2017 VSHE Fall Safety Seminar

VSHE Virginia Society of Healthcare Engineers

ASHE®

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FOR THE ONES WHO GET IT DONE

OSHA's Top 10 Most Cited Standards for Healthcare FY'2017

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Regulatory Agencies Environment of Care

CAUTION

IF YOU THINK OSHA IS A SMALL TOWN IN WISCONSIN YOU'RE IN TROUBLE

BRADY® MS1134

OSHA's Mission

With the Occupational Safety and Health Act of 1970, Congress created the Occupational Safety and Health Administration (OSHA) to assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance.

Awareness of the Top 10 List?

- Very familiar
- Somewhat familiar
- Somewhat unfamiliar
- Not at all familiar

1% 1%
34%
64%
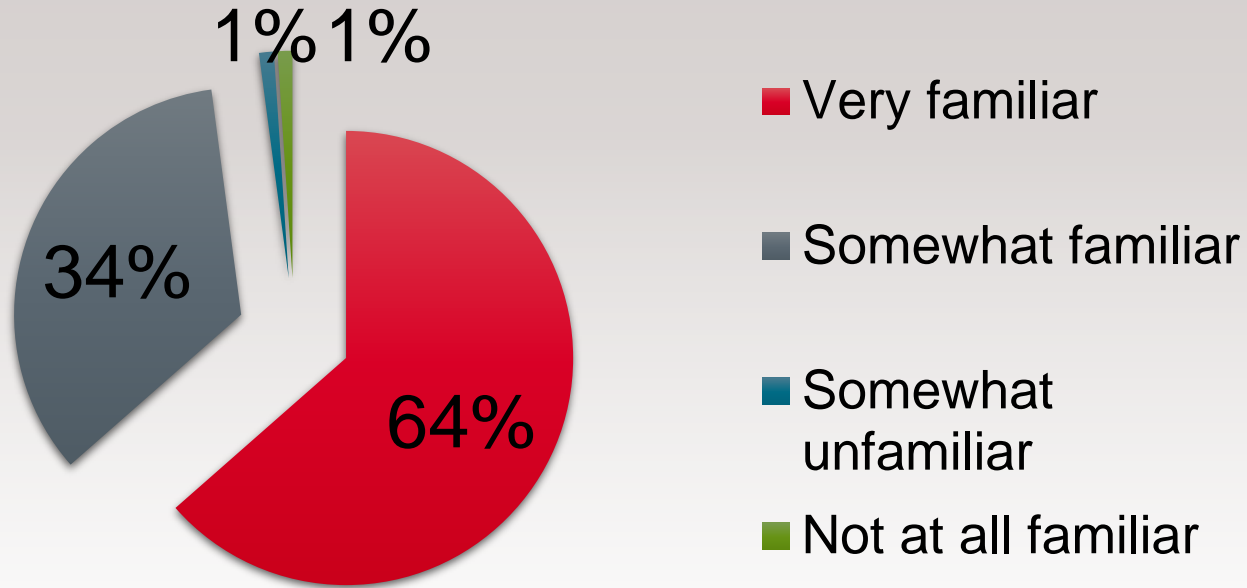
OSHA Top 10 List* (Federal OSHA Inspections, FY2017)

1. Fall Protection; General Requirements (1926.501)
2. Hazard Communication (1910.1200)
3. Scaffolding (1926.451)
4. Respiratory Protection (1910.134)
5. The Control of Hazardous Energy (1910.147)
6. Ladders (1926.1053)
7. Powered Industrial Trucks (1910.178)
8. Machine Guarding (1910.212)
9. Fall Protection – Training Requirements (1926.503)
10. Electrical – Wiring Methods (1910.305)

* Preliminary figures

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Are Hospitals Safe?

Occupational Injury/Illness Rates*, 2015 U.S. Bureau of Labor Statistics

- Nursing and residential care facilities (private industry) = 12.0

- Hospitals (state gov't) = 8.1

- Psychiatric and substance abuse hospitals (private industry)= 8.1

- All industries including state and local gov't = 3.3

- Construction = 3.6

- Manufacturing = 4.0

*injuries per 100 full-time workers; Source: Bureau of Labor Statistics

Sector Specific List of More Value?

8%

10%

52%

30%

■ Strongly Disagree
■ Somewhat Disagree
■ Somewhat Agree
■ Strongly Agree
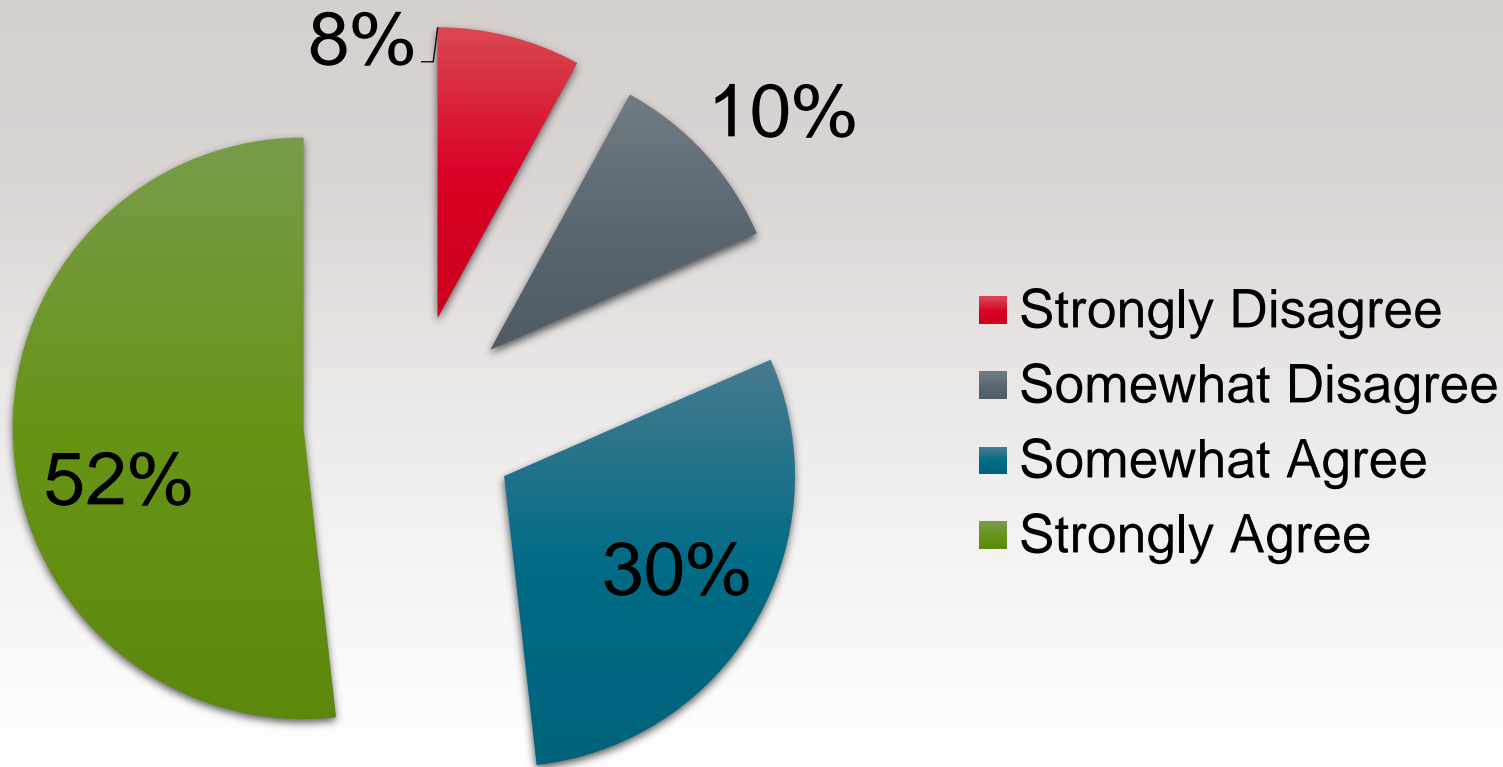
189 Federal inspections of Ambulatory Healthcare, Hospitals and Nursing/Residential Care Facilities

– (5,564 hospitals in U.S., AHA Fast Facts on US Hospitals 2017)

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NAICS Sector **62**:The Health Care and Social Assistance sector comprises establishments providing health care and social assistance for individuals.
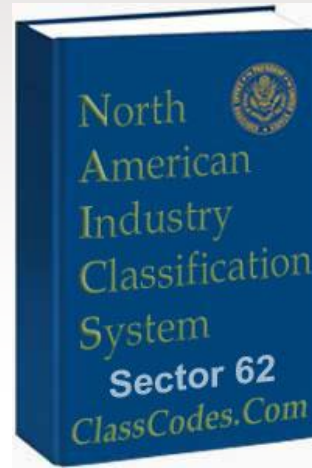
The Top 10 OSHA standards represent:

- 75% of all Federal OSHA healthcare citations

- 74% of all Federal OSHA penalties issued with citations

OSHA Top 10 List for Healthcare (Federal OSHA Inspections, FY2017)

1. Bloodborne Pathogens

2. Hazard Communication

3. General Requirements (PPE)

4. Reporting fatalities, hospitalizations, amputations and losses of an eye to OSHA

5. Formaldehyde

6. Respiratory Protection

7. Electrical general requirements

8. Wiring methods, components and equipment for general use

9. Asbestos

10. The Control of Hazardous Energy (Lockout / Tagout)

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1. Bloodborne Pathogens (29 CFR 1910.1030)

Written exposure control plan (ECP)

Exposure determination with list of job classifications

ECP updated annually

Written schedule for cleaning

Hepatitis B vaccine for affected employees

Biohazard warning labels on waste containers and containers with blood/OPIM

Training for affected employees

Medical records maintained for employment plus 30 years

Training records maintained for 3 years

Sharps injury log maintained for 5 years

Written hazard communication program

Hazardous chemical list

Containers marked with identity and hazard description

Safety data sheet for each chemical; readily available

Safety data sheets follow 16-section OSHA format

Training for affected employees

Hazard Communication Program

- Five Components of a Hazard Communication Program:
  - Hazard Classification
  - Written Program
  - Labels
  - SDSs
  - Training

Primary Shipped Container Labeling

1. Signal Word:
Indicates relative level of hazard. "Danger" is used for most severe instances, while "Warning" is less severe.

2. Symbols (Hazard Pictograms):
Convey health, physical and environmental hazard information with red diamond pictograms. May use a combination of one to five symbols.

3. Product Name or Identifiers*

4. Hazard Statements:
Phrases that describe the nature of hazardous products and oftentimes the degree of hazard.

5. Precautionary Statements:
Phrases associated with each hazard statement, that describe general preventative, response, storage or disposal precautions.

6. Manufacturer Information:
Company name, address & telephone number.

Label content:

DANGER

Carbon Monoxide

H220: Extremely flammable gas. - H331: Toxic if inhaled. - H360D: May damage the unborn child. - H372: Causes damage to organs through prolonged or repeated exposure

Keep container tightly closed. Avoid breathing vapours. If inhaled: Remove victim to fresh air and keep at rest in a position comfortable for breathing. Call a Poison Center or doctor. Store in a well-ventilated place.

30.0 L

3630-08-0   006-001-00-2
211-128-3   #####

Company ABC
1234 Long Road
New York, New York
555-800-5555

*Additional Product Identifiers

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HCS Pictograms and Hazards

Health Hazard

- Carcinogen
- Mutagenicity
- Reproductive Toxicity
- Respiratory Sensitizer
- Target Organ Toxicity
- Aspiration Toxicity

Flame

- Flammables
- Pyrophorics
- Self-Heating
- Emits Flammable Gas
- Self-Reactives
- Organic Peroxides

Exclamation Mark

- Irritant (skin and eye)
- Skin Sensitizer
- Acute Toxicity
- Narcotic Effects
- Respiratory Tract Irritant
- Hazardous to Ozone Layer (Non-Mandatory)

Gas Cylinder

- Gases Under Pressure

Corrosion

- Skin Corrosion/Burns
- Eye Damage
- Corrosive to Metals

Exploding Bomb

- Explosives
- Self-Reactives
- Organic Peroxides

Flame Over Circle

- Oxidizers

Environment
(Non-Mandatory)

- Aquatic Toxicity

Skull and Crossbones

- Acute Toxicity (fatal or toxic)

Workplace Labeling

- GHS compliant label, *or*

- Product identifier and words, pictures, symbols, or combination thereof, which provide at least general information regarding the hazards of the chemicals

  (Can continue to use NFPA or HMIS rating systems)

Safety Data Sheet

1 **Identification** includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

2 **Hazard(s) Identification** includes all hazards regarding the chemical; required label elements.

3 **Composition/Information on Ingredients** includes information on chemical ingredients; trade secret claims.

4 **First-Aid Measures** include important symptoms/effects, acute, delayed; required treatment.

5 **Fire-Fighting Measures** list suitable extinguishing techniques, equipment; chemical hazards from fire.

6 **Accidental Release Measures** list emergency procedures; protective equipment; proper methods of containment and cleanup.

7 **Handling and Storage** list precautions for safe handling and storage, including incompatibilities.

8 **Exposure Controls/Personal Protection** list OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).

9 **Physical and Chemical Properties** list the chemical's characteristics.

10 **Stability and Reactivity** list chemical stability and possibility of hazardous reactions.

11 **Toxicological Information** includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

12 **Ecological Information*** provides information to evaluate the environmental impact of the chemical(s) if it were released to the environment.

13 **Disposal Considerations*** provide guidance on proper disposal practices, recycling or reclamation of the chemical(s) or its container and safe handling practices. Will most likely refer reader to section 8 to minimize exposure.

14 **Transport Information*** provides guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail or sea.

15 **Regulatory Information*** identifies the safety, health and environmental regulations specific for the product that is not indicated anywhere else on the SDS.

16 **Other Information** includes the date of preparation or last revision.

*Note: Since other Agencies regulate this information, OSHA will not be enforcing sections 12 through 15 (29 CFR 1910.1200(g)(2)). This information must be provided to meet GHS requirements for SDSs.

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3. General Requirements (PPE) (29 CFR 1910.132)

Written certification of workplace hazard assessments

PPE maintained in sanitary and reliable condition

Training for users of personal protective equipment

3. General Requirements (PPE) (29 CFR 1910.132)

(1) The employer must train employees before issuing PPE

- Each employee trained to know at least the following:

    - (i) When PPE is necessary

    - (ii) What PPE is necessary

    - (iii) How to properly don, doff, adjust, and wear PPE

    - (iv) The limitations of the PPE

    - (v) The proper care, maintenance, useful life and disposal of the PPE

3. General Requirements (PPE) (29 CFR 1910.132)

- (2) Workers must demonstrate an understanding of the training and the ability to use PPE properly, before being allowed to perform work requiring the use of PPE

- (3) Verify that each employee has received and understood the required training through a written certification that contains:
  - The name of each employee trained
  - The date(s) of training
  - Identifies the subject of the certification

Occupational fatalities reported within 8 hours to OSHA

Occupational injuries involving hospitalization, amputation, or loss of eye reported within 24 hours to OSHA

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5. Formaldehyde (29 CFR 1910.1048)

Monitoring program

Engineering controls and work practices

Compliance program

Respirator program

Employee information and training

Medical Surveillance

6. Respiratory Protection (29 CFR 1910.134)

Written respiratory protection program

Designated program administrator

Medical evaluations for respirator users

Annual fit-testing for users of respirators with tight-fitting face pieces

Training for respirator users

Periodic evaluations of respiratory protection program

Records of medical evaluations and fit-tests maintained

7. General (Electrical) (29 CFR 1910.303)

Electrical equipment free of damaged parts

Electrical equipment marked with manufacturer and rating

Disconnecting means for motors, appliances, and circuits marked with purpose

Clearance (3 ft) for <600v electrical equipment

Live parts (≥50v) guarded against accidental contact (cabinet, vault, 8 ft elevation, etc.)

"DANGER-HIGH VOLTAGE" signs for rooms or enclosures with live parts >600v

Temporary power and lighting used for renovations, maintenance, 90-day decorations, experiments, and emergencies only

Unused openings in cabinets closed

Junction boxes provided with covers

No live parts on appliances, fixtures, lamps, and receptacles

Ventilation for battery storage areas

No storage in transformer vaults

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9. Asbestos (29 CFR 1910.1001)

Monitoring program

Engineering controls and work practices

Compliance program

Respirator program

Employee information and training

Medical Surveillance

Headlines

01/03/2017 - OSHA finds medical clinic exposed workers to asbestos hazards

- Provide basic <u>personal protective equipment</u> such as protective clothing.

- Create a <u>decontamination</u> area for employees to remove protective clothing before leaving the worksite.

- Use appropriate work methods to minimize asbestos exposure, such as using wet methods to keep asbestos fibers from becoming airborne and using local exhaust ventilation.

- Provide <u>respiratory protection</u>.

- Conduct exposure assessments.

- Provide medical surveillance to monitor potential exposure.

- Post signage on the boiler room and in other locations warning of known asbestos containing material.

- Inform workers on the location and use of <u>hazardous chemicals</u> in the facility.

10. Lockout / Tagout (29 CFR 1910.147)

General Procedures

Energy Control Program

Periodic inspection

Training

Authorized employee shall receive training in applicable hazardous energy sources

Inspection Guidance for Inpatient Healthcare Settings

- Musculoskeletal disorders related to lifting & handling
- Workplace violence
- Bloodborne pathogens
- Tuberculosis
- Slips, trips, and falls
- Other hazards
  - Multi-drug resistant organisms
  - Hazardous chemicals

OSHA News Release

- **OSHA, New Jersey medical center reach agreement on violence prevention**

- **OSHA Investigation Finds Psychiatric Hospital Workers Remain Exposed to Serious Workplace Hazards $207,690 in proposed penalties**

OSHA Top 10 List for Healthcare (VOSH Inspections, FY2017)

1. Bloodborne Pathogens

2. Hazard Communication

3. General Requirements (PPE)

4. Ionizing Radiation

5. 16VAC25

- **12 Virginia State inspections of healthcare facilities**

6. General Recording Criteria

7. Retention and Updating

8. Maintenance, Safeguards, and Operational Features for Exit Routes

9. Sanitation

10. Permit-Required Confined Spaces

Maintenance, Safeguards, and Operational Features for Exit Routes (29 CFR 1910.37)

Exit routes free of highly flammable furnishings and decorations

Exit routes free and unobstructed

Life safety equipment maintained in proper working order

Exit routes marked with "EXIT" signs

Exit routes maintained during construction and repairs

Buildings equipped with alarm system for fire and other emergencies

Annual Summary - Occupational Injuries/Illnesses (29 CFR 1904.32)

Completion of annual summary of injuries/illnesses (OSHA 300-A)

Certification of annual summary by company executive

Posting of annual summary Feb 1 – Apr 30

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Medical Services and First Aid (29 CFR 1910.151)

Emergency eye wash and shower equipment in areas with exposure to corrosives

OSHA Resources

Workplace safety also affects patient care. Manual lifting can injure caregivers and also put patients at risk of falls, fractures, bruises, and skin tears. Caregiver fatigue, injury, and stress are tied to a higher risk of medication errors and patient infections.
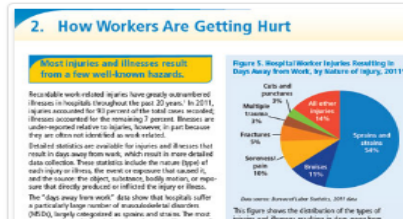
Tools & Resources

Click on the products below to learn more about worker safety in hospitals.
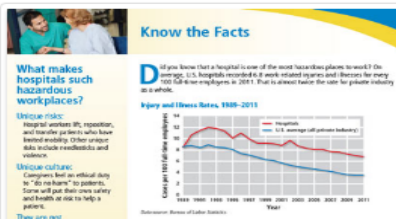
Get the Basic Facts

An executive summary for hospital administrators and others who want to learn more about who is getting injured, how they are getting hurt, how much it costs, and what hospitals can do to address the problem.
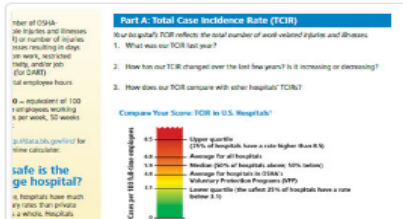
PDF Download*

Get the Full Story

A factbook with detailed trend data that offers a comprehensive look at hospital worker safety.

PDF Download*

How Safe is Your Hospital?

A fillable questionnaire to help you gather key information from your facility, find out how safe your workplace is, how much your hospital spends on worker injuries and illnesses, what programs are in place to address the problem, and how you compare with other hospitals nationwide.

PDF Download*

Sidebar navigation:
- Policy / Program Development
- Facility & Patient Needs Assessment
- Facilitating Change
- Safe Patient Handling Equipment
- Education & Training
- Program Evaluation
- Additional Resources
- Workplace Violence

VOSH Resources

- **Virginia Department of Labor & Industry Attention: Consultation Services**
  Main Street Centre
  600 East Main Street, Suite 207
  Richmond, Virginia 23219.

- Consultation Services - (804) 786-8707 - Fax (804) 786-8418

The Cost of Healthcare Injuries

$15,860

Average workers' compensation claim for a hospital injury between 2006 and 2011 (OSHA)

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