

## MINISTRY OF HEALTH OCCUPATIONAL SAFETY AND HEALTH POLICY AND GUIDELINE



#### FOREWORD

Health care facilities are the most hazardously 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, body fluids, infected airborne aerosols, healthcare wastes and chemicals. Skin contact, infectious fluids through broken skin, mucous membrane and droplets aerosols from patients expose healthcare workers to infectious diseases such as: hepatitis, HIV/AIDs and tuberculosis among many others.

The emergence of highly infectious diseases such as Avian Influenza and COVID-19 at the moment has the tendency to increase the infection risk dramatically. In addition to these, health workers are confronted with physical, mechanical, chemical, ergonomic and psychological hazards. For instance, lifting and rolling immobilized or disabled patients exposes healthcare workers especially nurses to back injuries. Besides, on call duty, high workload, verbal abuse from disgruntled patients, problematic work relationships, frustrations due to limited resources, poor remuneration among others, exposes healthcare workers to psychological hazards such as stress, depression and burnout syndrome.

It is in view of the fat that the health workers are the most important resources in the process of rendering healthcare that the Ministry of Health considers prudent to provide a safe and healthy working environment as far as reasonably practicable, for its staff in line with the Ministry of Health Act 2006 with 2019 Amendment, Samoa Occupational Safety and Health Act 2002 and Samoa Occupational Safety and Health Regulations 2017.

The implementation of occupational health services expected to be put in place will largely depend on training in occupational health and ongoing information provisions for staff. It is in this regard that this Occupational Safety and Health Policy and Guideline for the Ministry staff outlines evidence-based measures for adoption by the executive management and all staff working in all health facilities in Samoa. Similarly, ongoing monitoring of programs 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 Occupational Safety and Health System function in all health facilities cannot be overemphasized. It is hoped that the Ministry at the national level as well as the executive management and heads of each health facility will include specialist training in occupational health for their staff in their list of priorities and consequently make necessary budgetary allocations towards: staff training; establishing of Health Facilities Occupational Safety and Health Committee, securing tools necessary for efficient operationalization of Occupational Safety and Health services for health on an ongoing basis and compensation of staff.

Ma le fa'aaloalo lava.

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## GLOSSARY

Accident	Any unplanned, sudden event which causes injury to people or damage to buildings, plant, material or the environment			
Clinical Staff	Health workers who are directly involved in the treatment and care of patients			
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			
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.			
Fatal Accident	An accident that causes death			
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			
Health Facility	A specifically designated site including buildings and the surroundings where medicine is practiced and health services are provided			
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			
Minor Accident	An occurrence arising out of or in the course of work which results in lost time injury of less than three days			
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			
Non Clinical Staff	Workers in the health facility who are not involved in the treatment or direct care of patients			
Occupational Disease	Any disease or disorder that occurs as a result of work or working conditions			
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			
Risk Management	A logical and systematic method of establishing the context, identifying, analysing, 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			
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			
Serious Accident	One which at least one person is injured and results to more than 3 days absentia from workplace			
Dangerous occurrence	Readily identifiable event that causes damage to property with potential to cause an injury or disease to persons at work or the public			

## **1. INTRODUCTION**

#### **1.1 Background Information:**

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:

- *(i)* protection and promotion of workers health by preventing and controlling occupational diseases and accidents;
- (ii) development and promotion of healthy and safe work, work environments and work organizations; (
- (iii) enhancement of physical, mental and social well-being of workers; and
- (iv) enabling workers to conduct socially and economically productive lives and to contribute positively to sustainable development (WHO, 2010).

Occupational Safety and Health has for decades dominated international agenda prompting continued support for the International Labour 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 (2010). 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 workers working in all areas of health are known to be at higher risk of infection than the general population because their activities entail exposure to blood, body fluids, healthcare wastes, chemicals, radiation, and some risk their lives in providing health services at port of entries to protect the country from pandemics.

This policy document is developed to guide the Ministry of Health's program and services to ensure that the health workers Occupational Safety and Health requirements are addressed and necessary OSH compensations are available for the staff.

### 1.2 Aim & Objectives

#### Aim:

The aim of this policy is to promote a safe and healthy work environment in the Ministry of Health.

#### **Objectives**:

The objectives of this policy guideline are to:

- (i) achieve and maintain the overall wellbeing, quality of life and work performance of health staff in order to minimize the impact of work on their physical and mental health
- (ii) 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 illnesses
- (iii) promote a culture of safe and healthy attitudes and practices
- (iv) provide safe work environment, work practices and procedures for all health workers in order to minimize work related injuries and illnesses

- (v) put in place and continually review structures and remedies that totally remove or mitigate risks posed by workplace hazards and
- (vi) institute measures aimed at ensuring adequate financing of occupational health services provided by the Ministry.

#### **1.3 Rationale:**

Most of health workers spend much of their time in hospitals that they do at their homes. Like any other environment; hospitals and health facilities are full of hazards and risks. The general feeling is that hospitals and health facilities work environments are safe and are meant to be "healthy" as health is considered a core objective of such institutions. However, the injuries and deaths from occupational diseases and injuries as a result of recent global pandemics are notable in health work environment.

The Samoa Human Resources for Health Strategy FY2020/21-FY2025/26 Samoa Health Workforce Development Plan FY2020/21-FY2025/26 defines health and safety policies and procedures to be in developed to reduce occupational hazards as a key strategy in improving work climate for health workers in Samoa. The Samoa Occupational Safety and Health Act 2002 and Samoa Occupational Safety and Health Regulations 2017 offer 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 OSH legal 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.

#### **1.4 Scope:**

This policy and guideline apply primarily to all staff of the Ministry of Health working in main hospitals, public health facilities, district hospitals, health centres and the Ministry Headquarters.

### **2. POLICY STATEMENT**

The Ministry of Health is committed to create 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 executive management and all staff shall therefore support the implementation of this policy in accordance with the Samoa Occupational Safety and Health Act 2002 and Samoa Occupational Safety and Health Regulations 2017.

To facilitate compliance with this policy document, all health facilities including main hospitals, district hospitals and health centres, their managers and all MOH staff shall:

- (i) ensure that staff are well trained and accountable for preventing work related injuries and occupational diseases
- (ii) design, operate and maintain the work environment, work processes and procedures in a manner that controls and reduces occupational health and safety hazards and risks
- (iii) support health promotion programs that contribute to productivity health and wellbeing of employees
- (iv) ensure that the operations of all health facilities under the leadership of the Ministry of Health comply with relevant national occupational safety and health laws, regulations, policies and strategies and

(v) provide clear and accurate information about occupational safety and health aspects of health services operations to all staff, the clients and the public.

## **3. LEGISLATIVE FRAMEWORK**

The development of this policy document considers its linkage to the following health related legislations and regulations, policies and strategies:

	LEGISLATIONS AND REGULATIONS		STRATEGIES	POLICIES
✓	Ministry of Health Amendment Act 2019	✓	National COVID-19 Preparedness and	National Infection Control Policy
✓	Ministry of Health Act 2006	✓	Response Plan 2020 National Epidemic and	National Health Prevention Policy
✓	Samoa Occupational Safety and Health		Pandemic Preparedness and Response Plan	National Injury Prevention Policy
~	Regulations 2017 Samoa Occupational Safety and Act 2002	* * *	FY2020/21-FY2024/25 Samoa Human Resources for Health Strategy FY2020/21-FY2025/26 Samoa Health Workforce Development Plan FY2020/21-FY2025/26 Samoa National Healthcare Waste Management Strategy FY2020/21- FY2024/25Strategy for	National Mental Health Policy 2006
		~	the Development of Samoa FY2016/17- FY2019/20 Health Sector Plan FY2019/20-FY2029/30	

## 4. TECHNICAL GUIDELINES

#### **4.1 General Principles:**

The following general principles will guide the operations of Occupational Safety and Health in the Ministry of Health:

- ✓ Joint participation of the executive management and MOH staff in the development of programs that promote and improve work environment
- Professional advices on planning and organization of work including the design of workplaces, selection and maintenance of machinery and other equipment and substances used in healthcare work and its allied services; and
- ✓ Periodic reviews of the MOH Occupational Safety and Health Policy and Guideline to identify major problems with the policy and evolve effective methods for dealing with the problems.

#### 4.1.1 MOH Executive Management Commitment

The safety and health of the staff is the responsibility of the Ministry's executive management and management of all health facilities which will make safety and

health a core managerial function and an integral part of their business. Leadership and genuine commitment of management provide an essential foundation for effective safety and health programs. This should be reflected in the management's knowledge of the particular safety and health needs of the Ministry and the conviction that high standards are attainable.

The executive management is responsible for carrying out suitable and sufficient risk assessment to safety and health of MOH staff and others who within their areas of responsibility. Where hazards are identified which cannot be eliminated, the responsible manager or ACEO will ensure that safe systems or work are designed and implemented, recorded, monitored and reviewed as necessary and results of the assessments are disseminated to the relevant persons.

Management commitment should also be reflected in the allocation of resources: material, human and financial to ensure success in implementation of this policy and ensuring availability of funds for risk/hazard allowances for eligible staff (refer to Annex 1 for types of risk allowances and eligible staff).

#### 4.1.2 MOH Staff Commitment

All MOH staff are responsible to ensure their own safety and health and that of persons who may be affected by their act of commission or omission. They should cooperate with their leaders and co-workers in their areas of work to achieve safe and healthy work environment by following OSH policy and guidelines and Standard Operating Procedures (SOPs).

## 4.1.3 Professional Independence in Delivery of Occupational Safety and Health Services

Professional independence is the main ethical bedrock on which Occupational Safety and Health services operates. This is demonstrated by who the occupational safety and health personnel woes loyalty to, reports to and confidentiality. It must be clear that the primary responsibility is to his/her client who is the health worker/staff. Any information about the health worker/staff patient can only be divulged to the Director General and Executive Management with the consent of the health worker.

#### 4.1.4 Confidentiality

Information regarding the health status of an individual health worker/staff, obtained in the course of the discharge of Occupational Safety and Health function shall be treated with the utmost confidentiality as should characterize health service delivery.

## **5. ROLES AND RESPONSIBILITIES**

The matrix below presents the roles and responsibilities that the Ministry of Health implement to reflect its commitment in promoting Occupational Safety and Health in all areas of health works.

<b>RESPONSIBLE PERSON/S</b>	<b>RESPONSIBILITY/IES</b>
Director General of Health	Ensure the OSH policy and guideline is developed and
	implemented in all MOH facilities
	Receive and comments on OSH policy implementation
	status report/s
	Assign the MOH OSH focal point to lead and facilitate
	implementation of the OSH policy and guidelines in all
	nealth facilities
MUH USH Focal Point	Oversee the implementation of policies and guidelines on
	facilities
	Ensure legislative compliance auditing programs and
	monitoring the implementation of actions incorporated in
	MOH Occupational Safety and Health Policy and Guidelines
	and performance of MoH in relation to health and safety at
	the national level.
	Publicize, promote and ensure compliance of the policy
	guidelines and coordinate implementation in health
	facilities
	Inspect the personal protective equipment regularly and
	effectively monitor the use of PPEs
	Provide technical support at all health facilities to ensure
	compliance on all USH polices and guidelines and
	monthly basis and advice on corrective measures
Executive Management	Ensure the MOH Occupational Safety and Health Policy and
Excentive management	Guidelines are made known and implemented within their
	areas of responsibility
	Carry out suitable and sufficient risk assessment to safety
	and health of staff under their supervision
	Where hazards are identified which cannot be eliminated,
	the executive management will ensure that safe systems of
	word are designed and implemented, recorded, reported,
	reviewed and monitored as necessary and results of the
	assessment are disseminated to relevant persons and
	ensure risk/nazaru anowances snouiu de avanable for
	Ensure routine surveillance are conducted for staff to
	ensure correct use of personal protective equipment when
	required
	Ensure all staff are vaccinated with tetanus and Hepatitis B
	vaccine for infection control
MOH Staff	Make themselves familiar with the MOH OSCH policy and
	guidelines
	Use PPEs as provided by the Ministry to prevent risk to
	their safety and health
	Report to their superiors of possible hazards or any
	accidents, injuries, or near misses that arise in the

workplace. If an urgent action is required, the situation must be reported and forward information to the appropriate division or department as soon as possible Inform the superiors of any personal condition that may increase vulnerability of occupational hazards e.g. pregnancy in a radiology unit or providing port health services, immune-compromised person in a TB clinic. Ensure they have access to appropriate PPEs equipment for handling healthcare wastes

## 6. CLASSIFICATION OF OCCUPATION SAFETY AND HEALTH HAZARDS AND MITIGATION IN HEALTH FACILITIES

A hazard refers to any agent, situation or condition that can cause an occupational illness or injury. It may produce serious and 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:

#### 6.1 Biological Hazards:

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 wastes 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.

#### 6.2 Chemical Hazards:

Healthcare 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 parasitic 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.

#### 6.3 Physical Hazards:

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.

#### 6.4 Ergonomic Hazards:

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.

#### 6.5 Mechanical Hazards:

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.

#### 6.6 Psychosocial Hazards:

Violence, shift work, working with severely ill patients, qualitative and quantitative overload/ under-load 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.

# 7. MINIMUM OCCUPATIONAL SAFETY AND HEALTH PACKAGE FOR HEALTH FACILITIES AT ALL LEVELS

Different levels of healthcare in all health facilities (main hospitals, district hospitals, health centres) are faced by different. The Ministry recommends 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.

AREAS OF SERVICES	OCCUPATION	POTENTIAL HAZARD/RISK	MINIMUM RECOMMENDED PACKAGE FOR RISK MITIGATION
Clinical services, surgical theatre, and intensive care units	The staff in these areas deliver the core services of MOH health facilities	Processes generated products, by-products and wastes exposes the staff to blood borne pathogens, poor clinical ergonomics related complications, strips, trips, falls, hazardous chemicals, equipment hazards, infections from infectious patients, radiation exposure and workplace violence	<ul> <li>Standard of Operating Procedures on general housekeeping and OSH issues in clinical areas</li> <li>Healthcare waste pits and recycle containers designed and placed for safe disposal of healthcare wastes in health facilities</li> </ul>
Casualty and Emergency Departments	Staff providing these services handle emergency responses and sometimes they are called in from other sections hence "import" and "export" related OSH complications	Common OSH risks are Blood, Blood borne Pathogens, Hazardous Chemicals, Slips/Trips/Falls, Tuberculosis, Latex Allergy, Equipment Hazards, Workplace Violence, Workplace Stress, and Methicillin Resistant Staphylococcus Aureus (MRSA)	<ul> <li>✓ 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.</li> <li>✓ MoH Management should:         <ul> <li>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.</li> <li>Ensure employees discard contaminated needles and other sharp instruments immediately or as soon as feasible after use into appropriate</li> </ul> </li> </ul>

AREAS OF SERVICES	OCCUPATION	POTENTIAL HAZARD/RISK	MINIMUM RECOMMENDED PACKAGE FOR RISK
			MITIGATION containers. - 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.
Biomedical Engineering	The staff providing these services are in charged with installation and maintaining equipment within the facilities	Risks include exposure to contaminated equipment and environment, Hazardous Chemicals in Engineering Section, Nosocomial Diseases, Fire safety, Lockout/ Tag out, Asbestos Exposure, Electric Shock, Mercury Exposure and Welding Fumes.	<ul> <li>✓ 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.</li> <li>✓ Provide PPE (e.g gloves, goggles, splash aprons) as appropriate when handling hazardous cleaning agents and chemicals.</li> <li>✓ Include Nosocomial Diseases, Fire safety, Lockout/Tag out, Asbestos Exposure, Electric Shock, Mercury Exposure and Welding Fumes</li> </ul>
Dental Services	The dental staff examines patients' dental health and provide treatment, check teeth, gums and other parts of the mouth along with E- rays and tests to diagnose dental problems, clean teeth and remove plaque and identify tooth decay and replace cavities with fillings.	Exposure to infections including HIV and viral hepatitis; percutaneous exposure incidents, dental materials, radiation and noise. Musculsokeletal disorders; psychological problems and dermatitis; respiratory disorders and eye insults	<ul> <li>✓ Wear PPEs</li> <li>✓ Conduct OSH trainings</li> <li>✓ Develop/implement Dental Care Services Protocols and Guidelines</li> </ul>

AREAS OF SERVICES	OCCUPATION	POTENTIAL HAZARD/RISK	MINIMUM RECOMMENDED PACKAGE FOR RISK MITICATION
Laboratory	Personnel in this area 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, Exposure to Needle stick/ Sharps Injuries, Work Practices and Behaviours, Engineering Controls, Latex Allergy Slips/ Trips/Falls and Ergonomics	<ul> <li>Provision of Autoclaves: all waste to be autoclaved before leaving the lab</li> <li>Contaminated materials that are to be decontaminated at a site away from the work area should be placed in a durable, leak proof, labelled or color-coded container that is closed before being removed from the work area.</li> <li>Restricted and controlled access should be practiced</li> <li>post Labels &amp; Signage at all applicable areas</li> <li>All activities involving other potentially infectious materials should be conducted in biological safety cabinets or other physical-containment devices within the containment module.</li> <li>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.</li> <li>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.</li> </ul>
Pharmacy &	Staffs are responsible	Signage and labelling	✓ Design and Implement a

AREAS OF SERVICES	OCCUPATION	POTENTIAL HAZARD/RISK	MINIMUM RECOMMENDED PACKAGE FOR RISK
		, í	MITIGATION
AREAS OF SERVICES Pharmaceutical Warehouse	OCCUPATION for storing, dispensing and preparation of hazardous drugs.	POTENTIAL HAZARD/RISK 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	<ul> <li>MINIMUM RECOMMENDED PACKAGE FOR RISK MITIGATION</li> <li>written program complete with an SOP which:         <ul> <li>Meets the requirements of the Hazard Communication</li> <li>Standard for employees handling or otherwise exposed to chemicals, including drugs that represent a health hazard to employees.</li> <li>Provides for worker training,</li> <li>Warning labels, and d. Access to Material Safety Data Sheets (MSDSs).</li> <li>Employees must be informed of the requirements of the Hazard</li> </ul> </li> <li>✓ Personal protective equipment and the details of the hazard communication program including an explanation of the labelling system and</li> </ul>
			<ul> <li>how employees can obtain and use the appropriate hazard information.</li> <li>✓ 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</li> <li>✓ Restricted Access to areas where hazardous drugs are prepared and stored is limited only to authorized personnel with signs restricting entry</li> <li>✓ 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</li> </ul>

AREAS OF SERVICES	OCCUPATION	POTENTIAL HAZARD/RISK	MINIMUM RECOMMENDED PACKAGE FOR RISK
AREAS OF SERVICES	OCCUPATION These Personnel are responsible for receiving bodies of deceased patients and helps place bodies in compartment trays. They also confirms identification of bodies and releases bodies as appropriate. Being a morgue staff can also assist pathologists in performing autopsies	POTENTIAL HAZARD/RISK Smell of dead bodies will cause acute respiratory diseases that may affect their lungs Have the possibility to be infected from a patient died of infected disease. Lack of basic equipment forcing the staff to improvise and use out- dated 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	<ul> <li>MINIMUM RECOMMENDED PACKAGE FOR RISK MITIGATION</li> <li>design features that reduce the chance of drug containers falling to the floor.</li> <li>✓ Provide equipment to be used at the morgue and train their staff</li> <li>✓ Circular and guidelines on GCP in the morgues and support system.</li> <li>✓ Provision and use of engineering controls such as:         <ul> <li>○ Use Universal Precautions as required by the Blood borne Pathogens Standards.</li> <li>○ Wear appropriate PPE e.g. gloves, goggles, gowns. Use additional PPE if blood exposure is anticipated during autopsies or orthopaedic surgery such as: Surgical caps or hoods and/or shoe covers or boots in instances when gross contamination can</li> </ul> </li> </ul>
		latex gloves. slips/trips/falls Ergonomics and supply of equipment for lifting and handling dead	reasonably be anticipated.
Medical Imaging and Radiology	These personnel are responsible for providing assistance to physicians in their efforts to diagnose and treat disease by providing them with timely and reliable information obtained from radiographic examinations using the least amount of radiation necessary for conducting the radiographic	bodies Infected with infectious diseases carried by patients coming for medical imaging and radiology services Risks of radiation	<ul> <li>✓ Wear appropriate PPEs</li> <li>✓ Provide OSH trainings on how to protect from infected patients and radiance</li> </ul>

AREAS OF SERVICES	OCCUPATION	POTENTIAL HAZARD/RISK	MINIMUM RECOMMENDED PACKAGE FOR RISK MITICATION
	examination. To ensure the reliability of this diagnostic information, careful attention must be given to the performance of every examination, beginning when the examination is ordered and continuing until the examination results have been returned to the requesting physician.		
Port health services	These personnel are responsible for providing health services at all points of entries to protect the country from pandemics	Loss of life/cause disability during implementation of vessels checks Infected with infectious diseases carried by incoming travellers Lack of PPEs and when provided staffs tend to either ignore or use wrongly, Lack of PPEs and when provided staffs tend to either ignore or use wrongly, verbally abuse, infectious diseases transmission	<ul> <li>✓ Wear appropriate PPEs</li> <li>✓ provide trainings on how to use PPEs</li> </ul>
Healthcare waste management services	These staff are in charge of collecting and disposing of all healthcare wastes from all health facilities and morgues	Airborne disease, infectious diseases due to smelling and touching wastes like blood and body fluids, body parts, sharp injury from needle stick or any sharp medical object or device, mucous membrane exposure e.g. mouth, eye and nose, contact with no intact skin e.g. dermatitis, eczema, acne and cuts	<ul> <li>✓ Wear appropriate PPEs</li> <li>✓ Provide trainings on how to use PPEs and safe handling of healthcare wastes</li> </ul>
Administration Services	The staff in this section is in charge of core administration and operations largely facilitating other medical and technical	Risk of non-compliance with the regulations particularly national OSH related legislations, regulations, policies and strategies	✓ Develop MOH Guidelines for protecting the safety and health of health workers

AREAS OF SERVICES	OCCUPATION	POTENTIAL HAZARD/RISK	MINIMUM RECOMMENDED PACKAGE FOR RISK MITIGATION
	staff to do their work		
Central stores/general storage services	The staff in this area are the key link between other health workers and supplies/equipment and vice versa	Main risk include exposures due to poor store, housekeeping, hazardous chemicals spills and exposure e.g. ethylene oxide, mercury, glutaraldehyde, burns/cuts, ergonomics, slips, trips, falls, and latex energy	<ul> <li>✓ Standard of Procedures on general Occupational Safety and Health housekeeping issues in health facilities store/supplies storage areas.</li> <li>✓ Stores air-quality system to include ventilators</li> </ul>
Kitchen and dietary	Personnel providing these services handle food services for patients both preparation and serving	General housekeeping OSH issues, kitchen ergonomics, kitchen equipment safety, fire safety, hazardous chemicals, machine guarding, food borne diseases, slips, trips, falls, electrical safety, food poisoning	<ul> <li>Specific Kitchen Operations Guidelines developed considering: General housekeeping OSH issues in health facilities, kitchen ergonomics, kitchen equipment safety, fire safety, hazardous chemicals, machine guarding, injury prevention and electrical safety</li> <li>Provide necessary PPEs like cypro gloves and heat resistant gloves for kitchen staff</li> <li>Kitchen air-quality system to include ventilators</li> <li>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 PPEs</li> <li>Supervisor should demand the employees to use 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</li> <li>Ensure that cold rooms and walk-in freezers are fitted with a panic par or other means of exit on the inside freezers to prevent tapping workers inside</li> <li>Ensure that celectrical equipment are free from recognized hazards and that</li> </ul>

AREAS OF SERVICES		OCCUPATION	POTENTIAL HAZARD/RISK	MINIMUM RECOMMENDED PACKAGE FOR RISK MITIGATION
				electrical safety guidelines is followed
House and Laund	Keeping lry	The staffs providing these services are in- charge of cleaning and making laundries for health facilities	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 PPEs and when provided staffs tend to either ignore or use wrongly may cause infection from dirty laundries of infected patients. Lack of or out- dated SOPs.	<ul> <li>✓ Generate SOP complete with guidelines compatible with WHO &amp; OSHA requirements.</li> <li>✓ Implement and Monitor Guidelines on Hazardous Waste Management complete with SOPs for each Section</li> <li>✓ Ensure enforcement Procedures for the Occupational Exposure to Blood borne Pathogens.</li> </ul>

## 8. MINISTRY OF HEALTH FACILITIES DESIGN

#### 8.1 Health Facility:

All Ministry of Health facilities designs and layout should be in compliance with Samoa National Building Code 2017 and any other relevant national legislation.

On health, general provisions and the inputs of the users should be put into consideration by ensuring that the National Occupational Safety and Health Committee is involved in the facilities design for approvals and ensuring safety compliance.

The following general requirements should be observed as a minimum:

8.1.1 Cleanliness:

Every health facility should be kept in a clean state with good drainage, convenient sanitary facilities and without nuisance

#### 8.1.2 **Overcrowding:**

Healthcare 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.

#### 8.1.3 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.

#### 8.1.4 Drainage of Floors:

Floors should be drained to ensure they are dry to avoid slips and falls. Floors should be easily washable.

#### 8.1.5 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.

#### 8.1.6 Fire Prevention:

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

#### 8.2 Isolation:

Isolation is a creation of barrier mechanical or spatial to prevent transmission of infectious diseases to or from patients, health workers and visitors. Clinical 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.

#### 8.3 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.

#### 8.4 Equipment:

Appropriate consideration should be made for equipment layout within health facilities. 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 healthcare workers in compliance with Samoa Occupational Safety and Health Act 2002 and Samoa Occupational Safety and Health Regulations 2017. 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.

## 9. RISK ASSESSMENT, EVALUATION AND MANAGEMENT

#### 9.1 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 (Samoa Occupational Safety and Health Act 2002). 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.

#### 9.1.1 Hazard identification:

There are many methods of hazard identification. For the purpose of this policy and 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 health workers or their representatives on the hazards they encounter
- Following the Ministry's 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

#### 9.1.2 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?

- Any time there is new or redeployed / transfer of staff/ equipment/ method
- Any time there is an accident/ incident or near miss
- At scheduled annual risk assessments
- During maintenance activities
- During disposal of equipment

How does one carry out risk assessment?

- Use risk assessment tools
- Consider whether to carry out the assessment for the whole facility/ department/ machinery or specific procedure
- Identify the gaps
- Analyze the data generated
- Determine if the risk is high, moderate or low.
- Develop mitigation plans and budget

Who conducts the risk assessment?

- MOH OSH Focal Point
- MOH Executive Management
- ACEO Human Resources and Administration
- Constitute a risk assessment team which should include the user in specific cases.

#### 9.1.3 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:

- ✓ Eliminate the hazard.
- ✓ Substitute the hazard
- ✓ Isolation
- ✓ Use engineering controls if necessary
   ✓ Use administrative controls if necessary
- ✓ Use personal protective equipment (PPE)

# **10. OCCUPATIONAL SAFETY AND HEALTH REPORTING AND DOCUMENTATION**

Managers of all health facilities (main hospitals, district hospitals and health centres) with the assistance of the MOH OSH Focal Point shall establish and maintain records of OSH events in each facility. These records shall include the following:

- (i) Accident reporting and follow up reports
- (ii) Dangerous occurrences
- (iii)Incidents and near misses and
- (iv) Occupational diseases.

#### **10.1 Accident Reporting**

Each health facility shall record, investigate and analyse incidents. 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 Director General of Health and the executive management on a monthly basis.

#### **10.2 Dangerous Occurrences**

The staff shall report any dangerous occurrences within the work area. The MOH OSH Focal Point shall maintain a register for such occurrences. Such occurrences shall be investigated and action taken.

#### **10.3 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.

#### **10.4 Notifiable Diseases**

All occupational diseases must be reported. Every facility shall adopt reporting guidelines developed and adopted for occupational diseases. The MOH OSH Focal Point shall maintain a register for reported occupational diseases.

# **11. COMPLIANCE TO OCCUPATIONAL SAFETY AND HEALTH POLICY GUIDELINE**

To ensure compliance to the safety and health policy and adherence to MOH OSH Policy and Guideline, the MOH has to set up a MOH Occupational Safety and Health Committee with the Human Resources and Administration Division as secretariat. The terms of references of the committee should be developed to guide the work of the Committee.

Every health facility shall appoint an Occupational Safety and Health focal person whose responsibilities to assist the MOH OSH Focal point with effective implementation of OSH services and programs in all health facilities.

#### **11.1 Tools of Compliance:**

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

- (i) The MOH OSH committee shall ensure every facility within the county shall conduct a quarterly facility OSH inspection using an Inspection checklist
- (ii) Each health 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.
- (iii) Every health facility shall submit a quarterly OSH report to the MOH OSH Focal person. The MOH OSH Focal person shall compile the facility reports and submit to Director General of Health and Executive Management

#### **11.2 Disciplinary Action:**

The Ministry of Health shall develop a guideline document on penalties for non-compliance to MOH Occupational Safety and Health Policy and Guideline in line with Samoa OSHA legislations.

The Human Resources and Administration Division shall ensure OSH responsibilities are included in all job descriptions and yearly performance contract.

## **12. MONITORING AND EVALUATION**

#### 12.1 Occupational Safety and Health Services Implementation

The Human Resources and Administration Division in collaboration with the MOH OSH Focal point will be responsible to lead and facilitate the implementation of Occupational Safety and Health Services in all health facilities under the leadership of the Ministry of Health.

## 12.2 Occupational Safety and Health Services Review and Update

The review of the Occupational Safety and Health Services implementation will also be the responsibilities of the MOH OSH focal point with the assistance of heads of each health facility. These can be conducted through the following mechanisms:

- (i) Occupational Safety and Health Progress Reports
- (ii) MOH Annual Reviews and
- (iii) MOH Corporate Plan Reviews

### **13 COMPENSATION:**

The Occupational Safety and Health management objectives are aimed at ensuring workers are protected from OSH exposures.

Since performing health services in all areas of health are highly hazardous as highlighted in Section 7 of this document, the Ministry of Health recognizes this and workers (both permanent and contracted staff) shall be compensated accordingly via either smelling allowance, risk allowance or hazard allowance taking into consideration the severity of hazards that health workers will expose to in trying to implementing health services to promote health and wellbeing of the population.

The table below determines the level of risks for each areas of health services:

AREAS OF SERVICES	OCCUPATION	POTENTIAL HAZARD/RISK	LEVEL OF RISK
Clinical services, surgical theatre, and intensive care units	The staffs in these areas deliver the core healthcare services within main and district hospitals.	Processes generated products, by-products and wastes exposes the staff to blood borne pathogens, poor clinical ergonomics related complications, strips, trips, falls, hazardous chemicals, equipment hazards, infections from infectious patients, radiation exposure and workplace violence	HIGH
Casualty and Emergency Departments	Staff providing these services handle emergency responses and sometimes they are called in from other sections hence "import" and "export" related OSH complications	Common OSH risks are Blood, Blood borne Pathogens, Hazardous Chemicals, Slips/Trips/Falls, Tuberculosis, Latex Allergy, Equipment Hazards, Workplace Violence, Workplace Stress, and Methicillin Resistant Staphylococcus Aureus (MRSA)	HIGH
Biomedical Engineering	The staff providing these services are in charged with installation and maintaining equipment within the facilities	Risks include exposure to contaminated equipment and environment, Hazardous Chemicals in Engineering Section, Nosocomial Diseases, Fire safety, Lockout/ Tag out, Asbestos Exposure, Electric Shock, Mercury Exposure and Welding Fumes.	HIGH
Laboratory	Personnel in this area 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, Exposure to Needle stick/ Sharps Injuries, Work Practices and Behaviours, Engineering Controls, Latex Allergy Slips/ Trips/Falls and Ergonomics	HIGH
Dental Services	The dental staff examines patients' dental health and provide treatment, check teeth, gums and other parts of the mouth along with E- rays and tests to	Exposure to infections including HIV and viral hepatitis; percutaneous exposure incidents, dental materials, radiation and noise. Musculsokeletal disorders; psychological problems and dermatitis; respiratory disorders and eye insults	HIGH

AREAS OF	OCCUPATION	POTENTIAL HAZARD/RISK	LEVEL OF
Pharmacy & Pharmaceutical	diagnose dental problems, clean teeth and remove plaque and identify tooth decay and replace cavities with fillings. Staffs are responsible for storing	Signage and labelling lacking. Lack of	HIGH
Warehouse	dispensing and preparation of hazardous drugs.	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	
Morgues	These Personnel are responsible for receiving bodies of deceased patients and helps place bodies in compartment trays. They also confirms identification of bodies and releases bodies as appropriate. Being a morgue staff can also assist pathologists in performing autopsies	Smell of dead bodies will cause acute respiratory diseases that may affect their lungs Have the possibility to be infected from a patient died of infected disease. Lack of basic equipment forcing the staff to improvise and use out-dated 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 dead bodies	HIGH
Medical Imaging and Radiology	These personnel are responsible for providing assistance to physicians in their efforts to diagnose and treat disease by providing them with timely and reliable information obtained from radiographic examinations using the least amount of radiation necessary for conducting the radiographic examination. To ensure the reliability of this diagnostic	Infected with infectious diseases carried by patients coming for medical imaging and radiology services Risks of radiation	HIGH

AREAS OF	OCCUPATION	POTENTIAL HAZARD/RISK	LEVEL OF
SERVICES			RISK
	information, careful attention must be given to the performance of every examination, beginning when the examination is ordered and continuing until the examination results have been returned to the requesting physician.		
Port health	These personnel are	Loss of life/cause disability during	HIGH
services	responsible for providing health services at all points of entries to protect the country from pandemics	<ul> <li>implementation of vessels checks</li> <li>Infected with infectious diseases carried by incoming travellers</li> <li>Lack of PPEs and when provided staffs tend to either ignore or use wrongly,</li> <li>Lack of PPEs and when provided staffs tend to either ignore or use wrongly, verbally abuse, infectious diseases transmission</li> </ul>	
Healthcare waste	These staff are in	Airborne disease, infectious diseases due to	HIGH
management services	charge of collecting and disposing of all healthcare wastes from all health facilities and morgues	smelling and touching wastes like blood and body fluids, body parts, sharp injury from needle stick or any sharp medical object or device, mucous membrane exposure e.g. mouth, eye and nose, contact with no intact skin e.g. dermatitis, eczema, acne and cuts	
Administration	The staff in this section	Risk of non-compliance with the regulations	MEDIUM
Services	is in charge of core administration and operations largely facilitating other medical and technical staff to do their work better.	particularly national OSH related legislations, regulations, policies and strategies	
Central	The staff in this area	Main risk include exposures due to poor	HIGH
stores/general storage services	between other health	spills and exposure e.g. ethylene oxide.	
	workers and supplies/equipment and vice versa	mercury, glutaraldehyde, burns/cuts, ergonomics, slips, trips, falls, and latex energy	
Kitchen and	Personnel providing	General housekeeping OSH issues, kitchen	HIGH
dietary	food services for	safety, hazardous chemicals, machine	
	patients both preparation and serving	guarding, food borne diseases, slips, trips, falls, electrical safety, food poisoning	
House Keeping	The staffs providing	Staff not trained and not aware both of	HIGH
and Laundry	these services are in-	provisions of the law on personal safety at	
	charge of cleaning and	work and of what actions to take so as to be	

AREA SERV	AS OF /ICES	OCCUPATION	POTENTIAL HAZARD/RISK	LEVEL OF RISK
		making laundries for health facilities	secure. Lack of PPEs and when provided staffs tend to either ignore or use wrongly may cause infection from dirty laundries of infected patients. Lack of or out-dated SOPs.	