



REVOLUTIONARY GOVERNMENT OF ZANZIBAR
MINISTRY OF HEALTH, ZANZIBAR

The Zanzibar Policy Guidelines for Occupational Health, Safety and Wellbeing of Workers in the Health System



NOVEMBER 2018



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Foreword

Health, safety and wellbeing of the Healthcare workers is a prerequisite for good quality of care and patient satisfaction in health services. Healthcare facilities that are not safe for workers and patients are not resilient to any shock arising from hostile events, outbreaks or any other emergencies. Occupational Safety and Health Act (2005) and the National Occupational Safety and Health Policy of Zanzibar require the development of stringent systems for managing occupational safety and health in all workplaces and the health system in general.

The WHO/ILO/OECD Global Action Plan on Health Employment and Inclusive Economic Growth “Working for Health” adopted by the 70th World Health Assembly in 2017 calls for strengthening countries capacities to improve occupational health and safety of health workers. Such measures also have to be integrated into the national strategies for health workforce development.

Furthermore, The WHO Global Plan of Action on Workers’ Health endorsed by the 60th World Health Assembly urges countries to develop policy instruments for improving workers’ health, and in particular national programmes for occupational safety and health of health workers.

These Policy Guidelines have been developed by the Ministry of Health in consultation with the Ministry responsible for Labour and other stakeholders, such as organizations of workers, employers and professional associations in the health sector. The purpose of these guidelines is to foster the implementation of the international commitments and the national legislation regarding decent work in the health system as well as to improve the quality of care and the resilience of health facilities.

The Ministry of Health calls upon all workers and managers in all health facilities in Zanzibar to become familiar with and to take measures for the implementation of these guidelines.



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The Zanzibar Policy Guidelines for occupational health, safety and wellbeing of workers in the health system

Policy statement

1. The ministry responsible for health of the Revolutionary Government of Zanzibar is committed to creating a safe and healthy working environment for all health workers and in all workplaces in the health system.

Purpose

2. The purpose of these guidelines is to set up a system for managing occupational health, safety and wellbeing in all workplaces in the health system in line with the provisions of the Occupational Safety and Health Act of 2005, the Public and Environmental Health Act of 2012, the Public Service Act of 2011, the National Occupational Safety and Health Policy of 2017 and the other relevant government regulations and policies.

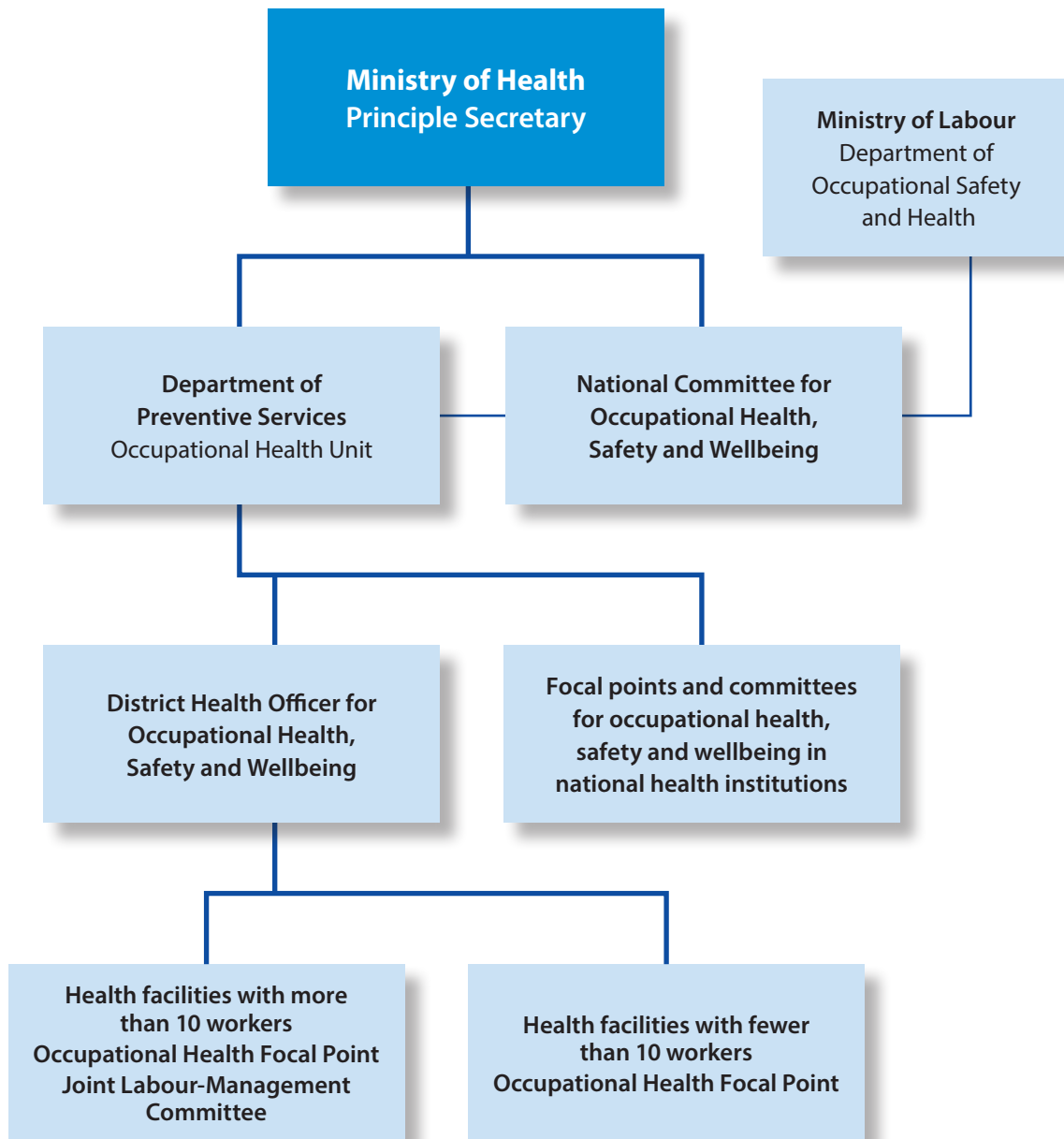
Scope

3. These guidelines apply to all workplaces and all workers in the health system, public, private and military.
4. For the purpose of these guidelines:
 - a. the health system includes all the activities whose primary purpose is to promote, restore and/or maintain health together with the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health;
 - b. health workers are defined as all people engaged in actions whose primary intent is to enhance health, including health service providers as well as health management and support workers who are employed by or work for an employer or under the direction or supervision of an employer in the health system, including volunteers and apprentices.
5. The national programme on occupational safety, health and wellbeing of health workers shall be organized according to the structure as shown in **Fig. 1** below:

National committee on occupational health, safety and wellbeing in the health system

6. A national committee on occupational health, safety and wellbeing (NCOHSW) in the health system shall be established by order of the ministry responsible for health to provide leadership and coordination of national activities on occupational health safety and wellbeing in the health system.

Fig. 1 Structure of the Zanzibar programme for occupational safety, health and wellbeing of health workers



7. The national committee will be composed a chair and four members nominated by the permanent secretary of health, one member nominated by the permanent secretary for labour, and members nominated by the representative associations of trade unions, the professional associations and the private sector organizations in the health system. Gender balance shall be achieved in the composition of the committee.
8. The terms of reference of the national committee shall be:
 - a. to consider and make recommendations for compliance and improvement of occupational safety and health in health system;
 - b. to review policies on prevention of occupational and work-related injuries and illnesses among health workers;
 - c. to ensure employee and employers involvement regarding OHSW occupational health, safety and wellbeing in the health system;
 - d. to provide leadership in the review and update of these policy guidelines;
 - e. to coordinate the implementation of these policy guidelines in line with other relevant policy initiatives and government regulations;
 - f. to set up research agenda for studying the health, safety and wellbeing of health workers and practical research for evaluation of the effectiveness of policy measures;
 - g. to stimulate the capacity building of managers and workers with responsibilities for occupational safety, health and wellbeing;
 - h. to promote awareness raising campaigns among health workers on matters of occupational health, safety and wellbeing;
 - i. to review and evaluate the reports of district management teams and other health institutions on occupational health, safety and well-being;
 - j. to coordinate the protection of occupational health, safety and wellbeing of health and emergency aid workers in the preparedness and response to public health emergencies in line with the national disaster management plan.
9. The committee shall meet at least twice a year. The decisions shall be made by consensus and the minutes of the meetings shall be sent to permanent secretaries for health and labour.

Responsible unit at the national level

10. The Occupational Health Unit under the Directorate of Preventive Services and Health Promotion of the ministry responsible for health shall be responsible for managing occupational health, safety and wellbeing in the health system, in particular:
 - a. to develop standard operating procedures and guides for implementation of measures for protecting occupational health, safety and wellbeing of health workers in line with the laws and regulations issued by the ministries responsible for health and for occupational safety and health;
 - b. to promote the integration of measures for occupational safety, health and wellbeing into the policies and standard operating procedures for infection control, health

- workforce development, planning and quality control, environmental health and other relevant programmes;
- c. to carry out information campaigns for promoting safe work practices and healthy behaviours among health workers in collaboration with other relevant units;
 - d. to collect and analyse the reports of the district health teams and the other health institutions on matters on occupational health, safety and wellbeing and disseminate the national report among stakeholders;
 - e. to monitor the data and trends in occupational health, safety and wellbeing of health workers;
 - f. to develop and support the implementation of a programme for health surveillance of health workers;
 - g. to supervise the activities of district health teams and other health institutions in matters of occupational health, safety and wellbeing;
 - h. to monitor the compliance of health facilities with the regulations and standards for occupational health safety and wellbeing;
 - i. to plan activities, supplies and procurement for occupational health safety and wellbeing at the national level;
 - j. to liaise with the department of occupational safety and health under the ministry responsible for labour regarding the compliance of health facilities with the Occupational Safety and Health Act.

Responsibilities at the district level

11. Every district health management team shall appoint a health officer to supervise and guide the management of occupational health safety and wellbeing in the health facilities located on the territory of the district.

The responsibilities of the district health officer for occupational health safety and wellbeing shall be:

- a. to oversee the establishment and functioning of the joint labour management committees in the health facilities with more than ten employees;
- b. to oversee the designation and functioning of the focal points for occupational health, safety and wellbeing in all health facilities;
- c. to carry out regularly inspection of occupational health, safety and wellbeing in all health facilities;
- d. to provide technical support to health facility to ensure compliance with occupational safety, health and wellbeing policies, guidelines and standard operating procedures and liaise as appropriate with the Department of Occupational Safety and Health in the ministry responsible for labour;
- e. to collaborate with other departments, local authorities (districts, councils, shehias) and stakeholders for promotion of occupational health safety and wellbeing of health workers;

- f. to oversee the integration of measures to protect and promote occupational health safety and wellbeing of in the design, construction and reconstruction of health facilities;
- g. to identify long term and short term training needs for human resource development in occupational health safety and wellbeing;
- h. to plan and allocate resources for implementation of occupational health safety and wellbeing measures in the annual district plans of action;
- i. to collect and analyse data and reports from health facilities on matters of occupational health safety and wellbeing;
- j. to organize campaigns for promoting healthy behaviours and safe practices among health workers in the district;
- k. to work with the managers of health facilities to promote a preventative culture and to encourage the reporting and investigation of incidents, occupational diseases and work accidents.
- l. to organize regular training of focal points and members of joint labour-management committees on workplace improvement in health facilities;
- m. to collaborate with community leaders to promote occupational health, safety and wellbeing of health workers in the community, including community health workers and traditional healers;
- n. to organize occupational health, safety and wellbeing measures and adequate health workforce in the preparedness and response to disasters and public health emergencies and the protection of the district rapid response teams.

Responsibilities at the facility level

12. Notwithstanding the responsibilities of an employer under the Occupational Safety and Health Act the heads of health facilities shall:
- a. develop internal rules for occupational health safety and wellbeing in the health facility and make sure it is publicly displayed and all workers are familiar with it;
 - b. designate a person to serve as a focal point for occupational health, safety and wellbeing of workers and visitors in the health facility;
 - c. integrate measures for occupational health safety and wellbeing in the overall management and the plans of action of the facility;
 - d. plan and allocate financial and human resources for protecting and promoting occupational health safety and wellbeing;
 - e. implement measures for prevention and control of occupational infections among health workers in line with the national guidelines for infection prevention and control;
 - f. encourage the reporting of incidents, occupational diseases and work accidents by workers in a blame free environment;
 - g. plan, recruit, as appropriate, and manage human resources and organize the work and procurement in a way that occupational health safety and wellbeing is protected and promoted;

- h. develop a culture of prevention and respectful workplace and promote safe work practices and healthy behaviours among workers;
 - i. establish policies and measures for zero-tolerance to workplace violence (verbal and physical abuse and sexual harassment) in the health facility and take measures to protect the safety and security of health workers;
 - j. report annually to the district health management team on the measures taken to protect and promote occupational health, safety and wellbeing as well as on incidents, occupational diseases and work accidents registered in the health facility;
 - k. develop plans for emergency procedures and contingencies and for first aid;
 - l. collaborate with community leaders to promote occupational health, safety and wellbeing of health workers in the community, including community health workers and traditional healers.
13. Notwithstanding their responsibilities as employees under the Occupational Safety and Health Act health workers shall:
- a. report to the focal points for occupational health safety and wellbeing all cases of exposure to blood and body fluids, through sharps injuries, blood splashes etc. according to the guidelines for infection prevention and control as well as cases of verbal abuse, sexual harassment, physical violence at the workplace, or related to work;
 - b. use appropriately their work cloths, uniforms, protective clothing and personal protective equipment (PPE) according to the instructions given to them by the manager;
 - c. cooperate with the management and participate in the measures for protecting their occupational health safety and wellbeing.
14. Health workers have the right to remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life or health until the employer has taken remedial action as stipulated in Occupational Safety and Health Act. When a staff member exercises this right, he or she shall be protected from any undue consequences. The head of the health facility cannot require workers to return to a work situation or to resume their duties where there is continuing imminent and serious danger to life or health.

Joint labour–management committees for occupational health safety and wellbeing

15. Health facilities with more than ten permanent employees shall establish joint labour management committee on occupational health safety and wellbeing.
16. The committee shall be composed of the manager or his/her representative, the focal points for occupational health safety and wellbeing and for infection prevention and control, an expert from the occupational health service, if applicable, and the safety and health representatives of workers designated according to article 18 of the Occupational Safety and Health Act. The composition of the committee and the frequency of its meeting shall be specified in the facility internal rules of occupational health, safety and wellbeing.

17. The committee shall:

- a. lead the implementation of the facility internal rules for occupational health safety and wellbeing,
- b. provide recommendations for workplace improvements to the head of the health facility, and
- c. investigate the cases of incidents, occupational diseases and work accidents and the complaints of workers on matters of occupational health safety and wellbeing.

Occupational health services

18. Health facilities with more than 50 permanent employees shall organize the provision of occupational health service by a provider approved by the ministry responsible for health and staffed with adequate personnel with technical competence in the area of occupational health.

Occupational health services shall:

- a. carry out regular workplace risk assessments
 - b. participate in the selection of new equipment, tool and working methods
 - c. carry out pre-placement, periodic and exit medical check-ups of workers
 - d. carry out vaccinations and post-exposure prophylaxis
 - e. provide training of workers and instructions in health and safety at work
 - f. provide primary health care of health workers.
19. Pre-service and ongoing immunizations against Hepatitis B and other vaccine preventable diseases in the workplace shall be provided to all health workers at risk with no cost to the employee and ensuring all three doses of the hepatitis B immunization have been received by all workers at risk of blood exposure (including cleaners and waste handlers).
20. Measures shall be implemented to ensure that all health workers have access to diagnosis, treatment care and support for HIV, tuberculosis and hepatitis B infections according to WHO/ILO/UNAIDS guidelines¹ and the national plans².

Social health protection of health workers

21. Health workers shall be provided with entitlement for compensation for work-related disability in accordance with Workmen Compensation Act from 2005. The facility focal points for occupational health, safety and wellbeing and the occupational health services shall be responsible for submitting the reports of the cases with occupational diseases and work accidents to the ministry responsible for labour for workmen compensation.

¹ The joint WHO ILO UNAIDS policy guidelines for improving health workers' access to HIV and TB prevention, treatment, care and support services, International Labour Organization, Geneva, 2010 available at http://www.who.int/occupational_health/publications/hiv_tb_guidelines/en/

² Strategic Plan II for the Prevention and Control of HIV, TB and Hepatitis-B Infections for Health Workers at the Workplace (2013–2017), Ministry of Health and Social Welfare, Dar es Salaam, 2012.

22. Health workers shall be provided with universal health coverage and health insurance according to the applicable regulations for the different categories of health facilities both public and private.

Medical surveillance of health workers

23. All health workers shall be covered with medical surveillance with the purpose to:
- assess the health status of the employees before placement to a specific workplace, during the work and after leaving the health facility;
 - determine the health status of the employee before transfer to another work area.
 - determine the job post of a health worker within an organization;
 - ensure that those who have had occupational medical conditions or exposures are attended early enough to prevent any complication;
 - provide information that would help in determining and justifying worker's compensation;
 - provide data for future epidemiological studies related to worker's health and safety;
 - monitor health workers exposed to occupational hazards for early detection of adverse health effects.

The medical surveillance shall include:

- pre-placement medical examination to ensure that the employee is fit to undertake the job without risk to himself or his colleagues and to define the initial health status. Pre-placement medical examination is required before transfer or placing a worker on a hazardous work;
 - periodic medical examinations consisting of examinations and lab tests, as appropriate, conducted at least once a year to identify possible health effects of work and health conditions that require modification of the workplace or work organization of the health worker;
 - return to work/ post sickness absence examination to ensure that a worker who has been absent with a medical condition for a considerable length of time is fit to undertake his/ her usual job and to facilitate the rehabilitation or temporary or permanent resettlement of those who are not fit to return to their usual occupations;
 - exit medical examination to identify possible diseases and injuries acquired during the employment in the health facility.
24. The medical surveillance shall be carried out by physicians and nurses trained in the area of occupational health and certified by the ministry of health and according to ILO Technical and ethical guidelines for workers' health surveillance.³
25. The ministry of health shall issue and periodically update standard operating procedures for medical surveillance for different groups of health workers and exposure to different

³ ILO, Technical and ethical guidelines for workers' health surveillance (OSH No. 72), Geneva, International Labour Office, 1998 (Occupational Safety and Health Series No. 72), available at http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/normativeinstrument/wcms_177384.pdf

health hazards according to the methods for early detection of occupational diseases recommended by WHO⁴.

26. The following diseases acquired by health workers in the course of their work activities shall be notified to the ministry of health:
 - a. Cases of tuberculosis, HIV, hepatitis B and C, cholera and other communicable diseases among health workers shall be investigated and notified under the Public and Environmental Health Act;
 - b. Cases with diseases and disorders listed in the ILO list of occupational diseases from 2010⁵, such as allergies, intoxications, post-traumatic stress disorder, low back pain among health workers exposed to the corresponding occupational hazards shall be investigated and notified according to standard operating procedures under the Public and Environmental Health Act developed by the ministry responsible for health.
27. Particular measures shall be taken at all levels to encourage and create blame-free environment for reporting of:
 - a. exposure to blood and body fluids, through sharps injuries, blood splashes etc. according to the Zanzibar Infection Prevention and Control Guidelines,
 - b. verbal abuse, sexual harassment, physical violence at the workplace, or related to work and attacks on health workers,
 - c. occupational diseases and work accidents according to paragraph 26.

Training and education

28. The members of the joint labour-management committee and the focal points for occupational health and safety shall be receive initial training in workplace improvement in health facilities for at least 40 contact hours, followed by annual refresher courses.
29. Occupational health, safety and wellbeing shall be included in the curricula of undergraduate and postgraduate training in medicine, nursing and midwifery, environmental health, dentistry, pharmacy, laboratory technicians and allied health professionals.

Risk assessment and controls

30. Health facilities shall carry out regular (at least once a year) risk assessment of all workplaces bearing in mind the specific gender aspects and the needs of vulnerable workers, including workers with disabilities. Risk assessments shall be carried out also when new workplaces, work stations, work processes and work organization are introduced.
31. The workplace risk assessment shall identify the existing or potential occupational health and safety hazards, the level of their control and shall result in recommendations for improvement. The procedures for risk assessment shall include the steps and criteria shown in the Annex.

⁴ WHO, Early detection of occupational diseases, World Health Organization, Geneva, 1986, available at <http://apps.who.int/iris/bitstream/10665/37912/1/924154211X.pdf>

⁵ ILO List of Occupational Diseases (revised 2010), Geneva, 2010 available at http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_125137.pdf

32. The risk assessment shall be carried out by the focal point for occupational health, safety and wellbeing with support and participation from the joint labour-management committee. The results of the risks assessment shall be documented in writing and submitted to the head of the health facility and the joint labour management committee for occupational health safety and wellbeing.
33. Health workers shall report forthwith to their immediate supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to their life or health, and in particular the incidents of blood exposure and violence as specified in paragraph 14 a.
34. The performance on occupational health, safety and wellbeing in the health system shall be monitored through collection of data and trends on the following indicators:
 - a. indicators for facility level (on annual basis):
 - existence of facility joint labour management committee for occupational health, safety and wellbeing and number of meetings;
 - existence of facility focal point for occupational health and safety;
 - number of walkthrough surveys (risk assessments) carried out
 - number of preventive medical examinations of health workers according to paragraph 26;
 - funds spent on occupational health and safety – human resources, training, safety equipment, PPE, information materials etc.
 - number of reported incidents with blood exposure – blood splashes, needle sticks and sharps injuries;
 - number of cases with post-exposure prophylaxis (PEP) for HIV, HBV and HCV and other diseases;
 - number of reported incidents with violence – physical assault, verbal and sexual harassment;
 - number of cases with sickness absence due to low back pain and days lost;
 - number of reported work accidents;
 - number of reported cases of notifiable diseases among health workers according to paragraph 29;
 - b. indicators at district level (on annual basis):
 - number of health facility inspections covering occupational health and safety;
 - number of training courses on occupational health and safety for health facilities for focal points and labour-management committee members;
 - number of health workers trained in occupational health and safety;
 - funds spent on occupational health and safety – human resources, training, safety equipment, PPE, information materials etc.;
 - number of health facilities with appointed focal point for occupational health safety and wellbeing;

- number of health facilities with more than ten permanent employees with established joint labour management committee for occupational health safety and wellbeing.
- c. indicators at national level:
- proportion of health facilities with more than ten permanent employees with established joint labour management committee for occupational health safety and wellbeing;
 - proportion of health facilities with appointed focal points for occupational health safety and wellbeing;
 - proportion of health facilities covered with inspection on occupational health safety and wellbeing by district health officers and occupational safety and health inspectors;
 - incidence rate of incidents with blood exposure (blood splashes, needle sticks and sharps injuries) – number of reported cases per 1,000 health workers;
 - incidence rate of incidents with violence (physical assault, verbal and sexual harassment) – number of reported cases per 1,000 health workers;
 - incidence of sickness absence due to low back pain – number of cases of sickness absence due to low back pain per 1,000 health workers;
 - incidence rate of work accidents – number of reported work accidents per 1,000 health workers;
 - incidence rate of notified cases of occupational diseases – number of registered occupational diseases per 1,000 health workers;
 - total number of health workers trained in occupational health, safety and wellbeing in health facilities;
 - number of meetings of the national committee for occupational health, safety and wellbeing in the health system;
 - proportion of health workers covered with preventive medical examinations
 - total number of cases of PEP (HIV, HBV and HCV and other diseases).
35. The indicators and the data collection for monitoring occupational health, safety and wellbeing shall be integrated into the Zanzibar Health Information Management System.

Transitional provisions and implementation

36. These policy guidelines shall enter into force on immediately. The measures shall be implemented as follows:
- a. At the national and district level – with one year
 - b. At the facility level – within two years
37. The ministry of health will issue the guides and standard operating procedures for implementation of this policy and will organize training of district officers, facility focal points and members of labour-management committees for occupational health safety and wellbeing

38. The ministry of health, in collaboration with the national stakeholders, shall organize awareness raising events and campaigns for information among health workers about this policy guideline and about preventive culture and respectful workplace.
39. The ministry of health shall collaborate with the ministry responsible for labour and the president's office responsible for local authorities for developing a plan of implementation of this policy.
40. The measures for occupational health safety and wellbeing of health workers shall be included in the Zanzibar Performance Assessment and Facility Rating Tool.
41. The priorities for improving occupational health, safety and wellbeing in the health system shall be included in the national strategy for health workforce development

Annex. Risk assessment procedure

The risk assessment of workplaces in the health systems aims at identifying occupational health and safety hazards, the level of risks for exposed workers and the effectiveness of the existing controls for prevention of occupational diseases and injuries. The risk assessment shall also identify whether the workplaces comply with the applicable rules, regulations and standards for occupational safety and health. The results of the risks assessment shall be used for improvement of working conditions and for medical surveillance of workers.

The risk assessment shall be carried out by persons trained in occupational health and workplace improvement in healthcare facilities and shall involve representatives of workers and the management of the health facility.

The risk assessment includes review of documents, walk through survey of the workplaces, discussion with managers and workers and if necessary taking photos for documentation of baseline status and future improvements

The risk assessment includes the following steps:

- Step 1 – Identifying hazards and those at risk
- Step 2 – Evaluating and prioritizing risks
- Step 3 – Deciding on preventive action based on hierarchy of controls
- Step 4 – Taking action
- Step 5 – Documentation, monitoring and review

Step 1 – Identifying hazards and those at risk

Review of documents

The review of documents should include at least the following:

- Information on hazardous chemicals and machines (material safety data sheets, labels, instructions for usage) in different work areas
- Information about human resources (staffing, duty roster, job profiles, shift rotation)
- Preventive equipment (devices for handling loads and patient lifting, emergency equipment, transportation devices and ambulances)
- Conclusions of medical examinations of workers, records of occupational diseases and accidents

Walk Through Survey

The walk through of work areas by the assessor(s) combined with the interviews with workers, supervisors and unit heads to identify hazardous conditions, work practices, workers' groups at risk.

The risk assessment should aim at identifying all possible risks for health and safety of workers. Particular attention should be paid to:

- Risks of infection – handling of blood and blood products, risks for needle stick and sharps injuries and respiratory infections
- Exposure to hazardous chemicals – cleaning agents and disinfectants, dangerous drugs, anaesthetic gases
- Risks for physical assault, psychological and sexual harassment
- Work organization, shift work, night work and weekend work
- Manual handling of patients and loads
- Ergonomic designs of workplaces and work tasks
- Physical risks – noise, ionizing and non-ionizing radiation, heat, cold and humidity

It is important to ask both female and male workers what problems they have in their work making initial assumptions about what might be 'trivial' should be avoided. Women should be encouraged to report issues that they think may affect their health and safety at work as well as problems that may be related to work. The risk assessment should consider the entire workforce including cleaners, receptionists and part-time workers

Tools and instruments

The use of checklists is recommended to identify hazards and their locations together with photographs of work area conditions and practices taken before and after improvements

Step 2 – Evaluating and prioritizing risks:

Risk evaluation and prioritization should include:

- Examining each individual risk identified for the tasks performed and determines if measures have to be taken.
- Categorizing risks into three categories: negligible; acceptable for a short time; not acceptable.

The category depends on the probability and the severity of potential accidents or health problems caused by the risk. If a risk is categorized as "not acceptable" then immediate measures should be taken to mitigate or reduce the risk. If a risk is acceptable for a short time, preventive measures should be identified and deadlines for their implementation should be specified.

Risk Matrix

This risk matrix shown in **Fig. 2** allows deciding on the level of the risk as a function of the likelihood that exposure will occur and the consequences of the exposure for the health of workers.

The risk scores are not intended to be precise mathematical measures of risk, but they are useful when prioritizing control measures for the treatment of different risks.

Fig. 2 Risk scoring matrix

		Consequences				
		Negligible (1) No injury or disease, only discomfort	Minor (2) Results in injury or disease that requires only first aid	Moderate (3) Can result in disease or injury that requires medical treatment	Major (4) Can result in partial permanent disability, injuries or illness in 3 or more workers	Catastrophic (5) Can result in death or total permanent disability
Likelihood	Almost certain (5) Occurs often (one a week)	Moderate (5)	High (10)	High (15)	Catastrophic (20)	Catastrophic (25)
	Likely (4) Could easily happen (once a month)	Moderate (4)	Moderate (8)	High (12)	Catastrophic (16)	Catastrophic (20)
	Possible (3) Could happen or known to happen (once a year)	Low (3)	Moderate (6)	Moderate (9)	High (12)	High (15)
	Unlikely (2) Hasn't happened yet but could happen (one every 10 years)	Low (2)	Moderate (4)	Moderate (6)	Moderate (8)	High (10)
	Rare (1) May happen only in extreme circumstances (once in 100 years)	Low (1)	Low (2)	Low (3)	Moderate (4)	Moderate (5)

Low risk (green) – Quick, easy measures implemented immediately and further action planned for when resources permit.

Moderate risk (yellow) – Actions implemented as soon as possible, but no later than the next financial year.

High risk (orange) – Actions implemented as soon as possible and no later than six months.

Catastrophic risk (red) – Requires urgent action. The administration and district or the national OSHW Committee shall be notified and immediate corrective measures shall be implemented to reduce the risk level of exposure by reducing the level of exposure through engineering

controls, or reducing the likelihood of exposure through administrative controls, such as stopping work or closing the work area.

The prioritizations should bear in mind the level of risks (likelihood of exposure and severity of consequences) and the perception of workers about the risks, as well as the technical and financial feasibility of introducing effective control measures.

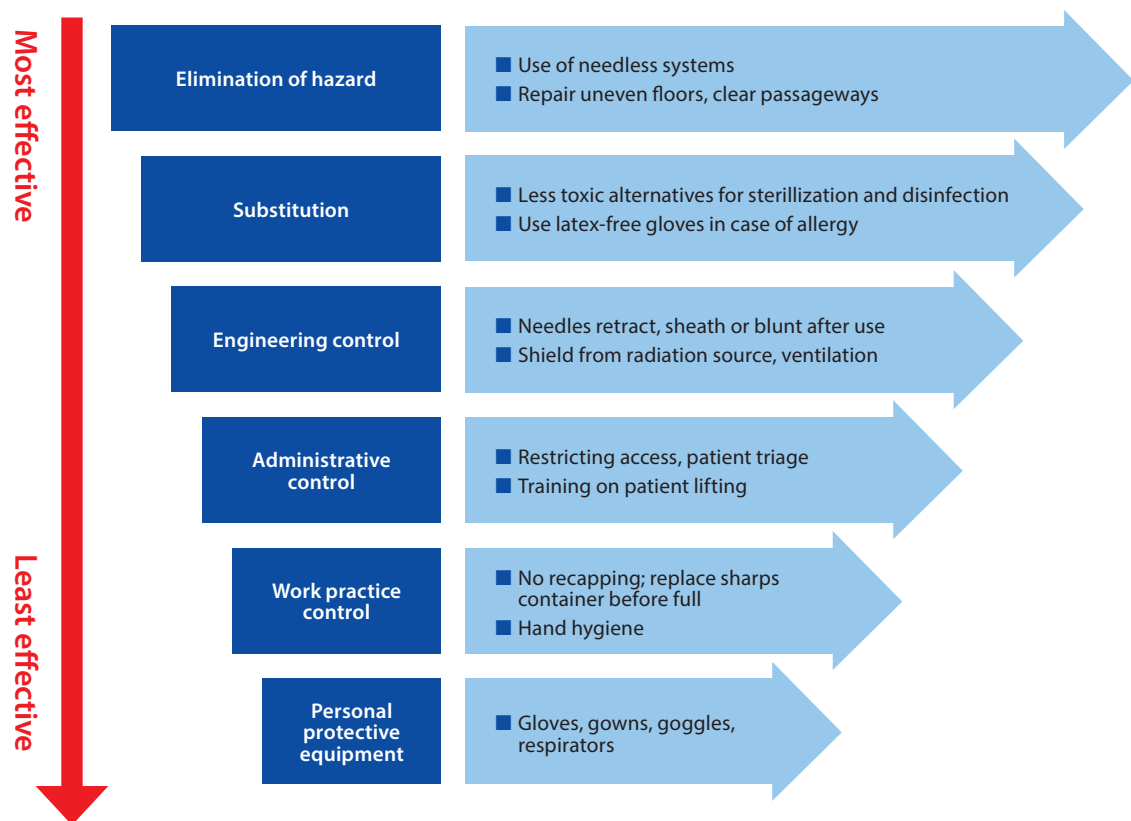
Risk assessment should always involve female workers and can use health circles with members from different occupational groups, hierarchies, age groups etc. Sufficient information about gender and diversity issues is needed for inclusive risk assessment. The instruments and tools used for the assessment shall cover issues relevant to both male and female workers. If the risk assessment is carried out by external assessors, they should require taking a gender-sensitive approach. Gender sensitive issues include harassment, emotional stressors and reproductive risks. It is also necessary to look critically at weights of loads that have to be handled and how often.

Step 3 – Deciding on preventive action

The actions for reducing risks shall be selected bearing in mind the hierarchy of effectiveness of control measures (see Fig. 3), giving priority to the more effective measures as far as possible.

The protective equipment should be selected according to individual needs and differences. All efforts should be made to involve female workers should be involved in making decisions about preventive actions.

Fig. 3 Hierarchy of controls of occupational risks



Step 4 – Develop action plan based on priorities of actions

The plan based on prioritization must include information under following heads:

1. Priority assigned
2. Task reviewed
3. Hazard(s) identified
4. Risk level
5. Controls to be applied
6. Responsibility
7. Timeline
8. Monitoring / Review date

For a gender-sensitive plan of action it is necessary to involving female workers in the implementation of solutions. Both male and female workers shall be provided with occupational health and safety information and training in order to participate in the risk assessment and mitigation.

Step 5 – Documentation, monitoring and review

The documentation should include the results of the risk analysis, the improvements implemented and the results of the evaluation of the improvements, in particular:

- What risks were identified for the workers?
- How high is the risk of being exposed to those risks?
- Is the risk negligible, acceptable for a short time or not acceptable?
- Which measures have been taken and which ones planned for the future?
- Who is responsible for the implementation of the measures?
- By when should the measures have been taken and how will their effectiveness be evaluated?

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

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

- changes in the work organization or work sequences;
- use of new technology;
- using a new chemical product such as cleaning agents or disinfectants; an increase in the number of sick days;
- an increase in the number of accidents;
- new or modified laws or regulations.

The managers shall inform the focal person for OSHW about above changes and new developments in their respective departments.

The review process should determine whether:

- the chosen preventive measures have been implemented as planned;
- the chosen preventive measures are being used and being used correctly, e.g. lifting aids;
- the preventive measures are being accepted by workers and included in their daily work;
- the assessed risks have been eliminated or reduced by the measures;
- the preventive measures have resulted in any new problems;
- any new problems have occurred.

The risk assessment shall be updated yearly and also when major changes of work process and work organizations are introduced.

The preventive measures taken have to be monitored and evaluated. Female workers shall participate in the review process. It is also important to be aware of new information about gender-related occupational health issues

Preventive measures and standards for specific risks at workplaces

The preventive measures, standards and tools for risk assessment in different workplaces in health facilities are provided in National Guidelines for Workers' Health and Safety in Health Facilities developed by the Ministry of Health, Community Development, Gender, Elderly and Children of the United Republic of Tanzania.



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