

OSHA's Safety and Health Program Approach

Background

- The nursing home industry is one of America's fastest growing industries.
- Approximately 1.6 million workers are employed at 21,000 work sites.
- By the year 2005, industry employment will rise to an estimated 2.4 million workers.

Bureau of Labor Statistics (BLS) Data

- In 1994, nursing and personal care facilities reported over 221,000 nonfatal occupational injuries and illnesses to BLS.
- Among U.S. industries with 100,000 or more nonfatal injury or illness cases, nursing homes have the third highest rate -- 16.8 injuries and illnesses per 100 full-time workers.

Major Sources of Injuries and Illnesses - BLS Data

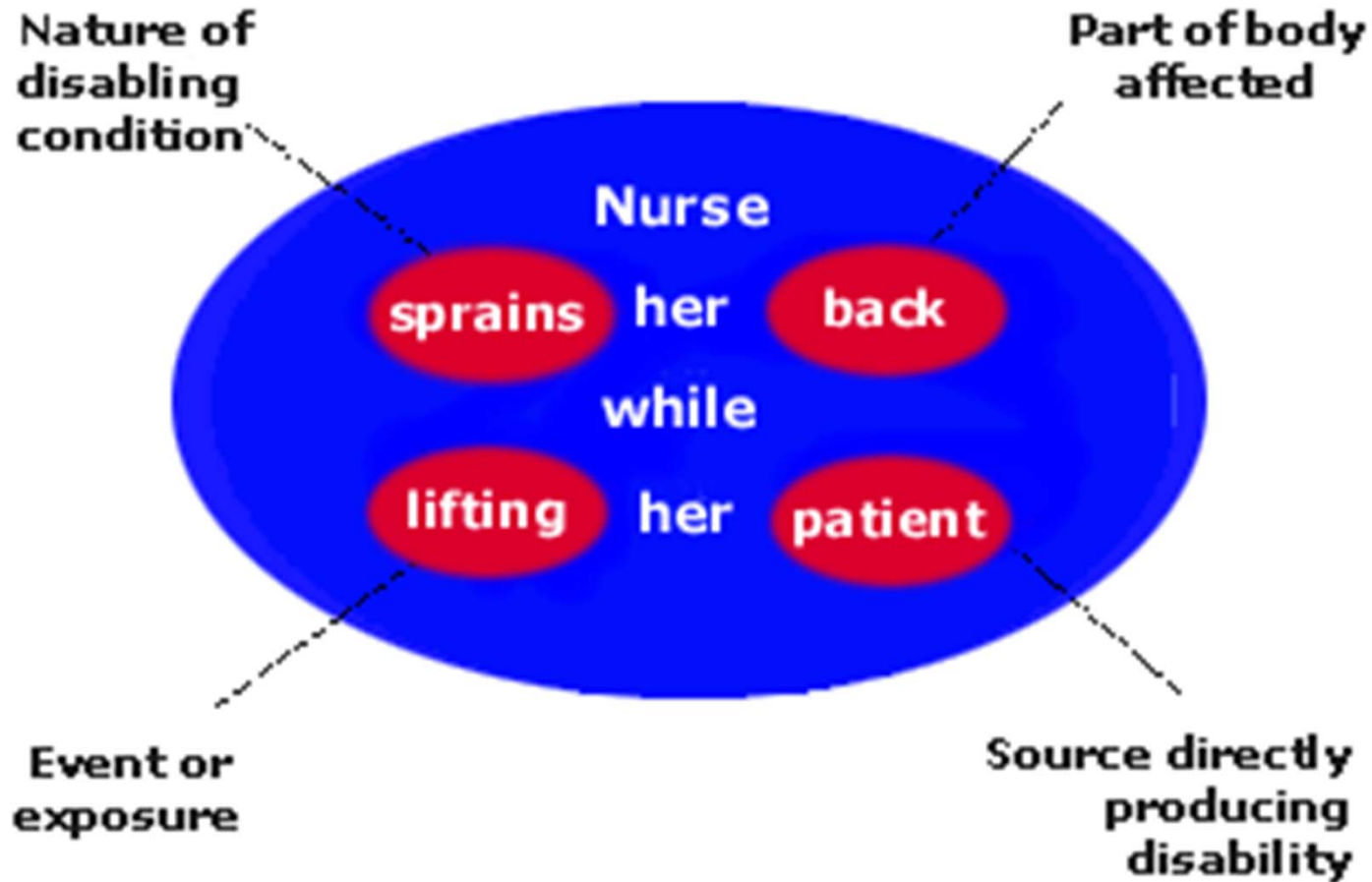
- Resident handling
- Falls
- Contact with objects and equipment
- Assaults and violent acts by persons
- Exposure to harmful substances

Nursing Home Jobs with the Most Injuries

The BLS data showed that nursing aides, orderlies, and attendants accounted for 70% of nursing home injuries that resulted in days away from work.

Women employees had more injuries that resulted in lost workdays than did men employees.

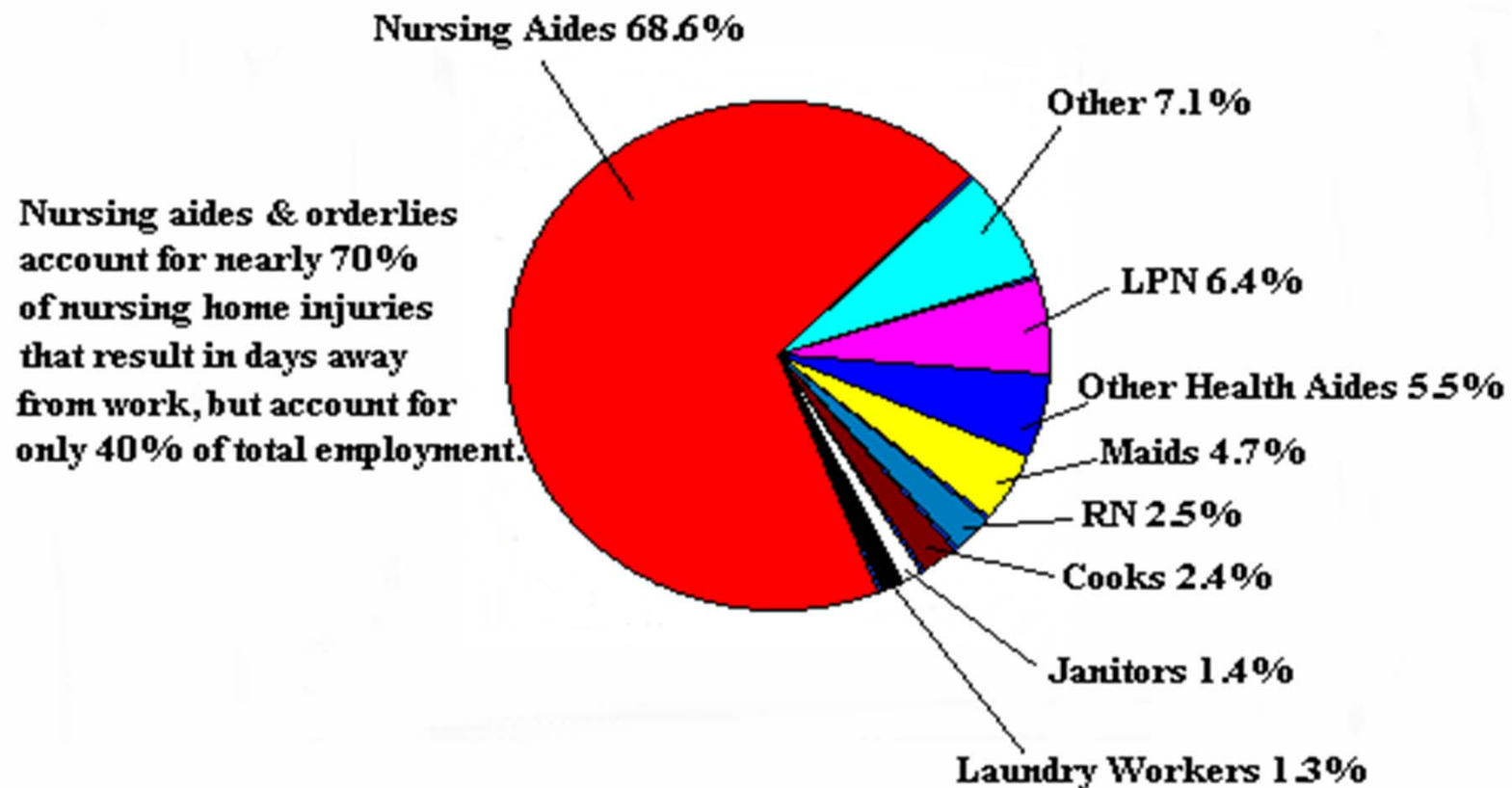
Injury and Illness Topology



Each injury or illness is described from four viewpoints

Source: 1994 BLS Survey of Occupational Injuries & Illnesses

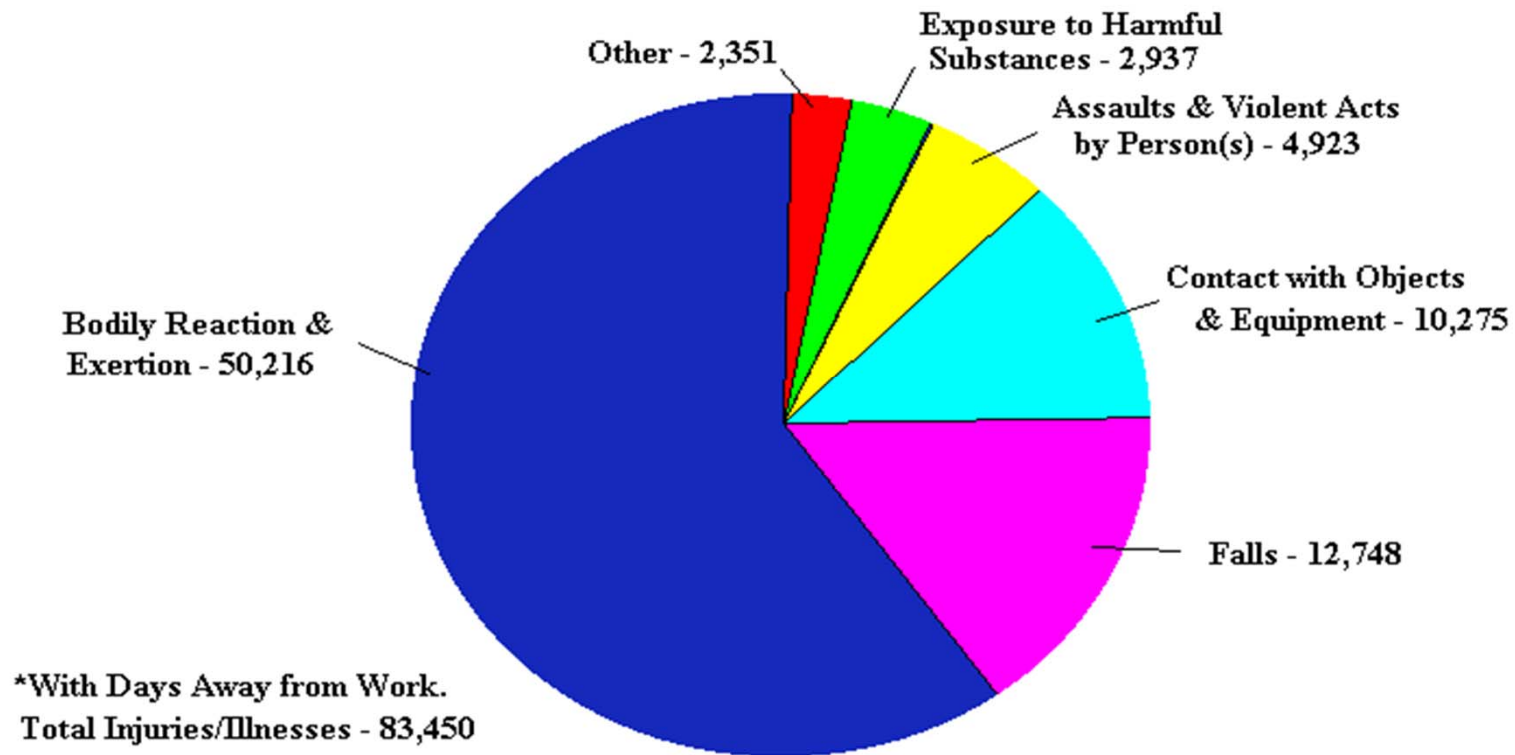
What Nursing Home Jobs Have the Most Injuries/Illnesses with Days Away from Work?



Source: 1994 BLS Survey of Occupational Injuries & Illnesses

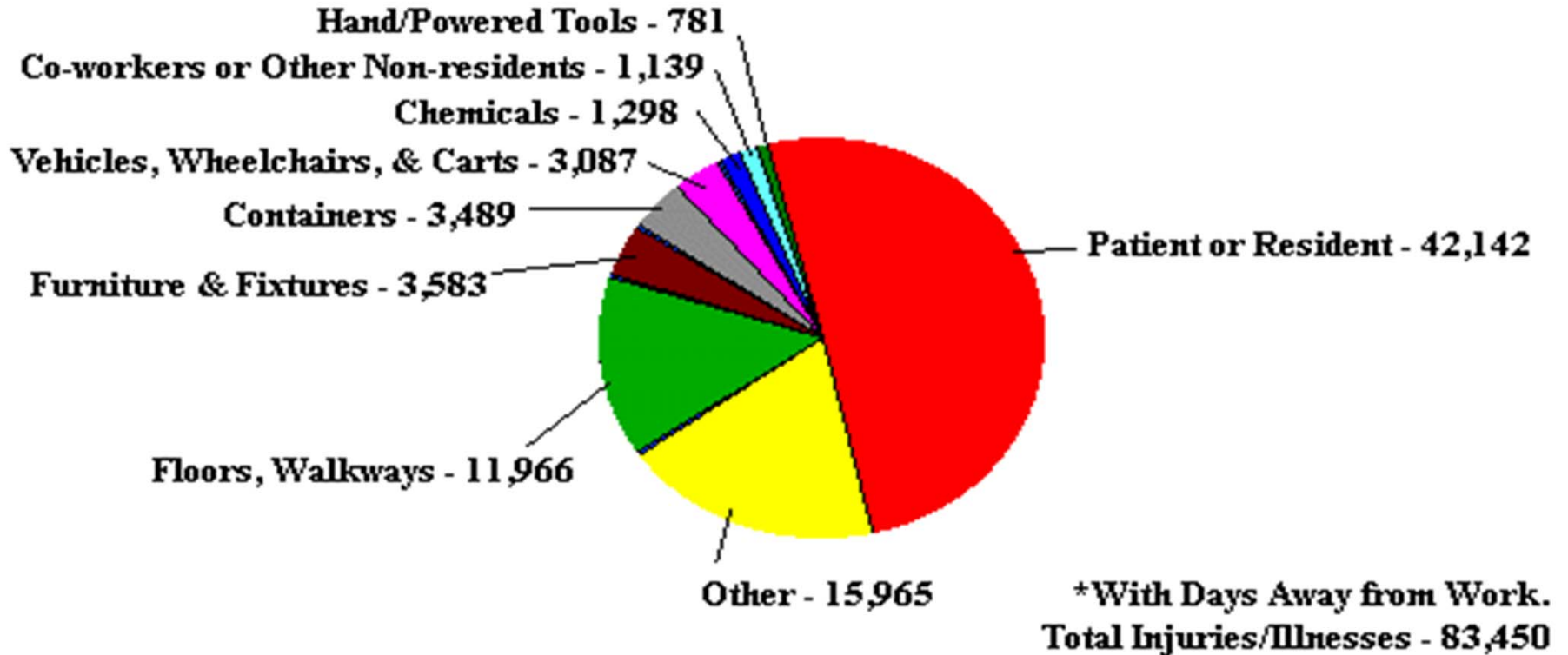
Total number of injuries/illnesses resulting in days away from work = 83,450

Number of Injuries/Illnesses* by Type of Event, Nursing and Personal Care Facilities, 1994



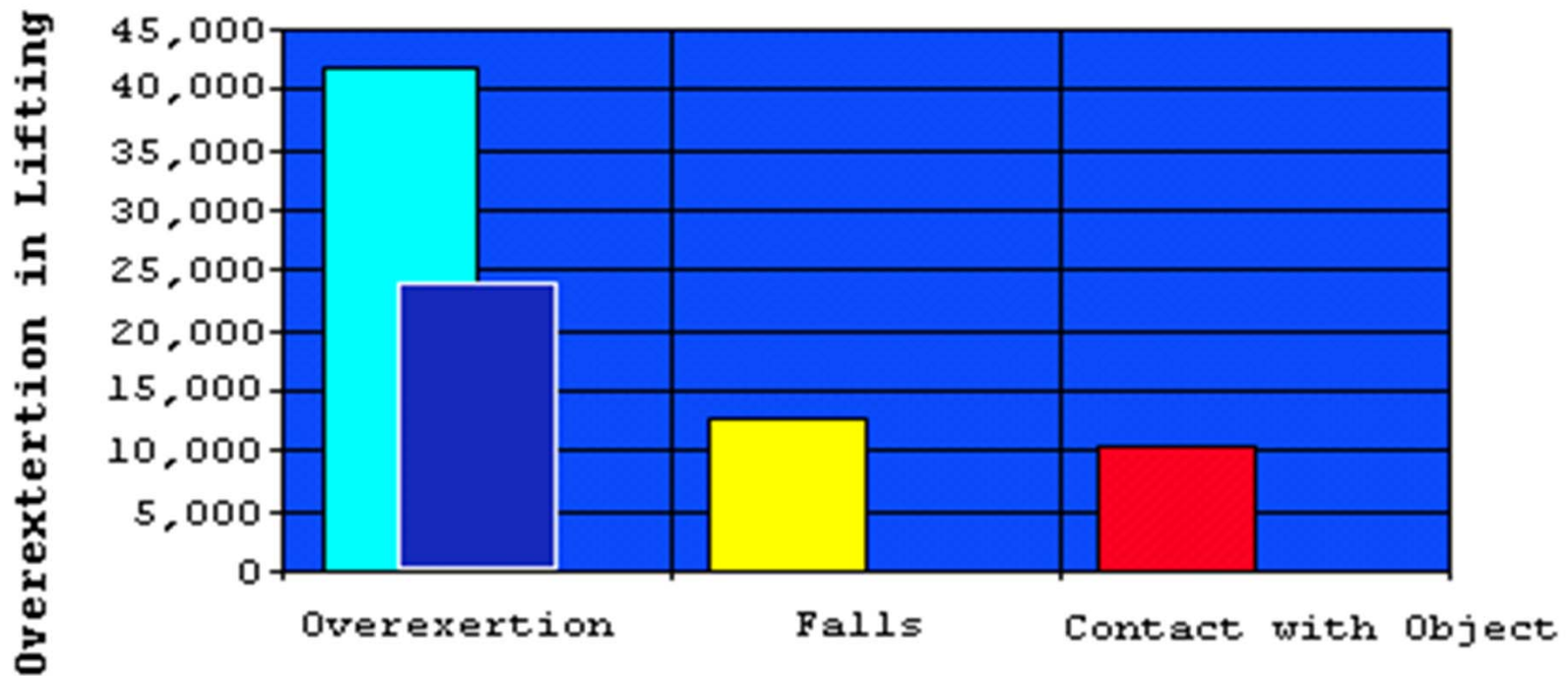
Source: 1994 BLS Survey of Occupational Injuries & Illnesses, unpublished table.

Source of Injury or Illness Event*, Nursing and Personal Care Facilities, 1994



Source: 1994 BLS Survey of Occupational Injuries & Illnesses, unpublished table.

Event or Exposure Causing Injury or Illness Involving Days Away from Work, 1994



Creating a Safety Culture



Safety Pays Off in Nursing Homes

- Working safely helps protect employees
- Working safely affects the “bottom line”

OSHA's 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 . . .

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All About OSHA

- Coverage
- Standards
 - Development
 - Permanent
 - Temporary
 - 5(a)(1)
- Variances

Workplace Inspections

- Every covered establishment may be inspected
- No advance notice
- Employer may require warrant
- Priorities
 - Imminent danger
 - Catastrophes/Fatal accidents
 - Employee complaints (may be handled by phone/fax)
 - Programmed inspections
 - Followup inspections

Investigation of Complaints (Phone/Fax)

- Employer notified by phone of complaint allegations
- Followup in writing faxed (or mailed) to employer
- Employer investigates and responds to OSHA
- Complaint advised of employer's response
- Complaint closed with satisfactory response

Inspection Process

- Inspector's credentials
- Opening conference
- Inspection tour
- Closing conference
- Citations/penalties

Appeals Process

- Employer
 - Informal conference
 - PMA
 - Notice of Contest
 - Review by OSHRC
 - Appeals in State Plan states
- Employee
 - Contest of abatement period
 - Request for informal review (if complaint) or informal conference

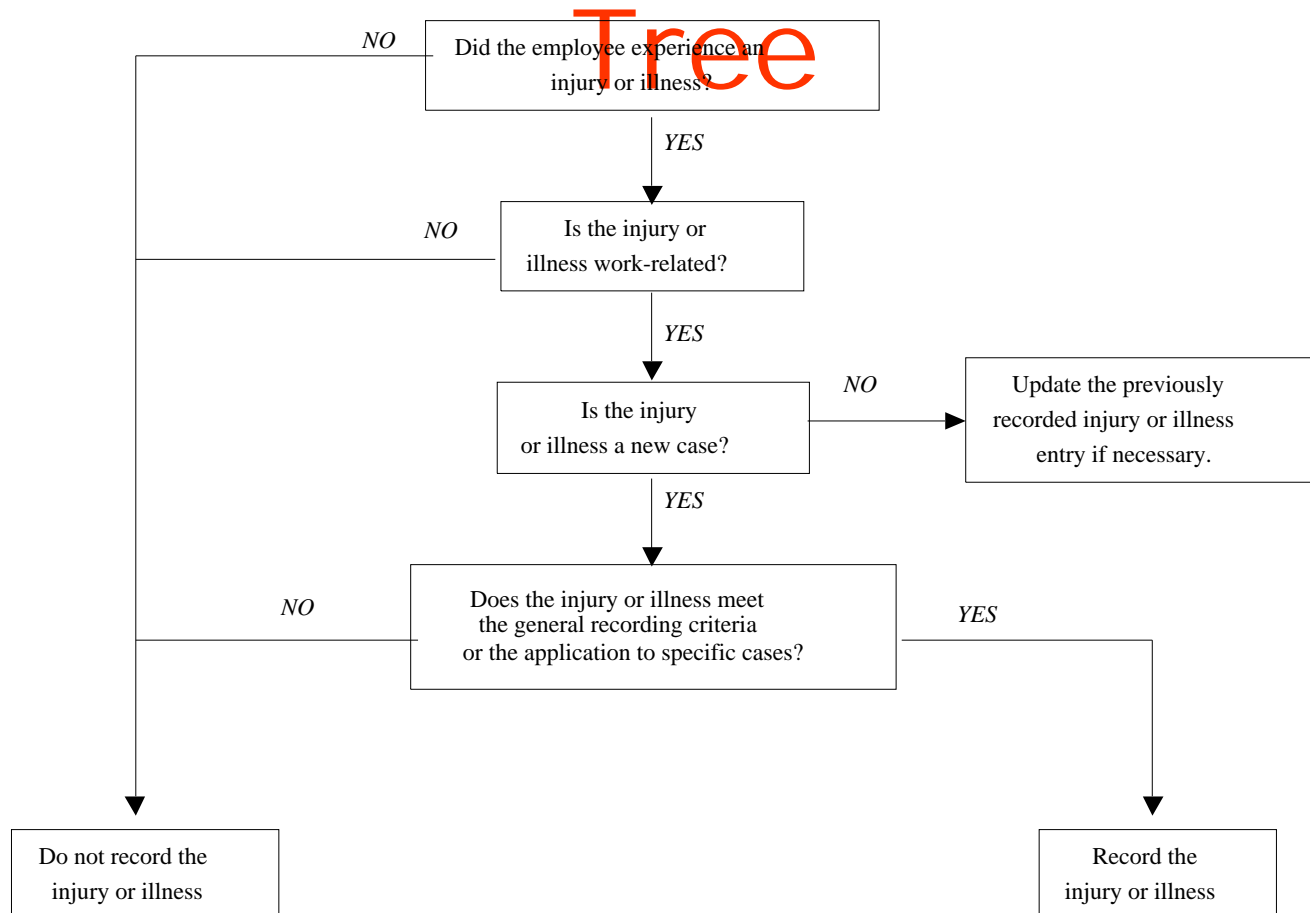
Responsibilities and Rights

- Employer
- Employee

<http://www.osha.gov/Publications/osha3000.html>

<http://www.osha.gov/Publications/3021.html>

Recordingkeeping Recording Criteria Decision Tree



Revisions to Bloodborne Standard

- Additional definitions, paragraph (b)
- New requirements in the Exposure Control Plan, paragraph (c)
- Solicitation of input from non-managerial employees, paragraph (c)
- Sharps injury log, paragraph (h)

See details of changes in:

<http://www.osha.gov/SLTC/bloodbornepathogens/standards.html>

Resident Rights

- Older Americans Act
 - Establishes Nursing Home Ombudsman Program in each state
 - Responsibilities
 - Monitor performance of agencies dealing with nursing homes
 - Receive/monitor complaints by or on behalf of individual residents
 - Coordinate volunteer programs
 - Carry out public educational programs
 - Comment on state/local policies

Resident Rights

- Nursing Home Reform Law of 1987
 - Applies to facilities participating in Medicare and/or Medicaid programs
 - Focuses on individuals: entitled to receive all care and services to attain and maintain highest possible functioning in 13 specified areas
 - Establishes “quality of life” requirements for homelike environment and resident choices

Resident Rights

- Nursing Home Reform Law (cont'd)
 - Establishes resident rights
 - Financial - control own money
 - Privacy
 - Meeting with friends and family
 - Non-discrimination based on payment method
 - Protections against transferring in or out of facilities

Resident Rights

- Nursing Home Reform Law (cont'd)
 - Establishes uniform assessment for medications, activities of daily living, and customary routines: resident choices about bedtimes, bath times, other routines from before they entered the facility
 - ***Basis of individualized care plan***
 - Establishes standards for nursing aid training and competence

Elements of a Safety and Health Program

- Management Leadership and Employee Participation
- Workplace Analysis
- Accident and Record Analysis
- Hazard Prevention and Control
- Emergency Response
- Safety and Health Training

Management Leadership and Employee Participation

- Management Leadership
- Employee Participation
- Implementation Tools
- Contractor Safety

Management Leadership

Visible management leadership provides the motivating force for an effective safety and health program.

Employee Participation

Employee participation provides the means through which workers identify hazards, recommend and monitor abatement, and otherwise participate in their own protection.

Implementation Tools

Implementation tools, provided by management, include:

- budget
- information
- personnel
- assigned responsibility
- adequate expertise and authority
- means to hold responsible persons accountable (line accountability)
- program review procedures

Contractor Safety

An effective safety and health program protects all personnel on the worksite, including contractors. It is the responsibility of management to address contractor safety.

Workplace Analysis

- Survey and Hazard Analysis
- Inspection
- Hazard Reporting

Survey and Hazard Analysis

An effective, proactive safety and health program will seek to identify and analyze all hazards. In large or complex workplaces, components of such analysis are the comprehensive and analysis of job hazards and changes in conditions.

Inspection

To identify new or previously missed hazards and failures in hazard controls, an effective safety and health program will include regular site inspections.

Hazard Reporting

A reliable hazard reporting system enables employees, without fear of reprisal, to notify management of conditions that appear hazardous and to receive timely and appropriate responses.

Accident and Record Analysis

- Accident Investigation
- Data Analysis

Accident Investigation

An effective program will provide for investigation of accidents and “near miss” incidents, so that their causes, and the means for their prevention, are identified.

Data Analysis

An effective program will analyze injury and illness records for indications of sources and locations of hazards, and jobs that experience higher numbers of injuries. By analyzing injury and illness trends over time, patterns with common causes can be identified and prevented.

Hazard Prevention and Control

- Hazard Control
- Maintenance
- Medical Program

Hazard Control

Workforce exposure to all current and potential hazards should be prevented or controlled by using engineering controls, wherever feasible and appropriate, work practices and administrative controls, and personal protective equipment.

Maintenance

An effective safety and health program will provide for facility and equipment maintenance, so that hazardous breakdowns are prevented.

Medical Program

An effective safety and health program will include a suitable medical program where it is appropriate for the size and nature of the workplace and its hazards.

Emergency Response

Emergency preparedness - There should be appropriate planning, training/drills, and equipment for response to emergencies.

First aid/emergency care should be readily available to minimize harm if an injury or illness occurs.

Safety and Health Training

Safety and health training should cover the safety and health responsibilities of all personnel who work at the site of affect its operations.

It is most effective when incorporated into other training about performance requirements and job practices. It should include all subjects and areas necessary to address the hazards at the site.

Safety and Health Hazards in Nursing Homes

- Bloodborne Pathogens
- Tuberculosis
- Workplace Violence
- Other Hazards

Bloodborne Pathogens

Pathogenic organisms that are present in human blood and can cause disease in humans. These include, but are limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

29 CFR 1910.1030

Bloodborne Pathogens Standard

- Scope and Application
- Definitions
- Exposure Control Plan
- Methods of Compliance
- HIV and HBV
Research Laboratories
and Production
Facilities
- Hepatitis B
Vaccination and
Post-Exposure
Follow-up
- Communication of
Hazards to
Employees
- Recordkeeping
- Effective Dates

Highlights of 29 CFR 1910.1030

The standard applies to all employees with occupational exposure to blood and other potentially infectious materials.

Highlights of 29 CFR 1910.1030 (Cont'd)

Exposure Control Plan includes:

- The written exposure determination;
- The procedures for evaluating the circumstances surrounding an exposure incident; and
- The schedule and method of implementing other sections of the standard.

Highlights of 29 CFR 1910.1030 (Cont'd)

Methods of Compliance

- Universal Precautions
- Engineering and Work Practice Controls
- Personal Protective Equipment
- Housekeeping

Highlights of 29 CFR 1910.1030 (Cont'd)

Hepatitis B Vaccination

- HBV vaccination must be made available within 10 working days of initial assignment to all employees who have occupational exposure.
- HBV vaccination must be made available without cost to the employee, at a reasonable time and place, and by a licensed health care professional.

Highlights of 29 CFR 1910.1030 (Cont'd)

Post-exposure Evaluation and Follow-up

The employer must make a confidential medical evaluation and follow-up to employees following an exposure incident.

Highlights of 29 CFR 1910.1030 (Cont'd)

Communication of Hazards to Employees

- Labels and signs
- Information and training

Highlights of 29 CFR 1910.1030 (Cont'd)

Recordkeeping

- Medical Records
- Training Records

Tuberculosis (TB)

- Infectious disease caused by the bacterium, *Mycobacterium tuberculosis*
- Spread by airborne droplets generated when a person with TB disease coughs, sneezes, speaks, or sings
- Infection occurs when a susceptible person inhales droplet nuclei containing the bacteria which become established in the body
- Mantoux tuberculin skin test detects TB infection, positive results indicate infection. Other tests needed to confirm TB disease

TB Occurrence

- Since 1985, the incidence of TB in the general U.S. population has increased 14% reversing a 30 year downward trend.
- However, during 1994 and 1995, there has been a decrease in TB cases in the U.S. likely due to increased awareness and efforts in prevention and control of TB.
- Cases of multi-drug resistant TB have recently been reported in 40 states.
- Worldwide, 8 million new TB cases and 3 million deaths occur annually.

Why Is TB Increasing?

Multiple contributing factors:

- Homelessness
- Intravenous drug use
- Overcrowding in institutional settings
- HIV infection
- Reduced resources for TB control and treatment
- Immigration from high TB prevalence areas

Tuberculosis - OSHA Enforcement

On 2/9/96, OSHA issued agency-wide CPL 02-00-106, "Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis."

This enforcement directive cancels the enforcement guidelines issued on 10/8/93.

Tuberculosis - OSHA Enforcement (Cont'd)

OSHA's CPL 02-00-106 is based on the Centers for Control and Prevention (CDC) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities" issued on 10/18/94.

OSHA believes these guidelines reflect an industry recognition of the hazard as well as appropriate, widely accepted standards of practice to be followed by employers in carrying out their responsibilities under the OSH Act.

Workplace Identified by CDC with High Incidences of TB

- Health Care Settings
- Correctional Institutions
- Homeless Shelters
- Long-term Care Facilities for the Elderly
- Drug Treatment Centers

Highlights of CDC Guidelines and OSHA Requirements

- Determine the risk of exposure
- Early diagnosis, isolation, treatment
- Requirements for isolation
- Training of workers
- Skin testing
- Respirators - OSHA standard 1910.134
- Other applicable standards -
recordkeeping, employee access to records, accident prevention signs

Workplace Violence

Any physical assault, threatening behavior, or verbal abuse occurring in the workplace.

The workplace may be any location either permanent or temporary where an employee performs any work-related duty.

Acts of Aggression Which May Indicate Risk

- Disorderly conduct
- Verbal threats to inflict bodily harm
- Fascination with guns or other weapons
- Obscene phone calls
- Intimidating presence
- Harassment of any nature

Types of Workplace Violence Incidents

Based upon the relationship between the assailant/worker/workplace, violent incidents can be divided into categories:

- violence by strangers
- violence by customers/clients/patients
- violence by co-workers
- violence by personal relationship

Types of Workplace Violence Incidents (Cont'd)

Homicides

- Leading cause of job-related deaths for women, second leading cause for men
- Claimed the lives of 1,071 lives in 1994 (BLS data)
- Approximately 3 workers died each day under violent circumstances in 1994

Nonfatal Assaults

- Between 1987-1992, one million persons were annually assaulted at work

Establishments Affected by Workplace Violence

According to the Bureau of Labor Statistics, the highest number of homicides occur in night retail establishments.

The highest number of nonfatal assaults occur in the health care and social service sectors.

Health Care Establishments

Nonfatal assaults were primarily by patients/residents on nursing staff in health care institutions.

According to one study (Goodman et al., 1994), between 1980-1990, 106 violence related deaths occurred among health care workers.

Nursing Homes

- BLS 1994 data showed more than 4900 assaults and violent acts against employees in nursing homes.
- Nursing aides and orderlies accounted for more than 50% of the assault victims.
- Most of the violent acts involved hitting, kicking, and beatings.

Examples of Why Health Care Workers are at Risk Of Work-Related Assaults

- Low level staffing level during times of increased activity;
- Isolated work with patients/residents during examinations or treatment; and
- Lack of training of staff in recognizing and managing escalating hostile and assaulting behavior.

OSHA Guidelines - Overview

Because of the high incidence of workplace violence, OSHA developed in 1996 a set of voluntary guidelines to prevent workplace violence.

The guidelines cover a broad spectrum of workers (nearly 8 million) in psychiatric facilities, hospital emergency departments, drug treatment centers, community care and mental health facilities, pharmacies and long-term care facilities.

Violence Prevention Program Elements

- Management Commitment and Employee Involvement
- Worksite Analysis
- Hazard Preventing and Control
- Training and Education
- Recordkeeping and Evaluation of Program

Appendices

- SHARP Staff Assault Study
- Workplace Violence Checklist
- Assaulted and/or Battered Employee Policy
- Violence Incident Report Forms
- Sources of OSHA Assistance
- Suggested Readings

Availability of Guidelines

The OSHA "Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers" are available on the Internet at:

<http://www.osha.gov>

General Duty Clause

Section 5(a)(1) of the OSH Act requires that "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."

General Duty Clause (Cont'd)

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 occupational exposure to TB and workplace violence.

General Duty Clause (Cont'd)

Four elements are required for issuing general duty clause violations:

- The employer failed to keep the workplace free of a hazard to which employees of that employer were exposed
- The hazard was recognized
- The hazard was causing or was likely to cause death or serious physical harm
- There was a feasible and useful method to correct the hazard