Nursing and Residential Care Facilities 2013

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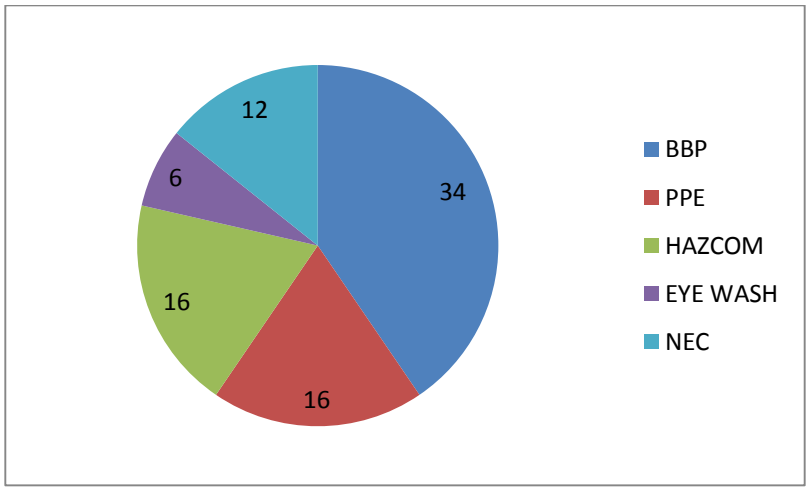
Accomplishments

Thirteen visits (3 safety and 10 health) were conducted in 2013. This is three short of our total goal of sixteen and was associated with the loss of one safety professional in March. Consequently, the detailed management guide will be completed in 2014 and will include the results of at least four additional safety evaluations. Seven interventions were conducted where consultants trained more than 1,200 nursing home employers and employees including those attending the Georgia Health Care Association winter and fall conferences. The result of this year's work is a six module training program that focuses on OSHA's Nursing Home NEP and an inspection checklist that incorporates our findings that can be used by industry safety and health professionals.

Hazard Recognition

Of the eighty-four (84) total hazards identified thirty-four (30 serious and 4 other than serious) were associated with bloodborne pathogens, sixteen (all serious) hazard communication, 16 personnel protective equipment and respirators, and six emergency eye wash and shower (4 serious and 2 OTS).



Nursing Home Ergonomics; Slips, Trips, and Falls (STF); and Workplace Violence Management Questionnaire

Of the seven participating companies, everyone indicated they use mechanical lifts but none had an overhead ceiling mounted lift system. Everyone also indicated that they had an adequate number of devices and that they were well maintained, utilized, and training of users was adequate. Only one company had a zero lift policy. All participants reported they had a process in place to determine resident ambulatory status and have it available to patient handling employees. No one reported using the VA patient handling algorithms in the decision making process for selecting lifting devices or assists.

Everyone conducts periodic inspections focusing on STFs, with procedures in place for residents and employees to report hazards. Awareness barriers (signs and cones) are readily available to

designate high risk areas like wet floors. Six of the seven had written policies and procedures addressing STFs and provided training to their employees. Five of the seven companies use slip resistive floor coatings. Only three reported that they provide slip resistant footwear to employees who are routinely exposed to STF hazards.

Six companies indicated they have written policies and procedures addressing Workplace Violence including the timely reporting of incidents and providing specific training to their employees on how to respond to incidents. Only three of the seven companies conducted a work site security analysis and had a zero tolerance policy for residents and employees.

Injury and Illness Case Study

Of the nineteen (19) recordable cases in 2012, sixteen (16) resulted in lost time. All but one involved strains and strains mostly to the back, followed by the upper and lower extremities. Strains and sprains resulted in 492 days of lost time (i.e., restricted duty and lost work days). The activity most often associated with strains and strains was lifting residents. Slips were second. There were three recordable injuries from slips, trips, and falls resulting in 211 days of lost time, which was the most of any activity category. Two involved water on the floor.

Through the end of September 2013 the trend of recordable cases is almost indistinguishable from 2012 except for four (4) cases that resulted from a single workplace violence incident. Of the twenty-three (23) recordable cases thus far in 2013, twenty-one (21) resulted in lost time. Thirteen cases resulting in 367 days of lost time involved strains and sprains to the back mostly due to lifting or transferring residents. Slip, trips and falls and needle stick cases were also recorded on the log.

Multiple injuries from same resident

Four employees (three CNAs and one RN) were injured when attempting to move a resident from bed to chair using a resident handling device. Three of the injuries resulted in lost time. The bariatric resident became agitated when the lifting device faltered during the transfer operation. Contributing factors include the following:

- Lifting device rated for bariatric residents was not available
- Employee training anger management was deficient
- Resident may not have be educated on the purpose and use of the device

Conclusions

There is a continued need for training of CNAs and nurses on patient handling device selection and use and workplace violence recognition and control. The training should also be part of the resident education program and where the mental state may not allow a full understanding family members should be part of the process if possible. Training on how to intervene when a resident becomes agitated is of critical importance. In the event described above the company found that employees probably reacted too quickly adding to the heightened anxiety felt by the resident. Early detection and a calm thoughtful approach is needed but the tools must be provided to those who must respond quickly to rapidly evolving events.

Common Hazards observed during Health Assessments

Bloodborne Pathogens

- Continued use of non-safer devices
- SHARPS containers not located in shower rooms for disposable razors
- SHARPS containers overfilled or sharps not actually put into the container
- Sharps engineering controls not activated
- Hepatitis B vaccinations are offered but employees who sign up to receive vaccine but then do not complete the series are not signing the declination form.
- An exposure control plan designed to minimize or eliminate employees' exposures to bloodborne pathogens had not been reviewed and updated annually with written documentation.
- The facility did not have a written housekeeping schedule.
- Annual review of devices does not include DOCUMENTED solicited input from non-managerial staff
- Post-exposure plan following needle stick does not include provisions for providing response within 6 hours
- Needle sticks incorrectly classified on the OSHA 300 form

Hazard Communication

- Incomplete (M)SDS ; primarily lack of medication SDSs
- Lack of eyewash stations in areas where corrosive chemicals are located/dispensed
- Secondary containers in maintenance/facilities areas

Workplace Violence

- No formal program for prevention, reporting requirements, controls
- Debrief and planning strategies for combative/problematic residents
- Training on specific workplace violence hazards

PPE

- Lack of complete written hazard assessment
- Improper storage/access of PPE in areas requiring PPE use