Occupational health and safety of physical therapists

The World Confederation for Physical Therapy (WCPT) advocates for the right of physical therapists to a safe and healthy practice environment that assures their own health and safety and that of their patients/clients. This will enhance positive patient/client outcomes. The term health, in relation to occupational health, indicates not merely the absence of disease or infirmity but also the physical and mental factors that make a workplace safe and hygienic. ¹

WCPT supports international conventions and promotes the development and application of international, national and local policies and/or procedures that will safeguard physical therapists’ rights to safe and healthy practice environments, wherever they practise. ¹-⁵

WCPT advocates for the development of occupational health and safety legislation covering physical therapists in their practice environment and mechanisms for physical therapists to participate in the monitoring/elimination of any hazards associated with their professional practice. WCPT also supports the allocation of resources to ensure the best occupational health and safety services and the inspection of practice environments.

WCPT encourages member organisations to do the following.

1. Urge their governments and employers of physical therapists to:
   - ensure that all health agencies are included within the provision of the occupational health and safety legislation (this can be done through lobbying and other strategies, either as individuals or collectively)
   - ensure that health facilities are designed in line with health and safety requirements
   - adopt and implement all necessary measures to safeguard the health and wellbeing of physical therapists in the course of their practice, including health and safety inspections, health screening and management, vision and hearing checks, and vaccinations if appropriate
   - ensure physical therapy personnel have access to, and training in, protective measures and equipment (eg clothing, masks, gloves, waste disposal) at no extra cost to them
   - ensure access to relevant training in areas such as risk management, infection control and evidence-based management of identified health conditions
   - ensure that facilities have health and safety programmes that recognise the staff responsible for managing them, provide training, develop and implement policies and provide coordinated action across the facility
   - work collaboratively within multidisciplinary teams to deliver occupational health services

¹ Physical therapists practise in a variety of practice environments, including but not limited to: community based rehabilitation programmes; community settings including primary health care centres, individual homes, and field settings; education and research centres; fitness clubs, health clubs, gymnasium and spas; hospices; hospitals; nursing homes; occupational health centres; out-patient clinics; physical therapist private offices, practices, clinics; prisons; public settings (eg shopping malls) for health promotion; rehabilitation centres and residential homes; schools, including pre-schools and special schools; senior citizen centres; sports centres/sports clubs; workplace/companies.

WCPT Secretariat • Victoria Charity Centre • 11 Belgrave Road • London SW1V 1RB • UK
T +44 (0)20 7931 6465 • F +44 (0)20 7931 6494 • info@wcpt.org • www.wcpt.org

The World Confederation for Physical Therapy (WCPT) represents the physical therapy profession worldwide. WCPT is registered in the UK as a charity.
2. Ensure a positive practice environment for physical therapists by:
   - encouraging the development of culturally appropriate occupational health and safety policies and intervention/treatment plans, including return-to-work programmes following a period of prolonged absence
   - cooperating with other organisations supporting physical therapists’ rights to a safe and healthy practice environment
   - implementing procedures for risk assessment and risk management in practice environments
   - supporting physical therapists’ freedom from being intimidated in their role as advocates (e.g., for students, patients/clients, colleagues)
   - urging adequate policy and monitoring systems at all levels to ensure access to accurate data, design, implementation and evaluation of intervention strategies
   - creating practice environments free of intimidation, violence, sexual harassment and bullying
   - advocating for appropriate staffing levels (numbers and mix of personnel) and conditions of employment (e.g., remuneration, sick leave, holiday)
   - promoting policies for physical therapists practising alone as sole practitioners or in rural, remote or isolated practice environments
   - providing ongoing continuing education related to occupational health and safety issues

3. Raise physical therapists’ awareness of:
   - their rights (as practitioners) to a safe and healthy environment
   - their obligations to protect and promote their own health and safety and the safety of others
   - occupational hazards, harassment and abuse, and their prevention and management in practice environments, as well as the need to sensitise employers and the public to these issues
   - the emotional, social, psychological, ethical and spiritual demands and stresses of practising in complex political, social, cultural, economic and clinical settings
   - the risks inherent in the practice environment, including but not limited to those arising from physical (tasks, equipment, noise, temperature), radiation, chemical, biological and psychosocial sources
   - the prevention and management of work-related infection
   - the use of alternatives to environmentally harmful substances whenever possible
   - the prevention and management of work-related musculoskeletal disorders (WMSDs)

4. Disseminate relevant information including:
   - the List of Occupational Diseases Recommendation
   - emerging and existing hazards in the practice environment
   - employer non-compliance with occupational health and safety legislation, including reporting mechanisms for such violations
   - the prevalence, incidence and severity of practice-related accidents, injuries and illnesses of physical therapists

5. Promote research in their countries into the safety and suitability of physical therapists’ practice environments, equipment and risk behaviours.

---

2 Hazards include, but are not limited to, those arising from materials/equipment, waste, disaster/emergency situations, fire safety, utility systems and environmental factors.

3 Harassment and abuse includes, but is not limited to, discriminatory, emotional, physical, psychological, sexual, and verbal.
6. Support their members in seeking treatment, compensation and counselling, as appropriate, in relation to work-related disorders, diseases and/or injuries.
7. Promote the role of physical therapists in occupational health services.

Glossary

Bullying — unjust use of power to humiliate, frighten, denigrate or injure. 8

Health — is defined in the WHO constitution of 1948 as a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. 9

Manual handling — is the transporting or supporting of a load, which includes lifting, putting down, pushing, pulling, carrying or moving, and refers to both inanimate and animate objects or people. 10 In addition, in physical therapy practice this includes guiding, facilitating, manipulating, stretching or providing resistance. Thus, any treatment where force is applied through any part of the physical therapist’s body to or from any part of the patient constitutes manual handling. 11

Occupational health and safety — the term health, in relation to work, indicates not merely the absence of disease or infirmity; it also includes the physical and mental elements affecting health which are directly related to safety and hygiene at work. 1

Approval, review and related policy information

<table>
<thead>
<tr>
<th>Date adopted:</th>
<th>Approved at the 17th General Meeting of WCPT in June 2011. Revised and re-approved at the 18th General Meeting of WCPT May 2015.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date for review:</td>
<td>2019</td>
</tr>
<tr>
<td>Related WCPT policies:</td>
<td>WCPT policy statements:</td>
</tr>
<tr>
<td></td>
<td>• Infection prevention and control</td>
</tr>
<tr>
<td></td>
<td>• Standards of physical therapist practice</td>
</tr>
</tbody>
</table>

References


Bibliography

Publications from the Chartered Society of Physiotherapy (UK) employment relations and union services (ERUS): http://www.csp.org.uk/professional-union/union-support/safety-reps/resources-safety-reps

© World Confederation for Physical Therapy 2017