


MIOSHA Update for Inpatient Healthcare Settings

Barton G. Pickelman, CIH, MIOSHA Deputy Director

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The mission of the **Michigan Health Care Safety Association (MHCSA)** is to promote and maintain safety as a primary function in the delivery of quality health care services. As a statewide organization of professionals, MHCSA will provide resources, leadership and educational opportunities to its membership and the health care industry.




www.mhcsa.org

2016 MHCSA Quarterly Meetings


- Friday, March 11, 2016
- Thursday, June 16, 2016
- Friday, September 16, 2016
- Friday, November 4, 2016 - Conference

\$25 Annual Membership
To apply, see website at www.mhcsa.org.




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Our Speaker



Barton G Pickelman, CIH
MIOSHA Deputy Director
Michigan Department of
Licensing & Regulatory Affairs



MIOSHA Update for Inpatient Healthcare Settings

Presented by
Barton G. Pickelman, CIH
MIOSHA Deputy Director

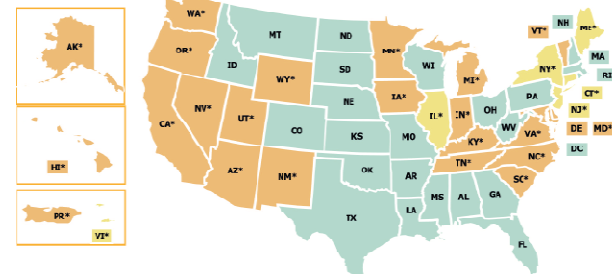


Agenda

- Background
 - Injury and Illness Rates
 - MIOSHA Strategic Plan
- Former National Emphasis Program
- New OSHA Guidance Document
- Focus of Inspections

Federal OSHA vs. State Plans

Federal and State OSHA Programs



28 States/Territories operate a state-run program (Brown shading indicates state-operated). Yellow shading (NY, NJ, CT, VT, ME, and IL indicate state-run for public sector only).

Regulatory Changes – Relationship to Federal OSHA

- State Plan Agreement
- 6 Months allowance to implement changes
- New standards/rules
- Compliance Instructions
- Interpretations



MIOSHA Strategic Plan

- Current plan covers FY2014 to 2018
- Strategic Plan Objective 1.1 – Reduce the I&I rate in high-hazard industries by 15%
- High-hazard industries are those with I&I rates above the Michigan average
- Utilize consultative and enforcement resources



Injury and Illness Rates

- 2014 Michigan Average Rate for Public and Private Employers = 3.7
- Means 3.7 out of every 100 workers are injured or become ill
- 2014 Rate for Hospitals (NAICS 622) = 7.0
- 2014 Rate for Nursing and Residential Care Facilities (NAICS 623) = 7.8



Strategic Plan Results/Activities

- Hospitals
 - 19 Inspections covering 7,320 workers
 - Baseline I&I Rate (2012) = 7.5
 - Current I&I Rate (2014) = 7.0
- Nursing and Residential Care Facilities
 - 26 Inspections covering 2,059 workers
 - Baseline I&I Rate (2012) = 9.6
 - Current I&I Rate (2014) = 7.8
- Good progress but more to do!



Nursing and Residential Care Facility National Emphasis Program(NEP): Scope and Purpose

- Scope: Impacts all federal OSHA and state-plan states (e.g., Michigan).
- Purpose: Implements programmed inspections of:
 - Skilled Nursing Care Facilities (NAICS 6231);
 - Residential Care Facilities (NAICS 6232);
 - Continuing Care/Assisted Living Communities (NAICS 6233)
- Detailed hazards to focus on during inspections
- NEP ended April 2015



New OSHA Guidance Document

- Inspection Guidance for Inpatient Healthcare Settings – Issued June 25, 2015
- State Plans expected to follow
- Same hazards focus as old NEP
- Includes Nursing and Residential Care Facilities (NAICS 623)
- Includes Hospitals (NAICS 622)



Inpatient Healthcare Settings Main Hazards Focus

- Musculoskeletal Disorders/Ergonomic Stress
- Workplace violence (assaults to staff)
- Bloodborne Pathogens (cited most)
- Tuberculosis
- Slips, Trips, and Falls
- Note – No MIOSHA standards specific to:
 - Musculoskeletal Disorders/Ergonomics
 - Workplace Violence
 - Tuberculosis
 - Addressed via General Duty Clause



Inpatient Healthcare Settings Other Hazards Focus

- Multi-drug resistant organisms (MDROs) such as Methicillin-Resistant Staphylococcus Aureus (MRSA).
- Hazardous Chemicals
 - Disinfectants/Sanitizers
 - Hazardous Drugs



Resources

- [OSHA's Healthcare Safety and Health Topics](#)



Resources

- [Worker Safety in Hospitals](#)



Resources

- [OSHA's Hospital eTool](#)



Bloodborne Infectious Diseases

Revised Rules Effective October 2014.

The following include changes to the MIOSHA BID Standard as recommended by the Michigan Office of Regulatory Reinvention (ORR).

ORR looked at MIOSHA rules that went beyond federal OSHA requirements.

Part 554 Bloodborne Infectious Diseases

Number of Citations	Number of Citations	
	FY 2013	FY 2014
Exposure Control Plan	21	12
Vaccines and Post Exposure	14	11
Information and Training	14	7
Recordkeeping	10	10
Exposure Determination	8	9
Waste Disposal	2	1
Work Practice	1	0
Protective clothing	1	0



Rule 3. Exposure Determination

An employer shall:

- Evaluate routine and reasonably anticipated tasks and procedures to determine:
 - Actual or reasonably anticipated employee exposure to blood or OPIM
 - Category A or B
- Make determination without regard to PPE
- ~~Document rationale for determination (10/2014 revision)~~
- Maintain a list of all Category A job classes

22

Exposure Control Plan

- Must be:
 - Written and reviewed by knowledgeable person **annually**
 - Accessible to Category A personnel



What information is contained in an Exposure Control Plan?

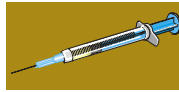
- Exposure Determination
- Summary of the training program
- Procedures for evaluating exposure incidents
- Task-Specific SOP's to include:
 - Employee recognition of exposure
 - Personal Protective Equipment (PPE) selection, use, maintenance, and disposal
- Task-specific SOPs for management of inadvertent exposures such as needlesticks



Exposure Control Plan - Healthcare

Healthcare facility exposure control programs must:

- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens
- Document **annually** consideration and implementation of safer devices that are:
 - Appropriate
 - Commercially available
 - Effective
- Healthcare must solicit input from non-management personnel



Rule 7. Work Practices

- Handwashing:
 - Immediately after removing gloves or other protective clothing
 - After contact with blood or OPIM
 - ~~Upon leaving the work area~~ (10/2014 revision)
 - As soon as feasible after use of antiseptic hand cleansers when washing facilities were not available



26

Rule 8. Protective Clothing and Equipment

(f) An employee shall wear gloves if there is a reasonable anticipation of direct skin contact with blood, other potentially infectious material, mucous membranes, or non-intact skin of patients.....

~~Gloves shall be changed between patient contacts.~~

~~(I) To minimize the need for direct mouth-to-mouth resuscitation, pocket masks, resuscitation bags, or other ventilation devices shall be provided in strategic locations and to trained personnel where the need for resuscitation is likely.~~

Rule 11. Laundry

- Laundry workers in health care settings are usually category A and must be supplied and use PPE when handling contaminated laundry.
- Follow universal precautions.



28

Rule 13.Vaccinations

- Within 10 days of initial assignment each category A employee must be offered:
 - HBV vaccination
 - If an employee declines vaccination the employer must have a signed declination form



29

Other Standards

- Although not specifically listed in the OSHA guidance document, the following are other standards that may be addressed during an inspection.
 - Hazard Communication
 - Personal Protective Equipment
 - Recording and Reporting of Occupational Injuries and Illnesses



HAZARD COMMUNICATION

REVISED DECEMBER, 2012



Safety Data Sheets (SDSs)

New 16-section standardized SDS format required (ANSI Z400.1)

- | | |
|--|---|
| Section 1 – Identification | Section 10 – Stability and Reactivity |
| Section 2 – Hazard(s) identification | Section 11 – Toxicological Information |
| Section 3 – Composition / Information on Ingredients | Section 12 – Ecological Information* |
| Section 4 – First-aid Measures | Section 13 – Disposal Consideration* |
| Section 5 – Fire-fighting Measures | Section 14 – Transport Information* |
| Section 6 – Accidental Release Measures | Section 15 – Regulatory Information* |
| Section 7 – Handling and Storage | Section 16 – Other information including date of preparation of last revision |
| Section 8 – Exposure Controls / Personal Protection | |
| Section 9 – Physical and Chemical Properties | |
- *Sections outside of MIOSHA jurisdiction but inclusion of these sections is necessary for a GHS compliant SDS

Safety Data Sheets (SDSs)

- Maintain for:
 - Hazardous drugs (liquid or powdered)
 - Disinfectants
 - Oxygen
- Consumer Products exemptions:
 - Personal use items (i.e. hairspray)
 - Other household products used for purpose and quantity intended in the home.
- Contact manufacturer/distributor/supplier when required SDS not received

New Label Elements

- Product identifier
- Pictograms
- Signal word
 - Danger
 - Warning
- Hazard Statement
- Precautionary Statements
- Responsible party/ Supplier Identification



www.osha.gov/Publications/HazComm_QuickCard_Labels.html

Pictograms

Physical Hazard				
Oxidizers	Flammables Self Reactives Pyrophorics Self-Heating Emits Flammable Gas Organic Peroxides	Explosives Self Reactives Organic Peroxides	Corrosive to Metal	Gases Under Pressure
Health Hazard			Environmental Hazard	
Acute toxicity (severe)	Irritant (skin and eye) Dermal Sensitizer Acute toxicity (harmful) Narcotic Effects Respiratory Tract Irritation Ozone Depleting (EPA)	Carcinogen Respiratory Sensitizer Reproductive Toxicity Target Organ Toxicity Mutagenicity Aspiration Toxicity	Skin Corrosion/Burns Serious Eye Damage	Environmental Toxicity (acute and chronic)

PERSONAL PROTECTIVE EQUIPMENT (PPE)

MIOSHA Parts 33 and 433:

- Perform a hazard assessment to determine necessary PPE
- Employee training on PPE
 - Initial and when:
 - Changes in workplace
 - Changes in PPE
 - Inadequacies in knowledge



MIOSHA Log 301

INJURY AND ILLNESS INCIDENT REPORT

Michigan Department of Labor and Economic Growth
Michigan Occupational Safety and Health Administration (MIOSHA)
Form Approved OMB No. 1218-0115

Information about the employee

1. YOUR NAME
STREET CITY STATE ZIP CODE

2. DATE OF BIRTH / / AM PM

3. SEX MALE FEMALE

Information about the case

10. DATE NUMBER FROM THE LOG NUMBER YOU WANT NUMBER FROM THE LOG WHEN YOU WANT THE LOG

11. DATE OF INCIDENT OCCURRED

12. TIME OF INCIDENT AM PM

13. TIME OF EVENT AM PM

14. CHECK THE TYPE OF INCIDENT OCCURRED (Check all that apply)

15. REPORT RECEIVED BY THE EMPLOYER (Check all that apply)

16. REPORT RECEIVED BY THE EMPLOYER (Check all that apply)

17. NAME OF PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL

18. IF TREATMENT WAS GIVEN AWAY FROM THE WORKSITE, WHEN WAS IT GIVEN?

19. WAS EMPLOYEE TREATED IN AN EMERGENCY ROOM? YES NO

20. WAS EMPLOYEE HOSPITALIZED OVERNIGHT AS AN INPATIENT? YES NO

21. NAME, ADDRESS OF SUBSTANCE ABUSE TREATMENT CENTER (If the question does not apply to the incident, leave it blank)

22. IF THE EMPLOYEE DIED, WHEN DID DEATH OCCUR? DATE OF DEATH / /

23. HOW DID THE EMPLOYEE DIE? (Check all that apply)

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MIOSHA Log 300A – Posting form

SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Michigan Department of Labor and Economic Growth
Michigan Occupational Safety and Health Administration (MIOSHA)
Form Approved OMB No. 1218-0115

Year 20 _____

All establishments covered by Public Law 99-502 (P.L. 99-502) and Michigan Occupational Safety and Health Act (M.O.S.H.A.) 154, P.A. 1974, Part 11, Michigan Administrative Rules for Recording and Reporting of Injuries and Illnesses must provide this Summary page, even if no work-related injuries or illnesses occurred during the year. Establishments are required to complete this form for each category. Use this form to report to OSHA.

Using the log, report the following information for each category. Then write the totals below making sure you've added the entries from every page of the Log 301 or its equivalent. See Part 11, 4009.2112, Sub 1102, of MIOSHA's recordkeeping rule for further details on the exact provisions for these forms.

Employers, former employers, and their representatives have the right to review the MIOSHA Form 300 in its entirety. They also have limited access to the MIOSHA Form 300 or its equivalent. See Part 11, 4009.2112, Sub 1102, of MIOSHA's recordkeeping rule for further details on the exact 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)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(E)	(F)

Injury and Illness Types

(1) Injuries	(4) Poisonings
(2) Skin disorders	(5) Hearing loss
(3) Respiratory conditions	(6) All other illnesses

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Paperwork Project (0158-0047), Washington, DC 20503-2977.

MIOSHA Form 300A (Rev. 10/05) (Effective 1/1/06)

Expanded Reporting Requirements

- 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
- Fatality Hotline 800-858-0397
- I&I Reporting 844-464-6742



Recordkeeping Questions?

- ✓ General Assistance
- ✓ Forms
- ✓ Posters
- ✓ Information

www.michigan.gov/recordkeeping

Management Information Systems Section
(517) 284-7788

Questions and Assistance



MIOSHA Consultation Education and Training
(517) 284-7720
www.michigan.gov/miosha

49

