What are our priorities?

The National Institute for Occupational Safety and Health (NIOSH) Healthcare and Social Assistance Program works with partners in industry, labor, trade associations, professional organizations, and academia. The program focuses on these areas:

- Reducing non-fatal work-related injuries in priority healthcare and social assistance areas, such as injuries caused by patient lifting; violence; slips, trips, and falls; and use of sharps devices.
- Reducing work-related diseases and associated risk factors in healthcare and social assistance, including infectious, respiratory, dermal, and other diseases and health outcomes.

What do we do?

- Conduct surveillance for injuries, diseases, and risk factors in healthcare and social assistance. Provide findings to the research community, employers, workers, and other stakeholders to guide research and prevention efforts.
- Develop and demonstrate effective methods of prevention in healthcare and social assistance. Make recommendations that can be used by professional healthcare organizations, employers, workers, and government agencies.
- Disseminate useful prevention strategies for all healthcare and social assistance workers. Reduce disparities through outreach to higher-risk, underserved and vulnerable healthcare and social assistance worker populations.
- Address knowledge gaps that are barriers to developing effective prevention strategies in healthcare and social assistance. Examples include determining risk factors for disease transmission and injury mechanisms.

What have we accomplished?

- Added a module to NIOSH’s Occupational Health Safety Network (OHSN) which allows participating hospitals to track sharps injuries and benchmark their performance.
- Released the 2016 NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings.
- Released a free and active training curriculum, Caring for Yourself While Caring for Others, to assist trainers in meeting the health and safety training needs for homecare workers and to enhance communication between homecare workers and their clients. Since its release in June 2016, there have been over 1,400 downloads of the training curriculum.
- In a survey of private dental practices, found that over a quarter of practices did not have a written site-specific bloodborne pathogens exposure control plan (ECP), and that one fifth of those who had an ECP did not implement all of the required elements.
- Published findings from a survey of healthcare workers showing to what extent engineering controls are used for minimizing exposure to surgical smoke and anesthetic gases in medical settings and nitrous oxide in dental settings; and examining the role of organizational safety practices and perceived safety climate on PPE usage, engineering controls and adverse events involving liquid antineoplastic drugs among nurses.

What’s next?

- Evaluate best practices for bariatric patient handling in U.S. Veterans Health Administration hospitals.
- Publish findings from the Nurses’ Health Study on use of protective gloves and gowns by pregnant and non-pregnant nurses who administer antineoplastic drugs.
- Describe prevalence of hearing loss within the Healthcare and Social Assistance Sector from 2003 to 2012.
- Publish findings of clinical trial comparing effectiveness of N95 filtering facepiece respirators and surgical masks against influenza.

At-A-Glance

The Healthcare and Social Assistance Program’s mission is to eliminate occupational diseases, injuries, and fatalities in industries providing human and veterinary healthcare and social assistance services across a broad range of settings such as hospitals, and child day care. This snapshot shows recent accomplishments and upcoming work.

Rate of work-related sprains and strains where moving the patient was the source of injury in nursing homes and hospitals (per 10,000 workers/year)

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospitals</th>
<th>Nursing homes</th>
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<tbody>
<tr>
<td>2007</td>
<td>120</td>
<td>100</td>
</tr>
<tr>
<td>2009</td>
<td>110</td>
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<tr>
<td>2011</td>
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<td>70</td>
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<tr>
<td>2015</td>
<td>80</td>
<td>60</td>
</tr>
<tr>
<td>2017</td>
<td>70</td>
<td>50</td>
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Source: NIOSH, U.S. Bureau of Labor Statistics

Estimated percent of healthcare personnel who received influenza vaccine

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<tbody>
<tr>
<td></td>
<td>63%</td>
<td>64%</td>
<td>67%</td>
<td>72%</td>
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Source: CDC Internal Panel Survey and Healthy People 2020

Publication Spotlight:

To learn more, visit https://www.cdc.gov/niosh/programs/hcsa/default.html