







1. Good and well-structured organization: In the hospital, patients need to know who screens TB patients, who do the counseling, who dispenses the drugs
2. Proper planning and adequate staffing: Tuberculosis infection prevention activities require good planning for and adequate staff allocation for effective outcome
3. Systemic nursing and Health assessment of the patient: the nurse attending to patients with TB should have learned skills to systematic assess the patient for proper diagnosis and plan of patient care.
4. Proper History taking and physical examination, a detailed history and physical examination is obtained for the patient which aid in diagnosing the TB infection
5. Diagnosis and treatment: when the patient has been diagnosed with TB infection treatment are commenced immediately.
6. Prevention of complications of other systems: continuous monitoring of the patient with TB is very important to avoid other organs and body system getting affected. The patient is nursed in the hospital especially the 1<sup>st</sup> 2 weeks of treatment and in an isolation room
7. Proper documentation and reporting: the information is properly documented and kept well for future reference, or and to be used for reporting on program and patient outcome

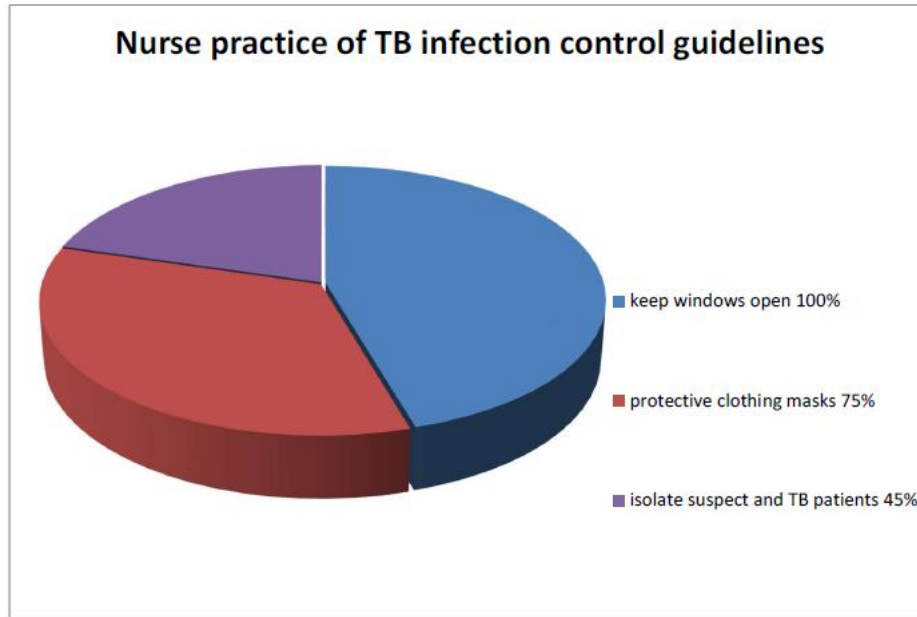
### Recent study

In the combined study by Dagmar Sissolak, Frederick Marais and Shaheen Mehtarhe on TB infection prevention and control's experiences of South African nurses, the authors describe that TB infection in South Africa is one that is characterized by the higher degree of TB and HIV co-infection. In their research, the authors assessed the nurses' experiences of factors influencing TB infection prevention and control practices to identify risks associated with potential ways of transmission. In their finding, they discovered that the nurses' had major concerns about the possible risk of TB transmission to both patients and staff. The authors' also discovered the following as factors that lead to non-adherence to infection prevention guidelines among nurses:

- Lack of facilities to isolate the TB-infected patient
- Inadequate personal protective equipment,
- Lack of a TB-IPC policy,
- Inadequate TB training for staff,
- Communication barriers between staff and patients,
- The work overload for nurses.

### Levels of TB infection prevention





## Discussion

Total numbers of study participants were 30 nurses: 19 females and 11 males; aged 21 to 50 years. Majority (82%) diploma Holders, did registered nursing.

### Knowledge of nurses towards infection prevention and control

Participants' had adequate knowledge about TB infection prevention as their responses gave this impression, and guidelines were available. The use of protective clothing was appreciated though they admitted that they were erratically supplied. The participants expressed that management did not priorities TB infection prevention in the budget.

The low response on isolating TB suspected patient signified noncompliance to TB infection prevention guidelines. Literature has specified that Tuberculosis infection control program is based on the three levels that are Administrative controls, Environmental controls, and Personal Protective equipment.

Equally, a study by Dagmar Sissolak, Frederick Marais and Shaheen Mehtahe on the TB infection prevention and control's experiences of nurses in South Africa, reveals that if guidelines are not followed, TB infection can be transmitted to both patients and staff. The authors' also discovered the main factors for nurses' non-adherence to infection prevention guidelines that could lead to the greater risk of transmitting infection from one person to the other:

### Recommendations

Recommendations were based on findings from the research and analyzed data.

**To healthcare providers (Nurses) at St. Dominic's Mission Hospital:** Nurses are commended for the adequate knowledge on TB Infection Prevention. However, the following are some recommendations and suggestions that need to be implemented by all nurses:

- Should comply with TB infection prevention guidelines.
- Should continue working on improving attitude towards infection prevention, despite the pressure of work.

**To St. Dominic's Mission Hospital management:** The hospital is commended for having TB Infection Prevention guidelines and policy which are being used in various departments. The following are recommendations, so as to help nurses and other healthcare providers improve on TB Infection Prevention:

- Management should make TB infection prevention program a priority in the hospital budget.

- Should continue assigning a nurse to triage patients in the outpatients

**To the Ministry of Health:** The Ministry of Health is congratulated for continuous efforts being made on measures to improve health services to the society and recognize more and more the needs of healthcare providers.

However, the ministry should support and fund more research on TB Infection Prevention and deploy more nurses to the reduce workload on patients.

## Conclusion

In order to reduce the risk of TB transmission to both the nurse and the clients at St. Dominic's Mission Hospital, an emphasis has been made to all nurses to strictly follow the guidelines and policies put in place by the hospital and those of the national. Despite the few nurses that have the negative attitude on following the guidelines, most of them appreciate and follow the guidelines. They are aware that not only patients are at risk of getting the infection but, they too are at even greater risk. One thing that the hospital administrator has done is the allocation of a nurse in the outpatient department to identify all patients with a cough, these patients are provided with a mask or a tissue to use while coughing. These patients are seen first in order to reduce the time spent with other patients in the outpatient department.

## References

- [1].Ajay K. Sethi, Charles W. Acher, Bruce Kirenga, Scott Mead, Curtis J. Donskey, Achilles Katamba M, 2012. Infection Control Knowledge, Attitudes, and Practices among Healthcare Workers, Kampala, Uganda.
- [2].Brown, B., Crawford, P., Nerlich, B. & Kotevko, N 2008. The habitus of hygiene: Discourses of cleanliness and infection control in nursing work, *Social Science & Medicine*, Vol. 67, pp. 1047-1055.
- [3].Claasens MM, van Schalkywk C, du Tolt E, Roest E, Lombard CJ, et al. Tuberculosis in health care workers and infection control measures at primary health care facilities in South Africa. *PLoS One*. 2013;8:e76272. doi: 10.1371/journal.pone.0076272.
- [4].Dorothy Osigwe Chanda. Infection prevention manual for community and health care institutions in Developing countries.
- [5].Infection control committee 2011. St. Dominic Mission Hospital TB infection control plan and policy.
- [6].Katowa P. Muka to, C.M. Ngoma, M. Maimbolwa, 2007. Compliance with Infection Prevention Guidelines by Health Care Workers at Ronald Ross General Hospital, Mufulira district.
- [7].Khaled M. Abd Elaziz and Iman M. Bakr, 2008, Cairo. Assessment of knowledge, Attitude.
- [8].Kozier, Barbara F., et al., 2004. *Fundamentals of Nursing: Concepts, Process, and Practice*, 7th ed., Pearson Education South Asia, Pte Ltd.
- [9].WHO policy on TB infection control in health-care facilities, congregate settings and households. Geneva: World Health Organization; 2009.
- [10].Zambia Ministry of Health. National TB and leprosy control program manual 2009.