Ministry of Health

OCCUPATIONAL SAFETY AND HEALTH POLICY GUIDELINES FOR THE HEALTH SECTOR IN KENYA

AFENET

African Field Epidemiology Network

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Occupational Safety And Health Policy Guidelines For The Health Sector In Kenya

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The Ministry of Health in collaboration with African Field Epidemiology Network (AFENET), IntraHealth Capacity Kenya and CDC commissioned the development of this policy guideline on Occupational Safety and Health (OSH) of health workers in view of the tremendous risks posed to these workers in the process of rendering invaluable services to mankind.

We wish to express our appreciation to the said organizations for supporting this effort.

This policy guidelines document is the outcome of a collaborative effort among health personnel, development partners, the Directorate of Occupational Safety and Health Services (DOSHS) as well as consultants in Occupational Safety and Health from higher institutions of learning. The Ministry highly appreciates and acknowledges the efforts of these groups. It is therefore hoped that this collaboration will be enhanced in the implementation of these guidelines with each organization playing its rightful role in order to give the necessary impetus to ensure optimal OSH management for health care workers in Kenya. This it is envisaged will have spin-off effects for other sectors and indeed for workers in Kenya as a whole.

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DIRECTOR OF MEDICAL SERVICES

FOREWORD

Health care facilities are potentially hazardous workplaces that expose their workers to a wide range of hazards. Generally, it is assumed among healthcare workers and the general public that the greatest occupational health and safety risk faced by healthcare workers is infection resulting from exposure to blood and body fluids as well as infected air-borne aerosols. Skin contact, infectious fluids (via broken skin, mucous membrane) and droplets aerosols from patients expose healthcare workers to infectious diseases such as hepatitis, HIV and tuberculosis among many others.

The emergence of highly infectious diseases such as Severe Acute Respiratory Syndrome (SARS) and the H1N1 Influenza has the tendency to increase the infection risk dramatically. In addition to these, health workers are confronted with physical, mechanical, chemical, ergonomic and psychosocial hazards. For instance, lifting and rolling immobilized or disabled patients exposes workers especially nurses to back injuries. Besides, on call duty, high work load, verbal abuse from disgruntled patients, problematic work relationships, frustrations due to limited resources, poor remuneration among others, exposes healthcare workers to psychosocial hazards such as stress, depression and burnout syndrome.

It is in view of the fact that the health worker is the most important resource in the process of rendering health care that the sector considers prudent to provide a safe and healthy working environment as far as reasonably practicable, for its staff in line with the Kenya constitution 2010 and the Occupational Safety and health Act 2007.

The implementation of occupational health services expected to be put in place will largely depend on training in occupational health and on-going information provision for staff. It is in this regard that this policy guideline on Occupational Safety and Health for health workers outlines evidence-based measures for adoption by health service managers and staff of institutions in the health sector both within the public and private sub-sectors. Similarly, on-going monitoring of programmes including regular audits is a must if performance of services is to improve progressively.

The importance of ensuring the availability of financial resources to make the system function cannot be overemphasized. It is hoped that the Ministry of health at the national level as well as county and sub county heads and facility managers will include specialist training in occupational health for their staff in their list of priorities and consequently make necessary budgetary allocations towards staff training, establishment of health and safety committees and securing tools necessary for efficient operationalization of OSH services on an on-going basis.

Mr. James Macharia
CABINET SECRETARY

Glossary

Accident	Any unplanned, sudden event which causes injury to people or damage to buildings, plant, material or the environment.
Incident	The occurrence of an event that interrupts the completion of an activity. It may be a minor event or result in a crisis such as an accident.
Contractors	A person or firm that agrees to furnish materials or perform services at a specified price to a client.
Employee	A person who is under a contract of employment with an enterprise, including management.
Occupational Disease	Any disease or disorder that occurs as a result of work or working conditions.
Hazard	An inherent property of a substance, agent, source of energy or situation having the potential of causing undesirable consequences e.g. chemicals, slippery floor, work while standing on a ladder.
Risk	The probability that damage to life, health, and/or the environment will occur as a result of a given hazard (such as exposure to a toxic chemical). Some risks can be measured or estimated in numerical terms (e.g., one chance in a hundred). The risk or probability of injury or ill-health resulting from a hazard(s) is a factor not only of the inherent nature of the hazard, but also of the controls in place to mitigate the hazards.
Risk Assessment	An organised process used to describe and estimate the amount of risk of adverse human health effects from exposure to a toxic chemical or other hazard (how likely or unlikely it is that the adverse effect will occur). How reliable and accurate this process is depends on the quantity and quality of the information that goes into the assessment.
Safety culture	The ways in which safety is managed in the workplace, and often reflects "the attitudes, beliefs, perceptions and values that employees share in relation to safety.
Fatal accident	An accident that causes death.
Serious accident	One which at least one person is injured and results to more than 3 days absentia from workplace.
Minor accident	An occurrence arising out of or in the course of work which results in lost time injury of less than three days.
Health facility	A specifically designated site including buildings and the surroundings where medicine is practiced.
Non-clinical staff	Workers in the health facility who are not involved in the treatment or direct care of patients.
Risk Management	A logical and systematic method of establishing the context, identifying, analyzing, treating, monitoring and communicating risks associated with any activity, function or process in a way that will enable organizations to minimize losses and maximize opportunities.
Ergonomics	A scientific discipline concerned with the understanding of interaction between humans and other elements of a system and the professional that applies theory, principles, data, methods to designs in order to optimize human well-being and overall system performance.
Near misses	Unplanned event that does not result in injury, illness, or damage – but has the potential to do so. Only a fortunate break in the chain of events prevents an injury, fatality or damage.
Dangerous occurrence	Readily identifiable event as defined under the Occupational Safety and Health Act, 2007, that causes damage to property with potential to cause an injury or disease to persons at work or the public.

Abbreviations

BSC	Biosafety Cabinet
COSHR	County Occupational Safety and Health Representative
DOSHS	Directorate of Occupational Safety and Health Services
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
IPC	Infection Prevention and Control
KEPH	Kenya Essential Package for Health
MoH	Ministry of Health
MSDS	Material Safety Data Sheet
NOSH	National Occupational Safety and Health
OSHMG	Occupational Safety and Health Management Governance
OSHMC	Occupational Safety and Health Management Committee
OPIM	Other Potentially Infectious Materials
OSH	Occupational Safety and Health
POSHAP	Participatory Occupational Safety and Health Program
PPE	Personal Protective Equipment
TOTs	Trainer Of Trainers
WHO	World Health Organization
WIBA	Worker Injury Benefit Act

CHAPTER 1

1.0 Introduction

1.1 Background

Occupational Safety and Health (OSH) is an area concerned with protecting the safety, health and welfare of people engaged in work or employment. The goals of occupational safety and health programs include fostering a safe and healthy work environment. It is a multi-disciplinary activity targeting four basic aspects namely;

(1) The protection and promotion of workers health by preventing and controlling occupational diseases and accidents;

(2) The development and promotion of healthy and safe work, work environments and work organizations;

(3) Enhancement of physical, mental and social well-being of workers; and

(4) Enabling workers to conduct socially and economically productive lives and to contribute positively to sustainable development (WHO 2010).

OSH has for decades dominated international agenda prompting continued support for the International Labor Organization (ILO) to execute their mandate on behalf of the international community through regional and national governments. Among these is the protection of workers against occupational diseases and injury according to WHO (2010a). This position implies that disease and injury should neither be a norm at the work place nor lack of resources should be used to justify non provision of safe and healthy work environment by the employer. A safe and healthy work environment promotes work productivity and is a key element of worker human dignity (ILO, 2010). Health care workers are known to be at a higher risk of infection from blood-borne pathogens than the general population. Those most at risk are those whose activities entail exposure to blood and body fluids. Important blood –borne pathogens in this regard include Hepatitis B (HBV), Hepatitis C (HCV) and HIV/AIDS. The World Health Organization (WHO) estimates that Sharps injuries contribute 30% of new cases of HBV and 2.5 % of annual infections of HIV among health care workers in Sub-Saharan Africa (WHR 2002).

To mitigate this, national governments in turn are supposed to design operational programs through which ILO recommendations are adopted and implemented with regards to OHS (ILO 2010). The World Health Organization (WHO) also developed a nine-year (2008 to 2017) global plan of action on health workers OHS requirements. The MOH is already working on this action plan to ensure that Kenya health worker OSH requirements are addressed. The Ministry has already several guideline documents that have contributed to worker safety within the ministry These include: Biosafety Biosecurity guidelines, National Infection Prevention and

Control guidelines for health care services in Kenya among others.

In Kenya, the status of OSH conditions has been an issue of growing importance over time. Currently, the directorate of Occupational Safety and Health Services (DOSHS) is anchored in the Government of Kenya, Ministry of Labour, Social Security and Services. Occupational safety and health issues in Kenya can be traced back to 1951's Factories' Ordnance Act, which later became the Factories Act Cap 514 laws of Kenya. In 2004, the Government gazetted a subsidiary legislation titled "Factory and Other Places of Work "(Safety and Health Committee) Rules, 2004" Legal Notice No. 31 that created Safety Committees in factories and other places of work that regularly employed more than 20 employees. These committees were tasked with the responsibility for overseeing OSH implementation , and performing safety audits (GOK 2010). However, shortfalls remained with reports that more than half of the work related accidents and injuries went unreported or unattended, necessitating the birth of Occupational Safety and Health Act (OSHA) 2007 intended to give a more elaborate approach to OSH issues (Nyakang'o 2005).

The enactment of the OSHA 2007 signified a new beginning in management of OSH in Kenya that includes all work places. This Act requires all government sectors to develop policies and guidelines that domesticate the Act.

Literature suggests that OSH compliance is a problem that cuts across the public and private (for profit and not-for-profit) sectors. Consequences of non-compliance are enormous and can result in closure of health facilities, and payment of fines. Moreover, spread of occupational diseases and workplace injuries are increased with poor OSH standards. To respond to the call for improved implementation of OSHA, 2007, several partners – both GOK and donors – have prioritized implementation of key aspects of OSH across various sectors. However, there remain challenges to mainstream OSH across the health sector.

To have a clearer picture of implementation of OSH policy and compliance in the health sector, a baseline OSH risk assessment analysis was carried out by MoH together with IntraHealth International in 97 health facilities across Kenya between 2012 and 2013. The facilities covered the current classification of health facilities in Kenya which are tiers 2 to 4 (level 2 to 5). The overall purpose of this assessment was to evaluate the standards of OSH implementation and recommend a working policy to fill the gap to the recommended National & International Standards that are domesticated in Kenya. The assessment revealed that the Ministry of Health lacks an all-inclusive OSH program and designated safety resource persons that would generate good safety culture at all levels.

1.2 Rationale

Most people especially the working population spend much of their time at work than they do at their homes Like any other environment; the workplace is full of hazards and risks. Injuries and deaths from occupational diseases and injuries are enormous in work environment. It is estimated that every day 6,300 people die

as a result of occupational accidents or work-related diseases resulting in over 2.3 million deaths per year (ILO 2010).This is on the background of over 337 million on-the-job accidents annually resulting from poor occupational safety and health practices (ILO 2001). However, the rate of related injuries (both reported and non-reported) is believed to be much higher.

While implementation strategies such as the application of Occupational Safety and Health Management Governance (OSHMG) for effective safety management are a common phenomenon in industries, the same cannot be said of the hospital settings especially in many developing countries (Subhani 2010). The general feeling is that hospitals and health institutions work environments are safe and are meant to be "healthy" as health is considered a core objective of such institutions.

Previous studies have demonstrated that the state of OSH besides being a complex international problem is bound to remain a top priority. It is generally acknowledged that "OSH-based management systems not only reduce accidents and injury rates but also improves the business productivity of an organization" (Subhani 2010).

The National Human Resource for Health (NHRH) Strategic Plan 2009-2012 clearly defines health and safety policies and procedures to reduce occupational hazards as a key strategy in improving work climate for health workers in Kenya. The OSHA 2007 offers a comprehensive legal framework for implementing actions that are likely to improve safety and health at the workplace.

All health facilities being places of work need to be compliant with basic safety requirements in respect to building design, maintenance and provision of basic safety equipment and safety principles in service provision since a healthy workplace is not only free of hazards, but also provides an environment that is stimulating and satisfying for those who work there.

To promote health, nations should organize the healthcare delivery systems in such a way to maximize the benefits to their stakeholder. In Kenya, the government unveiled the Kenya Essential Package for Health (KEPH), in which the healthcare delivery system is organized into four tiers, 1 - 4 whereas the law demands the highest safety standards, occupational hazards are still prevalent in health care facilities as per the risk assessment report.

In Kenya, the Ministry of Health (MoH) together with key stakeholders (professional bodies and associations) has made major strides on safety by implementing various safety programs such as infection prevention and control program (IPC), injection safety and waste management programs. In addition, the MoH has sought assistance of other partners like donor agencies in ensuring quality service delivery which include provision of safe and healthy work environment (Kenya Quality Model for Health 2010 – KQMH).

However, there still remains gaps in provision of safe and healthy work environment within the health sector (GOK – MOH 2012 Health Facility (OSH) Risk Assessment

report). These guidelines therefore, aim at addressing gaps and promote healthy and safe work environment in the health sector.

1.3 Scope and Purpose of the Policy guideline

1.3.1 Scope

The OSH policy guideline should primarily provide guidance to:

All employees within the health sector (National government, County governments, quasi-government, private as well as NGOs);

Prospective employees of the health sector;

Clients, contractors, and visitors at any health facility in Kenya

Health institutions including training institutions

The provisions of this policy and technical guidelines apply to all health institutions and administrative units within the health sector. The provisions are meant to aid managers of health sector facilities in the implementation of the OSH policy which have been written with the laws of the country and other international OSH protocols in full view. Implementation of the policy and guidelines therefore should result in compliance with the requirements of the safety and health laws of the country. Safety and health inspectors and practitioners seeking to secure compliance with the OSHA 2007, may refer to this guidance to illustrate good practice. They are also intended to serve as a reference guide to the health worker.

In summary, the policy sets the objectives for, and provides the framework within which, OSH management in the health sector will be operated in order to ensure the health and safety of workers of the health sector. It also provides helpful technical guidelines for health staff.

1.3.2 Purpose:

The purpose for this guideline is to promote a safe and healthy work environment in Kenya's health sector.

1.4 Objectives

The objectives of this policy guideline are :

a. To provide a framework for implementing safe and healthy work practices in the Kenya's health sector
b. Promote a safe and healthy work environment, work practices and procedures for all staff of the health sector in order to minimize work-related injuries and occupational diseases.
c. Promote a culture of safe and healthy attitudes and practices
d. Ensure that health and safety management in the workplace constitutes

a core management function of health sector institutions that is on-going and promotes a culture of co-operation between the major stakeholders.

e. Promote the incorporation of OSH educational programmes aimed at reducing workplace hazards and risks into the work plans of health facilities.
f. Facilitate compliance to OSH policy and legislation by clients, contractors, and visitors at any health facility in Kenya
g. Provide guidance for minimum OSH requirements for various tiers of health facilities in Kenya.
h. Provide OSH risk assessments guidance and tools for use in the health sector.
i. Provide Guidance on OSH training and capacity building in the health sector.
j. Provide suggested tools for OSH monitoring, evaluation and documentation.

1.5 General OSH Policy Statement

The MoH is committed to creating a safe work environment that promotes health and safety practices and that seeks to prevent the occurrence of hazards associated with work and the work environment, reduces exposure and mitigates effects of hazards as far as reasonably practicable. The manager within the health sector and other employees shall therefore support the implementation of this policy in accordance with their roles and responsibilities as in OSHA 2007. They shall:

a. Implement and maintain a risk management program.

b. Establish measurable objectives and targets to continually improve occupational health and safety in the work place and reduce work related illnesses and injuries.

c. Provide information, training and facilities to enable staff, clients, contractors, visitors and stakeholders carry out their duties safely.

d. Involve staff and stakeholders about decisions that may affect their health and safety in the work environment.

e. Provide adequate human and financial resources to ensure effective implementation of OSH guidelines.

f. Document and communicate OSH responsibilities for all levels of staff.

g. Communicate this policy through public displays and trainings in all health facilities in Kenya.

h. Ensure that procedures are in place for accident, incident and occupational diseases reporting and management

i. Integrating OSH requirements in planning and decision making processes at all levels.

j. Provide effective occupational health and hygiene programs.

k. Provide, maintain and test contingency plans and resources for effective handling of emergencies.

1.6 Management Responsibility

1.6.1 The Manager:

a. Will ensure that the Occupational Safety and Health Policy: General Statement, Organizational Responsibilities and the detailed arrangements concerning the health, safety and welfare of all members of staff, clients, contractors, visitors and students are made known and implemented within their areas of responsibility; review the written statement of the general policy with respect to safety and health in the workplace;

b. Will carry out suitable and sufficient risk assessment to safety and health of members of staff students and others who within their area of responsibility may be affected by activities in the health sector. Where hazards are identified which cannot be eliminated, the manager will ensure that safe systems of work are designed and implemented, recorded, monitored and reviewed as necessary and results of the assessments are disseminated to the relevant persons;

c. Will ensure that members of staff undertaking secondments or work placements activities are reminded of the need to observe health and safety organizational arrangements of the secondment or placement provider;

d. Will ensure that all safety instructions, training and retraining is carried within their areas of responsibility;

e. Will participate in consultation with members of staff or their Occupational Safety and Health representatives on matters of health and safety in accordance with agreed procedures;

f. Will ensure that, in all areas under their control, regular inspections and audits are carried out;

g. Will investigate all accidents, incidents or near misses concerning health and safety with the view to identifying the cause(s) and preventing a recurrence;

h. Will participate in regular Occupations and Safety inspections of their areas of responsibility in accordance with agreed procedures;

i. Will respond to requests for information from Safety and Health representatives in accordance with statutory requirements;
j. Will be proactive in stimulating interest and enthusiasm for environment, health and safety by demonstrating their personal concern for health and safety at work through example and commitment, and encouraging those that they manage or supervise to do the same.
k. Provide pre-employment and periodic medical examination for personnel (Occupational Health Program).
l. Provision of appropriate and adequate PPE.

Note- A manager refer to the most senior person in an area reporting to a member of the institute executive

1.6.2 Employee

a. Ensure their own safety and health and that of persons who may be affected by their act of commission or omission.

b. Cooperate with the employer and co-workers in their workplace to achieve safe and healthy work environment by following OSH policy guidelines and standard operating procedures

c. Make themselves familiar with the OSH policy guidelines

d. Use PPE as provided by employer to prevent risk to his/her safety and health

e. Comply with safety and health Standard Operating Procedures (SOPs)

f. Report to the supervisor of possible hazards

g. Report to supervisor on any accidents, injuries, or near misses that arise in the work place by completing the appropriate form. If an urgent action is required the situation must be reported and information forwarded to the appropriate department as soon as possible (24 hours). Report any serious and fatal accidents within 8 hours.

h. Facilitate the performance of duties given by the employer

i. Inform the supervisor of any personal condition that may increase vulnerability of occupational hazards e.g. pregnancy in a radiology unit, immunocompromised person in a TB Clinic. Refer to the OSHA 2007 Part 2 Section 13

j. Will make themselves aware of provision of First Aid treatment and emergency and major incidence management procedures (only trained and qualified personnel may administer first aid or manage emergency and major incidents)

k. Will not remove, interfere with or misuse anything provided in the interest of

health and safety

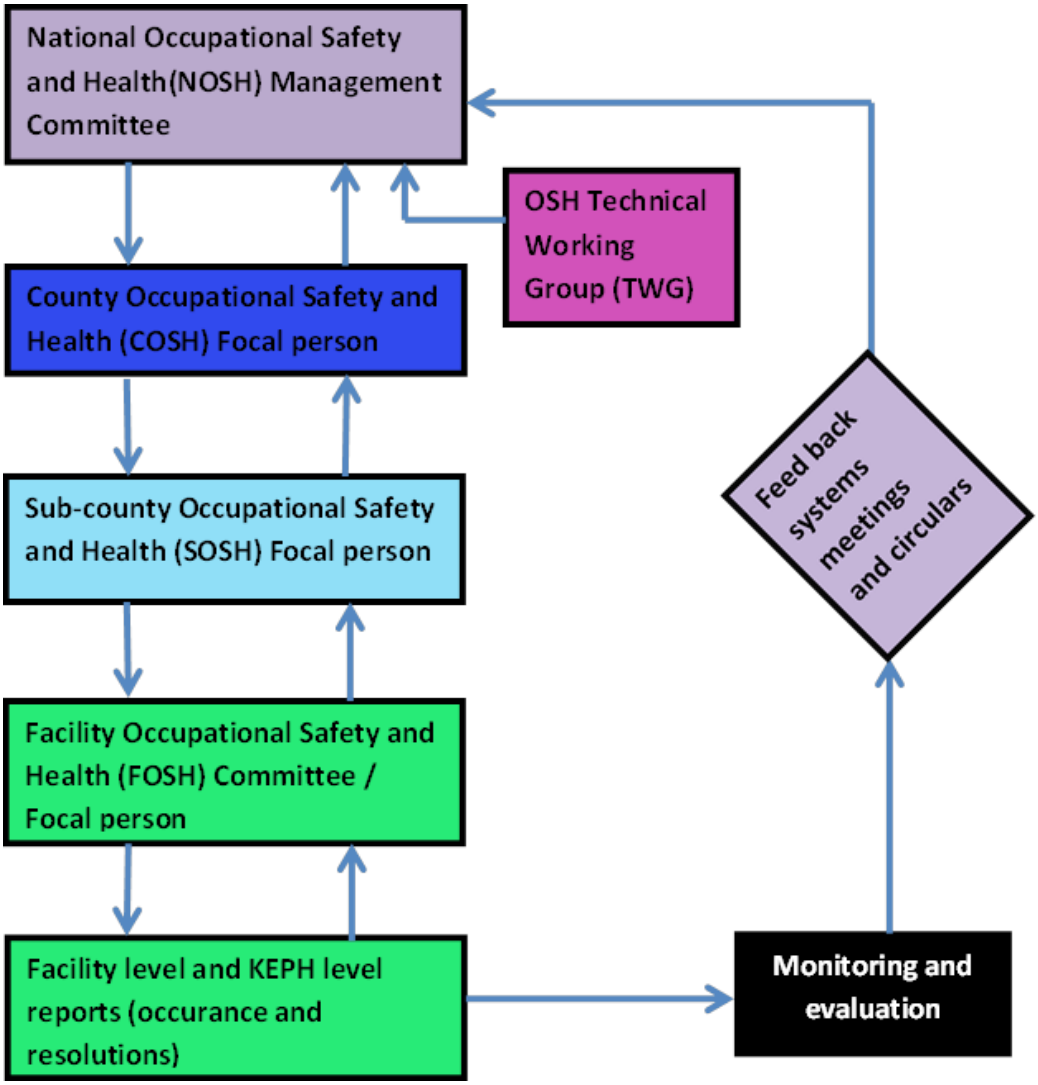
l. Whoever receives visitors and contractors will ensure that they comply with the health and safety requirements while in health facilities.

m. Cooperate with the employer to fulfil all relevant statutory provisions e.g. pre-employment and continuous medical exams.

CHAPTER 2

2.1 Organizational Structure

The Occupational Safety and Health Act 2007 require that employers in consultation with their employees, break up their workforce into groups (Designated Work Groups – DWGs) and appoint a Safety and Health Representative (SHR) for that group. The Act gives Safety and Health Representatives specific functions and powers.



2.2 Roles and Responsibilities

2.2.1 National Level

Membership

The National Occupational Safety and Health management committee (NOSH) will be chaired by the cabinet secretary or his/her nominee, and composed of 10 voting members drawn and appointed by the Cabinet Secretary from departments within the Ministry of Health (MOH), 1 union representative, 1 administrative support and co-opt not more than 3 other members as needs arises as non-voting members. Each department shall be represented by the head of department or his/her nominee. All members of the NOSH are required to attend specific health and safety training.

Terms of Reference

The role of the NOSH is to consider and make recommendations for compliance and improvement in the Ministry of Health on safety matters:

a. Review policies on prevention of injuries and illnesses among staff, clients, contractors and visitors;

b. Ensure employee involvement regarding OSH issues and workplace change;

c. Take lead in OSH policy guidelines review and update.

d. Capacity building of the HSRs to disseminate policies and guidelines at the County level.

e. Research on Occupational Health and Safety.

f. Receive and evaluate OSH Reports from County Health and Safety Representatives

The committee reference documents are Safety and Health Committee Rules 2004, OSHA 2007, WIBA 2007, and the MOH national guidelines on OHS and WHO OSH global plan of action 2008-2017

NOSH Committee Meetings:

NOSH meetings will be held at a quarterly basis with clear documented meeting minutes. The chair can convene an ad hoc meeting on need bases.

2.2.2 County Health and safety (COSH) focal person

The County Occupational Safety and Health (COSH) focal person to the Ministry of Health will coordinate OSH activities within the health sector at the County level. The focal person will provide feedback on OSH issues within the County to the Ministry of Health NOSH.

Terms of Reference

COSH focal person is mandated to:

a. Oversee the implementation of policies and guidelines on prevention of injuries and illnesses among staff, clients, contractors and visitors of MoH facilities.

b. Ensure Legislative compliance, auditing programs and monitoring the implementation of actions incorporated in Health and Safety Plans; and performance of MoH in relation to health and safety at the County level. The COSH focal person in consultation with the national office will be responsible for capacity building of the OSH committee at facility level and disseminating policies and guidelines to the facilities.

c. Publicize, promote and ensure compliance of the policy guidelines and coordinate implementation in health facilities within their counties.

d. Provide technical support at the County to ensure compliance on all OSH polices and guidelines.

e. Coordinate OSH reports from all sub county health sector on quarterly basis and advice on corrective measures.

f. Liaise with the NOSH on specific issues or challenges touching on OSH polices/ regulations

g. The reference documents are: OSHA 2007 and its relevant subsidiary legislations, WIBA 2007, and the MOH national guidelines on OSH and WHO OHS global plan of action 2008-2017

2.2.3 Sub county Health and safety (SOSH) Focal person

The Sub county Occupational Safety and Health (SOSH) focal person will coordinate OSH activities within the Sub County. The SOSH focal person will provide feedback to the COSH focal person on OSH matters.

Terms of reference

h. Publicizing, promoting and ensuring compliance of the OSH guidelines and procedures among the staff at the Sub County level.

i. Implementing measures required for functional facility safety and health committees.

j. Monitor compliance of the OSH policy guidelines and related SOPs.

k. Responsible for capacity building and disseminating policies and guidelines at the sub county level in liaison with the COSH focal person.

l. Provide technical support to the sub county on OSH to ensure compliance on all OSH Policy guidelines

m. Coordinate OSH reports from all sub county levels on a monthly basis and advice on corrective measures.

n. Coordinate inspections and internal audits for the facilities within sub county level.

o. Coordinate facility health and safety committee meetings within the sub county

p. The committee reference documents are: Safety and Health Committee rules 2004, OSHA 2007, WIBA 2007, and the MOH national guidelines on OHS and WHO OSH global plan of action 2008-2017

2.2.4 Facility Level Safety committee/ focal person

The Facility level Occupational Safety and Health (FOSH) committee will be responsible for OSH at the facility. OSH committee membership and operations will be guided as stipulated by the OSHA 2007 and the Legal Notice no 31; however this committee can integrate other existing committees e.g. Infection Protection and Control committee and Bio Safety / Biosecurity committee.

The FOSH will be chaired by the Facility Head or nominee, and composed of facility members in the clinical and non- clinical departments.

Terms of Reference

q. Complying with the guidelines and related SOPs, and enforce corrective measures in cases of non-compliance at the facility level

r. The committee will coordinate capacity building of the facility level staff and disseminate policy guidelines at the facility level. OSH information should be provided or written as part of the in-service, continuing medical education (CME) sessions. .

s. The management of incidents and emergencies arising within the health facility

t. Review cases for rehabilitation and compensation of injured health sector employees;

u. Publicizing, promoting and enforcing the guidelines and procedures among the staff they supervise (including new staff);

v. Conducting workplace audits and risk assessments at facility levels

w. Oversee compliance of facility design and building codes for new construction

of facility structures, and participate in site meetings.

x. Support the procurement systems for quality and adequate PPE and other OSH supplies within the facility.

y. The committee will liaise with human resources / administration to ensure that all new staff go through induction and orientation on OSH issues.

The committee reference documents are: Safety and Health Committee rules 2004, OSHA 2007, WIBA 2007, and the MOH national guidelines on OHS and WHO OSH global plan of action 2008-2017

Meetings:

OSH meetings will be held on minimum monthly basis with clear documented meeting minutes.

2.3 Legal and Regulatory framework

The following acts and regulations will guiding the implementation of Occupational Health and Safety guidelines in the health sector:

a. The Kenyan constitution 2010

b. Occupational Safety and Health (OSH) Act 2007

c. Work Injury Compensation WIBA 2007 Act

d. National infection prevention and control guidelines for health care services in Kenya, 2010

e. Health Care Waste Management manual ,2009

f. Environmental Management and Coordination Act, 1999

g. TB / IPC guidelines, 2009

h. HIV / AIDS Workplace policy

i. Injection Safety and Waste Management policy 2007

j. Building code 1968

k. Radiation Protection Act (Cap.243)

l. Pharmacy and Poisons Act (Cap. 244)

m. Pest Control Product Act

CHAPTER 3

3.1 Classification of OSH hazards and mitigation in the health sector

A hazard refers to any agent, situation or condition that can cause an occupational illness or injury. It may produce serious and immediate (acute) effects or long-term (chronic) problems that affect all or only part of the body. Someone with an occupational illness may not recognise the symptoms immediately, for instance detection of noise- induced hearing loss is often difficult for the victim, until it is advanced. Additionally some occupational diseases may take long to manifest e.g. musculoskeletal disorders. There are 6 types of health hazards:

3.1.1 Biological

Biological hazards, also known as biohazards, refer to biological substances that pose a threat to the health of a worker in health care facilities and community. This can include medical waste or samples of a microorganism, virus or toxin (from a biological source) that can affect human health posing a significant risk to health care and community care workers if not properly controlled.

3.1.2 Chemical

Health care environment can house a vast array of chemicals. Examples of hazardous chemicals may include formaldehyde, used for preservation of specimens for pathology; ethylene oxide, glutaraldehyde, and paracetic acid used for sterilization; anaesthetics gases, laboratory reagents and other numerous chemicals used in healthcare. Even some drugs administered to patients can be harmful to staff if not properly handled e.g. cytotoxic drugs.

3.1.3 Physical

Physical hazards comprise of extremes of temperatures, extremes of pressures, noise, vibration and radiation. All can be found in health care settings. Other physical agents such as ionizing and non-ionizing radiation, or other forms of radiation used on patients can be harmful to workers if not properly controlled.

3.1.4 Ergonomic

Healthcare personnel are also exposed to many ergonomics risk factors due to the nature of their work. Common examples of ergonomic risk factors are found in jobs requiring repetitive, forceful, or prolonged exertions of the hands; frequent or heavy lifting, pushing, pulling, or carrying of heavy objects; and prolonged awkward postures. Vibration and cold may add risk to these work conditions. Jobs or working conditions presenting multiple risk factors will have a higher probability of causing a musculoskeletal problem. Environmental work conditions that affect risk include intensity, frequency and duration of activities.

3.1.5 Mechanical

A mechanical hazard is any hazard involving a machine or process. Equipment used in healthcare facilities if not properly installed and maintained may pose mechanical hazards. They also include situations resulting in slips, trips and falls such as wet floors, slippery finish to floors, poor handling of needles and other sharps resulting in needle stick and sharps injuries.

3.1.6 Psychosocial Hazards

Violence, shift work, working with severely ill patients, qualitative and quantitative overload/ underload etc in the workplace can be a hazard to staff in health care and community care environment. Violence or aggression from patients, visitors, residents, staff and clients could take the form of physical, emotional and/or mental abuse. Most health care settings require some sort of shift work. Shift work can be very stressful to workers and their families. Additionally working alone, drug and alcohol abuse as well as economic factors are other forms of psychological hazards.

Working with people who are seriously or even terminally ill day in and day out can be emotionally wearing. In our current economic climate, with layoffs and cutbacks, workers everywhere are carrying extra workloads, which can result in "burnout." Since a number of people working in health care are women, conflicts with competing and changing roles in the family, as well as from work issues, can cause tremendous stress.

CHAPTER 4

4.1 Minimum OSH package for health care facilities at all levels/tiers

Different tiers of health care are faced by different hazards as evidenced by the OSH risk assessment that was conducted for tier 2 to 4 level 2 to 5. Based on the risk assessment 2012, the ministry recommended the implementation of OSH by having a participatory all inclusive programs that includes all levels and cadres of staff. The minimum package of support is based on the risk control known as the hierarchy of controls whose approach pays primary emphasis on controlling the hazard at the source. For a risk that is rated as high, steps should be taken immediately to minimize risk of injury. It is recommended that the following minimum packages for all health facilities which may change as per specific risks identified.

Department/ section	Occupation	Potential Hazard/ risk	Minimum Recommended Package for Risk Mitigation
Administration Department	The staff in this section is in-charge of core administration and operations largely facilitating other medical and technical staff to do their work better.	Risk of non-compliance with the regulations particularly OSHA 2007 and Universal Safety Precautions.	1. Administration departments ought to have as a bare minimum a Documented Participatory Occupational Safety and Health Program (POSHAP) complete with SOPs for dealing and associating with; a. Regulatory/organizational bodies and professional associations b. Staff and patients admissions and records storage c. Installation and maintenance of work stations d. Employee/employer rights e. Recordkeeping: Employee surveillance program 2. Develop or mainstream MoH Guidelines for Protecting the Safety and Health of Health Care Workers – Manual for Developing Hospital Safety and Health Programs 3. Develop an OSH Indication program for new staff

Central Stores/ General Storage Areas	The staff in this section are the key link between other workers and supplies/ equipment and vice versa	Main risk include exposures due to poor store House Keeping, Hazardous chemicals spills and exposure e.g. Ethylene Oxide, Mercury, Glutaraldehyde etc, Burns/Cuts, Ergonomics, Slips/Trips/ Falls, and Latex Allergy	1. SOP on general OHS housekeeping issues in a health facility store/supplies storage areas. This should be scaled and tailored for each level. A proposal is made for a National guideline and KEPH Specific guideline e.g. KEPH Level 2. The SOP should include; General House Keeping, Chemical spills and exposure handling especially for Ethylene Oxide, Mercury Exposure, Glutaraldehyde, Burns/Cuts, Ergonomics, Hazardous Chemicals, Slips/Trips/Falls, and Latex Allergy. 3. Stores air-quality system to include ventilators especially for KEPH level 3, 4 and 5.
Clinical Services Department, Theater/ Surgical Suites and Intensive Care Units	The staff in area delivers the core services of the MOH facilities	Processes and Process-generated products, by-products and wastes exposes the staff to Blood Borne Pathogens (BBP), Poor Clinical Ergonomics related complications, Slips/Trips/ Falls, Hazardous Chemicals, Equipment Hazards, Tuberculosis and Radiation Exposure and Workplace Violence	1. SOPs on general house keeping OSH Issues in clinical areas, SOP based on **Universal Precautions** for Blood Borne Pathogens (BBP), Clinical Ergonomics Slips/Trips/Falls, Hazardous Chemicals, Equipment Hazards, Clinical Services Tuberculosis, Radiology/X-ray Room: Radiation Exposure, Equipment handling, Waste Management and Workplace Violence. 2. Waste Pit and Recycle containers designed for KEPH Level 2-3 based on the Universal Safety Precaution on Medical Waste Management

Kitchen/ Dietary Department	Personnel in this department handle food services both preparation and serving;	General House Keeping OSH Issues, Kitchen Ergonomics, Kitchen Equipment Safety, Fire Safety, Hazardous Chemicals, Machine Guarding, Food borne Disease, Slips/Trips/ Falls and Electrical Safety. Can also expose other staff, self and patients to food poisoning	1. Specific Kitchen Operations Guidelines designed for each KEPH Level in which Kitchen use is applicable complete with an SOP considering; General House Keeping OSH Issues in a hospital facility, Kitchen Ergonomics, Kitchen Equipment Safety, Fire Safety, Hazardous Chemicals, Machine Guarding, Food borne Disease, Slips/Trips/Falls and Electrical Safety. 2. Provide necessary PPE like cypro gloves and heat resistant gloves for the kitchen staff 3. Kitchen air-quality system to include ventilators especially for KEPH level 3, 4 and 5. 4. Additional safety measures for the kitchen should include guidelines demanding; Tasks assessment to identify potential work site hazards and provide and ensure employee use of appropriate Personal Protective Equipment (PPE). a. The employer should demand that employees uses appropriate hand protection when hands are exposed to hazards such as cuts, lacerations, and thermal burns e.g. the use of oven mitts when handling hot items, and steel mesh or Kevlar gloves when cutting. b. Ensure that cold rooms and walk-in freezers are fitted with a panic bar or other means of exit on the inside of freezers to prevent trapping workers inside. c. Ensure that electrical equipment are free from recognized hazards and that Electrical Safety Guidelines is followed. 5. Good work practices include: a. The safe handling, use, and storage of knives and other sharp utensils. b. Knives, saws, and cleavers should be kept in a designated storage area when not in use. The blades should not be stored with the cutting edge exposed. c. Knife holders should be installed on work tables to prevent worker injury. d. Knives and other sharp objects should not be put into sinks between periods of use. e. Newly purchased knives should be equipped with blade guards and knuckle guards that protect the hand from slipping onto the blade. f. The wheels of food carts should be large, low rolling, low resistance wheels that can roll easily over mixed flooring as well as gaps between steps, stairs and hallways. g. Use appropriate PPE and training to avoid steam burns when working with hot equipment or substances. h. Hold the cover to deflect steam from the face when uncovering a container of steaming materials. i. The handles of cooking utensils should be turned away

Casualty/ Emergency Department	Staff in this section handles emergency responses and sometimes they are called in from other sections hence "import" and "export" related OSH Complications	Common OSH risks are Blood, OPIM, Blood borne Pathogens, Hazardous Chemicals, Slips/Trips/Falls, Tuberculosis, Latex Allergy, Equipment Hazards, Workplace Violence, Workplace Stress, Methicillin-Resistant *Staphylococcus aureus* (MRSA) and Terrorism	1. Develop a specific Blood borne Pathogens SOP with precautions when dealing with blood and other potentially infectious materials and providing for: Engineering and Work Practice Controls . Engineering and work practice controls must be the primary means to eliminate or minimize exposure to Blood borne Pathogens. 2. MoH Management (manager of the facility) as an Employer: a. Ensure employees wear appropriate PPE, gloves, gowns, face masks, when anticipating blood or other potentially infectious materials exposure – develop an SOP and Safety Good Practices Posters. b. Ensure employees discard contaminated needles and other sharp instruments immediately or as soon as feasible after use into appropriate containers. c. Provide in their exposure control plan documentation of consideration and implementation of appropriate commercially available and effective engineering controls designed to eliminate or minimize exposure to blood and OPIM. d. Practice Universal Precautions: Treat all blood and other potentially infectious body fluids as if they are infected and take appropriate precautions to avoid contact with these materials. e. Needle stick/sharps injuries recorded on a Sharps Injury Log. The sharps injury log must be established and maintained and the confidentiality of the injured employee must be protected.

Biomedical Engineering Department	The staff in this section is charged with installation and maintaining equipment within the facilities	Risk include exposure to contaminated equipment and environment., Hazardous Chemicals in Engineering Section, Nosocomial Diseases, Fire safety, Lockout/ Tagout, Asbestos Exposure, Electric Shock, Mercury Exposure and Welding Fumes.	1. Generate and Implement a written program which meets the requirements of the Hazard Communication Standard (HCS) to provide for worker training, warning labels, and access to Material Safety Data Sheets (MSDS). The Hazard Communication Standard ensures employee awareness of the hazardous chemicals they are exposed to in the workplace. 2. Provide PPE (e.g gloves, goggles, splash aprons) as appropriate when handling hazardous cleaning agents and chemicals. 3. Include Nosocomial Diseases, Fire safety, Lockout/Tagout, Asbestos Exposure, Electric Shock, Mercury Exposure and Welding Fumes
House Keeping and Laundry Departments	The staffs in this section are in-charge of cleaning and largely facilitating other medical and technical staff to do their work better and cleaning after them	Staff not trained and not aware both of provisions of the law on personal safety at work and of what actions to take so as to be secure. Lack of PPE and when provided staff tend to either ignore or use wrongly. Lack of or outdated SOPs.	1. Generate SOP complete with guidelines compatible with WHO & OSHA requirements. 2. Generate and Implement Guidelines on Hazardous Waste Management complete with SOPs for each Section 3. Ensure enforcement Procedures for the Occupational Exposure to Blood borne Pathogens. 4. Post signs at the entrance to work areas with the BIOHAZARD legend

Laboratory	Personnel in this department participate in diagnoses process and interacts with Blood borne Pathogens (BBPs), Tuberculosis (TB), and hazardous chemicals	Exposures related to processes and products from Blood borne Pathogens (BBPs), Tuberculosis (TB), Exposure to hazardous chemicals e.g., Toluene, Xylene, or Acryl Amide Exposure to Needle stick/ Sharps Injuries, Work Practices and Behaviors, Engineering Controls, Latex Allergy Slips/ Trips/Falls and Ergonomics	1. Adoption and mainstreaming Laboratory Bio-safety Ideals for Bio-safety Level 2 and 3 for KEPH Level 3-5. These should be developed into SOPs and staff (lab and administrative) trained in the same. 2. Provision of Autoclaves: all waste to be autoclaved before leaving the lab 3. Contaminated materials that are to be decontaminated at a site away from the work area should be placed in a durable, leak proof, labeled or color-coded container that is closed before being removed from the work area. 4. Restricted and controlled access should be practiced 5. post Labels & Signage at all applicable areas 6. All activities involving other potentially infectious materials should be conducted in biological safety cabinets or other physical-containment devices within the containment module. 7. Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors should be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols. 8. Each work area should contain a sink for washing hands and a readily available eye wash facility. The sink should be foot, elbow, or automatically operated and located near the exit door of the work area.

Pharmacy	Staffs are responsible for dispensing and preparation of hazardous drugs.	Signage and labeling lacking. Lack of safety label on all syringes and IV bags containing hazardous drugs during Preparation, Handling Practices, Hazardous Drugs During Administration, Hazardous Drugs During Care Giving, Disposal of Hazardous Drugs, Hazardous Drugs During Storage, Latex Allergy, Ergonomics and Workplace Violence	1. Design and Implement a written program complete with an SOP which: a. Meets the requirements of the Hazard Communication Standard for employees handling or otherwise exposed to chemicals, including drugs that represent a health hazard to employees. b. Provides for worker training, c. Warning labels, and d. Access to Material Safety Data Sheets (MSDSs). e. Employees must be informed of the requirements of the Hazard 2. Personal protective equipment and the details of the hazard communication program including an explanation of the labeling system and the MSDS, and how employees can obtain and use the appropriate hazard information. 3. Assess potential hazards and then select and ensure the use of appropriate PPE to protect employees from hazardous chemicals, including hazardous drugs as defined by the Hazard Communication Standard 4. Restricted Access to areas where hazardous drugs are prepared and stored is limited only to authorized personnel with signs restricting entry 5. Specially designed bins or shelves to store hazardous drugs are designed to prevent breakage and limit contamination in the event of leakage, bins with barrier fronts, or other design features that reduce the chance of drug containers falling to the floor.

Morgues	Personnel responsible for general management of cadavers.	Lack of basic equipment forcing the staff to improvise and use outdated equipment such as hammer, axe and butcher's knife risks include employee exposure to infectious diseases and agents, (e.g., staph, strep, TB, HIV, HBV), and chemicals such as Formaldehyde Other potential hazards in the morgue include: Latex allergy from wearing latex gloves. slips/trips/falls Ergonomics and supply of equipment for lifting and handling cadavers	1. Provide equipment to be used at the morgue and train their staff 2. Circular and guidelines on GCP in the morgues and support system. 3. Provision and use of engineering controls such as: a) Use Universal Precautions as required by the Blood borne Pathogens Standards. b) Wear appropriate PPE e.g. gloves, goggles, gowns. Use additional PPE if blood exposure is anticipated during autopsies or orthopedic surgery such as: Surgical caps or hoods and/or shoe covers or boots in instances when gross contamination can reasonably be anticipated.

CHAPTER 5

5.1 Facility design

5.1.1 Facility

All facility designs and layout should be in compliance with the Building code 1968, PHA cap 242 and OSHA 2007 Part V1 and any other relevant Acts of parliament. On health, general provisions and the inputs of the user should be put into consideration by ensuring OSH committee is involved in the facility design for approvals and ensuring safety compliance.

The following general requirements should be observed as a minimum:

5.1.1.1 **Cleanliness** -Every work place should be kept in a clean state with good drainage, convenient sanitary facilities and without nuisance.

5.1.1.2 **Overcrowding –** Health care workers and patients should not be overcrowded in a room where there is risk of disease transmission through contact or respiratory route**.** Effort should be made to separate people with suspected infectious diseases. Some of the efforts include cough monitoring, and triaging so that such patients are attended to first.

5.1.1.3 **Ventilation –** Each workstation should have circulation of fresh air with adequate ventilation such as cross and through ventilation. In specialized units you can have engineered ventilation systems e.g. Negative pressure and Vacuum air conditioning. The facility has to comply with OSHA 2007 ventilation guidelines

5.1.1.4 **Lighting -** There should be sufficient and suitable lighting whether natural or artificial in every part of the workplace.

5.1.1.5 **Drainage of Floors –** Floors should be drained to ensure they are dry to avoid slips and falls. Floors should be easily washable.

5.1.1.6 **Sanitary convenience -** There should be a sufficient number of clean sanitary facilities with sufficient lighting for both sexes. Sanitary facilities should have hand washing areas with running water, soap/ detergent and changing rooms with accommodation for clothing not worn during working hours.

5.1.1.7 **Fire Prevention** – All work rooms should be provided with appropriate fire fighting appliances and adequate means of escape, in case of fire for employees.

5.1.2 Isolation

Isolation is a creation of barrier mechanical or spatial to prevent transmission of infectious diseases to or from patients, health workers and visitors (Refer to IPC guidelines 2010 page 47). The units are generally provided with barriers that minimize spread of infectious diseases to the environment and the public. Adequate ventilation can also be used to reduce the transmission of airborne infections. Cohorting can also be used in health facilities that do not have isolation wards (IPC guidelines 2010, pg. 113).

5.1.3 Workflow

Facilities should be designed or redesigned to ensure patients move in a unilateral direction to avoid crisscrossing.

When a facility is being designed, the OSH committee should be involved to review the patient flow.

Special units should be placed appropriately within the facility master plan, e.g. theatre. morgue, laundry among others.

5.1.4 Equipment

Appropriate consideration should be made for equipment lay out within the facility.

A full list of current and anticipated equipment and their placement should be provided and considered in the facility design or redesign.

Special equipment requirements should be considered during facility design and redesign e.g. bio safety cabinets and equipment mapping and human flow should be reviewed during the design and redesign stage.

Mitigation measures should be made for equipment that emit heat and noise which is hazardous to the health care workers in compliance with OSHA 2007, hazardous substances rules of 2007, (legal notice 60), noise prevention and control rules legal notice 25 of 2005.

In all areas the job must be fitted to the worker to avoid ergonomic injuries.

Equipment with moving parts and potentially easy to fall should be guarded and chained appropriately.

CHAPTER 6

6.1 Risk assessment, evaluation and management.

6.1.1 Risk management

Risk means the probability of occurrence of an adverse effect from a substance on people or the environment combined with the magnitude of the consequence of that adverse effect (OSHA 2007 section 2). The purpose of risk management is to bring the risk to acceptable levels (Acceptable risk).

The process of risk management includes hazard identification, risk assessment and risk control.

6.1.1.1 Hazard Identification

There are many methods of hazard identification. For the purpose of these guidelines the following approach is recommended:

- Inspection of the workplace using a workplace inspection checklist and conducting a walk-through survey;
- Job hazard analysis;
- Reviewing the accident, incident and ill-health records;
- Asking the workers or their representatives on the hazards they encounter
- Following the manufacturers' instruction/ materials/ safety data sheets, and decide who might be harmed and how: Pay particular attention to young persons; persons with disabilities; inexperienced workers and lone workers.
- Develop hazard / risk register

6.1.1.2 Risk assessment

Risk assessment is a process of making a determination of how safe a situation is and then making judgement of the acceptability of a risk. The following guidelines are recommended:

When is risk assessment done?

a. Any time there is new or redeployed / transfer of staff/ equipment/ method

b. Any time there is an accident/ incident or near miss

c. At scheduled annual risk assessments

d. During maintenance activities

e. During disposal of equipment

How does one carry out risk assessment?

f. Use risk assessment tools

g. Consider whether to carry out the assessment for the whole facility/ department/ machinery or specific procedure

h. Identify the gaps

i. Analyze the data generated

j. Determine if the risk is high, moderate or low.

k. Develop mitigation plans and budget

Who conducts the risk assessment?

l. OSH committee at different facility level

m. COSH Focal person

n. Sub County OSH representative

o. DOSHS approved auditors

p. Constitute a risk assessment team which should include the user in specific cases.

6.1.2 Risk control

Determine the nature and severity of the risk, who is affected and the frequency of the risk. The following methods are recommended to mitigate the risks identified:

q. Eliminate the hazard.

r. Substitute the hazard

s. Isolation

t. Use engineering controls

u. Use administrative controls

v. Use personal protective equipment (PPE)

CHAPTER 7

7.1 Medical surveillance

7.1.1 Introduction

Medical surveillance means a planned programme of periodic examination, which may include clinical examinations, biological monitoring, biological effect monitoring or medical tests of persons employed by a designated health practitioner or by an occupational medical practitioner. (OSHA 2007 section 2)

Medical surveillance shall be provided by a designated health practitioner, occupational medical practitioners for the primary prevention of occupational injuries and illnesses, including a review of occupational and medical history, physical examinations, diagnostic, performance testing and vaccinations.

7.1.2 Purpose of medical surveillance

w. To ascertain the health status of the employees pre-employment, during and after employment.

x. To determine the health status of the employee before transfer to another work area.

y. To determine the job placement within an organization.

z. To ensure that those who have had occupational medical conditions or exposures are attended to early enough to prevent any complication.

aa. To provide information that would help in determining and justifying worker compensation.

The findings from the medical surveillance should be recorded in the risk register (OSHA -2007 guidance for Occupational Health Services in health facility.)

7.1.3 Elements of Medical Surveillance

a. **Pre-employment and pre-placement medical examination**- This examination is to ensure that the employee is fit to undertake the job without risk to himself or his colleagues. The baseline medical examination conducted at the start of employment will define the initial health status: subsequent examinations will be used to evaluate the evident health effects of the work environment and other working conditions.

b. **Periodic Occupational Health surveillance** - This consists of examinations conducted periodically to identify vulnerable groups among the staff

which can be of immense value to prevention. The frequency and types of examinations will be determined for each vulnerable group based on nature of work, ages and sex of the group members.

c. **Return to work/ post sickness absence examination**- This is to ensure that an employee who has been absent with a medical condition for a considerable length of time is fit to undertake his/her usual job. On the other hand, it will facilitate the rehabilitation or temporary or permanent resettlement of those who are not fit to return to their usual occupations.

d. **Exit medical examination**- This is to provide data on employees at the point of exit from a particular occupation or workplace. The advantage to employees is that it provides the opportunity for employees with ailments which have a causal relationship to any factor in the work environment to continue to receive assistance for managing it after they have left the employment or moved on to another schedule.

7.1.4 General Guidelines

e. Medical surveillance should assure that the worker's physical abilities fit the specific requirements of the job and he/she remains fit throughout his/her working life.

f. In record keeping, reporting and certification, professional ethics on confidentiality and respect for human rights shall be the guiding principles.

g. Medical information will not be passed on to unauthorized parties, unless with the written consent of the individual concerned.

h. The Kenya health care facilities should request that an employee undertakes a medical assessment based solely on impaired ability to perform the requirements of the job.

i. All costs associated with the medical assessments will be borne by the employer.

7.1.5 Vaccination

The MoH will implement a comprehensive occupational vaccination programme for its employees who handle patients. Due to the risks of contracting infectious diseases from the work environment, all staff and potential staff members will be made aware and provided with appropriate vaccination. The most important diseases to be vaccinated against includes Hepatitis B and Tetanus however other diseases where occupationally are relevant should be considered. For staff who have not been vaccinated in childhood (e.g. by virtue of their country of origin), vaccination against Tuberculosis and Poliomyelitis will be required.The immunization programme will have robust arrangements for record keeping

and recall for boosters. Vaccination will be carried out at pre-employment and as required for the work area. The following guidelines shall be considered:

j. Determine if the employee had received the primary vaccinations

k. Avail vaccine.

l. Administer the prerequisite vaccinations depending on work area requirement (the employee has right to decline the vaccination but that should be documented).

m. The COSH focal person should identify the vaccination centres for the employees and ensure they are manned by qualified medical staff with training in vaccination.

n. The employees shall be sensitized on where, when and what vaccines.

o. Document the vaccination history.

7.1.6 Management of occupational exposure in health care setting

Exposure means amount of a work place agent that has reached an individual worker (external dose) or has been absorbed into the individual worker (absorbed dose). (OSHA 2007 section 2.)

Purpose for management of occupational exposure:

p. To identify the type of exposure

q. To determine the population exposure level(low, medium, high)

r. To determine the population exposed

s. To plan on the post exposure practices of reducing/ eliminating exposures

t. To put in preventive and control measures to avoid / minimize future exposures

u. Training of all the personnel/ workers at risk

CHAPTER 8

8.1 OSH reporting and documentation

8.1.1 Introduction

All OSH committee secretaries in health facilities shall establish and maintain records of OSH events in the facility.

The OSH documents shall include the following:

a. Accident reporting and follow up reports

b. Dangerous occurrences

c. Incidents and near misses

d. Occupational diseases.

8.1.2 Accident reporting

Each health care facility shall record, investigate and analyze incidents at the minimum use the standardized form in appendix 1. The facility shall determine the underlying OSH deficiencies and other factors that may contribute to occurrence of incidents. The reporting and investigation shall be done in a timely manner (within 8 hours after occurrence). The results of incident investigation shall be documented and maintained. Incident and accident reports shall be reviewed by the facility OSH committee on a monthly basis.

8.1.3 Dangerous occurrences

The worker shall report any dangerous occurrences within the work area. The OSH committee shall maintain a register for such occurrences in the format given in appendix 7. Such occurrences shall be investigated and action taken.

8.1.4 Incidence/ Near misses

The worker shall report any incident and near misses within the work area. The OSH committee shall maintain a register of incidences/near misses. Such occurrences shall be investigated and action taken.

8.1.4 Notifiable diseases

All occupational diseases must be reported. Every facility shall adopt reporting guidelines developed and adopted by the National Occupational Safety and Health (NOSH) committee for occupational diseases. The OSH committee shall maintain a register for reported occupational diseases.

CHAPTER 9

9.1 Safety equipment management and OSH-supplies

OSH-Supplies are articles, substances, equipment or materials that are used as a protective measure to individuals exposed to specific hazardous agent. The supplies include the vaccines, drugs, personal protective equipment (PPE), other safety equipment/ devices/ commodities.

The facility OSH committee shall determine the annual budget for OSH supplies and safety equipment. The committee shall plan and coordinate trainings on safety equipment.

9.1.1 Engineering controls

The facility OSH committee will ensure that all recommended engineering controls as per risk assessment are put in place by ensuring budget and procurement of the same.

9.1.2 Personal Protective Equipment

Personal protective equipment refers to protective barriers/ device or clothing that is worn by a worker in order to prevent any part of his or her body and that of the clients from coming into contact with a hazard (s) present at the place of work. Selection of PPE's will be done according to the risk assessment for specific work areas.

General guidelines for using PPE:

a. Assess the risk of the exposure to a hazard
b. Select appropriate PPE
c. Fit the PPE to the person
d. Use the right PPE for the right purpose
e. Avoid any contact between contaminated PPE and services or people outside the work area
f. Discard the PPE appropriately
g. Do not share PPEs
h. PPE should never be carried home and should be cleaned within work area.

Types and recommended uses of PPE

The type and recommended PPE should be specified for the work area and type of contaminant emanating from the activities, processes and procedures. The PPE must be used effectively, correctly, and whenever there is a risk of contact with hazardous agent.

A. Biological Safety Cabinets (BSCs)

Name	Use
class I BSC	provides operator protection but no product protection. The exhaust air from the cabinet is filtered by a high-efficiency particulate air (HEPA) filter.
Class II BSCs	Class II biosafety cabinet will provide personnel, environment and product protection **Types of Class II Cabinets:** **Class II, type A**: this does not have to be vented, which makes it suitable for use in laboratory rooms which cannot be ducted **Class II, type B1** Biosafety Cabinet: this cabinet must be vented, with 30% of the air exhausted from the cabinet while 70% is recirculated back into the room. **Class II, type B2** Biosafety Cabinet: this cabinet must be totally exhausted, with 100% of the air exhausted through a dedicated duct. **Class II, type B3** Biosafety Cabinet: this must be vented. 70% of the air is exhausted from the cabinet while 30% is recirculated.
class III BSC	**Class III** Biosafety Cabinet provides maximum protection of the environment and user when working with highly infectious microbiological agents. Both supply and exhaust air are HEPA filtered. (used mainly with highly pathogenic agents that usually do not have prophylaxis))
Cytotoxic drug safety cabinets	Provides a barrier to the operator and environment
Laminar Flow or Clean Bench cabinets	Provide product protection only (must not be used where operator protection is required)
Pharmaceutical isolators	Provide protection to operator, product and work environment
Fume cupboards	Provide protection to operator only

A. Fire extinguishers

Different types of fire extinguishers are designed to fight different classes of fire. Every health facility shall develop SOP on fire which shall include portable fire equipment and fire drills.

B. Safety showers/ eye /face wash units

Where applicable health facility shall ensure provision of facilities for emergency body shower, eye/face wash

Every facility shall develop instructions for body shower and eye/face wash

C. Spill kits

Where applicable facility shall have spill kits for chemical, biological, radiological spills.

Every facility shall develop instructions for handling chemical, biological and radiological spills.

D. First Aid Kit

Every health facility shall provide first aid facilities for staff and ensure adequate numbers of trained first aiders.

The first aid tool kit shall meet the first aid rules of 1977 requirements

9.1.4 Safety signage and labels

a. Every health facility shall develop and display directional signage and labels at strategic areas.

b. According to risk assessment findings, every health facilities should develop and display safety signs for biological hazards, chemical hazards, physical hazards and radiological hazards

c. Every facility shall develop fire safety signs and labels and display them according to the facility fire risk assessment results

d. Train staff on signage and labels

CHAPTER 10

10.1 OSH training and capacity building

10.1.1 Induction program for new employees

a. Every new staff shall be taken through the OSH Policy statement.
b. All new staff shall be trained on risk assessment and risk registers for each cadre.
c. All staff shall be trained on OSH guidelines
d. All staff shall be taken through a safety orientation of the facility.
e. The orientation form should be signed by the employees and the supervisor.
f. In-cooperate OSH in the induction manual by the Ministry of Health, Kenya

10.1.2 Induction of contracted / short term staff

All contractors and short term staff shall undergo OSH induction training depending on the contract and the job.

Contractors

a. All contractors shall undergo contractor safety training as part of their contractual requirement.
b. This plan shall be given to all contractors at facility level.
c. It shall be the responsibility of the contractor to ensure the CSP requirement are adhered to which include induction procedures.
d. The facility OSH contact person shall ensure facility orientation for the contractor.

Short term Staff

The staff shall be treated the same as other facility staff in matters of OSH.

10.1.3 Internal facility training (existing staff)

a. Identify all job cadres in every health facility
b. Identify OSH training requirements for each cadre of the health workers by carrying out a job hazard analysis
c. Prepare a risk register for all identified hazards according to cadres.
d. Develop training program for each cadre based on the hazards identified on the risk register.
e. Carry out OSH training needs assessment for every staff as part of annual performance appraisal.
f. Develop a yearly OSH training Master Plan.

g. Appoint a responsible person or department for the implementation of OSH training.

h. Monitor and evaluate the yearly OSH training program.

i. Ensure OSH trainings meet the requirement of CPD.

j. Repeat the cycle.

10.1.4 OSH capacity building for health workers

Pre and In Service

To ensure that OSH training is in cooperated as part of the curriculum during pre and in service of health care workers training. The following should be included in existing curriculum for the following cadres:

- Clinical staff
- Non-clinical staff

At the end of the training program, all clinical staff should be able to:

a. Perform standardized, general occupational/ risk assessments;

b. Perform any necessary further investigation; develop preventive and long-term general mitigation plans

c. Improve on ability for identification and management of occupational diseases and injuries at the work place.

d. Offer advice on prevention, management and design rehabilitation plans that recognize the employment needs of all health workers concerned.

At the end of the training program, all non-clinical staff should be able to:

a. Identify occupational injuries and illnesses that may affect their health

b. Understand how to report the OSH related injuries and illnesses

c. Understand the actions or procedures to take to reduce exposure to OSH related illnesses and injuries

d. Understand mitigations in place at the work place to reduce exposure to hazards

e. Undertake a risk assessment and identify OSH hazards at the work place.

f. Be able to read and interpret MSDS at the work place

g. Understand WIBA 2007 provisions and how IT applies to them.

Developing OSH trainers' capacity within healthcare facilities (TOTs)

a. To ensure that training in OSH is maintained in all health care facilities, there should be adequately trained trainers in Occupational Health and Safety.

b. The number of trainers per facility will be determined depending on the size of the healthcare facility.

c. The TOT curriculum will include the following:

   i. The contents of OSHA 2007

   ii. National OSH guidelines for the health sector

   iii. Ministry of Health OSH Policy statement

   iv. Training on cadre risk register (facility based) and the mitigation plan.

   v. Occupational diseases – Identification and symptoms

   vi. Train on Work Injury Benefits Act WIBA 2007

CHAPTER 11

11.1 Compliance to OSH guidelines

To ensure compliance to the safety and health policy and adherence to OSH guidelines, the MOH has set up a National Occupational Safety and Health (NOSH) Committee with the human resources department as secretariat. The terms of references of the committee are as defined in chapter 2.

Every county shall appoint an Occupational Safety and Health focal person (COSH) whose responsibilities are as defined in chapter 2 and subsequently the sub counties shall appoint Sub County (SOSH) Focal person.

11.1.1 Tools of Compliance

The following tools shall be used to ensure compliance at facility level within the county:

1. The facility OSH committee shall ensure every facility within the county shall conduct a quarterly facility OSH inspection using an Inspection checklist
2. The facility shall come up with an Action plan to mitigate the identified OSH gaps with timelines and a responsible person for each gap to be closed.
3. Every facility shall submit a quarterly OSH report to the SOSH Focal person. The sub county SOSH Focal person shall compile the facility reports and submit to COSH Focal person.
4. The COSH focal person and SOSH Focal person shall provide support to facilities on OSH compliance.
5. The COSH Focal person shall coordinate the County OSH annual Audits as per OSHA 2007 and submit the audit report to county health director who shall upload to the District Health Information System (DHIS) website.

11.1.3 Disciplinary action:

The Ministry of Health shall develop a guideline document on penalties for non-compliance to safety and health policy guidelines in line with the OSHA 2007 section 13 and HR disciplinary policy and guideline. The human resources management shall also ensure OSH responsibilities are included in all job descriptions and yearly performance contract.

11.1.4 Compensation

The OSH management objectives are aimed at ensuring workers are protected from OSH exposures. The health sector recognizes this and workers shall be compensated accordingly for all work related exposures and injuries as follows.

a. Staff must report all work related exposures and accidents that could result in illness and injury including near misses within 24 hours.
b. All reports shall be done using the defined form, and captured in the DHIS.
c. The reports shall be submitted to the immediate supervisor and approved.
d. The supervisor shall submit the report to HR and county focal person.
e. The SOSH focal person shall coordinate accident and exposure investigation and ensure the relevant personnel are involved and a report is compiled. Technical support and advice can be sought from the County OSH focal person.
f. The SOSH focal person shall submit the report to the COSH focal person who shall hold a meeting within 48 hours to review the report.
g. All exposures or accident must be reported to the department of Occupational Health and Safety. The COSH focal person shall send a report to DOSHS in Ministry of Labour, Social Security and Services and Unit of OHS in the MOH within 24 hours if fatal from the occurrence of the accident .
h. The COSH focal person shall ensure that he/she fills the relevant form which shall be sent to DOSHS through Human Resource office.
i. The human resources office shall ensure the worker is compensated accordingly.

CHAPTER 12

12.1 OSH monitoring evaluation and research

12.1.1 Monitoring

12.1.1.1 National Level

a. The Unit of OHS at national level shall develop national OSH Indicators.

b. The Unit of OHS shall submit the indicators to NOSH for review, approval and adoption.

c. NOSH committee will ensure that OSH indicators are included in the DHIS. NOSH through the technical support from the unit of OSH shall monitor the indicators and report to the Principal Secretary.

d. The Principal Secretary shall ensure a Management review of the OSH indicators is done annually.

e. The indicators shall be used to set national objectives and targets.

12.1.1.2 County Level

a. The COSHR shall coordinate the development, review and approval of county objectives and targets with reference to national targets and indicators and facility targets and indicators. The COSHR shall then develop a county yearly implementation plan for the objectives and targets to be achieved.

b. The COSHR shall monitor the implementation of the objectives and targets and report to the NOSH committee through the MoH reporting system.

The COSHR shall coordinate quarterly review of the county objectives and targets at county levels 12.1.1.3 Facility Level

a. The facility OSH committee shall review and adopt OSH targets and indicators

b. The facility OSH committee shall develop annual implementation work plans to be integrated into facility operational plan.

c. The facility OSH committee shall monitor implementation of OSH targets and indicators and report to sub county OSH representative who subsequently report to the County OSH representative.

12.1.2 Evaluation

12.1.2.1 National and County Levels

Evaluation tools shall be designed and reviewed by the NOSH at national level to determine the impact of OSH activities on creating OSH culture at the facility level.

a. Unit of OHS will disseminate the evaluation tool to COSH focal person.

b. The COSH focal person shall coordinate evaluation at facility level and compile county evaluation report.

c. The COSH focal person shall submit the report to the County Health Management Committee at the county level.

12.1.3 Operational Research

a. Unit of OHS shall coordinate operational research activities on OSH in the Ministry of Health with the aim of collecting data on OSH, to help the Ministry make informed decisions on matters of OSH.

b. The data will also inform the development of objectives and targets.

c. The yearly data collected shall be captured through DHIS and will form the baseline OSH data for the Ministry of Health.

d. Analysis of Data shall be done at the Unit of OHS and reviewed by NOSH .

APPENDICES

APPENDIX 1: Notice by employer of an occupational accident/disease of an employee

ML/DOSH/FORM 1
REPUBLIC OF KENYA
DIRECTORATE OF OCCUPATIONAL SAFETY AND HEALTH SERVICES
NOTICE BY EMPLOYER OF AN OCCUPATIONAL ACCIDENT/DISEASE OF AN EMPLOYEE

PART 1

1. Employer/Occupier Particulars:-
ii. Name of Employer/
iii. WIBA* registration No…… OSHA* Registration No. ……..……
iv. Full Address P. O. Box……Physical Location…...……..……..….
v. E- Mail address…… Tel……..……...……
vi. Nature of Work ……...……
vii. Name and address of Insurance Company which has insured employee against accident
……..……
……..……

2. The Injured/sick employee's particulars :-
i. Name……...……
ii. Sex……...……
iii. Age……
iv. Occupation ……...……...
v. Full Address…… ……..……..……
vi. E- Mail address……Tel: ……..……
vii. Identity Card No. *(Incase of fatal injury, Death Certificate No.)……
viii. Home County: ……..…….. District: ……..…… Division: ……....……
Location: …….....……. Sub-location ……....….....……..…..

3. Occupational Accident
i. Date of Accident …… Time: ……Fatal /Non fatal ……...……...…..
ii. Has the worker resumed working Yes/No ……..Date of resumption ……...……...…...…..
iii. Place where accident took place……..……
iv. What is the injured worker's Occupation……...……..……..
v. What duties was the employee undertaking at the time of the accident? ……
……..….....……..
vi. Length of service with the present employer……..……..
vii. What work is the worker employed to undertake……...……..…..
viii. Cause of Injury……
ix. Type of Injury ……...……
x. Part of Body njured……...……

4. Occupational Disease
Detail about the Occupational disease affecting the employee.
i. Date of diagnosis of the occupational disease ……..……..……
ii. Name of medical practitioner who made the diagnosis ……

iii. Date the employer was notified of the disease by the employee or medical practitioners…….....……

iv. Describe the Cause of the occupational disease ……...……..……
……..……...……
……..……
5. Total Monthly earning at the date of the Accident/disease:- Salary/wage ..... Ksh. ……..
Allowances paid regularly (including house, medical etc) .....Ksh……..……..…
Overtime payment or/and other special remuneration for work done whether by way of bonus otherwise if of constant character and for work habitually performed.....
Ksh. ……..……..……..
Total earning per month . .. . … Ksh…….
Total earnings paid to the employee during the period of incapacity .. .. .. Ksh……..……
Name of Employer or person notifying on behalf of Employer ……Signature ……..……
Designation …… Date ……

Note:-

1. In the case of injury to an employee involving incapacity for work for three or more consecutive days, it is requested that the employer complete Part 1 in triplicate and then dispatch the forms immediately as hereunder:
One copy: - To the Occupational Health and Safety Officer in charge of the District in which the accident occurred.
2 copies: - To the medical practitioner attending or examining the injured/sick employee. The forms to be forwarded to the Occupational Health and Safety Officer immediately the doctor completes part II
2. Please attach any evidence detailing any payment forming part of the employee's total earning that the employee has been paid during the period of temporary disablement when he/she was out of work as a result of the injury.
3. Indicate who has paid for the medical bills.
4. In the case of an occupational accident/disease causing the death of an employee, Part 1 should be completed in duplicate and then dispatched as hereunder:
One copy: - Immediately to the Occupational Health and Safety Officer in charge of the District in which the death occurred.
The other copy together with a copy of the death certificate:- to the Occupational Health and Safety Officer in charge of the District in which the death occurred.
5. The original form should be filled as original on both pages (not carbon copied).

PART 11 (for use by the Medical Practitioner)
MEDICAL REPORT
Name of employee……
Date admitted to hospital……..
Discharged……
In-patient No. …….
Attendance as out-patient from……..…..
to……
Out –patient No. ……...
Type of injury…….or
Occupational disease ……
Is there permanent incapacity?.....*Yes/No
If yes please give:
a) Details and nature of permanent
incapacity…… ….
……..
……
……
b) Percentage of permanent incapacity to be indicated in both words and figures(***reference must be made to the first and second schedule of the Work Injury Benefit Act No. 13 of 2007***)……
……
……
……per cent.
Temporary incapacity :-(Duration of absence from work in days, from the date of injury or acquiring occupational disease/or diagnosis of occupational disease to the time of resumption of duty or death)……(employee's working days)
Is a further examination required before final assessment of permanent incapacity can be given?.....If yes ;
a) which ones .....
.....
b) when?.....
c) Who paid the medical bills (Employee or Employer)……
Name of Medical Practitioner……KMP&DB No.
……..
Signature …….……Date
……
Name of Hospital/Clinic/Private
Practice……

PART 111
(For use by Occupational Health and Safety Officer)
Compensation *is / is not being claimed on behalf of the employee/dependants of the deceased employee.
District and Accident Register No……
Station……..…….. Date……
Occupational Health and Safety Officer
*Delete whichever is inapplicable

APPENDIX 2: Employee exposure report form

To be completed by staff within 12 hours of exposure

Last Name _____First Name: _____Middle Initial_____
Department/Section_____ Job Title: _____ ID/Personal No._____
Date/Time of Exposures: _____/_____
Hazard(s): _____
Type of Exposure (e.g. inhalation, ingestion, contact, fall):_____
Cause of Exposure _____
Was personal protective equipment available? Yes No
Was personal protective equipment used? Yes No
What type of personal protective equipment was used? _____
Severity of Exposure: (Minor, Moderate or Major)_____

Describe: _____
_____
Attention required:
1. First Aid 2. Medical Treatment (admission, outpatient)
3. Not necessary

Did the employee lose time from work? Yes No
Estimate time lost: _____
Were other employees exposed? Yes No

List Names _____
_____
How would you prevent recurrence? _____
_____
_____
_____
_____
_____

Exposed employee's signature_____ Date_____

Supervisor's Name: _____ Signature: _____ Date_____ _____

APPENDIX 3: OSH orientation checklist

EMPLOYEE ORIENTATION CHECKLIST			
Areas to be Covered	**Description**	**Completed**	
		Yes	No
Company Safety Rules	Explain safety rules that are specific to your company.		
Company Policies	Explain the health, safety and wellness policies of your company.		
Previous Training	Ask the employee if she/he has taken any safety training.		
Training	Provide any necessary safety, environmental, compliance or policy/procedural training.		
Health and Safety	Inform the health and safety specialist that a new employee has joined the company who may need safety training. Arrange for this training and education to occur.		
Potential hazards	Tour your work areas and facility and discuss associated work area hazards and safe work practices.		
Emergency Procedures	Show and explain how to use emergency eyewashes and showers, first aid kits, fire blankets, fire extinguishers, fire exits and fire alarm pull boxes, as applicable. Demonstrate the evacuation procedures.		
Toxic Products	Identify workspaces where hazardous materials are used, stored or disposed. Provide training as necessary.		
Food and Beverages	Explain that food and beverages are only permitted to be stored in refrigerators clearly labelled "FOOD ONLY".		
Emergency Notification Form	Have employee complete the Emergency Notification form. Keep a copy for your files and send a copy to your Emergency Coordinator.		
WHMIS	Identify the location of the Material Safety Data Sheets (MSDSs). Review the MSDSs for all hazardous materials to be used by the employee. Explain hazardous material labelling requirements. Conduct job specific training.		
Emergency Evacuation	Review the company's Emergency Evacuation Plan and explain the evacuation signals and procedures, point out proper exit routes and the designated assembly area for your Branch.		
Personal Protective Equipment (PPE)	Review the PPE program if the employee will be required to wear protective equipment. Issue appropriate personal protective equipment (PPE) that must be worn as required by the work being performed.		

In Case of Injury or Illness	Review the reporting procedures in the event of an injury and/or accident.		
Safety and Health Committee	Supply a copy of the facility telephone list with names of Safety Committee Members highlighted. Identify the location of the safety bulletin board. Explain how the employee can participate in the health and safety process (e.g., report hazards)		
General Rights and Responsibilities	Explain worker rights and responsibilities as granted by legislation. (See the section of our OSH Answers on Legislation for more details.)		
Emergency Contact	Provide a list of names, addresses, phone numbers and fax numbers of the persons who must be contacted in case of emergency.		
Document	Maintain a record of the orientation.		

Employee Name:

Date:

Supervisor's Signature:

APPENDIX 4: Hazard reporting form

1. Employees should report hazards immediately to the supervisor

2. Hazards can be reported verbally or by filling a simple form available at bulletin boards or other conspicuous places. The following is an example of such a form.

Hazard Report Form - Example	
Name:	Date:
Location:	
Equipment:	
Description of the hazard:	
Suggested corrective action:	
Signature:	
Supervisor's remarks:	
Corrective action taken:	
Signature of Supervisor:	Date:

Sources: http://www.ccohs.ca/oshanswers/hsprograms/orientation.html

APPENDIX 5: Workplace inspection checklist for hospitals

KEY:

1	2	3	4	5
Very Poor	Poor	Satisfactory	Good	Excellent

STAIRWAYS

	1	2	3	4	5
1. Free of obstacles					
2. Slippery step surfaces					
3. Stairs and grab rails in good condition					
4. Fire doors are closed					

AISLES AND FLOORS

	1	2	3	4	5
5. Free of obstruction					
6. In good repair					
7. Slippery					
8. Smoke doors free from obstacles					
9. Appropriate footwear worn by staff					

LIGHTING

	1	2	3	4	5
10. Adequate illumination					
11. Good natural lighting					
12. No direct or reflected glare					
13. Light fittings clean and in good repair					
14. No single fluorescent tubes					
15. Exit signs laminated					
16. Night lights fitted					

WINDOWS

	1	2	3	4	5
17. Lockable					
18. Controlled opening height					
19. In good condition					
20. Fly screens are in good condition					

STORAGE

	1	2	3	4	5
21. Adequate					
22. Materials/equipment stacked					
23. Obstructing access					
24. Safety steps provided for high storage					

25. Designed to minimise manual handling a) light plant/substance/goods stored at higher level than heavy plant/substance goods b) in frequently used plant/substances/ goods stored at ground level or over shoulder height					
26. Shelves are free of dust and rubbish					

EQUIPMENT

General	1	2	3	4	5
27. Adequate work space to use					
28. Fitted with brakes where applicable					
29. Adjustable where applicable					
30. Adequate guarding mechanisms					
31. In good repair					
32. Regular on-going maintenance attended (check dates)					
Beds: All beds are:					
33. Height adjustable					
34. Fitted with brakes					
35. Cotsides fitted					
36. Accommodates all lifting machines					

OFFICE AREAS

	1	2	3	4	5
37. The office chairs are adjustable					
38. There is sufficient leg room for the worker					
39. There is foot support for the worker if required					
40. The chair controls are within easy reach					
41. Arms are provided where necessary					
42. There is adequate space to work in					
43. If the chair has castors is it on carpet?					
44. Shelving for manuals and folders					

SCREEN BASED EQUIPMENT

There is:	1	2	3	4	5
45. Sufficient contrast					
46. Glare (screen)					
47. Glare (external)					
48. Variation from keyboard duties					

49. Work station is adjustable to meet individual needs: a) monitor b) desk c) keyboard d) document holder provided e) - sufficient room to work in					

WASTE DISPOSAL

	1	2	3	4	5
50. Correct bins provided for: a) General – paper, etc. b) Sharps c) Food d) Other: e) infected / cytotoxic / glass (indicate which)					
51. Appropriate colour coded bin linners being used					
52. Bins are vermin proof					

OXYGEN CYLINDERS

	1	2	3	4	5
53. Trolley provided and used					
54. Cylinder stabilisation – straps / chains - provided and used					
55. Empty cylinders stored separately and labelled					
56. Stores advised when replacement is required					
57. Replacement is prompt					
58. Warning signs displayed					
59. There is sufficient oxygen in the cylinder					
60. Frequency checked when not used. Specify					

HAZARDOUS SUBSTANCES

	1	2	3	4	5
61. A material safety data sheet for each chemical used (including cleaning agent) available					
62. Containment materials available for spills					

63. Personal protective equipment a) Available b) used correctly c) suitable					
64. Disposal procedure satisfactory					
65. Flammable agents in a flameproof cupboard					
66. Storage of minimal quantities in the workplace					
67. Ventilation with extraction available at source					
68. Sufficient room to use product					

PHYSICAL HAZARDS

Noise					
69. have acceptable noise levels posted at work area where applicable					
70. Noise levels monitored					
Radiation					
71. Does exposure to radiation get monitored					

HOUSEKEEPING

	1	2	3	4	5
72. Are cleaning signs used appropriately?					
73. Are all exits clear?					
74. Are all verandahs clear?					

ELECTRICAL

	1	2	3	4	5
75. Power cords frayed / damaged					
76. Power cords in the way					
77. Double adaptors used					
78. Unchecked equipment being used					
79. Equipment not in use properly stored					
80. Is equipment checked regularly (check dates)					

STAFF AMENITIES

	1	2	3	4	5
81. Washrooms clean					
82. Toilet segregate male female					
83. Well stocked with toilet / hand paper					

FIRE AND EVACUATION

	1	2	3	4	5
84. Have all staff attended Emergency Procedure lectures/ training?					
85. Do staff know fire procedure? Fire policy					

86. What is the procedure if you find or suspect a fire? a) activate break glass alarm b) the hose reel: when last checked? (check dates)					
87. Does staff know evacuation procedure?					
88. Identify lateral evacuation points if fire was located (specify area)					
89. Do the staff know: a) the different fire extinguishers b) Hose reels c) The maintenance of fire extinguishers d) how to use them					
90. The evacuation kit is available and complete					
91. Do the staff know where the area floor plan is?					

ENVIRONMENT

	1	2	3	4	5
92. Is the area: a) Too hot? b) Too cold?					
93. Taps are drip free when turned off					
94. Wet areas: a) non-slip surface b) water contained within the area					
95. Drug storage areas are locked: a) drug cupboards b) drug fridge c) drug trolley d) drug keys are being carried by an authorised person Nurse					
96. Medical Emergency - Staff know: a) where equipment is stored b) drugs c) reuse equipment d) suction					

LIFTING MACHINE/EQUIPMENT

	1	2	3	4	5
97. Brakes fitted where applicable					
98. Wheels in good order					
99. Free of leakages					
100. Slings in good condition					
101. Correct slings available					

BED BATH

	1	2	3	4	5
102. Brakes working					
103. Hydraulics working					
104. Vinyl in good state					
105. Trolley corners have fittings					

SUCTION MACHINE

	1	2	3	4	5
106. Wheels working					
107. Clean bottle					
108. Oil half way in site glass					
109. Suction working					
110. Pressure <50mHg					
111. Dilly bag: - Gloves ,Suction Catheters					

APPENDIX 6: Dangerous occurences reporting form

State the dangerous occurrence in accordance with the First Schedule OSHA, 2007 ……
……

……

Describe the nature of the occurrence and what was
involved…….....

……

……

……

……

……

……

Notified by: Name…… Signature……

Email …… Date_...../…….../20……..

APPENDIX 7: Check list of Personal Protective clothing in the workplace

1 Types of PPE Used in Healthcare Settings

a. Gloves (leather gloves – heavy duty and rubber gloves, latex or surgical gloves)

b. Masks (full face mask, mouth and nose mask)

c. Respirators

d. Googles

e. Apron

f. Overall

g. Helmet

h. gumboots

1.2 Sequence of wearing PPE in the work place

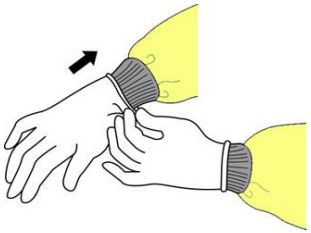
1. Gown first
2. Mask or respirator
3. Goggles or face shield
4. Gloves

1.3 **How to Safely Use PPE**

1. Keep gloved hands away from face
2. Avoid touching or adjusting other PPE
3. Remove gloves if they become torn; perform hand hygiene before donning new gloves
4. Limit surfaces and items touched

Type	Safety	Use	Material / Use / Specifications	How to don specific PPE	Picture demonstration
Gown/ aprons	They protect skin/ clothing	Patient care, cleaning services	– Natural or man-made – Reusable or disposable – Resistance to fluid penetration	1. Select appropriate type and size 2. Don as per instructions given 3. Secure the PPE appropriately	

Mask and Respirators	They protect mouth/ nose -	Patient care, cleaning services	– Should fully cover nose and mouth and prevent fluid penetration	1. Place over nose, mouth and chin 2. Fit flexible nose piece over nose bridge 3. Secure on head with ties or elastic 4. Adjust to fit	
Respirators	They protect tract from airborne infectious agents -protect from inhalation of infectious aerosols (e.g., *Mycobacterium tuberculosis*)	Patient care, cleaning services	– Particulate respirators – Half- or full-face elastomeric respirators – Powered air purifying respirators (PAPR)	1. Select a fit tested respirator 2. Place over nose, mouth and chin 3. Fit flexible nose piece over nose bridge 4. Secure on head with elastic 5. Adjust to fit Perform a fit check : Inhale – respirator should collapse., Exhale – check for leakage around face	

Goggles	Project Eyes Should fully cover nose and mouth and prevent fluid penetration	Patient care, cleaning services	– Should fit snuggly over and around eyes – Personal glasses not a substitute for goggles – Antifog feature improves clarity	1. Position goggles over eyes and secure to the head using the ear pieces or headband – Position face shield over face and secure on brow with headband, Adjust to fit comfortably	
Gloves	Protect Hands	Patient Care, Cleaning services	– vinyl, latex, nitrile -Sterile or non-sterile	1. Wear gloves last 2. Select correct type and size 3. Insert hands into gloves 4. Extend gloves over isolation gown cuffs	

REFERENCES

1. GOK, MoH 2012. Kenya Ministries of Health and IntraHealth International, 2013. Report of the Occupational Safety and Health Risk Assessment. Nairobi, Kenya: MsOH.

2. Subhani MG (2010) Study of Occupational Health & Safety Management System (OHSMS) in Universities' Context and Possibilities for its Implementation: A case study of University of Gavle., University of Gavle

3. ILO. (2010). "Safety and Health at Work." global topics Retrieved 10 December, 2010, from http://www.ilo.org/global/topics/safety-and-health-at-work/lang--en/index.htm.

4. ILO (2001) Guidelines on occupational safety and health management systems, ILO-OSH 2001. vol ILO-OSH 2001. International Labor Office (ILO), Geneva,

5. MOH-GOK (2011a) e-Health Kenya Facilities 29_04_2011_415 - Master List Ministry of Health - Government of Kenya

6. MOH-GOK (2011b) e-Health Kenya Facilities: List of Health facilities as of May 2011. MOH-GK

7. Nyakang'o JB (2005) Status of Occupational Health and Safety in Kenya Workshop on the PAGE 114

8. IUPAC–UNESCO-UNIDO Safety Training Program, part of the IUPAC Congress in Bejing. IUPAC-UNESCO, Bejing

9. WHO (2010a) Global strategy on occupational health for all: The way to health at work In: site OHw (ed) A proposed Global Strategy on Occupational Health for All, vol 2010. WHO

10. Factories and Other Places of Work (Safety and health committee) Rules, 2004

11. WHO (2010b) Health worker occupational health. In: WHO (ed) Occupational Health - Health workers, vol 2012. WHO, Geniva

12. Work Injury Benefits Act, 2007

13. WHO OSH global plan of action 2008-2017

14. IPC Guidelines for Healthcare Services in Kenya, 2010

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James Sekento	MoH	Prof. Mutuku Mwanthi	UoN
Mary Kinoti	UoN	Mwai Mwitungu	NEMA
Pauline Ngari	MoH	Esther Ndeki	Capacity
Samuel Mureithi	MoH	Mary Nalianya	MoH
Samuel Okuche	MoH	Dr. W. Kamau	DOSHS
Deborah Ikonge	MoH	Olivia Namusisi	AFENET
Francis Kariuki	KMTC	Mercy Mushai	AFENET
Samuel O Afubwa	KMTC	Philip Naluande	AFENET
Albert Bunyasi	MoH	Judith Malonza	AFENET
Dr. Waithaka Mwaura	MoH	Isaac Mugo	AFENET
Dr. Linus Ndegwa	CDC		