Perceived Occupational Risks of infection among Hospital Mortuary Attendants in Nyanza region, Kenya

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Introduction

 Annually, 56 million people die globally with 85% of these occurring in developing countries.

 Approximately 1.7 million people die every year in Kenya (Singer and Bowman, 2002).

One third of these deaths occur in hospitals

 A high proportion of those who die are laid in a mortuary awaiting for burial

Introduction

- Frequent exposure to blood, airborne infections and other body fluids and sharps injuries to MAs which can cause deadly infections due to:
 - TB,
 - HIV,
 - Severe Acute Respiratory Syndrome (SARS),
 - Ebola
 - Viral Hemorrhagic Diseases (VHD) etc.
- Yet they are unknown to the MAs

Introduction,cont'd....

Nyanza region has high morbidity and mortality rates

 Mortuary facilities are overstretched, leading to occupational risk of infection

• Few studies have focused on the occupational risk of infection among MAs

 To determine the perceived occupational risks of infection among MAs in hospital mortuaries in Nyanza region, Kenya

Methodology

- The study was carried out in 30 mortuaries in both public and private hospitals in Nyanza region, 4 million people
- Highest prevalence of infectious diseases in Kenya
- A descriptive cross-sectional study using quantitative and qualitative data collection methods
- MAs who had worked for <a>2 months and consented
- Semi-structured questionnaires and observational checklist to collect quantitative data & KII for In-charges for qualitative data
- Approved by Maseno university and MoH, Kenya

Results

Social-demographic characteristics of MAs

- Almost all MAs, 36(85.7%) were married & 6(14.3%) were either single or widowed
- 22(52.4%) secondary education;18(42.9%) primary education and only 2(4.8%) college education
- 29(69%) worked in private mortuaries and 13(31%) in public mortuaries.
- Minimum age of MAs was 25 yrs and maximum 63 yrs, (mean 38.5 (SD±1.6 yrs)
- Most MAs, 23(57.5%) had worked as casuals for <5 yrs while 17(42.5%) >5 yrs

MAs : Demographics

Variable	(n) %
Mortuary (n=30)	
Private	(22) 73%
Public	(8)27%
Gender (n=42)	
Male	(35) 83.3%
Female	(7) 16.7%
Education (N=42)	
primary	(18) 42.9%
Secondary	(22) 52.4%
Tertiary	(2)4.8%

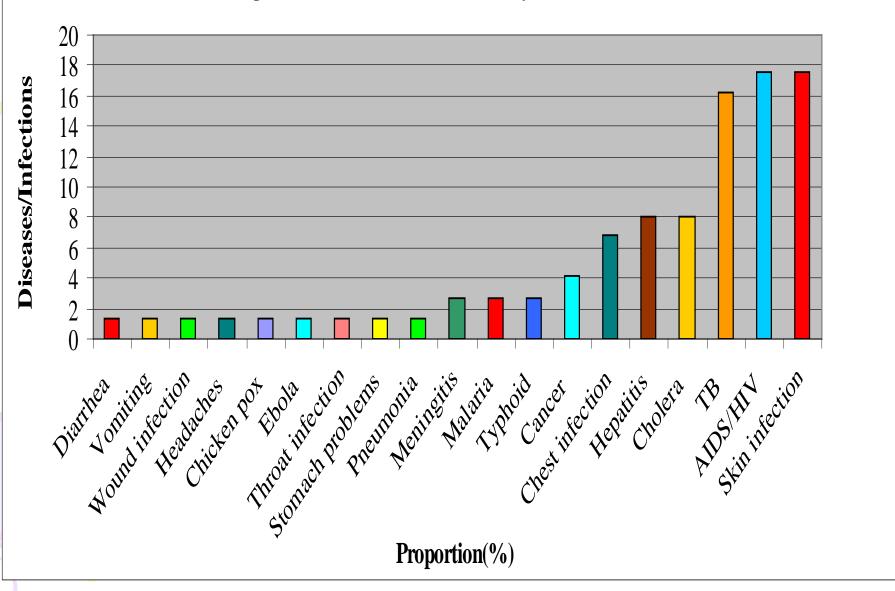
Number of Key Informants interviewed

Key informant (n=54)	Public n(%)	Private n(%)
Nursing Officer in-Charge	7(36.8)	12(63.2)
Medical Superintendents	4(100)	0(0)
Public Health Officers	9(100)	0(0)
Laboratory in-charges	1(50)	1(50)
Hospital Administrators	6(37.5)	10(62,5)
Mortuary Supervisors	4(100)	0(0)
Total	31	23

Knowledge on Universal Precaution measures

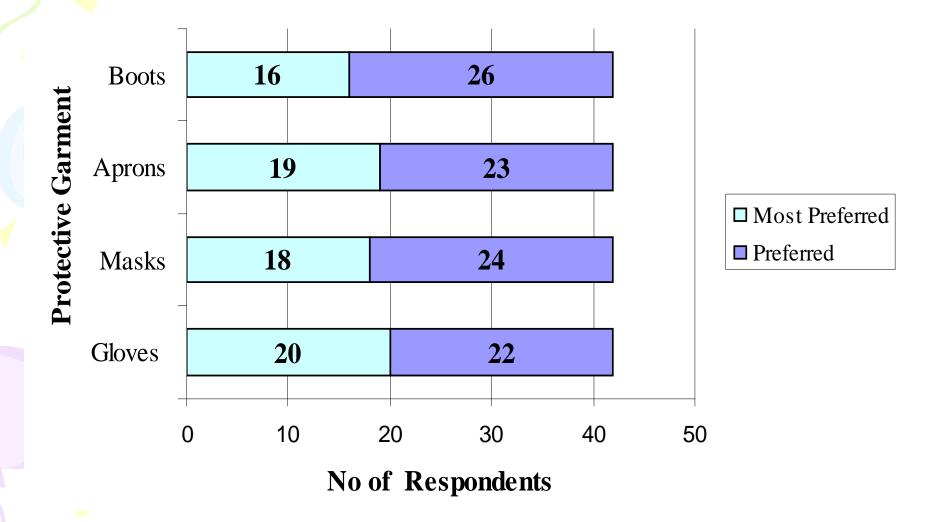
	Agree	Disagree	Undecided
Safety Practice/ Issue	n (%)	n (%)	n(%)
Importance of always putting on protective clothing while handling dead bodies	42(100)	0 (0)	0(0)
Using one pair of gloves the whole day when handling dead bodies in the mortuary is acceptable	5(12)	37(88)	0(0)
Protective clothing can be put on top of the personal clothes	25(59.5)	15(35.7)	2(4.7)
Handling dead bodies in the mortuary while drunk can initiate the risk of infecting oneself.	36(85.7)	5(12)	1(2)
Dead bodies are not infectious	19(45)	23(55)	0(0)
One can inject dead bodies without gloves	8(19)	34(81)	0(0)
Formalin is not infectious to those working in the mortuary	9(21)	33(79)	0(0)

Range of diseases/infections mortuary attendants are at risk of



Attitude of Mortuary personnel on personal protective garments

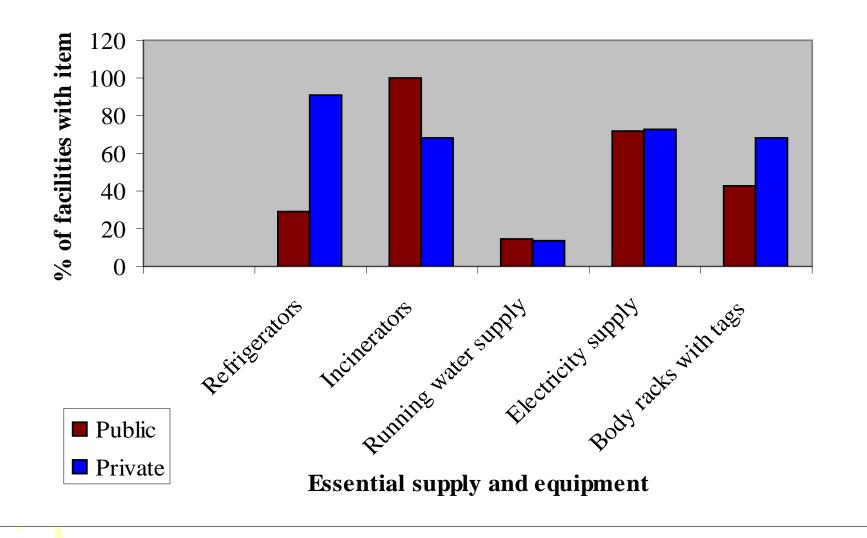
• Most respondents preferred using the garments.

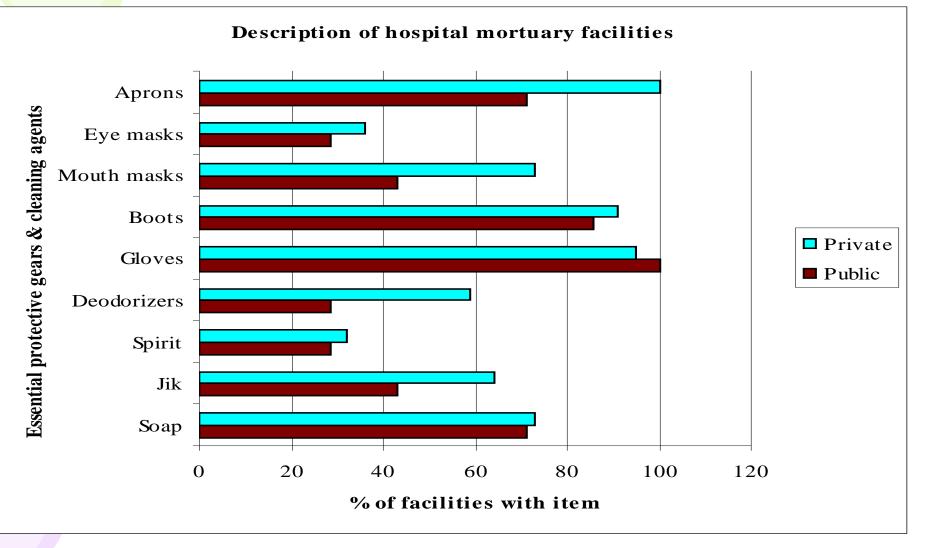


Risk of infection

- 37(88.1%) perceived themselves to be at risk of infections
- 12(28.6%)MA's had undergone some informal training on infection prevention
- 37(88.1%) respondents had not been immunized against any infections
- 12(28.6%) said they had to drink alcohol before they reported on duty
- 29% public mortuaries had fridges compared to 91% in private mortuaries.
- 14% had running water in both private and public mortuaries.

Description of hospital mortuary facilities





 On observation, there was unsatisfactory compliance with IPC practices

(100%),all mortuaries did not have any policy guidelines on IPC

Conclusions

- Most mortuary attendants lacked professional training on infection prevention
- The level of knowledge and attitudes on procedures for infection control was good
- Observations indicated unsatisfactory compliance and practices among MAs
- Private mortuary facilities had slightly better structures than public mortuary facilities
- No documented policies for mortuary services

Recommendations

- Formal training for MAs should be started in medical learning institutions
- MOH should develop policies that specify ToR s , qualifications and career progression MAs –Motivation
- Strengthen supervision , Continuous Medical Education and surveillance for MAs
- Income from mortuaries should be used for purchasing essential supplies, equipment and improvement of mortuary structures

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END THANK YOU