nurses and Midwives (SANNAM) implemented a training of trainers (TOT) project on Universal Precautions (UP) for nurses, midwives, and other HCWs, with

1 Nsubuga FM and Jaakkola MS. Needle stick injuries among nurses in sub-Saharan Africa. *Tropical Medicine and International Health*. 2005; 10(8):773-81

2 Wilburn SQ and Eijkemans G. Preventing Needlestick Injuries among Healthcare Workers. *International Journal of Occupational and Environmental Health*. 2004. 10(4):451-456

3 Liese B and Dussault G. The State of the Health Workforce in Sub-Saharan Africa: Evidence of Crisis and Analysis of Contributing Factors. Washington, DC: The World Bank, 2004. <http://info.worldbank.org/etools/docs/library/206769/The%20State%20of%20Health%20Workforce%20in%20Sub-Saharan%20Africa.pdf>

a specific focus on advocacy for the improved availability of equipment and protective materials in the health workplace. Training workshops were implemented in six countries: Angola, Democratic Republic of the Congo, Malawi, Mauritius, Mozambique, and Tanzania. The project had three aims: 1) to strengthen knowledge of risk reduction for OHS; 2) develop capacity in the identification of ways and resources to improve the availability of equipment and protective materials for UP at participants' home institutions; and 3) develop the capacity of participating nurses and midwives to influence improvements in OHS measures in their respective countries. The content of the five-module TOT included: international standards on OHS; HCW knowledge of occupational exposure to HIV and AIDS; rights of HCWs to compensation; impact of HIV and AIDS on HCWs in the workplace; and disputes and resolutions on OHS issues.

The training used participatory methodologies, which allowed participants to learn, reflect on existing policies and common issues, identify specific problems, and formulate appropriate recommendations to address challenges. More than 70% of workshop time was allocated to participant exchanges, demonstrations, group and individual work, and presentations. TOT workshops were conducted in at least five regions of each country, drawing participants from different health institutions in urban and rural areas. The participants, primarily nurses and midwives, and the local facilitators were selected by NNOs from the pool of trainers previously trained by SANNAM under a SADC/European Union project. Other participants were identified by Ministries of Health or National AIDS Councils. Regional trainers were selected by SANNAM from other NNOs in member states.

Results

Thirty-four TOT workshops were held, during which a total of 1,063 nurses and midwives from the six countries were trained. Participants identified numerous challenges at their home institutions during the training. For example, although workplace policies and guidelines on infection control and standard precautions may be available, they are not necessarily practiced and infection is common. There is a general lack of knowledge about basic infection control measures and of protective materials. In some countries, there is not a regular supply of running water in the main health facilities. Due to staffing shortages, nurses often shift between patients and wards without changing their protective wear. HCWs that use protective wear and equipment are not involved in their procurement; poor quality materials are frequently purchased. ILO standards on OHS are not known by HCWs and policy and compensation for workplace injuries are lacking. The project concluded that awareness raising and the establishment of workplace programs on UP are priority issues, especially in rural areas. There is need for further collaboration by governments and other employers with professional organisations to promote OHS measures in the SADC region, especially in light of the growing shortage of health professionals, the adoption of task shifting principles, and the burden and nature of diseases currently faced by countries in sub-Saharan Africa and the SADC region, in particular.

Participants expressed an interest in the training being offered frequently and rolled out to other regions in their countries. They were highly motivated by the skills they gained and learning about the experiences of their colleagues in other countries. Some governments have already started to roll out the project. For example, in Angola, the government has integrated the training in its capacity building programme and has provided the nurses association with additional funds to expand the training to other parts of the country.

There is a lot that governments still need to do to create a safe workplace environment, one that deals with issues of infection control. A good starting point will be the ratification of ILO conventions on OHS. This action should be complemented by assigning more resources to the purchase of protective materials and sanitation infrastructure. Governments should also incorporate UP into continuous education curricula, which will ensure that knowledge of safety practices is universal and standard across the entire health sector.

The role and voice of nurse and midwife organisations need to be more prominent. These organisations need to be strengthened to play a more effective role as advocates for safe workplace environments and for compensation for injuries. They need to better educate their constituents, to raise awareness among HCWs about their rights to a safe work environment and legal provisions and policies on OHS, including ILO guidelines. They need to inform HCWs on issues of compensation and continue to lobby for compensation where it is not currently provided.

A specific recommendation from Mozambique concerned the involvement of nurses and midwives in procurement decisions to improve the quality of equipment and material obtained. To this, participants from Angola added the need to always involve health professionals in the design of new hospitals, and before construction begins.

The project was evaluated by obtaining participant feedback both at the training workshops and during follow-up visits at their workplaces. **"There has been improvement in the availability of materials and equipment for universal precautions at the workplace since the beginning of these trainings. Participants (new trainers) have become more assertive and they are advocating for other health care workers and patients,"** reported a health care manager in Mauritius.

The Southern African Network of Nurses and Midwives represents more than 230,000 nurses and midwives in the 15 SADC countries. SANNAM is committed to the promotion of caring for the carers to care, through expansion of the professional nursing response to HIV/AIDS and other critical health challenges in the region.

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