OSHA Compliance and Infection Control Practices for Resident Care Centers

Thursday, January 25, 2018 10:00am

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OSHA Compliance Assistance Specialist and Coordinator

Region 3
Philadelphia Regional Office

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Disclaimer

This information has been developed by an OSHA Compliance Assistance Specialist and is intended to assist employers, workers, and others as they strive to improve workplace health and safety. While we attempt to thoroughly address specific topics, it is not possible to include discussion of everything necessary to ensure a healthy and safe working environment in a presentation of this nature. Thus, this information must be understood as a tool for addressing workplace hazards, rather than an exhaustive statement of an employer’s legal obligations, which are defined by statute, regulations, and standards. Likewise, to the extent that this information references practices or procedures that may enhance health or safety, but which are not required by a statute, regulation, or standard, it cannot, and does not, create additional legal obligations. Finally, over time, OSHA may modify rules and interpretations in light of new technology, information, or circumstances; to keep apprised of such developments, or to review information on a wide range of occupational safety and health topics, you can visit OSHA’s website at www.osha.gov.
Objectives

• Describe OSHA’s safety and health regulations and common hazards found in the Resident Care Center Industry

• Compare Infection Control for contact, droplet and airborne hazards.

• Review other OSHA regulations and initiatives

• Identify OSHA’s outreach material to better educate employers and employees on subject matter
Industry Profile

• US Bureau of Labor Statistics projects that home healthcare employment will GROW 55% between 2006–2016, making it the fastest growing occupation of the next decade

• During 2007 alone, 27,400 recorded injuries occurred among more than 896,800 home healthcare workers

CY2012-2014 Statistics

• 20% of all reported injuries - healthcare. HIGHEST # for all private industries

• Sharps injuries

• Injuries from patient handling/movement, followed by slips, trips, and falls were very common

Source: CDC study (April 2015)
Facilities include:

The health care services subsector include these industry groups:

- 6219 Other ambulatory health care services
- 6221 General medical and surgical hospitals
- 6222 Psychiatric and substance abuse hospitals
- 6223 Specialty (except psychiatric and substance abuse) hospitals
- 6231 Nursing care facilities
- 6232 Residential mental retardation, mental health and substance abuse facilities
- 6233 Community care facilities for the elderly
- **6239 Other residential care facilities**
- 6242 Community food and housing, and emergency and other relief services
- 6243 Vocational rehabilitation services
Occupational Safety and Health Administration (OSHA) and the Healthcare Industry
Resident Care Centers

• OSH ACT Purpose and Scope:
  • OSHA can inspect facilities based on
    – Referrals
    – Complaints
    – Planned Inspections (priority list)

• During inspections
  – Bloodborne (Hepatitis B Vaccine) and Infection Control
  – Ergonomics Stressors (including patient movement)
  – Slips, Trips and Falls
  – Tuberculosis
  – Workplace Violence
Top Ten Violations in Health Care: FY 2015-2017

1. Bloodborne Pathogens (1910.1030)
2. Hazard Communication (1910.1200)
3. Personal Protective Equipment – General Requirements (1910.132)
4. Electrical – General Requirements (1910.303)
5. Electrical – Wiring Methods (1910.305)
6. Respiratory Protection (1910.134)
7. Exit Routes: Maintenance, Safeguards, and Operational Features (1910.37)
8. Reporting Fatalities, Hospitalizations, Amputations, and Losses of an Eye to OSHA (1904.39)
9. Lockout/Tagout (1910.147)
10. Medical Services and First Aid (1910.151)
1) 1910.1030 – Bloodborne Pathogens

- 1910.1030(c)(1)(i) – exposure control plan
- 1910.1030 (g)(2)(i) – training employees with occupational exposure
- 1910.1030(c)(1)(iv) – review and update of exposure control plan
- 1910.1030(d)(2)(i) – engineering and work practice controls
- 1910.1030(f)(1)(i) – Hepatitis B vaccination and post-exposure evaluation
Top Ten Violations: FY 2015-2017
(with top 5 sections cited)

2) 1910.1200 – Hazard Communication

- 1910.1200(e)(1) – written hazard communication program
- 1910.1200(h)(1) – employee information and training
- 1910.1200(g)(8) – maintaining copies of Safety Data Sheets in the workplace and ensuring that they are readily available to employees
- 1910.1200(h)(3)(iv) – training on details of employer’s hazard communication program
- 1910.1200(g)(1) – having Safety Data Sheets in the workplace for each hazardous chemical
Top Ten Violations: FY 2015-2017
(with top 5 sections cited)

3) 1910.132 – Personal Protective Equipment

- 1910.132(d)(1) – hazard assessment
- 1910.132(a) – when PPE must be provided
- 1910.132(d)(2) – written certification of hazard assessment
- 1910.132(d)(1)(i) – selection and use of PPE to protect against hazards identified in hazard assessment
- 1910.132(f)(1) – training of employees required to use PPE
Safety and Health Issues within the Healthcare Industry

- Hazard Communication
- Bloodborne Pathogens
- Ionizing Radiation
- Exit Routes
- Electrical
- Emergency Action Plans
- Fire Safety
- Medical and First Aid
- Personal Protective Equipment
- Respiratory Protection
- Ergonomic hazards
- Workplace Violence
- Walking/Working Surfaces
- Influenza
- Tuberculosis
- Other (latex, lasers, compressed gases)
Exposure to Bloodborne Pathogens
Components of the Standard 1910.1030

- Exposure Control Plan
- Methods of Compliance
  - Universal Precautions
  - Engineering and Work Practice Controls
  - Personal Protective Equipment
- Housekeeping
- Hepatitis B Vaccination
- Hazard Communication
- Recordkeeping
Exposure Control Plan

• Key provision of the standard:
  – requires employer to identify exposed or potentially exposed workers, i.e., those who need training
  – PPE
  – vaccination
  – and situations where engineering controls would “eliminate or minimize exposure”
Exposure Control Plan

- **1910.1030 (c)(1)(iv)** requires plan to be *reviewed and updated at least annually*

  - Plan must be updated to reflect changes in technology that eliminate or reduce employee exposure
An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.
Housekeeping

Maintain a clean and sanitary workplace

• **Written** cleaning and **decontamination** schedule

• Contaminated waste disposal methods

• Laundry
Disinfectants

- [http://www.epa.gov/oppad001/chemregisterindex.htm](http://www.epa.gov/oppad001/chemregisterindex.htm)
- **Selected EPA-registered Disinfectants**
- **List E:** [http://www.epa.gov/oppad001/list_e_mycobact_hiv_hepatitis.pdf](http://www.epa.gov/oppad001/list_e_mycobact_hiv_hepatitis.pdf)
Selected EPA-registered Disinfectants

May 2015

The following lists of antimicrobial products registered by the EPA for healthcare use are effective against the most common emerging pathogens, as indicated by the product label claims against these pathogens unless the agency has reviewed data to support the claim and approved the claim on the label. Use of the listed EPA-registered products is subject to the Occupational Safety and Health Administration’s requirements for Occupational Exposure to blood borne Pathogens (29 CFR 1910) as well proper management of any waste as required under the Resource Conservation and Recovery Act (RCRA).

The lists are organized alphabetically by product names and by numerical order of their EPA Registration Numbers.

Information about listed products is current as indicated by the dates on the lists. If you would like to review the product label information for any of these products, please contact the EPA Product Review Division.

* Not a complete list *

US Environmental Protection Agency
Office of Pesticide Programs

List E: EPA’s Registered Antimicrobial Products Effective Against Mycobacterium tuberculosis, Human HIV-1 and Hepatitis B Virus

January 9, 2009

* Not a complete list *
Disinfectants Example:

• To clean and disinfect equipment:
  – Wipe surface with Clorox® Disinfecting Wipes and **leave wet for 4 minutes**. Let air dry.
  – Spray with Clorox® Healthcare Germicidal, **leave wet for 1 minute**, then wipe with a clean, damp cloth. Allow to air dry.

For heavily soiled surfaces, pre-clean first.

® Not a product endorsement
MISSED BLOODBORNE HAZARDS-

Importance of Personal Protective Equipment Barriers
Bloodborne Hazards

• Sharps Containers overfilled
• Decontamination of Surfaces
• Reusing Phlebotomy Vacutainers
• Sharps Log
  - Post Incident or Retraining
• Engineering Controls Evaluation & documentation
  - Labor representatives
Safer Needle Devices

Figure 4.2. Example lancet with safety features. (This drawing is preser

* Not a product endorsement
Summary

Bloodborne Pathogens Standard

1910.1030

• Written Program

• *KNOW* your CLEANERS

• Proper *SELECTION* based on facility and exposures

• Update and Training *ANNUALLY*
Infection Control –
Standard Precautions

Worker protections against occupational exposure to infectious diseases

Comparing the universal precautions of OSHA’s Bloodborne Pathogens standard to the standard precautions and the transmission-based precautions used by healthcare practitioners for infection control

OSHA standards for bloodborne pathogens (BBP, 29 CFR 1910.1030) and personal protective equipment (PPE, 29 CFR 1910 Subpart J) require employers to protect workers from occupational exposure to infectious agents. The BBP standard applies when workers have occupational exposure to human blood or other potentially infectious materials (OPIM), as defined in paragraphs (a) and (b) of the BBP standard, and requires the use of universal precautions to prevent contact with these materials. Adhering to standard and transmission-based precautions in healthcare settings is recommended by Centers for Disease Control and Prevention (CDC), and protects workers from a wider range of infectious disease hazards than the BBP standard.

Employers and workers should be familiar with several key approaches to infection control, including universal precautions, standard precautions and transmission-based precautions.

- **Universal precautions (UP),** originally recommended by the CDC in the 1980s, was introduced as an approach to infection control to protect workers from HIV, HBV, and other bloodborne pathogens in human blood and certain other body fluids, regardless of a patients’ infection status. UP is an approach to infection control in which all human blood and certain human body fluids are treated as if they are known to be infectious. Although the BBP standard incorporates UP, the infection control community no longer uses UP on its own.

- **Standard precautions (SP),** introduced in 1996 in the CDC/Healthcare Infection Control and Prevention Advisory Committee’s “1996 Guideline for Isolation Precautions in Hospitals,” added additional infection prevention elements to UP in order to protect healthcare workers not only from pathogens in human blood but also pathogens present in body fluids to which UP does not apply. SP includes hand hygiene; the use of certain types of PPE based on anticipated exposure; safe
Selected elements of infection prevention and control under BBP, SP, and TBP

<table>
<thead>
<tr>
<th>Control, action or other measure</th>
<th>To protect workers against exposure to...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood and body fluid precautions for all patients, regardless of infection status</td>
<td>Blood and OPIM (e.g., urine and feces)</td>
</tr>
<tr>
<td>Exposure control plan and required elements thereof</td>
<td>SP</td>
</tr>
<tr>
<td>Patient isolation/placement</td>
<td>BBP</td>
</tr>
<tr>
<td>Hand hygiene</td>
<td>TBP</td>
</tr>
<tr>
<td>Safe injection practices</td>
<td>BBP, SP</td>
</tr>
<tr>
<td>Safe sharps management/disposal</td>
<td>BBP, SP</td>
</tr>
<tr>
<td>Prohibiting eating, drinking, smoking, or application of cosmetics or lip balm and handling of contact lenses in areas where there is a reasonable likelihood of occupational exposure</td>
<td>SP</td>
</tr>
<tr>
<td>Separating food and drink from areas where blood and OPIM are present</td>
<td>BBP</td>
</tr>
<tr>
<td>Prohibiting mouth pipetting and suctioning of blood or OPIM</td>
<td>BBP</td>
</tr>
<tr>
<td>Safe specimen storage, packaging, shipment</td>
<td>BBP</td>
</tr>
<tr>
<td>PPE – Gloves, gowns, masks, eye protection (e.g., goggles), face shields</td>
<td>BBP, SP, TBP</td>
</tr>
<tr>
<td>PPE – Aprons and other protective body clothing</td>
<td>BBP, TBP</td>
</tr>
<tr>
<td>PPE – Surgical caps</td>
<td>BBP, TBP</td>
</tr>
<tr>
<td>PPE – Shoe/boot covers</td>
<td>BBP, TBP</td>
</tr>
<tr>
<td>PPF – N95 or higher respirators for aerosol-generating procedures on patients with suspected or</td>
<td>SP, TBP</td>
</tr>
</tbody>
</table>

– Employers shall provide handwashing facilities which are readily accessible to employees

– Hand washing is the single most important procedure for preventing infections
OSHA INITIATIVES

Protecting Temporary Workers

Emergency

Recordkeeping Rule Updates

Hazard Communication

The standard that gave workers the right to know, now gives them the right to understand.
The Changing Workscape

- During the 1990–2008 period, employment in the temporary help services industry grew from 1.1 million to 2.3 million

- More workers in higher skill occupations

- Employment in this industry is very volatile - temporary workers are easily hired when demand increases and laid off when it decreases

Source: Bureau of Labor Statistics
- 3 million people are employed by staffing companies every week.
- 11 million temporary and contract employees are hired by U.S. staffing firms over the course of a year.

Source: American Staffing Association
Why Are Temp Workers At High Risk of Injury?

- New workers are at increased risk of injury.
- Host employers don’t have the same commitment to temporary employees as to permanent ones.
- Employer who bears the risk of the injury (temp agency) does not control safety and health investment.
Staffing agency & host employer should both:

- Have an Injury and Illness Prevention Program
- Perform a hazard assessment of the worksite
- Define scope of work in the contract
- Conduct new project orientation and safety training that addresses hazards to which temporary workers may be potentially exposed
- Maintain communication with the worker and each other
Bloodborne Pathogens

This is part of a series of guidance documents developed under the Occupational Safety and Health Administration’s (OSHA’s) Temporary Worker Initiative (TWI). This Initiative focuses on compliance with safety and health requirements when temporary workers are employed under the joint employment of a staffing agency and a host employer.

Temporary workers are entitled to the same protections under the Occupational Safety and Health Act of 1970 (the OSH Act) as all other covered workers. When a staffing agency supplies temporary workers to a business, typically, the staffing agency and the staffing agency’s client (commonly referred to as the host employer) are considered joint employers of those workers. Both employers are responsible for determining the conditions of employment and complying with the law. In these joint employment situations, other potentially infectious materials\(^1\) (OPIM), including needlesticks and other sharps-related injuries, places workers at risk for infection from bloodborne pathogens. Temporary workers may be at risk for exposure to bloodborne pathogens in many professions including, but not limited to, nursing and other healthcare work, housekeeping in some industries, and emergency response.

Workers with reasonably anticipated occupational exposure\(^2\) to bloodborne pathogens must be afforded protections in accordance with
Healthcare and Recordkeeping 1904
Expanded reporting requirements

The rule expands the list of severe work-related injuries and illnesses that **all covered employers** must report to OSHA.

Starting **January 1, 2015**, employers **must report** the following to OSHA:

- All work-related **fatalities** within **8 hours** (same as current requirement)
- All work-related **in-patient hospitalizations** of one or more employees within **24 hours**
- All work-related **amputations** within **24 hours**
- All work-related **losses of an eye** within **24 hours**

[www.osha.gov](http://www.osha.gov)
How can employers report to OSHA?

- By telephone to the nearest OSHA office during normal business hours.
- By telephone to the 24-hour OSHA hotline (1-800-321-OSHA or 1-800-321-6742).
- Online: OSHA is developing a new means of reporting events electronically, which will be available soon at www.osha.gov/report_online.
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Electronic Reporting

- **1904.41(a)(2) – Establishments with 20 to 249 employees in certain industries:**
  - Must provide, on an annual basis, data from the Summary Form 300A
  - This replaces the OSHA Data Initiative (ODI)
Injury Tracking Application (ITA)

The ITA was successfully launched August 1, 2017

Employers can access the application from the ITA landing page at https://www.osha.gov/injuryreporting/index.html
Injury Tracking Application (ITA): Help Request Form

• The application has a Help Request Form link at the bottom of each page
• If you have questions concerning any technical or policy aspects of the data collection, please use the Help Request Form to ask your question.
• That way, OSHA can coordinate our responses and quickly learn of any problems the regulated community may be experiencing with the system.
Employers Must Post Injury/Illness Summary Beginning February 1

OSHA reminds employers of their obligation to post a copy of OSHA's Form 300A, which summarizes job-related injuries and illnesses logged during 2017. Each year, between Feb. 1 and April 30, the summary must be displayed in a common area where notices to employees are usually posted. Businesses with 10 or fewer employees and those in certain low-hazard industries are exempt from OSHA recordkeeping and posting requirements. Visit OSHA's Recordkeeping Rule webpage for more information on recordkeeping requirements.
Healthcare and Hazard Communication
1910.1200
What is GHS?

- Globally Harmonized System for Classification and Labeling of Chemicals
- GHS is not the same as OSHA’s Hazard Communication Standard
Pictograms

• The GHS uses nine pictograms to convey the health, physical, and environmental hazards.

• This final rule requires eight of these pictograms, the exception being the environment pictogram, since environmental hazards are not within OSHA’s jurisdiction.
### HCS Pictograms and Hazards

<table>
<thead>
<tr>
<th>Health Hazard</th>
<th>Flame</th>
<th>Exclamation Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Carcinogen</td>
<td>- Flammables</td>
<td>- Irritant (skin and eye)</td>
</tr>
<tr>
<td>- Mutagenicity</td>
<td>- Pyrophorics</td>
<td>- Skin Sensitizer</td>
</tr>
<tr>
<td>- Reproductive Toxicity</td>
<td>- Self-Heating</td>
<td>- Acute Toxicity (harmful)</td>
</tr>
<tr>
<td>- Respiratory Sensitizer</td>
<td>- Emits Flammable Gas</td>
<td>- Narcotic Effects</td>
</tr>
<tr>
<td>- Target Organ Toxicity</td>
<td>- Self-Reactives</td>
<td>- Respiratory Tract</td>
</tr>
<tr>
<td>- Aspiration Toxicity</td>
<td>- Organic Peroxides</td>
<td>- Irritant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Hazardous to Ozone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Layer (Non-Mandatory)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gas Cylinder</th>
<th>Corrosion</th>
<th>Exploding Bomb</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Gases Under Pressure</td>
<td>- Skin Corrosion/Burns</td>
<td>- Explosives</td>
</tr>
<tr>
<td></td>
<td>- Eye Damage</td>
<td>- Self-Reactives</td>
</tr>
<tr>
<td></td>
<td>- Corrosive to Metals</td>
<td>- Organic Peroxides</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Flame Over Circle</th>
<th>Environment (Non-Mandatory)</th>
<th>Skull and Crossbones</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Oxidizers</td>
<td>- Aquatic Toxicity</td>
<td>- Acute Toxicity (fatal or toxic)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Label Example

New style Label (GHS)

Xyz... Chemical

WARNING
Flammable Liquid and vapor
Harmful if swallowed
May cause damage to organs (liver)
May cause damage to organs through prolonged or repeated exposure (heart)
Suspected of damaging fertility

Keep away from heat, sparks, open flames and hot surfaces - No smoking. Do not breathe vapors. Obtain special instructions before use. Do not handle until all safety precautions have been read and understood. Use protective equipment as required. Wear protective gloves and eye protection. Wash thoroughly after handling. Do not eat, drink or smoke when using this product. Keep container tightly closed. Ground container and receiving equipment. Use explosion-proof electrical, ventilating, lighting equipment. Use only non-sparking tools. Take precautionary measures against static discharge. Store locked up in a well ventilated place. Keep cool. Dispose of contents and container in accordance with local, state and federal regulations.

First Aid:
If swallowed: Call a doctor if you feel unwell, Rinse mouth.
If on skin or hair: Remove immediately all contaminated clothing. Rinse skin with water.
If exposed or if you feel unwell: call a doctor.

Fire:
In case of fire: Use water spray foam, dry chemical or carbon dioxide (CO²) for extinction

GHS Company, 123 Global Drive, Cincinnati, OH telephone (800) 555-8888
Use of NFPA/HMIS® Rating Systems

• Alternative labeling
  – Use of NFPA or HMIS® rating systems allowed; but must include product identifier and to make sure that general information regarding all of the hazards of the chemical(s) can be conveyed.

• The NFPA/HMIS® rating systems do not directly correlate with HCS classifications.

• Level of employee awareness must equal or exceed if employee was provided complete health effects information.

• Must not cast doubt or contradict the validity of the label information.
The Hazardous Materials Identification System (HMIS) is a numerical hazard rating that incorporates the use of labels with color developed by the American Coatings Association as a compliance aid for the OSHA Hazard Communication Standard.

# Comparison of NFPA 704 and HazCom 2012 Labels

<table>
<thead>
<tr>
<th>Purpose</th>
<th>NFPA 704</th>
<th>HazCom 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides basic information for emergency personnel responding to a fire or spill and those planning for emergency response.</td>
<td>Informs workers about the hazards of chemicals in workplace under normal conditions of use and foreseeable emergencies.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number System: NFPA Rating and OSHA’s Classification System</th>
<th>0-4</th>
<th>1-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-least hazardous</td>
<td>1-most severe hazard</td>
<td></td>
</tr>
<tr>
<td>4-most hazardous</td>
<td>4-least severe hazard</td>
<td></td>
</tr>
</tbody>
</table>

- The Hazard category numbers are NOT required to be on labels but are required on SDSs in Section 2.
- Numbers are used to CLASSIFY hazards to determine what label information is required.

<table>
<thead>
<tr>
<th>Information Provided on Label</th>
<th>NFPA 704</th>
<th>HazCom 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health-Blue</td>
<td>• Product Identifier</td>
<td></td>
</tr>
<tr>
<td>• Flammability-Red</td>
<td>• Signal Word</td>
<td></td>
</tr>
<tr>
<td>• Instability-Yellow</td>
<td>• Hazard Statement(s)</td>
<td></td>
</tr>
<tr>
<td>• Special Hazards*-White</td>
<td>• Pictogram(s)</td>
<td></td>
</tr>
</tbody>
</table>
*OX Oxidizers | • Precautionary statement(s); and |
  W Water Reactives | • Name address and phone number of responsible party |
  SA Simple Asphyxiants |

<table>
<thead>
<tr>
<th>Health Hazards on Label</th>
<th>NFPA 704</th>
<th>HazCom 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute (short term) health hazards ONLY. Acute hazards are more typical for emergency response applications. Chronic health effects are not covered by NFPA 704.</td>
<td>Acute (short term) and chronic (long term) health hazards. Both acute and chronic health effects are relevant for employees working with chemicals day after day. Health hazards include acute hazards such as eye irritants, simple asphyxiants and skin corrosives as well as...</td>
<td></td>
</tr>
</tbody>
</table>
What do the numbers mean: NFPA, HMIS and GHS

- **HMIS/NFPA**
  0 = Minimal Hazard
  1 = Slight Hazard
  2 = Mod. Hazard
  3 = Serious
  4 = Severe

- **OSHA/GHS**
  Cat 1 = Severe Hazard
  Cat. 2 = Serious Hazard
  Cat. 3 = Mod. Hazard
  Cat. 4 = Slight Hazard
  Cat. 5 = Minimal Hazard
HCS Guidance from OSHA

• OSHA’s Safety & Health Topics Page:
  – https://www.osha.gov/dsg/hazcom/

• OSHA QuickCards/Fact Sheets/Brief
  – Safety Data Sheets, Labels, Pictograms
  – Comparison of NFPA 704 & HCS 2012 labels

• Small Entity Compliance Guide

• Publications: 1-800-321-6742 (OSHA)
Healthcare and Emergency Planning
1910.38
Emergency Action Plan

An emergency action plan (EAP) is a written document required by particular OSHA standards. [29 CFR 1910.38(a)] The purpose of an EAP is to facilitate and organize employer and employee actions during workplace emergencies. Well developed emergency plans and proper employee training (such that employees understand their roles and responsibilities within the plan) will result in fewer and less severe employee injuries and less structural damage to the facility during emergencies. A poorly prepared plan, likely will lead to a disorganized evacuation or emergency response, resulting in confusion, injury, and property damage.

Minimum Requirements

Putting together a comprehensive emergency action plan that deals with those issues specific to your worksite is not difficult. It involves taking what was learned from your workplace evaluation and describing how employees will respond to different types of emergencies, taking into account your specific worksite layout, structural features, and emergency systems.

Evacuation Elements

Develop & Implement an EAP

Drafting an emergency action plan (EAP) is not enough to ensure the safety of your employees. When an evacuation is necessary, you will need responsible, trained individuals who can supervise and coordinate activities to ensure a safe and successful evacuation.

Fight or Flee?
Evacuation Elements
A disorganized evacuation can result in confusion, injury, and property damage.

Shelter-in-Place
Chemical, biological, or radiological contaminants may be released into the environment in such quantity and/or proximity to a place of business that it is safer to remain indoors rather than to evacuate employees.

Reporting Emergencies
Employees must know how to report emergencies. Some use internal telephone numbers, intercom, or public address systems to notify other employees. It is important for employees to also notify the proper authorities such as fire, medical, or rescue services, if your company relies on this type of assistance during an emergency.

Fight or Flee?
A fire is the most common type of emergency for which small businesses must plan. Evacuation plans that designate or require some or all of the employees to fight fires with portable fire extinguishers increase the level of complexity of the plan and the level of training that must be provided employees.

Fire, Rescue, Medical Services
Although most of us quickly move away from the hazardous environments created during emergency situations, a group of dedicated and well-trained professional emergency responders and medical service personnel are tasked with containing and mitigating these incidents, rescuing individuals at-risk, and providing medical assistance to the injured.
What emergencies can happen in my area?

These symbols show the kinds of emergencies that can happen in our area. In the space next to each symbol, write what you would do (evacuate, shelter in place, go to a POD, or find out more information).

- Fire
- Flooding/Hurricane
- Power Outage
- Heat Emergency
- Earthquake
- Tornado
- Winter Weather Event
- Chemical Spill
- Gas Leak
- Radiation
- Public Health Emergency
- Community Emergency

Plan for Emergencies
The Everybody Ready 3.0 Handbook is a tool that can help you plan for emergencies before they happen. The handbook covers the following topics:

- Emergencies that can happen in our area
- How to evacuate, shelter in place, and get emergency medication or vaccine
- Plan for your pets / service animals
- Steps to take following a disaster

If you represent an organization that would like to host a FREE Everybody Ready 3.0 training or sponsor a large-batch handbook printing, please email Chad Thomas at everybodyreadytrainings@gmail.com.

To view or hear the Everybody Ready 3.0 Handbook, click on the appropriate language below:

**Scrollable Version**

Use this format to view the handbook on your computer. Each page is right-side up.

- English
- Arabic
- French
- Korean
- Russian
- Spanish
- Traditional Chinese
- Vietnamese

**Double-sided Printable Version**

Use this format to make your own handbook. This format is designed to print every-other page upside-down.

- English
- Arabic
- French
- Korean
- Russian
- Spanish
- Traditional Chinese
- Vietnamese

**Text Versions**
Healthcare and Workplace Violence
Workplace Violence

![Graph showing workplace violence cases per 10,000 full-time employees from 2002 to 2014. The data is broken down by industry, with a focus on healthcare and social assistance. The graph indicates a general decrease in cases over time.](image)

Top 5 industries reporting worker injuries from workplace violence

Number of workers injured in 2013, based on preliminary data from the Bureau of Labor Statistics

- Transportation/Warehousing/Waste management: 870
- Education: 940
- Retail: 1,170
- Arts & Entertainment: 1,790
- Healthcare & Social Assistance: 19,090

LEARN HOW to assess hazards & develop individual worksite plans: www.OSHA.gov
Healthcare Worker Injuries Resulting in Days Away from Work, by Source

- Patient: 80%
- Other client or customer: 12%
- Student: 3%
- Coworker: 3%
- Other person (not specified): 1%
- Assailant/suspect/inmate: 1%

Data source: Bureau of Labor Statistics (BLS), 2013 data. These data cover three broad industry sectors: ambulatory health care services, hospitals, and nursing and residential care facilities. Source categories are defined by BLS.
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

Additional Resources

Workplace Violence

253,700 work-related injuries and illnesses, a rate of 6.8 work-related injuries and illnesses for every 100 full-time employees. This is almost twice the rate for private industry as a whole.

OSHA created a suite of resources to help hospitals assess workplace safety needs, implement safety and health management systems, and enhance their safe patient handling programs. Preventing worker injuries not only helps workers—it also helps patients and will save resources for hospitals. Download the overview* and explore the links below to learn more about the resources available.

Understanding the Problem
Hospitals are hazardous workplaces and face unique challenges that contribute to the risk of injury and illness.

Learn More

Safety & Health Management Systems
A safety and health management system can help build a culture of safety, reduce injuries, and save money.

Learn More

Safe Patient Handling
Safe patient handling programs, policies, and equipment can help cost-effectively reduce the biggest cause of workplace injuries.

Learn More

Preventing Workplace Violence
A comprehensive prevention program can help address the problem of workplace violence in healthcare facilities.

Learn More
Strategies and Tools for Workplace Violence Prevention in Healthcare

Tools & Resources
Click on the products below to learn more about worker safety in hospitals.

Understanding the Challenge

Workplace violence is a serious problem. Organisations have defined workplace violence in various ways. The National Institute for Occupational Safety and Health defines workplace violence as "acts committed by persons of no personal relationship, including physical assaults and threats of assault, directed toward persons at work or on duty." Different types of events typically cause physical assaults or threats that result in reportable serious physical harm. However, many people who study the issue and the workplace violence prevention programs highlight that there are additional factors that influence workplace violence.

The Big Picture

A workplace violence prevention program can complement and enhance your organization's strategies for compliance, accreditation, and quality of care.

Preventing Workplace Violence: A Road Map for Healthcare Facilities

Road map - Learn from the leaders
This "road map" uses real-life examples from healthcare organizations to illustrate the components of a workplace violence prevention program. Learn how other healthcare facilities have addressed this challenge and discover resources that are available to help your organization develop and implement your own program.

How does workplace violence prevention fit with other goals?
You don't need to tackle workplace violence in isolation. Learn how preventing workplace violence can go hand-in-hand with strategies that your organization might already be using for compliance, accreditation, worker safety and quality patient care.

PDF Download*
High-risk areas include:
- Emergency departments
- Geriatrics
- Behavioral health

Some medical professions are more at risk than others, e.g., psychiatric aides.
Recordkeeping and Program Evaluation

- Reporting
- Recordkeeping
- Program Evaluation

Bulletin boards in staff areas can help keep employees aware of program performance. This board in a behavioral health hospital shows employees how effective are their efforts to reduce the use of restraints and seclusion.
Workplace Violence Prevention and Related Goals.

The Big Picture:

Workplace violence prevention program can complement and enhance efforts towards:

- Regulatory Compliance
  - state workplace violence prevention laws

- Accreditation
  - Compliance with The Joint Commission standards and other accrediting organizations

- Overall Safety and Quality of Care
  - Culture of Safety
  - Broader Worker and Patient Safety
The Joint Commission’s Accreditation Manual includes standards relevant to workplace violence in 4 chapters:

- Environment of Care (EC)
- Emergency Management (EM)
- Leadership (LD)
- Performance Improvement (PI)

Connections between accreditation and worker safety can be found in standards from other accrediting organizations:

- Healthcare Quality Association on Accreditation (HQAA)
- Accreditation Association for Ambulatory Health Care (AAAHC)
- Accreditation Commission for Health Care (ACHC), and
- Commission on Accreditation of Rehabilitation Facilities (CARF)
Safety and Health Management Systems

- employers and employees continually monitor the workplace for hazards and then cooperate to find and implement solutions
Guidance documents were reviewed by OSHA’s reviewers and also the stakeholders such as:

- the Joint Commission,
- the Veterans Health Administration,
- the American Nurses Association,
- the National Institute of Safety and Health (NIOSH), and
- the NIOSH National Occupation Research Agenda Healthcare Sector

The project had support from:

- the American Federation of Labor and the Congress of Industrial Organizations,
- the Massachusetts Nurses Association, and
- the National Nurses Union
Workplace Violence Prevention Resources for Health Care

Quick Safety Issue on Bullying

Bullying has no place in health care.


Workplace bullying (also referred to as lateral or horizontal violence) is repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators.

Podcasts
Take 5: Workplace Violence
By Joint Commission

External Resources
Federal
Agency for Healthcare Research and Quality (AHRQ)

CDC National Institute of Occupational Safety and Health

https://www.jointcommission.org/workplace_violence.aspx
Healthcare and Walking Working Surfaces
§1910.21 – Scope, Application and Definitions
§1910.22 – General Requirements
§1910.23 – Ladders
§1910.24 – Stepbolts and Manhole Steps
§1910.25 – Stairways
§1910.26 – Dockboards

§1910.27 – Scaffolds and Rope Descent Systems
§1910.28 – Duty to Have Fall Protection
§1910.29 – Fall Protection Systems Criteria and Practices
§1910.30 – Training Requirements

1910.140 PPE
§1910.23c
Portable Ladder

Figure D-1 -- Portable Ladder Set-up
Employer must ensure that:

- Wooden ladders are not coated with any material that may obscure structural defects;
- Metal ladders are made with corrosion-resistant material or protected against corrosion;
- Ladder surfaces are free of puncture and laceration hazards;
- Ladders are used only for the purposes for which they were designed;
- Ladders are inspected before initial use in each work shift, and more frequently as necessary, to identify any visible defects that could cause employee injury;
Some more general requirements

• Any ladder with structural or other defects is immediately tagged “Dangerous Do Not Use” or with similar language….and is removed from service until repaired, or replaced
• Each employee faces the ladder when climbing up or down it;
• Each employee uses at least one hand to grasp the ladder when climbing up and down it; and
• No employee carries any object or load that could cause the employee to lose balance and fall while climbing up or down the ladder.
• Portable ladders (cont’d)
  – Ladders and ladder sections are not tied or fastened together to provide added length unless they are specifically designed for such use;
  – Ladders are not placed on boxes, barrels, or other unstable bases to obtain additional height
Timeline

- Most of the rule will become effective 60 days (2017 Jan 17) after publication in the Federal Register, but:
  - Workers are trained on fall hazards (2017 May 17),
  - Workers who use equipment are trained (2017 May 17),
  - Inspecting and certifying permanent anchorages for Rope Descent Systems (RDS) (1 year),
  - Ensuring existing fixed ladders over 24 feet, are equipped with a cage, well, personal fall arrest system, or ladder safety system (2 years), and
  - Installing personal fall arrest or ladder safety systems on new fixed ladders over 24 feet and on replacement ladders/ladder sections, (2 years),
  - Replacing cages and wells (used as fall protection) with ladder safety or personal fall arrest systems on all fixed ladders over 24 feet (20 years).
Healthcare and Musculoskeletal Disorders
Compliance Assistance Resources

- OSHA’s new webpage on subparts D&I: www.osha.gov/walking-working-surfaces/index.html
- Fact sheets
- FAQs
General Industry Walking-Working Surfaces and Fall Protection

working surface) are among the leading causes of serious work-related injuries and deaths. OSHA has rules and Personal Fall Protection Systems to better protect workers in general industry from these and adding training and inspection requirements.

omy, Industry best practices, and national consensus standards to provide effective and cost-efficient general industry standards addressing slip, trip, and fall hazards (subpart D), and adds requirements for

vent 29 fatalities and 5,842 lost-workday injuries every year.

reater flexibility in choosing a fall protection system. For example, it eliminates the existing mandate to method and allows employers to choose from accepted fall protection systems they believe will work best has been successful in the construction industry since 1994. In addition, employers will be able to use tuations, such as designated areas on low-slope roofs.

ction requirements for general industry with those for construction, easing compliance for employers ample, the final rule replaces the outdated general industry scaffold standards with a requirement that scaffold standards.

ys after publication in the Federal Register, but some provisions have delayed effective dates, including:

fall hazards (6 months),
overed by the final rule are trained (6 months),
chorages for rope descent systems (1 year),
safety systems on new fixed ladders over 24 feet and on replacement ladders/ladder sections, including urtures (2 years),
feet, including those on outdoor advertising structures, are equipped with a cage, well, personal fall 2 years), and protection) with ladder safety or personal fall arrest systems on all fixed ladders over 24 feet (20 years).

OSHA's Final Rule to Update, Align, and Provide Greater Flexibility in its General Industry Walking-Working Surfaces and Fall Protection Standards

For example, the final rule replaces the outdated general industry scaffold standards with a requirement that employers comply with OSHA's construction scaffold standards.

The rule phases out a 1990 exception for the outdoor advertising industry that allows "qualified climbers" to forego fall protection. At least three workers have fallen from fixed ladders under this exception. One of them died. The final rule phases in the fixed ladder fall protection requirements for employers in outdoor advertising.

Fall Protection Options
The rule requires employers to provide workers from fall hazards along unprotected edges or edges that are at least 4 feet above a lower level. It also sets requirements for fall protection in specific situations, such as hoist areas, runways, areas above dangerous equipment, well openings, repair pits, stairways, scaffolds, and slaughterhouse platforms. And it establishes requirements for the performance, inspection, use, and maintenance of personal fall protection systems.

OSHA defines fall protection as "any equipment, device, or system that prevents a worker from falling from an elevation or mitigates the effect of such a fall." Under the final rule, employers may choose from the following fall protection options:

- Guardrail System - A barrier erected along an unprotected or exposed side, edge, or other area of a walking-working surface to prevent workers from falling to a lower level.
- Safety Net System - A horizontal or semi-horizontal, containment-style barrier that uses a netting system to stop falling workers before they make contact with a lower level or obstruction.
- Personal Fall Arrest System - A system that...
Culture of Safety
Infectious Diseases
Safe Patient Handling
Workplace Violence
Other Hazards
Standards/Enforcement
How to Prevent Musculoskeletal Disorders

A work-related musculoskeletal disorder is an injury of the muscles, tendons, ligaments, nerves, joints, cartilage, bones, or blood vessels in the arms, legs, head, neck, or back that is caused or aggravated by work tasks such as lifting, pushing, and pulling. Symptoms include pain, stiffness, swelling, numbness, and tingling.

Lifting and moving clients create a high risk for back injury and other musculoskeletal disorders for home healthcare workers.

EMPLOYERS SHOULD

• Develop policies to ensure all care plans determine whether ergonomic assistive devices are needed.

• Provide ergonomic assistive devices (such as slide boards or gait belts) when needed.

• Provide training on assistive ergonomic devices, their uses, the clinical situation requiring them, and how to order them in the plan of care.

• Develop policies to assess the caregiver’s competence with the assistive devices once he or she has been trained and is using them.

EMPLOYEES SHOULD

• Participate in ergonomic training.

• Use ergonomic assistive devices if available.

– Products such as slip sheets, slide boards, rollers, slings, belts, and mechanical or electronic hoists (to lift the client) have been designed to help healthcare workers and clients.

– Equipment such as adjustable beds, raised toilet seats, shower chairs, and grab bars are also helpful for reducing risk factors for musculoskeletal injuries. These types of equipment can allow the client to help during transfer.

• Use proper body mechanics. Even when assistive devices are used during client care, some amount of physical exertion may still be necessary.

– Move along the side of the client’s bed instead of reaching while performing tasks at the bedside.

– When manually moving the client, stand as close as possible to the client without twisting your back, keeping your knees bent and feet apart. To avoid twisting the spine, make sure one foot is in the direction of the move. Using gentle rocking motions can also reduce exertion.

– Pulling a client up in bed is easier when the head of the bed is flat or down. Raising the client’s knees and encouraging the client to push (if possible) can also help.

• Apply anti-embolism stockings by pushing them on while you are standing at the foot of the bed. You can use less force in this position than standing at the side of the bed.

• Notify your employer promptly of any injury in the workplace.

SAFER · HEALTHIER · PEOPLE™
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

OSHA FAST FACTS
Home Healthcare Workers

N O I S H
Healthcare and Compliance Assistance
CDC NIOSH Resources

https://www.cdc.gov/niosh/topics/healthcare/default.html
The Lucian Leape Institute at National Patient Safety Foundation.
Providing a Strategic Vision for Improving Patient Safety

Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation.
Joint Commission's report on safety culture and the synergies that exist patient safety & worker health and safety
Identify OSHA’s outreach material to better educate employers and employees
The mission of the Occupational Safety and Health Administration (OSHA) is to assure safe and healthy working conditions for working men and women by developing, setting and enforcing standards and by providing outreach, education, training and compliance assistance. Under the law, employers have the responsibility to provide a safe workplace.

Physicians, nurses, nurse practitioners, physician assistants and other health care professionals often encounter workplace health and safety questions as they care for their patients. This web page provides information, resources and links to help clinicians navigate OSHA’s web site and aid clinicians in caring for workers.

If you are new to occupational health, sections of this page address important ethical, regulatory and clinical issues you will encounter. You can also use OSHA’s A-Z Index or search engine (both at the top of all pages) to find information on specific hazardous exposures, specific occupations, specific industries, along with other occupational health topics. A number of useful links are listed under Resources below.

Physicians should be aware that the OSHA law prohibits employers from retaliating or discriminating against a worker for reporting an injury or illness. If a worker has been disciplined, punished, fired, demoted transferred, or retaliated against in any way for reporting the signs and symptoms of an injury or illness, they can file a complaint with OSHA at 1-800-321-6742. This type of complaint must be made to OSHA immediately (within 30 days).

Occupational Health Practice

For clinicians establishing or working in an occupational health practice, many protocols and procedures will depend on the practice situation (i.e. freestanding clinic, corporate clinic, large clinic network) and on the industry or industries being served. However, the following are important considerations for any clinician providing occupational health services:

- Review (or create) policies and procedures to assure compliance with OSHA standards as well as compliance with other certification and licensing bodies.
- Identify occupational health hazards, such as biological, chemical, physical, ergonomic and psychological, for all worker groups and industries being served.
HCS Guidance from OSHA

- OSHA’s Safety & Health Topics Page:  
  - https://www.osha.gov/dsg/hazcom/

- OSHA QuickCards/Fact Sheets/Brief  
  - Safety Data Sheets, Labels, Pictograms  
  - Comparison of NFPA 704 & HCS 2012 labels

- Small Entity Compliance Guide  

- Publications: 1-800-321-6742 (OSHA)
Compliance Quick Start
Compliance Assistance Quick Start

Follow the steps below to identify some of the major OSHA requirements and guidance materials that may apply to your health care facility. These steps will lead you to resources on OSHA’s Web site that will help you comply with OSHA requirements and prevent workplace injuries and illnesses.

- **Step 1:** OSHA Requirements That Apply to Many Health Care Employers
- **Step 2:** Other Hazards at Health Care Facilities
- **Step 3:** Survey Your Workplace for Additional Hazards
- **Step 4:** Find Information About Specific Health Care Sectors
- **Step 5:** Develop a Comprehensive Safety and Health Program
- **Step 6:** Train Your Employees
- **Step 7:** Recordkeeping, Reporting, and Posting
- **Step 8:** Find Additional Compliance Assistance Information

Compliance Assistance Quick Start / Health Care Industry
Follow the steps below to identify some of the major OSHA requirements and get a site that will help you comply with OSHA requirements and prevent workplace injury.

- **Step 1:** OSHA Requirements That Apply to Many Health Care Employers
- **Step 2:** Other Hazards at Health Care Facilities
- **Step 3:** Survey Your Workplace for Additional Hazards
- **Step 4:** Find Information About Specific Health Care Sectors
- **Step 5:** Develop a Comprehensive Safety and Health Program
- **Step 6:** Train Your Employees
- **Step 7:** Recordkeeping, Reporting, and Posting
- **Step 8:** Find Additional Compliance Assistance Information
Other Language Publications
Latino Outreach: Publications
http://www.osha.gov/as/opa/quicktakes/subscribe.html

OSHA Newsletter

Sign up for the latest news

Visit us on the web at: www.osha.gov
Social Media

- http://www.dol.gov/
- https://www.facebook.com/departmentoflabor
- https://www.youtube.com/user/USDepartmentofLabor
- OSHA_DOL (@OSHA_DOL) | Twitter
OSHA Consultation Service
Indiana University of Pennsylvania

- Aimed to help employers who want help in recognizing and correcting safety and health hazards and in improving their safety and health programs
- Free, largely funded by OSHA
- Requirement: A commitment to correcting serious safety and health hazards
- Confidential, tailored to small business
Size of Employers Receiving Consultation Services in Region III, FY 2017

Total Visits Closed in FY 2017: 1,937

- 1-25 Employees, 1,125, 58%
- 26-100 Employees, 615, 31%
- >250 Employees, 23, 1%
- 101-250 Employees, 195, 10%
On-site Consultation Visits by Industry Sector

- **Construction, 554, 28.6%**
- **Manufacturing, 784, 40.5%**
- **Wholesale & Retail, 153, 7.9%**
- **Services, 180, 9.3%**
- **Other, 238, 12.3%**
- **Maritime, 10, 0.5%**
- **Agriculture, 18, 0.9%**

Total FY 2017 Visits with a Closing Conference Date: 1,937
OSHA Consultation Service
Indiana University of Pennsylvania

- Safety and Health Achievement Recognition Program (SHARP)
- Contact Information:
  
  1 – 800 – 382 – 1241

http://www.iup.edu/pa-oshaconsultation
Region III OSHA Consultation Projects

- **District of Columbia** 202-724-3690
  Office of Occupational Safety and Health
- **Delaware** 302-761-8219
  DOL Office of Safety and Health Consultation
- **Maryland** 410-527-4499
  MOSH Consultation Services
- **Pennsylvania** 800-382-1241
  PA OSHA Consultation Program (IUP)
- **Virginia** 804-786-8707
  Occ. Safety and Health – Training and Consultation
- **West Virginia** 304-558-7890
  OSHA Safety Consultation Program

Scope of services- determined by Employer’s Request

- Limited assessment of one area or process (Determined by employer) or
- Full scope Initial Safety and/or Health Visit

Can provide...

**Program Assistance** (implementing SHP)

- Free Industrial Hygiene surveys!
  - Noise, chemical exposure assessments, etc.

- **Training and Education**!
  - Region III Consultants trained over 50,000 employers/employees in FY 2017 or various topics!
Pennsylvania OSHA Area Offices

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

Allentown Area Office
(267) 429-7542
Erie AO
(814) 874-5150
Harrisburg AO
(717) 782-3902
Philadelphia AO
(215) 597-4955
Pittsburgh AO
(412) 395-4903
Wilkes-Barre AO
(570) 826-6538
How do I contact OSHA?

By telephone to the 24-hour OSHA hotline
(1-800-321-OSHA or 1-800-321-6742).
www.osha.gov
Isabel DeOliveira
Philadelphia Regional Office
(215)861-4931
Deoliveira.isabel@dol.gov
Questions?
Myth: It is too Expensive to Comply

Fact: It is too expensive to NOT comply
OSHA's "$\text{safety Pays}$ Program

OSHA's "$\text{safety Pays}$" program can help employers assess the impact of occupational injuries and illnesses on their profitability. This program uses a company's profit margin, the average costs of an injury or illness, and an indirect cost multiplier to project the amount of sales a company would need to cover those costs. The program is intended as a tool to raise awareness of how occupational injuries and illnesses can impact a company's profitability, not to provide a detailed analysis of a particular company's occupational injury and illness costs.

The "$\text{safety Pays}$" program will:

- Allow users to pick an injury type from a drop-down list or to enter their workers' compensation costs
- Prompt users for information to do the analysis, including their profit margin and number of injuries
- Generate a report of the costs and the sales needed to cover those costs

For additional information on how "$\text{safety Pays}$" works, see Background of the Cost Estimates

Note: The Cost Estimator requires JavaScript to be enabled in your internet browser. An alternate text version is also available.

If you have safety or health problems in your workplace, please contact your local OSHA Area Office or the OSHA On-site Consultation Program in your state.

Disclaimer:

This program is not a new standard or regulation, and creates no new legal obligations. It is intended to help raise employers' awareness of the impact of occupational injuries and illnesses on profitability. The average claim cost estimates used in "$\text{safety Pays}$" are provided by National Council on Compensation Insurance, Inc. (NCCI). The data reflects the average cost of lost time workers' compensation insurance claims derived from unit statistical reports submitted to NCCI for policy years 2011-2013. NCCI makes no guarantees nor assumes any responsibility for the accuracy of any results obtained through the use of the NCCI data provided through this tool. NCCI's information and data may not be used or copied in any manner except as provided in conjunction with the OSHA website tool, "$\text{safety Pays}$." Information entered into the form fields is not captured by OSHA. The system is not programmed to capture or relay any information entered or calculated by the worksheet. For additional information on the data and calculations used in "$\text{safety Pays}," see Background of the Cost Estimates.
Impact on a Company's Profitability Worksheet

Employers can use the "Safety Pays" to assess the impact of occupational injuries and illnesses on their profitability. This program uses a company’s profit margin, the average costs of an injury or illness, and an indirect cost multiplier to project the amount of sales a company would need to generate to cover those costs. The program is intended as a tool to raise awareness of how occupational injuries and illnesses can impact a company’s profitability, not to provide a detailed analysis of a particular company’s occupational injury and illness costs. Your local OSHA On-site Consultation Office can help small businesses identify workplace hazards and develop and implement an effective injury and illness prevention program.

Direct Costs

1. Select an injury type from the drop-down menu OR enter the total workers’ compensation costs.
2. Enter the profit margin (leave blank to use default of 3%).
3. Enter the number of injuries (leave blank to use default of one).
4. Select "Add/Calculate" to compute the total direct and indirect costs.
5. Repeat the step to add additional injuries to the list.

Injury Type

or

Workers' Compensation Costs (annual sum of costs)

Enter Profit Margin (%) (leave blank to use default of 3%)

Enter Number of Injuries (leave blank to use default of one)

Add/Calculate  Clear

Estimated Total Cost

The extent to which the employer pays the direct costs depends on the nature of the employer's workers' compensation insurance policy. The employer always pays the indirect costs.
### Estimated Total Cost

The extent to which the employer pays the direct costs depends on the nature of the employer’s workers’ compensation insurance policy. The employer always pays the indirect costs.

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Instances</th>
<th>Direct Cost</th>
<th>Indirect Cost</th>
<th>Total Cost</th>
<th>Additional Sale (Indirect)</th>
<th>Additional Sale (Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strain</td>
<td>1</td>
<td>$33,140</td>
<td>$36,454</td>
<td>$69,594</td>
<td>$1,215,133</td>
<td>$2,319,800</td>
</tr>
</tbody>
</table>

### Totals

- **Estimated Direct Costs:** $33,140
- **Estimated Indirect Costs:** $36,454

- **Combined Total (Direct and Indirect Costs):** $69,594
- **Sales To Cover Indirect Costs:** $1,215,133
- **Sales To Cover Total Costs:** $2,319,800

### Disclaimer:

This program is not a new standard or regulation, and creates no new legal obligations. It is intended to help raise employers’ awareness of the impact of occupational injuries and illnesses on profitability. The average claim cost estimates used in "Safety Pays" are provided by National Council on Compensation Insurance, Inc. (NCCI). The data reflects the average cost of lost time workers’ compensation insurance claims derived from unit statistical reports submitted to NCCI for policy years 2011-2013. NCCI makes no guarantees nor assumes any responsibility for the accuracy of or any results obtained through the use of the NCCI data provided through this tool. NCCI’s information and data may not be used or copied in any manner except as provided in conjunction with the OSHA website tool, "Safety Pays." Information entered into the form fields is not captured by OSHA. The system is not programmed to capture or relay any information entered or calculated by the worksheet. For additional information on the data and calculations used in "Safety Pays," see Background of the Cost Estimates.

https://www.osha.gov/dcsp/smallbusiness/safetypays/estimator.html
## Estimated Total Cost

The extent to which the employer pays the direct costs depends on the nature of the employer's workers' compensation insurance policy. The employer always pays the indirect costs.

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Instances</th>
<th>Direct Cost</th>
<th>Indirect Cost</th>
<th>Total Cost</th>
<th>Additional Sale (Indirect)</th>
<th>Additional Sale (Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contagious Disease</td>
<td>1</td>
<td>$13,364</td>
<td>$14,700</td>
<td>$28,064</td>
<td>$490,013</td>
<td>$935,466</td>
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<tr>
<td>Laceration</td>
<td>1</td>
<td>$19,713</td>
<td>$21,684</td>
<td>$41,397</td>
<td>$722,810</td>
<td>$1,379,900</td>
</tr>
<tr>
<td>Infection</td>
<td>1</td>
<td>$28,301</td>
<td>$31,131</td>
<td>$59,432</td>
<td>$1,037,703</td>
<td>$1,981,066</td>
</tr>
<tr>
<td>Respiratory Disorders (gases, fumes, chemicals, etc.)</td>
<td>1</td>
<td>$29,137</td>
<td>$32,050</td>
<td>$61,187</td>
<td>$1,068,356</td>
<td>$2,039,566</td>
</tr>
</tbody>
</table>

## Totals

- **Estimated Direct Costs:** $90,515
- **Estimated Indirect Costs:** $99,565
- **Combined Total (Direct and Indirect Costs):** $190,080
- **Sales To Cover Indirect Costs:** $3,318,882
- **Sales To Cover Total Costs:** $6,335,998

## Disclaimer:

This program is not a new standard or regulation, and creates no new legal obligations. It is intended to help raise employers' awareness of the impact of occupational injuries and illnesses on profitability. The average claim cost estimates used in "Safety Pays" are provided by National Council on Compensation Insurance, Inc. (NCCI). The data reflects the average cost of lost time workers' compensation insurance claims derived from unit statistical reports submitted to NCCI for policy years 2011-2013. NCCI makes no guarantees nor assumes any responsibility for the accuracy of or any results obtained through the use of the NCCI data provided through this tool. NCCI’s information and data may not be used or copied in any manner except as provided in conjunction with the OSHA website tool, "Safety Pays." Information entered into the form fields is not captured by OSHA. The system is not programmed to capture or relay any information entered or calculated by the worksheet. For additional information on the data and calculations used in "Safety Pays," see [Background of the Cost Estimates](#).
Questions?
OSHA will email resource sheet directly to registrants (with email address)

1-800-321 (OSHA) 6742
www.osha.gov
Stanford Needle safety in 3 minutes

1. Put on safety glasses or face shield and double glove.
2. Use one needle, do not recap, activate safety immediately after use.
3. Use safe sharps.
4. Container is as close as possible to the work area.
5. Never leave sharps out.
6. Always communicate with your team.
7. Use available equipment for needleless blood transfer.
8. Always be responsible for your devices.

Stanford Sharps Doodle
Cover Your Cough, Flyer for Health Care Settings

Flyer:
- English [324 KB]
- Portuguese [268 KB]
- French [225 KB]
- Vietnamese [98 KB]
- Tagalog [93 KB]
- Chinese [246 KB]
- Hmong [224 KB]
- Khmer [213 KB]

Poster: English
- Vietnamese [90 KB]
- Chinese [246 KB]

Cover Your Cough, Flyer & Poster for Health Care Settings

Cover Your Cough, Flyer & Poster for Community and Public Settings

Flyer:
- English [300 KB]
- Portuguese [300 KB]
- French [289 KB]
- Vietnamese [74 KB]
- Tagalog [75 KB]
- Chinese [212 KB]
- Hmong [294 KB]
- Khmer [279 KB]
- Arabic [64 KB]
- Samoan [132 KB]
- Burmese [27 KB]
- Farsi [69 KB]
- Kirundi [16 KB]
- Somali [15 KB]

Poster: English
Keep Your Child from Getting and Spreading ENTEROVIRUS D68

Avoid close contact with sick people

Cover your coughs & sneezes

Wash your hands often with soap & water

Clean & disinfect surfaces

Avoid touching your face with unwashed hands

Stay home when you're sick

www.cdc.gov/non-polio-enterovirus/EV68/
How do I contact OSHA?

By telephone to the 24-hour OSHA hotline (1-800-321-OSHA or 1-800-321-6742).

www.osha.gov
Isabel DeOliveira  
Philadelphia Regional Office  
(215)861-4931  
Deoliveira.isabel@dol.gov
Questions?