

# Every Care Worker deserves



## **DECENT WORK, FAIR PAY & A SAFE & HEALTHY WORKPLACE**

### THE REALITY WE FACE

Care is a critical public service. Care work is essential for the existence and wellbeing of society and to satisfy our basic needs to exist.

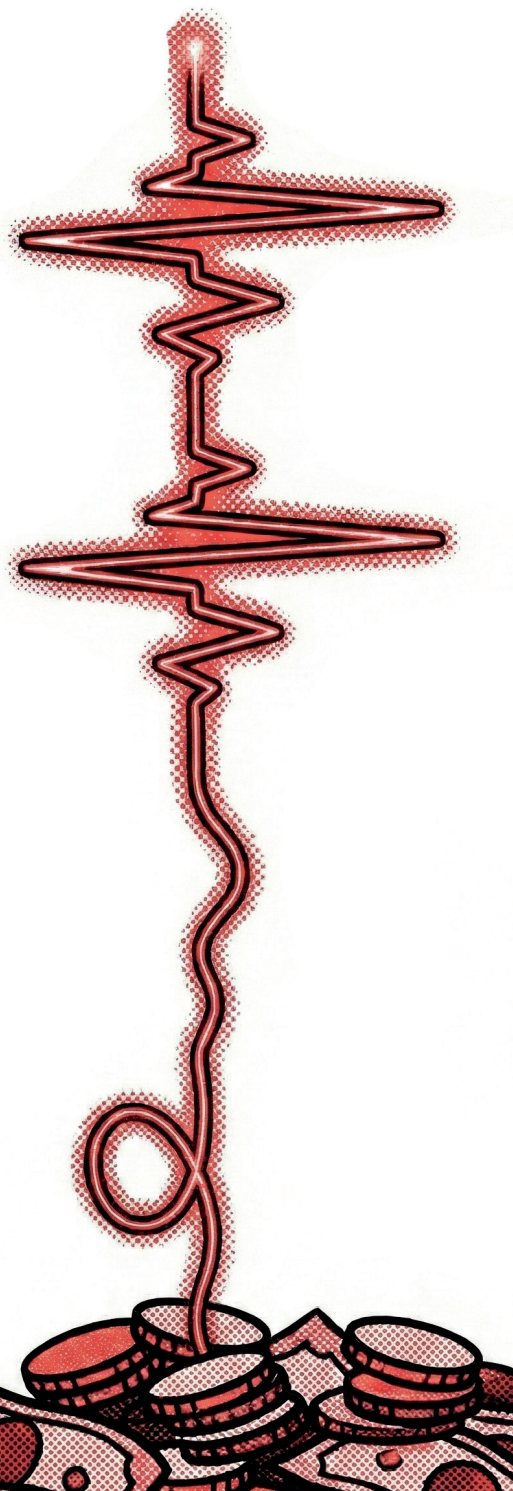
Paid care work includes those of us working in childcare, elderly and disability care, long-term care, nursing, social and community health services, domiciliary care and paid domestic work.



Globally, the care system is in crisis. Current systems of care are unjust, unequal, and unsustainable. Demand for care continues to rise but the current system is failing to meet the needs of society. Privatisation, underfunding and austerity measures have starved care systems of resources, prioritising profit over well-being.

Care systems rely on the exploitation of mostly women, migrants and minorities. Despite their vital contributions, workers face discrimination, low pay and insecure working conditions. Their work is undervalued, underpaid and overworked.

The feminised and racialised care workforce reflects deep power imbalances in the current system. Injustices faced by workers are increased for women who experience multiple and intersecting forms of discrimination because of their class, race, sexual orientation, disability, age, or migration status.



# MAJOR WORKPLACE HAZARDS

THE CRISIS IN THE CARE  
SYSTEM IS THREATENING  
CARE WORKERS' RIGHTS,  
HEALTH AND SAFETY

## PHYSICAL & ERGONOMIC RISKS

- Heavy lifting, repetitive movements, awkward postures, long periods standing
- Fatigue and strain from long hours, irregular shift, and night-work
- Slips, falls, noise, and temperature extremes
- Unsafe travel between jobs



## EMPLOYMENT INSECURITY

- Temporary, part-time, zero-hours and platform-based work
- Low paid and undervalued work
- Unpaid travel time and unstable working hours
- Precarious work is unsafe work.

## BIOLOGICAL, CLIMATE & CHEMICAL RISKS

- Exposure to bacteria, infections and viruses, including COVID-19
- Contact with bodily fluids, chemical cleaning agents and harmful toxins
- Poor hygiene and inadequate management of waste
- Climate-related threats
- Inadequate access to sanitation and washroom facilities



Workplace violence and harassment is a severe threat for care workers. Rates of injuries have been increasing. Weak policies mean it has become normalized as “part of the job.”



## PSYCHOSOCIAL RISKS

- Stress, burnout, anxiety, depression
- Irregular schedules
- Limited support and worker input
- Inadequate rest
- Isolation
- Surveillance and digital monitoring
- Violence and harassment from patients, visitors or public

## THE IMPACT

- Injury, illness, exhaustion
- Worst impacts on women, migrants and minorities
- Low unionisation

## WORKPLACE FAILURES

- Lack of PPE
- Poor design of equipment and facilities
- Unsafe OSH systems
- Poor communication
- Insufficient training and supervision
- Lack of reporting mechanisms

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## GET INVOLVED & DEMAND

- Fair pay & job security
- Safe & healthy workplaces
- Strong OSH standards
- Worker voice & union protection

## CORE PRINCIPLES

- Identify, prevent & control hazards.
- Right to know
- Right to participate
- Right to refuse unsafe work

## ADDRESS PSYCHOSOCIAL RISKS

- Regular breaks
- Fair workload & staffing
- Zero tolerance for violence
- Mental health support
- Equal treatment

Hierarchy of Controls:  
eliminate, substitute,  
engineering, adminis-  
trative, PPE

## RISK ASSESSMENT

- Identify hazards
- Who is at risk
- Hierarchy of controls
- Assign responsibilities
- Review regularly
- Use hazard mapping, worker surveys, audits
- Ensure gender-sensitive assessments
- Recognise climate risks

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# SAFE. FAIR. DECENT WORK FOR ALL CARE WORKERS

Together we can  
take action!





## WORKER & UNION PARTICIPATION

Report hazards  
Participate in safety decisions  
Protect refusal rights  
Unions strengthen OSH

## KNOWLEDGE IS POWER

Continuous OSH training  
Retrain after incidents  
Adapt training for vulnerable groups

## WORKPLACE VIOLENCE PREVENTION

- Risk assessments
- Clear reporting mechanisms
- Training
- Post-incident care
- Record near misses

## DEVELOP OSH PROGRAMMES

- Written policy
- Responsible person
- Joint committees
- Risk checks
- Hygiene & climate resilience plans
- Whistleblower protection

## FIGHT FOR DECENT WORK

- Fair pay, stable contracts
- Safe staffing
- Right to unionise & bargain
- Investment in public services



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## INFORMAL CARE WORK

- No contracts, no legal protections, no social security
- Misclassification as volunteers
- Lack of recognition.
- Low or no pay
- Precarious work
- Weak oversight
- Unsafe, unregulated work

## PHYSICAL RISKS

- Manual handling, heavy lifting, repetitive motions
- Fatigue, strain, long hours
- Slips, falls, unsafe temperatures
- Unsafe travel between homes
- Lack of water, sanitation, hygiene
- Poor infrastructure
- Climate hazards

**Informal care workers deserve decent work, fair pay and a safe, healthy workplace**

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# SAFE & DIGNIFIED CARE WORK

## BIOLOGICAL & CHEMICAL RISKS

- Exposure to infections
- Contact with bodily fluids & cleaning agents
- Unsafe waste disposal
- Inadequate sanitation

Informal care workers face these risks without training or PPE.



## PSYCHOSOCIAL RISKS

Stress, anxiety,  
depression  
Long hours with little  
rest  
Isolation  
Unsafe travel  
Lack of recognition



## VIOLENCE & HARASSMENT

Physical, sexual,  
verbal, psychological  
Weak complaint systems  
Fear of retaliation  
Dismissed as “part of  
the job”  
Lack of representation

Workers are excluded  
from labour laws and  
protections.

## IMPACT

- Greater exposure to injury, illness, exhaustion
- Low organisation and weak bargaining power

## DEMAND

- Decent wages
- Access to PPE, training & social protection
- Freedom of association
- Strong OSH enforcement

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Fundamental OSH rights:

**Right to know**

**Right to participate**

**Right to refuse unsafe work**

# INFORMAL CARE WORKERS TAKE ACTION

## IDENTIFY HAZARDS

- Physical, chemical, biological, ergonomic, psychosocial
- Walkthroughs, hazard mapping, surveys, audits
- Record hazards

## CONTROL HAZARDS

- Eliminate, substitute, engineering, administrative, PPE

## ASSESS RISKS

- Evaluate likelihood & severity

## ADDRESS RISKS

- Use PPE
- Share resources
- Take breaks
- Recognize stress
- Stay safe when working alone



## LEARN & SHARE KNOWLEDGE

Training, peer workshops  
Informal safety checks  
Violence prevention  
awareness

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# JOIN YOUR UNION

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## FORMALISATION & RECOGNITION

Advocate for contracts, fair  
pay, social protection, OSH  
coverage

## BE INVOLVED IN SAFETY

- Keep records
- Update safety plans
- Document incidents
- Create reporting mechanisms

## REFUSE UNSAFE WORK

- Set boundaries
- Collective refusal
- Document unsafe conditions

## ORGANISE COLLECTIVELY

- Form groups, cooperatives, associations
- Connect with unions
- Identify bargaining counterparts
- Document experiences



**Safe, fair, decent  
work for all care  
workers**

**International frameworks set minimum OSH standards.**

# **OCCUPATIONAL SAFETY & HEALTH STANDARDS FOR CARE WORKERS**

## **IMPORTANT ILO CONVENTIONS:**

- C155: Occupational Safety & Health
- C187: Promotional Framework for OSH
- C161: Occupational Health Services
- C170: Chemicals
- C192: Biological Hazards (2025)
- ILO Convention 190 on Violence & Harassment

## **UN FRAMEWORKS**

- UDHR – right to decent work
- SDG 8 – decent work & safe workplaces

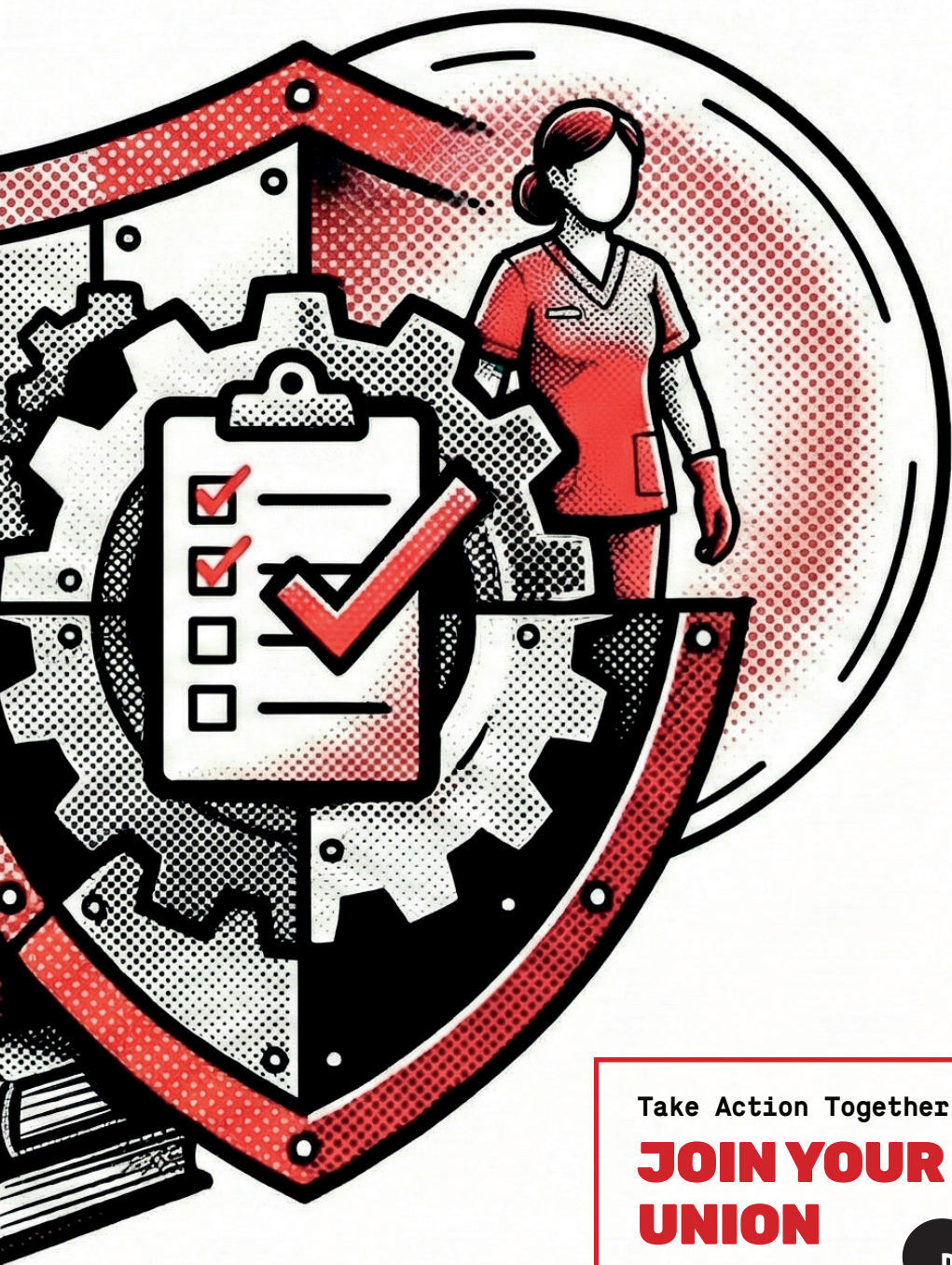
## **ISO STANDARDS**

- ISO 45001 – OSH management systems

Conventions guide collective bargaining.

**ILO has no enforcement power;  
workplace action is essential.**





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