



World Patient Safety Day, 17 September 2020

# CHARTER

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## Health worker safety: a priority for patient safety

*This Charter is dedicated to the millions of health workers<sup>1</sup> fighting COVID-19 across the globe who put themselves and their families at risk to treat patients, deliver essential health services and contain the spread of the disease; to the health workers who have become infected with COVID-19; and to those who have lost their lives in their unstinting efforts to combat the disease.*

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<sup>1</sup> Health workers are all people engaged in work actions whose primary intent is to improve health. This includes health service providers, such as doctors, nurses, midwives, public health professionals, lab-, health- and medical and non-medical technicians, personal care workers, community health workers, healers and practitioners of traditional medicine. It also includes health management and support workers, such as cleaners, drivers, hospital administrators, district health managers and social workers, and other occupational groups in health-related activities. Health workers include not only those who work in acute care facilities but also those employed in long-term care, public health, community-based care, social care and home care.

This Charter is presented by the World Health Organization (WHO) on the occasion of World Patient Safety Day, 17 September 2020, which is dedicated to the theme “Health worker safety: a priority for patient safety”. WHO Member States and all relevant stakeholders are invited to support and endorse this Charter by signing up to it.

## **I. Health worker safety: now more than ever**

The Universal Declaration of Human Rights, by its Article 23, affirms that the right to work includes “just and favourable conditions of work” as a fundamental human right. Many important subsequent international conventions, resolutions and instruments, including the 2030 Agenda for Sustainable Development and its Sustainable Development Goals, have called upon governments and other stakeholders to provide safe, secure and supportive working environments for all workers. Given that, globally, women make up approximately 70% of the health workforce, promoting health worker safety directly supports in eliminating discriminatory work practices and the empowerment of women.

The health, safety and well-being of health workers is a legal and moral responsibility of governments and a prerequisite for an effective response to the COVID-19 pandemic and other public health emergencies, and for the provision of essential health services. Human capital cannot be replenished in the same way as medicines, equipment and other supplies, it is paramount that we nurture and safeguard them.

World Health Assembly resolution WHA72.6,<sup>2</sup> on global action on patient safety, recognizes the importance of “education, training and continuous professional development to build and maintain a competent, compassionate and committed health care workforce operating within a supportive environment to make health care safe”. It also urges Member States to build appropriate working environments that optimize the delivery of safe health services and promote a safety culture.

Violence against health workers, burnout, and musculoskeletal disorders are all widespread occupational health problems in strained health care facilities, many of which also face acute shortages of competent health workers. Health worker absenteeism and attrition, resulting in suboptimal care outcomes, are aggravated by poor physical and mental health of health workers. The COVID-19 pandemic has exposed and sometimes exacerbated underlying challenges facing the health workforce, the safety of health care and the overall health system. Preserving the physical and mental health of health workers is essential to ensure the delivery of

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<sup>2</sup> Adopted at the Seventy-second World Health Assembly, 28 May 2019.

safe care and avoid patient safety incidents. Physically and psychologically sound health workers are less prone to make errors, contributing to safer care. The safety of health workers therefore directly impacts the safety of patients.

## **II. Call for urgent and sustainable action globally**

Recognizing health worker safety as a priority for patient safety, WHO Member States and all relevant stakeholders are urged to take urgent and sustainable action through the following key measures, as relevant and applicable to context and responsibilities.

### **1. Establish synergies between health worker safety and patient safety policies and strategies**

Health worker safety and patient safety are inseparably connected practice domains. Health and safety risks to health workers can lead to risks for patients, patient harm and adverse patient outcomes. A shift in approach is required to link health worker safety to patient safety, quality improvement and infection prevention and control programmes at the system and point-of-care levels. This strategic direction can contribute to providing safer care, reducing costs due to health worker attrition, suboptimal productivity, patient readmission to hospitals, and building trust of patients and communities in the health system. Within this context, priority actions and interventions include the need to:

- ▶ develop linkages between occupational health and safety, patient safety, quality improvement, and infection prevention and control programmes;
- ▶ include health and safety skills pertaining to personal and patient safety in education and training programmes for health workers at all levels;
- ▶ incorporate requirements for health worker and patient safety in health care licensing and accreditation standards;
- ▶ align safety incident reporting and learning systems for health workers and patients;
- ▶ develop integrated metrics of patient safety, health worker safety and quality of care indicators, within health information systems.

### **2. Develop and implement national programmes for occupational health and safety of health workers**

Addressing issues related to the occupational health and safety of health workers requires a programmatic approach throughout the health system.

WHO recommends developing and implementing national programmes for occupational health and safety of health workers as part of overall efforts to strengthen health systems. Within this context, priority actions and interventions include the need to:

- ▶ develop and implement national programmes for occupational health and safety of health workers in line with national occupational health and safety policies;
- ▶ develop a written policy on safety, health and working conditions for health workforce protection at the national and workplace levels;
- ▶ appoint responsible officers with authority for occupational health and safety of health workers at national and facility levels;
- ▶ develop standards, guidelines and codes of practice on occupational health and safety;
- ▶ strengthen intersectoral collaboration on health worker and patient safety, with appropriate worker and management representation, giving due cognizance to gender, diversity and occupational grouping.

### **3. Protect health workers from violence in the workplace**

Violence in the workplace manifests as inequality, abuse, harassment, discrimination, stigmatization and conflict in health care settings. Any form of violence against health workers is unacceptable. Too many health workers across the world face physical and psychological violence in their daily work, as well as in emergency situations. Female health workers are particularly vulnerable. These threats directly affect morale and hamper retention of health workers and can lead to reductions in patient safety and quality of care. Within this context, priority actions and interventions include the need to:

- ▶ adopt and implement, in accordance with national law, relevant policies and mechanisms to prevent and eliminate violence in the health sector;
- ▶ promote a culture of zero tolerance of violence against health workers;
- ▶ review labour laws and other legislation and, where appropriate, introducing specific legislation to prevent violence against health workers;
- ▶ ensure that policies and regulations are implemented effectively to protect health workers against violence;
- ▶ establish relevant implementation mechanisms, such as ombudspersons and helplines, to enable free and confidential reporting of incidents and render support for any health worker facing violence.

#### **4. Improve mental health and psychological well-being of health workers**

Many health workers operate in high-demand, high-risk and high-stress work settings for long hours. Health workers involved in public health emergency response are further exposed to exertion from extra working hours and additional safety precautions. Health workers should be assured of access to psychological support and able to report safety concerns without fear of retaliation. Within this context, priority actions and interventions include the need to:

- ▶ establish policies to ensure appropriate and fair duration of deployments, working hours and rest breaks, and minimizing the administrative burden on health workers;
- ▶ define and maintain appropriate safe staffing levels within health care facilities;
- ▶ provide insurance coverage for work-related risks to health workers, especially those working in high-risk areas;
- ▶ establish a blame-free and just working culture through open communication, supported by legal and administrative protection from punitive action when reporting adverse safety events;
- ▶ provide access to mental well-being and social support services for health workers, including advice on work–life balance and risk assessment and mitigation.

#### **5. Protect health workers from physical and biological hazards**

Health workers face multiple physical, biological and ergonomic hazards including exposure to infections, sharps, falls, radiation, chemicals, fire and electrical hazards or musculoskeletal disorders due to poor ergonomics in handling patients and lifting heavy equipment. It is imperative for all stakeholders and for society at large to protect health workers. Within this context, priority actions and interventions include the need to:

- ▶ ensure the implementation of minimum patient safety, infection prevention and control, and occupational safety standards in all health care facilities across the health system;
- ▶ ensure availability of personal protective equipment (PPE) at all times, as relevant to the roles and tasks performed, in adequate quantity, of appropriate fit and of acceptable quality. Ensure a sufficient, locally held, buffer stock of PPE, and undertake adequate training on the appropriate use of PPE and safety precautions;

- ▶ ensure adequate environmental services, including water, sanitation and hygiene, disinfection, and ventilation, at all health care facilities;
- ▶ ensure vaccination of all at-risk health workers against vaccine-preventable infections, including hepatitis B and seasonal influenza, in accordance with the national immunization policy; and in the context of emergency response, giving health workers priority access to newly licensed and available vaccines;
- ▶ provide adequate resources to prevent health workers from injury and harmful exposure to chemicals and radiation;
- ▶ provide functioning and ergonomically designed equipment and workstations to minimize musculoskeletal injuries and falls.

WHO extends its gratitude to and expresses solidarity with all health workers and reinforces its commitment to provide technical and advocacy support to strengthen safety measures for health workers and patients.

To contribute to furthering the policies and aims outlined in this Charter, WHO will:

1. promote and advocate to Member States and all relevant stakeholders, including health care organizations and health care leaders, to endorse and implement this Charter;
2. work with Member States and all relevant stakeholders to advocate the development and implementation of adequate policy and regulatory frameworks for health worker safety and patient safety at international, national and subnational levels;
3. promote a global reporting, benchmarking and learning system for work-related adverse events in health workers and patients;
4. strengthen synergies and linkages between WHO's work on occupational health, patient safety, infection prevention and control, and the health workforce;

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