

**REGULATIONS ON OCCUPATIONAL SAFETY AND HEALTH (OSH) IN
HEALTH SECTOR**

MINISTRY OF PUBLIC SERVICE AND LABOUR

REGULATIONS ON OCCUPATIONAL SAFETY AND HEALTH (OSH) IN HEALTH SECTOR

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REGULATIONS ON OCCUPATIONAL SAFETY AND HEALTH (OSH) IN HEALTH SECTOR

The Minister of Public Service and Labour;

Pursuant to Law N0. 66/2018 of 30/08/2018 regulating Labour in Rwanda, especially in its Article 78;

Pursuant to Law N0.86/2013 of 11/09/2013 establishing the General Statute for Public Service, especially in its Article 68;

Having realized that there is a need to have specific sectorial Regulations to ensure Occupational Safety and Health;

Regulates the following:

CHAPTER ONE: INTRODUCTION

Article One: Definitions

1. **Assessment:** An investigation, which must be agreed by all managers, that is made to identify the hazards facing an organization and/or community;
2. **Commuting accident:** An accident resulting in death or personal injury occurring on the direct way between the place of work and:
 - a) The worker's principal or secondary residence; or
 - b) The place where the worker usually takes a meal; or
 - c) The place where the worker usually receives his or her remuneration;
3. **Dangerous occurrence:** A readily identifiable event as defined under national laws and regulations, with potential to cause an injury or disease to persons at work or to the public;
4. **Droplet Nuclei:** particles 1–10 mcm in diameter, implicated in spread of airborne infection; the dried residue formed by evaporation of droplets coughed or sneezed into the atmosphere or by aerosolization of infective material;
5. **Ergonomics:** Refers to the practice of designing equipment and work tasks to Conform to the capability of the worker;
6. **Exposure:** Refers to percutaneous injury (e.g. needle stick or cut with a sharp object) or the contact of mucous membrane or non-intact skin (e.g. exposed skin that is chapped, abraded or afflicted with dermatitis) with blood, tissue or other body fluids that are potentially infectious;
7. **Hazard:** Refers to the inherent potential of an activity, substance or situation to cause injury or to damage people's health, or to result in loss of property;
8. **Health:** a state of complete physical, mental and social well-being, as well as the empowerment of individuals to use their own health potential and to deal successfully with the demands of their environment;

9. **Health services:** All infrastructures and settings involved in the provision of general and specialized health care to patients or support services such as public and private hospitals, nursing and personal care facilities; blood collection services, home health care services; private clinics by doctors, dentists and other health professionals; medical and dental laboratories; occupational health services; dispensaries, funeral homes and maternity care services;
10. **Health worker:** Any person whose activities involve contact with patients, with blood or other body fluids from patients such as the professional health worker, public safety worker, emergency response personnel, health care waste worker, students on training, first - aid provider;
11. **Occupational accident:** An occurrence arising out of, or in the course of work which, results in fatal or non-fatal injury;
12. **Occupational disease:** A disease contracted as a result of an exposure to risk factors arising from work activity;
13. **Occupational injury:** Any personal injury resulting from an occupational accident;
14. **Post-exposure prophylaxis:** The immediate provision of medication following an exposure to potentially infected blood or other body fluids in order to minimize the risk of acquiring infection;
15. **Reasonable accommodation:** Any modification or adjustment to a job, working hours or the workplace, which is reasonably practicable and will enable a person living with some illness or disability to have access to or participate or advance in employment;
16. **Risk:** Describes the combination of the likelihood of an occurrence of a hazardous event and the severity of the injury or damage that the event causes to the health of people or property;
17. **Working environment:** All places of work as well as all sites and areas where work is carried out including not only the permanent, indoor, stationary places of work which immediately come to mind, such as, offices and shops but also temporary places of work such as civil engineering sites, open- air places such as fields, forests, roads; and mobile places of work such as cabs of trucks, seats of tractors and excavators, and so on without exception; places where workers are found as consequence of their work (including canteens and living quarters around courts);
18. **Workplace:** Any health care facility, including hospitals, health centers, clinics, community health posts, rehabilitation centers, long-term care facilities, general practitioners' clinics and any place where services are performed outside the health care facility such as ambulance services, home care, outreach services, etc.

Article 2: Scope

These Regulations should primarily provide guidance to:

1. All employees within the health sector (National government, Country governments, quasi-government, private as well as NGOs);
2. Prospective employees of the health sector;
3. Clients, contractors, and visitors at any health facility in the country
4. Health institutions including training institutions

Article 3: Goal

The overall goal of these Regulations is to provide a framework for the attainment of workplace safety and health for all workers within the health sector.

Article 4: Purpose

The purpose is to ensure safety and health for all the health workers by:

1. Prevention of incidents and accidents at all the workplaces
2. Effective management of all workplace incidents and exposures
3. Provision of rehabilitation and support to all workers who get injured within the workplaces.

CHAPTER II: RISK ASSESSMENT

Article 5: Employers' roles and responsibilities

Employers are obliged to:

1. ensure the health and safety of workers in every aspect related to work;
2. Be in possession of an assessment of the risks to health and safety at work, including those facing groups of workers exposed to particular risks;
3. Take appropriate measures so that workers and/or their representatives receive all the necessary information in accordance with national laws and/or practices;
4. Consult workers and/or their representatives and allow them to take part in discussions on all questions relating to health and safety at work;
5. Decide on the protective measures to be taken and, if necessary, the protective equipment to be used;
6. Take the measures necessary for the health and safety protection of workers;
7. implement the necessary measures on the basis of the following general principles of prevention;
8. ensure that each worker receives adequate health and safety training, in particular in the form of information and instructions specific to their workplace or job (on recruitment, in the event of transfer, if new work equipment or any new technology is used);
9. take appropriate measures so that employers of workers from any outside establishments engaged in work in their establishment receive adequate information in accordance with national laws and/or practices, and have in fact received appropriate instructions regarding health and safety risks during their activities in their establishment;
10. Document, monitor and review the risk assessment and the measures taken.

Article 6: Workers' roles and responsibilities

1. Workers' participation is not only a right, it is fundamental to make the employers' occupational health and safety management effective and efficient. Workers know not only the problems but also the resources when they perform their tasks or activities.

2. Their participation also greatly increases the acceptance and long-lasting effectiveness of the preventive measures taken.
3. The employer shall implement the measures on the basis of the following general principles of prevention:
 - (a) Avoiding risks
 - (b) Evaluating the risks which cannot be avoided
 - (c) Combating the risks at source
 - (d) Adapting the work to the individual, especially as regards the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined work-rate and to reducing their effect on health
 - (e) Adapting to technical progress
 - (f) Replacing the dangerous by the non-dangerous or the less dangerous
 - (g) Developing a coherent overall prevention policy which covers technology, organization of work, working conditions, social relationships and the influence of factors related to the working environment
 - (h) Giving collective protective measures priority over individual protective measures
 - (i) Giving appropriate instructions to the workers.

Article 7: Rights and Obligations of Workers

1. Take care, as far as possible, of their own health and safety and that of other persons affected by their acts or commissions at work in accordance with their training and the instructions given by their employer.
2. Make correct use of machinery, apparatus, tools, dangerous substances, transport equipment and other means of production;
3. Make correct use of the personal protective equipment supplied to them and, after use, return it to its proper place;
4. Refrain from disconnecting, changing or removing arbitrarily safety devices fitted, E.g. to machinery, apparatus, tools, plant and buildings, and use such safety devices correctly;
5. Immediately inform the employer and/or the workers with specific responsibility for the health and safety of workers of any work situation they have reasonable grounds for considering to be a serious and immediate danger to health and safety and of any shortcomings in the protection arrangements;
6. cooperate, in accordance with national practice, for as long as may be necessary to enable the employer to ensure that the working environment and working conditions are safe and pose no risk to health and safety within their field of activity. It is important that workers participate in the decision-making as well as the implementation process.

Article 8: Monitoring

1. The preventive measures taken have to be monitored and evaluated. Additional modifications might be necessary if the measures do not produce the expected results. Additionally, changes in the work organization or work environment may also change the level of risk. The risk assessment will have to be updated in such cases.
2. The implemented measures must also be monitored and reviewed to ensure that they are effective and don't create additional risk. E.g.: on the one hand, the use of disinfectants protects the workers from biological risks such as bacteria, but on the other it increases the risk of skin problems.
Additional measures will be necessary. Eg: appropriate measures on skin protection.
3. Managers, such as group leaders and the head of departments, are responsible for monitoring and reviewing risk assessments in consultation with workers and their representatives. They are also responsible for the documentation of the review process.

Article 9: Review

The assessment shall be reviewed at regular intervals. A set date to review the measures taken and a reevaluation of the risks at work shall be included into the documentation of the risk assessment.

The risk assessment has to be revised whenever significant changes occur, such as:

1. Changes in the work organization or work sequences;
2. Use of new technology;
3. Using a new chemical product such as cleaning agents or disinfectants;
4. An increase in the number of sick days;
5. An increase in the number of accidents;
6. New or modified laws or regulations;
7. The chosen preventive measures have been implemented as planned;
8. The chosen preventive measures are being used and being used correctly, e.g. lifting aids;
9. The preventive measures are being accepted by workers and included in their daily work;
10. The assessed risks have been eliminated or reduced by the measures;
11. The preventive measures have resulted in any new problems;
12. Any new problems have occurred;
13. Occupational risks and hazards shall be updated periodically. Occupational health and safety is a continuous improvement process within a facility. As part of the company strategy and quality management system, it contributes to corporate success.
Discussing the measures taken in frequent team meetings helps to integrate them into daily Work;
14. Combining occupational safety and health measures with quality management and strategy supports the hospital's or health care facility's success. To show a positive effect of occupational safety and health measures on the quality of care and economic situation

of the hospital criteria described in quality management have to be combined with occupational safety and health data;

15. Preventive measures to reduce trips and falls will potentially also reduce the number of falls from patient's, and improved hygiene measures will result in a lower number of bacterial infections and so forth;
16. Reporting the results of the preventive measures taken to the higher management is the last step of a risk assessment which is integrated into the strategy of the hospital or healthcare facility. As mentioned above, the results can be reported in the context of data referring to the quality of care and the economic situation of the hospital or healthcare facility.

Article 10: Biological risks

Health sector personnel face an increased risk of contracting an infection, for which numerous and to some extent quite disparate pathogens play a significant role. As a rule, the risk is either unexpected or not immediately apparent, which makes risk assessment particularly difficult.

Article 11: A new way to assess risk

1. A risk assessment is crucial to the prevention of infection among personnel working in areas of high risk.
2. Any assessment of risk potential must take account of:
 - (a) The natural virulence of the pathogen;
 - (b) Its capacity to survive in the environment;
 - (c) The severity of the disease;
 - (d) The dose or exposure level necessary to cause illness or infection;
 - (e) The mode of transmission;
 - (f) Epidemiological factors.

Article 12: General precautions Standard measures of hygiene

These are measures that have to be taken with contact to all patients to avoid a transmission of pathogens to the patients and to healthcare workers to reduce the risk of nosocomial infections. These include mainly the hygienic disinfection of the hands, but also the correct use of barrier precautions, according to the circumstances:

1. Use of gloves
2. Use of protective clothing
3. Use of filtering face masks
4. The disinfecting and cleaning of visibly contaminated surfaces and objects and regular maintenance of medical products, as an important standard hygiene measure.

Article 13: Technical measures and building installations

In order to avoid potential risk, the employer is obliged to ensure that the necessary technical and hygienic measures are put in place. In certain situations the use of personal/individual protection methods is also appropriate and shall be implemented. The specific methods prescribed depend

on the actual situation or working conditions and, where necessary, shall be extended or altered to take account of materials and workplace criteria.

Article 14: Measures of hand hygiene

1. If there is an actual or even possible microbial contamination of the hands, hygienic hand disinfection is essential. In the case of a suspected or probable contamination use must be made of a reliable bactericidal, fungicidal and virucidal preparation, provided valid test results are available for it (e.g. isolation unit, children's ward, suspected or definitely transmittable infection). Hygienic hand disinfection must be carried out in such a way that the contamination floras still on the hands are largely killed off.
2. The alcoholic preparation is rubbed in over all the areas of the dry hands, paying special attention to the inner and outer surfaces including the wrists, the areas between the fingers, the finger tips, the nail folds and thumbs, and these are to be kept moist for the entire exposure time.
3. Hygienic hand disinfection is necessary:
 - (a) Before the individual concerned enters the clean side of the personnel sluice of operating departments, sterilization departments and other clean room areas;
 - (b) Prior to invasive measures, even if gloves are worn;
 - (c) Prior to contact with patients who are subject to a particularly high degree to the risk of infection;
 - (d) Prior to activities involving a risk of contamination;
 - (e) Before and after any contact with wounds;
 - (f) Before and after contact with the area of insertion points for catheters, drain tubes
 - (g) After contact with potentially or definitively infectious material (blood, secretion or excrement) or infected areas of the body;
 - (h) After contact with potentially contaminated objects, liquids or surfaces;
 - (i) After contact with patients who may be a source of infections or who carry pathogens which are of special significance in terms of hospital hygiene;
 - (j) After removing protective gloves where there has been or probably has been pathogen contact or major soiling.
4. Before aseptic measures (e.g. when dealing with patients with burns) it may be necessary to wash the hands prior to hand disinfection as with surgical hand disinfection;
5. In the following situations a decision must be taken regarding hygienic hand disinfection or hand washing, according to the risk involved:
 - (a) Before preparing and distributing food;
 - (b) Before and after nursing or attending to patients where the indications mentioned with respect to hygienic hand disinfection do not apply;
 - (c) After visiting the toilet;
 - (d) After blowing one's nose;

- (e) Before the start and after the end of work it is sufficient to wash one's hands once.

Article 15: Skin protection and skin care

The employer shall ensure that:

1. Skin care for hands and underarms is an occupational duty
2. Skin care products are taken from dispensers or tubes and are best used in work breaks or after work;
3. Moisture-proof gloves are worn where the skin is at risk from working in a wet environment;
4. Precautionary occupational healthcare is controlled, an operating manual must be produced and a skin protection plan drawn up;
5. Where hands are severely or visibly soiled are washed;
6. All workers have access to hand-washing stations with hot and cold running water, hand disinfectant dispensers, appropriate skin protection and skin care products, and disposable towels;
7. Workers also have separate toilet facilities that are inaccessible to patients. Surfaces shall be easy to clean and must be resistant to damage from the cleaning agent(s) and disinfectants used;
8. In work areas where activities are carried out which present an increased risk of infection, hand basins are fitted with taps that do not require hand contact to be operated.

Article 16: Organizational measures

1. The employer is responsible for preparing a list of written measures (hygiene plan) geared to the specific area of work and risk of infection, including disinfection, cleaning and sterilization, and supplies and disposal;
2. Personnel shall not consume or store any food or drink in workplace areas where there is danger of contamination through biological agents, Employers shall provide staff lounges/separate rest areas for this purpose;
3. Following contact with patients and exposure to infectious or potentially contaminated materials, personnel must disinfect and/or wash their hands taking into account the risk assessment of the specific cases.

Article 17: Personal/individual protection

Employer shall:

1. Ensure that used protective clothing are kept separate from all other clothing and provide separate cloakrooms and changing facilities;
2. provide personnel with sufficient quantities of the appropriate protective clothing and all other personal protective gear and equipment (PPE);
3. Provide respirator masks which filter air and retain pathogens provide protection against airborne infections;

4. Ensure that contaminated clothes are changed and then disinfected and cleaned;
5. Ensure that personnel are using protective wear and equipment provided;
6. Ensure that Eye and face protection are provided against aerosol droplets and splashes of contaminated or potentially contaminated materials or fluids if technical measures do not otherwise afford sufficient protection.

Article 18: Cleaning, disinfection, sterilization

1. When cleaning used instruments additional protective measures in keeping with the respective mode of transmission shall be adopted. Special protective measures are required when personnel are engaged in the cleaning and sterilization of instruments that have been in contact with patients.
2. The greatest risk of infection occurs when preparing instruments for cleaning as they are still contaminated by blood, body fluids or body tissues and the risk of injury is relatively high. Disinfectants effectively reduce the bacteria count and hence the risk of infection is much lower after disinfection. But there is also a clear risk of injury during the manual cleaning of instruments. At the same time, attention shall be paid to the effects of the potentially allergenic and hazardous chemical materials employed in such procedures;
3. Prior to leaving the contaminated zone personnel must remove all personal protective equipment (PPE) and disinfect their hands. If instruments are cleaned and sterilized in one central unit any risk assessment must take account of all the potential pathogens generally encountered;
4. When cleaning instruments from high-risk medical situations, particular care and attention shall be paid to the increased incidence of microorganisms specific to that situation and the special risks anticipated;
5. The disinfection and cleaning of instruments shall preferably be carried out in a closed automated system in order to minimize the risk of injury or contamination and to protect workers from contact with disinfectants;
6. Manual cleaning of contaminated instruments shall be kept to an absolute minimum.

However, if manual preparation of the instruments is unavoidable, this shall be done in a separate, well-ventilated room that is not used for other purposes, especially not for the storage of open items, such as a changing room or recreational or rest area;

7. Whilst cleaning instruments manually, personnel must wear long protective gloves, mouth-nose protectors and protective glasses, as well as a waterproof apron or gown to protect skin and mucous membranes against contact with infectious material;
8. Every precaution shall be taken to avoid injury when handling sharp, pointed and cutting instruments designated for manual cleaning. To this end, various precautionary steps shall be taken beforehand, for example in the operating theatre or treatment room;
9. All items which are not designated for processing, such as single use instruments, swabs, compresses, wipes and towels, shall be removed from the sieve or container using tongs or a similar tool;

10. Scalpel blades, needles and cannula shall wherever possible also be handled using tongs or a similar tool. Sharp or pointed instruments or instrument parts shall be laid out separately in a sieve or on a kidney dish;
11. All machines and equipment that need to be processed by hand must be handled separately with caution. Attachments such as drills and cutting devices shall be removed.

Article 19: Handling soiled linen

1. Linen used where there is a high risk of contamination from pathogens and infectious materials must be discarded and disposed of immediately at the site of use in sufficiently sturdy, closed containers ready for collection. Laundry shall be transported so that personnel are not exposed to biological agents. The containers must be clearly labelled;
2. The following precautions apply to linen collection:
 - (a) Separate handling of infectious linen;
 - (b) Separate handling of wet linen (heavily soiled with body excretions);
 - (c) Separation according to the method of laundering and cleaning.

Article 20: Precautionary measures

1. In occupations where there is a high risk of infection the workers shall be examined regularly with respect to the work they carry out. It is particularly important that occupational health checks and examinations are carried out if there is an occupational exposure to microorganisms which could cause infectious disease
2. Medical check-ups and health and safety reviews shall help identify problems at an early stage and ideally prevent health problems resulting from transmissible infection;
3. One of the key tasks of occupational healthcare is the delivery of information and advice. Where workers are at risk from biological agents (pathogens) medical aspects are of great importance to occupational health;
4. Workers shall have medical check-up at least once every six months and shall be also vaccinated.

CHAPTER III: SPECIAL RISK ASSESSMENT OF BIOLOGICAL RISKS

Article 21: Basic hygiene rules

1. Body fluids, excretions and secretions shall be handled as if they were infectious;
2. The most effective precautions shall be stringently and consistently applied to protect patients and personnel;
3. Sharps containers of an appropriate size shall be available at the workplace.

Article 22: Needle stick injuries: safe sharps

1. In order to minimize the risk of workers injuring themselves with sharp medical instruments traditional instruments shall be replaced on the basis of the results if a risk

- assessment dictates and in so far as this is technically possible with safer, modern equipment that presents a lower risk of resultant injury;
2. Safe equipment and utensils shall be used in areas that present a high risk of infection and/or injury, such as:
 - (a) Care and treatment of patients with blood-borne infections;
 - (b) Attending patients who pose a threat to others;
 - (c) Ambulance and emergency services and casualty departments;
 - (d) Hospital prison service.
 3. Safe equipment shall be used as a matter of routine in all activities where there is a possibility of transmitting relevant amounts of infectious matter via body fluids, in particular when taking blood specimens, and collecting other body fluids;
 4. The selection of safe equipment must take account of various criteria, including: whether it is fit for the purpose; easy to operate and handle; and acceptable among the personnel for whom it is intended;
 5. Work practices and methods shall be adapted to incorporate safe systems and best practice;
 6. Management has a responsibility to ensure that workers are capable of using safe equipment correctly. This can be achieved by informing workers about safe equipment and how it shall be used;
 7. The success of the new measures shall be monitored;
 8. Safe equipment and utensils designed to protect staff from needle stick and cut injuries shall not present any risk to patients;
 9. Needle stick injuries can be avoided with the use of safe products. After the injection, a protective cap remains at the end of the hollow needle to prevent puncture injuries.

Article 23: Disposal of pointed and sharp instruments

1. As sharp, blood-contaminated objects present probably the greatest risk to personnel, it is essential that items such as syringes and cannula are immediately disposed off at the site of use in impenetrable, unbreakable containers. Staff shall take such a container with them every time they carry out any invasive procedure irrespective of how minimal and containers shall be placed in every work area where such instruments and objects are frequently used;
2. Personnel must have access to and use pierce-proof/puncture-proof, unbreakable containers for the collection of sharp and pointed instruments. Such containers shall have the following characteristics:
 1. Closable, single-use containers;
 2. Ability to retain contents even if knocked placed under pressure or tipped over;
 3. Impermeable and impenetrable;
 4. Moisture does not adversely affect their solidity;
 5. Suitable for the waste product in question in terms of size/capacity and the size of the opening;
 6. The safety mechanism is not deactivated by disposal;

7. Clearly identifiable as waste containers through their colour, shape and labelling.

CHAPTER IV: RISK OF AIR BORNE INFECTION

Article 24: Protective measures

1. All the precautions designed to combat airborne infections must aim to break the chain of infection and prevent it from spreading further. Any infection control precautions to tackle airborne microorganisms must primarily focus on strategies to avoid the risk of inhaling infectious aerosols and, in particular, droplet nuclei;
2. Every aerosol consists of its mixture of large droplets and so-called droplet nuclei, which are respirable and can therefore be infectious. Since in the daily handling of infectious patients there is no means of distinguishing whether respirable/infectious aerosols are present, when aerosols arise the use of filtering respirators is invariably recommended, for example half masks in direct contact with the face;
3. In this context it is especially important that exposure to the productive coughing of infectious patients is minimized, i.e. a key part of infection control must be to inform patients about basic infection control, which may include mouth-nose cover or masks for patients;
4. It is important to ensure suitable ventilation and adequate hygiene standards (disinfection) at the workplace. Technical protective measures encompass: ward architecture; room partitioning; ventilation measures (directed air flow, air exchange, and negative pressure); filtering measures and sterilizing measures.

Article 25: Organizational

1. Efficient infection control requires a quick diagnosis and early isolation of infectious patients, as well as the earliest possible initiation of effective, competent treatment. In addition, good hygiene and technical precautions such as protection against the inhalation of infectious aerosols help reduce the risk of infection among fellow patients, contact persons and healthcare personnel;
2. Patients shall understand the importance of good hygienic practice, i.e. not coughing directly at nursing staff or others, refraining from doing things that provoke coughing and the generation of aerosols and always 'covering the cough', preferably with a mouth-nose mask;
3. Healthcare workers shall be instructed to maintain a distance from coughing patients;
4. Many infectious diseases can be avoided by inoculation and vaccines (see list of diseases preventable by vaccination in Article 24);
5. Attention shall be given to the immunization records of personnel and contacts;
6. Exposed personnel, fellow patients and other contact persons shall receive full information understandable to a lay person about the possible risks of infection, the modes of transmission and the necessary precautions.

Article 26: Protective measures

1. To reduce the risk of infection through contact, susceptible healthcare workers (with low resistance) shall be physically separated (placed apart) from the source of infection.

Every patient shall be handled as if she or he were infectious;

2. At the workplace the following precautions shall be taken when handling or working with biological agents:

1. Work surfaces and the surfaces of equipment, apparatus and other devices shall be easy to clean;

2. Measures shall be introduced to avoid the generation of aerosols and dust;

3. Sufficient washing facilities must be provided;

4. Personnel changing facilities shall be kept separate from work areas;

5. Suitable containers shall be provided for collecting waste containing biological agents;

6. Daily cleaning of surfaces;

7. Cleaning devices in store;

8. Appropriate personal protective equipment in store;

9. Hygiene plan;

10. Manufacturers' instruction;

11. Avoidance of spray disinfection;

12. Work surfaces, the surfaces of equipment, apparatus and other devices shall be easy to clean;

13. Proper disinfection of hands is the most important central step towards preventing the spread of contact infections. Hands shall be washed when they are visibly dirty;

14. In many instances, disinfection of the skin is sufficient. Owing to the damaging effects of hand washing on the skin, washing shall be kept to a minimum. It should, however, take place:

(a) Before patient contact;

(b) Before a procedure;

(c) After a procedure or body fluid exposure risk;

(d) After patient contact;

(e) After contact with patient surroundings..

15. Essential personal protective equipment includes protective gloves, protective clothing, protective eyewear and masks/respirators. The wearing of gloves is essential where there is any direct contact with contaminated material. The choice of protective wear depends on the type of nursing/medical activity and the associated risk of contamination, as well as the virulence (or possible resistance) of the microorganism and its mode of transmission;

16. Gloves used when handling or in contact with biological agents, whereby it is important that latex gloves shall be non-powdered and latex hypoallergenic. The type of glove chosen depends on the task for which the gloves are required and the material properties;

17. Protective clothing such as gowns and aprons (generally waterproof aprons) has to be worn. Protective clothing is worn over uniforms or working clothes. The management is responsible for the provision of protective wear, which workers are obliged to wear;
18. Use of personal protective equipment (PPE):
 - (a) Gloves shall be worn whenever there is a likelihood of exposure to blood, secretions or excretions (e.g. when changing dressings, handling urine drainage systems);
 - (b) Waterproof aprons shall be worn when there is a likelihood of soiling or contamination of work clothes/uniforms with blood, secretions or excretions (e.g. changing dressings, handling urine drainage systems);
 - (c) Protective coats or gowns (long sleeves with cuffs) shall be worn if contamination of the arms or clothing (uniform) with infectious matter appears likely (e.g. attending incontinent patients or patients with diarrhea, when dressing large infected wounds or when resistant bacteria are present).
19. Transporting contagious patients can pose the risk of contaminating a previously infection-free environment. The personnel responsible for the transport must be instructed in the proper procedures and measures beforehand. The same rule applies to the healthcare personnel in the receiving department or ward to which the patient is being transferred.

CHAPTER V: ERGONOMIC/MUSCULOSKELETAL DISORDERS

Article 27: General provisions

1. Ergonomics is the practice of designing equipment and work tasks to conform to the capability of the worker. It provides a means for adjusting the work environment and work practices to prevent injuries before they occur. When there is a mismatch between the physical requirements of the job and the physical capacity of the worker, work-related musculoskeletal disorders (MSDs) can result. Health care facilities have been especially identified as an environment where ergonomic stressors exist;
2. Employee exposure to ergonomic stressors in healthcare workplaces occurs not only during patient handling tasks but also while performing other tasks in the kitchen, laundry, engineering and housekeeping areas of the facilities.

Article 28: Controls

Employer shall:

1. Train all the health workers on ergonomic-related safety procedures;
2. Minimize manual lifting of materials, patients or clients within the health facility and eliminate it completely whenever feasible;
3. Improve access to the units within the health facility for trolleys and wheel-chairs; Use appropriate equipment for lifting materials, patients and clients; Use equipment with rolling devices to facilitate transfer from one position to another.

CHAPTER VI: PSYCHOSOCIAL DISORDERS

Article 29: General provisions

1. To ensure good quality care, healthcare staff shall be safe and healthy at work as well as highly motivated to do a good job. Moreover, according to the World Health Organization (WHO) definition of health, they shall be in a state of complete physical, mental and social well-being as well as feeling empowerment to use their own health potentials and to deal successfully with the (high) demands of their workplace;
2. Psychosocial risk factors can arise among all occupational groups in the healthcare sector, including nurses, doctors, cleaning staff and those in the medical-technical service.

Well-known psychosocial risks are:

- (a) Time pressure;
- (b) Rigid hierarchical structures;
- (c) Lack of gratification and reward;
- (d) Inadequate personnel leadership;
- (e) Lack of relevant information;
- (f) Lack of support from management staff;
- (g) Work-related loads (shift work, night work, irregular working hours);
- (h) Social conflicts, harassment, bullying, violence and discrimination;
- (i) Difficulties in the field of communication and interaction, including the failure to comprehend body language;
- (j) Work organization which is not ideal (working-time arrangements).

Article 30: Stressors

1. Features which trigger stress are known as stressors.

Stressors arising from working tasks:

- (a) Excessively rigorous qualitative and quantitative requirements;
- (b) Pressure of time and deadlines;
- (c) Information overload;
- (d) Contradictory work instructions from doctors, senior nurses, nursing service management or residential area management;
- (e) Constant interruptions and disturbances by colleagues, patients, residents or relatives.

2. Stressors arising from the work role

- (a) Insufficient aptitude, lack of professional experience;
- (b) Too much responsibility;
- (c) Unclear task assignment;
- (d) Lack of support and assistance;
- (e) Lack of recognition.

3. Stressors arising from the material environment

- (a) Unfavorable environmental influences, such as noise, electrical discharges, cold, heat and draughts;
 - (b) Toxic substances, biological agents and needle pricks;
 - (c) Complex technical systems: overtaxing of human capacity to think and make judgements or exceeding of capacity to taken in and process information;
 - (d) Lack of aids.
4. Stressors arising from the social environment
- (a) Poor working atmosphere;
 - (b) Little or poor communication;
 - (c) Conflicts with superiors and colleagues;
 - (d) Constant change of environment, colleagues and field of work;
 - (e) Structural changes in the company;
 - (f) Lack of information (e.g. in the case of change of shift);
 - (g) Inadequate consideration given to compatibility of family and job;
 - (h) Lack of staff.
5. Stressors arising from integration in workplace ('behaviour setting')
- (a) being alone in the workplace (e.g. at night or at the weekend);
 - (b) Long distances or rambling corridors and similarity of wards, residential areas or storeys.
6. Stressors arising from the person system
- (a) Fear of tasks, blame and sanctions;
 - (b) Fear of own mistakes;
 - (c) Lack of social and communicative skills;
 - (d) Inefficient styles of action;
 - (e) Family conflicts.
7. General preventive and protective measures

In order to prevent the development of stressors at the workplace as far as possible and to better protect workers from the emergence of burnout, continuous monitoring of the work situation shall be undertaken. Different analysis tools and procedures are available, depending on the general conditions in the company:

- (a) Analysis of work incapacity data;
 - (b) Risk assessment;
 - (c) Work situation analysis;
 - (d) A health circle;
 - (e) Worker surveys;
 - (f) Worker interviews.
8. Organizational measures available for circumstantial prevention
- (a) Design of work organization;
 - (b) Creation of degrees of freedom;
 - (c) Possibilities of social support;

- (d) Provision of feedback for the workflow and the results.
 - (e) Good social and communication relationships with other occupational groups are also important.
9. Helpful individual-related measures
- (a) Continuous and further training;
 - (b) Training in social and communicative skills;
 - (c) Time management;
 - (d) coping with stress.
 - (e) A combination of organizational and individual measures produces the most effects.

CHAPTER VII: CHEMICAL RISKS

Article 31: Protective measures

1. When it comes to preventing worker exposure to dangerous substances and to wet work, technical protective measures have priority over organizational protective measures, and these in turn over personal action. All technical and organizational facilities must be used to prevent contact with the skin or the respiratory tract;
2. Basically help to prevent worker contact with dangerous substances or to restrict it to a low level. They include the use of closed automatic cleaning, disinfection or sterilization machines, technical ventilation systems and local extractors and emission-free transfer systems in the manufacture of cytostatic drugs;
3. The organizational measures include separation of activities involving exposure to dangerous substances from any form of food intake as well as the separation of working clothing and protective clothing or the establishment of certain cleaning or skin protection plans;
4. The personal protective measures include, for example, the selection and use of protective gloves, protective overalls, goggles or respiratory masks;
5. Occupational medical measures, such as precautionary examinations, may also be necessary if existing air limit values or biological limits are exceeded when activities are in progress.

Article 32: Provision of information/instruction to workers

1. Workers who perform work with dangerous substances must be given instruction on the dangers which arise and on the protective measures (including those relating to sensitizing agents and wet work);
2. Where appropriate to the risk established, the subject matter and the date/time of the courses must be recorded in writing and confirmed by the signature of those receiving instruction;
3. The information to be given to workers should, in many cases, be provided in written form, for example as a set of operating instructions in which the dangers which arise for

- people and the environment from activities with dangerous substances as well as the necessary protective measures and rules of conduct are specified;
4. The operating instructions shall be formulated in an easily comprehensible way and in the language of the workers, and they shall be posted at a suitable location at the workplace. The operating instructions shall also contain instructions on how to respond in the case of danger and on first aid.
 5. Cleaning and disinfection work.

Cleaning and disinfection work is among the most widely encountered standard activity in the health system and it has to be performed by many workers.

CHAPTER VIII: CONTROL OF PHYSICAL HAZARDS

Article 33: Needle-Stick Injuries

1. It is the most common source of occupational exposure to blood and the primary cause of blood-borne infections to health workers. The risk of transmission of infection through needle-stick injury to health workers is not negligible;
2. The most frequent causes of needle-stick injury are two-handed recapping and the unsafe collection and disposal of sharps waste.
3. Needle-stick injuries can be controlled by:
 - (a) **Engineering controls:** Devices that make needles retract, sheathe, blunt immediately after use;
 - (b) **Administrative controls:** Put in place policies and consistent training programmes that aim at limiting exposure to the hazard, including application of universal precautions. Allocate and commit resources towards the safety programme;
 - (c) **Work practice controls:** No re-capping; place sharps containers at eye level and within arms' reach; check sharps containers on a schedule and empty them before they are full; establish the means for safe handling and disposal of sharps devices before beginning a procedure.

Article 34: Radiation Exposure

1. This hazard is particularly relevant for health workers deployed in the Radiology departments and use both ionising and non-ionising radiation for diagnostic as well as therapeutic purposes. Ionising radiation causes most damage to rapidly growing, undifferentiated cells and hence special care shall be taken by female workers who are or suspect that they are pregnant, especially during the first trimester. Radiation hazard can be controlled by:
2. **Engineering Control**
 - (a) **Engineering controls:** Increasing the shield between the health workers and the radiation source, for instance through use of lead-based shields in X-ray units;

- (b) **Substitution:** Use of non-ionising radiation such as ultra-sound in place of X-rays when appropriate;
- (c) **Administrative controls:** Reducing the time of exposure to the radiation source; Increasing the distance between the health worker and radiation source; Monitoring for evidence of radiation exposure to health workers through the personal radiation detection devices that they wear;
- (d) **Use of PPE:** Wearing lead jackets and related personal protection equipment when appropriate.

CHAPTER IX: FINAL PROVISIONS

Article 35: Authorities responsible for the implementation of these Regulations

The Minister of Public Service and Labour and the Minister of Health are entrusted with the implementation of these Regulations.

Article 36: Specific guidelines

The Minister having occupational safety and health in his/her responsibilities may issue further specific guidelines on specific occupational safety and health matters.

Article 37: Commencement

These Regulations shall come into force on the date of its signature.

Kigali, on...*M*.../.../...*AD*...2019



RWANYINDO KAYIRANGWA Fanfan
Minister of Public Service and Labour

