

Health Care Worker Safety Checklists

Second Edition

PROTECTING THOSE WHO SERVE



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Introduction

Health care is a dangerous occupation. Indeed, more workers are injured in the health care and social assistance field than in any other, according to the Occupational Safety and Health Administration (OSHA), citing data from the US Department of Labor, Bureau of Labor Statistics (BLS). In 2023, private sector health care and social assistance workers together experienced 471,600 reported cases of occupational injury—an increase of 27,800 from the previous year and higher than any other private industry sector. In addition to injuries, these workers reported 90,900 recorded nonfatal occupational illnesses in 2023.¹

Frontline health care workers—from nurses and medical technicians (med techs) to maintenance and housekeeping staff—face a wide range of health and safety risks. Health care staff are vulnerable to serious harm from bodily substance and chemical exposure, and they are susceptible to needlesticks, splashes, and musculoskeletal injuries such as back strain from patient handling. With a significant portion of patient care and medical procedures shifting from hospitals to ambulatory care centers and physician offices and with the rise of home care, many health care workers face additional risks. For example, patient lifting in non-acute-care environments such as in the patient’s home may be more likely to cause staff injury because sophisticated equipment (such as a hydraulic patient lift) typically isn’t available to assist with the task, the National Institute for Occupational Safety and Health (NIOSH) has reported.²

Since 2019, when the first edition of this book was published, the focus on health care worker safety and well-being has intensified. The COVID-19 pandemic heightened awareness of the risks faced by health care staff as they perform their jobs. In addition, violence (both physical and verbal aggression) against health care workers has risen.³ Health care workers are five times

more likely to sustain an injury from violence in the workplace than are those in other occupations, according to the BLS.⁴ Most of the victims are nurses. One report found that in acute care settings, two nurses are assaulted each hour, and as many as one in four nurses are assaulted at some point in their career.⁵

Furthermore, in the past six years, natural disasters have increased in frequency, severity, and unpredictability as a result of climate change.⁶ Health care staff who treat individuals seriously injured in tornadoes, wildfires, floods, earthquakes, and hurricanes—while also coping with the impact of these disasters on the organizations in which they provide care, as well as on their own families and homes—face significant emotional risks. In addition, the cumulative effects of “routine” trauma contribute to widespread burnout in health care occupations.⁷

Given these challenges, the safety and well-being of health care staff remains one of the top priorities of The Joint Commission, which recognizes that patient safety and health care quality depend on having a physically and emotionally healthy and uninjured workforce. For more than 20 years, The Joint Commission and OSHA have collaborated in an alliance to mutually share information, engage in technical discussions, and disseminate information to stakeholders.⁸

Why Did We Update This Book of Checklists for Health Care Workers?

Health care professionals and frontline workers are busy, and they need tools that will help them do their jobs more effectively—and safely. Patient lives depend on their ability to do their jobs well. Health care workers are on the go and do not have the time in their day to sit at a desk and read. Checklists are one way to deliver occupational health and safety information so that it is actionable and will help reduce or mitigate workplace-acquired illnesses and injuries.

The checklists are designed to be practical and easy to understand, but they should not be considered comprehensive education on a given topic. They are meant to be reminders and reinforcements of safety practices for health care staff. Health care workers are regularly educated and trained in occupational safety and health practices, and these checklists will help to reinforce that education.

All the checklists in this new edition were updated to reflect changes to Joint Commission standards since the previous edition of the book. However, it should be noted that these checklists are not necessarily just about complying with Joint Commission accreditation requirements as much as offering guidance and suggestions to help improve health care worker safety. Joint Commission accreditation requirements are not prescriptive about every detail of how to do something; they provide general guidance. This book of checklists does just that—it provides general guidance in areas where health care worker safety may be at risk.

The checklists in this book were developed from authoritative sources such as OSHA, the Centers for Disease Control and Prevention (CDC), NIOSH (which is part of the CDC), and other expert health and safety organizations. The checklists have been vetted to ensure that they reflect Joint Commission requirements, evidence-informed research, and current best practice guidelines. (See the complete list of sources on page 3.) When a checklist item reflects a Joint Commission requirement for one or more accreditation settings, this is indicated in the language of the item (for example, “As required of Joint Commission–accredited home care organizations, does your organization have a workplace violence prevention program?”)

This new edition also includes some new checklists, primarily to assist managers and health care organization leaders in ensuring that the proper engineering and administrative controls and resources are in place to promote and protect occupational health and safety. In particular, there is expanded content on staff well-being, workplace violence prevention and mitigation, and infection prevention and control, reflecting the need for this assistance in today’s health care environment.

Who Should Use These Checklists?

Staff checklists

Most of the checklists in the book are intended for workers across health care disciplines to use themselves. This book concentrates primarily on the health and safety of frontline workers, such as nurses, nursing assistants, and other technicians who interact with patients in all types of health care environments. Besides clinical staff and support personnel, the book provides checklists applicable to environmental services staff (cleaning, housekeeping, waste disposal, and so on); facility maintenance staff; laboratory staff; phlebotomists; and medical technologists and technicians who risk exposure to radiation, medical gas, and other hazards.

Some checklists apply to the occupational health and safety of surgeons and other physicians, but the book does not attempt to exhaustively address all the hazards they face. *Health Care Worker Safety Checklists: Protecting Those Who Serve* also does not aim to cover the specific hazards encountered by C-suite health care leaders; administrative staff; and those who work in dietary, laundry, pharmacy, and central sterilization and disinfection services. Nevertheless, some of the fire safety and emergency management checklists would help protect those workers as well.

Manager checklists

This book also contains checklists for leaders and management. These are risk assessments and engineering and administrative control procedures to ensure that facilities, departments, and units are made as safe as possible for staff. The worker-specific checklists can also be used by management to orient and train new staff and to provide refresher or just-in-time education and quick reminders of safety practices.

In every health care organization, a commitment to safety from the top down is essential to ensuring that preventive procedures are followed and resources are available to help frontline workers stay safe. Every health care organization needs to commit to protecting those who serve patients in whatever capacity. Without health care worker safety, there can be no patient safety.

How Are the Checklists Organized?

Health Care Worker Safety Checklists is organized into five chapters that address the most common types of hazards and how to address them:

- Chapter 1: Protecting Staff and Others from Infectious Agents
- Chapter 2: Protecting Staff from Chemical Hazards
- Chapter 3: Protecting Staff from Physical Hazards
- Chapter 4: Preventing, Mitigating, and Responding to Workplace Violence
- Chapter 5: Fostering Staff Well-Being

Each chapter begins with an overview of the topic and related Joint Commission requirements and recommendations, followed by checklists that can be adapted and fully customized by users as needed. The checklists are organized by audience, with those intended for managers grouped together, followed by those intended for workers.

Each checklist is designed to be a stand-alone tool, which is why readers will see some repetition of steps in the checklists, particularly of personal protective equipment (PPE) and hand hygiene sequences. It is expected that different workers and managers will be using these tools rather than one person reading the entire book cover to cover. So just as redundancies in engineering and administrative controls can make a health care facility safer and more secure, we believe it is best to err on the side of caution by making each checklist as comprehensive and foolproof as possible. Of course, your organization can and should modify these checklists as appropriate for use in your organization.

What Are the Sources of Content in the Checklists?

The information in this book was drawn from the following sources, which are listed alphabetically. Although these sources are predominantly from the United States, they represent best practices that can be useful for health care workers outside the United States.

- American Association of Physicists in Medicine (AAPM)
- American College of Radiology (ACR)
- American Medical Association (AMA)
- American National Standards Institute (ANSI)

- American Nurses Association (ANA)
- American Optometric Association (AOA)
- Association of Occupational Health Professionals in Healthcare (AOHP)
- Association of periOperative Registered Nurses (AORN)
- California Division of Occupational Safety and Health (Cal/OSHA)
- Canadian Centre for Occupational Health and Safety (CCOHS)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Cleveland Clinic
- Electrical Safety Foundation International (ESFI)
- Healthcare and Public Health Sector Coordinating Council
- International Atomic Energy Agency (IAEA)
- International Phototherapy Association (IPA)
- The Joint Commission
- Kaiser Permanente
- National Alliance on Mental Illness (NAMI)
- National Fire Protection Association (NFPA)
- National Institute on Drug Abuse (NIDA)
- National Institute of Mental Health (NIMH)
- National Institute for Occupational Safety and Health (NIOSH)
- National Safety Council (NSC)
- Oregon State University Environmental Health and Safety
- Society of Trauma Nurses (STN)
- Stanford University Environmental Health & Safety
- State Departments of Health
- State Departments of Occupational Safety and Health
- University of Iowa Environmental Health & Safety Office
- University of Texas at Austin Environmental Health & Safety
- US Department of Homeland Security (DHS)
- US Food and Drug Administration (FDA)
- US Occupational Health and Safety Administration (OSHA)
- Washington State Department of Labor & Industries, Division of Occupational Safety and Health
- Weill Cornell Medicine Environmental Health & Safety
- World Health Organization (WHO)

A Final Caveat About These Checklists

These checklists are intended to help improve occupational health and safety and prevent harm to workers in all types of health care settings. But using these checklists does not ensure that a facility will be compliant with Joint Commission requirements or with local, state, regional, and federal laws, regulations, and codes. Above all, it is imperative to understand and follow all applicable requirements. The checklists in this book are not a substitute for the actual language of those requirements and recommendations and cannot guarantee health care worker safety in all instances. Nevertheless, the checklists in this book are valuable tools for raising awareness of and enhancing safety in your organization. They remind workers of and reinforce safety practices.

Many of the checklists in this book are applicable to all Joint Commission accreditation programs, unless otherwise noted. When checklists are applicable to only select accreditation programs, the following abbreviations are used:

AHC: Ambulatory Care

ALC: Assisted Living Community

BHC: Behavioral Health Care and Human Services

CAH: Critical Access Hospital

HAP: Hospital Accreditation Program

LAB: Laboratory

NCC: Nursing Care Center

OBS: Office-Based Surgery Practice

OME: Home Care

RHC: Rural Health Clinic

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