

# SPECIAL HOLIDAY EDITION



MICHIGAN HEALTH CARE SAFETY ASSOCIATION

*Advocating for Safety in Health Care*

## NEWSLETTER

### 2015 QUARTERLY MEETINGS

Thursday, December 10th 11:00 A.M.—2:00 P.M.  
11am - 12:45pm MHCSA Meeting and Technology Update. Guest Speaker— Penny Rodriguez, Director Quality and Compliance, Adventist Health  
(The New OSHA Guidance sign-in 1:00 p.m. –2:00 p.m. ET is separate, and listed on page three).  
To join by phone: 1-415-655-0001 US TOLL or 1-855-749-4750 Access code: 649 138 044

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### 2015-2016 MHCSA Board

President: Janice Homola (Coverys)	Planning/Education Committee: Pierre Gonyon (Saint Joseph Mercy Hospital) ) and Dean Hartenburg (Sparrow Clinton Hospital)
Vice President: Pierre Gonyon (Saint Joseph Mercy Hospital)	Membership/Marketing: TBD
Treasurer: Sandy Allen (Coverys)	Past President: Ken Smith
Secretary: Terry Fisk (Trinity Health)	



### LETTER FROM THE PRESIDENT

A warm greeting to you, MHCSA Members! We live in an amazingly uncertain world today, where we are constantly bombarded with unknowns. On a large scale, we wonder, what is going to happen with the terrorists? Our economy? The presidential election next year? A bit closer to home, we wonder, will the requirement or bill on this or that come to pass? Will MIOSHA pay us a visit? What is the next big infectious disease? And perhaps, how many injuries might our employees incur next year? One of the challenges with uncertainty is

that it erodes, or even freezes, your confidence and ability to move forward. In the health and safety profession, we are tasked with identifying, mitigating, and managing uncertainty, which we often term, “risk.” According to Daniel Burrus, Technology Futurist and author of Flash Foresight, “when we base our strategies on areas of high uncertainty we incur high risk, yet strategy based on high certainty has low risk, and high reward.” In such a volatile world, first we need to ask ourselves, Burrus asserts, “What are we certain about?” We can be sure of many things: if we eat too much over the coming holidays our clothes will fit more snugly. The new cars will be better than the current ones. Hospitals will continue to merge and align in the near future. Less staff will be

injured – and patients will receive better care – when employees have a safer environment and healthier culture in which to work. The combined experiences of a group like ours, the MHCSA, with members from health care entities and systems spread across this great State, provide a framework where we can gain a better perspective of the uncertainties. Together, we can improve understanding, cut through what is ambiguous, find what we can stand on, and move ever forward.

Sincerely,  
**Janice Homola, ARM**  
MHCSA President  
Senior Risk Consultant  
Workers' Compensation Services  
Coverys

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## RELEASE OF 2014 WORKPLACE INJURIES AND ILLNESS RATES

On October 29, 2015 the Bureau of Labor and Statistics (BLS) published the Employer-Reported Workplace Injuries and Illnesses for 2014.

The nearly 3.0 million nonfatal workplace injuries and illnesses reported by private industry employers in 2014 occurred at a rate of 3.2 cases per 100 equivalent full-time workers, according to estimates from the Survey of Occupational Injuries and Illnesses (SOII) conducted by the U.S. Bureau of Labor Statistics. (See tables 1 and 2.) The rate reported for 2014 continues a pattern of declines that, with the exception of 2012, occurred annually for the last 12 years.

The incident rate which represents the number of injuries and illnesses per 100 full-time workers was reported as 6.2 for Hospitals (NAICS code 622) and 7.1 for Nursing and Residential Care Facilities (NAICS code 623).

The cases with days away from work, job transfer, or restrictions (DART rate) were also reported. The DART rate for hospitals was 2.5 and for Nursing and Residential Care Facilities it was 4.3.

Additional technical information can be obtained through [www.bls.gov/iif/oshsum.htm](http://www.bls.gov/iif/oshsum.htm)

[IIFSTAFF@bls.gov](mailto:IIFSTAFF@bls.gov)

Additional analytics can be pulled from the Injury Profiles

<http://data.bls.gov/ProfileState>

### THE SIMPLE THINGS



I have worked in healthcare going on eight years. When I first came to this industry I wasn't prepared for the pressures and the exhausting pace of new information and change. I would sometimes get frustrated and angry. Once a friend and colleague told me you need to be more positive and not let it get to you. I am pretty sure that I hung up on her. At the time I felt that feelings are not right or wrong and sometimes just need to be felt. I thought that my friend was being disrespectful of my feelings.

It took me five more years to understand what she was trying to say. When you work in healthcare for a long time particularly if you work in a

hospital or a nursing home, you are surrounded by pain, suffering and death. Over time you learn the power of the simple things: a smile, a kind gesture, an encouraging word or a helpful hand. No matter how you feel or what is going on in your life these simple things become an expression of who you are.

At the end of the day no one is going to remember the deadlines, projects or work, but rather the simple things.

With Gratitude and Great Love,  
Happy Holidays,

Anonymous

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### OSHA HC INSPECTION GUIDANCE SESSION

On December 10, 2015, following the MHCSA business meeting there will be a special educational session from 1:00 p.m.– 2:00 p.m. ET. You will need to sign in separately for this session.

To join online, click here: [Join WebEx meeting](#)

Meeting number: 649 239 852

Meeting password: healthcare2015

#### To join by phone

+1-415-655-0001 US TOLL

+1-855-749-4750 US TOLL FREE

Access code: 649 239 852

questions arise as to what the challenges are and how OSHA expects to organizations to address these challenges. This session will describe the impact of patient handling injuries on healthcare workers, discuss the limitations of manual lifting of residents, outline published guidance for a maximum recommended weight limit for manual lifting of residents, identify various OSHA/NIOSH/and VA public resource documents associated with safe patient lifting, introduce the concept of a Safe Patient Handling & Mobility (SPHM) Program, and discuss the program elements that OSHA compliance officers are to evaluate under the direction of this Memorandum including program management, implementation, employee training, and appropriate identification/treatment of musculoskeletal disorders (MSDs).

**Title: Safe Patient Handling, An OSHA Update from Region V’s Federal Enforcement Program Unit**

**Our Presenter:** Mark Knezovich, MS, is currently the regional ergonomics coordinator and an industrial hygienist for OSHA’s Region V Enforcement Programs Unit.

**Program Description:** With the advent of OSHA’s June 2015 Memorandum “Inspection Guidance for Inpatient Healthcare Settings,”

### 2016 MHCSA MEETING SCHEDULE & MEMBERSHIP

The MHCSA Membership meeting schedule for 2016 has been established and is provided below.

Friday, March 11, 2016 - Speaker, MIOSHA Director Martha Yoder and Deputy Director Bart Pickelman

Thursday, June 16, 2016

Friday, September 16, 2016

Friday, November 4, 2016 (Conference)

All membership meetings will be held via conference call except for the meeting that will be held during the conference slated in November. MHCSA membership includes participation in the three interactive meetings and educational sessions, the MHCSA newsletter subscription, membership in the MHCSA list serve, and access to the MHCSA website listed below. The 2016 membership is \$25.00 and is due by February 1, 2016.

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## REGULATION AND INFORMATION UPDATES

### **OSHA Directive Updates Inspection Procedures For Protecting Workers From Tuberculosis In Healthcare Settings**

Tuberculosis (TB) is a disease caused by bacteria that are spread from person to person through the air. According to the CDC, nearly one-third of the world's population is infected with TB, which kills almost 1.5 million people per year. In 2013, 9,582 TB cases were reported in the United States, and approximately 383 of those cases were among healthcare workers. Multi-drug-resistant and extremely drug-resistant TB continue to pose serious threats to workers in healthcare settings. TB infection occurs when a susceptible person inhales droplets from an infected person who, for example, coughs, speaks or sneezes. It is the second most common cause of death from infectious disease in the world after HIV/AIDS (CDC.gov 2015).

The Occupational Safety and Health Administration updated instructions for conducting inspections and issuing citations related to worker exposures to tuberculosis in healthcare settings. MIOSHA will be adopting the federal directive [CPL 02-02-078 Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis](#). The new CPL has been updated and reflects the updated CDC report: "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in HealthCare Settings, 2005." According to OSHA, the revised directive does not create any additional enforcement burdens for employers; it simply updates the agency's inspection procedures with the most currently available public health guidance. The new policy updates testing methodology for screening workers for TB illness, clarifies risk classifications and reduces the frequency for TB testing for employees.

For more information on TB in Michigan please visit the [Michigan Department of Health and Human Services tuberculosis control page](#). For questions about TB prevention in the workplace, contact the CET Division at 517-284-7720 or at [www.michigan.gov/cet](http://www.michigan.gov/cet).

### **New OSHA Violence Prevention in Healthcare WebPage**

Workers in hospitals, nursing homes, and other healthcare settings face significant risks of workplace violence. Many factors contribute to this risk, including working directly with people who have a history of violence or who may be delirious or under the influence of drugs. From 2002 to 2013, the rate of serious workplace violence incidents (those requiring days off for an injured worker to recuperate) was more than four times greater in healthcare than in private industry on average. In fact, healthcare accounts for nearly as many serious violent injuries as all other industries combined. Many more assaults or threats go unreported. Workplace violence comes at a high cost; however, it can be prevented. OSHA has compiled a suite of resources to help you build and implement a comprehensive workplace violence program in your healthcare facility.

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## REGULATION AND INFORMATION UPDATES

The strategies and tools presented here are intended to complement *OSHA's Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers\**, updated in 2015. *The Guidelines* describe the five components of an effective workplace violence prevention program, with extensive examples.

The products: *Workplace Violence in Healthcare: Understanding the Challenge\**, presents some estimates of the extent of the problem from various sources; *Preventing Workplace Violence: A Road Map for Healthcare Facilities\** expands on OSHA's guidelines by presenting case studies and successful strategies from a variety of healthcare facilities; and *Workplace Violence Prevention and Related Goals: The Big Picture\** explains how you can achieve synergies between workplace violence prevention, broader safety and health objectives, and a "culture of safety."

### **OSHA cites Bergen Regional Medical Center after 8 employees assaulted or threatened by patients since February (Region II)**

HASBROUCK HEIGHTS, N.J. - In a three-month period this year, health care workers at Bergen Regional Medical Center LP in Paramus were victims of violent patients in eight incidents, including one in which a nurse suffered a laceration and bruises attempting to stop an attack on a patient. Following a worker's complaint, the U.S. Department of Labor's Occupational Safety and Health Administration inspected the facility and found eight incidents of workplace violence from Feb. 22, 2015, through June 12. OSHA cited the facility on August 18 for one general duty clause citation for failing to keep the workplace free of hazards. Employees reported incidents that involved patients barricading workers in a room, threatening them and exposing them to bloodborne pathogens. Several employees experienced being bit, punched, kicked and threatened by patients. "Bergen Regional Medical Center's management recognized workplace hazards, but lacked adequate procedures to prevent employee exposure," said Lisa Levy, Director of OSHA's Hasbrouck Heights Area Office. "With so many incidents, it's clear that this facility's workplace violence program is ineffective and should be improved immediately to protect employees and ensure a safe workplace."

OSHA issued one repeated citation for incorrectly recording workplace injuries on the OSHA 300A illness and injury reporting form. Proposed penalties total \$13,600. In June, the agency expanded use of its enforcement resources in hospitals and nursing homes to focus on workplace violence, one of the most common causes of injuries among healthcare workers. Guidelines for preventing workplace violence for health and social service workers are available at <https://www.osha.gov/Publications/osha3148.pdf>\*

Bergen Regional Medical Center is one of the nation's largest hospitals, providing long-term, behavioral health and acute care in northern New Jersey. With more than 1,070 beds, it is also one of the state's largest licensed nursing homes.

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