OSHA Healthcare Inspections

USDOL/OSHA
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Presentation Outline

- OSHA Inspection Targeting
- Inspection Guidance for Inpatient Healthcare Settings
- Top Violations in Healthcare
- Other "valuable information"

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OSHA Inspections

Programmed

vs.

Unprogrammed

OSHA

Report a fatality or severe injury

- All employers are required to notify OSHA when an employee is **killed** on the job or suffers a work-related **hospitalization, amputation, or loss of an eye**.

- A fatality must be reported **within 8 hours**.

- An in-patient hospitalization, amputation, or eye loss must be reported **within 24 hours**.

How can employers report to OSHA?

- During business hours, call the nearest OSHA office

- Or call the OSHA 24-hour hotline 1-800-321-6742 (OSHA)

- Electronically online at www.osha.gov

  - Be prepared to supply: Name of the establishment, location and time of the incident, names of employees affected, brief description of incident, and a contact person and phone number

OSHA Offices by State

Click on a state to locate your local offices.

NYS OSHA Area Offices

Main OSHA Number:
1-800-321-OSHA,
1-800-321-6742

Buffalo Area Office
(716) 551-3053
Syracuse Area Office
(315) 451-0808
Albany Area Office
(518) 464-4338
Tarrytown Area Office
(914) 524-7510
Manhattan Area Office
(212) 620-3200
Long Island Area Office
(516) 334-3344

Referral

- Another Agency
  - Wage & Hour has temporary labor camp jurisdiction and can refer to OSHA
  - Police or Coroner
  - Code Enforcement Officer

- Another Compliance Safety & Health Officer (CSHO)

- Self-Referral ("Drive-By")
  - Limited in dairy operations

- Media

Complaints

Formal Complaints

- Alleges a serious hazard
- Hazard violates an OSHA regulation
- Hazard is on-going
- Signed
  - Current employee
  - Family member of current employee
  - *Bona fide* representative of a current employee
- Usually results in an inspection

Phone/Fax Complaints

- Unsigned complaint or individual doesn't meet the criteria for filing a formal complaint
  - e.g., anonymous, former employee, general public, etc.
- OSHA contacts site by phone
- Follow-up letter faxed to site
- Five days to respond

We Can Help

How Does OSHA Decide Who to Inspect?

OSHA cannot inspect all workplaces it covers each year. The agency seeks to focus its inspection resources on the most hazardous workplaces.

OSHA's National Emphasis Programs

COMBUSTIBLE DUST - CPL 03-00-008 (Date: 03/11/2008)

HAZARDOUS MACHINERY - CPL 03-00-019 National Emphasis Program on Amputations (Date: 08/13/2015)

HEXAVALENT CHROMIUM - CPL 02-02-076 (Date: 02/23/2010)

LEAD - CPL 03-00-009 (Date: 08/14/2008)

PRIMARY METAL INDUSTRIES - CPL 03-00-018 (Date: 10/20/2014)

PROCESS SAFETY MANAGEMENT - CPL 03-00-014 (Date:11/29/2011)

SHIPBREAKING - CPL 03-00-012 (Date: 11/04/2010)

SILICA - CPL 03-00-007 (Date: 01/24/2008)

TRENCHING & EXCAVATION - CPL 02-00-069 (Date: 9/19/1985)

FY2017 Syracuse Local Emphasis Programs

- Fall Hazards in Construction
- Heavy Highway and Bridge Construction and Maintenance
- Warehousing and Refuse Handlers and Haulers
- Construction Worksites – Local Targeting
- Health High Hazard Top 50
- Silica
- Lead
- Dairy Farm Operations

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U.S. Department of Labor

Assistant Secretary for
Occupational Safety and Health
Washington, D.C. 20210

June 25, 2015

MEMORANDUM FOR: REGIONAL ADMINISTRATORS
                        STATE DESIGNEES

FROM: DOROTHY DOUGHERTY
                        Deputy Assistant Secretary

SUBJECT: Inspection Guidance for Inpatient Healthcare Settings

This memorandum establishes guidance for inspections conducted in inpatient healthcare settings, North American Industry Classification System (NAICS) Major Groups 622 (hospitals) and 623 (nursing and residential care facilities). All such inspections, programmed and unprogrammed, will cover the focus hazards included in the recently-concluded National Emphasis Program - Nursing and Residential Care Facilities, CPL 03-00-016 (NH-NEP):

- Musculoskeletal disorders (MSDs) relating to patient or resident handling;
- Workplace violence (WPV),
- Bloodborne pathogens (BBP),
- Tuberculosis (TB), and
- Slips, trips and falls (STFs).

These focus hazards will be addressed in addition to other hazards that may be the subject of the inspection or brought to the attention of the compliance officer during the inspection. The goal of this policy is to significantly reduce overexposures to these hazards through a combination of enforcement, compliance assistance, and outreach.

Background: The U.S. Department of Labor's Bureau of Labor Statistics (BLS) and OSHA's inspection history with the NH NEP have shown that inpatient healthcare settings consistently have exposures to the safety and health hazards noted above.

For example, with regard to MSDs, between April 5, 2012 and April 5, 2015, OSHA conducted 1,100 inspections of nursing and residential care facilities under the NH-NEP. Ergonomic stressors were evaluated in 596 of these inspections, which generated 192 ergonomic hazard alert letters (EHALs) to employers and 11 citations of OSHA's general duty clause for hazardous ergonomic conditions. Additional information on the incidence of MSDs and the other focus hazards is provided in Attachment 1.

Scope: This guidance applies to all Federal OSHA inspections, programmed and unprogrammed, conducted in NAICS Major Groups 622XXX (hospitals) and 623XXX (nursing and residential care

Inspection Procedures

- Musculoskeletal disorders (MSDs) relating to patient or resident handling
- Workplace Violence
- Blood borne Pathogens (BBP)
- Tuberculosis (TB)
- Slips, Trips and Falls

Preventing Workplace Violence:
A Road Map for Healthcare Facilities

Patient Lifting/Positioning & MSDs

Musculoskeletal Disorder rates
(days away from work cases per 10,000 workers)

- **All Industries: 34**
- **Registered Nurses: 53.8**
- **Nursing aides, orderlies, & attendants: 249.4**

http://www.bls.gov/news.release/osh2.t18.htm

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http://www.osha.gov/dsg/hospitals/mgmt_tools_resources.html

Top 5 industries reporting worker injuries from **workplace violence**

	Industry
11,140	**Healthcare & Social Assistance**
1,420	**Retail**
960	**Food Services & Accommodation**
910	**Transportation & Warehousing/Waste Management**
810	**Education**

LEARN HOW to assess hazards & develop individual worksite plans:
www.OSHA.gov

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Prevent Workplace Violence

OSHA RECOMMENDS:

- Policy Statement

- Hazard/Threat/Security assessment

- Workplace controls and prevention strategies

- Training and education

- Incident reporting and investigation

- Periodic review with employee input

https://www.osha.gov/dsg/hospitals/workplace_violence.html

pitals/workplace_violence.html   Preventing Workplace Viole... ×

UNITED STATES DEPARTMENT OF LABOR

Find it in OSHA   A TO Z INDEX

Occupational Safety and Health Administration   English | Spanish

ABOUT OSHA   WORKERS   EMPLOYERS   REGULATIONS   ENFORCEMENT   TOPICS   NEWS & PUBLICATIONS   DATA   TRAINING

Worker Safety in Hospitals
Caring for our Caregivers

Worker Safety in Hospitals Home

Understanding the Problem

Safety & Health Management Systems

Safe Patient Handling

MSD Assessment

Management Support

Policy / Program Development

Facility & Patient Needs Assessment

Facilitating Change

Safe Patient Handling Equipment

Education & Training

Program Evaluation

Preventing Workplace Violence in Healthcare

Workers in hospitals, nursing homes, and other healthcare settings face significant risks of workplace violence. Many factors contribute to this risk, including working directly with people who have a history of violence or who may be delirious or under the influence of drugs. From 2002 to 2013, the rate of serious workplace violence incidents (those requiring days off for an injured worker to recuperate) was more than four times greater in healthcare than in private industry on average. In fact, healthcare accounts for nearly as many serious violent injuries as all other industries combined. Many more assaults or threats go unreported. Workplace violence comes at a high cost; however, it can be prevented. OSHA has compiled a suite of resources to help you build and implement a comprehensive workplace violence program in your healthcare facility.

The strategies and tools presented here are intended to complement *OSHA's Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers*", updated in 2015. The *Guidelines* describe the five components of an effective workplace violence prevention program, with extensive examples.

The products below: *Workplace Violence in Healthcare: Understanding the Challenge*", presents some estimates of the extent of the problem from various sources; *Preventing Workplace Violence: A Road Map for Healthcare Facilities*" expands on OSHA's guidelines by presenting case studies and successful strategies from a variety of healthcare facilities; and *Workplace Violence Prevention and Related Goals: The Big Picture*" explains how you can achieve synergies between workplace violence prevention, broader safety and health objectives, and a "culture of safety."

Tools & Resources

The National Institute for Occupational Safety and Health defines workplace violence as "violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty." Even if no physical injury takes place, threats, abuse, hostility, harassment, and other forms of verbal violence can cause significant psychological trauma and stress—and potentially escalate to physical violence.

Related OSHA Safety and Health Topics

- Workplace Violence (all industries)
- Healthcare (all hazards)

Protecting Hospital Workers
from transmissible diseases

Respiratory Protection Toolkit

- OSHA and NIOSH released a new toolkit to help health care employers protect hospital staff from respiratory hazards

- OSHA's **Respiratory Protection Standard** requires healthcare employers to establish and maintain a **respiratory protection program**

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https://www.osha.gov/SLTC/etools/
hospital/hazards/slips/slips.html

Subpart D - Walking-Working Surfaces and PPE (Fall Protection) Rule

MAIN EFFECTIVE DATES

- Rule overall: **January 17, 2017**

- Training: 6 months after publication

- Building anchorages for RDS:
  1 year after publication

- Fixed ladder fall protection:
  2 years after publication

- Installation of ladder safety system
  or personal fall arrest system on
  fixed ladders: 20 years after publication

Work on low-sloped roofs 1910.28(b)(13)

Working on low sloped roofs 1910.28(b)(13)

(i)   Less than 6 feet from roof edge - use fall protection consisting of guardrail system, net system, travel restraint system or personal fall arrest system

(ii)   6 feet to less than 15 feet from roof edge and work is infrequent and temporary - may use designated area

(iii)   15 feet or more from the roof edge and work is infrequent and temporary - employer is not required to provide fall protection but must implement and enforce work rule prohibiting employees from going within 15 feet of the roof edge.

Warning line system & guardrail

Best Practice:
Tag on warning line system

Best Practice:
Roof Access Permit

Hoist areas 1910.28(b)(2)

Each employee is protected from falling 4 feet or more by:

- Guardrail systems;
- Personal fall arrest systems or
- Travel restraint systems

Ladderway floor hole or platform hole

1910.28(b)(3)(iv) - Each employee is protected from falling into a ladderway floor hole or platform hole by a guardrail system and toe-boards erected on all sides, except at the entrance to the hole, where a self-closing gate or an offset must be used

Note: This paragraph applies to fixed ladders that extend to another working surface, even if the ladder attaches to the edge of the working surface or the platform, since the opening at the ladder access point is also a floor opening.

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=27215

Most Frequently Cited Standards

Click: Most Frequently Cited (MFC) Standards to view current data

To search MFC data on this webpage:

- "Select number of employees in establishment," select **ALL** or one of the options listed
- "Federal or State Jurisdiction," select **Federal** or, from the dropdown menu, a specific state
- "NAICS," enter ALL for all Industry groups, or enter a valid 2 to 6 digit code for a specific Industry from the NAICS Manual
- Shown are search results for: All sizes of establishments, in Federal jurisdiction, with a **"Health Care and Social Assistance NAICS code of "62XXXX"**

C Division C

Listed below are the standards which were cited by **Federal OSHA** for the specified SIC during the period October 2008 through September 2009. Penalties shown reflect current rather than initial amounts. For more information, see definitions.

Standard	#Cited	#Insp	$Penalty	Description
Total	55464	18098	50184802	
19260451	9672	3767	9157149	General requirements.
19260501	7439	6825	10367857	Duty to have fall protection.
19261053	3483	2563	2296725	Ladders.
19260503	2457	2332	1602926	Training requirements.
19101200	2356	1151	395320	Hazard Communication.
19260020	1985	1769	1323637	General safety and health provisions.
19260453	1896	1658	1795543	Aerial lifts.
19260100	1805	1787	1047717	Head protection.
19260454	1675	1497	903997	Training requirements.
19260651	1667	988	1962724	Specific Excavation Requirements.
19260405	1416	1112	695191	Wiring methods, components, and equipment for general use.
19260102	1239	1210	634999	Eye and face protection.

Common Most Frequently Cited Standards:

Hazard Communication; Respiratory Protection; Electrical; Bloodborne Pathogens; Personal Protective Equipment

Hospitals & Nursing /Residential Care Facilities NAICS 622XXX & 623XXX

#1 – 1910.1030(c)(1) – No written bloodborne pathogen exposure control plan

#2 – 1910.1200(e)(1) Hazard Communication

➢ Chemical Inventory

➢ Safety Data Sheets

➢ Container Labeling

➢ Employee Training

NO EYE WASH
READILY AVAILABLE

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CORPORATION
OXIBLAK

CORROSIVE
DANGER!

875 S19-220

B75 S19-210

#4 – 1904.39 Report a fatality or severe injury

- All employers are required to notify OSHA when an employee is **killed** on the job or suffers a work-related **hospitalization, amputation, or loss of an eye**.

- A fatality must be reported **within 8 hours**.

- An in-patient hospitalization, amputation, or eye loss must be reported **within 24 hours**.

OSHA's REPORTING EXPLAINED

WORKER IS INJURED

WAS IT FATAL? — NO

YES

REPORT TO OSHA WITHIN 8 HOURS

WAS THE WORKER ADMITTED TO A HOSPITAL? — NO

YES

WAS THERE AN AMPUTATION? — NO

REPORT TO OSHA WITHIN 24 HOURS — YES

DID SOMEONE LOSE AN EYE? — NO

NO REPORT REQUIRED — NO

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#5-1910.1001 Asbestos

DANGER

ASBESTOS
MAY CAUSE CANCER
CAUSES DAMAGE TO LUNGS
WEAR RESPIRATORY PROTECTION AND
PROTECTIVE CLOTHING IN THIS AREA
AUTHORIZED PERSONNEL ONLY

#6 -1910.132 Personal Protective Equipment