Healthcare Worker Safety and Health

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Assistant Commissioner



Indiana Industry Overview

 Hoosier industries with the highest non-fatal injuries and illnesses in raw numbers in 2011 included:







Manufacturing – 23,700

Healthcare and Social Assistance – 17,300

State and Local Government – 13,500

Indiana Industry Overview

 Hoosier industries with the highest non-fatal injury and illness rates in 2011 included:







Agriculture – 9.5

Healthcare and Social Assistance – 6.3

Manufacturing – 5.2

The Hoosier Healthcare Industry...



- Vital to the Hoosier economy.
- One of the largest employment sectors in Indiana.
- Grew by more than 40,000 workers between 2005 and 2011.

Hoosier Healthcare Workers Are...



• 47% more likely to suffer a workplace injury than a Hoosier underground coal miner.

Hoosier Healthcare Workers Are...



• 38% more likely to become injured than a construction worker.

Hoosier Healthcare Workers Are...



• 17% more likely to suffer a job-related injury than workers in the manufacturing industry.

Healthcare Worker Safety and Health

Year	Employment	U.S. Rate	IN Rate	Number of Injuries and Illnesses	Number of Fatalities
2005	308,400	5.9	6.8	16,100	4
2006	316,000	5.8	6.6	16,500	-
2007	325,600	5.6	6.9	17,100	-
2008	332,600	5.4	6.4	16,000	5
2009	341,000	5.4	6.5	16,600	6
2010	348,100	5.2	5.9	16,200	4
2011	353,900	5.0	6.3	17,300	-

Source: BLS

Sub-industries in Healthcare with High Rates



Nursing Homes & Residential Care Facilities – 9.5



Hospitals – 7.2

Common Healthcare Industry Injuries*

Injury	Number of Injuries
Sprains, strains and tears	1,310
Soreness and pain	360
Fractures	210
Bruises and contusions	210

Source: BLS

*Only injuries/illnesses requiring days away from work









Common Healthcare Industry Injury Sources*

Source	Source of Injuries
Healthcare patients	820
Floors, walkways and ground surfaces	720

Source: BLS

*Only injuries/illnesses requiring days away from work





Healthcare Industry Hazards



- Lifting and lowering activities
- Slips, trips and falls
- Exposure to bloodborne pathogens
- Needlesticks
- Workplace Violence

Worker Safety and Health Adds Value

Direct Cost Savings to Employers

- Lower workers' compensation insurance costs,
- Reduced medical expenditures,
- Smaller expenditures for return-to-work programs,
- Fewer faulty products,
- Lower costs for job accommodations for injured workers and
- Less money spent for overtime benefits.

Indirect Cost Savings to Employers

- Increased productivity,
- Higher quality products,
- Increased morale,
- Better labor/management relations,
- Reduced turnover and
- Better use of human resources.



Healthcare Worker Safety and Health Outreach Initiative



• The IDOL, ISDH and Union Hospital, Inc. partnered to launch the initiative.

Initiative Resources



- Sample written programs
 - BBP
 - EAP
 - Hazard Communication
- Sample signage
- Drop-in articles
- Blog articles
- Links to training resources
- Etc.!

Workplace Safety and Health **Enforcement**



DIRECTIVE NUMBER: CPL 03-00-016

EFFECTIVE DATE: 04-05-2012

SUBJECT: National Emphasis Program - Nursing and Residential Care Facilities (NAICS 623110, 623210 and 623311)

*NOTE: All strikethrough revisions were approved by the Assistant Secretary, and incorporated into this policy on 2/21/2013

ABSTRACT

Purpose:

This Instruction implements a National Emphasis Program (NEP) for programmed inspections of nursing and residential care facilities [NAICS 623110, 623210, and 623311 (formerly SIC codes 8051-Skilled Nursing Care Facilities, 8052-Intermediate Care Facilities, and 8059-Nursing and Residential Care Facilities, Not Elsewhere Classified)].

Scope: OSHA-wide.

References:

OSHA Instruction CPL 02-00-150, Field Operations Manual, April 22,

OSHA Instruction CPL 02-00-144, Ergonomic Hazard Alert Letter Follow-up Policy, April 11, 2007.

OSHA Instruction CPL 02-01-052, Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents, September 8, 2011.

OSHA Instruction CPL 02-00-106, Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis, February 9, 1996.

OSHA Instruction CPL 02-02-069, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard, November 27, 2001.

Cancellations:

None.

ADCTD ACT. 1

- Healthcare NEP
 - Hospitals
 - Nursing Homes & **Residential Care Facilities**

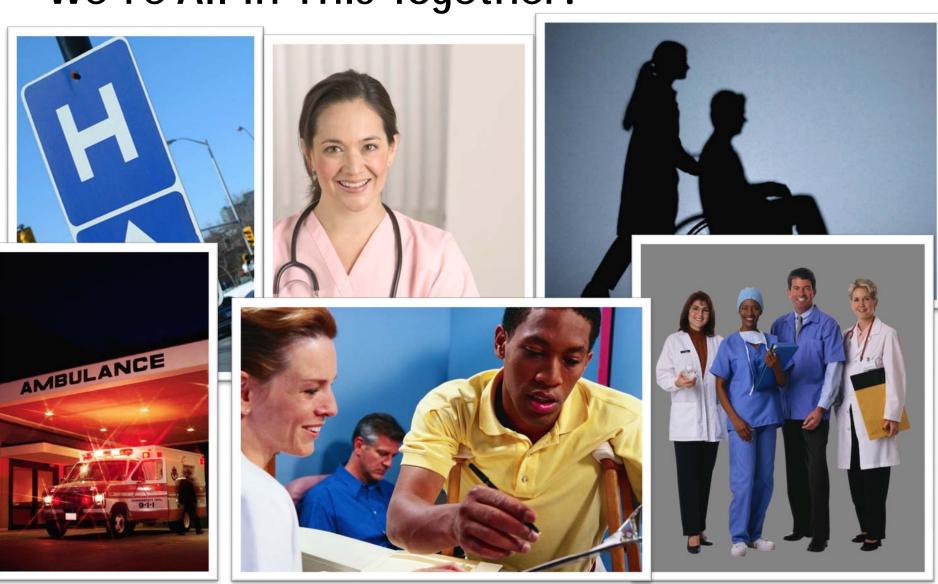
Resources for Compliance

- OSHA's Healthcare Industry Webpage
 - <u>www.osha.gov/SLTC/healthcarefacilities/index.html</u>
- IDOL's Healthcare Industry Webpage
 - www.in.gov/dol/2761.htm
- National Institute for Occupational Safety and Health
 - www.cdc.gov/niosh/docs/88-119/
- National Institute for Occupational Safety and Health Prevention of Slip, Trip & Falls

Slip, Trip, and Fall Prevention for Healthcare Workers

- www.cdc.gov/niosh/docs/2011-123/
- Centers for Disease Control And Prevention Workbook for Designing, Implementing and Evaluating a Sharps Injury Prevention Program
 - www.cdc.gov/sharpssafety/pdf/ sharpsworkbook_2008.pdf

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