

# OSHA COMPLIANCE FOR Healthcare

*Injury & illness records*

**HazCom**

*Slips, trips, & falls*

**Sharps**

*Workplace violence*

**Tuberculosis**

*Bloodborne pathogens*

**Safe patient handling**

*Respiratory protection*



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# OSHA Compliance for Healthcare

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# OSHA Compliance for Healthcare

## Introduction

This publication takes you beyond what the regulations are and provides you with information on how to comply with them and implement them, as well as providing relevant information based on OSHA's own interpretations of the regulations.

Used in conjunction with the OSHA regulations, this publication serves as an effective guide to implementing safety and health requirements in your workplace.

As you use the publication, consider the following as your roadmap.

### Getting started with OSHA compliance

Complying with OSHA regulations is a daunting task, particularly for healthcare employers who have unique operations and hazards, as well as numerous accreditation and non-OSHA regulatory obligations. OSHA COMPLIANCE FOR HEALTHCARE is designed specifically for your industry. This product provides compliance information specific to the hazards and top OSHA regulations of the healthcare industry. It also helps answer frequent compliance questions posed by those in the industry, offers written plans, and lists required inspections and training provisions.

- **Determine which specific OSHA regulations you must comply with.** Healthcare operations are covered by OSHA's "General Industry" regulations. However, not all of those regulations will be applicable based on the nature of healthcare work. **Note:** This publication is focused on federal OSHA requirements; some states, such as California, Oregon, Washington, Michigan, and Minnesota, have their own approved state OSHA requirements which take precedence over federal OSHA. See the **OSHA** section of this publication for information on state versus federal jurisdiction.
  - OSHA's list of most frequently cited standards by industry can help you narrow down the scope. For healthcare, the top violations can be viewed at <http://1.usa.gov/290d8h8>.
  - You can also use prior inspection history, as well as injury and illness data to determine areas on which to focus.
- **Determine which written plans** you must have. Written plans outline how the company will carry out various functions of a program. For example, most healthcare employers are required to have a Hazard Communication program; the written plan would include a list of hazardous chemicals used, who is responsible for obtaining missing safety data sheets, which workers are exposed to hazardous chemicals, the type of training used, the type of labeling system used, where safety data sheets are kept, and so on. See the **list of required plans** in the Recordkeeping section of this publication. Also, see **sample written plan templates**, which appear at the end of most sections in the publication.
- **Determine training requirements.** OSHA requirements vary in their specificity with regard to training. Some require refresher training, some do not. Some require documentation, some do not. Each employer should review the individual training requirements to determine those that apply. See the **Training Requirements At-a-Glance** section in this publication for a guide to the "what," "when," and "what documentation" for training.
- **Determine inspection requirements.** Regular inspection of machinery and equipment is critical, though the degree to which OSHA addresses inspections in the regulations vary. In some cases, a visual inspection pre-use is required, in others a

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more thorough inspection may be required. See the **Inspection Requirements At-a-Glance** section in this publication for a guide to the “what,” “when,” and “what documentation” of inspections.

- **Survey workers** on safety and compliance needs. Workers can provide valuable input on hazardous conditions and potential controls.
- **Set up an incident investigation protocol** with a focus on root-cause analysis.
- **Implement a safety committee** with representation from all areas of the operations. (Some states require safety committees; federal OSHA does not, though they encourage their use.)
- **Document injuries and illnesses** (unless you are exempt) on OSHA recordkeeping forms. (See the Recordkeeping section of this publication).

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# Patient Handling



ez Explanations™

summaries from the J. J. Keller® subject-matter experts

Musculoskeletal disorders (MSDs) are a major source of injury to healthcare workers. These injuries are due in large part to overexertion related to repeated manual patient handling activities, often involving heavy manual lifting associated with transferring, and repositioning patients and working in extremely awkward postures. Some examples of patient handling tasks that may be identified as high-risk include: transferring from toilet to chair, transferring from chair to bed, transferring from bathtub to chair, repositioning from side to side in bed, lifting a patient in bed, repositioning a patient in chair, or making a bed with a patient in it.

## Scope

Industries where patient handling tasks are performed include: **Long-term care** (includes facilities that provide skilled or non-skilled nursing care); **acute care** (includes hospitals, out-patient surgical centers, and clinics); **home healthcare** workers; and **others** (such as physical therapists, radiologists, sonographers, etc.) Some examples of areas of a facility that may be identified as high-risk include: bathing rooms, extended care wings, and diagnostic units (e.g., radiology, emergency department, spinal unit, orthopedics department).

## Regulatory Citation

- General Duty Clause of the OSH Act
- State legislation/regulation - see [www.osha.gov/SLTC/healthcarefacilities/safepatienthandling.html](http://www.osha.gov/SLTC/healthcarefacilities/safepatienthandling.html)
- **Note:** There may also be related criteria for various healthcare accreditation organizations.

## Key Definitions

- **Biomechanics:** is the study of the mechanics of muscular activity and how muscular activity leads to internal loading of body tissues, such as the ligaments, joints, and other soft tissues. Biomechanics is useful in determining whether a specific manual patient handling task will create unacceptably high forces inside the body and whether a manual lift is “safe” or not.
- **Body mechanics:** is a belief that reliance on “correct” body positions or “body movements” will somehow provide protection from the force associated with lifting and moving patients. Body mechanics is also used to assess the alignment of patients when they are standing, sitting, or lying down.
- **Ergonomics:** is the science of fitting the job to the worker. When there is a mismatch between the physical requirements of the job and the physical capacity of the worker, work-related musculoskeletal disorders (MSDs) can result. Ergonomics is also the practice of designing equipment and work tasks to conform to the capability of the worker, it provides a means for adjusting the work environment and work practices to prevent injuries before they occur. Health care facilities, especially nursing homes, have been identified as an environment where ergonomic stressors exist.



# Patient Handling

- **Musculoskeletal disorders (MSDs):** are disorders of the muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. These injuries are due in large part to repeated manual patient handling activities, often involving heavy manual lifting when transferring and repositioning patients, working in extremely awkward postures, and in pushing and pulling heavy objects.

## Summary of Requirements

Employers should:

- **Assess all patient handling activities.** Identify high-risk areas, such as bathing rooms, extended care wings, and diagnostic units (e.g., radiology, emergency department, spinal unit, orthopedics department), keeping in mind that what works in critical care may not be appropriate for emergency room settings or operating rooms. The assessment and controls should be setting-specific.
- **Develop a patient handling program.** Essential elements of such a program include management commitment to implement a safe patient handling program and to provide workers with appropriate measures to avoid manual handling; worker participation in the assessment and implementation processes and the evaluation and selection of patient handling devices; a thorough hazard assessment that addresses high risk units or areas; investment in equipment; care planning for patient handling and movement; training for staff; and program review and evaluation processes.
- **Form a safe patient handling committee.** Employers should form committees that include a range of staff from all affected departments, including members representing administrators and frontline staff.
- **Design for safety** where feasible. It is much easier to accommodate lifting equipment if it is built into the design of the facility/workspace.
- **Utilize/acquire assistive patient handling equipment where feasible.** The use of assistive patient handling equipment and devices is beneficial not only for health-care staff, but also for patients.
- **Use established safe patient lifting algorithms to assess the needs for each lift.** Every patient has unique characteristics and abilities that need to be assessed on a regular basis. Each patient should have a systematic assessment—focused on the patient’s mobility—to protect both the patient and caregivers against injury.
- **Train workers.** The education and training of healthcare employees should be geared towards assessment of hazards in the healthcare work setting, selection and use of the appropriate patient lifting equipment and devices, and review of research-based practices of safe patient handling.
- **Evaluate all worker reports of injuries or hazards.** Review the OSHA logs each year.

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## In Depth

Healthcare workers experience musculoskeletal disorders at a rate exceeding that of workers in construction, mining, manufacturing, and wholesale and retail trade. Musculoskeletal disorders (MSDs) are disorders of the muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. These injuries are due in large part to repeated manual patient handling activities, often involving heavy manual lifting when transferring and repositioning patients, working in extremely awkward postures, and in pushing and pulling heavy objects. The risk, which can exist even if the patient is of relatively low or moderate weight, is magnified by the increasing weight of patients due to the obesity epidemic in the United States, and the rapidly increasing number of older people who require assistance with the activities of daily living.

Many patients/residents (especially nursing home patient/residents) are totally dependent on staff members to provide activities of daily living, such as dressing, bathing, feeding, and toileting. Each of these activities involve multiple interactions with handling or transferring of patients/residents and could result in employee injuries. Employee injuries lead to increased injury costs, higher turnover rates, increased sick/injured days, and staffing shortages.

Safe patient handling programs can reduce injuries such as MSDs. Reducing injuries not only helps workers, but also will improve patient care and the bottom line. If your hospital is considering developing or refining a comprehensive safe patient handling program to protect workers and patients, having the right data, evidence, examples, and tools can help ensure success.



## Did You Know

The risk of musculoskeletal disorders resulting from patient handling results from the high internal forces created in the spine when a person lifts a heavy object. Musculoskeletal disorders are a high risk for patient handling because it can require lifting a patient who is far away from the worker which puts heavy loads on the spine. Repeated lifting of this type can result in scarring that causes more damage. Studies have suggested that there can be risks of injury even when two people are lifting a 110 lb patient from a bed to a chair. NIOSH recommends that no caregiver should manually lift more than 35 lbs of a person's body weight for a vertical lifting task. NIOSH further recommends that when the weight to be lifted exceeds this limit, assistive devices should be used.

## Assessment

The first step in addressing the issue of patient handling is to assess the size and nature of the problem. Comprehensive reporting of worker injuries helps ensure that you have the data available to develop your hospital's safe patient handling program. Here are some steps you can take to assess your safe patient handling concerns and needs:

- **Review injury data for your facility.** Injury data can be a useful diagnostic tool. Such data include the OSHA 300 Log; the OSHA Form 301 (Injury and Illness Incident Report); workers' compensation claim summaries; internal incident, investigation, and corrective action reports; and employee turnover and recruitment data. OSHA already requires many workplaces (including any hospital with more than 10 employees)

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to use the OSHA 300 Log to report serious job related injuries and to complete the Form 301 for every recordable injury. Recording an injury or illness in accordance with OSHA regulations is not a violation of the Health Insurance Portability and Accountability Act (HIPAA). The OSHA 300 Log and Form 301, available on OSHA's website, help to identify work areas or tasks where injuries frequently occur.

- **Examine your overall injury rates, as well as patient handling rates, and see how you compare to others.** Administrators and safety managers should examine injury rates and compare them with national averages and high-performing similar facilities. You can also visit the Bureau of Labor Statistics to learn more about injury and illness rates in healthcare.
- **Be proactive.** A more forward-looking approach, to be used in combination with reviewing injury and illness records, is to be proactive in identifying potential problems that have gone unnoticed, before they result in injuries. Observations of workplace conditions and work processes, job analyses, workplace surveys, and worker interviews are common proactive methods for identifying problems before they result in injury.

## Management Commitment

One of the most important aspects of any safe patient handling program is support from the top levels of hospital administration. Employees appreciate knowing that managers care about their well-being and are much more likely to follow safe patient handling policies if management stands behind them.

At organizations that have successfully reduced patient handling injuries, it is common to find administrators who support and promote a culture of safety. While weighing the benefits of investing in safe patient handling policies, procedures, training, and equipment, however, hospital administrators may need to fully understand how these investments impact their bottom line. To see example success stories, see OSHA's "Safe Patient Handling Programs: Effectiveness and Cost Savings at [https://www.osha.gov/dsg/hospitals/documents/3.5\\_SPH\\_effectiveness\\_508.pdf](https://www.osha.gov/dsg/hospitals/documents/3.5_SPH_effectiveness_508.pdf).

Several case studies have shown that the initial capital investment in programs and equipment needed to safely handle patients can be recovered in two to five years, particularly when equipment purchases are coupled with training and policies to produce a lasting impact. Although there can be considerable equipment, training, and infrastructure costs associated with implementing safe patient handling, hospitals with successful programs have found that the long-term benefits far outweigh economic costs. Those benefits include:

- Reduced injuries
- Decreases in lost time and workers' compensation claims
- Increased productivity
- Higher quality of work life and worker satisfaction
- Staff retention
- Better patient care and satisfaction



# Patient Handling

Management support should encompass more than just the workers responsible for direct patient care. Departments such as laundry, maintenance, and engineering are vital to supporting safe patient handling, from maintaining equipment and supplying clean slings to troubleshooting facility design issues. It is also a good idea for management to talk to and collaborate with employees' union representatives, where applicable, before launching or expanding a safe patient handling program.



## Best Practice

### Safe lifting guidelines

According to OSHA, lifting guidelines for health care workers (nurse assistants, licensed practical nurses, registered nurses) should include:

- Never transfer patients/patient/residents when off balance.
- Lift loads close to the body.
- Never lift alone, particularly fallen patients/patient/residents, use team lifts or use mechanical assistance.
- Limit the number of allowed lifts per worker per day.
- Avoid heavy lifting especially with spine rotated.
- Train workers in when and how to use mechanical assistance.

### Employee Participation

Employees are a vital source of information about hazards in their workplace. Their involvement adds problem-solving capabilities and hazard identification assistance, enhances worker motivation and job satisfaction, and leads to greater acceptance when changes are made in the workplace. Employees can:

- Submit suggestions or concerns;
- Discuss the workplace and work methods;
- Participate in the design of work, equipment, procedures, and training;
- Evaluate equipment;
- Respond to employee surveys;
- Participate in task groups with responsibility for ergonomics; and
- Participate in developing the nursing home's ergonomics process.

### Identifying Hazards

Patient handling tasks pose increased ergonomic risk if they are:

- Repetitive (e.g., repeatedly cranking manual adjustments for beds),
- Done in awkward postures (e.g., reaching across beds to lift patients/patient/residents),

## Patient Handling

- Done using a great deal of force (e.g., pushing chairs or gurneys across elevation changes or up ramps), and/or
- Involve lifting heavy objects (e.g., manually lifting immobile patients/residents alone) or combining these factors.

Other hazards include:

- Overexertion;
- Trying to stop a patient/resident from falling or picking a patient/resident up from floor or bed.
- Multiple lifts per shift (more than 20).
- Lifting alone, no available staff to help.
- Lifting uncooperative, confused patients/residents.
- Lifting patients/residents that cannot support their own weight.
- Patient/resident weight (bariatric patients/residents).
- Expecting employees to perform work beyond their physical capabilities.
- Distance to be moved, and the distance the patient/resident is from the employee, (it is more stressful to reach away from the body to lift or pull a patient/patient/residents).
- Awkward postures required by the activity.
- Ineffective training of employees in body mechanics and proper lifting technique.



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### Facility and patient needs assessment

It is easier and more cost-effective to design for safe patient handling and movement during construction and remodeling than to retrofit. Many healthcare facilities lack conveniently located storage space, so finding a convenient place to park portable lifts can be a challenge. When designing new buildings, additions, and renovations, it is important to plan for equipment use and storage. "Prevention Through Design," for example, is a national initiative led by the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health to minimize hazards and risks early in the design process. The Joint Commission's Environment of Care standards also promote building designs that protect patients, visitors, and staff.

The following resources can help hospitals assess their facility needs:

- The Facility Guidelines Institute (FGI) published the 2010 edition of the *Guidelines for Design and Construction of Health Care Facilities*. The guidelines are used by more than 42 states and several federal agencies to regulate health care facility design and construction. The 2010 edition includes a patient handling and movement assessment to be performed during the planning process.



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- The FGI's Health Guidelines Revision Committee, Specialty Subcommittee on Patient Movement, published a 2010 white paper titled *Patient Handling and Movement Assessments*. This resource provides guidance and tools to help each facility first assess the needs of its patient population and caregiving staff, and then determine the most appropriate strategies for meeting these needs in a manner consistent with project requirements and available resources.
- In 2011 (in a previous Alliance with OSHA), the Association of Occupational Health Professionals in Healthcare published *Beyond Getting Started: A Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care Setting*. This resource provides guidance for conducting a facility needs assessment and performing data analysis.

Every patient has unique characteristics and abilities that need to be assessed on a regular basis. Each patient should have a systematic assessment—focused on the patient's mobility—to protect both the patient and caregivers against injury. In *Safe Patient Handling and Mobility: Interprofessional National Standards*, the American Nurses Association recommends adapting each patient's plan of care to meet his or her mobility needs and specifying appropriate technology and methods. The following resource provides several algorithms to help caregivers assess their patients' needs:

- The U.S. Department of Veterans Affairs developed its *Assessment Criteria and Care Plan for Safe Patient Handling and Movement* to help healthcare providers assess patients' abilities and determine the safest equipment and techniques for handling and moving each patient in a variety of situations.

## Identifying Solutions

When problems related to ergonomics are identified, suitable options can then be selected and implemented to eliminate hazards. Effective solutions usually involve workplace modifications that eliminate hazards and improve the work environment. These changes usually include the use of equipment, work practices, or both. When choosing methods for lifting and repositioning patients/residents, individual factors should be taken into account. Such factors include the patient/resident's rehabilitation plan, the need to restore functional abilities, medical contraindications, emergency situations, and patient/resident dignity and rights.



## Enforcement Note

In a June 25, 2015, enforcement policy, OSHA requires all inspections of inpatient healthcare settings to include a focus on:

- MSDs relating to patient or resident handling,
- Workplace violence (WPV),
- Bloodborne pathogens (BBP),
- Tuberculosis (TB), and
- Slips, trips and falls (STFs).

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