## **PUBLICATION**

## **OSHA Stepping Up Scrutiny of Hospitals and Inpatient Health Care Facilities** [Ober|Kaler]

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On June 25, 2015, the Occupational Safety and Health Administration (OSHA) published a Memorandum to its Compliance Officers expanding its enforcement policy regarding workplace hazards facing employees in the health care industry, and placing increased pressure on hospitals, nursing homes, and residential care facilities.

OSHA stated that this new policy is a response to the fact that U.S. hospitals recorded almost 58,000 workrelated injuries and illness in 2013 alone, and that inpatient health care facilities account for some of the highest rates of injury and illness compared to private industry nationwide. In announcing the policy, Dr. David Michaels, Assistant Secretary of Labor at OSHA, added his sentiment, "Workers who take care of us when we are sick or hurt should not be at such high risk for injuries – that simply is not right."

The new policy comes on the heels of OSHA's new workplace injury reporting requirement, which went into effect January 1, 2015. Since that time, OSHA has received more than 5,000 reports of work-related deaths, inpatient hospitalizations, amputations, and losses of an eye from health care employees. To curb the dangers of the workplace for health care employees, OSHA is stepping up its enforcement plans through an increased number of investigations and a focus on the major hazard areas. OSHA also stated that it expects states to adopt the same or similar enforcement policies.

The Memorandum promises that OSHA will closely monitor compliance with health and safety rules related to:

- Musculoskeletal disorders relating to patient/resident handling
- Workplace violence
- Bloodborne pathogens
- Tuberculosis
- Slips, trips and falls
- Multi-drug resistant organisms (MDROs)
- Exposures to chemicals such as sanitizers, disinfectants, anesthetic gases, and hazardous drugs

For most of these hazards, the new enforcement policy restates OSHA's prior guidance on how to comply with safety rules. For the hazards related to safe patient/resident handling, however, the policy provides new, detailed guidance. Specifically, OSHA will examine the sufficiency of a facility's injury prevention program relating to ergonomics, particularly when employees are required to manually lift an individual, and what lifting and repositioning equipment is available to reduce injuries. OSHA also will be investigating whether facilities have provided employees with an adequate mechanism for reporting concerns about manual lifting or to request assistance when needed.

Now that the health care industry has been put on notice of OSHA's increased investigation plans, employees in the industry should consider taking the following steps:

Develop or review ergonomic policies, including procedures for manual lifting and reporting concerns about the same, to be in compliance with OSHA's new policy.

- Develop or review the company's workplace violence prevention plan, and consider if additional controls and training are required.
- Conduct an internal audit of the company's bloodborne pathogen control and tuberculosis prevention plans.
- Develop or review the company's accident and injury reporting procedures and ensure employees are aware of the procedure.
- Develop or review the company's infectious disease prevention program in compliance with guidelines from the Centers for Disease Control.
- Notify employees of and train them on the hazards associated with the chemicals they work with, how to read labels, and access safety data sheets.
- Train key personnel for handling OSHA investigations to minimize potential liability.

## **Ober|Kaler's Comments**

OSHA's new enforcement policy for inpatient health care facilities contains a lengthy list of health and safety recommendations and expectations, and a clear statement that OSHA will be taking an aggressive stance investigating and pursuing violators. Health care employers would be well-served to familiarize themselves with the new policy and review any areas in which they may be out of compliance.