OSHA Compliance Update for Long Term Care

Alabama Nursing Home Association
June 2011

What/Who is OSHA?

- Occupational Safety and Health Administration
- Created under the OSH Act of 1970
- Initiated in 1971 as a Federal Agency
- Purpose:
  - ...to assure so far as possible every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources...

Workplace Inspections

- Every covered establishment may be inspected
- No advance notice is standard practice
- Employer may require warrant (not suggested)
- Priorities
  - Imminent danger
  - Catastrophes/Fatal accidents
  - Employee complaints (handled by phone/fax)
  - Programmed inspections
  - Follow-up inspections
Complaint Investigations

- **Becoming MORE Common**
  - 5 in 2011 (Alabama)
  - Process:
    - Employer notified by phone of complaint allegations
    - Follow-up in writing faxed (or mailed) to employer
    - Employer investigates and responds to OSHA
    - Complaint advised of employer's response
    - Complaint closed with satisfactory response

2011 Site Specific Target Program

- Based on 2009 Injury/Illness Data
- 14,600 High Rate Workplaces Receiving OSHA Letters
- FORM 196 Letters sent April 2011
  - Nursing and Personal Care Facilities
  - SIC 8051 (Skilled Nursing Facilities)

Target Program Expectations:

- **Nursing and Personal Care Facilities**
  - (SIC code 8051)

  The scope of inspections for nursing and personal care facilities (SIC code 805) will most likely focus on ergonomic stressors; exposure to blood and other potentially infectious materials; exposure to tuberculosis; electrical hazards and slips, trips, and falls.
Target Program (Cont’d)

Calculate DART and DAFWII.

- During inspections under this Notice, the OSHA-300 Logs for 2010, 2009, and 2008, will be reviewed.
- The CSHO will calculate the DART rate and possibly the DAFWII case rate for each of these years.

Incidence Rates

- **DART**
  - Days Away, Restricted, or Transferred

- **DAFWII**
  - Days Away from Work Injury and Illness

Current Incidence Rates

Skilled Nursing (SIC 8051)

<table>
<thead>
<tr>
<th>Rates</th>
<th>DART (Days away, restricted, or transferred)</th>
<th>DAFWII (Days away from work injury/illness)</th>
<th>Other Recordables (All other than death, lost time, restricted, transferred)</th>
<th>Incident Rate (All recordable incidents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National-2009</td>
<td>5.6</td>
<td>2.6</td>
<td>8.9</td>
<td>3.2</td>
</tr>
<tr>
<td>Alabama-2007</td>
<td>8.4</td>
<td>5.9</td>
<td>10</td>
<td>1.6</td>
</tr>
</tbody>
</table>
OSHA Fine/Penalties

- Fiscal year 2010 data for OSHA fines across all sectors of the healthcare industry.
  - Of the $708,314 in fines issued through inspections, over half was incurred by nursing and personal care facilities.
  - Nursing and Personal Care Facilities (8051) received $358,560.

OSHA Fine/Penalties

- OSHA fines by healthcare facility type
  - Total fines for 2010: $708,314
  - Home health: $349,992
  - Medical and dental: $19,285
  - Hospital: $172,722
  - Dentist offices: $40,143
  - Physician offices: $66,917
  - Nursing and personal care facilities: $358,560


Rights and Responsibilities

- Employer
  - [http://www.osha.gov/Publications/osha3000.html](http://www.osha.gov/Publications/osha3000.html)
- Employee
  - [http://www.osha.gov/Publications/3021.html](http://www.osha.gov/Publications/3021.html)
OSHA and Life Safety

• Part Number: 1910
• Part Title: Occupational Safety and Health Standards
• Subpart: E
• Subpart Title: Means of Egress • Standard Number: 1910.35
• Title: Compliance with NFPA 101-2000, Life Safety Code.

An employer who demonstrates compliance with the exit route provisions of NFPA 101-2000, the Life Safety Code, will be deemed to be in compliance with the corresponding requirements in §§ 1910.34, 1910.36, and 1910.37.

Reference:

General Duty Clause

Section 5(a)(1) of the OSH Act requires:

"Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."
The general duty clause is used only where there is no OSHA standard that applies to the particular hazard involved.

Examples of workplace hazards to which the general duty clause may apply include: Ergonomics, Occupational Exposure to TB and Workplace Violence.

Four elements are required for issuing general duty clause violations:
1. The employer failed to keep the workplace free of a hazard to which employees of that employer were exposed
2. The hazard was recognized
3. The hazard was causing or was likely to cause death or serious physical harm
4. There was a feasible and useful method to correct the hazard

OSHA Requirements That Apply to Most Health Care Employers
- The following programs are some of the key OSHA standards that apply to most health care employers:
Hazard Communication

Summary

Protection under OSHA's Hazard Communication Standard (HCS) includes all workers exposed to hazardous chemicals in all industrial sectors.

- This standard is based on a simple concept - that employees have both a need and a right to know the hazards and the identities of the chemicals they are exposed to when working.
- They also need to know what protective measures are available to prevent adverse effects from occurring.

Haz-Com Standard

  - Material Safety Data Sheets (MSDS)
    - Responsible Person
    - Readily Available Locations
  - Container Labeling
    - Responsible Person
    - Universal Labeling System

Haz-Com Training

- An overview of the OSHA hazard communication standard
- The hazardous chemicals present at his/her work area
- The physical and health risks of the hazardous chemicals
- Symptoms of overexposure
- How to determine the presence or release of hazardous chemicals in the work area
Haz-Com Training Cont.

- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices and personal protective equipment
- Steps the company has taken to reduce or prevent exposure to hazardous chemicals
- Procedures to follow if employees are overexposed to hazardous chemicals
- How to read labels and MSDSs to obtain hazard information
- Location of the MSDS file and written Hazard Communication program

Bloodborne Pathogens Standard


- Requires:
  - Development, Implementation and Maintenance of Exposure Control Plan (ECP)

Exposure Control Plan (ECP)

- ECP Inclusions:
  - Determination of employee exposure
  - Implementation of various methods of exposure control, including:
    - Universal precautions
    - Engineering and work practice controls
    - Personal protective equipment
    - Housekeeping
Exposure Control Plan (ECP)

- Hepatitis B vaccination
- Post-exposure evaluation/follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances
- Safer Device Review and Selection

Electrical Hazard Standards

- What OSHA standards address electrical safety?
  - OSHA’s electrical standards are based on the National Fire Protection Association Standards NFPA 70, National Electric Code, and NFPA 70E, Electrical Safety Requirements for Employee Workplaces.

Lock-out Tag-out Standard

- This standard covers the servicing and maintenance of machines and equipment in which the unexpected energizing or start up of the machines or equipment, or release of stored energy could cause injury to employees. This standard establishes minimum performance requirements for the control of such hazardous energy.
Lock-out Tag-out

Definition:
lockout/Tagout means that any energy source, be it electrical, hydraulic, mechanical or any other source that may cause unexpected movement, must be disengaged or blocked, and electrical sources must be de-energized and locked in the off position.

Emergency Action Plan

Emergency Action Plan

What is a workplace emergency?
A workplace emergency is an unforeseen situation that threatens your employees, customers, or the public; disrupts or shuts down your operations; or causes physical or environmental damage.

Emergency Action Plan

Emergency may be natural or manmade and include the following:
• Floods,
• Hurricanes,
• Tornadoes,
• Fires,
• Toxic gas releases,
• Chemical spills,
• Radiological accidents,
• Explosions,
• Civil disturbances, and
• Workplace violence resulting in bodily harm and trauma.
Medical and First Aid

29 CFR 1910.151

Medical services and first aid
To handle potential workplace injuries, employers must ensure that medical personnel and adequate first aid supplies are available to workers. The selection of these resources must be based on the types of hazards in the workplace.

Procedural, Program, and/or Equipment Requirements

Ensure that medical personnel are ready and available for advice and consultation on the overall employee safety and health condition in the workplace.

Provide trained personnel and adequate first aid supplies to render first aid when a medical facility is not in near proximity to the workplace.

Provide suitable facilities for immediate emergency use if exposure to injurious or corrosive materials is possible. Training Requirements Adequately train personnel expected to administer first aid.

"Eye Wash Stations"

Employees must know your exposures, locations, and accessibility to Stations.
**Medical and First Aid**

**Eyewash Guidelines:**

- Paragraph (c) of 29 CFR 1910.151 requires the employer to provide suitable facilities for quick drenching or flushing of the eyes and body when employees may be exposed to injurious corrosive materials.

**Eyewash Continued:**

- ANSI Z358.1 provides detailed information regarding the installation and operation of emergency eyewash and shower equipment.
- **OSHA therefore, has often referred employers to ANSI Z358.1 as a source of guidance for protecting employees who may be exposed to injurious corrosive materials.**

**Eyewash Continued:**

- 29 CFR 1910.151(c) **does not** provide specific instruction regarding the installation and operation of emergency eyewash and shower equipment. Therefore, it is the employer's responsibility to assess the particular conditions related to the eyewash/shower unit, such as water temperature, to ensure that the eyewash/shower unit provides suitable protection against caustic chemicals/materials to which employees may be exposed.
What is personal protective equipment?

Personal protective equipment, or PPE, is designed to protect employees from serious workplace injuries or illnesses resulting from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards.

You must train employees who are required to wear PPE on the following:
- Proper Use of PPE
- Necessity of PPE
- Type and application of PPE
- Limitations of PPE
- Don and adjustment of PPE
- Maintenance of PPE.

Personal Protective Equipment (PPE), Employers must perform an assessment of each operation in their workplace to determine if their employees are required to wear PPE.

- Note that engineering controls and work practices are the preferred methods for protecting employees — OSHA generally considers PPE to be the least desirable means of controlling employee exposure.
Other OSHA Required and/or Recommended Programs

- Additional Hazards may exist in Health Care Facilities that require further Program Development to comply with OSHA requirements

Ergonomic Hazards

- OSHA issued an ergonomics guideline for the nursing home industry on March 13, 2003.
  - In order to develop the guidelines OSHA reviewed existing ergonomics practices and programs, State OSHA programs, as well as available scientific information.

Ergonomics

- What does OSHA consider an "ergonomic injury"?
  - Ergonomic injuries are often described by the term "musculoskeletal disorders" or "MSDs."
  - This is the term of art in scientific literature that refers collectively to a group of injuries and illnesses that affect the musculoskeletal system; there is no single diagnosis for MSDs.
Ergonomics Cont.

What is the goal of the guidelines?

- OSHA recommends that manual lifting of residents be minimized in all cases and eliminated when feasible.
- OSHA recommends that employers implement a systematic process for identifying and resolving ergonomics issues, and incorporate this process into its overall program to recognize and prevent work-related injuries and illnesses. OSHA recognizes that small nursing homes may not need a formal program to accomplish this goal.

Ergonomic Questions?

- Can an OSHA compliance officer cite a nursing home facility for not implementing the guidelines?
  - No. The guidelines are completely voluntary.
- How can you get a copy of the guidelines?
  - The guidelines are available for downloading from OSHA's web site at www.osha.gov.

Workplace Violence

- OSHA Developed, Introduced Guidelines for Healthcare and Social Services
- Guidelines for Preventing Workplace Violence For Health Care and Social Service Workers
  - OSHA Publication #3148
  - Revised: 2004
  - HTML, PDF, Order Hard Copy
Workplace Violence Guidelines

- Violence inflicted on employees may come from many sources—external parties and internal parties such as coworkers and patients.

- OSHA’s guidelines address only the violence inflicted by patients or clients against staff.

Workplace Violence Cont.

- OSHA recommends that employers establish and maintain a violence prevention program as part of their facility’s safety and health program.

- The prevention program should:
  - Be made available to all employees, including managers and supervisors
  - All employees should receive specific training concerning its content and implementation

Workplace Violence Training

- Training Materials:
  - Coastal Video Productions
    - "Combative Residents-Mirror Their Reality"
  - OSHA Workplace Violence Prevention Overview Health Care and Social Service Workers
    - PowerPoint Presentation
    - HTML Version
    - PPT - 926 KB
    - Handouts [PDF - 188 KB]
    - OSHA Publication 3148 [PDF - 244 KB]
Slips, Trips and Falls

Possible Solutions:
- Keep floors clean and dry [29 CFR 1910.22(a)(2)]. In addition to being a slip hazard, continually wet surfaces promote the growth of mold, fungi, and bacteria, that can cause infections.
- Provide warning signs for wet floor areas [29 CFR 1910.145(c)(2)].
- Where wet processes are used, maintain drainage and provide false floors, platforms, mats, or other dry standing places where practicable, or provide appropriate waterproof footgear [29 CFR 1910.141(a)(3)(ii)].

Possible Solutions Contd.
- Keep aisles and passageways clear and in good repair, with no obstruction across or in aisles that could create a hazard [29 CFR 1910.22(b)(1)]. Provide floor plugs for equipment, so power cords need not run across pathways.
- Keep exits free from obstruction. Access to exits must remain clear of obstructions at all times [29 CFR 1910.36(b)].

Additional Information:
Compressed Gases

- Hazards associated with compressed gases include oxygen displacement, fires, explosions, and toxic gas exposures, as well as the physical hazards associated with high pressure systems. Special storage, use, and handling precautions are necessary in order to control these hazards.

Safety Committee

- Virtually all safety committee activities involve some combination of the following:
  - Hazard Assessment
    - Review, Hands-on Inspections
  - Incident Review ("near miss")
    - Review and trending of events
  - Training and Education
    - Review, revision, development of employee training
  - Safety Management
    - Organize and make valid recommendations for management changes

Safety & Health Program Development

- Nursing Home eTool
  - The e-Tool addresses the following topics:
    - Bloodborne Pathogens
    - Ergonomics
    - Dietary
    - Laundry
Safety & Health Program Development

E-Tool Inclusions Continued:
- Maintenance
- Nurses Station
- Pharmacy
- Tuberculosis
- Housekeeping
- Whirlpool/Shower
- Workplace Violence

Sample Safety and Health Programs for Small Business (OSHA)
http://osha.gov/SLTC/etools/safetyhealth/mod2_sample_sh_program.html

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