



## Protocols needed for staff safety



While hospitals always strive to ensure safety of their patients, most are unaware or ignore that healthcare staff also face work-related hazards and need protection from both physical and psychological harms.

These statistics show the jeopardy that healthcare workers are exposed to daily is serious:

- In 2013, one in five reported nonfatal occupational injuries occurred among workers in the healthcare and social-assistance industry, the highest number of such injuries reported for all private industries, according to the U.S. Bureau of Labor Statistics.
- The Occupational Safety and Health Administration (OSHA) found that healthcare personnel in the U.S. experienced seven times the national rate of musculoskeletal disorders compared with all other private sector workers in 2011.
- OSHA says that nearly two million American workers report workplace violence annually while many more are said to go unreported.

“According to OSHA, working in a hospital is the most dangerous place in the United States,” said Allan F. Brack, a training and education consultant with Qlicksmart, a company that develops safety products and provides education on the prevention of sharps injuries. “There’s no question that this is becoming a big deal. The vast majority of hospitals do not meet OSHA requirements.”

OSHA and other organisations are now paying more attention to hospital safety protocols that go beyond awareness for patients. Specifically, OSHA safety requirements for hospitals cover a landscape of risks, such as bloodborne pathogen exposure, workplace violence, and the providing of protective equipment and respiratory safety.

OSHA requirements related to pathogens include the drafting of written control plans designed to eliminate or minimise exposure while ensuring the plan is accessible to employees and updated annually. As part of that updating, management should also consider implementation of available and effective medical devices designed to eliminate or minimise occupational exposure.

As regards protective equipment, OSHA requires the provision of materials that protect the eyes, face, head and extremities, as well as protective clothing, respiratory devices, and protective shields and barriers. All items must be maintained in a sanitary and reliable condition by reason of exposure to hazards of processes or environment, chemical hazards, radiological hazards or mechanical

irritants that could cause injury or impairment through absorption, inhalation or physical contact.

Another area of concern has been workplace violence. The National Institute for Occupational Safety and Health (NIOSH), an agency governed by the Centers for Disease Control and Prevention, defines workplace violence as acts (including physical assaults and threats of assaults) directed towards people at work or on duty ranging from incidents including offensive or threatening language to homicide. Nurses working in psychiatric wards, emergency departments, waiting rooms and geriatric units remain most at risk, as are those who work alone, and are transporting patients.

NIOSH officials suggest employers take steps to prevent violent acts, such as developing safety and health programs that involve management and employees, and cover topics such as hazard identification and prevention, safety and health training, and appropriate reporting measures in the event of violence.

According to OSHA, having safety and health management systems has helped reduce “personal, financial and societal costs that injuries, illnesses and fatalities impose.”

OSHA’s research has also found that organisational factors are the most significant predictors of safe behaviours, citing studies that show compliance with standard precautions increases when workers believe there is a commitment to safety and when institutions place an emphasis on interventions that are intended to improve organisational support for employee health and safety.

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