**Health Hazard Evaluation**

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Occupational health hazards are unfortunately routine when working as a nurse or any other healthcare professional. The awareness as well as the legislated policy to control or counter these hazards determines the extent of the risk healthcare professionals have to face. It however fails to completely outlaw the risk of health hazards. Working in conditions which are expected to be conglomerates of disease and the biological or chemical agents behind diseases leads to the logical conclusion that there are severe health hazards involved. If we narrow down nursing out of the wide range of healthcare professionals, the health hazards also become precise and more specific to nurses.

Numerous health hazards that specifically nurses face in their workplace are irrevocably linked to the social and financial status of nurses working long and tedious hours. These nurses are predominantly women hailing from financially strained backgrounds having work and family demands to juggle. Psychological strain hence piles up alongside the physical strain that nurses have to frequently face. Being on their feet consistently for long hours and hailing around heavy equipment brings muscle aches as well as stiffness to legs and back. The real health hazards, however, lie in the exposure to the physical, chemical and biological means of bodily harm or disease. One of the most important and considerably alarming hazards faced by nurses on duty are biological hazards presented by frequent contact with bodily fluids. Direct contact with sharp surgery tools with blood and infected or diseased body tissue puts nurses on the line for unforeseen consequences. Helping patients with daily living such as toileting, oral care, bathing and incontinence care puts nurses in contact with feces, urine, saliva and sweat. Physical hazards include accidents involving fires, exposure to extremely high or low temperatures, radiation, noise or electricity. All of these can lead to injuries which are obvious health hazards. Environmental hazards include poor or faulty ventilation leading to contaminated air, poorly designed work area with slippery floors or spills or poor security etc. Psychosocial hazards stem not only from the financial strain on nurses but can also originate from the workplace in the form of unchecked racial, gender-based or sexual orientation-based discrimination. Other than this, bullying, sexual harassment, violence, assault or strenuous workload also contribute to psychosocial reasons for deteriorating health. (Walton, 2017) Chemical hazards are arguably the most serious and treacherous of all health hazards faced by nurses. Biosafety rules can control biological hazards to some extent. Other hazards can be contained or brought under control with policy regulations. Chemical hazards have a dangerously wide range which is next to impossible to completely cover. Everything from the antibiotics administered to patients to the toxins excreted by patients is a chemical hazard for nurses. Coming up with extensive regulation and descriptive research over chemical hazards for nurses is therefore extremely necessary.

Out of all the hazards described above, the most heinously fatal is the chemical hazard posed by chemotherapeutic drugs administered to cancer patients. Studies have shown that a secondary exposure to chemotherapeutic drugs is very likely for healthcare professionals working with oncologic patients. These drugs are excreted by patients and become a health hazard for those catering to these patients’ everyday needs including toileting help. Traces of these drugs have been found in the air around the patients, the medical equipment used on the patients as well as the clothing and surfaces in contact with the drug. Liquid spills are another obvious method of exposure. Studies have consistently found antineoplastic drugs in the urine of healthcare professionals working with oncologic patients. Official guidelines to help fight such a dangerous drug exposure to happen so ordinarily have existed for a long time. This proves that risk assessment for chemotherapeutic drugs has been present. However, as cancers progress, mutate, metastasize and spin out of control; chemotherapeutic agents with the potential to cause cancer in healthy nurses become even more dangerous and difficult to resist. Keeping nurses safe in the face of cancer-causing agents is crucial and its awareness must be urgently dissipated while extensive policies are formulated.

Cancer is not a curable infection and hence rightfully deserves the frenzy and hysteria around potential exposure to cancer causing agents by tending to cancer patients. The workplace of nurses should be the last place which exposes them to chemotherapeutic agents. The current scenario especially for tending to oncologic patients involves a large percentage of chemotherapy administration being done outside healthcare facilities. There is hence a supervision gap between highly trained professionals and nursing assistants hired to work in the outpatient setting. Taking care of the patient’s family members as well as following guidelines themselves all falls on the nurse. Even when the caring is not done in an outpatient setting, busy nurses often have to multitask while taking care of several patients and their work is randomly interrupted several times. This is then coupled with the fact that drug administration also does not happen in an enclosed area. Hence hazardous drugs including chemotherapeutic drugs have a high risk of becoming a hazard for the nurse themselves. (Eisenberg, 2016)

Much of this has been simply attributed to lack of appropriate or complete training. However, management and supervision of the staff assigned for administering of chemotherapeutic drugs is equally to blame. Moreover, there have been controls and rules in places which have made it mandatory for nurses to observe and strictly follow personal safety rules including physical safety equipment for forty-eight hours after administration of these drugs. This time frame has been devised based on the idea that most drugs are excreted within the forty-eight-hour window. Studies have now shown that many critically hazardous chemotherapeutic drugs are present in the patients’ systems even after forty-eight hours. Some of these drugs are potent cancer-causing agents. These studies go on to check and confirm that after forty-eight hours have passed since administration of the drug and it has been eventually excreted, traces are promptly found in tending family members or healthcare professionals. (Houlihan, 2015) Extra precautions for wearing safety equipment like gloves while administering body waste are therefore essential. Nurses must forego the forty-eight-hour rule in this regard and follow these guidelines whenever handling body waste of cancer patients. Double flushing, closing lids and thoroughly cleaning laundry are other precautions that must be ensured.

My interviewee faces several health hazards while working as a nurse in the current setting of a conventional healthcare facility. From fatigue to chemical hazards as serious as chemotherapeutic drugs, nurses are at risk of exposure to all of these. In order to effectively combat this risk, biosafety rules and other precautions must be strictly enforced in order make sure that caregivers are safe from chemical hazards. Measures to mitigate other hazards must also be promptly taken.

# References

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