



OSHA Compliance and Infection Control Practices for Resident Care Centers

Thursday, January 25, 2018 10:00am

DOL-OSHA Industrial Hygienist



**OSHA Compliance
Assistance Specialist and
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**Region 3
Philadelphia Regional
Office**

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Disclaimer

This information has been developed by an OSHA Compliance Assistance Specialist and is intended to assist employers, workers, and others as they strive to improve workplace health and safety. While we attempt to thoroughly address specific topics, it is not possible to include discussion of everything necessary to ensure a healthy and safe working environment in a presentation of this nature. Thus, this information must be understood as a tool for addressing workplace hazards, rather than an exhaustive statement of an employer's legal obligations, which are defined by statute, regulations, and standards. Likewise, to the extent that this information references practices or procedures that may enhance health or safety, but which are not required by a statute, regulation, or standard, it cannot, and does not, create additional legal obligations. Finally, over time, OSHA may modify rules and interpretations in light of new technology, information, or circumstances; to keep apprised of such developments, or to review information on a wide range of occupational safety and health topics, you can visit OSHA's website at www.osha.gov.



Objectives

- Describe OSHA's safety and health regulations and common hazards found in the Resident Care Center Industry
- Compare Infection Control for contact, droplet and airborne hazards.
- Review other OSHA regulations and initiatives
- Identify OSHA's outreach material to better educate employers and employees on subject matter

- US Bureau of Labor Statistics projects that home healthcare employment will **GROW 55%** between 2006–2016, making it the fastest growing occupation of the next decade
- During 2007 alone, 27,400 recorded injuries occurred among more than 896,800 home healthcare workers

*Source: NIOSH HAZARD REVIEW **Occupational Hazards in Home Healthcare (2010)***



CY2012-2014 Statistics

- 20% of all reported injuries - healthcare.
HIGHEST # for all private industries
- Sharps injuries
- Injuries from patient handling/movement, followed by slips, trips, and falls were very common

Source: CDC study (April 2015)

Facilities include:

The health care services subsector include these industry groups:

6219 Other ambulatory health care services

6221 General medical and surgical hospitals

6222 Psychiatric and substance abuse hospitals

6223 Specialty (except psychiatric and substance abuse) hospitals

6231 Nursing care facilities

6232 Residential mental retardation, mental health and substance abuse facilities

6233 Community care facilities for the elderly

6239 Other residential care facilities

6242 Community food and housing, and emergency and other relief services

6243 Vocational rehabilitation services



Occupational Safety and Health Administration (**OSHA**) and the Healthcare Industry

Resident Care Centers

- OSH ACT Purpose and Scope:
- OSHA can inspect facilities based on
 - Referrals
 - Complaints
 - Planned Inspections (priority list)
- During inspections
 - Bloodborne (Hepatitis B Vaccine) and Infection Control
 - Ergonomics Stressors (including patient movement)
 - Slips, Trips and Falls
 - Tuberculosis
 - Workplace Violence

Health Care Facilities



Top Ten Violations in Health Care: FY 2015-2017

- 1. Bloodborne Pathogens (1910.1030)**
- 2. Hazard Communication (1910.1200)**
- 3. Personal Protective Equipment – General Requirements (1910.132)**
- 4. Electrical – General Requirements (1910.303)**
- 5. Electrical – Wiring Methods (1910.305)**
- 6. Respiratory Protection (1910.134)**
- 7. Exit Routes: Maintenance, Safeguards, and Operational Features (1910.37)**
- 8. Reporting Fatalities, Hospitalizations, Amputations, and Losses of an Eye to OSHA (1904.39)**
- 9. Lockout/Tagout (1910.147)**
- 10. Medical Services and First Aid (1910.151)**

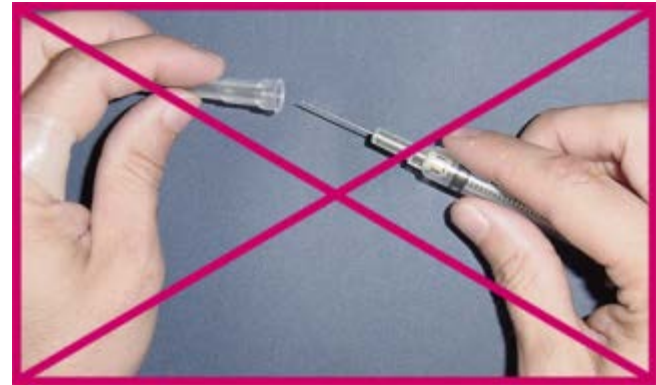
Health Care Facilities



Top Ten Violations: FY 2015-2017

(with top 5 sections cited)

1) 1910.1030 – Bloodborne Pathogens



- **1910.1030(c)(1)(i)** – exposure control plan
- **1910.1030 (g)(2)(i)** – training employees with occupational exposure
- **1910.1030(c)(1)(iv)** – review and update of exposure control plan
- **1910.1030(d)(2)(i)** – engineering and work practice controls
- **1910.1030(f)(1)(i)** – Hepatitis B vaccination and post-exposure evaluation

Health Care Facilities



Top Ten Violations: FY 2015-2017

(with top 5 sections cited)

2) 1910.1200 – Hazard Communication

- **1910.1200(e)(1)** – written hazard communication program
- **1910.1200(h)(1)** – employee information and training
- **1910.1200(g)(8)** – maintaining copies of Safety Data Sheets in the workplace and ensuring that they are readily available to employees
- **1910.1200(h)(3)(iv)** – training on details of employer’s hazard communication program
- **1910.1200(g)(1)** – having Safety Data Sheets in the workplace for each hazardous chemical



Health Care Facilities



Top Ten Violations: FY 2015-2017

(with top 5 sections cited)

3) 1910.132 – Personal Protective Equipment

- **1910.132(d)(1)** – hazard assessment
- **1910.132(a)** – when PPE must be provided
- **1910.132(d)(2)** – written certification of hazard assessment
- **1910.132(d)(1)(i)** – selection and use of PPE to protect against hazards identified in hazard assessment
- **1910.132(f)(1)** – training of employees required to use PPE



Safety and Health Issues within the Healthcare Industry

- Hazard Communication
- Bloodborne Pathogens
- Ionizing Radiation
- Exit Routes
- Electrical
- Emergency Action Plans
- Fire Safety
- Medical and First Aid
- Personal Protective Equipment
- Respiratory Protection
- Ergonomic hazards
- Workplace Violence
- Walking/Working Surfaces
- Influenza
- Tuberculosis
- Other (latex, lasers, compressed gases)

Exposure to Bloodborne Pathogens

Components of the Standard [1910.1030](#)

- Exposure Control Plan
- Methods of Compliance
 - Universal Precautions
 - Engineering and Work Practice Controls
 - Personal Protective Equipment
- Housekeeping
- Hepatitis B Vaccination
- Hazard Communication
- Recordkeeping



Exposure Control Plan

- Key provision of the standard:
 - requires employer to identify exposed or potentially exposed workers, i.e., those who need training
 - PPE
 - vaccination
 - and situations where engineering controls would “eliminate or minimize exposure”



Exposure Control Plan

- [1910.1030 \(c\)\(1\)\(iv\)](#) requires plan to be *reviewed and updated at least **annually***
 - Plan must be updated to reflect changes in technology that eliminate or reduce employee exposure

1910.1030(c)(1)(v)

An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.



Housekeeping

Maintain a clean and sanitary workplace

- **Written** cleaning and **decontamination** schedule
- Contaminated waste disposal methods
- Laundry

Disinfectants

- <https://www.osha.gov/html/faq-bbp.html>
- <http://www.epa.gov/oppad001/chemregindex.htm>
- **Selected EPA-registered Disinfectants**
- List E:
http://www.epa.gov/oppad001/list_e_mycobact_hiv_hepatitis.pdf

Selected EPA-registered Disinfectants

May 2015

The following lists of antimicrobial products registered by the EPA for healthcare use are effective against the most common emerging pathogens, as indicated by label claims against these pathogens unless the agency has reviewed data to support the claim and approved the claim on the label. Use of the listed EPA-registered products must meet the EPA, the U.S. Food and Drug Administration's requirements for [Occupational Exposure to blood borne Pathogens \(29 CFR 1910\)](#) as well proper management of any wastewater as required by the [Recovery Act \(RCRA\)](#).

The lists are organized alphabetically by product names and by numerical order of their EPA Registration Numbers.

Information about listed products is current as indicated by the dates on the lists. If you would like to review the product label information for any of these products, please contact the manufacturer. This information does not constitute an endorsement by EPA.

- [List A: EPA's Registered Antimicrobial Products as Sterilizers \(PDF\)](#) (5 pp, 127k, [About PDF](#))
- [List B: EPA Registered Tuberculocide Products Effective Against *Mycobacterium tuberculosis* \(PDF\)](#) (12 pp, 218k, [About PDF](#))
- [List C: EPA's Registered Antimicrobial Products Effective Against Human HIV-1 Virus \(PDF\)](#) (66 pp, 483k, [About PDF](#))
- [List D: EPA's Registered Antimicrobial Products Effective Against Human HIV-1 and Hepatitis B Virus \(PDF\)](#) (30 pp, 128k, [About PDF](#))
- [List E: EPA's Registered Antimicrobial Products Effective Against *Mycobacterium tuberculosis* Human HIV-1 and Hepatitis B Virus \(PDF\)](#) (8 pp, 53k, [About PDF](#))
- [List F: EPA's Registered Antimicrobial Products Effective Against Hepatitis C Virus \(PDF\)](#) (22 pp, 94k, [About PDF](#))
- [List G: EPA's Registered Antimicrobial Products Effective Against *Norovirus* \(PDF\)](#) (3 pp, 51k, [About PDF](#))
- [List H: EPA's Registered Antimicrobial Products Effective Against Methicillin Resistant *Staphylococcus aureus* \(MRSA\) and Vancomycin Resistant *Enterococcus faecalis* \(VRE\) \(PDF\)](#) (12 pp, 100k, [About PDF](#))
- [List J: EPA's Registered Antimicrobial Products for Medical Waste Treatment \(PDF\)](#) (5 pp, 70k, [About PDF](#))
- [List K: EPA's Registered Antimicrobial Products Effective Against *Clostridium difficile* Spores \(PDF\)](#) (1 pp, 56k, [About PDF](#))
- [List L: EPA's Registered Antimicrobial Products that Meet the CDC Criteria for Use Against the Ebola Virus \(PDF\)](#) (1 pp, 56k, [About PDF](#))
- [List M: Registered Antimicrobial Products with Label Claims for Avian \(Bird\) Flu Disinfectants](#)



US Environmental Protection Agency Office of Pesticide Programs

List E: EPA's Registered Antimicrobial Products Effective Against *Mycobacterium tuberculosis*, Human HIV-1 and Hepatitis B Virus

January 9, 2009

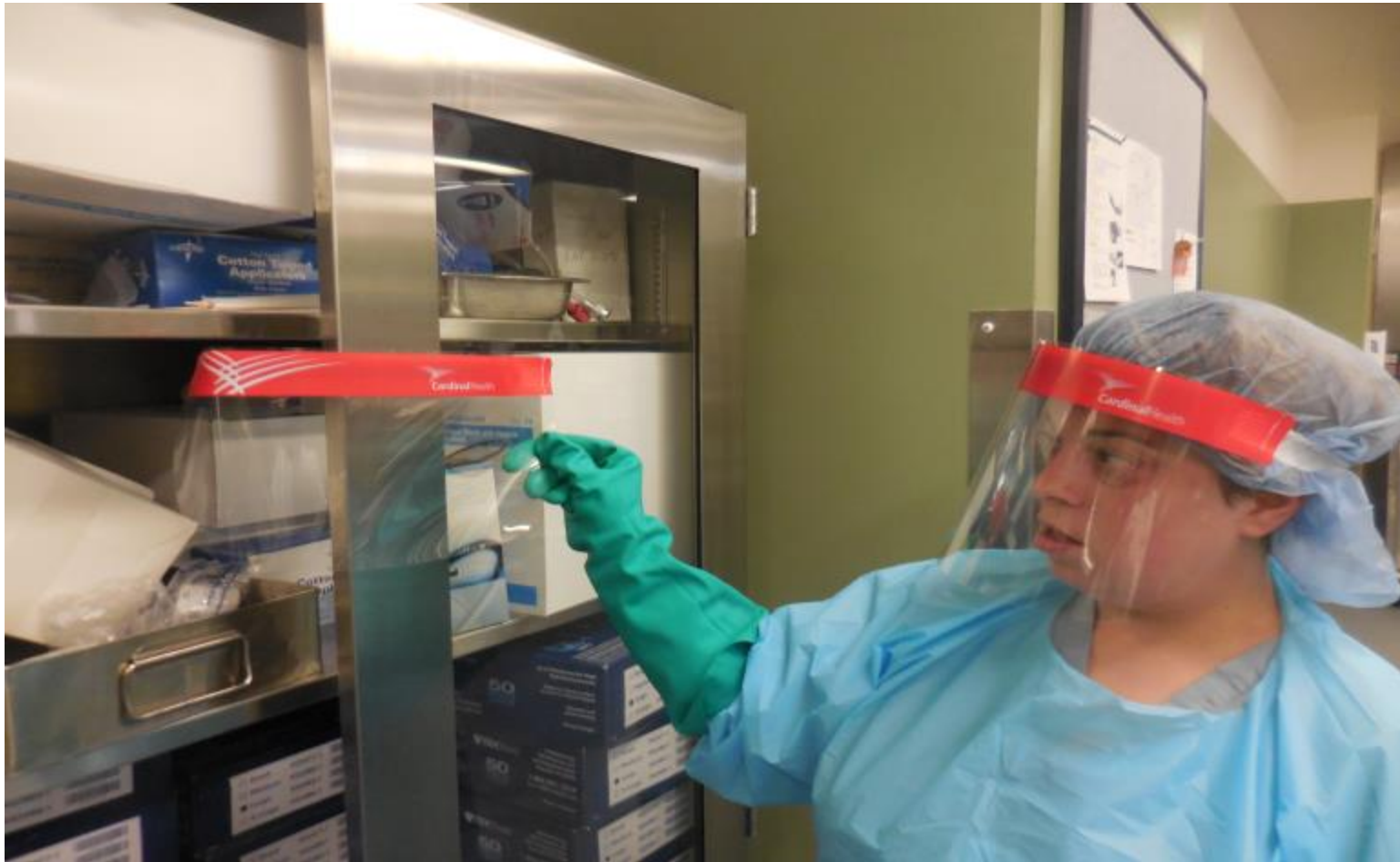
Disinfectants Example:

- To clean and disinfect equipment:
 - Wipe surface with Clorox[®] Disinfecting Wipes and **leave wet for 4 minutes** . Let air dry.
 - Spray with Clorox[®] Healthcare Germicidal, **leave wet for 1 minute**, then wipe with a clean, damp cloth. Allow to air dry.

For heavily soiled surfaces, pre-clean first.

MISSED BLOODBORNE HAZARDS-

Importance of Personal Protective Equipment Barriers



Bloodborne Hazards

- Sharps Containers overfilled
- Decontamination of Surfaces
- Reusing Phlebotomy Vacutainers
- Sharps Log
 - Post Incident or Retraining
- Engineering Controls Evaluation & documentation
 - Labor representatives





Safer Needle Devices

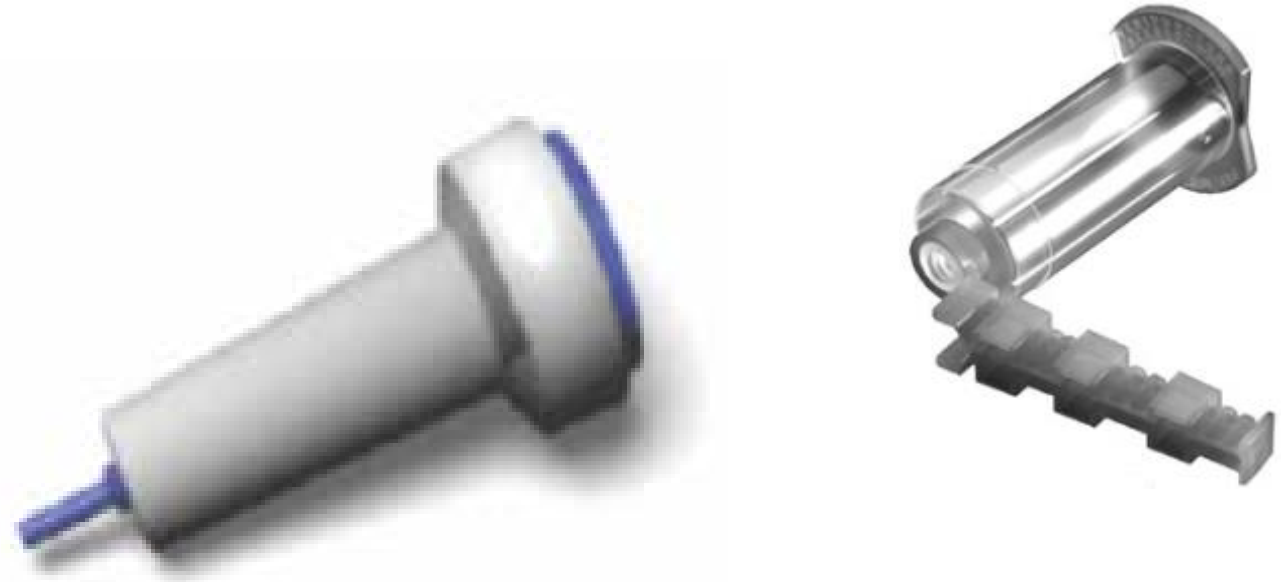


Figure 4.2. Example lancet with safety features. (This drawing is preser



* Not a product endorsement



Summary

Bloodborne Pathogens Standard

1910.1030

- Written Program
- *KNOW* your *CLEANERS*
- Proper *SELECTION* based on facility and exposures
- Update and Training *ANNUALLY*

Infection Control – Standard Precautions

ABOUT OSHA ▾ WORKERS ▾ EMPLOYERS ▾ REGULATIONS ▾ ENFORCEMENT ▾ TOPICS ▾ NEWS & PUBLICATIONS ▾ DATA ▾ TRAINING ▾

[Bloodborne Pathogens](#) / Worker protections against occupational exposure to infectious diseases

Worker protections against occupational exposure to infectious diseases

Comparing the universal precautions of OSHA's Bloodborne Pathogens standard to the standard precautions and the transmission-based precautions used by healthcare practitioners for infection control

OSHA standards for bloodborne pathogens (BBP, [29 CFR 1910.1030](#)) and personal protective equipment (PPE, [29 CFR 1910 Subpart I](#)) require employers to protect workers from occupational exposure to infectious agents. The BBP standard applies when workers have occupational exposure to human blood or other potentially infectious materials (OPIM), as defined in paragraphs (a) and (b) of the BBP standard, and requires the use of universal precautions to prevent contact with these materials.¹ Adhering to standard and transmission-based precautions in healthcare settings is recommended by Centers for Disease Control and Prevention (CDC), and protects workers from a wider range of infectious disease hazards than the BBP standard.

Employers and workers should be familiar with several key approaches to infection control, including universal precautions, standard precautions and transmission-based precautions.

- **Universal precautions (UP)**, originally recommended by the CDC in the 1980s, was introduced as an approach to infection control to protect workers from HIV, HBV, and other bloodborne pathogens in human blood and certain other body fluids, regardless of a patient's infection status.² UP is an approach to infection control in which all human blood and certain human body fluids are treated as if they are known to be infectious. Although the BBP standard incorporates UP, the infection control community no longer uses UP on its own.
- **Standard precautions (SP)**, introduced in 1996 in the CDC/Healthcare Infection Control and Prevention Advisory Committee's "1996 Guideline for Isolation Precautions in Hospitals," added additional infection prevention elements to UP in order to protect healthcare workers not only from pathogens in human blood and certain other body fluids, but also pathogens present in body fluids to which ID does not apply. SP includes hand hygiene; the use of certain types of PPE based on anticipated exposure; safe



Selected elements of infection prevention and control under BBP, SP, and TBP

Control, action or other measure	To protect workers against exposure to...	
	Blood and OPIM ²	Material that is not blood or OPIM, including body fluids not covered under OPIM (e.g., urine ⁵ and feces)
Blood and body fluid precautions for all patients, regardless of infection status	BBP, SP	SP
Exposure control plan and required elements thereof ¹²	BBP	
Patient isolation/placement	TBP	TBP
Hand hygiene	BBP, SP	SP
Safe injection practices	BBP, SP	SP
Safe sharps management/disposal	BBP, SP	SP
Prohibiting eating, drinking, smoking, or application of cosmetics or lip balm and handling of contact lenses in areas where there is a reasonable likelihood of occupational exposure ¹²	BBP	
Separating food and drink from areas where blood and OPIM are present ¹²	BBP	
Prohibiting mouth pipetting and suctioning of blood or OPIM ¹²	BBP	
Safe specimen storage, packaging, shipment ¹²	BBP	
PPE – Gloves, gowns, masks, eye protection (e.g., goggles), face shields	BBP, ¹⁴ SP, TBP	SP, TBP
PPE – Aprons and other protective body clothing	BBP, TBP	TBP
PPE – Surgical caps	BBP, TBP	TBP
PPE – Shoe/boot covers	BBP, TBP	TBP
PPE – N95 or higher respirators for aerosol-generating procedures on patients with suspected or	SP, TBP	SP, TBP





- Employers shall provide handwashing facilities which are readily accessible to employees
- Hand washing is the single most important procedure for preventing infections

OSHA INITIATIVES



Aligns with the UN's Globally Harmonized System of Classification and Labeling of Chemicals

Hazard Communication

The standard that gave workers the right to know, now gives them the right to understand.

The Changing Workscape

- *During the 1990–2008 period, employment in the temporary help services industry grew from 1.1 million to 2.3 million*
- *More workers in higher skill occupations*
- *Employment in this industry is very volatile - temporary workers are easily hired when demand increases and laid off when it decreases*

- 
- A light gray map of the United States is shown, including insets for Alaska and Hawaii. A large, semi-transparent blue arrow originates from the West Coast and points towards the Northeast, passing behind the text.
- **3 million people are employed by staffing companies every week.**
 - **11 million temporary and contract employees are hired by U.S. staffing firms over the course of a year.**

Why Are Temp Workers At High Risk of Injury?

- New workers are at increased risk of injury.
- Host employers don't have the same commitment to temporary employees as to permanent ones.
- Employer who bears the risk of the injury (temp agency) does not control safety and health investment.

Best Practices

Staffing agency & host employer should **both**:



- Have an Injury and Illness Prevention Program
- Perform a hazard assessment of the worksite
- Define scope of work in the contract
- Conduct new project orientation and safety training that addresses hazards to which temporary workers may be potentially exposed
- Maintain communication with the worker and each other

Temporary Worker Initiative

Bloodborne Pathogens

This is part of a series of guidance documents developed under the Occupational Safety and Health Administration's (OSHA's) Temporary Worker Initiative (TWI). This Initiative focuses on compliance with safety and health requirements when **temporary workers** are employed under the joint employment of a **staffing agency** and a **host employer**.

Temporary workers are entitled to the same protections under the *Occupational Safety and Health Act of 1970* (the OSH Act) as all other covered workers. When a staffing agency supplies temporary workers to a business, typically, the staffing agency and the staffing agency's client (commonly referred to as the **host employer**) are considered joint employers of those workers. Both employers are responsible for determining the conditions of employment and complying with the law. In these joint employment situations,

other potentially infectious materials¹ (OPIM), including needlesticks and other sharps-related injuries, places workers at risk for infection from bloodborne pathogens. Temporary workers may be at risk for exposure to bloodborne pathogens in many professions including, but not limited to, nursing and other healthcare work, housekeeping in some industries, and emergency response.

Workers with reasonably anticipated occupational exposure² to bloodborne pathogens must be afforded protections in accordance with



Healthcare and Recordkeeping 1904

Expanded reporting requirements

The rule expands the list of severe work-related injuries and illnesses that **all covered employers** must report to OSHA.

Starting **January 1, 2015**, employers **must report** the following to OSHA:

- All work-related **fatalities** within **8 hours** (same as current requirement)
- All work-related **in-patient hospitalizations** of one or more employees within **24 hours**
- All work-related **amputations** within **24 hours**
- All work-related **losses of an eye** within **24 hours**

How can employers report to OSHA?

- By telephone to the nearest OSHA office during normal business hours.
- By telephone to the 24-hour OSHA hotline (1-800-321-OSHA or 1-800-321-6742).
- Online: OSHA is developing a new means of reporting events electronically, which will be available soon at www.osha.gov/report_online.

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Electronic Reporting

- 1904.41(a)(2) – Establishments with 20 to 249 employees in certain industries:
 - Must provide, on an annual basis, data from the Summary Form 300A
 - This replaces the OSHA Data Initiative (ODI)



Injury Tracking Application (ITA)

The ITA was successfully launched August 1, 2017



Employers can access the application from the ITA landing page at <https://www.osha.gov/injuryreporting/index.html>

Injury Tracking Application (ITA): Help Request Form

- The application has a [Help Request Form](#) link at the bottom of each page
- If you have questions concerning any technical or policy aspects of the data collection, please use the Help Request Form to ask your question.
- That way, OSHA can coordinate our responses and quickly learn of any problems the regulated community may be experiencing with the system.

[FAQ](#) | If you have questions, please complete the [Help Request Form](#)

Post OSHA 300 from Feb1 – April 30

Employers Must Post Injury/Illness Summary Beginning February 1

OSHA reminds employers of their obligation to post a copy of OSHA's Form 300A, which summarizes job-related injuries and illnesses logged during 2017. Each year, between Feb. 1 and April 30, the summary must be displayed in a common area where notices to employees are usually posted. Businesses with 10 or fewer employees and those in certain low-hazard industries are exempt from OSHA recordkeeping and posting requirements. Visit OSHA's Recordkeeping Rule webpage for more information on recordkeeping requirements

OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1910 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, enter "0".

Employers, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 300 or its equivalent. See 29 CFR Part 1914.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(a)	(b)	(c)	(d)



Healthcare and Hazard Communication 1910.1200

OSHA Hazard Communication 2012 Revised Standard Incorporating GHS

What is GHS?










- Globally Harmonized System for Classification and Labeling of Chemicals
- GHS is not the same as OSHA's Hazard Communication Standard



Pictograms

- The GHS uses nine pictograms to convey the health, physical, and environmental hazards
- This final rules requires eight of these pictograms, the exception being the environment pictogram, since environmental hazards are not within OSHA's jurisdiction

HCS Pictograms and Hazards

<p>Health Hazard</p>  <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity 	<p>Flame</p>  <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides 	<p>Exclamation Mark</p>  <ul style="list-style-type: none"> • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory)
<p>Gas Cylinder</p>  <ul style="list-style-type: none"> • Gases Under Pressure 	<p>Corrosion</p>  <ul style="list-style-type: none"> • Skin Corrosion/ Burns • Eye Damage • Corrosive to Metals 	<p>Exploding Bomb</p>  <ul style="list-style-type: none"> • Explosives • Self-Reactives • Organic Peroxides
<p>Flame Over Circle</p>  <ul style="list-style-type: none"> • Oxidizers 	<p>Environment (Non-Mandatory)</p>  <ul style="list-style-type: none"> • Aquatic Toxicity 	<p>Skull and Crossbones</p>  <ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic)



Label Example

New style Label (GHS)

Xyz... Chemical





WARNING

Flammable Liquid and vapor
Harmful if swallowed
May cause damage to organs (liver)
May cause damage to organs through prolonged or repeated exposure (heart)
Suspected of damaging fertility

Keep away from heat, sparks, open flames and hot surfaces - No smoking. Do not breathe vapors. Obtain special instructions before use. Do not handle until all safety precautions have been read and understood. Use protective equipment as required. Wear protective gloves and eye protection. Wash thoroughly after handling. Do not eat, drink or smoke when using this product. Keep container tightly closed. Ground container and receiving equipment. Use explosion-proof electrical, ventilating, lighting equipment. Use only non-sparking tools. Take precautionary measures against static discharge. Store locked up in a well ventilated place. Keep cool. Dispose of contents and container in accordance with local, state and federal regulations.

First Aid:
If swallowed: Call a doctor if you feel unwell, Rinse mouth.
If on skin or hair: Remove immediately all contaminated clothing. Rinse skin with water.
If exposed or if you feel unwell: call a doctor.

Fire:
In case of fire: Use water spray foam, dry chemical or carbon dioxide (CO₂) for extinction

GHS Company, 123 Global Drive, Cincinnati, OH

telephone (800) 555-8888

Use of NFPA/HMIS[®] Rating Systems

- Alternative labeling
 - Use of NFPA or HMIS[®] rating systems allowed; but must include product identifier and to make sure that general information regarding all of the hazards of the chemical(s) can be conveyed.
- The NFPA/HMIS[®] rating systems do not directly correlate with HCS classifications.
- Level of employee awareness must equal or exceed if employee was provided complete health effects information.
- **Must not cast doubt or contradict the validity of the label information.**



HMIS Label

The Hazardous Materials Identification System (**HMIS**) is a numerical hazard rating that incorporates the use of labels with color developed by the American Coatings Association as a compliance aid for the OSHA Hazard Communication Standard.

		4. Severe Hazard
HEALTH	<input type="checkbox"/>	3. Serious Hazard
FLAMMABILITY	<input type="checkbox"/>	2. Moderate Hazard
REACTIVITY	<input type="checkbox"/>	1. Slight Hazard
www.chemsafetypro.com		Minimal Hazard



[Hazardous Materials Identification System - Wikipedia](https://en.wikipedia.org/wiki/Hazardous_Materials_Identification_System)

https://en.wikipedia.org/wiki/Hazardous_Materials_Identification_System



OSHA® QUICK CARD™

Comparison of NFPA 704 and HazCom 2012 Labels

	 NFPA 704	 HazCom 2012
Purpose	Provides basic information for emergency personnel responding to a fire or spill and those planning for emergency response.	Informs workers about the hazards of chemicals in workplace under normal conditions of use and foreseeable emergencies.
Number System: NFPA Rating and OSHA's Classification System	0-4 0-least hazardous 4-most hazardous	1-4 1-most severe hazard 4-least severe hazard <ul style="list-style-type: none"> The Hazard category numbers are NOT required to be on labels but are required on SDSs in Section 2. Numbers are used to CLASSIFY hazards to determine what label information is required.
Information Provided on Label	<ul style="list-style-type: none"> Health-Blue Flammability-Red Instability-Yellow Special Hazards*-White *OX Oxidizers W Water Reactives SA Simple Asphyxiants	<ul style="list-style-type: none"> Product Identifier Signal Word Hazard Statement(s) Pictogram(s) Precautionary statement(s); and Name address and phone number of responsible party.
Health Hazards on Label	Acute (short term) health hazards ONLY. Acute hazards are more typical for emergency response applications. Chronic health effects are not covered by NFPA 704.	Acute (short term) and chronic (long term) health hazards. Both acute and chronic health effects are relevant for employees working with chemicals day after day. Health hazards include acute hazards such as eye irritants, simple asphyxiants and skin corrosives as well as

What do the numbers mean: NFPA, HMIS and GHS



- HMIS/NFPA

0 = Minimal Hazard

1 = Slight Hazard

2 = Mod. Hazard

3 = Serious

4 = Severe



- OSHA/GHS

Cat. 1 = Severe Hazard

Cat. 2 = Serious Hazard

Cat. 3 = Mod. Hazard

Cat. 4 = Slight Hazard

Cat. 5 = Minimal Hazard

HCS Guidance from OSHA

- OSHA's Safety & Health Topics Page:
 - <https://www.osha.gov/dsg/hazcom/>
- OSHA QuickCards/Fact Sheets/Brief
 - Safety Data Sheets, Labels, Pictograms
 - Comparison of NFPA 704 & HCS 2012 labels
- Small Entity Compliance Guide
 - <http://www.osha.gov/Publications/OSHA3695.pdf>
- Publications: 1-800-321-6742 (OSHA)



As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

HCS Pictograms and Hazards





Healthcare and Emergency Planning 1910.38

Evacuation Plans and Procedures eTool

[Home](#) -
 [Emergency Action Plan](#) -
 [Emergency Standards](#) -
 [Expert Systems](#) -
 [Additional Assistance](#)

Emergency Action Plan

An emergency action plan (EAP) is a written document required by particular OSHA standards. [\[29 CFR 1910.38\(a\)\]](#) The purpose of an EAP is to facilitate and organize employer and employee actions during workplace emergencies. Well developed emergency plans and proper employee training (such that employees understand their roles and responsibilities within the plan) will result in fewer and less severe employee injuries and less structural damage to the facility during emergencies. A poorly prepared plan, likely will lead to a disorganized evacuation or emergency response, resulting in confusion, injury, and property damage.



Minimum Requirements

Putting together a comprehensive emergency action plan that deals with those issues specific to your worksite is not difficult. It involves taking what was learned from your workplace evaluation and describing how employees will respond to different types of emergencies, taking into account your specific worksite layout, structural features, and emergency systems.



Develop & Implement an EAP

Drafting an emergency action plan (EAP) is not enough to ensure the safety of your employees. When an evacuation is necessary, you will need responsible, trained individuals who can supervise and coordinate activities to ensure a safe and successful evacuation.



Evacuation Elements



Fight or Flee?



Evacuation Elements

A disorganized evacuation can result in confusion, injury, and property damage.



Fight or Flee?

A fire is the most common type of emergency for which small businesses must plan. Evacuation plans that designate or require some or all of the employees to fight fires with portable fire extinguishers increase the level of complexity of the plan and the level of training that must be provided employees.



Shelter-in-Place

Chemical, biological, or radiological contaminants may be released into the environment in such quantity and/or proximity to a place of business that it is safer to remain indoors rather than to evacuate employees.



Fire, Rescue, Medical Services

Although most of us quickly move away from the hazardous environments created during emergency situations, a group of dedicated and well-trained professional emergency responders and medical service personnel are tasked with containing and mitigating these incidents, rescuing individuals at-risk, and providing medical assistance to the injured.



Reporting Emergencies

Employees must know how to report emergencies. Some use internal telephone numbers, intercom, or public address systems to notify other employees. It is important for employees to also notify the proper authorities such as fire, medical, or rescue services, if your company relies on this type of assistance during an emergency.



What emergencies can happen in my area?

These symbols show the kinds of emergencies that can happen in our area. In the space next to each symbol, write what you would do (evacuate, shelter in place, go to a POD, or find out more information).



Fire



Flooding/Hurricane



Power Outage



Heat Emergency



Earthquake



Tornado



Winter Weather Event



Chemical Spill



Gas Leak



Radiation



Public Health Emergency



Community Emergency

Plan for Emergencies



Everybody Ready Handbook

Text Size: [A](#) [A](#) [A](#)

The Everybody Ready 3.0 Handbook is a tool that can help you plan for emergencies before they happen. The handbook covers the following topics:

- Emergencies that can happen in our area
- How to evacuate, shelter in place, and get emergency medication or vaccine
- Plan for your pets / service animals
- Steps to take following a disaster



If you represent an organization that would like to host a FREE Everybody Ready 3.0 training or sponsor a large-batch handbook printing, please email Chad Thomas at everybodyreadytrainings@gmail.com.

To view or hear the Everybody Ready 3.0 Handbook, click on the appropriate language below:

Scrollable Version

Use this format to view the handbook on your computer. Each page is right-side up.

- [English](#)
- [Arabic](#)
- [French](#)
- [Korean](#)
- [Russian](#)
- [Spanish](#)
- [Traditional Chinese](#)
- [Vietnamese](#)

Double-sided Printable Version

Use this format to make your own handbook. This format is designed to print every-other page upside-down.

- [English](#)
- [Arabic](#)
- [French](#)
- [Korean](#)
- [Russian](#)
- [Spanish](#)
- [Traditional Chinese](#)
- [Vietnamese](#)

Text Versions

Contact

Division of Disease Control
 Steven Alles, MD, Director
 500 South Broad Street
 Philadelphia, PA 19146
 215-685-6740
 215-545-8362 (fax)
[email](#)

Medical Reserve Corps

For questions about the Medical Reserve Corps, including information on registering to be a volunteer member, [email](#) or visit the [website](#)

Frequently Asked Questions

[Medical Reserve Corps](#)

Divisions

[AIDS Activities Coordinating Office »](#)

[Air Management Services »](#)

[Ambulatory Health Services \(Health Centers\) »](#)

[Childhood Lead Poisoning Prevention »](#)

[Chronic Disease Prevention »](#)

[Commissioner's Office »](#)

Disease Control »

[Acute Communicable Disease Program »](#)

[Bioterrorism and Public Health Preparedness »](#)

[Epidemiology Program »](#)

[Immunization Program »](#)

[STD Control Program »](#)

[Tuberculosis Control Program »](#)

[Environmental Health Services »](#)

[Food Protection »](#)

[Human Resources »](#)

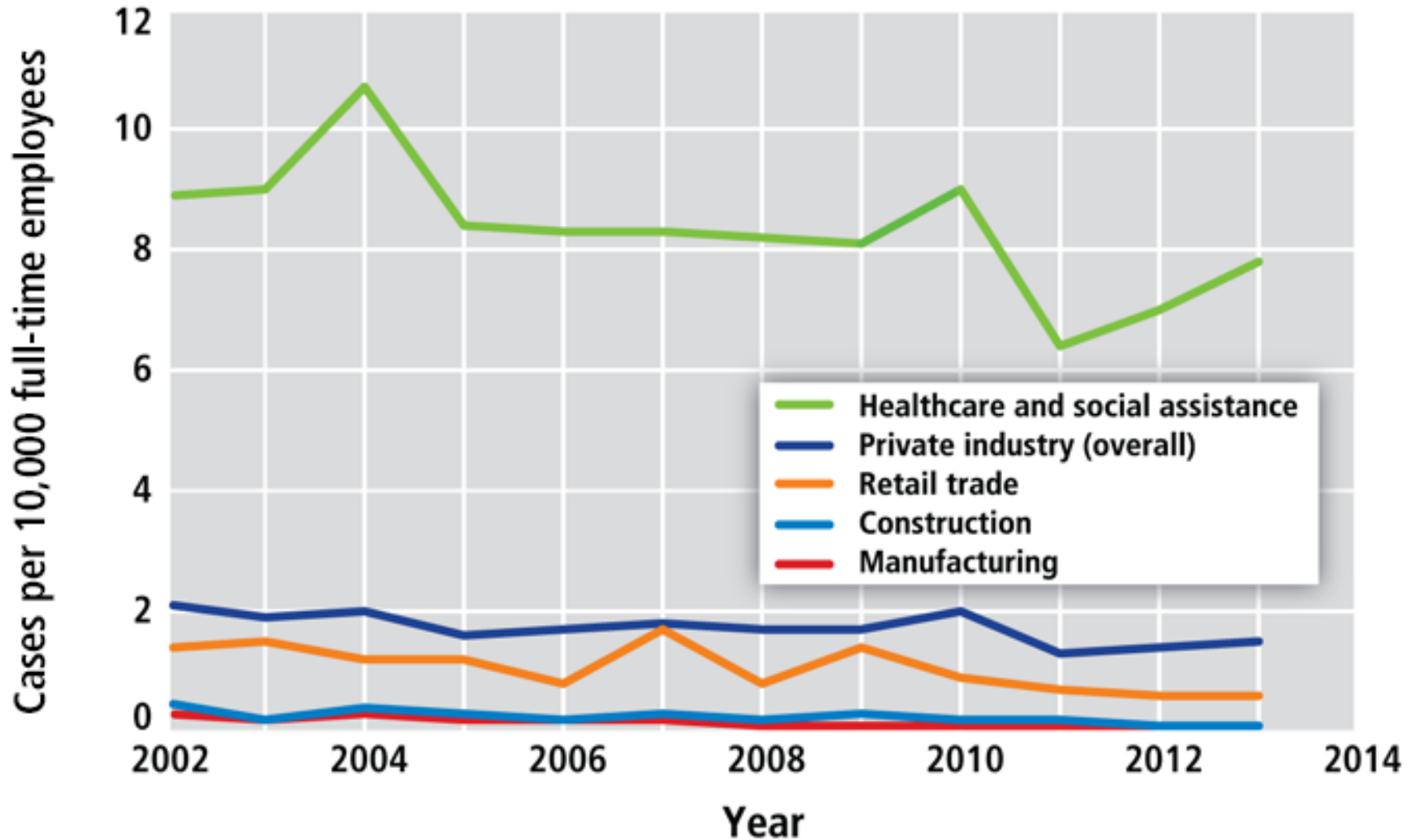
[Laboratory Services »](#)

[Maternal, Child and Family Health »](#)

[Medical Examiner's Office »](#)

Healthcare and Workplace Violence

Workplace Violence



Data source: Bureau of Labor Statistics data for intentional injuries caused by humans, excluding self-inflicted injuries.

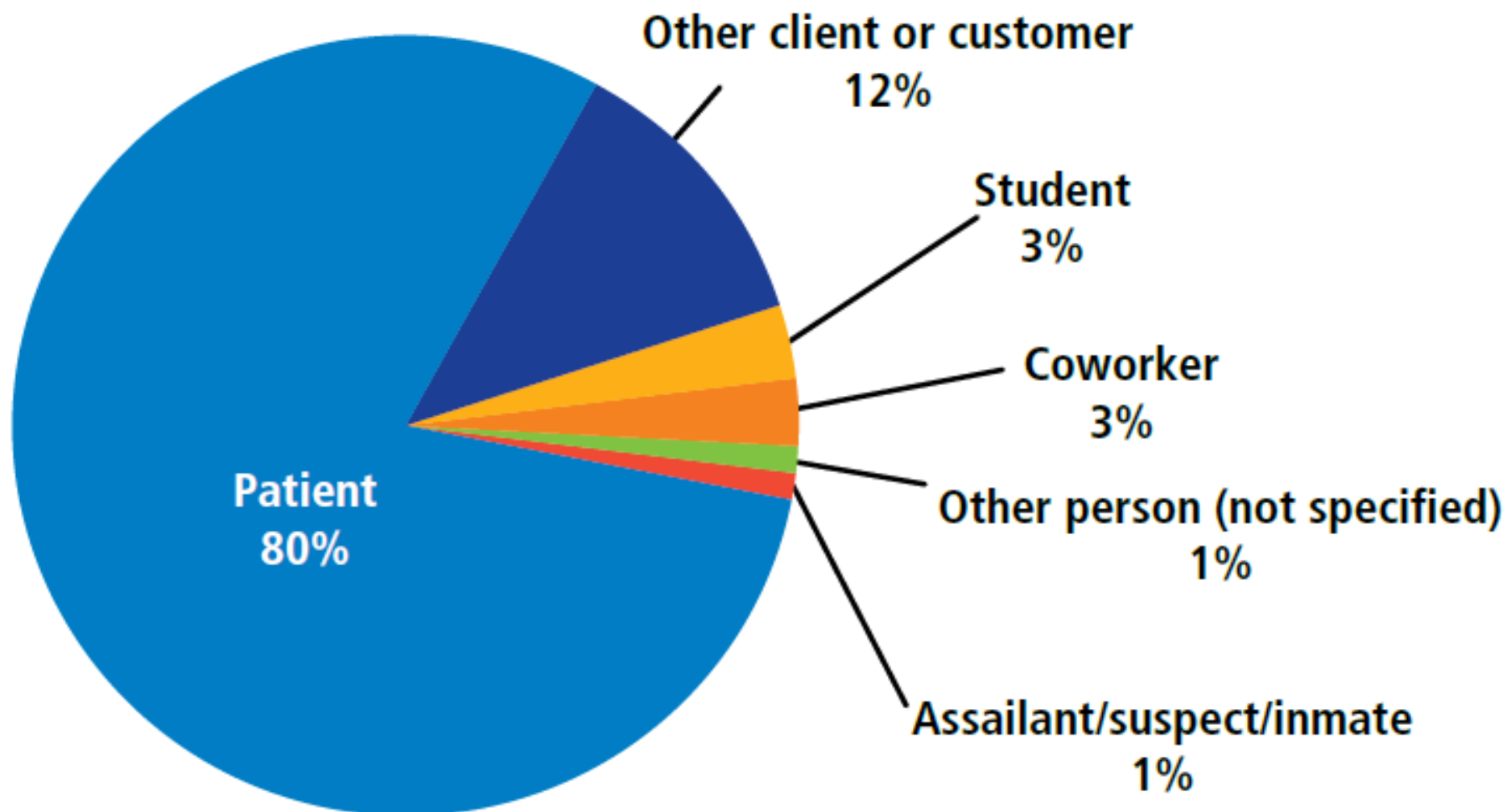
Top 5 industries reporting worker injuries from **workplace violence**



Number of workers injured in 2013, based on preliminary data from the Bureau of Labor Statistics

▶ LEARN HOW to assess hazards & develop individual worksite plans:
www.OSHA.gov

Healthcare Worker Injuries Resulting in Days Away from Work, by Source




Data source: Bureau of Labor Statistics (BLS), 2013 data. These data cover three broad industry sectors: ambulatory health care services, hospitals, and nursing and residential care facilities. Source categories are defined by BLS.

<http://www.osha.gov/dsg/hospitals/index.html>

- Worker Safety in Hospitals Home
- Understanding the Problem
- Safety & Health Management Systems
- Safe Patient Handling
 - MSD Assessment
- Management Support
- Policy / Program Development
- Facility & Patient Needs Assessment
- Facilitating Change
- Safe Patient Handling Equipment
- Education & Training
- Program Evaluation
- Additional Resources
- Workplace Violence

253,700 work-related injuries and illnesses, a rate of 6.8 work-related injuries and illnesses for every 100 full-time employees. This is almost twice the rate for private industry as a whole.

OSHA created a suite of resources to help hospitals assess workplace safety needs, implement safety and health management systems, and enhance their safe patient handling programs. Preventing worker injuries not only helps workers—it also helps patients and will save resources for hospitals. [Download the overview*](#) and explore the links below to learn more about the resources available.



Understanding the Problem

Hospitals are hazardous workplaces and face unique challenges that contribute to the risk of injury and illness.

[Learn More >](#)



Safety & Health Management Systems

A safety and health management system can help build a culture of safety, reduce injuries, and save money.

[Learn More >](#)



Safe Patient Handling

Safe patient handling programs, policies, and equipment can help cost-effectively reduce the biggest cause of workplace injuries.

[Learn More >](#)



Preventing Workplace Violence

A comprehensive prevention program can help address the problem of workplace violence in healthcare facilities.

[Learn More >](#)

Strategies and Tools for Workplace Violence Prevention in Healthcare

Tools & Resources

Click on the products below to learn more about worker safety in hospitals.



Understanding the Challenge

Workplace violence risk factors vary by healthcare setting, but common factors include the following:

- Working with people who have a history of violence or who may be affected by under the influence of drugs
- Using, moving, and transferring patients
- Working alone
- Poor environmental design that may block exits or escape routes
- Poor lighting in hallway or outdoor areas
- Lack of means of emergency communication
- Presence of firearms

Workplace violence is a serious problem. Organizations have defined workplace violence in various ways. The National Institute for Occupational Safety and Health defines workplace violence as "violent acts including physical assaults and threats of assault, directed toward persons at work or on duty." Informative articles typically focus on physical assaults or threats that could or can result in serious physical harm. However, many people who study the issue and the workplace prevention programs highlighted here include verbal violence—threats, verbal abuse, hostility, harassment, and the like—which can cause significant psychological trauma and stress, even if no physical injury takes place. Verbal assaults can also escalate to physical violence.

In hospitals, nursing homes, and other healthcare settings, possible sources of violence include patients, visitors, intruders, and even coworkers. Examples include verbal threats or physical assaults by patients, a distraught family member who may be abusive or even become an active shooter, gang violence in the emergency department, a domestic dispute that spills over into the workplace, or a shooter hiding in a hallway.

Healthcare workers are at an increased risk for workplace violence. From 2002 to 2013, incidents of various workplace violence (those requiring days off for the injured worker or hospitalized more than three hours) were common in healthcare. In private industry on average. In 2013, the Bureau of Labor Statistics and Social Assistance sector had 7.8 cases of serious workplace violence per 10,000 full-time employees.

The problem of workplace violence

An executive summary for hospital administrators and others who want to learn more about the prevalence of workplace violence in healthcare, associated costs, key risk factors, and what organizations can do to address the problem.

[PDF Download*](#)



Preventing Workplace Violence: A Road Map for Healthcare Facilities

Road map - Learn from the leaders

This "road map" uses real-life examples from healthcare organizations to illustrate the components of a workplace violence prevention program. Learn how other healthcare facilities have addressed this challenge and discover resources that are available to help your organization develop and implement your own program.

[PDF Download*](#)



The Big Picture

A workplace violence prevention program can complement and enhance your organization's strategies for compliance, accreditation, and quality of care.

Workers in hospitals, nursing homes, and other healthcare settings face a high level of workplace violence. Leading healthcare organizations have discussed some of their solutions and shared their own best practices to tackle workplace violence in isolation. This document illustrates how a workplace violence prevention program can complement and enhance your organization's strategies for compliance, accreditation, and quality of care.

Regulatory Compliance

Federal Requirements

Although OSHA has no standard specific to the prevention of workplace violence, an employer has a general duty to " furnish to each of its employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees." This requirement comes from Section 1401(a) of the Occupational Safety and Health (OSHA) Act of 1970.

In addition to the federal OSHA program, 36 states, Puerto Rico, and the U.S. Virgin Islands have OSHA-approved State Plans. Of these State Plans, 17 (21 states and Puerto Rico) cover both private and state and local government workplaces. The remaining 19 State Plans (five states and the U.S. Virgin Islands) cover state and local

How does workplace violence prevention fit with other goals?

You don't need to tackle workplace violence in isolation. Learn how preventing workplace violence can go hand-in-hand with strategies that your organization might already be using for compliance, accreditation, worker safety and quality patient care.

[PDF Download*](#)



High-risk areas include:

- Emergency departments**
- Geriatrics**
- Behavioral health**

Some medical professions are more at risk than others, e.g., psychiatric aides.

Recordkeeping and Program Evaluation

- Reporting
- Recordkeeping
- Program Evaluation



Bulletin boards in staff areas can help keep employees aware of program performance. This board in a behavioral health hospital shows employees how effective are their efforts to reduce the use of restraints and seclusion.

Workplace Violence Prevention and Related Goals.

The Big Picture:

Workplace violence prevention program can complement and enhance efforts towards:

Regulatory Compliance

- state workplace violence prevention laws**

Accreditation

- Compliance with The Joint Commission standards and other accrediting organizations**

Overall Safety and Quality of Care

- Culture of Safety**
- Broader Worker and Patient Safety**

The Joint Commission's Accreditation Manual includes standards relevant to workplace violence in 4 chapters:

- Environment of Care (EC)**
- Emergency Management (EM)**
- Leadership (LD)**
- Performance Improvement (PI)**

Connections between accreditation and worker safety can be found in standards from other accrediting organizations:

- Healthcare Quality Association on Accreditation (HQAA)**
- Accreditation Association for Ambulatory Health Care (AAAHC)**
- Accreditation Commission for Health Care (ACHC), and**
- Commission on Accreditation of Rehabilitation Facilities (CARF)**





Safety and Health Management Systems

- employers and employees continually monitor the workplace for hazards and then cooperate to find and implement solutions**



Guidance documents were reviewed by OSHA's reviewers and also the stakeholders such as:

- the Joint Commission,**
- the Veterans Health Administration,**
- the American Nurses Association,**
- the National Institute of Safety and Health (NIOSH), and**
- the NIOSH National Occupation Research Agenda Healthcare Sector**

The project had support from:

- the American Federation of Labor and the Congress of Industrial Organizations,**
- the Massachusetts Nurses Association, and**
- the National Nurses Union**

Workplace Violence Prevention Resources for Health Care



Quick Safety Issue on Bullying



Bullying has no place in health care.
Quick Safety Issue 24. June 20, 2016
Workplace bullying (also referred to as lateral or horizontal violence) is repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators.

[Read more](#)

Pause

◀ Back

1 2 3 4

Next ▶

Welcome to The Joint Commission's Workplace Violence Prevention

Podcasts

Take 5: Workplace Violence

By Joint Commission

[View More](#)

External Resources

Federal

Agency for Healthcare Research and Quality (AHRQ)

CDC National Institute of Occupational Safety and Health



Web Resources

- Presentations
- Newsletters
- Emergency Management portal

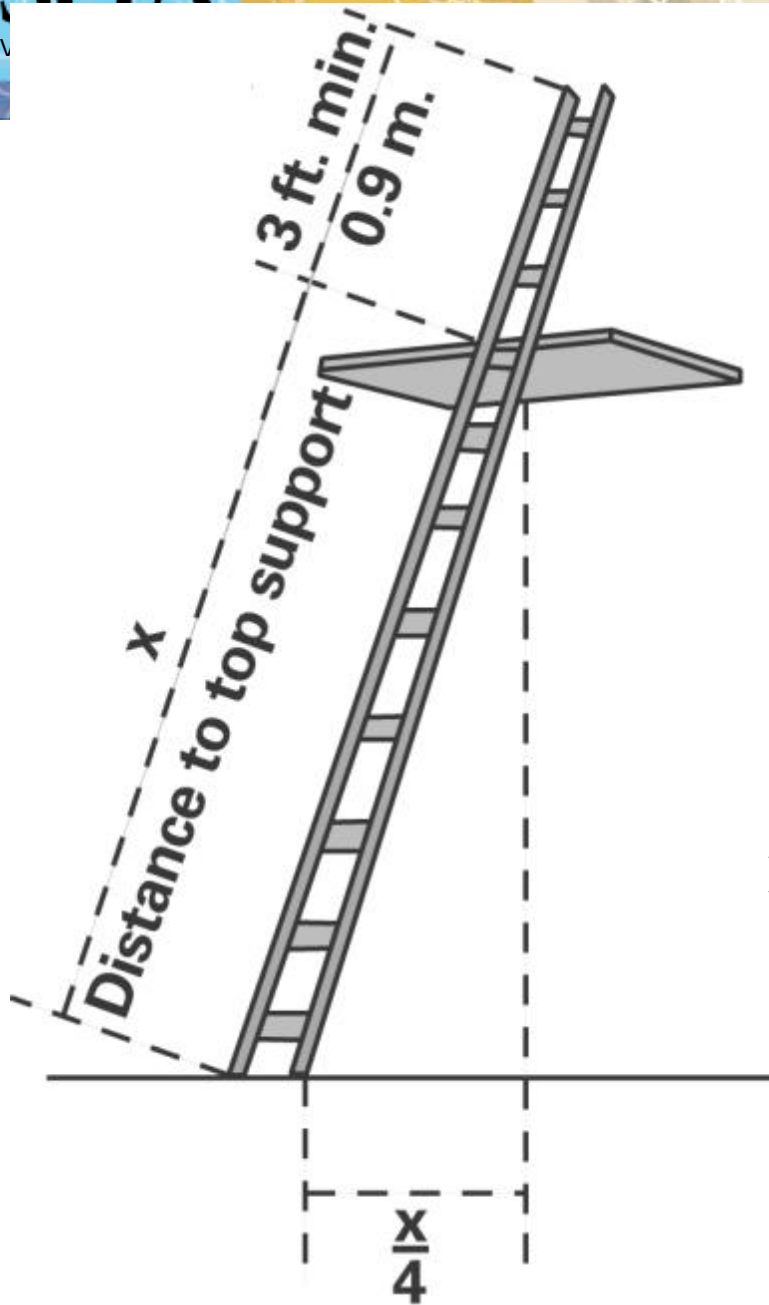
https://www.jointcommission.org/workplace_violence.aspx

A decorative header bar at the top of the slide consists of a grid of colored squares. Each square contains a white line-art illustration of a worker in various occupational settings, such as using tools, operating machinery, or handling materials. The colors of the squares include shades of blue, yellow, orange, green, and grey.

Healthcare and Walking Working Surfaces

Organization of Subpart D and Changes to Subpart I

- §1910.21 – Scope, Application and Definitions
- §1910.22 – General Requirements
- §1910.23 – Ladders
- §1910.24 – Stepbolts and Manhole Steps
- §1910.25 – Stairways
- §1910.26 – Dockboards
- §1910.27 – Scaffolds and Rope Descent Systems
- §1910.28 – Duty to Have Fall Protection
- §1910.29 – Fall Protection Systems Criteria and Practices
- §1910.30 – Training Requirements
- 1910.140 PPE



§1910.23c Portable Ladder

Figure D-1 -- Portable
Ladder Set-up

Employer must ensure that:

- Wooden ladders are not coated with any material that may obscure structural defects;
- Metal ladders are made with corrosion-resistant material or protected against corrosion;
- Ladder surfaces are free of puncture and laceration hazards;
- Ladders are used only for the purposes for which they were designed;
- Ladders are inspected before initial use in each work shift, and more frequently as necessary, to identify any visible defects that could cause employee injury;

Some more general requirements

- Any ladder with structural or other defects is immediately tagged “**Dangerous Do Not Use**” or with similar language....and is removed from service until repaired, or replaced
- Each employee faces the ladder when climbing up or down it;
- Each employee uses at least one hand to grasp the ladder when climbing up and down it; and
- No employee carries any object or load that could cause the employee to lose balance and fall while climbing up or down the ladder.



- Portable ladders (cont'd)
 - Ladders and ladder sections are not tied or fastened together to provide added length unless they are specifically designed for such use;
 - Ladders are not placed on boxes, barrels, or other unstable bases to obtain additional height

Timeline

- Most of the rule will become effective 60 days (2017 Jan 17) after publication in the Federal Register, but:
- Workers are trained on fall hazards (2017 May 17),
- Workers who use equipment are trained (2017 May 17),
- Inspecting and certifying permanent anchorages for Rope Descent Systems (RDS) (1 year),
- Ensuring existing fixed ladders over 24 feet, are equipped with a cage, well, personal fall arrest system, or ladder safety system (2 years), and
- Installing personal fall arrest or ladder safety systems on new fixed ladders over 24 feet and on replacement ladders/ladder sections, (2 years),
- Replacing cages and wells (used as fall protection) with ladder safety or personal fall arrest systems on all fixed ladders over 24 feet (20 years).

Healthcare and Musculoskeletal Disorders

Compliance Assistance Resources

- OSHA's new webpage on subparts D&I:
www.osha.gov/walking-working-surfaces/index.html
- Fact sheets
- FAQs



General Industry Walking-Working Surfaces and Fall Protection Rule

General Industry Walking-Working Surfaces and Fall Protection

Working surfaces (e.g., roofs, floors, and other surfaces) and Personal Fall Protection Systems to better protect workers in general industry from these hazards and adding training and inspection requirements.

The rule applies to construction workers, from painters to warehouse workers. It does not change construction or agricultural standards.

The rule updates existing standards, based on industry best practices, and national consensus standards to provide effective and cost-efficient general industry standards addressing slip, trip, and fall hazards (subpart D), and adds requirements for

to prevent 29 fatalities and 5,842 lost-workday injuries every year.

The rule provides greater flexibility in choosing a fall protection system. For example, it eliminates the existing mandate to use a specific method and allows employers to choose from accepted fall protection systems they believe will work best. This approach has been successful in the construction industry since 1994. In addition, employers will be able to use alternative solutions, such as designated areas on low-slope roofs.

The new fall protection requirements for general industry with those for construction, easing compliance for employers. For example, the final rule replaces the outdated general industry scaffold standards with a requirement that employers use scaffold standards.

The rule becomes effective 180 days after publication in the Federal Register, but some provisions have delayed effective dates, including:

- Requirements for fall hazards (6 months),
- Requirements for workers covered by the final rule are trained (6 months),
- Requirements for enclosures for rope descent systems (1 year),
- Requirements for safety systems on new fixed ladders over 24 feet and on replacement ladders/ladder sections, including
- Requirements for ladders over 24 feet (2 years),
- Requirements for ladders over 24 feet, including those on outdoor advertising structures, are equipped with a cage, well, personal fall
- Requirements for ladders over 24 feet (2 years), and
- Requirements for fall protection) with ladder safety or personal fall arrest systems on all fixed ladders over 24 feet (20 years).

About

- [Read the Rule](#)
- [Regulatory Text](#)
- [Fact Sheet](#)
- [Question and Answer](#)
- [Press Release](#)

<https://www.osha.gov/walking-working-surfaces/index.html>

OSHA's Final Rule to Update, Align, and Provide Greater Flexibility in its General Industry Walking-Working Surfaces and Fall Protection Standards

Background

Falls from heights and on the same level (a working surface) are among the leading causes of serious work-related injuries and deaths.

OSHA estimates that, on average, approximately 202,066 serious (lost-workday) injuries and 345 fatalities occur annually among workers directly affected by the final standard. OSHA's final rule on Walking-Working Surfaces and Personal Fall Protection Systems better protects workers in general industry from these hazards by updating and clarifying standards and adding training and inspection requirements. The rule affects a wide range of workers, from window washers to chimney sweeps. It does not change construction or agricultural standards.

The rule incorporates advances in technology, industry best practices, and national consensus standards to provide effective and cost-efficient worker protection. Specifically, the rule updates general industry standards addressing slip, trip, and fall hazards (subpart D), and adds requirements for personal fall protection systems (subpart I).

OSHA estimates this rule will prevent 29 fatalities and 5,842 lost-workday injuries every year.

The rule benefits employers by providing greater flexibility in choosing a fall protection system. For example, it eliminates the existing mandate to use guardrails as a primary fall protection method and allows employers to choose from accepted fall protection systems they believe will work best in a particular situation — an approach that has been successful in the construction industry since 1994. In addition, employers will be able to use non-conventional fall protection in certain situations, such as designated areas on low-slope roofs.

As much as possible, OSHA aligned fall protection requirements for general industry with those for construction, easing compliance for employers who perform both types of activities.

For example, the final rule replaces the outdated general industry scaffold standards with a requirement that employers comply with OSHA's construction scaffold standards.

The rule phases out a 1993 exception for the outdoor advertising industry that allows "qualified climbers" to forego fall protection. At least three workers have fallen from fixed ladders under this exception. One of them died. The final rule phases in the fixed ladder fall protection requirements for employers in outdoor advertising.

Fall Protection Options

The rule requires employers to protect workers from fall hazards along unprotected sides or edges that are at least 4 feet above a lower level. It also sets requirements for fall protection in specific situations, such as hoist areas, runways, areas above dangerous equipment, wall openings, repair pits, stairways, scaffolds, and slaughtering platforms. And it establishes requirements for the performance, inspection, use, and maintenance of personal fall protection systems.

OSHA defines fall protection as "any equipment, device, or system that prevents a worker from falling from an elevation or mitigates the effect of such a fall." Under the final rule, employers may choose from the following fall protection options:

- **Guardrail System** – A barrier erected along an unprotected or exposed side, edge, or other area of a walking-working surface to prevent workers from falling to a lower level.
- **Safety Net System** – A horizontal or semi-horizontal, cantilever-style barrier that uses a netting system to stop falling workers before they make contact with a lower level or obstruction.

Personal Fall Arrest System – A system that





Figure 2.1. Slide/tranfer board (Copyright by Sammons Preston Rolyan. Reprinted with permission.)



Figure 2.2. Slide/draw sheet (Copyright by SureHands Lift and Care Systems. Reprinted with permission.)



Figure 2.9. Rotation disk (Copyright by Sure Hands Lift and Care Systems. Reprinted with permission.)



Figure 2.10. Wall sling (Copyright by Sure Hands Lift and Care Systems. Reprinted with permission.)



SAFETY AND HEALTH TOPICS

Healthcare



- Home
- Workers
- Regulations
- Enforcement
- Data & Statistics
- Training
- Publications
- Newsroom
- Small Business
- A

What is healthcare?
Healthcare is involved, directly or indirectly, with the provision of health services to individuals. These services can occur in a variety of work settings, including hospitals, clinics, dental offices, out-patient surgery centers, birthing centers, emergency medical care, home healthcare, and nursing homes.

What types of hazards do workers face?
Healthcare workers face a number of serious safety and health hazards. They include bloodborne pathogens and biological hazards, potential chemical and drug exposures, waste anesthetic gas exposures, respiratory hazards, ergonomic hazards from lifting and repetitive tasks, laser hazards, workplace violence, hazards associated with laboratories, and radioactive material and x-ray hazards. Some of the potential chemical exposures include formaldehyde, used for preservation of specimens for pathology; ethylene oxide, glutaraldehyde, and paracetic acid used for sterilization; and numerous other chemicals used in healthcare laboratories.

How many workers get sick or injured?
More workers are injured in the healthcare and social assistance industry sector than any other. This industry has one of the highest rates of work related injuries and illnesses. In 2010, the healthcare and social assistance industry reported more injury and illness cases than any other private industry sector -- 653,900 cases (Table 2 (PDF)). That is 152,000 more cases than the next industry sector: manufacturing. In 2010, the incidence rate for work related nonfatal injuries and illnesses in health care and social assistance was 139.9; the incidence rate for nonfatal injury and illnesses in all private industry was 107.7.

Nursing aides, orderlies, and attendants had the highest rates of musculoskeletal disorders of all occupations in 2010. The incidence rate of work related musculoskeletal disorders for these occupations was 249 per 10,000 workers. This compares to

- ☐ [Culture of Safety](#)
- ☐ [Infectious Diseases](#)
- ☐ [Safe Patient Handling](#)
- ☐ [Workplace Violence](#)
- ☐ [Other Hazards](#)
- ☐ [Standards/Enforcement](#)

NIOSH
FAST FACTS

Home Healthcare Workers

How to Prevent Musculoskeletal Disorders

A work-related musculoskeletal disorder is an injury of the muscles, tendons, ligaments, nerves, joints, cartilage, bones, or blood vessels in the arms, legs, head, neck, or back that is caused or aggravated by work tasks such as lifting, pushing, and pulling. Symptoms include pain, stiffness, swelling, numbness, and tingling.

Lifting and moving clients create a high risk for back injury and other musculoskeletal disorders for home healthcare workers.

EMPLOYERS SHOULD

- Develop policies to ensure all care plans determine whether ergonomic assistive devices are needed.
- Provide ergonomic assistive devices (such as slide boards or gait belts) when needed.
- Provide training on assistive ergonomic devices, their uses, the clinical situation requiring them, and how to order them in the plan of care.
- Develop policies to assess the caregiver's competence with the assistive devices once he or she has been trained and is using them.

- Develop policies to assess the caregiver's competence with the assistive devices once he or she has been trained and is using them.

EMPLOYEES SHOULD

- Participate in ergonomic training.
- Use ergonomic assistive devices if available.
 - Products such as slip sheets, slide boards, rollers, slings, belts, and mechanical or electronic hoists (to lift the client) have been designed to help healthcare workers and clients.
 - Equipment such as adjustable beds, raised toilet seats, shower chairs, and grab bars are also helpful for reducing risk factors for musculoskeletal injuries. These types of equipment can allow the client to help during transfer.

- Use proper body mechanics. Even when assistive devices are used during client care, some amount of physical exertion may still be necessary.
 - Move along the side of the client's bed instead of reaching while performing tasks at the bedside.
 - When manually moving the client, stand as close as possible to the client without twisting your back, keeping your knees bent and feet apart. To avoid twisting the spine, make sure one foot is in the direction of the move. Using gentle rocking motions can also reduce exertion.
 - Pulling a client up in bed is easier when the head of the bed is flat or down. Raising the client's knees and encouraging the client to push (if possible) can also help.
 - Apply anti-embolism stockings by pushing them on while you are standing at the foot of the bed. You can use less force in this position than standing at the side of the bed.
- Notify your employer promptly of any injury in the workplace.



This is one in a series of six fast fact cards developed to provide practical advice for home healthcare workers and is based on NIOSH Hazard Review: Occupational Hazards in Home Healthcare, NIOSH Pub No. 2010-125.

Telephone: 1-800-CDC-INFO | TTY: 1-888-232-6348
Email: cdcinfo@cdc.gov | Web: www.cdc.gov/niosh/topics/healthcare

DHHS (NIOSH) Publication No. 2012-120
February 2012

SAFER • HEALTHIER • PEOPLE™

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health



A decorative banner at the top of the slide consists of a grid of colored squares. Each square contains a white line-art icon representing a different safety or health hazard: a person using a power tool, a person lifting a box, a person working on a ladder, a person using a hand saw, a person using a power drill, a person using a chainsaw, and a person using a hammer. The colors of the squares include blue, yellow, orange, green, and grey.

Healthcare and Compliance Assistance

The National Institute for Occupational Safety and Health (NIOSH)

- Workplace Safety and Health Topics
- Healthcare Workers**
- Infectious Agents
- Chemical Hazards
- Physical Hazards
- Prevention Controls
- Home Healthcare
- Dentistry
- Work Stress
- Surveillance and Statistics
- Emergency Preparedness and Response
- Resources for Healthcare Workers

- ### Related Topics
- Antineoplastic Agents
 - Bloodborne Infectious Diseases
 - Correctional Health Care Workers
 - Emergency Medical Services Workers
 - H1N1 Influenza Virus
 - Hazardous Drug Exposures in Healthcare
 - Latex Allergies



[Workplace Safety and Health Topics](#)

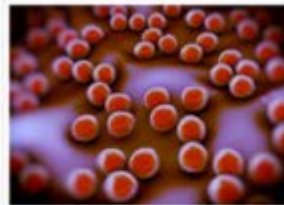
HEALTHCARE WORKERS



Healthcare is the fastest-growing sector of the U.S. economy, employing over 16 million workers. Women represent nearly 80% of the healthcare work force. Health care workers face a wide range of hazards on the job, including sharps injuries, harmful exposures to chemicals and hazardous drugs, back injuries, latex allergy, violence, and stress. Although it is possible to prevent or reduce healthcare worker exposure to these hazards, healthcare workers continue to experience injuries and illnesses in the workplace. Cases of nonfatal occupational injury and illness with healthcare workers are among the highest of any industry sector.

Spotlight

NEW [Health and Safety Practices Survey of Healthcare Workers](#)



Infectious Agents



Chemical Hazards



Physical Hazards



<https://www.cdc.gov/niosh/topics/healthcare/default.html>



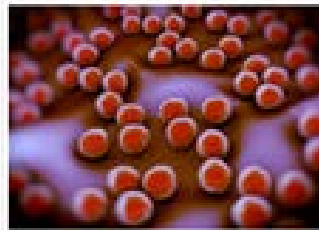
and Response

Resources for Healthcare Workers

Related Topics

- [Antineoplastic Agents](#)
- [Bloodborne Infectious Diseases](#)
- [Correctional Health Care Workers](#)
- [Emergency Medical Services Workers](#)
- [H1N1 Influenza Virus](#)
- [Hazardous Drug Exposures in Healthcare](#)
- [Latex Allergies](#)
- [MRSA and the Workplace](#)
- [Occupational Health Safety Network \(OHSN\)](#)
- [Respirators](#)
- [Safe Patient Handling](#)
- [Severe Acute Respiratory Syndrome \(SARS\)](#)
- [Tuberculosis](#)
- [Violence](#)
- [Women's Safety and Health Issues at Work](#)

Follow NIOSH



Infectious Agents



Chemical Hazards



Physical Hazards



Prevention Controls



Home Healthcare



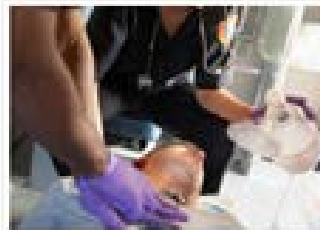
Dentistry



Work Stress



Surveillance & Statistics



Emergency Preparedness & Response



<https://www.cdc.gov/niosh/topics/healthcare/homehealthcare.html>

CDC > Workplace Safety and Health Topics > Healthcare Workers

HEALTHCARE WORKERS

Language:

Home Healthcare

Home healthcare is a vital industry in this nation that provides needed medical assistance to ill, elderly, convalescent, or disabled persons. Home healthcare workers offer patients the unique opportunity to receive quality medical care in the comfort of their own homes rather than in a healthcare or nursing facility. While home healthcare workers greatly contribute to the well-being of others, they are frequently exposed to a variety of potentially serious or even life-threatening hazards. Learn more about the safety and health risks involved in home healthcare and the prevention strategies proposed by NIOSH:

- [NIOSH Hazard Review: Occupational Hazards in Home Healthcare](#)

NIOSH has created a series of 6 Fast Facts cards that provide brief explanations of individual hazards to home healthcare workers and preventative steps. These were designed to be used by employers for training and to be kept by the workers for quick reference. They are available in English, Spanish, Chinese, and Polish.

- [How to Prevent Violence on the job](#)
- [How to Prevent Latex Allergies](#)
- [How to Prevent Musculoskeletal Disorders](#)
- [How to Prevent Exposure in Unsafe Conditions](#)
- [How to Prevent Driving-Related Injuries](#)
- [How to Prevent Needlestick and Sharps Injuries](#)



[The Lucian Leape Institute at National Patient Safety Foundation.](#)

Providing a Strategic Vision for Improving Patient Safety

[Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation.](#)

Joint Commission's report on safety culture and the synergies that exist patient safety & worker health and safety

Improving Patient and Worker Safety

Opportunities for Synergy, Collaboration and Innovation



Identify OSHA's outreach material to better educate employers and employees

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- [Evaluating Occupational Exposures and Injuries](#)
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- [Medical Records - Laws and Confidentiality](#)
- [OSHA Requirements for Occupational Medical Records](#)
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- [Reporting a Dangerous Workplace](#)
- [Setting up a Safe Outpatient Office](#)
- [Workers' Compensation](#)
- [Additional OSHA Resources](#)
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Quick Links

- [How to Contact OSHA](#)
 - [OSHA State Plans](#)
- [Bloodborne Pathogens \(webpage\) \(standard\)](#)
- [Cadmium \(eTool\) \(webpage\) \(standard\)](#)
 - [Medical Surveillance-Cadmium Standard \(PDF\). \(OSHA Brief\), \(2013\)](#)
- [Emergency Preparedness and Response \(webpage\)](#)



The mission of the Occupational Safety and Health Administration (OSHA) is to assure safe and healthy working conditions for working men and women by developing, setting and enforcing standards and by providing outreach, education, training and compliance assistance. Under the law, employers have the responsibility to provide a safe workplace.

Physicians, nurses, nurse practitioners, physician assistants and other health care professionals often encounter work-related health and safety questions as they care for their patients. This web page provides information, resources and links to help clinicians navigate OSHA's web site and aid clinicians in caring for workers.

If you are new to occupational health, sections of this page address important ethical, regulatory and clinical issues you will encounter. You can also use OSHA's [A-Z Index](#) or search engine (both at the top of all pages) to find information on specific hazardous exposures, specific occupations, specific industries, along with other occupational health topics. A number of useful links are listed under Resources below.

Physicians should be aware that the OSHA law prohibits employers from retaliating or discriminating against a worker for reporting an injury or illness. If a worker has been disciplined, punished, fired, demoted transferred, or retaliated against in any way for reporting the signs and symptoms of an injury or illness, they can file a complaint with OSHA at 1-800-321-6742. This type of complaint must be made to OSHA immediately (within 30 days).

Occupational Health Practice

For clinicians establishing or working in an occupational health practice, many protocols and procedures will depend on the practice situation (i.e. freestanding clinic, corporate clinic, large clinic network) and on the industry or industries being served. However, the following are important considerations for any clinician providing occupational health services:

- Review (or create) policies and procedures to assure compliance with OSHA standards as well as compliance with other certification and licensing bodies.
- Identify occupational health hazards, such as biological, chemical, physical, ergonomic and psychological, for all worker groups and industries being served.

HCS Guidance from OSHA

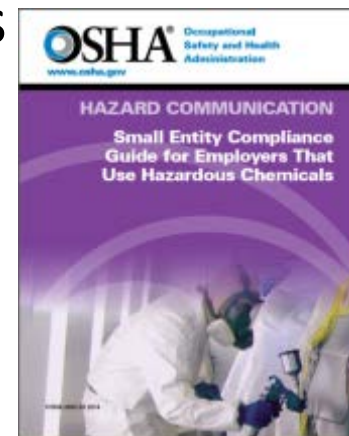
- OSHA's Safety & Health Topics Page:
 - <https://www.osha.gov/dsg/hazcom/>
- OSHA QuickCards/Fact Sheets/Brief
 - Safety Data Sheets, Labels, Pictograms
 - Comparison of NFPA 704 & HCS 2012 labels
- Small Entity Compliance Guide
 - <http://www.osha.gov/Publications/OSHA3695.pdf>
- Publications: 1-800-321-6742 (OSHA)



As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

HCS Pictograms and Hazards

Health Hazard	Flame	Explosive Mark
		
<ul style="list-style-type: none">• Carcinogen• Mutagenicity• Reproductive Toxicity	<ul style="list-style-type: none">• Flammable• Pyrophoric• Self-Heating	<ul style="list-style-type: none">• Irritant (skin and eye)• Skin Sensitizer• Acute Toxicity (oral)



Help for Employers

How to comply, go beyond compliance, and improve your bottom line

Am I covered by OSHA?

What are my responsibilities as an employer?

How do I identify and control safety and health hazards in my business?

How do I comply with OSHA standards and rules?

How do I comply with OSHA's injury and illness recordkeeping, reporting and poster requirements?

How can I go beyond compliance and improve my bottom line?

What happens if OSHA inspects my workplace?

What resources does OSHA have for my small business?

Where can I get information on safety and health training for my workers?

What rights do my workers have under the OSHA law?

Where can I find resources to protect my diverse workforce?

How can I work cooperatively with OSHA?

What if I am in a state with an OSHA-approved State Program?

How do I get OSHA publications and videos?

What should I do if I can't find the answer to my question?

Remember: Under the Occupational Safety and Health Act, employers are responsible for providing a safe and healthy workplace and workers have rights.

Quick Links ▾



Updates to OSHA's Recordkeeping/Reporting Rule
Final Rule Requiring Certain Employers to Submit Injury and Illness Data Electronically

Quick Start

OSHA Compliance Assistance Quick Start

Compliance Assistance Quick Start is a tool to introduce employers and workers, especially those at new or small businesses, to the compliance assistance resources on OSHA's website. Quick Start currently includes modules for:

- [General Industry](#)
- [Health Care](#)
- [Construction](#)

By following the step-by-step guides, you can generate an initial set of compliance assistance materials tailored to your workplace.

Compliance Quick Start



Compliance Assistance Quick Start



- Step 1
- Step 2
- Step 3
- Step 4
- Step 5
- Step 6
- Step 7
- Step 8

Follow the steps below to identify some of the major OSHA requirements and guidance materials that may apply to your health care facility. These steps will lead you to resources on OSHA's Web site that will help you comply with OSHA requirements and prevent workplace injuries and illnesses.

- **Step 1:** [OSHA Requirements That Apply to Many Health Care Employers](#)
- **Step 2:** [Other Hazards at Health Care Facilities](#)
- **Step 3:** [Survey Your Workplace for Additional Hazards](#)
- **Step 4:** [Find Information About Specific Health Care Sectors](#)
- **Step 5:** [Develop a Comprehensive Safety and Health Program](#)
- **Step 6:** [Train Your Employees](#)
- **Step 7:** [Recordkeeping, Reporting, and Posting](#)
- **Step 8:** [Find Additional Compliance Assistance Information](#)





Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

S

Follow the steps below to identify some of the major OSHA requirements and go to the OSHA website that will help you comply with OSHA requirements and prevent workplace injuries and illnesses.

- **Step 1:** [OSHA Requirements That Apply to Many Health Care Employers](#)
- **Step 2:** [Other Hazards at Health Care Facilities](#)
- **Step 3:** [Survey Your Workplace for Additional Hazards](#)
- **Step 4:** [Find Information About Specific Health Care Sectors](#)
- **Step 5:** [Develop a Comprehensive Safety and Health Program](#)
- **Step 6:** [Train Your Employees](#)
- **Step 7:** [Recordkeeping, Reporting, and Posting](#)
- **Step 8:** [Find Additional Compliance Assistance Information](#)

Other Language Publications



Seguridad con las pistolas de clavos
Guía para los contratistas del sector de la construcción

ИНФОРМАЦИОННЫЙ ЛИСТ О ПРЕДОТВРАЩЕНИИ ПАДЕНИЙ

До того, как я упал, я проработал в строительстве 10 лет. Разбито здоровье, и финансы подорваны.

Помни о технике безопасности. Используй надлежащее оборудование.




Sống khỏe mạnh và an toàn khi làm nghề Nail
Hướng dẫn cho nhân viên tiệm Nail



OSHA
Cơ Quan Bảo Vệ Sức Khỏe & An Toàn Lao Động
Bộ Lao Động Hoa Kỳ
OSHA 2008-08 0103 VIETNAMESE

Todo sobre la OSHA
Administración de Seguridad y Salud Ocupacional
Departamento de Trabajo de los EE. UU.
www.osha.gov



Bezpieczeństwo i Higiena Pracy
Obowiązujące prawo!

OSHA
Occupational Safety and Health Administration
U.S. Department of Labor



我們是職業安全與健康管理局 (OSHA)

我們可幫助您

職業安全健康法案 (OSH Act) 下的職工權利。職工有權享受不會造成嚴重傷害或死亡的工作條件。為幫助確保安全與健康的工作場所，職業安全與健康管理局 (OSHA) 向職工提供了如下各項權利：

- 要求職業安全與健康管理局 (OSHA) 考察他們的工作場所；
- 運用法律所賦予他們的權利免受復報和歧視；
- 接受有關危害、傷害預防方法和適用於他們工作場所的職業安全與健康管理局 (OSHA) 標準的資訊和培訓。培訓必須以您能理解的語言提供；
- 獲取所有完成測試結果的副本，以發現工作場所中的危險；
- 查閱了傷病紀錄的記錄；以及
- 獲取他們醫療記錄的副本。

OSHA



Latino Outreach: Publications

Seguridad y Salud en el Trabajo ¡Es la Ley!

Trabajé en la construcción por 10 años antes de mi caída. Destrozó mi cuerpo y mi forma de ganarme la vida.

Trabaje con seguridad. Use el equipo correcto.

AGUA. SOMBRA. DESCANSOS.

Sin ellos no se puede trabajar.

Ninguna persona tiene que lesionarse o morir por un pago. Si usted piensa que su trabajo no es seguro y tiene preguntas, llame a OSHA. Esta información es confidencial. ¡Nosotros podemos ayudar!

OSHA
Administración de Seguridad y Salud Ocupacional
1-800-321-6742
www.osha.gov

Falling Off Ladders Can Kill: Use Them Safely

Las caídas desde escaleras pueden ser mortales: Úselas de forma segura

OSHA 3025-03 2013

Falls from ladders, scaffolds and roofs can be prevented
Las caídas desde escaleras, andamios y techos pueden prevenirse

OSHA logo, U.S. Department of Labor logo, and other partner logos.

INFORMATIVA SOBRE EL CALOR



<http://www.osha.gov/as/opa/quicktakes/subscribe.html>

OSHA Newsletter

Sign up for the latest news

OSHA QuickTakes

Visit us on the web at: www.osha.gov

Social Media

- <http://www.dol.gov/>
- <https://www.facebook.com/departmentoflabor>
- <https://www.youtube.com/user/USDpartmentofLabor>
- [OSHA DOL \(@OSHA DOL\) | Twitter](#)





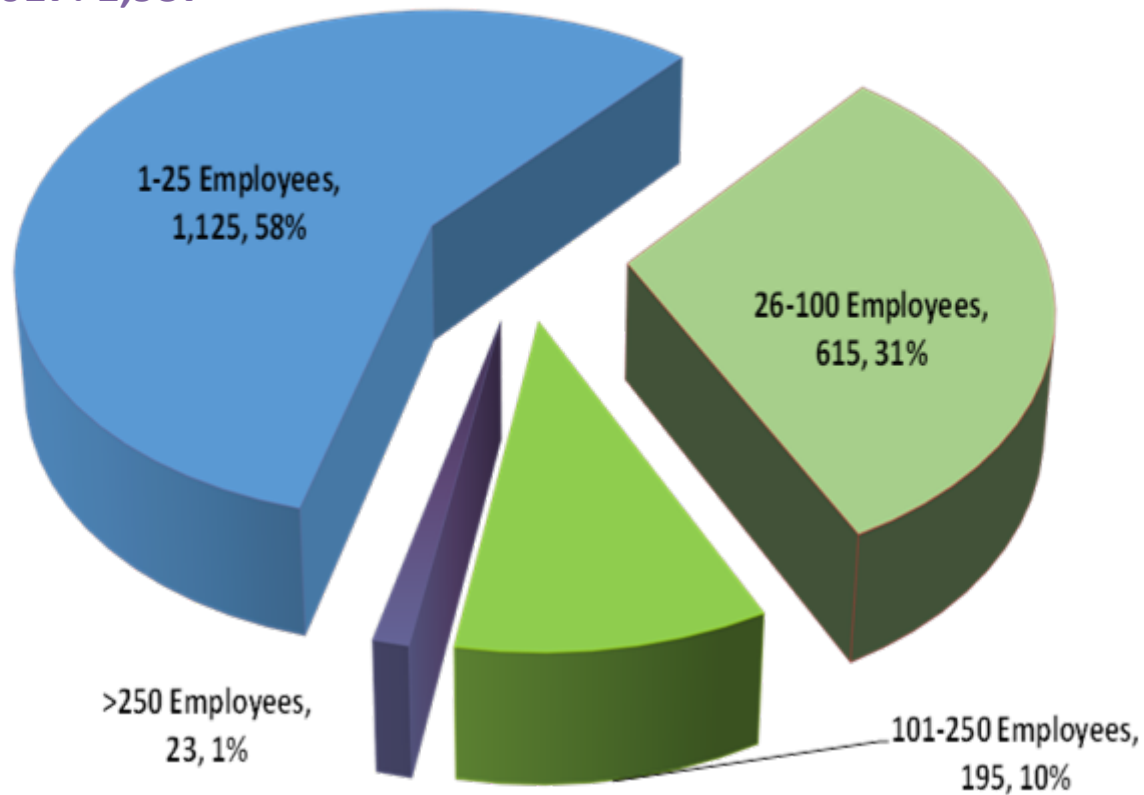
OSHA Consultation Service

Indiana University of Pennsylvania

- Aimed to help employers who want help in recognizing and correcting safety and health hazards and in improving their safety and health programs
- Free, largely funded by OSHA
- Requirement: A commitment to correcting serious safety and health hazards
- Confidential, tailored to small business

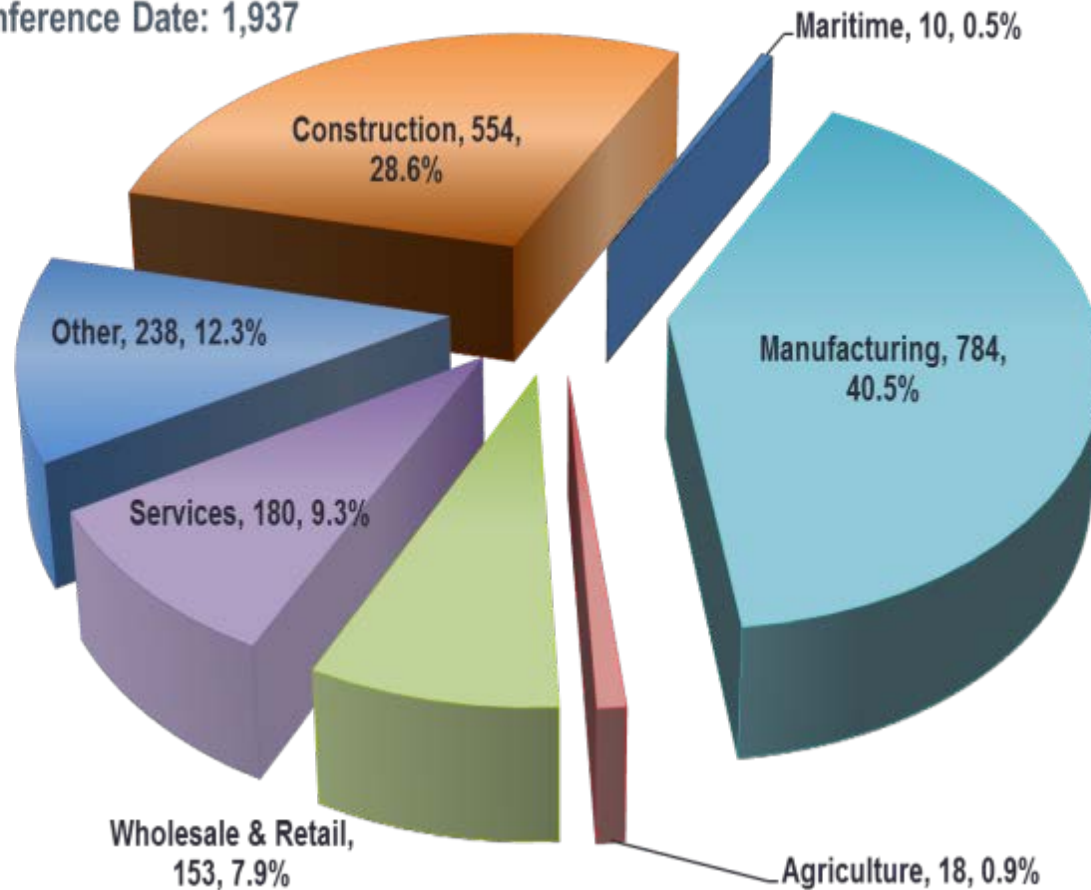
Size of Employers Receiving Consultation Services in Region III, FY 2017

Total Visits Closed in FY
2017: 1,937



On-site Consultation Visits by Industry Sector

Total FY 2017 Visits with a Closing
Conference Date: 1,937





OSHA Consultation Service Indiana University of Pennsylvania

- Safety and Health Achievement Recognition Program (SHARP)
- Contact Information:

1 – 800 – 382 – 1241

<http://www.iup.edu/pa-oshaconsultation>

Region III OSHA Consultation Projects



- **District of Columbia** **202-724-3690**
Office of Occupational Safety and Health

- **Delaware** **302-761-8219**
DOL Office of Safety and Health Consultation



- **Maryland** **410-527-4499**
MOSH Consultation Services



- **Pennsylvania** **800-382-1241**
PA OSHA Consultation Program (IUP)



- **Virginia** **804-786-8707**
Occ. Safety and Health – Training and Consultation



- **West Virginia** **304-558-7890**
OSHA Safety Consultation Program



Scope of services- determined by Employer's Request

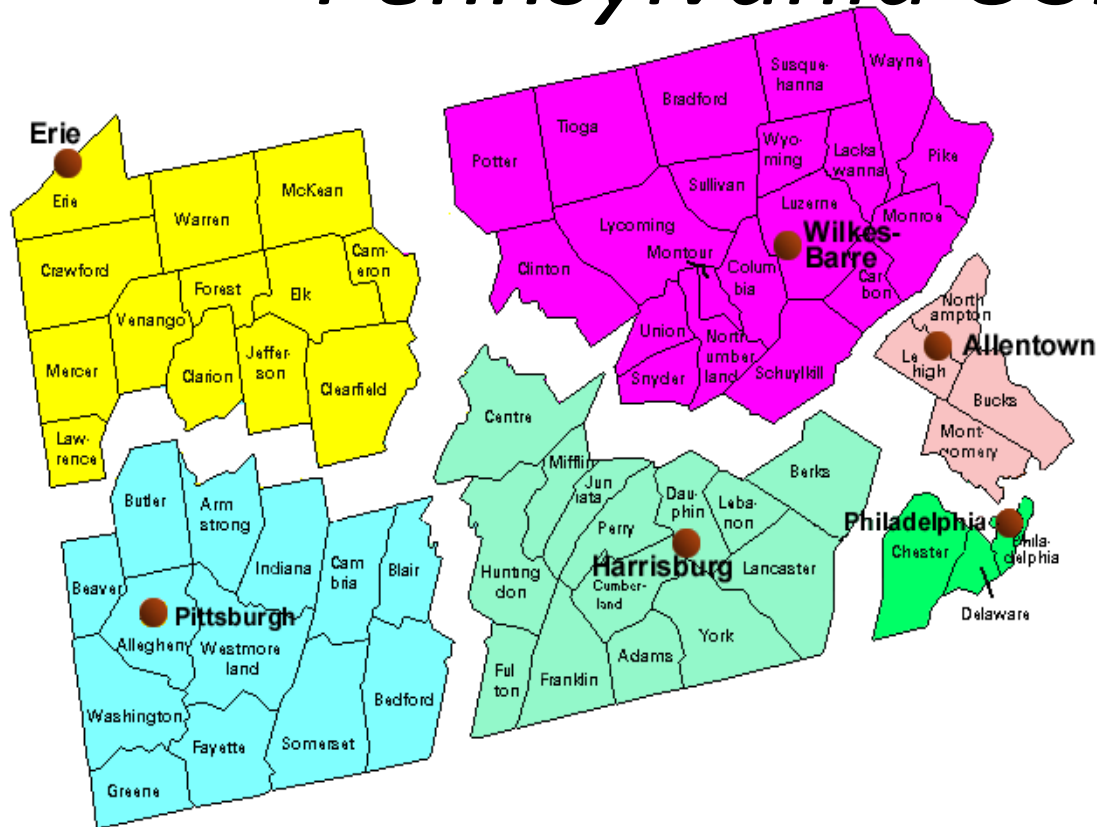
- Limited assessment of one area or process (Determined by employer) or
- Full scope Initial Safety and/or Health Visit

Can provide...

[Program Assistance \(implementing SHP\)](#)

- **Free Industrial Hygiene surveys!**
 - Noise, chemical exposure assessments, etc.
- **Training and Education!**
 - Region III Consultants trained over 50,000 employers/employees in FY 2017 or various topics!

Pennsylvania OSHA Area Offices



Main OSHA Number:
1-800-321-OSHA,
1-800-321-6742

Allentown Area Office

(267) 429-7542

Erie AO

(814) 874-5150

Harrisburg AO

(717) 782-3902

Philadelphia AO

(215) 597-4955

Pittsburgh AO

(412) 395-4903

Wilkes-Barre AO

(570) 826-6538

How do I contact OSHA?



**Occupational Safety
and Health Administration**

By telephone to the 24-hour OSHA hotline
(1-800-321-OSHA or 1-800-321-6742).

www.osha.gov

Isabel DeOliveira
Philadelphia Regional Office
(215)861-4931
Deoliveira.isabel@dol.gov



Questions?





Myth: It is too Expensive to Comply

Fact: It is too expensive to NOT comply



OSHA's \$afety Pays Program



Estimator Background

[Back to OSHA Small Business](#)

OSHA's "\$afety Pays" program can help employers assess the impact of occupational injuries and illnesses on their profitability. This program uses a company's profit margin, the average costs of an injury or illness, and an indirect cost multiplier to project the amount of sales a company would need to cover those costs. The program is intended as a tool to raise awareness of how occupational injuries and illnesses can impact a company's profitability, not to provide a detailed analysis of a particular company's occupational injury and illness costs.

The "[\\$afety Pays](#)" program will:

- Allow users to pick an injury type from a drop-down list or to enter their workers' compensation costs
- Prompt users for information to do the analysis, including their profit margin and number of injuries
- Generate a report of the costs and the sales needed to cover those costs

BEGIN

For additional information on how "\$afety Pays" works, see [Background of the Cost Estimates](#)

Note: The Cost Estimator requires JavaScript to be enabled in your internet browser. An alternate [text version](#) is also available.

If you have safety or health problems in your workplace, please contact your local [OSHA Area Office](#) or the [OSHA On-site Consultation Program](#) in your state.

Disclaimer:

This program is not a new standard or regulation, and creates no new legal obligations. It is intended to help raise employers' awareness of the impact of occupational injuries and illnesses on profitability. The average claim cost estimates used in "\$afety Pays" are provided by National Council on Compensation Insurance, Inc. (NCCI). The data reflects the average cost of lost time workers' compensation insurance claims derived from unit statistical reports submitted to NCCI for policy years 2011-2013. NCCI makes no guarantees nor assumes any responsibility for the accuracy of or any results obtained through the use of the NCCI data provided through this tool. NCCI's information and data may not be used or copied in any manner except as provided in conjunction with the OSHA website tool, "\$afety Pays." Information entered into the form fields is not captured by OSHA. The system is not programmed to capture or relay any information entered or calculated by the worksheet. For additional information on the data and calculations used in "\$afety Pays," see [Background of the Cost Estimates](#).

Impact on a Company's Profitability Worksheet

Employers can use the "Safety Pays" to assess the impact of occupational injuries and illnesses on their profitability. This program uses a company's profit margin, the average costs of an injury or illness, and an indirect cost multiplier to project the amount of sales a company would need to generate to cover those costs. The program is intended as a tool to raise awareness of how occupational injuries and illnesses can impact a company's profitability, not to provide a detailed analysis of a particular company's occupational injury and illness costs. Your local [OSHA On-site Consultation Office](#) can help small businesses identify workplace hazards and develop and implement an effective injury and illness prevention program.

Direct Costs

1. Select an injury type from the drop-down menu OR enter the total workers' compensation costs.
2. Enter the profit margin (leave blank to use default of 3%).
3. Enter the number of injuries (leave blank to use default of one).
4. Select "Add/Calculate" to compute the total direct and indirect costs.
5. Repeat the step to add additional injuries to the list.

Injury Type

Select an Injury Type

or

OR

Workers' Compensation Costs *(annual sum of costs)*

Enter Profit Margin (%) *(leave blank to use default of 3%)*

Enter Number of Injuries *(leave blank to use default of one)*

Add/Calculate

Clear

Estimated Total Cost

The extent to which the employer pays the direct costs depends on the nature of the employer's workers' compensation insurance policy. The employer always pays the indirect costs.

Estimated Total Cost

The extent to which the employer pays the direct costs depends on the nature of the employer's workers' compensation insurance policy. The employer always pays the indirect costs.

Injury Type	Instances	Direct Cost	Indirect Cost	Total Cost	Additional Sale (Indirect)	Additional Sale (Total)	
Strain	1	\$ 33,140	\$ 36,454	\$ 69,594	\$ 1,215,133	\$ 2,319,800	<input type="button" value="Remove"/>

Totals

Estimated Direct Costs:	<input type="text" value="\$ 33,140"/>
Estimated Indirect Costs:	<input type="text" value="\$ 36,454"/>
<hr/>	
Combined Total (Direct and Indirect Costs):	<input type="text" value="\$ 69,594"/>
Sales To Cover Indirect Costs:	<input type="text" value="\$ 1,215,133"/>
Sales To Cover Total Costs:	<input type="text" value="\$ 2,319,800"/>

Disclaimer:

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Estimated Total Cost

The extent to which the employer pays the direct costs depends on the nature of the employer's workers' compensation insurance policy. The employer always pays the indirect costs.

Injury Type	Instances	Direct Cost	Indirect Cost	Total Cost	Additional Sale (Indirect)	Additional Sale (Total)	
Contagious Disease	1	\$ 13,364	\$ 14,700	\$ 28,064	\$ 490,013	\$ 935,466	<input type="button" value="Remove"/>
Laceration	1	\$ 19,713	\$ 21,684	\$ 41,397	\$ 722,810	\$ 1,379,900	<input type="button" value="Remove"/>
Infection	1	\$ 28,301	\$ 31,131	\$ 59,432	\$ 1,037,703	\$ 1,981,066	<input type="button" value="Remove"/>
Respiratory Disorders (gases, fumes, chemicals, etc.)	1	\$ 29,137	\$ 32,050	\$ 61,187	\$ 1,068,356	\$ 2,039,566	<input type="button" value="Remove"/>

Totals

Estimated Direct Costs:

\$ 90,515

Estimated Indirect Costs:

\$ 99,565

Combined Total (Direct and Indirect Costs):

\$ 190,080

Sales To Cover Indirect Costs:

\$ 3,318,882

Sales To Cover Total Costs:

\$ 6,335,998

Disclaimer:

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Questions?





**Occupational Safety
and Health Administration**

**OSHA will email resource sheet directly
to registrants (with email address)**

**1-800-321 (OSHA) 6742
www.osha.gov**



OSHA[®]

We Can Help

www.osha.gov
800-321-OSHA (6742)

Stanford Needle safety in 3 minutes

1 PUT ON SAFETY GLASSES OR FACE SHIELD AND DOUBLE GLOVE

2 USE ONE  ONE TIME. DO NOT RECAP. ACTIVATE SAFETY IMMEDIATELY AFTER USE.

3 USE SAFE SHARPS

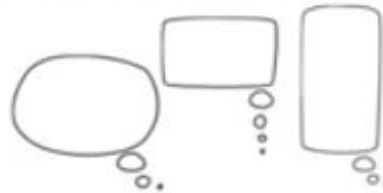


4 USE SHARPS CONTAINERS



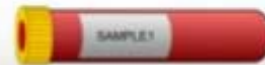
CONTAINER IS AS CLOSE AS POSSIBLE TO THE WORK AREA
NEVER LEAVE SHARPS OUT

5 NEVER HAND PASS SHARPS



6 ALWAYS COMMUNICATE WITH YOUR TEAM

7 USE AVAILABLE EQUIPMENT FOR NEEDLELESS BLOOD TRANSFER



~~**8** ALWAYS BE RESPONSIBLE FOR YOUR DEVICES~~



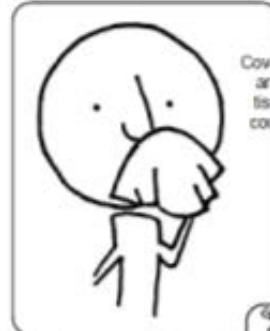
2:24 / 3:02



Stanford Sharps Doodle

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

Clean your Hands

after coughing or sneezing.



Wash with soap and water or clean with alcohol-based hand cleaner.



Cover Your Cough, Flyer for Health Care Settings

[English](#)  [324 KB]

[English \(no logo\)](#)

 [281 KB]



Cover Your Cough, Flyer & Poster for Health Care Settings

Flyer: [English](#) 

[Portuguese](#)  [268 KB]

[French](#)  [225 KB]

[Vietnamese](#)  [98 KB]

[Tagalog](#)  [93 KB]

[Chinese](#)  [246 KB]

[Hmong](#)  [224 KB]

[Khmer](#)  [213 KB]

Poster: [English](#) 

[Vietnamese](#)  [90 KB]

[Chinese](#)  [246 KB]



Cover Your Cough, Flyer & Poster for Community and Public Settings

Flyer: [English](#) 

[Portuguese](#)  [300 KB]

[French](#)  [289 KB]

[Vietnamese](#)  [74 KB]

[Tagalog](#)  [75 KB]

[Chinese](#)  [212 KB]

[Hmong](#)  [294 KB]

[Khmer](#)  [279 KB]

[Arabic](#)  [64 KB]

[Samoan](#)  [132 KB]

[Burmese](#)  [27 KB]

[Farsi](#)  [69 KB]

[Kirundi](#)  [16 KB]

[Somali](#)  [15 KB]

Poster: [English](#) 



Keep Your Child from Getting and Spreading ENTEROVIRUS D68



Avoid close contact with sick people



Wash your hands often with soap & water



Cover your coughs & sneezes



Clean & disinfect surfaces



Avoid touching your face with unwashed hands



Stay home when you're sick



How do I contact OSHA?



**Occupational Safety
and Health Administration**

By telephone to the 24-hour OSHA hotline
(1-800-321-OSHA or 1-800-321-6742).

www.osha.gov

Isabel DeOliveira
Philadelphia Regional Office
(215)861-4931
Deoliveira.isabel@dol.gov



Questions?



