



## Healthcare and Social Assistance

*Advancing priorities through research and partnerships*

Most people think of the Healthcare and Social Assistance (HCSA) industry as providing clean, sterile and safe places to work. In reality, HCSA workers are exposed to many hazards that can affect their health and well-being. Their work exposes them to life threatening infections, such as SARS, HIV and hepatitis. They work with highly toxic cancer treating drugs and various chemical agents. They perform physically demanding tasks, such as lifting patients. In fact, this sector of the economy is highly hazardous and puts workers at a surprising risk for illness and injury.

Over 17 million HCSA workers face these hazards as they work to serve the sick and those needing assistance. About 80% of these workers are women, a higher portion than in any other industry. They work in many occupations providing patient care, personal care, and the technical, scientific and support functions that make providing care possible.

The same hazards that HCSA workers encounter also threaten the patients and clients they care for and reflect another facet of this risky work environment which has driven the highly visible 'patient safety' movement. Thus, eliminating hazards such as unassisted lifting and transfer of patients, contaminated equipment and surfaces, and even the mundane but still treacherous, slippery floors protects both workers and patients. A safer, healthier and focused caregiver will make better decisions and do a better job providing competent, compassionate care.

### **The following are some of the safety and health risks faced by HCSA workers:**

HCSA workers are at risk for infections. Needlesticks and cuts from contaminated sharp objects or contact with blood, tissue or other body fluids can transmit life threatening diseases, such as HIV or hepatitis. HCSA workers are also at risk for exposure to other infectious diseases, including newly emerging and sometimes unrecognized diseases, such as SARS, pandemic influenza, drug resistant tuberculosis, and other antibiotic resistant bacteria.

Hazardous drugs including cancer chemotherapy help provide life-giving treatment to ill patients, but also cause highly toxic side effects. HCSA workers exposed to these drugs risk the same effects, including cancer or adverse effects on pregnancy, when not properly protected.

HCSA workers are potentially exposed to other toxic chemicals. For example, certain chemical disinfectants and cleaning agents can cause asthma and dermatitis. Exposure to some chemical agents, such as formaldehyde and ethylene oxide can cause asthma and cancer. Exposures to anesthetic gases can cause reproductive problems when not properly controlled.



The National Institute for Occupational Safety and Health (NIOSH) is working with many partners to develop an updated National Occupational Research Agenda (NORA). The NORA Healthcare and Social Assistance (HCSA) Sector Council is a group of partners working to develop a national agenda for the HCSA sector.

Musculoskeletal disorders and ergonomic issues pose additional challenges. Lifting and moving sick patients, clients or impaired elderly residents in long-term care are the major causes of the high injury rates in this work sector. Lifting, pushing, pulling, carrying and working in awkward postures cause injuries, especially to the back and shoulder. Trends indicate that patients are getting older, sicker and heavier while HCSA workers are also getting older. These factors are increasing the number of patients who will need lift assistance, raising the risk for workers.

The work environment and the nature of care-giving work present other unique risks. HCSA workers deal with highly stressful (life and death) situations, which can take both an emotional and physical toll on health. This stress is heightened by long hours, shift work and mandatory overtime. Patients and clients also can become stressed and frustrated with the impact of their illness, that of a loved one or the long wait times of the system. These frustrations, sometimes catalyzed by drugs or alcohol can lead to verbal abuse, threats of harm and physical violence against caregivers. Raising the risk of such violence are understaffing, inadequate security and poor facility design.

Among nurses, in particular, these issues contribute to high levels of job dissatisfaction, high turnover rates, insufficient recruitment and poor retention of younger workers, contributing to the national nursing shortage. In a recent study by the American Nurses Association, less than 20% of nurses reported that they felt very safe at work.

**It does not have to be this way. There is much that can be done to make the HCSA workplace safer and healthier.**



For more information, including a link to the document “State of the Sector—Health Care and Social Assistance: Identification of Research Gaps and Needs for the Next Decade of NORA,” please visit the Healthcare and Social Assistance web page at: [www.cdc.gov/niosh/programs/hcsa/pubs.html](http://www.cdc.gov/niosh/programs/hcsa/pubs.html).

## Recommendations

The following recommendations have been developed by the NORA HCSA Sector Council to build a national agenda that eliminates occupational diseases, injuries, and fatalities in the HCSA sector, through a focused program of research and prevention. Recommendations for this agenda include:

**Promote the use of known best practices and demonstrate their impact:** There are proven ways to protect HCSA workers from injury and illness. For example: Lifting equipment can protect HCSA workers from back and shoulder injuries. Reasonable work schedules and work loads can reduce stress and medical errors. Safer medical devices can reduce sharps injuries. Studies that show the effectiveness of interventions, including financial benefits and improvements in patient safety, can convince employers and employees to use best practices in the workplace. Public health marketing can improve awareness of ways to address occupational safety and health issues.

**Develop new approaches:** Research is needed to identify new approaches such as substituting or eliminating hazardous materials, with safer alternatives making use of safer equipment and work practices, and taking advantage of new vaccines and preventive treatments for infectious exposures.

**Address all healthcare settings:** About half of healthcare workers are employed in non-hospital settings. Half of these are small businesses with fewer than 20 employees. It is very important to address the safety and health needs of these workers

**Promote safety and health management programs:** Comprehensive programs reduce injury and illness rates and can realize a return-on-investment of more than \$3 for every \$1 invested. All HCSA sector employers should have such a program in place.

**Track illness and injury information:** Exposure to hazards, injuries, illnesses, and “near-misses” should routinely be collected and analyzed. This information is very important for setting priorities and making improvements.

**Build strong partnerships:** Industry, labor, academia, government, and everyone interested in the safety and well-being of patients have a stake in making the HCSA sector a safe and healthy place to work.

***Transform the HC System to one where HCSA worker health and safety is a core value.***