The Plight of Clinical Waste Pickers: Evidence from the Northwest Region of Cameroon

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Abstract: The Plight of Clinical Waste Pickers: Evidence from the Northwest Region of Cameroon: Peter I. K. MOCHUNGONG. Unit for Health Promotion Research, University of Southern Denmark, Denmark—Objective: To present the pitiable working conditions of clinical waste pickers in hospitals in the Northwest region of Cameroon and associated exposure to health hazards. Methods: Observe clinical waste pickers as they carry out their functions for three days and carry out informal consultations (discussion) with the waste pickers on their working conditions, possible health risks and avenues and resources to improve the current situation. Results: Lack of immunization, protective equipment, and poor work postures, absence of support groups and lack of awareness on associated health hazards contributes to the current plight of clinical waste pickers in Cameroon. Improving hospital infrastructure and equipment is prioritized over safety and management of risks faced by the clinical waste pickers. Conclusion: Clinical waste pickers in Cameroon certainly work in poor conditions which endanger their health and those of their families. There is an urgent need for the implementation of health and safety protocols together with an overhaul of equipment currently in use. (J Occup Health 2010; 52: 142–145)

Key words: Cameroon, Clinical waste, Exposure, Hazards, Health, Waste pickers

Recent findings have identified gaps in the management of clinical waste in developing countries especially those of sub Saharan Africa. However, these studies have failed to address the occupational health risks faced by waste pickers involved in the waste management process. Collecting, sorting, transporting and disposal of clinical waste is gainful employment and a source of livelihood to those involved, especially in developing countries. Possibly due to the informality of this activity, it goes by different names around the world. House keepers, waste collectors, cleaners and janitors are some of the names used to describe people involved in these kinds of activities. These people do anything from collection, transportation and emptying of clinical waste receptacles, to operation (and sometimes maintenance) of clinical waste incinerators and cleaning of hospital wards. During a trip to the Northwest region of Cameroon in April 2008, as apart of a pilot study on the management of clinical waste in that region, the conditions under which waste pickers operated could not be overlooked. The working conditions of these waste pickers with associated health hazards are summarily discussed with the aim of stimulating a global discussion and initiating debate worldwide among stakeholders and decision makers in occupational health.

Methods
I observe the clinical waste pickers, without interruption as they did their jobs. This involved spending three full working days with them, keenly identifying and noting what could cause harm to their health.

I also carried out informal consultations (discussions) with the waste pickers to add substance and give deeper meaning to what was observed and to further clarify issues such as difficulties in executing their functions, possible health risks and short cuts or improvised ways of getting over a dangerous task.

Result and Discussion
A two tiered-single system is used to provide clinical services for the Cameroonian population. That is, patients have the choice of visiting private or public clinical facilities. The private facilities are a combination of modern, traditional and recently traditional Chinese medication systems, while the public facilities are made up of practitioners of all types of medicine.
The first facility visited was privately owned and managed by a Christian organization. It is a 250 bed, long-term care facility staffed by an estimated 400 full-time and part-time workers. The facility provides general and specialist medical services from diagnosis to treatment to over 60,000 in and out-patients annually. Services such as general surgery, dentistry, eye consultations, X-ray and ultrasound services, general consultations and in-patient services among others are offered at the facility. By virtue of the high number of patients that continuously visit the facility, a considerable amount of clinical waste is generated requiring efficient disposal. In the disposal of clinical waste, clinical waste pickers at this facility operate under poor working conditions- particularly a lack of protective equipment. Proper working gloves to protect workers’ hands were not supplied. To solve this issue, the waste pickers improvise by reusing surgical utility gloves as shown in Fig. 1. The surgical utility gloves (because of their fragility) are sometimes double-worn to withstand the complex and often harsh nature of the job they perform. The doubling of the surgical utility gloves offers little or no protection to these waste pickers. The liquid used during cleaning easily seeps into the gloves and makes contact with their skin during the entire cleaning duration. Considering that cleaning agents used today contain harmful ingredients such as butoxyethanol, it leaves the waste pickers prone to diseases such as contact dermatitis and at risk of liver and kidney infections. Furthermore, the double gloves hardly protect the waste pickers from percutaneous injuries which can significantly increase their risk of hepatitis B infection. In comparison, clinical waste collection personnel (as they are known) in most advanced countries are required to wear appropriate uniforms and apparatus when collecting clinical waste.

In Turkey, 77% of hospitals use appropriate equipment for clinical waste collection personnel. In addition different companies (or organizations) are responsible for routinely collecting the clinical waste such as Altek Midlands Environmental Services (AMES) in the United Kingdom, while over 300 of such companies are present in the United States. These companies are thus required, often by law, to develop and implement proper health and safety policies. The waste pickers also lacked proper footwear and work attire as shown in Fig. 2. Their legs and a greater part of their skin including the face are thus exposed to harmful ingredients present in the liquid used for cleaning. Eye burns, work related asthma and chemical pneumonitis are just a few of possible negative health outcomes. Each year about six out of every hundred professional janitors are injured by the chemicals that they use. Burns to the eyes and skin are the most common injuries, followed closely by breathing toxic fumes. Through informal consultations the waste pickers identified possible risks to needle pricks and cuts from contaminated needles and scalpel blades as their greatest fear. The reason they put forward for this fear is the alleged death from hepatitis by one of their colleagues pricked by a contaminated needle. As a preventive and protective measure, the waste pickers identified the necessity to improve their working conditions, especially through the provision of better protective equipments such as boots, stronger and arm length utility gloves and goggles for eye protection.

The waste pickers perform their jobs almost entirely by bending their backs as can also be seen in Fig. 2. Such a poor work posture can be a source of musculoskeletal illnesses such as low back pain, neck pain and general body fatigue. Modern multipurpose mops with extensible handles when made available can curb the outbreak of

![Fig. 1. A waste picker shows double surgical utility gloves worn during work.](image1)

![Fig. 2. Poor work posture and lack of protective gear demonstrated by a clinical waste picker in the Northwest region of Cameroon.](image2)
such illnesses, while additionally reducing contact time with chemical solvents and certainly increasing work efficiency. The workers identified the need for such equipment especially as they always have to watch out for contaminated syringes and other sharp objects lying around. Such multipurpose mops and other standard equipment are in extensive use in advanced countries where contact with chemical solvents and other associated occupational hazards is considerably reduced.

The other facility visited was public and managed by the government under the auspices of the Ministry for Public Health. It serves as a national and regional referral hospital. It has an estimated bed capacity of more than 300, with more than 322 full-time and part-time employees. The annual number of in- and out-patients is estimated at over 18,000. Services such as general consultations and in patient, specialist surgery, X-ray and ultrasound, autopsy, HIV screening and counselling among others are offered to the public. The facility produces an estimated 4,340 kg/mo of clinical waste\(^6\). Besides similarity with what was observed at the other facility, clinical waste pickers who also doubled as clinical waste incinerator operators lacked gas masks and goggles as shown in Fig. 3. This leaves them exposed to possible respiratory infections and associated eye contaminations which can certainly have negative impacts on their health. During informal consultations, the waste pickers (doubling as incinerator operators) revealed difficulties in breathing and choking in the cloud of smoke which is constantly released by the incinerators. They further mentioned experiences of painful and watery eyes during working hours. Even though some of the waste pickers mentioned being used to the choking and eye pains, they identified the necessity of better working conditions through standard protective equipments and a workers union, such as Unison in England, to facilitate channelling of their complaints.

Aspects common to the waste pickers in both facilities was that they had not been immunized against tetanus and hepatitis B. Coupled with that, it was observed that no concrete procedures for response in case of accidents such as spillage or other occupational accidents were present. In one of the facilities visited, simple first aid steps to be followed in case of an accident were printed on papers and stuck to walls for employees to read and follow. However, none of the waste pickers, as was revealed by them had ever tried to read the notices for reasons such as lack of clarity and inability to understand. Waste collection personnel together with their equipment in advanced countries undergo germ-proofing with strict antiseptic protocols and procedures using specialized chemicals to curb cross-contamination between work stations and to ensure worker safety.

The limited and sometimes misappropriation of financial resources can be seen as one of the reasons for the poor working conditions of the clinical waste pickers. The clinical institutes in which they work invest less on the safety and wellbeing of the clinical waste pickers, partly because priority is given to the modernization of the facility partly because the clinical waste pickers are often unskilled and are of low social status. Given the almost entire absence of protective equipments, the occupational risks faced by the clinical waste pickers can be curbed by improving hygiene, work organization, ergonomics and the purchase of better work tools such as mop trolleys for those who double as cleaners and gas masks for those who double as incinerator operators. In addition, focus on reducing risks of exposure to substances used for cleaning is essential. This can be achieved through the purchase of stronger utility gloves, water resistant working boots and goggles. Educating the waste pickers on the risks of their job and how these risks can be avoided is essential. The specific problem of chemical exposure can be addressed through focused information campaigns on their risks and health effects with particular emphasis on the most commonly used harmful solvents.

Clinical waste pickers in Cameroon certainly work under poor conditions which endanger their health and those of their families. There is an urgent need for the implementation of health and safety protocols together with an overhaul of the equipment currently in use. This paper further contributes to the growing body of scientific evidence which suggests that occupational health in developing countries is not sufficiently prioritized. Such insufficiency can intensify existing health hazards or can lead to the introduction of new ones. To curb any further negative health outcomes, there is an urgent need for sufficient understanding of the relation between occupation and health, surveillance and collection of data.
on the prevalence of occupational diseases and the inclusion of occupational health training and refresher courses for all personnel. In Cameroon, other obstacles could be the division of responsibilities between two or more ministries and bottlenecks in the data collection process due to the fear of stigmatization.

Reference

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