Hazards in Health Care Workplaces

This PSHSA Fast Fact is intended to help workers, JHSC members, supervisors and managers understand their role of workers in occupational health and safety.

Most of us go to work in health care believing that it must be a healthy and safe place to work. Surprisingly, working in health care settings — whether in a hospital, nursing home, home for seniors, group home, or in the community providing care in clients’ homes — can be as hazardous as working in other environments.

What are the Hazards in Health Care Workplaces?

Designated Substances

Designated substance means a biological, chemical, or physical agent or combination thereof, prescribed as a designated substance to which the exposure of a worker is prohibited, regulated, restricted, limited or controlled.

The Ministry of Labour considers designated substances so dangerous that specific pieces of legislation have been written about them. These pieces of legislation are called Designated Substance regulations under the Occupational Health and Safety Act (OHSA).

One example of a designated substance found in almost every health care setting is mercury. Mercury can be found in some thermometers and blood pressure cuffs. Hazardous Substance Regulation (O.Reg. 141/82; Designated Substance-Mercury) outlines control programs for the use, handling, storage and disposal of mercury.

Other designated substances that are found in many health care settings are asbestos, silica (used in crafts), ethylene oxide (used in sterilizing processes), benzene (found in some laboratories), lead (wherever soldering is done) and isocyanates (in insulation and some paints).

Physical Hazards

Common physical hazards are heat, noise and vibration. All can be found in excess in some health care settings. Other physical agents such as lasers, X-rays, or other forms of radiation used on patients can be harmful to workers if not properly controlled.

Biological Hazards

Working in health care and community care, staff may be exposed to a large number of biological hazards. Our patients, residents and clients may be carrying germs of which they are unaware. If proper controls are not in place, workers may unknowingly be exposed to viruses such as hepatitis B, bacteria and other biological agents. The work environment can also introduce biological hazards, such as mold.

Biological hazards can pose a significant risk to health care and community care workers if not properly controlled.

An Infection Control program will help to minimize or reduce this risk to staff.

Chemical Hazards

Health care environments can house a vast array of chemicals. Examples of hazardous chemicals may include disinfectants and antiseptics; many chemicals used in laboratories; detergents; cleaners and anaesthetic gases. Even some drugs administered to patients can be harmful to staff if not properly handled.

In addition to the Designated Substance regulations; the Control of Biological and Chemical Agents Regulation contains occupational exposure limits (OELs) to restrict the amount and duration of workers’ exposure to hazardous chemical substances. WHMIS and consumer product safety programs also help to eliminate or reduce the risk of exposure.

Ergonomic Hazards

Lifting and transferring patients, residents, and clients can be very dangerous if the caregiver is not properly trained or if the proper lifting devices are not available. Many caregivers experience sprains and strains related to this kind of activity.

Other workers may have jobs requiring repetitive movements that can result in cumulative trauma disorders.
Hazards in Health Care Workplaces Fast Fact

Some workstations, whether in kitchens or laundries, or at computer terminals, require awkward postures to be sustained for long periods, which can cause injuries to the muscles and bones.

**Psychological Hazards**

Violence in the workplace can be a hazard to staff in health care and community care environments. Violence or aggression from patients, visitors, residents, staff and clients could take the form of physical, emotional and/or mental abuse.

Most health care settings require some sort of shift work. Shift work can be very stressful to workers and their families. Working with people who are seriously or even terminally ill day in and day out can be very emotionally wearing. In our current economic climate, with layoffs and cutbacks, workers everywhere are carrying extra workloads, which can result in “burnout.” Since the majority of people working in health care are women, conflicts with competing and changing roles in the family, as well as from work issues, can cause tremendous stress.

**How can I be Safer?**

There are ways to make your potentially hazardous workplace healthier and safer. You can make sure to:

- know what hazards exist in your workplace
- use the personal protective equipment provided by your employer
- participate in health and safety training sessions
- follow policies and practice safe work procedures
- report to your supervisor any circumstances that you believe to be unsafe for yourself or other workers

There are limits to what you can do as an individual. Making changes in your organization may require the help of your managers, your JHSC or your health and safety professionals. Making your workplace healthy and safe for everyone works best when there is a team approach — that is, when workers, managers, JHSC and health and safety professionals all work together.