

Emergency Medical Services Workers: How **Employers** Can Prevent Injuries and Exposures



Emergency medical services (EMS) workers are important to public health and safety. However, work-related injuries present a challenge to EMS worker productivity and retention. Research shows that EMS workers have higher rates of work-related injuries than the general workforce^{1,2} and three times the lost workday rate of all private-industry workers.²

Employers need to understand why injuries occur in order to prevent them. Fewer injuries can result in a healthier workforce and decreased costs to the agency. This fact sheet highlights results from a four-year study capturing data from EMS workers treated in emergency departments¹ and provides recommendations for prevention.

More than **22,000 EMS workers** visited emergency departments each year for work-related injuries.^{1,3}

Who

had the most injuries?

Workers with less than 10 years' experience

Full-time workers



What

types of injuries occurred most?

Sprains/strains

Most sprains and strains occurred to the back and neck.



When

did injuries occur?

Most were injured while responding to a 9-1-1 call

Response includes patient care and transport.



How did injuries occur?



Body motion (e.g., excessive physical effort, awkward posture, or repetitive movement):

6,000 injured workers per year



Exposures to harmful substances

(e.g., exposure to blood or respiratory secretions):

6,000 injured workers per year



Slips, trips, and falls:

4,000 injured workers per year



Motor vehicle incidents (e.g., sudden stops, swerves, and crashes):

2,000 injured workers per year



Violence/assaults:

2,000 injured workers per year



Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health



What can **employers** do to prevent workplace injuries and exposures?



Employers: Promote a culture of safety by requiring practices to help keep EMS workers safe and maintaining a reporting system to capture and monitor injuries and near misses.

- Protect workers and promote safety, health, and well-being through workplace policies, programs and activities.**
 - Create a work environment supporting exercise, healthy diet, and good sleep habits.
 - Provide access to mental health services and support use of these services.
- Promote safe patient-handling techniques.**
 - Provide safe patient handling equipment.
 - Train and encourage workers to use available on-scene resources (e.g., equipment and additional persons).
 - Teach workers proper lift and transport techniques (e.g., good body mechanics and communication).
- Protect workers from exposures to blood and other potentially infectious body fluids.**
 - Implement and maintain a comprehensive exposure control plan to address standard precautions, work practice controls, engineering controls, decontamination procedures, waste disposal, etc., as specified in OSHA's Bloodborne Pathogens Standard.
 - Provide PPE to allow workers to follow standard precautions.
- Prevent slips, trips, and falls.**
 - Educate workers on ways to identify and reduce fall risks (e.g., be aware of the environment and adjust path to patient if hazards are present).
 - Set policies requiring workers to wear durable, slip-resistant footwear.
- Improve motor vehicle safety.**
 - Require the use of occupant restraints (e.g., seat belts) in ambulances, including in the patient compartment.
 - Prohibit texting, use of handheld phones, and manual data input while driving.
 - Provide emergency vehicle operator training and complete periodic motor vehicle record checks for drivers.
 - Secure equipment in the patient compartment and driver's cab of all ambulances.
- Prevent violence by patients.**
 - Establish a program and set policies to prevent workplace violence.
 - Provide risk management, de-escalation, and self-defense training to reduce the risk for violence.

¹ Reichard AA, Marsh SM, Tonozi TR, Konda S, Gormley MA. Occupational injuries and exposures among emergency medical services workers. *Prehosp Emerg Care.* 2017;21(4):420-431.

² Maguire BJ, Smith S. Injuries and fatalities among emergency medical technicians and paramedics in the United States. *Prehosp Disaster Med.* 2013;28(4):376-382.

³ These data were collected from July 2010–June 2014. The numbers presented in this fact sheet are based on a sample and subject to sampling error.

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For resources related to EMS injury prevention, visit www.cdc.gov/niosh/topics/ems/othlinks.html.

For more about Federal initiatives related to EMS workers, visit www.ems.gov.

