



CONN-OSHA QUARTERLY

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Preventing Injuries and Illnesses at Nursing Homes and Residential Care Facilities *By: Anne Bracker, MPH, CIH*

OSHA has launched a Nursing and Residential Care Facilities national emphasis program (NEP) because of the industry's high rate of injuries and illnesses. In Connecticut, private Nursing and Residential Care Facilities have a Days Away from Work rate that is 2.5 times higher than Connecticut's overall rate and state run Nursing and Residential Care Facilities have a Days Away from Work rate that is 2.4 times higher than the states overall rate! (see Table) The emphasis program will focus on the hazards which are prevalent in Nursing and Residential Care Facilities, specifically, ergonomic stressors related to resident handling; exposure to blood and other potentially infectious materials; exposure to tuberculosis; workplace violence and slips, trips, and falls.

Employers can prevent the injuries and illnesses associated with these hazards. This 5 part step by step approach could help you launch a targeted health and safety program at your facility.

Step 1. Convene a multidisciplinary team with representatives from management and the workforce.

Step 2. Review your OSHA 300 logs and divide the causes of your facility's injuries and illnesses into the following categories: ergonomic stressors related to resident handling; exposure to blood and other potentially infectious materials; exposure to tuberculosis; workplace violence and slips, trips and falls.

Step 3. Use the list to identify patterns and select a targeted prevention program.



- What type of hazard caused the most injuries or illnesses?
- What category of injury or illness has resulted in the most days away from work or restricted duty?
- Who has been getting ill or injured? (shift, job titles, departments)

Note: You may find it helpful to use the tool provided through OSHA's Safety Pays Program (<http://www.osha.gov/dcsp/smallbusiness/safetypays/index.html>) to calculate the costs associated with these injuries and illnesses.

Step 4. Once you have selected the hazard category your committee would like to address, use the suggestions below and the health and safety resources found at OSHA's Nursing Home website (<http://www.osha.gov/SLTC/nursinghome/index.html> and Nursing Home eTool

(<http://www.osha.gov/SLTC/etools/nursinghome/index.html>) to develop your prevention program. You could also request a free, on-site CONN-OSHA consultation to help you address these safety and health concerns. For more information about this program, contact 860-263-6900.

Step 5. Communicate your health and safety initiative to the rest of the facility through outreach and training programs.

Nursing and Residential Care Facilities in Connecticut		
2011 Cases with Days Away from Work Rates per 100 full-time employees		
	CT Rate	CT Nursing & Residential Care Rate
Private	1.5	3.7
State Government	2.5	6.0
Local Government	3.1	---
Source: Bureau of Labor Statistics, U.S. Department of Labor		

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Hazard Corner...Workplace Violence

Each year, approximately 2 million American workers are victims of workplace violence. According to the U.S. Department of Labor, Bureau of Labor Statistics (BLS), an average of 590 workplace homicides occurred each year from 2000 through 2009, with homicides remaining one of the four most frequent work-related fatal injuries. Between 2003 and 2008, 97,930 assaults and violent acts by persons resulted in days away from work. Although data published by the Department of Justice's National Crime Victimization Survey showed an overall decline in nonfatal violence against employees during this same time period, workplace violence continues to negatively impact the American workforce.

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty." It can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide.

Workplace violence is recognized as an occupational hazard and, like other safety issues, can be avoided or minimized if employers take appropriate precautions. Therefore, employers may be found in violation of the general duty clause if they fail to reduce or eliminate serious recognized hazards, including those related to workplace violence. Between 2007 and 2012, state and federal OSHA programs issued at least 28 violations related to workplace violence. Many of these violations resulted in a monetary penalty ranging from several hundred to several thousand dollars. Over the past 14 months, the Connecticut Department of Labor, Division of Occupational Safety and Health (CONN-OSHA) conducted 3 inspections related to workplace violence hazards. In each of these cases, employees were exposed to violent or assaultive acts primarily by clients, but also by co-workers. Some of these acts resulted in injuries to the victim, ranging from relatively minor scratches and bruises to serious, debilitating injuries including head trauma.

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Preventing Injuries and Illnesses at Nursing Homes *(cont. from page 1)*

Ergonomics: At nursing home and long term care facilities ergonomic hazards are frequently associated with patient lifting and repositioning because these tasks involve heavy lifting, the application of force; awkward postures, sudden load bearing, repetition and fatigue. For each musculoskeletal injury on the OSHA log, identify the ergonomic risk factors and discuss the measures that can be introduced to prevent or control these hazards. Solutions could include designing equipment that is easy to use or changing how tasks are done.

Bloodborne Pathogens (BBP): Nursing and Residential Care Facilities workers perform tasks that potentially expose them to blood and other potentially infectious materials. Management should have an exposure control plan that identifies which workers perform tasks that may involve exposure to BBP. The plan should review how the employer will provide these workers with BBP training and preventive measures such as hepatitis B vaccination, engineering controls and protective equipment. In addition, the exposure control plan should document the plan of action to be taken if an exposure incident occurs.

Tuberculosis: Employees working in Nursing and Resi-

dential Care Facilities have been identified by the Centers for Disease Control and Prevention (CDC) as being among the occupational groups with the highest risk for exposure to tuberculosis (TB) due to the case rate of disease among persons ≥ 65 years of age. In addition to using negative pressure isolation rooms employers may choose to require the use of respiratory protection such as the N95 disposable respirator. Employers that require employees to wear respirators must have a written respirator program that includes medical clearance, fit testing and training.

Workplace Violence: Workplace violence is an important issue for workers who take care of individuals who may be combative or resistant to care. See the related article on this topic in this issue of the CONN-OSHA quarterly.

Slips, Trips and Falls: Injuries from slips, trips, and falls are commonly noted among the nonfatal occupational injury and illness cases reported in Nursing and Residential Care Facilities. Floors should be kept clean and dry and non-slip mats and flooring should be provided where practicable.

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To receive the *Quarterly* electronically, contact gregory.grayson@dol.gov. In the subject line type "subscribe" and provide your e-mail address. You may also reach us by phone at (860) 263-6900 or visit our website at <http://www.ctdol.state.ct.us/osha/osha.htm>

Hazard Corner... Workplace Violence cont.

Although violent acts may seem to be beyond the employer's control, several studies have shown that prevention programs can reduce incidents of workplace violence. As with prevention programs for other safety and health hazards, a solid prevention program for workplace violence should include the following elements:

- Management commitment/leadership and employee involvement;
- Worksite hazard analysis;
- Hazard prevention and control;
- Safety and health training; and
- Recordkeeping and program evaluation.

Before a Workplace Violence Prevention Program (WVPP) can be developed and effectively implemented, management must provide the motivation, accountability, and resources required to do so. Furthermore, employees often feel as though management is more concerned with client services or care than with employee safety and health. Management should affirm their commitment to a worker-supportive environment that places as much importance on employee safety and health as on serving the patient or client. Employees also play an important role in that they should comply with the WVPP and other safety and security measures; participate in safety and health committees; take part in continuing education programs that address workplace violence prevention; and report all violent incidents and near-incidents promptly and accurately.

A worksite analysis involves a step-by-step review of the workplace to find existing or potential hazards for workplace violence. A worksite analysis includes not only a review of the employer's physical characteristics and current security measures, but also a review of records including medical, safety, workers' compensation and insurance records. The employer should also review police or internal incident reports documenting incidents or near-incidents of assaultive behavior. The employer should use this information to identify any trends relative to job titles/duties, departments, unit activities, location, and time of day.

In addition, several factors already have been identified as increasing the risk of violence at a workplace. Such factors, for instance, include working with the public or volatile, unstable people, handling money and valuables, and providing services and care, including in the healthcare and social services industries. Times of day and work location also are factors that may affect workplace violence risk.

Once the potential hazards are identified, the next step is to design and implement engineering controls, administrative controls, and safe work practices that can effectively prevent or minimize employee exposure to those hazards. Each control will be specific to an individual employer's worksite and iden-

tified hazards. However, some general controls may include installing and maintaining alarm systems and other security devices; installing bright, effective lighting indoors and outdoors; keeping vehicles used in the field well maintained; promptly repairing broken lights, windows, and other security equipment; clearly communicating to clients and employees that violence is not permitted or tolerated; using properly trained security officers to deal with aggressive behavior; following written security procedures; and controlling access to areas where only employees need to be.

Training for all employees is a critical component of an effective WVPP. A large percentage of the violations issued by OSHA for workplace violence hazards cited training deficiencies. Training should be site specific and the contents and degree of training will depend primarily on an employee's job duties and assigned role within the WVPP. At a minimum, training should include the contents of the WVPP; risk factors that contribute to assaults; early recognition of escalating behavior or recognition of warning signs or situations that may lead to assaults; ways to prevent or diffuse volatile situations; the location and proper operation of security measures; and policies and procedures for reporting incidents. More extensive training should be provided to security personnel, managers (so among other things, they can ensure that employees are not placed in assignments that compromise their safety), and those who will respond to threatening situations.

Finally, the employer should regularly evaluate the overall effectiveness of the program and identify any deficiencies or changes that need to be made. The evaluation should include actions such as reviewing records reviewed during the worksite analysis; obtaining feedback from employees; and reviewing reports from staff meetings and safety and health committees. When deficiencies to the program are identified, the employer should take appropriate corrective actions.

In order to increase the effectiveness of the WVPP, the program should be written and document each of the elements listed above. It should identify risk factors and include written procedures based on the implemented controls. It also is important to document the roles and responsibilities of individuals and groups who will have direct involvement in the implementation of the program and address how their training needs will be met.

Resources available to help employers develop a comprehensive WVPP include the Workplace Violence page on the OSHA website (www.osha.gov). In addition, CONN-OSHA offers a free, on-site consultation program to help Connecticut employers address safety and health concerns. For more information about this program, contact 860-263-6900.

Fatality & Casualty Reporting

State & Town: CONN-OSHA (860) 263-6946 (local) or 1-866-241-4060 (toll-free)
Private Employers: Report to Federal OSHA at 1-800-321-OSHA(6742)

CONN-OSHA Changes and Adds Staff



John Rosa was recently promoted and is now CONN-OSHA's private sector consultation manager. John joined the State of Connecticut, Department of Labor, Division of Occupational Safety and Health (CONN-OSHA) family in 1994 as an Occupational Hygienist. He received his Bachelor's Degree in Industrial Engineering Technology from Central Connecticut State University. For 18 years he has served the private sector employers as an Industrial Hygienist. In this capacity, John worked with management personnel and labor organizations to keep workplaces, free of health and safety hazards in an effort to keep workers healthy. In addition to his duties as an Occupational Health Consultant, John worked with a variety of companies improving their safety and health programs with the goal of achieving the Safety and Health Achievement Recognition Program (SHARP) Award.

CONN-OSHA's staff congratulate John on his promotion. It is well deserved for a job well done.



Mr. David Boutin recently joined CONN-OSHA as an Occupational Safety Officer for private sector consultation. He brings over 20 years of industry experience, including knowledge of manufacturing, construction and emergency services operations. He is a Certified Safety Professional (CSP) and a Certified Hazardous Materials Manager (CHMM) with experience performing inspections, implementing safety programs and managing emergency response activities. Dave has a Bachelor's of Science Degree in Occupational Safety from Keene State College and is a Past-President of the Connecticut Valley Chapter of the American Society of Safety Engineers. We welcome Dave to the CONN-OSHA family.



CONN-OSHA is excited to introduce our newest public sector compliance officer, Mr. Scott Adams. Formerly employed by the State of Connecticut Department of Children & Families, Scott has over 15 years of experience in the safety field. During those years, Scott demonstrated a genuine commitment to the health and safety of all individuals and environments. Scott has been an EMT in the State of Connecticut since 1991 and is very active in the fire service. He currently holds certifications in: 40-hour Hazmat, Incident Command System, Mass Casualty Incident response, Toxic Waste Management and is a Certified Aerial Operator. We welcome Scott to the CONN-OSHA family.

Connecticut-OSHA ~ Training Update...

OSHA Recordkeeping *December 12, 2012 from 8:30 a.m. to noon* At this workshop, you will learn how to fill out the OSHA 300 Log of Work-Related Injuries and Illnesses accurately and correctly.

The Control of Hazardous Energy (Lockout/tagout) *December 19, 2012, from 10:00 a.m. to noon* This two-hour course will help to satisfy the requirements for training as detailed in the OSHA regulation for those who are working in areas where Lockout programs are in place, or whose job requires them to actually perform the Lockout and isolation of the energy sources.

Workplace Violence *January 24, 2013, from 10:00 a.m. to noon* This workshop is designed to make you more aware of some of the issues related to the workplace and to provide tools to help manage, defuse and prevent it.

Construction Site Safety *February 13, 2013 from 9:00 a.m. to noon* Construction managers, first line supervisors, and construction employees will be provided with an overview of four areas of concern on the construction site: fall protection, scaffolding and ladder safety, electrical hazards, and excavation & trenching safety.

Powered Industrial Trucks *February 20, 2013 from 10:00 a.m. to noon* This workshop includes the basic requirements of the OSHA 29 CFR 1910.178 Powered Industrial Truck Standard which affects both General Industry and Construction material handling operations.

Breakfast Roundtable This discussion group meets the third Tuesday of every month from 8:15 am to 9:45 am. Pre-registration is required. To be placed on the e-mail distribution list, contact John Able at able.john@dol.gov

Classes are free and held at 200 Folly Brook Boulevard, Wethersfield, CT in Conference Room A/B. To register, contact John Able at able.john@dol.gov or Catherine Zinsser at zinsser.catherine@dol.gov. Pre-registration is required. A Photo I.D. is required to allow entry into a public building. For more training information, visit the CONN-OSHA web site www.ctdol.state.ct.us/osha/osha.htm