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**TO EVALUATE THE WORKING CONDITIONS OF MEDICAL  
PERSONNEL AND DEVELOP RECOMMENDATIONS FOR ITS  
IMPROVEMENT**

Annotation: Depending on the specifics of their work, medical workers may be exposed to a variety of harmful and (or) dangerous factors of the production environment and the labor process. The method of information analysis of documents from open sources, including: analytical reports of relevant ministries, research data, regulatory documents, allows to systematize the factors of injury and occupational morbidity of medical personnel.

Key words: medical personnel, medical work, labor process, environment.

One of the most harmful and dangerous factors affecting the health of medical workers is ionizing radiation, under the influence of which radiologists, radiologists, surgeons, anesthesiologists, traumatologists, resuscitators, doctors of other specialties and secondary medical personnel who take part in diagnostic and therapeutic manipulations are constantly under the influence. Moreover, they are exposed to the combined effects of radiation and non-radiation factors (unfavorable microclimate, lead vapor, ozone, nitrogen oxide). Under the influence of non-ionizing radiation and ultrasound are physiotherapists, surgeons and ophthalmologists using lasers, therapists, gynecologists and specialists of other profiles in the process of ultrasound diagnosis of patients.

Harmful production factors when working with magnetic resonance equipment include elevated levels of permanent magnetic field, noise, electromagnetic fields of radio frequencies, unfavorable light environment, unfavorable microclimate, which can lead to disruption of the functions of the nervous, cardiovascular and immune systems. One of the most harmful and

widespread in the production environment of medical personnel is the biological factor, which is associated with the high contagiousness of infectious agents that doctors come into contact with.

Biological harmful and dangerous factors in the field of healthcare are closely related to chemical ones. An analysis of the working conditions of medical workers in clinical diagnostic, biochemical and bacteriological laboratories of medical and preventive institutions showed that a complex of factors of the production environment affects the laboratory staff. Air pollution of working premises with aerosols of medicinal substances, chemical reagents, disinfectants and narcotic drugs in concentrations exceeding hygienic standards can be observed in the premises of pharmacies, operating rooms, treatment rooms, laboratories and other industrial premises of medical institutions, which can cause the development of allergic diseases, toxic lesions of organs and systems, dysbiosis of mucous membranes.

It is noted that in recent years, the number of allergic reactions of the immediate type has increased dramatically, which is to some extent associated with the use of latex gloves. In 67% of cases, allergic reactions in contact with natural latex are manifested by contact dermatitis.

At ambulance stations, the specificity of the workplace negatively affects the health of workers: in most cases, emergency care is provided directly at the location of patients and victims - in apartments, on the streets, in public places. As a result, ambulance workers are exposed to weather factors, limited space and vibration in the car, physical overload, the risk of injury and infection, non-compliance with work and rest. Analysis of the structure of occupational diseases in health workers shows that the first place is consistently occupied by infectious diseases (from 75.0 to 83.8%, on average - 80.2%); the second - allergic (from 6.5 to 18.8%, on average - 12.3%); the third - intoxication and diseases of the musculoskeletal system.

Serious psychological stress leads to an increase in various neurotic disorders among doctors, most doctors have an increased level of anxiety and a tendency to

depression over the years of emotionally stressful work, psychosomatic disorders appear, which is often accompanied by the use of various sedatives, adaptogens and alcohol abuse. It is very difficult to make an accurate assessment of the prevalence of the phenomenon of emotional burnout in the medical environment, since it depends on the interaction of various organizational, external and individual factors. Nevertheless, foreign studies indicate that burnout is observed in 40% of doctors to a degree sufficient to disrupt personal well-being and professional activity.

Medical workers are exposed to many unfavorable factors of the production environment. However, Uzbekistan has not yet created an effective information and analytical system for monitoring their health, which would provide complete objective timely information about the number of people exposed to harmful factors of the working environment, their existing occupational diseases.

The risk of occupational infection increases many times with non-compliance with safety measures, therefore, it is necessary to form a list of occupational risks for medical workers, to exclude and/or reduce the level of which compliance with safety rules is necessary. Informing employees about the risks associated with their activities and teaching them how to work safely is an essential component of the prevention of occupational morbidity and injury.

Almost all the authors of the studies call falling one of the main causes of injuries by medical workers: on a wet floor, due to poorly placed equipment, in a state of intoxication or due to old age. When making house calls to patients, doctors are injured due to poor lighting of the entrances of residential buildings, unsatisfactory maintenance of roads, intra-house territories, untimely cleaning of roofs from snow.

Nurses, doctors, paramedics, laboratory assistants in the performance of their professional duties are at high risk of injury when working with sharp instruments. Even minor injuries carry the risk of transmission of more than 20 pathogens of various infectious diseases. The most common and dangerous for infecting medical workers are hepatitis B, C, and HIC2 viruses. Every month, 65% of them receive

microtrauma of the skin, but no more than 10% of injuries and emergencies are officially registered. A significant risk of injury is an increased probability of getting a blow from the patient or his relatives. There are cases when relatives dissatisfied with the treatment come to threaten the doctor or nurse, or immediately use force. There is a high probability of accidents when attacking mentally ill patients, patients of drug treatment hospitals. In the zone of special risk are medical workers who perform their duties alone, at night, dealing with narcotic drugs and expensive medicines.

Night shifts, high motor activity, care for seriously ill, sedentary and immobile patients lead to physical fatigue of medical workers, which in the future may cause injuries and diseases of the musculoskeletal, cardiovascular, and nervous systems.

The analysis of the conditions and labor protection of health care workers makes it possible to systematize harmful and dangerous production factors that have the greatest impact on the level of occupational morbidity and health of medical workers, and to identify branches of clinical medicine and certain types of work that negatively affect the health and injury of medical workers.

Such types of work include those that have a high professional risk:

- \* contact with blood and other biological fluids (operating units, surgical, dental, pathology departments, laboratories, sterile, laundries, ambulance);

- \* infections with bacterial, fungal, viral and some parasitic diseases (infectious, tuberculosis departments, operating units, manipulation, dental, pathology departments, laboratories, sterilization, laundries, ambulance);

- \* exposure to ionizing and non-ionizing radiation, vibroacoustic factors, aerosols of predominantly fibrogenic action, noise, unfavorable microclimate (X-ray rooms, radionuclide diagnostics and radiotherapy rooms, MRI and ultrasound diagnostics, physiotherapy departments, laser installations, emergency medical care, dental departments);

- \* receiving physical injuries and poisoning (psychiatric departments, emergency medical care, manual therapy, osteopathy, therapeutic massage, patient

care, operating units, manipulation, dental, pathology departments, laboratories, sterilization, laundries);

\* emotional burnout (psychiatric, narcological, psychotherapeutic, sexological departments, emergency medical care, operating units, manipulation, dental offices, X-ray rooms, radionuclide diagnostics and radiation therapy rooms, MRI and ultrasound diagnostics, physiotherapy departments).

In the system of measures aimed at preventing occupational injuries and occupational diseases, an important place is occupied by the availability and proper use of sanitary clothing, personal protective equipment, compliance with work and rest regimes, compliance with safety requirements when working with equipment, professional selection and training of workers in safe working methods, conducting all types of briefings, knowledge testing. At the same time, there is no main document that unifies the requirements for the safety of medical workers - the Rules on Labor Protection in healthcare.

In our opinion, on the one hand, should contain the quintessence of the general rules of safe work in healthcare institutions, and on the other hand, determine the specifics of occupational risks in certain branches of medicine. Characteristic harmful and (or) hazardous production factors/hazards, occupational risks in some branches of clinical medicine and in the performance of individual works may be contained in the appendix to the rules for the formation of an integrated approach to the development of preventive measures for the management of occupational risks.

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