

Occupational health in health care facilities in South Africa: Where does infection control stop and occupational health start?

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Occupational health is vital in any industry to evaluate risks, control hazards, protect staff, and prevent occupational injuries and diseases. Occupational health and safety (OHS) needs in a health care setting are no different from those in a factory or other place of business. Even though the risks to health care personnel are different, the principles and applications are the same.

Health care workers, including professional staff such as nurses and doctors and support staff such as porters, cleaners,

laundry personnel and clerks, are highly valued and there is a shortage of qualified, experienced staff in South Africa. There are numerous hazards in any health care facility, particularly exposure to infectious patients. However, OHS issues in the health care setting are not confined to communicable conditions; there are considerable other risks such as chemical exposures, stress, violence and musculoskeletal demands.¹ This situation is not unique to developing countries. In the USA, for example, the health care sector is one of the few industries



in which rates of occupational injuries have increased over the past decade.² In our opinion, even when the risks are well known and well documented, health care personnel can come to feel immune to the hazards present in their working environment and also tend to place more emphasis on their patients' health than on their own. This can result in the occupational health of hospital personnel not being given the same value as the health of patients.

South Africa has a much better equipped health care system than other countries in Africa. Its diagnostic and health care facilities are more advanced and geared more towards rare infections and diseases. In addition to coping with existing challenges such as the rampant tuberculosis epidemic, including the increasing threat of MDR-TB and XDR-TB, and overcrowded hospitals and clinics, health care workers therefore have to be prepared for unplanned emergency admissions of foreign and local patients with possible contagious viral diseases (for example haemorrhagic fevers, avian flu and viral encephalitis). This situation increases the risks of hazardous exposures.

Most South African facilities have set up infection control systems to minimise exposure of patients and staff to contagious organisms. These serve mainly to prevent the spread of infection to other patients. So where does infection control end and occupational health practice start? Since the two functions overlap, this can be difficult to answer, even for experienced occupational health practitioners. OHS involves the prevention of injury and disease in workers in which infection control plays a large part, particularly for health care workers. However, other good occupational health practices such as staff training, good management policies and surveillance programmes are also necessary to protect staff adequately.³

The transmission of an infection from a patient to a health care worker points to a breakdown in infection control and a lack of occupational health services. Communicable diseases among health care workers can be prevented by following established protocols, using prophylaxis (e.g. vaccination if available) and, if necessary, issuing effective protective equipment to prevent nosocomial infections.

Immunologically compromised health care workers deserve special occupational health attention. Placing them in positions

where they are exposed to contagious patients increases their risk of contracting an occupational disease. It is vital that they have access to prophylactic treatment when necessary.¹ They should be regularly monitored to detect infection at an early stage, so as to minimise its severity and reduce time off work.

The recent emergency admission of a highly contagious patient to a private South African hospital highlighted the need for all health care facilities to have an occupational health policy. First-line personnel, nurses and doctors were at high risk, but health care support workers were also at risk of contracting what turned out to be a haemorrhagic fever. As a result, health care workers were infected with the virus.⁴ In situations where patients are potentially infectious, good infection control is important, but well-implemented occupational health practices are needed to protect health care workers. These include training to identify potentially infectious patients, and provision of personal protective equipment and ensuring its proper use.

The Department of Health's responses to recent events were correct to protect the public from an epidemic and to identify the causative virus. However, protection of front-line staff was limited. This protection must come from the occupational health protocols in place in each health care facility. Occupational health policy improvements must become a priority in both the public and the private health care sectors, both to protect vulnerable workers and to retain vitally important, highly skilled health care personnel.

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