




California Association of Health Facilities



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State of California
Gavin Newsom
Governor


OBJECTIVE

Cal/OSHA requirements for the healthcare industry

- Cal/OSHA's Mission and Role in California
- Top 10 violations
- Top 20 violations Long Term Care
- Most common work place injuries
- Implementing an Effective Injury and Illness Prevention Program

- Safe patient lifting
- Work place violence in health care.
- Regulatory Update
- Q&A







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Cal/OSHA's Mission

The Division of Occupational Safety and Health (DOSH), better known as Cal/OSHA, protects and improves the health and safety of working men and women in California and the safety of passengers riding on elevators, amusement rides, and tramways -through the following activities:

- Setting and enforcing standards
- Outreach, education, assistance, partnerships, and alliances
- Permits, licenses, certifications, registrations, and approvals






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Cal/OSHA's Role in California

- Cal/OSHA has jurisdiction over every employment and place of employment in California
- Enforcement
 - 26 enforcement field offices
 - Workplace Accidents / Complaints
- Consultation
 - On-site visits
 - Offsite consultation (Telephone Support)
 - Educational materials
- Outreach and education
- Cal/OSHA Standards Board creates regulations
- Cal/OSHA Appeals Board hears appeals to violations.



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Top 10 Violations by Title 8 Section

- 1) § 3203 Injury and Illness Prevention Program (IIPP) - GISO
- 2) § 3395 Heat Illness Prevention
- 3) § 1509 Injury and Illness Prevention Program (IIPP) - Construction
- 4) § 3314 Control of Hazardous Energy (Lockout/Tagout)
- 5) § 5194 Hazard Communication
- 6) § 342 Reporting Fatalities and Serious Injuries
- 7) § 5162 Emergency Eyewash/Shower
- 8) § 5144 Respiratory Protection
- 9) § 6151 Fire Extinguishers
- 10) § 3276 Portable Ladders

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Top 10 Violations Nursing Care Facilities

- 1) § 5162(a) Plumbed or self-contained eyewash or eye/facewash
- 2) § 5193 (c) Bloodborne Pathogens: Exposure Response, Prevention and Control Plan.
- 3) § 3203(a) Injury and Illness Prevention Program (IIPP) - GISO
- 4) § 3342(c) Violence Prevention in Health Care: Workplace Violence Prevention Plan
- 5) § 5162 (b) Emergency Eyewash and Shower Equipment: emergency shower
- 6) § 5194 (e) Hazard Communication: Written Hazard Communication Program
- 7) § 6151(c) Portable Fire Extinguishers: General Requirements
- 8) § 234.16 Work Space About Electric Equipment
- 9) § 14300.2 Employer Records of Occupational Injury or Illness
- 10) § 3203(b) Injury and Illness Prevention Program: Record keeping

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The screenshot shows the SICCODE.com website. The main heading is "NAICS Code 623110 - Nursing Care Facilities (Skilled Nursing Facilities)". Below this, there are several tabs: "Description", "Industry Examples", "Cross References", "Companies", and "Related Code Systems". The "Description" tab is active, showing a detailed description of the industry. To the right of the description, there are statistics: "TOTAL COMPANIES: 10,033" and "EST. EMPLOYMENT: 1,667,937". There is also a "BUY BUSINESS LIST" button. At the bottom, there is a "Find a Job" section with a search bar and a "SEARCH" button. The California Department of Industrial Relations logo is visible in the bottom left corner.

Who Is Considered A Healthcare Worker?

Everyone who works within the healthcare industry; in a hospital, clinic, nursing facility, or any other health center, for protecting and improving the health of the masses in any way, qualifies as a healthcare worker. Doctors, nurses, and paramedics all come under this category.

Most Common Injuries to Healthcare Workers

Healthcare professionals work in a variety of settings and in the most difficult and challenging situations that expose them to unique dangers and risks almost all the time. Since the healthcare industry is one of the largest and fastest growing industries in Australia (more than 610,148 people were working as registered health practitioners, at one position or the other, in 2014), large numbers of people are continuously at risk.

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Types of Injuries In the Healthcare Field

According to the Centers for Disease Control and Prevention (CDC),

- there are more than 18 million workers in the healthcare sector in the U.S,
- almost 80 percent of whom are women.
- These workers are exposed to many hazards each day.
- The CDC reports that cases of non-fatal occupational injury and illness are higher among workers in the healthcare field than among workers in any other industry sector.



Musculoskeletal Injuries

Healthcare professionals are involved in is not only mentally challenging, but is also physically demanding.

- According to research studies, healthcare workers face 7 times higher risks for developing Musculoskeletal Injuries (MSDs) than workers working in other industries.
- Among all healthcare professionals, nurses face the highest risk because they are involved in handling patients.
- Sprains and strains in different parts of the body are common issues healthcare workers suffer.



Fractures

Healthcare professionals are almost always on the move, they are more prone to slips and falls which could cause fractures.

- Also, fractures could occur due to attacks by violent patients.



Back Injuries

The nature of work healthcare professionals do everyday involves:

- A lot of bending, twisting, quick movements, and heavy lifting,
- Transferring patients from one place to another, or from one position to another, requires non-neutral postures, rotations, and flexions that put a lot of stress on back muscles and spinal cord....
- which can cause back injuries, such as back pain and slip discs.



#	Summary No	Event Date	Report ID	Fat	SC	Event Description
1	101982-01	09/01/2018	090011	X		Employee Falls From Roof And Is Killed
2	101982-01	09/02/2018	090025			Employee Trips And Falls In The Kitchen
3	101982-01	01/30/2018	090012			Employee Amputates Thumb When Holding Truck On Log Splitter
4	101982-01	01/16/2018	090015			Employee Trips And Falls Into Front Strainer in Computer Car
5	101982-01	10/20/2017	090041			Employee Causes Serious Injury When Caught in Moving Machine
6	101982-01	10/16/2017	090044			Employee Is Assaulted, Sustaining A Broken Clavicle And eye
7	101982-01	09/10/2017	090011			Employee's Finger Is Amputated When Caught in Door



CAL/OSHA REQUIREMENTS

- 3202 Injury and Illness Prevention Program
- 3220 Emergency Action Plan
- 3221 Fire Prevention Plan
- 3342 Violence Prevention in Healthcare
- 5110 Repetitive Motion Injuries (Ergonomics)
- 5120 Healthcare worker back and muscular skeletal Prevention
- 5193 Bloodborne Pathogens
- 5194 Hazard Communication
- 5199 Aerosol Transmissible Diseases



Title 8 CCR

§3203. Injury and Illness Prevention Program

a) Effective July 1, 1991, every employer **shall establish, implement and maintain an effective Injury and Illness Prevention Program (Program).** a) Effective July 1, 1991, every employer shall establish, implement and maintain an effective Injury and Illness Prevention Program (Program).



Role of management

- (1) Identify the person or persons with authority and responsibility for implementing the Program.
- (2) Include a system for ensuring that employees comply with safe and healthy work practices. Substantial compliance with this provision includes recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other such means that ensures employee compliance with safe and healthful work practices.




Employee involvement

- (3) Include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs, posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication with employees.




Employee involvement

- (4) Include procedures for identifying and evaluating work place hazards including scheduled periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazards:
- (A) When the Program is first established;
- (B) Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard; and
- (C) Whenever the employer is made aware of a new or previously unrecognized hazard.
- (5) Include a procedure to investigate occupational injury or occupational illness.




Employee involvement

- (6) Include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely manner based on the severity of the hazard:
- (A) When observed or discovered; and,
- (B) When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, remove all exposed personnel from the area except those necessary to correct the existing condition. Employees necessary to correct the hazardous condition shall be provided the necessary safeguards.



Employee involvement

- (7) Provide training and instruction:
- (A) When the program is first established;
- Exception: Employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with the previously existing Accident Prevention Program in Section 3203.
- (B) To all new employees;
- (C) To all employees given new job assignments for which training has not previously been received;
- (D) Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
- (E) Whenever the employer is made aware of a new or previously unrecognized hazard; and,
- (F) For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.



CAL/OSHA REQUIREMENTS

- 3220 Emergency Action Plan
- (a) Scope and Application. This section applies to all emergency action plans. The emergency action plan shall be in writing, except as provided in the last sentence of subsection (e)(3) of this section, and shall cover those designated actions employers and employees must take to ensure employee safety from fire and other emergencies.
- (d) Evacuation. The employer shall establish in the emergency action plan the types of evacuation to be used in emergency circumstances.
- (e) Training.
- (1) Before implementing the emergency action plan, the employer shall designate and train a sufficient number of persons to assist in the safe and orderly emergency evacuation of employees.
- (2) The employer shall advise each employee of his/her responsibility under the plan at the following times:
 - (A) Initially when the plan is developed,
 - (B) Whenever the employee's responsibilities or designated actions under the plan change, and
 - (C) Whenever the plan is changed.
- (3) The employer shall review with each employee upon initial assignment those parts of the plan which the employee must know to protect the employee in the event of an emergency. The written plan shall be kept at the workplace and made available for employee review. For those employers with 10 or fewer employees the plan may be communicated orally to employees and the employer need not maintain a written plan.



CAL/OSHA REQUIREMENTS

- 3221 Fire Prevention Plan
- (a) Scope and Application. This section applies to all fire prevention plans. The fire prevention plan shall be in writing...
- d) Training.
- (1) The employer shall apprise employees of the fire hazards of the materials and processes to which they are exposed.
- (2) The employer shall review with each employee upon initial assignment those parts of the fire prevention plan which the employee must know to protect the employee in the event of an emergency. The written plan shall be kept in the workplace and made available for employee review. For those employers with 10 or fewer employees, the plan may be communicated orally to employees and the employer need not maintain a written plan.



CAL/OSHA REQUIREMENTS


- 3342 Violence Prevention in Healthcare
- (a) Scope and Application.
- (1) Scope. This section applies to work in the following health care facilities, service categories, and operations:
 - (A) Health facilities, as defined below;
 - (B) Home health care and home-based hospice;
 - (C) Emergency medical services and medical transport, including these services when provided by firefighters and other emergency responders;
 - (D) Drug treatment programs;
 - (E) Outpatient medical services to the incarcerated in correctional and detention settings.



CAL/OSHA REQUIREMENTS

3342 Violence Prevention in Healthcare

- (c) Workplace Violence Prevention Plan. As part of the Injury and Illness Prevention Program (IIPP) required by Section 3203, the employer shall establish, implement and maintain an effective workplace violence prevention plan (Plan) that is in effect at all times in every unit, service, and operation. The Plan shall be in writing, shall be specific to the hazards and corrective measures for the unit, service, or operation, and shall be available to employees at all times. The written Plan may be incorporated into the written IIPP or maintained as a separate document, and shall include all of the following elements:




CAL/OSHA REQUIREMENTS

5110 Repetitive Motion Injuries (Ergonomics)

a) Scope and application. This section shall apply to a job, process, operation where a repetitive motion injury (RMI) has occurred to more than one employee under the following conditions:

- (1) Work related causation. The repetitive motion injuries (RMIs) were predominantly caused (i.e. 50% or more) by a repetitive job, process, or operation;
- (2) Relationship between RMIs at the workplace. 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;
- (3) Medical requirements. The RMIs were musculoskeletal injuries that a licensed physician objectively identified and diagnosed;




CAL/OSHA REQUIREMENTS

5110 Repetitive Motion Injuries (Ergonomics)


(b) Program designed to minimize RMIs. Every employer subject to this section shall establish and implement a program designed to minimize RMIs. The program shall include a worksite evaluation, control of exposures which have caused RMIs and training of employees.

- (1) Worksite evaluation. Each job, process, or operation of identical work activity covered by this section or a representative number of such jobs, processes, or operations of identical work activities shall be evaluated for exposures which have caused RMIs.
- (2) Control of exposures which have caused RMIs. Any exposures that have caused RMIs shall, in a timely manner, be corrected or if not capable of being corrected have the exposures minimized to the extent feasible. The employer shall consider engineering controls, such as work station redesign, adjustable fixtures or tool redesign, and administrative controls, such as job rotation, work pacing or work breaks.
- (3) Training. Employees shall be provided training that includes an explanation of:
 - (A) The employer's program;
 - (B) The exposures which have been associated with RMIs;
 - (C) The symptoms and consequences of injuries caused by repetitive motion;
 - (D) The importance of reporting symptoms and injuries to the employer; and
 - (E) Methods used by the employer to minimize RMIs.




CAL/OSHA REQUIREMENTS

- 5120 Healthcare worker back and muscular skeletal Prevention
 - (a) Scope and Application.
 - This Section shall apply to all general acute care hospitals.
 - (c) Patient protection and health care worker back and musculoskeletal injury prevention plan. As part of the Injury and Illness Prevention Program (IIPP) required by Section 3203, each hospital covered by this section shall establish, implement and maintain an effective written patient protection and health care worker back and musculoskeletal injury prevention plan (Plan). The Plan shall be maintained and implemented at all times for all patient care units. The Plan may be incorporated into the IIPP, or may be maintained as a separate document. The Plan applicable to the unit shall be available to employees in each patient care unit at all times. The Plan shall include:
 - (1) 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 facilities.




CAL/OSHA REQUIREMENTS

- 5193 Bloodborne Pathogens
 - (a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by subsection (b) of this section.
 - (b) Definitions. For purposes of this section, the following shall apply:
 - Blood" means human blood, human blood components, and products made from human blood.
 - "Bloodborne Pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).




CAL/OSHA REQUIREMENTS

- 5193 Bloodborne Pathogens
 - (c) Exposure Response, Prevention and Control.
 - (1) Exposure Control Plan.
 - (A) Each employer having an employee(s) with occupational exposure as defined by subsection (b) of this section shall establish, implement and maintain an effective Exposure Control Plan which is designed to eliminate or minimize employee exposure and which is also consistent with Section 3203.
 - (B) The Exposure Control Plan shall be in writing and shall contain at least the following elements:
 - 1. The exposure determination required by subsection (c)(3);
 - 2. The schedule and method of implementation for each of the applicable subsections: (d) Methods of Compliance, (e) HIV, HBV and HCV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard;
 - 3. The procedure for the evaluation of circumstances surrounding exposure incidents as required by subsection (f)(3)(A).
 - 4. An effective procedure for gathering the information required by the Sharps Injury Log.
 - 5. An effective procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the Sharps Injury Log;




CAL/OSHA REQUIREMENTS

- 5193 Bloodborne Pathogens
- (f) Hepatitis B Vaccination and Bloodborne Pathogen Post-exposure Evaluation and Follow-up.
- (1) General.
- (A) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up for bloodborne pathogens exposure to all employees who have had an exposure incident. When an employer is also acting as the evaluating health care professional, the employer shall advise an employee following an exposure incident that the employee may refuse to consent to post-exposure evaluation and follow-up from the employer-healthcare professional. When consent is refused, the employer shall make immediately available to exposed employees a confidential medical evaluation and follow-up from a healthcare professional other than the exposed employee's employer.




CAL/OSHA REQUIREMENTS

- 5193 Bloodborne Pathogens
- (g)(2) Information and Training.
- (A) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.
- (B) Training shall be provided as follows:
 1. At the time of initial assignment to tasks where occupational exposure may take place;
 2. At least annually thereafter.
- (C) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.




CAL/OSHA REQUIREMENTS

- 5193 Bloodborne Pathogens
- (g)(2) Information and Training.
- provisions of the standard which were not included need be provided.
- (D) Annual training for all employees shall be provided within one year of their previous training.
- (E) Employers shall provide additional training when changes, such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure....




CAL/OSHA REQUIREMENTS

- 5194 Hazard Communication
- (b) Scope and Application.
- (1) This section requires manufacturers or importers to classify the hazards of chemicals which they produce or import, and all employers to provide information to their employees about the hazardous chemicals to which they may be exposed, by means of a hazard communication program, labels and other forms of warning, safety data sheets, and information and training. In addition, this section requires distributors to transmit the required information to employers.




CAL/OSHA REQUIREMENTS

- 5194 Hazard Communication
- (e) Written Hazard Communication Program.
- (1) Employers shall develop, implement, and maintain at the workplace a written hazard communication program for their employees which at least describes how the criteria specified in sections 5194(f), (g), and (h) for labels and other forms of warning, safety data sheets, and employee information and training will be met, and which also includes the following:
 - (A) A list of the hazardous chemicals known to be present using a product identifier that is referenced on the appropriate safety data sheet (the list may be compiled for the workplace as a whole or for individual work areas); and
 - (B) The methods the employer will use to inform employees of the hazards of non-routine tasks.




CAL/OSHA REQUIREMENTS

- 5199 Aerosol Transmissible Diseases
- (a) Scope and Application.
- (1) Scope. This section applies to work in the following facilities, service categories, or operations:
 - (A) Each of the following health care facilities, services, or operations:
 1. Hospitals
 2. Skilled nursing facilities
 3. Clinics, medical offices, and other outpatient medical facilities
 4. Facilities where high hazard procedures, as defined in subsection (b), are performed
 5. Home health care
 6. Long term health care facilities and hospices




CAL/OSHA REQUIREMENTS

- (7) Employers shall ensure that all employees with occupational exposure participate in a training program. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. Additional training shall be provided when there are changes in the workplace or when there are changes in procedures that could affect worker exposure to ATPs. The person conducting the training shall be knowledgeable in the subject matter covered by the training program as it relates to the workplace. Training material appropriate in content and vocabulary to the educational level, literacy, and language of employees shall be used.




CAL/OSHA REQUIREMENTS

- This training shall include:
- (A) A general explanation of ATDs including the signs and symptoms that require further medical evaluation;
- (B) Screening methods and criteria for persons who require referral;
- (C) The employer's source control measures and how these measures will be communicated to persons the employees contact;
- (D) The employer's procedures for making referrals in accordance with subsection (c)(3);
- (E) The employer's procedures for temporary risk reduction measures prior to transfer;
- (F) Training in accordance with subsection (g) and Section 5144 of these orders, when respiratory protection is used;



Important Rulemaking Updates

- Employee access to IIPP – **Petition 562, Jan 26, 2017**
- Indoor Heat (SB 1167) – **Draft comments were due Feb. 22, 2019**
- Wildfire smoke – **Petition 573, Dec. 13, 2018**
- Electronic Submission of Workplace Injury and Illness Records – **ACM on May 9, 2019 – Oakland**
- For a complete list rulemaking updates, visit:
<https://www.dir.ca.gov/dosh/documents/rulemaking-updates.pdf>



Employee Access to IIPP

- Petition 562 – To allow employee access to the employer's Injury and Illness Prevention Program (IIPP)
- February 1, 2019 – OSHSB published Notice of Rulemaking.
- Public hearing on March 21, 2019.
- Ensuring that employees have sufficient access to the employer's IIPP is beneficial because it will:
 - (1) help employees understand how to communicate hazards to their employer, and
 - (2) aid in the understanding of the IIPP and the role of the employee in creating a safe workplace.
- Written comment period is February 1 – March 21.
 - Send comments to Sarah Money at oshsb@dir.ca.gov



Penalty Increases

- Senate Bill 96, enacted by the Legislature in 2017, authorized increases in certain minimum and maximum Cal/OSHA civil penalties to make them consistent with federal OSHA's civil penalties
- To keep Cal/OSHA penalties consistent with federal OSHA going forward, SB 96 authorized annual penalty increases each January 1, based on the past year's increase in the Consumer Price Index
- Maximum Penalties for Willful and Repeat violations is \$130,464
 - Maximum penalty for serious violations remains at \$25,000.



Indoor Heat

- Required by CA LC 6720 (enacted in 2016 by SB 1167)
- Latest revised draft published January 29, 2019 – available online.
- Product of multiple comments and advisory committee meetings
- Submit comments to rs@dir.ca.gov
- Applies to indoor work areas with temperature >82F, and requires Assessment and Control measures >87F.
- Defines "indoor" as "All work areas that are not indoor are considered outdoor and covered by section 3395"



Cal/OSHA is here to help!

- Cal/OSHA has the following branches, programs and units:
 - Consultation Services Branch
 - Outreach Coordination Program
 - Alliance Program
- Cal/OSHA Standards Board
 - Quarterly scheduled advisory meetings
 - Employers can write petitions for new standards
 - Employers can request variances
 - Public can comment on proposed regulations at meetings



Resources

- Cal/OSHA <https://www.dir.ca.gov/dosh>
- Cal/OSHA Worker Safety and Health in Wildfire Regions
 - <https://www.dir.ca.gov/dosh/Worker-Health-and-Safety-in-Wildfire-Regions.html>
- Cal/OSHA Consultation
 - <http://www.dir.ca.gov/dosh/consultation.html>
- Cal/OSHA Standards Board
 - <https://www.dir.ca.gov/oshsb/oshsb.html>



Return on investment of an Effective IIPP


- Reduction of work place injuries
- Reduction of Workers Compensation Insurance Cost
- Increased Productivity
- Increase returned on investment
- If inspected by Division Notice of No Violation After Inspection



Thank you

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QUESTIONS?

 California
Department of
Industrial Relations
