

# Caring for the Caregiver in Nursing and Residential Care Facilities

Jenelle K. Thelen  
Industrial Hygienist  
Consultation Education and Training (CET) Division  
MIOSHA  
Lansing, Michigan  
517-322-1809  
[www.michigan.gov/miosha](http://www.michigan.gov/miosha)



## Objectives

- Review of 2012 Injury and Illness Data
- Review the OSHA/MIOSHA National Emphasis Program (NEP) for Nursing and Residential Care Facilities.
- Describe specific types of facilities covered by the NEP
- Identify the hazards
- Review MIOSHA outreach and enforcement activities.

# Injuries of Healthcare Workers

“OSHA recently took notice when it came to our attention that that one in every five U.S. workers injured in the private sector is a healthcare worker.”

“These workers should not be forced to risk injury while caring for others.”

“It is not acceptable for these workers to continue getting hurt at such high rates. “

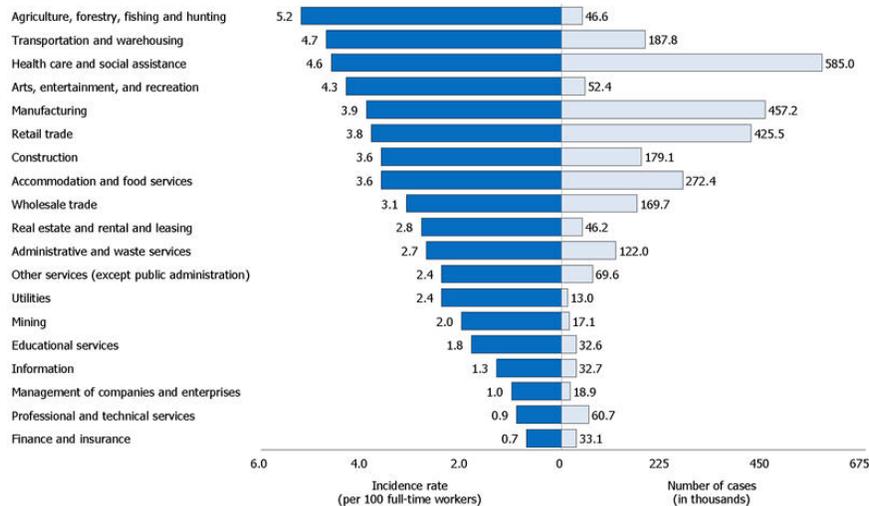
Remarks by Dr. David Michaels  
Assistant Secretary of Labor

Occupational Safety and Health Administration(OSHA)

Seventh EU/US Joint Conference on Occupational Safety and Health  
Brussels, Belgium  
July 11, 2012

## 2012 National Rates

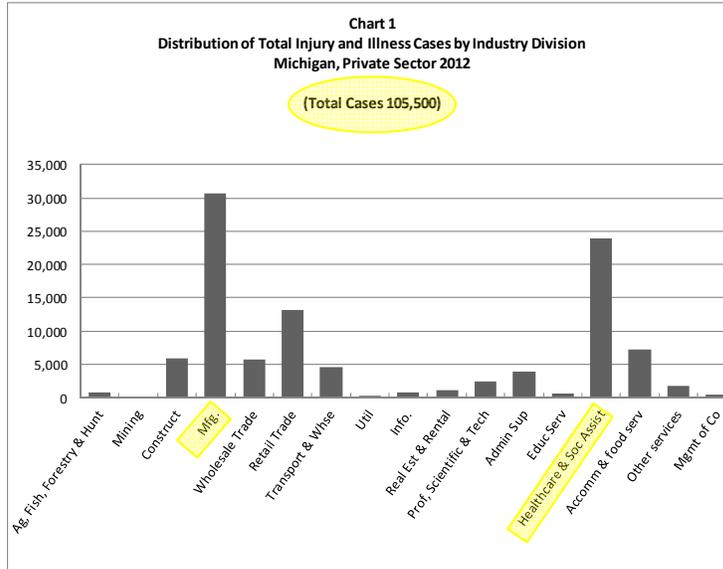
Incidence rates and numbers of nonfatal occupational injuries by private industry sector, 2012



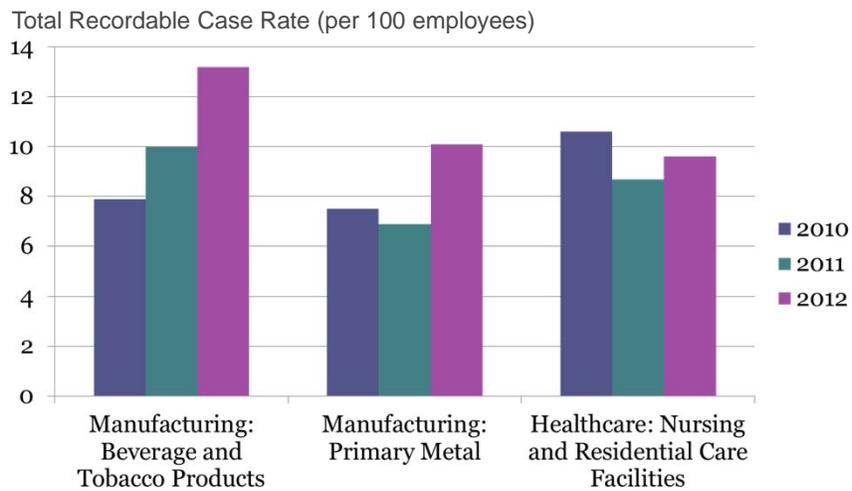
As in 2011, more injury cases were reported in 2012 in health care and social assistance than in any other private industry sector—585,000 cases—and accounted for 20.7 percent of all injury cases reported among private industry workplaces.

Source: U.S. Bureau of Labor Statistics, U.S. Department of Labor, November 2013

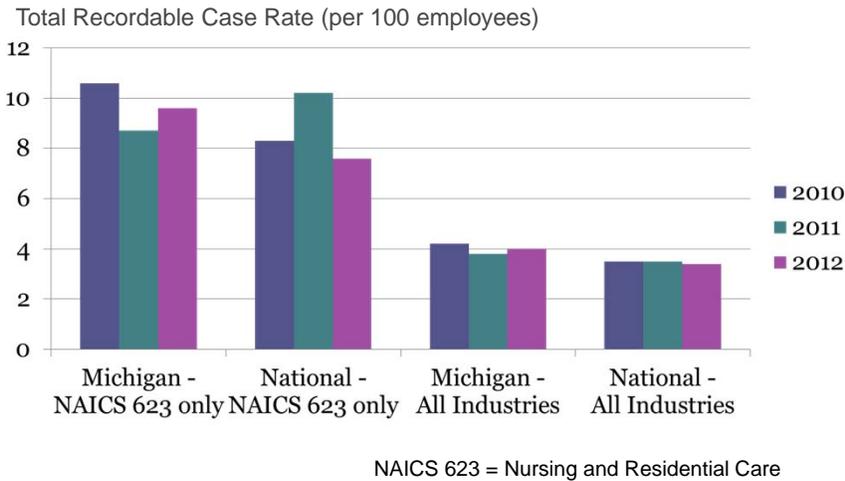
## 2012 Michigan Injury and Illness Cases



## Michigan Injury and Illness Cases



## Incidence rates of nonfatal occupational injuries and illnesses



## OSHA National Emphasis Program (NEP)

- Federal OSHA instruction April, 2012
- MIOSHA adopted with no changes Oct, 2012
- Purpose: implements programmed inspections of:
  - Nursing care facilities
  - Residential intellectual and development facilities
  - Continuing Care Retirement Communities (Only Assisted Living **with** onsite care facilities)

### OSHA INSTRUCTION

U.S. DEPARTMENT OF LABOR Occupational Safety and Health Administration

**DIRECTIVE NUMBER:** OPL 03-00-016 **EFFECTIVE DATE:** April 5, 2012

**SUBJECT:** National Emphasis Program - Nursing and Residential Care Facilities (NAICS 62110, 62210 and 62311)

#### ABSTRACT

**Purpose:** This instruction implements a National Emphasis Program (NEP) for programmed inspections of nursing and residential care facilities (NAICS 62110, 62210, and 62311) (formerly EC codes 801-Skilled Nursing Care Facilities, 802-Continuing Care Facilities, and 810-Nursing and Residential Care Facilities, Not Elsewhere Classified).

**Scope:** OSHA-wide.

**References:** OSHA Instruction [CPL 03-00-110](#); Field Operations Manual, April 22, 2011.

OSHA Instruction [CPL 03-00-144](#); Ergonomic Hazard Alert Letter Follow-up Policy, April 11, 2007.

OSHA Instruction [CPL 03-01-010](#); Enforcement Procedure for Investigating or Inspecting Workplace Violence Incidents, September 5, 2011.

OSHA Instruction [CPL 03-00-106](#); Enforcement Procedure and Scheduling for Occupational Exposure to Tuberculosis, February 9, 1996.

OSHA Instruction [CPL 03-02-066](#); Enforcement Procedure for the Occupational Exposure to Benzene/Petroleum Standard, November 27, 2001.

**Cancellations:** None.

**State Impact:** Notice of Intent and Adoptions Required, See Section VI.

ABSTRACT-1

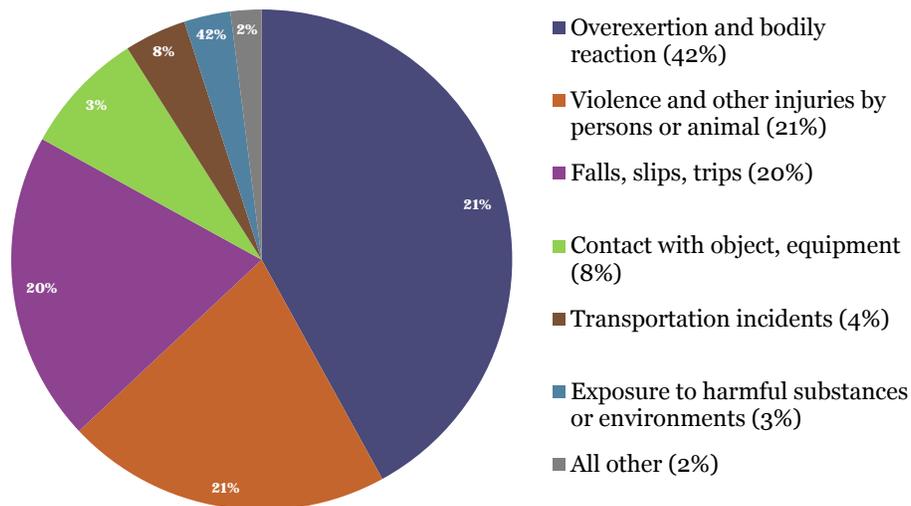
## Hazards Included in the NEP

- Most prevalent source of employee injury:
  - Musculoskeletal/Ergonomic stress
  - Workplace violence (assaults by residents or others)
  - Slips, trips, falls
- Bloodborne pathogens (most frequently cited standard)
- Tuberculosis:
  - Per CDC, among facilities at highest risk for exposure.
  - Due to case rate among  $\geq 65$  age group.
- Note - There are no MIOSHA standards that specifically address:
  - Ergonomics
  - Workplace Violence
  - Tuberculosis



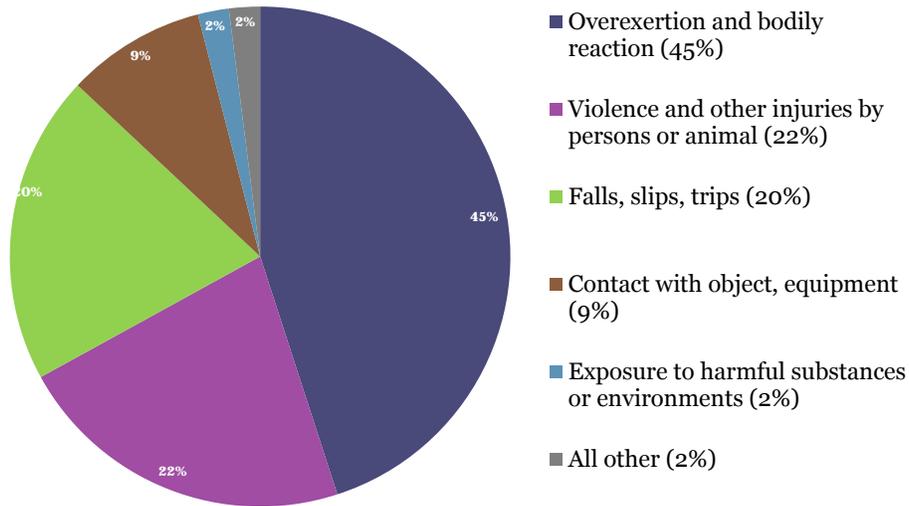
## Nursing and Residential Care

### 2011 Michigan Cases



# Nursing and Residential Care

## 2012 Michigan Cases



# Frequently Cited Standards

## Occupational Health

- Bloodborne Infectious Diseases (Part 554)
- Hazard Communication (Part 92/430)
- Medical Services and First Aid (Part 472)
- Personal Protective Equipment (Part 33/433)
- Asbestos (Part 305)

## Occupational Safety

- General Provisions (Part 1)
- Floor and Wall Openings, Stairways and Skylights (Part 2)
- Portable Ladders (Part 4)
- Fire Exits (Part 6)
- Electrical Safety-Related Work Practices (Part 40)
- Powered Groundskeeping Equipment (Part 54)

## Administrative for all Industries

- Recording and Reporting of Occupational Injuries and Illnesses (Part 11)

→ = Both Occupational Health and Safety Standard

## #1 Overexertion - Ergonomic Hazards

- Resident handling
  - Mobility and lift assist requirements noted in care plan?
  - Failure to use lifts and lift devices
    - Lack of training
    - Time constraints
    - Too few devices
    - Employee fails to recognize the need to use
- Material handling
  - Laundry
  - Kitchen
  - Maintenance



## High Risk Activities

- Transfers:
  - in or out of bed
  - from a bed to a wheelchair
  - wheelchair to a toilet
  - from a bed to and from a shower chair
- Repositioning while in bed



## Other High Risk Activities

- Lifting food trays above shoulder level or below knee level
- Collecting waste
- Pushing heavy carts
- Bending to remove items from a deep cart
- Lifting and carrying when receiving and stocking supplies
- Bending and manually cranking an adjustable bed
- Removing laundry from washing machines and dryers



## Benefits to Safe Lifting

### Benefits for Employers

- Reduced number and severity of staff injuries
- Improved resident safety
- Reduced cost:
  - Workers' compensation medical and indemnity costs
  - Overtime or contract worker
  - Recruitment and Training

### Benefits for Caregivers

- Reduced risk of injury
- More energy at the end of the work shift
- Less pain and muscle fatigue on a daily basis

### Benefits for Residents

- Improved quality of care
- Improved resident safety and comfort
- Reduced risk of falls, dropping, friction burns, dislocated shoulders
- Reduced skin tears and bruises



## Using Lift Devices

- Essential to reduce employee injury
- Consider new products
  - Improved quality and usability of lift devices
  - Different types of products
- Reduced risk of resident falls and skin tears
- Bariatric considerations



## Process for Protecting Workers

- Provide Management Support
- Involve Employees
- Identify Problems
- Implement Solutions
- Address Reports of Injuries
- Provide Training
- Evaluate Ergonomics Efforts



## #2 Violence: Highest Risk Industries

### 1. Healthcare and social services:

- Psychiatric facilities
- Hospital emergency departments
- Community mental health clinics
- Drug abuse treatment clinics
- Pharmacies
- Community-care facilities
- Residential facilities and
- Long-term care facilities.



### 2. Late-night Retail Settings

## Workplace Violence

### 1. Type 1—Criminal Intent

Violent acts by people who enter the workplace to commit a robbery or other crime—or current or former employees who enter the workplace with the intent to commit a crime.

### 2. Type 2—Customer/Client/Patients

Violence directed at employees by customers, clients, patients, students, inmates or any others to whom the employer provides a service.

### 3. Type 3—Co-worker

Violence against co-workers, supervisors, or managers by a current or former employee, supervisor, or manager.

### 4. Type 4—Personal

Violence in the workplace by someone who does not work there, but who is known to, or has a personal relationship with, an employee.

Feb. 11, 2014 MI case being investigated:

71 year old direct care worker in a group home slapped in the face by a resident. Found unconscious. Cause of death listed as blunt traumatic head injury.

## Elements of an Effective Violence Prevention Program

- Management commitment
- Employee involvement
- Worksite analysis
- Hazard prevention and control
- Safety and health training
- Recordkeeping and program evaluation



## Worksite Analysis

- Threat assessment team
  - Management, employees, security, maintenance, human resources
- Evaluate existing or potential hazards for workplace violence
  - Procedures and operations
  - Specific vulnerable locations (reception, parking lot, resident room, shower room)
- Review of injury data
- Implement screening survey to document experiences of employees
- Evaluate effectiveness of existing security and protective measures

## Hazard Prevention and Control

Engineering controls remove or reduce the hazard:

- Physical barriers between the hazard and the employee
  - Locked doors
  - Safe rooms and enclosures
  - Deep counters and shatter-proof glass
- Alarms or panic buttons
- Mirrors to see end of hallway
- Video surveillance in high risk areas (i.e. reception)



## Administrative Controls

- Policies and procedures for employees, residents, visitors and delivery personnel
- Local law enforcement involvement
- Reporting and documenting all incidents
- Trained response team
- Control access:
  - Facility
  - Medication storage
- Determine behavioral history for transfers
- Include information related to assaultive and abusive behavior in resident care plan
- Employee dress code (i.e. no necklaces/lanyards)
- Remove loose (easily thrown objects) from environment
- Evaluate resident specific sleep/awake times to ensure residents are not sleep deprived.



## Workplace Violence Prevention

- OSHA's "Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers" resource is available online at <http://www.osha.gov/Publications/OSHA3148/osh3148.html>.
- Additional information on workplace violence is available at <http://www.osha.gov/SLTC/workplaceviolence/index.html>.

## #3 Slips, Trips and Falls

Kitchen, dining, hallways, laundry, bathing areas, points of entry/egress:

- Floors: wet, uneven, cluttered, poor lighting
- Unguarded floor openings.
- Damaged or inadequate stairways
- Elevated work areas without guardrails
- Inadequate aisles
- Improper use of ladders and/or stepstools

## Slip, Trip and Fall Risk Factors

- Environment
- Equipment
- Work Practices: processes or procedures
- Individual:
  - Characteristics
  - Habits
  - Behavior



## Personal Protective Equipment

- Slip-resistant shoes
- Fall arrest equipment
- Safety platforms



## Slip, trip and fall hazards: Nursing homes and Long-term care

- Wet floors
  - Fresh mopped areas
  - Outside entrances
  - Kitchen and laundry areas
  - Bathing area
  - Maintenance areas: Chillers, boilers, steam
- Ladders
- Equipment: Resident assistive equipment
- Office area: drawers and cords



## Ladder Safety

- Inspect ladder before each use.
- Use only ladders in good condition and appropriate for the job.
- Use the ladder properly.
- Check ladder weight restrictions.



## Bloodborne Infectious Diseases

### Frequently Cited Bloodborne Rules:

- Exposure Control Plan
- Vaccines and Post Exposure Follow-up
- Information and Training
- Recordkeeping
- Exposure Determination
- Engineering Controls
- Communication of Haz
- Waste Disposal
- Work Practice
- Protective clothing



## Bloodborne Infectious Diseases

### Rule 4 Exposure Control Plan:

- Exposure Determination
- Summary of the training program.
- Procedures for evaluating exposure incidents
- Task specific SOP's to include:
  - Employee recognition of exposure
  - Personal Protective Equipment (PPE) selection, use, maintenance, and disposal
  - Contingency Plans
- Annual Review
- Employee input on medical device selection



## Bloodborne Infectious Diseases

### Rule 13 Vaccines and Post exposure:

- HBV vaccination-
  - Free of charge
  - Reasonable time and place
  - Employees at risk of exposure
  - Within 10 working days of initial assignment



Employees who decline the vaccination must sign a declination form.

## Bloodborne Infectious Diseases

### Rule 13 Vaccines and Post exposure (continued):

- Document route of exposure and circumstances
- Source individual testing
- Source individual test results made available to exposed employee
- Testing of the exposed employee
- Postexposure prophylaxis
- Counseling
- Confidential



## Bloodborne Infectious Diseases

### Rule 15 Recordkeeping - Sharps Injury Log:

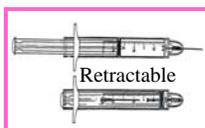
- Employers required to maintain an injury and illness log (i.e., MIOSHA Form 300) must maintain a sharps injury log for the recording of injuries from contaminated sharps.
- The log must be maintained in a way that ensures employee privacy and must contain, at a minimum:
  - Type and brand of device involved in the incident,
  - Location of the incident, and
  - Description of the incident.



## Bloodborne Infectious Diseases

### Rule 6 Engineering Controls:

- Shall be used.
- Reduce employee exposure by either removing the hazard or isolating the worker from the hazard
- Examples include:
  - Sharps disposal containers,
  - Self-sheathing needles,
  - Safer medical devices, and
  - Needleless systems
  - Sharps with engineered sharps injury protections



## Bloodborne Infectious Diseases

### Rule 10 Regulated Waste Disposal:

- Closable, leakproof containers or bags
  - Labeled or
  - Color-coded
- Sharps:
  - Closable
  - Leakproof
  - Puncture-resistant
  - Labeled or color-coded
  - Accessible and conveniently located
  - Not allowed to overfill
- Medical waste regulatory act (DEQ rules)



## Bloodborne Infectious Diseases

### Rule 8 Protective work clothing and equipment.

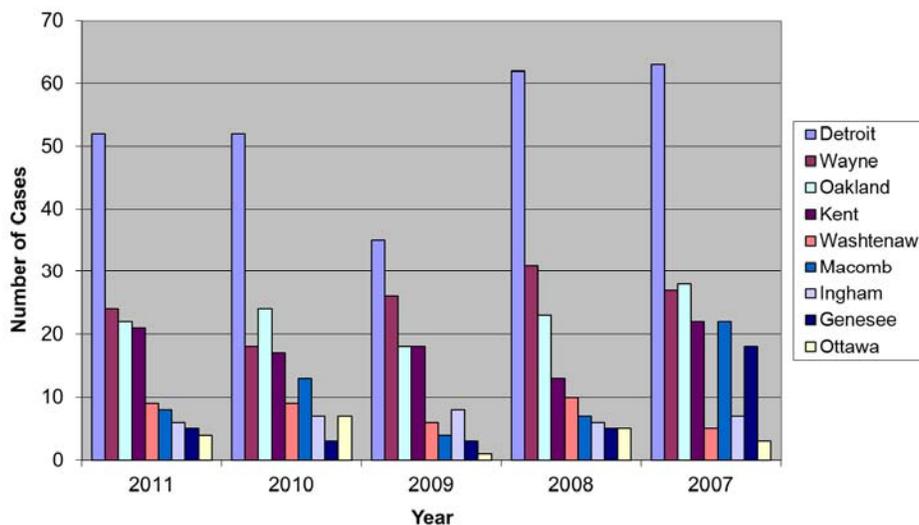
- Must be properly cleaned, laundered, repaired, and disposed of at no cost to employees.
- Must be removed when leaving area or upon contamination.
- Includes gloves; nose, mouth and eye protection (e.g., safety glasses and mask or face shields); gowns; head and shoe covers.



# Tuberculosis

- MIOSHA Compliance Directive:  
GISHD-COM-05-2R2, Enforcement Policy and  
Procedures for Evaluating Occupational  
Exposure to Tuberculosis (TB)
- Citations would be written under Act 154,  
General Duty Clause.

## High-Burden Areas in Michigan 2006-2011



## Skin Tests

- Mantoux skin test : those with direct contact, annually.
  - New employees - “2-step” within 2 weeks
  - No cost to employee
  - Repeat 6 months for high exposure
- Positive skin tests: evaluated and managed
  - Converts and those with a history



**Note:** Current shortage (April, 2013-Present) of TB antigen for skin tests may defer testing for low-risk. CDC recommends blood testing program for high-risk until supply returns to normal levels. Follow CDC recommendations.

## Facilities Providing Care for Infectious TB Residents

- Isolation Rooms
- Increased TB testing for staff providing care
- Respiratory Protection: Must comply with the MIOSHA Part 451 Respiratory Protection Standard
  - NIOSH approved N-95 (minimum)
  - Written program
  - Medical evaluation -medically fit to wear respirator
  - Fit-testing
  - Respirator use, limitations, availability, maintenance and disposal.
  - Employee training

## TB Information and Training

Michigan Department of Community Health:

[www.michigan.gov/tb](http://www.michigan.gov/tb)

Centers for Disease Control and Prevention (CDC)

Self-Study Modules:

[www.cdc.gov/tb/education/ssmodules/default.htm](http://www.cdc.gov/tb/education/ssmodules/default.htm)

## OSHA National Emphasis Program

Other Hazards of Concern

- Multi-drug resistant organisms (MDROs) such as MRSA (General Duty). Are standard and contact precautions used?
- Hazardous chemicals:
  - Parts 92 and 430, Hazard Communication
  - Parts 33 and 433, Personal Protective Equipment
  - Part 451, Respiratory Protection
  - Part 301, Air Contaminants
  - Expanded standards (asbestos, formaldehyde, etc.)

## Hazard Communication (Hz Com)

- Hazardous chemicals (examples)
  - Disinfectants/Sanitizers
  - Hazardous drugs
- Focus on the following:
  - Employee training
  - Warning labels
  - Access to MSDS/SDS
- 2012 changes to the standard. More information provided during 11:30 AM presentation (CET Division)



## MIOSHA Resources

CET Division

- Consultation resources (no cost)
- Training programs
- Additional resources:
  - Publications and media
  - CET grants
  - Awards programs
- MIOSHA Website: [www.michigan.gov/miosha](http://www.michigan.gov/miosha)



## Summary

- Review of 2012 Injury and Illness Data
- Review the OSHA/MIOHSA National Emphasis Program (NEP) for Nursing and Residential Care Facilities.
- Describe specific types of facilities covered by the NEP
- Identify the hazards covered by the NEP
- Review MIOSHA outreach and enforcement activities.
- Identify resources available from MIOSHA's CET Division.

Thank you for attending  
For additional assistance:

MIOSHA  
Consultation Education and  
Training (CET) Division  
Lansing, Michigan  
517-322-1809  
[www.michigan.gov/miosha](http://www.michigan.gov/miosha)