Safe Infection Control Practices for Personal Care Homes
PG Monday, October 26, 2015, 1:00pm–4:00pm
Penn State Greater Allegheny
McKeesport, PA 15132

WB Thursday, October 29, 2015, 1:00pm–4:00pm
Penn State Wilkes-Barre
Lehman, PA 18627

ER Thursday, November 5, 2015, 9:00am–12:00pm
Active Aging
The Lew Davies Community Center
Meadville, PA 16335

ER Tuesday, November 10, 2015, 1:00pm-4:00pm
Lock Haven University, Clearfield Campus
Clearfield, PA 16830

PH Friday, November 13, 2015, 9:00am-12:00pm
Temple University, Health Sciences Corp. Offices
2450 Hunting Park Ave.
Philadelphia, PA 19129

PG Tuesday, November 17, 9:00am-12:00pm
PA Child Welfare Training Center
Mechanicsburg, PA 17055
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 Home Healthcare Industry

• Review Infection Control

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

CY2010 Statistics

• 48% of all reported injuries - overexertion.

• Injuries from slips, trips, and falls were also very common

• Taken together, **74.6%** of all reported cases with days away from work **within this industry** for CY 2010.

Source: OSHA NEP Directive (April 2015)
Occupational Safety and Health Administration (OSHA) and the Healthcare Industry
2012 NAICS: 62331 - Continuing care retirement communities and assisted living facilities for the elderly

RELATED INDUSTRIES

ISP Home
62 - Health care and social assistance
   623 - Nursing and residential care facilities
      6233 - Continuing care retirement communities and assisted living facilities for the elderly
         62331 - Continuing care retirement communities and assisted living facilities for the elderly
            623311 - Continuing care retirement communities
            623312 - Assisted living facilities for the elderly

SELECTED VISUALIZATIONS
Facilities include:

<table>
<thead>
<tr>
<th>2012 NAICS</th>
<th>SIC</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>623311</td>
<td>8082</td>
<td>Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly</td>
</tr>
<tr>
<td>623312</td>
<td>8082</td>
<td>Assisted Living Facilities for the Elderly</td>
</tr>
<tr>
<td>SUBJECT: National Emphasis Program – Nursing and Residential Care Facilities (NAICS 623110, 623210 and 623311)</td>
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<td>-------------------------------------------------</td>
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**NOTE:** As indicated by the cover memorandum dated April 2, 2015, the procedures outlined in this Instruction will remain in effect until replaced by updated guidance or removed by the Agency. Strikethrough revisions were approved by the Assistant Secretary, and were incorporated into this policy on 2/21/2013.
Home healthcare is healthcare provided in the client's home. Home healthcare workers provide hands-on long-term care and personal assistance to residents.

- OSHA can inspect facilities based on
  - Referrals
  - Complaints
  - Planned Inspections (priority list)

- Focus during inspections
  - Bloodborne (Hepatitis B Vaccine) and Infection Control
  - Ergonomics Stressors (including patient lifting)
  - Slips, Trips and Falls
  - Tuberculosis
  - Workplace Violence
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)
Top violations for Healthcare

1910.1030 Bloodborne Pathogens

• (c) No written exposure control plan
• (g) No training for those w/ exposure
• (d) Methods of Compliance
  (Engineering, PPE, Housekeeping)
• (h) Recordkeeping issues & no sharps log
• (f) Vaccination not provided w/in 10 days
Other violations in Healthcare

- 1910.1200(e) No Written HazCom Program
- 1910.151(c) Missing/Inadequate eyewash
- 1910.147(c) No Written LO/TO Program
- 1910.132(d) No PPE Assessment
- 1904.29(b) Incomplete OSHA 300 Log
OSHA INITIATIVES
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

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
  - Lack of training and experience
- Host employers do not always have the same commitment to temporary employees as to permanent ones
- Employer who manage the risk of the injury (temp agency) does not control safety and health investment at worksite
Best Practices
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
What is GHS?

- Globally Harmonized System for Classification and Labeling of Chemicals
- GHS is not the same as OSHA’s Hazard Communication Standard
Top HCS Standards Cited Overall

- 1910.1200(h) - training
- 1910.1200(e) – written program
- 1910.1200(g) – safety data sheets
- 1910.1200(f) - labeling
Pictograms

• The GHS uses nine pictograms to convey the health, physical, and environmental hazards
• This final rules 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>
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<tr>
<td></td>
<td></td>
<td>Layer (Non-Mandatory)</td>
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</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(fatal or toxic)</td>
</tr>
</tbody>
</table>
Label Example

New style Label (GHS)

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
Safety Data Sheets

• 16-section safety data sheet (SDS)
• Sections 12-15 will not be mandatory since they address information outside OSHA’s jurisdiction
• Appendix D, Safety Data Sheets, provides the details of what is to be included in each section
• OSHA PEL, ACGIH TLV are required in Section 8, Exposure Controls/Personal Protection
• New information regarding the hazards of the chemical or ways to protect against the hazard must be added to SDS within 3 months
Hazard Communication

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

"Exposure to hazardous chemicals is one of the most serious threats facing American workers today," said U.S. Secretary of Labor Hilda Solis. "Revising OSHA’s Hazard Communication standard will improve the quality and consistency of hazard information, making it safer for workers to do their jobs and easier for employers to stay competitive."

The Hazard Communication Standard (HCS) is now aligned with the Globally Harmonized System of Classification and Labeling of Chemicals.
HCS Guidance from OSHA

• OSHA’s Safety & Health Topics Page:
  – [https://www.osha.gov/dsg/hazcom/](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 Musculoskeletal Disorders
SAFETY AND HEALTH TOPICS

Culture of Safety
Infectious Diseases
Safe Patient Handling
Workplace Violence
Other Hazards
Standards/Enforcement
Figure 2.1. Slide/transfer board (Copyright by Sammons Preston Rolyan. Reprinted with permission.)

Figure 2.2. Slide/draw sheet (Copyright by SureHands Lift and Care Systems. Reprinted with permission.)

Figure 2.9. Rotation disk (Copyright by Sure Hands Lift and Care Systems. Reprinted with permission.)

Figure 2.10. Wall sling (Copyright by Sure Hands Lift and Care Systems. Reprinted with permission.)

1910.1030 Exposure to Bloodborne Pathogens
Components of the Standard

• 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
1910.1030(c)(1)(v)

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/chemregindex.htm
- Selected EPA-registered Disinfectants
  - List E: 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 indicative 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-registrant Safety and Health Administration’s requirements for Occupational Exposure to blood borne Pathogens (29 CFR 1910) as well proper management of any other material safety data sheet (MSDS).

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 theses products, please contact the manufacturer.

- **List A:** EPA’s Registered Antimicrobial Products as Sterilizers (PDF) (5 pp, 127k, [About PDF])
- **List B:** EPA Registered Tuberculocidal Products Effective Against Mycobacterium tuberculosis (PDF) (12 pp, 218k, [About PDF])
- **List C:** EPA’s Registered Antimicrobial Products Effective Against Human HIV-1 Virus (PDF) (66 pp, 483k, [About PDF])
- **List D:** EPA’s Registered Antimicrobial Products Effective Against Human HIV-1 and Hepatitis B Virus (PDF) (30 pp, 128k, [About PDF])
- **List E:** EPA’s Registered Antimicrobial Products Effective Against Mycobacterium tuberculosis Human HIV-1 and Hepatitis B Virus (PDF) (8 pp, 53k, [About PDF])
- **List F:** EPA’s Registered Antimicrobial Products Effective Against Hepatitis C Virus (PDF) (22 pp, 94k, [About PDF])
- **List G:** EPA’s Registered Antimicrobial Products Effective Against Norovirus (PDF) (3 pp, 51k, [About PDF])
- **List H:** EPA’s Registered Antimicrobial Products Effective Against Methicillin Resistant Staphylococcus aureus (MRSA) and Vancomycin Resistant Enterococcus (VRE) (PDF) (1 pp, 49k, [About PDF])
- **List I:** EPA’s Registered Antimicrobial Products for Medical Waste Treatment (PDF) (5 pp, 70k, [About PDF])
- **List J:** EPA’s Registered Antimicrobial Products Effective Against Clostridium difficile Spores (PDF) (1 pp, 56k, [About PDF])
- **List L:** EPA’s Registered Antimicrobial Products that Meet the CDC Criteria for Use Against the Ebola Virus (PDF) (1 pp, 43k, [About PDF])
- **List M:** Registered Antimicrobial Products with Label Claims for Avian (Bird) Flu Disinfectants (PDF) (1 pp, 43k, [About PDF])

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

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

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

* Not a product endorsement
Summary

Bloodborne Pathogens Standard

• Written Program

• KNOW your CLEANERS

• Proper SELECTION based on facility and exposures

• Update and Training ANNUALLY
Identify OSHA’s outreach material to better educate employers and employees
Safety and Health Topics | Home Healthcare
https://www.osha.gov/SLTC/home_healthcare/
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 work-related 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.
Compliance Quick Start

Help for Employers
How to comply, go beyond compliance, and improve your bottom line

- Am I covered by OSHA?
- What are my responsibilities as an employer?
- How do I identify and control safety and health hazards in my business?
- How do I comply with OSHA standards and rules?
- How do I comply with OSHA’s injury and illness recordkeeping, reporting and poster requirements?
- How can I go beyond compliance and improve my bottom line?
- What happens if OSHA inspects my workplace?
- What resources does OSHA have for my small business?
- Where can I get information on safety and health training for my workers?
- What rights do my workers have under the OSHA law?
- Where can I find resources to protect my diverse workforce?
- How can I work cooperatively with OSHA?
- What if I am in a state with an OSHA-approved State Program?
- How do I get OSHA publications and videos?
- What should I do if I can’t find the answer to my question?

Quick Start
OSHA Compliance Assistance Quick Start

Compliance Assistance Quick Start is a tool to introduce employers and workers, especially those at new or small businesses, to the compliance assistance resources on OSHA’s website. Quick Start currently includes modules for:
- General Industry
- Health Care
- Construction
- Hazardous Materials

By following the step-by-step guides, you can generate an initial set of compliance assistance materials tailored to your workplace.

How is OSHA helping employers and workers?
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

For more information, see the Health Care Quick Start Library. This includes a collection of forms, resources, publications, and sample programs that are incorporated into the Quick Start steps, plus additional compliance assistance resources. You can use this collection as a reference after completing the steps.

**NOTE:** If you have Spanish-speaking employees, visit OSHA's Spanish-Language Compliance Assistance Resources page and OSHA en Español. If you employ temporary workers, visit OSHA’s Protecting Temporary Workers page. If you employ teen or young workers, visit OSHA’s Young Workers page.
Pandemic Influenza

Flu: Influenza in Workers and Pigs - Guidance for Commercial Swine Farmers and Pork Producers
Fact Sheet
(English: HTML PDF)

Pandemic Influenza: Healthcare Workplaces Classified as Very High or High Exposure Risk for Pandemic Influenza Fact Sheet
(English: HTML PDF)

Pandemic Influenza: How to Protect Yourself in the Workplace during a Pandemic QuickCard™
(OSHA 3365 - 2009) (English: HTML PDF Order Now)

Pandemic Influenza: Pandemic Flu Respiratory Protection QuickCard™
(OSHA 3366 - 2009) (English: HTML PDF Order Now)

Pandemic Influenza: What Employers Can Do to Protect Workers from Pandemic Influenza Fact Sheet
(English: HTML PDF)

Pandemic Influenza: Workplace Preparation Guide for a Flu Pandemic (Spanish)
(OSHA 3364 - 2009) (Spanish: PDF)

Respiratory Protection: Respiratory Infection Control - Respirators Versus Surgical Masks Fact Sheet
(English: HTML PDF)
Other Language Publications
Latino Outreach: Publications

Ninguna persona tiene que lesionarse o morir por un pago. Si usted piensa que su trabajo no es seguro y tiene preguntas, llame a OSHA. Esta información es confidencial. ¡Nosotros podemos ayudar!

OSHA Administración de Seguridad y Salud Ocupacional
1-800-321-6742 www.osha.gov

Falling Off Ladders Can Kill: Use Them Safely

Las caídas desde escaleras pueden ser mortales: Úsals de forma segura

INFORMATIVA SOBRE EL CALOR

www.osha.gov/secretos
http://www.osha.gov/as/opa/quicktakes/subscribe.html

OSHA Newsletter

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
• https://twitter.com/usdol
Starting January 1, 2015

All employers must report:
• All work-related fatalities within 8 hours, and
• Within 24 hours
  - all work-related inpatient hospitalizations,
  - amputations (with or without bone loss) or
  - losses of an eye

Mechanical wheelchair helps patients from a sitting position to a standing position
Compliance Assistance

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 onsite.

EMPLOYEES SHOULD

• Participate in ergonomic training.
• Use ergonomic assistive devices if available.
  – Products such as lift sheets, slide boards, rollars, 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.

This is one in a series of six fact sheets developed to provide practical advice for home healthcare workers and is based on NIOSH Hazard Review: Occupational Hazards in Home Healthcare, NIOSH Publication No. 2010-125.

Telephone: 1-800-CON-INFO | TTY: 1-888-232-6348
Email: cdcinfo@cdc.gov | Web: www.cdc.gov/niosh/topics/healthcare

DHHS (NIOSH) Publication No. 2012-120
February 2012
SAFER - HEALTHIER - PEOPLE™

DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention National Institute for Occupational Safety and Health
Health Care Without Harm (PDF).
This paper centering on patient, worker and environmental health and safety ("the three safeties")

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
NIOSH NORA Healthcare and Social Assistance Sector Council. (HSRA). The HCSA Sector Council developed priorities for the sector:

- Strategic Goal 1 - Safety and health programs;
- Strategic Goal 2 - Musculoskeletal disorders;
- Strategic Goal 3 - Hazardous drugs and other chemicals;
- Strategic Goal 4 - Sharps injuries; and
- Strategic Goal 5 - Infectious diseases

The Lucian Leape Institute at National Patient Safety Foundation. Providing a Strategic Vision for Improving Patient Safety
Stop the spread of germs that make you and others sick!

Cover your Cough

Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.

You may be asked to put on a surgical mask to protect others.

Clean your Hands after coughing or sneezing.

Wash with soap and water or clean with alcohol-based hand cleaner.

http://www.cdc.gov/flu/protect/covercough.htm
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
On-site Consultation Visits by Industry Sector: FY 2014

Total FY 2014 Visits with a Closing Conference Date: 24,643

- Construction, 6,474 (26%)
- Manufacturing, 8,571 (35%)
- Wholesale & Retail, 2,394 (10%)
- Services, 3,302 (13%)
- Other, 3,373 (14%)
- Agriculture, 524 (2%)

Totals include 21(d) and 23(g) On-site Consultation Project data.
Size of Employers Receiving Consultation Services  FY 2014

Total FY 2014 Closed Visits: 26,847

- 1-25 Employees, 14,836, 55%
- 26-100 Employees, 8,614, 32%
- 101-250 Employees, 2,866, 11%
- >250 Employees, 531, 2%

• Totals include 21(d) and 23(g) On-site Consultation Project data.
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-oshaconsolidation
Pennsylvania OSHA Area Offices

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

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

Rev: 2015 April 4
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
Myth: It is too Expensive to Comply

Fact: It is too expensive to NOT comply
OSHA's "Safety Pays" Program

OSHA's "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 "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

BEGIN

For additional information on how "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 "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 2009-2011. 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.
Estimated Costs of Occupational Injuries and Illnesses and Estimated 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.

<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>$33,528</td>
<td>$36,880</td>
<td>$70,408</td>
<td>$1,229,360</td>
<td>$2,346,933</td>
</tr>
</tbody>
</table>

### Totals

- **Estimated Direct Costs:**
  - $33,528

- **Estimated Indirect Costs:**
  - $36,880

- **Combined Total (Direct and Indirect Costs):**
  - $70,408

- **Sales To Cover Indirect Costs:**
  - $1,229,360

- **Sales To Cover Total Costs:**
  - $2,346,933
## 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>$10,469</td>
<td>$11,515</td>
<td>$21,984</td>
<td>$383,863</td>
<td>$732,800</td>
</tr>
<tr>
<td>Laceration</td>
<td>1</td>
<td>$19,059</td>
<td>$20,964</td>
<td>$40,023</td>
<td>$698,830</td>
<td>$1,334,100</td>
</tr>
<tr>
<td>Infection</td>
<td>1</td>
<td>$22,915</td>
<td>$25,206</td>
<td>$48,121</td>
<td>$840,216</td>
<td>$1,604,033</td>
</tr>
<tr>
<td>Respiratory Disorders (gases, fumes, chemicals, etc.)</td>
<td>1</td>
<td>$27,684</td>
<td>$30,452</td>
<td>$58,136</td>
<td>$1,015,080</td>
<td>$1,937,866</td>
</tr>
</tbody>
</table>

## Totals

- **Estimated Direct Costs:** $80,127
- **Estimated Indirect Costs:** $88,137
- **Combined Total (Direct and Indirect Costs):** $168,264
- **Sales To Cover Indirect Costs:** $2,937,989
- **Sales To Cover Total Costs:** $5,608,799
Questions?
OSHA will email resource sheet directly to registrants (with email address)

1-800-321 (OSHA) 6742
www.osha.gov