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Tuberculosis and blood-borne infectious diseases: workplace conditions and practices of healthcare workers at three public hospitals in the Free State

CITATION

Engelbrecht MC, Yassi, A, Spiegel JM, van Rensburg AJ, O'Hara LM, Bryce EA, Nophale LE & Rau A. 2015. Tuberculosis and blood-borne infectious diseases: workplace conditions and practices of healthcare workers at three public hospitals in the Free State. *Southern African Journal of Epidemiology and Infection*, 30(1): 23-28.

ABSTRACT

Healthcare workers (HCWs) have increased risks due to continued exposure to patients with infectious diseases, particularly tuberculosis and hepatitis B. This study assessed workplace conditions and practices regarding air- and blood-borne infections in public hospitals in the Free State. Workplace audits were conducted in intensive care, medical wards and casualty departments at three Free State public hospitals. A questionnaire survey was also administered to a targeted 20% stratified quota sample at these facilities. Of the 513 HCWs surveyed, 21.2% reported needle-stick injuries and other body fluid exposure and 19.1% were not adequately protected against hepatitis B. Additionally, 68.3% were never screened for tuberculosis, 54.8% did not wear N95® respirators when needed, only 28.5% washed their gloves and 19.8% did not always wash their hands between caring for different patients. Physicians were at highest risk of needle-stick injuries, were less compliant with hand hygiene, and associated with lower rates of tuberculosis screening, reporting spills and wearing N95® respirators. A significant association was also found between training and screening for tuberculosis, and the use of N95® respirators. The workplace audits highlighted infection control hazards, including the improper use of N95® respirators, a lack of available soap and inadequate availability of sharps containers. There is an urgent need to protect HCWs from workplace hazards. Considerable attention is needed to improve infection control practices by HCWs, and especially physicians. Guidelines and legal frameworks exist. It is time to implement the needed measures.

“My experience in getting tuberculosis was horrible, and I know other doctors who have had it much worse (full-blown multidrug-resistant tuberculosis). The system has to do much more to protect us if there are going to be people to provide health care in this country.” – Young doctor with rifampicin-resistant tuberculosis, Free State (February 2013).