

ECN News

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Inpatient Workplaces Under the Microscope

OSHA expands hazards policy enforcement at hospitals, nursing homes, care centers, and residential care facilities

Working in a health care facility can be a risky business for employees—riskier than other workplaces when it comes to health and safety.

Need proof? Consider that, in 2013, US hospitals logged almost 244,800 work-related injuries and illnesses¹ (6.4 for every 100 full-time employees), per the US Bureau of Labor Statistics, equating to a rate nearly twice as high as that for private industry²; 16.2 cases of workplace violence per 10,000 full-time health care workers were recorded versus 4.2 cases per 10,000 full-time private-sector workers³; and trips, slips, falls, and overexertion comprised nearly 69% of all reported cases involving days away from work for nursing and residential care facility staff.⁴ Just as sobering, 10,680 Occupational Safety and Health Administration (OSHA)—recordable injuries in health care facilities caused by patient handling and movement (4,674), slips, trips and falls (3,972), and workplace violence (2,034) were documented during the 20 months between 2012 and 2014.⁵

While every profession has intrinsic occupational hazards, health care workers suffer on-the-job injuries and illnesses at rates that are among the nation's highest. Because most of these maladies are preventable, it's high time that more organizations focus on these threats and work to reduce their incidence.

That's the clarion call being issued by the OSHA, which last
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Ensuring that health care workers have a safe and healthy workplace also contributes to the well-being of patients.

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June launched an enhanced enforcement policy (EEP) focused on inpatient health care environments that targets five primary focus hazards: musculoskeletal disorders (MSDs), bloodborne pathogens, tuberculosis, workplace violence, and slips, trips, and falls. This new policy instructs that these five focus hazards be scrutinized during OSHA inspections at hospitals, residential care facilities and nursing homes, even if they were not the original impetus for the inspection. In addition, if an OSHA inspector learns of employee exposure to multidrug-resistant organisms (such as methicillin-resistant *Staphylococcus aureus* [MRSA]) or hazardous chemicals (such as disinfectants, sanitizers, hazardous drugs, and anesthetic gases), the inspection may be expanded to include these among the focus hazards.

Knowing why OSHA is spotlighting these particular hazards, what they'll look for during an inspection, and how you can best prepare for one can increase your likelihood of full compliance while also decreasing dangers around your facility.

Stronger safety in the crosshairs

Dionne Williams, MPH, director of OSHA's Office of Health Enforcement, says the goal of the new policy, which will continue indefinitely without a set expiration date, is to significantly reduce overexposures to these hazards through a combination of enforcement, compliance assistance, and outreach.

"We want facilities to be more aware of these focus hazards, which will lead to better compliance and several benefits to organizations. Better compliance means better worker safety, which, in turn, means better patient care. Having a healthier workforce can also benefit organizations financially in terms of fewer paid days off due to injury or illness. It can result in greater employee

recruitment and retention, too."

Williams insists that the policy was created to increase the quality, not the quantity, of inspections.

"The intent is really to increase the scrutiny and improve the impact we make in the number of health care facility inspections we do, which is currently around 700 annually," says Williams. "We don't have more inspectors or an increased budget as a result of this policy. But this is a way for us to strengthen the agency's impact on worker safety when we do inspections. We can now look out for more hazards that may not have otherwise been on our radar during an inspection."

Why OSHA pulled out the magnifying glass

The new policy was inspired by the success of OSHA's National Emphasis Program (NEP) on nursing homes and long term care facilities, which ran from April 2012 to April 2015 and also spotlighted the same focus hazards in those settings. During that time, OSHA conducted approximately 1,100 inspections, 596 of which evaluated ergonomic stressors that resulted in 192 ergonomic hazard alert letters to employers and 11 citations of OSHA's General Duty Clause for hazardous ergonomic conditions.¹ (The General Duty Clause can trigger a citation if/when OSHA concludes that an employer has not provided a safe work environment.)

"When we examined the NEP program at its conclusion, we realized we got good leverage out of those inspections in terms of identifying hazards that, previous to that initiative, we might not otherwise have identified," notes Williams. "Hospitals and other inpatient facilities are not dissimilar to nursing homes and long term care facilities in regards to the types of hazards present. So we thought this was a good way to use our limited resources to try and identify these same hazards in inpatient settings."

"Better compliance means better worker safety, which, in turn, means better patient care."

—Dionne Williams, MPH, Director of OSHA's Office of Health Enforcement

What to expect

In general, OSHA inspections can be triggered either by unprogrammed activities—such as following a complaint by a worker or a state/federal agency that observes an on-site problem—or via a programmed activity, such as the recently expired nursing home NEP, in which facilities are selected for inspection based on randomized lists generated from trusted databases.

If your organization provides inpatient or residential services and experiences a high rate of work-related illnesses and injuries, you can likely anticipate longer and more meticulous OSHA inspections going forward, as well as the issuance of more citations and penalties if infractions in the aforementioned focus hazards are found.

During an inspection, OSHA compliance officers will be on the lookout for any focus-hazard red flags observed. Inspectors will conduct at least a partial walkthrough and may request access to employee medical records. OSHA personnel are required to document and inquire about any hazard or problem they observe in plain view during their visit—such as a sharps container that is overfilled or a nurse who improperly lifts a patient.

"After we're in the facility, we're looking at all the focus hazards, and we would determine how far to take the inspection based on our initial investigation," Williams says. "We'll ask

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questions about any written programs the organization has, interview management, employees, and, if present, union members, and inspect OSHA logs.”

Safe patient handling will be high on the radar, with inspectors checking to see if appropriate lift, transfer, or reposition assistive devices are operational and investigating programs and systems in place to train and protect workers from MSDs. Lacking specifically applicable regulations pertaining to MSDs and workplace violence, OSHA compliance officers are instructed to defer to the General Duty Clause.

“If we have an OSHA standard in place, we expect the employer to be aware of obligations under that standard. For instance, with our bloodborne pathogens standard, it requires that the organization have a written, customized program that isn’t generic. We look to see that they’re in compliance with these OSHA standards and that they’re ensuring that their program addresses these hazards at their facility,” says Williams.

What you can do

To prepare for a possible OSHA inspection and decrease your workplace hazards, Williams suggests the following tips:

- Review your hazard vulnerability analysis and/or conduct a new one.
- Review and improve your organization’s various programs to prevent MSDs, infectious disease transmission, accidents, and workplace violence. “Be aware that OSHA recently

Sidebar 1. Helpful Hazard Mitigation Links

- OSHA Inspection Guidance for Inpatient Healthcare Settings (more details on the enhanced enforcement policy): https://www.osha.gov/dep/enforcement/inpatient_insp_06252015.html
- OSHA Inspections Fact Sheet: https://www.osha.gov/OshDoc/data_General_Facts/factsheet-inspections.pdf
- OSHA Worker Safety in Hospitals portal: <https://www.osha.gov/dsg/hospitals/index.html>
- OSHA Safety and Health Topics—health care hazards: <https://www.osha.gov/SLTC/healthcarefacilities/index.html>
- OSHA Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers: <https://www.osha.gov/Publications/osha3148.pdf>
- OSHA Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis: https://www.osha.gov/OshDoc/Directive_pdf/CPL_02-02-078.pdf

issued a revision of our *Guidelines for Preventing Workplace Violence*,” says Williams (see Sidebar for link).

- Educate and train staff on hazard prevention steps; documented training is part of being prepared for an OSHA inspection.

- Conduct a mock OSHA inspection drill in which you simulate areas of scrutiny.

The bottom line is simple: “Organizations that stress a culture of safety will be in good shape in terms of not being caught unaware if OSHA comes to their facility,” Williams adds. 

References

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