

WHAT YOU NEED TO KNOW ABOUT **FATS** **(FALLS, AGGRESSION, TRIPS AND SHARPS):** AN UPDATE ON WORKPLACE SAFETY AND HEALTH IN THE SINGAPORE HEALTHCARE SECTOR

We often read of serious workplace accidents in the construction and shipbuilding industries in which some have resulted in fatality. It is important to remind ourselves that the same Act, namely the Workplace Safety and Health (WSH) Act, also applies to the healthcare sector. SMA has appointed a member to participate in the committee since the inception of the WSH Council (Healthcare) Committee in 2008. With continued workplace fatalities in Singapore, the Ministry of Manpower (MOM) has announced in May 2016 that it will step up enforcement action on breaches of the WSH Act. In their press release dated 12 May 2016, MOM has described stiffer enforcement penalties and companies issued with stop work orders will also be placed on the Business Under Surveillance

programme. While MOM will focus on the most affected sectors, such as the construction and shipbuilding sectors, healthcare professionals must not be complacent.

WSH Council (Healthcare) Committee has recently released a research report on workplace incidents in the healthcare sector that occurred in 2014. It is timely to review these results and discuss the implications of the survey. We hope that this review will help the busy medical practitioner who manages his own clinic to focus on the common problems faced in the healthcare sector. In addition, it will help the practitioner to do a proper risk assessment of the medical practice. By way of background, the report involved the Workplace Safety and Health Institute (WSHI) and eight

major healthcare institutions, covering 30,900 workers, which constituted about one-third of the estimated workforce in the healthcare sector in Singapore.

Figure 1 shows the injuries by incident type and the category of medical leave (by number of days) received. Out of the 1,749 workplace injuries reported, the vast majority (96%) resulted in less than three days of medical leave. For medical leave of less than three days, the three most common injuries were from sharps (43%), falls (31%) and workplace aggression (17%). For medical leave exceeding three days (76 reported injuries in total), the most common were injuries resulting from falls (37%) and being hit by moving or falling objects (21%).

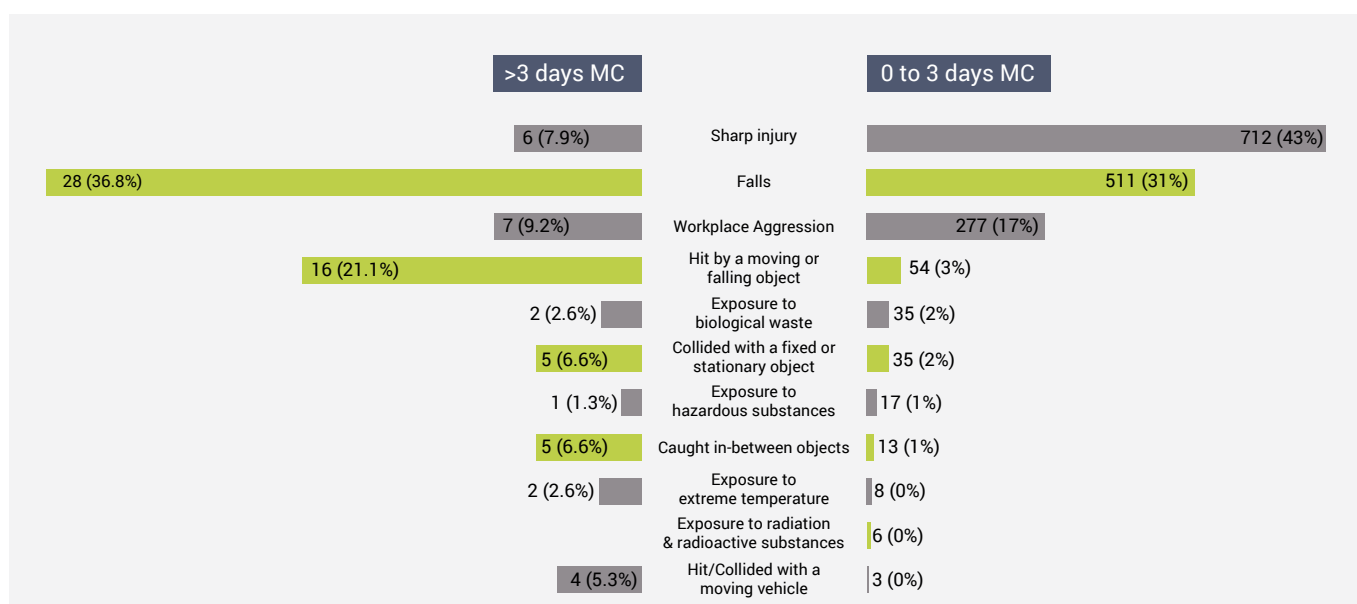


Figure 1 Injuries by Incident Type and Length of Medical Leave, 2014 (Figure 3 in WSH Survey)

SHARP INJURIES

It should worry us to see the continued dominance of sharp injuries contributing to workplace injuries in the healthcare sector. While we have made significant progress in this area with “needleless systems”, it remains the most common injury for cases involving the short duration medical leave. Anecdotally (and not reported in this WSH survey), sharp injuries occurring in the operating theatres (OT) and those suffered by “cleaners” have been a problem in certain healthcare institutions. Changes in work processes and work instructions in the OT have been instituted to reduce sharp injuries during stitching, passing of instruments, etc. Carelessness in misplacing sharps in trash bags/containers was the main reason for “cleaners” to suffer workplace injuries due to sharps. Disposal systems need to be reviewed and improved.

TRIPS, FALLS AND FALLING OBJECTS

Although trips and falls in the healthcare sector do not have the same severity as in some other industries, it is a highly preventable event and we must work towards zero occurrence. Some simple things to avoid at medical practices are wet floors, loose wires or cables, and heavy boxes placed on upper shelves. It is strongly advised that the medical practice itself is insured against accidents that result in injuries from trips and falls. Such events occurring in clinics with injuries sustained by staff, patients and/or their relatives may be liable for litigation and claims.

WORKPLACE AGGRESSION

We wish to highlight issues relating to workplace aggression in the healthcare sector. In the US, the Bureau of Labor Statistics documents that while less than 20% of workplace injuries involve healthcare workers, 50% of workplace-related assaults involve healthcare workers. Out of the 1,749 cases of workplace injuries in Singapore healthcare reported in the 2014 survey, 284 were categorised as cases involving workplace aggression. All of the

eight healthcare institutions surveyed indicated that they monitor workplace aggression closely. This monitoring is important as reporting such events is critical to the development of an effective workplace violence prevention programme. There may be a tendency to under-report such events if staff perceive that such experiences are “part of the job” and that reporting is unlikely to result in any action by those in leadership. Figure 2 revealed the breakdown

of the type of abuse and Figure 3 demonstrates the category of staff involved – clearly, the nurses bear the brunt of the aggression from the patients and visitors. 78% of the cases resulted from the patient being the aggressor and 21% occurred with visitors implicated as the aggressor. Inherent aggression, mental instability, frustration and anxiety are the common reasons for aggressive behaviour and this is elucidated in Figure 4.



Figure 2 Workplace aggression rates per 1,000 employed persons by organisation setting (Figure 6 in WSH Survey)
Note: Figures are rates per 1,000 employees and in parenthesis are absolute numbers

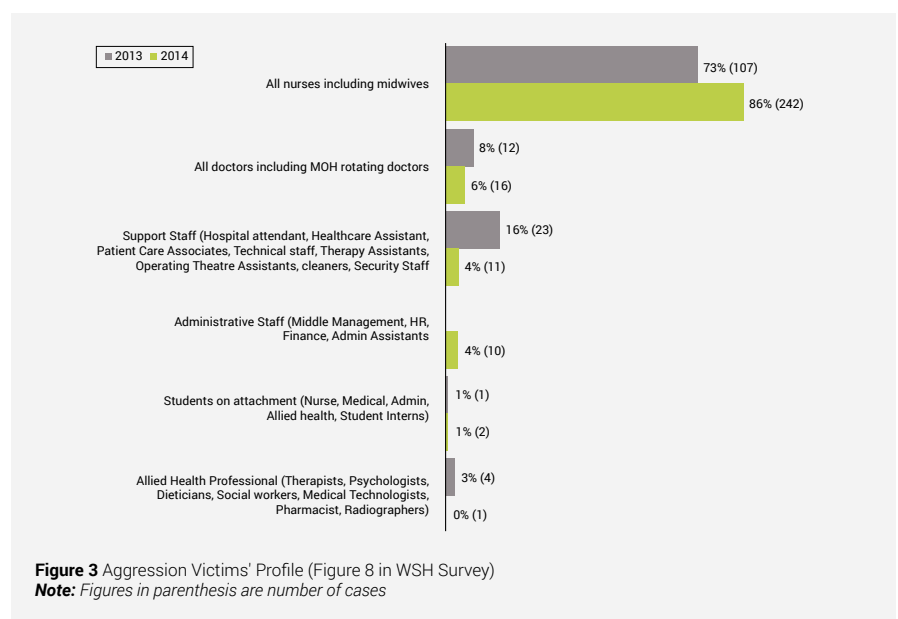
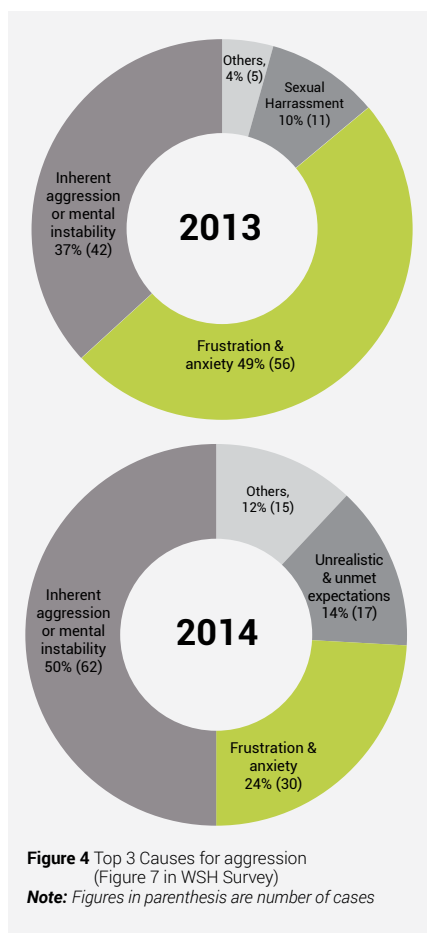


Figure 3 Aggression Victims' Profile (Figure 8 in WSH Survey)
Note: Figures in parenthesis are number of cases



Healthcare staff should be trained to identify such biopsychosocial factors in patients, relatives and visitors. We urge the medical practitioner to demonstrate leadership and commitment by working with your nurses and staff on clinic processes that will help to reduce the risks of aggression by patients and their relatives at your practice. Oftentimes, your staff may just “grin and bear it”, but such incidents are often mentally traumatic. For extremely difficult patients and relatives, you and your staff must be prepared to file a police report when such workplace violence occurs.

ROOT CAUSE ANALYSES

In Table 1, the results of 713 root cause analyses of workplace incidents and ill health were identified and tabulated. Human factors (eg, distraction, carelessness), inadequate training and low competency levels were the most common root causes accounting for almost half of the cases. Formal training programmes for new staff on the use of equipment

and regular ongoing refresher courses can address the training and competency issues. With regard to “human factors”, we need to look at work volume, staffing numbers, repetitive work, etc, to reduce workplace incidents and ill health.

In this short summary, we have highlighted several aspects of the 2014 WSH survey on the healthcare sector. You may access the full report at <https://goo.gl/Jrh5oS>. This recent 2014 survey on the healthcare sector has focused on larger healthcare institutions and it will be interesting to obtain similar information from smaller medical and dental practices in the future.

Under the WSH Act, every medical practice must have a risk assessment done every two years. This must be documented and is subject to audit by MOM or its agent. If you have not done so, please form a team at your practice and document your activities. You may wish to take advantage of an online basic workplace safety and health course for healthcare workers which is available at <https://wshc.sg/elearning>.



The WSH Council also has a standard template on risk assessment for medical clinics which can assist you in workplace safety measures. You may access it at <https://goo.gl/QeTkqG>.

We wish you a safe workplace at your medical practice! ♦

Table 1 Root causes for work related incidents and ill health (Table 3 in WSH Survey)

Root causes	No.	%
Human Factor e.g. ergonomics, distraction, decision errors	204	28%
Training & Competency e.g. knowledge/skills to operate equipment, Inadequate training	157	21%
Abuse & Harassment	119	16%
Equipment or machinery failure/lack of appropriate equipment	105	14%
Environmental factors e.g. poor lighting, flooring, drainage problem	77	11%
Lack of Communication	36	5%
Medical Conditions i.e. pre-existing medical conditions, etc.	12	2%
Poor housekeeping	9	1%
Administrative constraints e.g. policies/guidelines/safe work procedure	8	1%
Manpower challenges e.g. scheduling shift work problem, shortage of staff, excessive overtime	4	1%

PROFILE

TEXT BY

DR LAM MUN SAN
DR WONG SIN YEW

Dr Lam Mun San and Dr Wong Sin Yew are infectious disease physicians in private practice. They are strong advocates of vaccination for healthcare workers and are building their group practice into an organisation which focuses on patient safety and quality care.

Disclaimer: Figures in the article are reproduced with permission from Workplace Safety and Health Institute, Singapore.