

Healthcare Employee Safety: Current and Emerging Issues

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Today's Session

- Gain an overview of the range of healthcare employee safety regulations adopted in California
- Understand recent efforts to address healthcare workplace violence prevention both at the state and federal levels
- Obtain information to improve healthcare employee workplace safety

"Every Employer shall furnish employment and a place of employment that is safe and healthful for the employees therein."

California Labor Code § 6400





- In California, workplace safety is regulated and enforced by Cal/OSHA
- Since 1991, every employer is required to establish & maintain an effective Injury & Illness Prevention Plan covering all employees (including temporary employees) & other workers whom the employer controls or directs on the job to the extent those workers are exposed to specific worksite or job assignment hazards
- http://www.dir.ca.gov/dosh/etools/09-031/index.htm



- Given this broad obligation, one might conclude that regulations for specific hazards are not necessary
 - Of note, Cal/OSHA does not consider healthcare a "high hazard" industry with the exception of nursing and residential care facilities



- That would be too easy:
 - Current standards relevant to healthcare include:
 - Hazard Communication
 - Blood-borne pathogen
 - Respiratory protection
 - Aerosol transmissible disease
 - Ergonomic
 - Safe patient handling
 - Pending regulations relevant to healthcare include:
 - Antineoplastic drug handling
 - Healthcare workplace violence prevention
 - Potential regulations relevant to healthcare include:
 - Plume evacuation



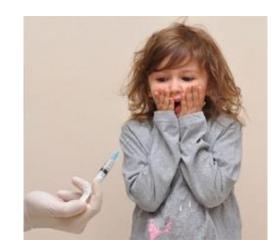
CA Hazard Communication Standard

- Updated in 2015 to align with the Globally Harmonized System (GHS) of classification and labeling of chemicals
- Employers have the responsibility to develop and implement a written hazard communication (HAZCOM) program which includes
 - a list of hazardous chemicals known to be present
 - container labels
 - safety data sheets that are immediately available to employees
 - employee information and training
- www.dir.ca.gov/dosh/dosh publications/ghs fs.pdf



CA Blood-Borne Pathogen Standard

- BBP Program must address:
 - Exposure determinations
 - The schedule and method of implementation for each of the applicable subsections of the blood-borne pathogens regulation which include:



- Methods of compliance
- Hepatitis B vaccination and post-exposure evaluation and follow-up
- Communication of hazards to employees
- Recordkeeping
- Provisions for the initial reporting of exposure incidents



CA Blood-Borne Pathogen Standard

- Hepatitis B vaccination series for unvaccinated employees
- Effective procedures for:
 - Evaluating the circumstances surrounding exposure incidents
 - Work practice controls—exception to prohibited practices
 - Gathering sharps injury log information
 - Making periodic determinations of the frequency of use and the types and the brands of sharps involved in exposure incidents
 - Identifying and selecting appropriate and currently available engineering control devices
 - Engineering controls—exception 2 (Patient Safety Determinations)
 - Actively involving employees in the review and update of the exposure control plan for the procedures they perform
- www.dir.ca.gov/dosh/dosh publications/BBPBest1.pdf
- www.dir.ca.gov/dosh/dosh publications/expplan2.pdf

CA Respiratory Protection Standard

- Employer must have written procedures that address the following topics:
 - Selection of appropriate respirators
 - Medical evaluation of respirator users
 - Annual face seal fit testing
 - Procedures for routine and emergency use
 - Procedures for respirator cleaning, disinfection storage, inspection, maintenance and repair
 - Air quality for supplied air devices (if applicable)
 - Annual employee training
 - Periodic program evaluation
- www.dir.ca.gov/dosh/dosh publications/respiratory-protectionfs.pdf
- www.dir.ca.gov/dosh/dosh publications/respiratory.pdf





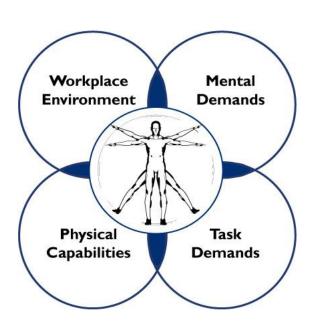
CA Aerosol Transmissible Disease Standard

- Requires a written ATD exposure control plan that addresses
 - infection control measures, including reducing exposures by the use of engineering controls, work practices, and personal protective equipment
 - covers workers in healthcare, emergency response, corrections, public safety and laboratories
- Applied during the H1N1 flu pandemic and the Ebola outbreak
 - www.dir.ca.gov/dosh/Cal-OSHA influenza guidance 11-5-10.pdf
 - www.dir.ca.gov/dosh/documents/Cal-OSHA-Guidance-on-Ebola-Virus.pdf
 - <u>www.cdph.ca.gov/programs/cder/Documents/Ebola%20PPE%20FAQs%20-</u> <u>%202014%2012%2016.pdf</u>
- tools.niehs.nih.gov/wetp/1/12TrainersExchange/14_Handout_CAL _ATD_Standard.pdf



CA Ergonomic Standard

• Applies to a job, process, operation where a repetitive motion injury (RMI) has occurred to more than one employee under the following conditions:



- (1) The repetitive motion injuries (RMIs) were predominantly caused (i.e. 50% or more) by a repetitive job, process, or operation;
- (2) The employees incurring the RMIs were performing a job process, or operation of identical work activity. Identical work activity means that the employees were performing the same repetitive motion task, such as but not limited to word processing, assembly or, loading; and
- (3) The RMIs were musculoskeletal injuries that a licensed physician objectively identified and diagnosed

CA Ergonomic Standard

- Every employer with RMI shall establish and implement a program designed to minimize RMIs that includes:
 - a worksite evaluation
 - control of exposures which have caused RMIs
 - training of employees
- Measures implemented by an employer under subsection (b)(1), (b)(2), or (b)(3) shall satisfy the employer's obligations under that respective subsection, unless it is shown that a measure known to but not taken by the employer is substantially certain to cause a greater reduction in such injuries and that this alternative measure would not impose additional unreasonable costs.
- www.dir.ca.gov/dosh/dosh publications/backinj.pdf
- www.dir.ca.gov/dosh/dosh publications/EasErg2.pdf
- www.dir.ca.gov/dosh/dosh publications/ComputerErgo.pdf



CA Safe Patient Handling Standard

- Requires general acute care hospitals to establish, implement and maintain an effective written patient protection and health care worker back and musculoskeletal injury prevention plan that includes (among other elements)
 - An effective safe patient handling policy component reflected in professional occupational safety guidelines for the protection of patients and health care workers in health care
 - Procedures for identifying, evaluating and correcting patient handling hazards
 - Assessment of all areas/units/departments where patient handling is conducted
 - Evaluation of the need for, use, availability, accessibility, and effectiveness of patient handling equipment and procedures



CA Safe Patient Handling Standard

- Procedures by which the designated RN will assess the mobility needs of each patient to determine the appropriate patient handling procedures based on the nurse's professional judgment using assessment tools, decision trees, algorithms or other effective means, and prepare safe patient handling instructions for the patient
- Communication of patient handling information among care providers
- Training
 - Awareness training for employees present on patient care units
 - Specialized training annually for employees who are responsible for participating in patient handling
 - When new equipment or processes are introduced
- www.dir.ca.gov/dosh/dosh publications/Safe-Patient-Handlingfor-Web-fs.pdf
- http://www.dir.ca.gov/title8/5120a.html



Pending: CA Antineoplastic Drug Handling Standard

- Labor Code § 144.8 requires
 - Cal/OSHA Standards Board to adopt an occupational safety and health standard for the handling of antineoplastic drugs in health care facilities regardless of the setting
 - the standard, to the extent feasible, to be consistent with and not exceed recommendations in the NIOSH 2004 alert entitled "Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings," as updated in 2010
- Complicated by
 - USP Chapter 800 "Hazardous Drugs Handling in Healthcare Settings" which will go into effect on July 1, 2018
 - Recently adopted California Board of Pharmacy amendments to regulations relating to sterile compounding of hazardous drugs
 - National Institute of Occupational Safety and Health (NIOSH) is currently updating its guidance.
- www.dir.ca.gov/dosh/doshreg/Antineoplastic-Drugs/



- Labor Code § 6401.8 requires Cal/OSHA Standards Board to adopt standards that require hospitals to develop and maintain a workplace violence prevention plan as a part of its Injury and Illness Prevention Plan
- Cal/OSHA extended the proposed standard to other healthcare settings including home health, hospice, long-term care, emergency medical services, drug treatment programs, psychiatric hospitals, intermediate care facilities and others
 - Recent amendments excluded physician offices and clinics



Elements

- Creating and maintaining a Workplace Violence Prevention Plan
- Identifying management with responsibility for administering
- Coordinating with other employers of employees working at your site
- Identifying and evaluating safety and security risks
- Investigating violent incidents
- Correcting hazards
- Communicating with employees and others
- Training
- Acute care hospital reporting to Cal/OSHA
- Recordkeeping- including violent incident log
- Program Review



- "Workplace violence" means any act of violence or threat of violence that occurs at the work site. The term workplace violence shall not include lawful acts of self-defense or defense of others. Workplace violence includes the following:
 - The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury;
 - An incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury

- Four workplace violence types:
 - "Type 1 violence" means workplace violence committed by a person who has no legitimate business in the work site, and includes violent acts by anyone who enters the workplace with the intent to commit a crime.
 - "Type 2 violence" means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a patient.
 - "Type 3 violence" means workplace violence against an employee by a present or former employee, supervisor, or manager.
 - "Type 4 violence" means workplace violence committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee.

- Procedures to identify and evaluate patient-specific risk factors
 - Factors specific to a patient that may increase the likelihood or severity of a workplace violence incident such as use of drugs or alcohol, psychiatric condition or diagnosis associated with increased risk of violence, any condition or disease process that would cause confusion and/or disorientation, or history of violence
 - How "patient-specific" is still a question
- Procedures to assess visitors or other individuals who display disruptive behavior or otherwise demonstrate a risk of committing workplace violence



- Training is a significant component
- Training to be tailored to the risks employees are reasonably anticipated to encounter in their jobs
- Computer-based learning permitted so long as employee questions are answered within one business day

- Awareness training for all employees when the plan is adopted and, for new employees, at the start of employment
 - Overview of the Plan
 - Recognizing potential for violence
 - Strategies for avoiding harm
 - Hospital alarm systems and how to use identified escape routes
 - Role of private security personnel, if any
 - Reporting incidents
 - Resources
- Annual refresher training for employees whose job involves patient contact and their supervisors
 - At least annually to review topics included in the initial training and results of the annual review
 - Focused on topics/information applicable to those employees



- Specified training for employees whose job responsibilities include violent incident response
 - General and personal safety measures
 - Aggression and violence predicting factors
 - The assault cycle
 - Characteristics of aggressive and violent patients and victims
 - Verbal intervention and de-escalation techniques and physical maneuvers to defuse and prevent violent behavior
 - Strategies to prevent physical harm
 - Appropriate use of restraining techniques
 - Appropriate use of medications as safety restraints
- The opportunity to practice maneuvers and techniques with other team members and a de-brief after the training to identify and correct issues



- Procedures to obtain the active involvement of employees or their representatives in all aspects of plan development, implementation and evaluation/assessment
- Developing effective procedures for obtaining assistance from appropriate law enforcement agency, including a policy statement that prohibits the employer from adopting a policy that prevents employees from calling local law enforcement
- Procedures to assess the work environment, including parking lots, etc., for safety/security risks



- Violent Incident Log
 - To be reviewed during the annual plan review and available to employees
 - For each incident, employer completes based on information solicited from the employee(s):
 - Date, time, location and department
 - Detailed description of the incident
 - Classification of perpetrator
 - Circumstances
 - Type of incident
 - Consequences of incident



- Cal/OSHA Webpages
 - Cal/OSHA Advisory Committee Process
 - www.dir.ca.gov/dosh/doshreg/Workplace-Violence-in-Healthcare/
 - Cal/OSHA Standards Board Process
 - http://www.dir.ca.gov/OSHSB/Workplace-Violence-Prevention-in-Health-Care.html





Recent Government Accountability Office Report on Healthcare Workplace Violence Prevention



- Why GAO Did This Study: OSHA does not require employers to implement workplace
 violence prevention programs, but it provides voluntary guidelines and may cite
 employers for failing to provide a workplace free from recognized serious hazards. GAO
 was asked to review efforts by OSHA to address workplace violence in health care.
- How GAO Did This Study: GAO examined the degree to which workplace violence occurs in health care facilities and OSHA's efforts to address such violence. GAO also analyzed federal data on workplace violence incidents, reviewed information from the nine states GAO identified with workplace violence prevention requirements for health care employers, conducted a literature review, and interviewed OSHA and state officials.



Recent Government Accountability Office Report on Healthcare Workplace Violence Prevention

- What GAO Found
 - Limited research on the effectiveness of workplace violence prevention shows mixed results
- What GAO Recommends
 - GAO recommends that OSHA provide additional information to assist inspectors in developing citations, develop a policy for following up on hazard alert letters concerning workplace violence hazards in health care facilities, and assess its current efforts
 - OSHA agreed with GAO's recommendations and stated that it would take action to address them
- www.gao.gov/products/GAO-16-11



Healthcare Workplace Violence Prevention Resources

NIOSH:

www.cdc.gov/niosh/topics/violence/pubs.html

Minnesota Hospital Association

www.mnhospitals.org/patient-safety/current-safety-quality-initiatives/workplace-violence-prevention

Fed/OSHA

www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/viol.html

Emergency Nurses Association

<u>www.ena.org/practice-</u> research/Practice/ViolenceToolKit/Documents/toolkitpg4.htm



Pending CA Legislation: Plume Evacuation

- AB 2272 would direct Cal/OSHA to develop regulations requiring hospitals to evacuate or remove plume through the use of a plume scavenging system in all settings that employ techniques that involve the creation of plume
 - In developing the standard, Cal/OSHA must consider:
 - "Systems for evacuation of plume generated by medical devices" (ISO 16571)
 - "Plume scavenging in surgical, diagnostic, therapeutic, and aesthetic settings" (CSA Z305.13-13)
- Sponsored by the California Nurses Association
- AORN GoClear Award: www.aorn.org/education/facility-solutions/aorn-awards/aorn-go-clear-award



Maintaining Effective Safety Policies & Procedures

- Have you identified all specific potential hazards in your workplace?
- Have you made good faith efforts to mitigate the hazards?
- Do you have good safety policies/procedures for hazards?
- Are these policies/procedures regularly reviewed and updated as needed?
- Have employees been trained on applicable policies/procedures/equipment?
- Are the policies/procedures enforced?
- Do you have a process in place when a variance from a procedure is needed?



QUESTIONS?

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THE HUMAN SIDE OF HEALTHCARE

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