

## OSHA Worker Safety in Hospitals Program Launched Online

*Online tools include comparison of OSHA's requirements with Joint Commission standards*

The Occupational Safety and Health Administration (OSHA) has rolled out a new *Worker Safety in Hospitals* website that provides extensive materials to help hospitals prevent staff injuries, evaluate workplace safety needs, improve safe patient handling programs, and implement safety and health management systems (also known as injury and illness prevention programs).

Among the materials provided on the website (<https://www.osha.gov/dsg/hospitals/>) are fact books, self-assessments, best practice guides, insightful data and statistics on workplace injuries, hospital case study examples, and a safe patient handling program checklist and poster. Designed to address the most common types of injuries faced by hospital workers, these resources can be used by hospitals to safeguard their employees and patients alike.

“These new materials can help prevent hospital worker injuries and improve patient safety, while reducing costs,” said David Michaels, PhD, assistant secretary of labor for OSHA, in a news release. “At the heart of these materials are the lessons from high-performing hospitals that have implemented best practices to reduce workplace injuries while also improving patient safety.”

### Lack of safety in numbers

Despite the fact that nearly 91% of

hospitals say they have a system or program for managing employee safety and health,<sup>1</sup> statistics show that hospitals have much room for improvement. Indeed, hospitals continue to be among the most hazardous places to work.

Consider that, in 2011 alone, US hospitals tallied 253,700 work-related illnesses and injuries—that’s a rate of 6.8 work-related injuries and illnesses for every 100 full-time workers and nearly twice the rate for private industry as a whole.<sup>2</sup> And 2012 wasn’t much better, with US hospitals recording 248,100 on-the-job illnesses and injuries, nearly 58,000 of which resulted in employees missing work.<sup>3</sup>

In fact, per the Bureau of Labor Statistics, the likelihood of injury or illness resulting in days away from work is higher in hospitals than in construction and manufacturing, two industries traditionally considered to be relatively hazardous.<sup>4</sup> What’s more, nationwide, workers’ compensation losses result in a staggering total annual expense of \$2 billion for hospitals.<sup>3</sup> In addition, the average hospital experiences \$0.78 in workers’ compensation losses for every \$100 of payroll.<sup>5</sup>

Hospital staff are continually exposed to serious hazards, such as workplace violence; injuries related to lifting and moving patients; exposure to hazardous drugs, chemicals and infectious diseases; slips and falls; and needlestick injuries.

The most common injuries resulting in days away from work are sprains and strains (often classified as musculoskeletal disorders), which account for 54% of these injuries, followed by bruises, soreness, fractures, multiple trauma, and cuts/punctures.<sup>6</sup> Feeling an ethical duty to “do no harm” to patients, some caregivers routinely put their own safety and health at risk to help a patient; it’s little surprise, then, that approximately one out of three hospital worker injuries that result in days away from work happen as a consequence of interaction with a patient.<sup>6</sup>

Keep in mind that recordable work-related injuries have greatly outnumbered illnesses in hospitals throughout the past 20 years. In 2011, for example, injuries accounted for 93% of the total cases recorded; illnesses represented the remaining 7%.<sup>6</sup> The most common types of illnesses recorded in hospitals are skin disorders (14%) and respiratory conditions (10%), but 75% of illness cases fall into other unspecified categories.<sup>6</sup>

### Emphasizing worker and patient safety alike

In a press teleconference, Erin S. DuPree, MD, chief medical officer and vice president of The Joint Commission Center for Transforming Healthcare, emphasized that a successful safety program cannot be separated into silos with programs for

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workers unrelated to those for patients. “The underlying causes of worker injury are often the same causes of injury to patients; therefore, the solutions need to be shared,” said DuPree. “The growing evidence that employee well-being affects patient safety . . . suggests that health care organizations striving for high reliability should be concerned with safety for both patients and workers.” DuPree called for leaders to value their workers and empower them to express safety concerns. “[Leaders] need to understand that fear of reprisal and failure to share knowledge can compromise any organization’s ability to improve safety for all,” she said.

John Howard, MD, MPH, JD, LLM, director of the National Institute for Occupational Safety and Health (NIOSH), added that, by fostering research to identify injury risk factors and safety interventions, “steps can be taken to save costs and enhance service to the patients.”

**Tools for healthy hospitals**

OSHA’s online toolkit includes many helpful documents, including one that compares OSHA’s requirements with Joint Commission standards (*see* “Joint Commission Standards Compared with OSHA Requirements,” at the right). “In the comparison document, you will see that The Joint Commission also requires a written plan for managing environmental safety for patients and everyone in the hospital,” said DuPree. “And The Joint Commission expects that all individuals who work in the hospital—including staff and licensed independent practitioners—are able to openly discuss issues of safety and quality.”

Another helpful resource found on the Worker Safety in Hospitals website is a self-assessment document titled “How

**Joint Commission Standards Compared with OSHA Requirements**

OSHA has published an important document<sup>9</sup> that shows how the core elements of OSHA’s safety and health management system (SHMS) requirements align with Joint Commission standards for hospital accreditation. The document, titled *Safety and Health Management Systems and Joint Commission Standards*, can help you (1) identify things your hospital might already be doing for Joint Commission compliance that could facilitate implementation of certain SHMS elements; and (2) identify logical places within your hospital’s Joint Commission compliance program to integrate certain SHMS processes.

Here’s a sample comparison, based on Joint Commission Environment of Care (EC) standards, detailing an example of hazard prevention and control, which—along with management leadership, employee participation, worksite analysis, safety and health training, and annual evaluation—is one of the six core elements of an SHMS:

<b>SHMS*</b>	<b>Joint Commission Standards</b>
A documented system is in place to ensure that hazards identified by any means (self-inspections, accident investigations, employee hazard reports, preventive maintenance, injury/illness trends, etc.) are assigned to a responsible party and corrected in a timely fashion.	<p><b>EC.04.01.05, EP 1:</b> The hospital takes action on the identified opportunities to resolve environmental safety issues.</p> <p><b>EC.04.01.05, EP 3:</b> The hospital reports performance improvement results to those responsible for analyzing environment of care issues.</p>

\* Criteria defining the elements of an SHMS are derived from OSHA Directive No. CSP-03-01-003, Chapter III, “Requirements for Star, Merit, Resident Contractor, Construction Industry, and Federal Agency Worksites” ([https://www.osha.gov/OshDoc/Directive\\_pdf/CSP\\_03-01-003.pdf](https://www.osha.gov/OshDoc/Directive_pdf/CSP_03-01-003.pdf)).

Safe is Your Hospital for Workers?”<sup>7</sup> Hospital administrators can use it to calculate a facility’s total case incident rate (TCIR, which reflects the total number of work-related injuries and illnesses) and DART rate (which reflects the number of work-related injuries and illnesses that resulted in days away from work, restricted work activity, and/or job transfer) and compare these scores to national rates. Notably, the safest 25% of US hospitals have TCIR and DART scores below 3.1 and 0.6, respectively. In comparison, 25% of hospitals have unsafe rates higher than 8.5 and 3.2; and the national average among all hospitals is 6.8 and 2.7.<sup>7</sup>

In addition to visiting OSHA’s new

worker safety website, The Joint Commission highly recommends that you read its recent monograph, *Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration, and Innovation*,<sup>8</sup> which offers suggestions on several areas that should be emphasized to advance worker/patient safety, including the following:

- Safe patient handling methods to prevent musculoskeletal injuries and accidents
- Best practices to reduce sharps injuries and infection transmission
- Strategies to prevent unnecessary exposure to hazardous substances
- Strategies to reduce violence in the health care setting

- Approaches that address staffing fatigue and health care–induced emotional distress


## OSHA obligations

OSHA reminds hospital administrators that, under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA requires most workplaces (including hospitals) to record work-related injuries and illnesses on OSHA Form 300 (writable form available at [https://www.pdfFiller.com/en/project/15135478.htm?form\\_id=13917](https://www.pdfFiller.com/en/project/15135478.htm?form_id=13917)). By reviewing these records, you can identify patterns, areas of concern, and opportunities for improvement. The more complete these records are, the more you can rely on them to drive improvement. Hence, it's important to do the following:

- Encourage all workers to report their injuries and illnesses
- Make sure everyone knows that privacy safeguards are in place and that recording an injury or illness in accordance with OSHA regulations is

not a violation of the Health Insurance Portability and Accountability Act (HIPAA)

- Make sure injuries and illnesses are not being underreported because of self-treatment

OSHA's role is to ensure safe conditions for America's working men and women by setting and enforcing standards and providing training, education, and assistance. (Visit <http://www.osha.gov> for more information). 

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