

OSHA IN HEALTHCARE: OUT OF SIGHT & OUT OF MIND?

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News Release

U.S. Department of Labor

National News Release 10-634-NAT

May 6, 2010

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US Labor Department's OSHA requests information on exposure to infectious agents in health care settings
Federal agency seeks to learn best practices in mitigating risks

WASHINGTON - The U.S. Department of Labor's Occupational Safety and Health Administration requests information and comment on occupational exposure to infectious agents in settings where health care is provided, including hospitals, outpatient clinics, school clinics and correctional facilities, and settings such as laboratories that handle potentially infectious biological materials, medical examiner offices and mortuaries.

OSHA is interested in strategies currently being deployed in health care and related work settings to mitigate the risk of work-acquired infectious diseases. As such, OSHA would like to collect information and data on the facilities and the tasks potentially exposing workers to this risk; successful employee infection control programs; control methodologies being utilized (including engineering, work practice, and administrative controls and personal protective equipment); medical surveillance programs; and training.

"All workplaces must be safe workplaces," said Assistant Secretary of Labor for OSHA Dr. David Michaels. "We know that workers in health care and related facilities may be exposed to infectious agents, and they deserve to be protected. Preventing infectious disease among workers also will reduce exposure to their family members and to patients."

OSHA will use the information received in response to this request to determine what action, if any, the agency may take to further limit the spread of occupationally-acquired infectious diseases in these types of settings.

More information on the request for information and how to submit comments is available in today's *Federal Register* notice at <http://s.dol.gov/38>.

OSHA asks that comments be submitted by Aug. 4, 2010.

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to assure these conditions for America's working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit <http://www.osha.gov>.

[Federal Register: May 6, 2010 (Volume 75, Number 87)]
[Proposed Rules]
[Page 24835-24844]
From the Federal Register Online via GPO Access [wais.access.gpo.gov]
[DOCID:fr06my10-17]

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DEPARTMENT OF LABOR

Occupational Safety and Health Administration

29 CFR Part ~~1910~~

[Docket No. OSHA-2010-0003]
RIN No. 1218-AC46

Infectious Diseases

AGENCY: Occupational Safety and Health Administration (OSHA),
Department of Labor.

ACTION: Request for information.

SUMMARY: OSHA requests information and comment on occupational exposure to infectious agents in settings where healthcare is provided, (e.g., hospitals, outpatient clinics, clinics in schools and correctional facilities), and healthcare-related settings (e.g., laboratories that handle potentially infectious biological materials, medical examiner offices and mortuaries). OSHA is interested in strategies that are being used in such healthcare and other healthcare-related work settings to mitigate the risk of occupationally-acquired infectious diseases. As such, OSHA would like to collect information and data on the facilities and the tasks potentially exposing workers to this risk; successful employee infection control programs; control methodologies being utilized (including engineering, work practice, and administrative controls and personal protective equipment); medical surveillance programs; and training. OSHA will use the information received in response to this request to determine what action, if any, the Agency may take to further limit the spread of occupationally-acquired infectious diseases in these types of settings.

OSHA INSPECTION PRIORITIES

- ~7 million covered workplaces
 - 1 inspector/66,258 covered employees
- OSHA prioritizes based on
 - Imminent danger
 - Fatalities and catastrophes
 - 1+ deaths / 3+ in-patient hospitalizations
 - Complaints
 - Referrals from other agencies / media coverage
 - Follow-ups
 - Planned/ Programmed
 - High-hazard or high incident rates

HEALTHCARE OSHA MYTHS

- “Healthcare is exempt from OSHA coverage”
- “OSHA does not inspect healthcare facilities”
- “OSHA does not cite healthcare facilities”
- “Our incident rates are low”
- “We have few complaints”
- “We have no high-profile issues”
- “OSHA will use the GDC for infection control issues”
- “Joint Commission covers OSHA requirements”

EXEMPT FROM OSHA COVERAGE?

- Healthcare is a “general industry” sector
 - “OSHA uses the term ‘general industry’ to refer to all industries not included in agriculture, construction or maritime.”
 - “General industries are regulated by OSHA's general industry standards, directives, and standard interpretations.”
- Example
 - General Medical and Surgical Hospitals
 - SIC 8062
 - NAICS Code 622110

HEALTHCARE SETTINGS

- Healthcare “Providers”
 - Hospitals
 - Surgical centers
 - Emergency care clinics
 - Outpatient clinics
 - Clinics in schools and correctional facilities
 - Nursing homes
 - Home-health (patient homes)

- Healthcare “Related”
 - Laboratories handling infectious biologicals
 - Medical Examiner offices
 - Mortuaries

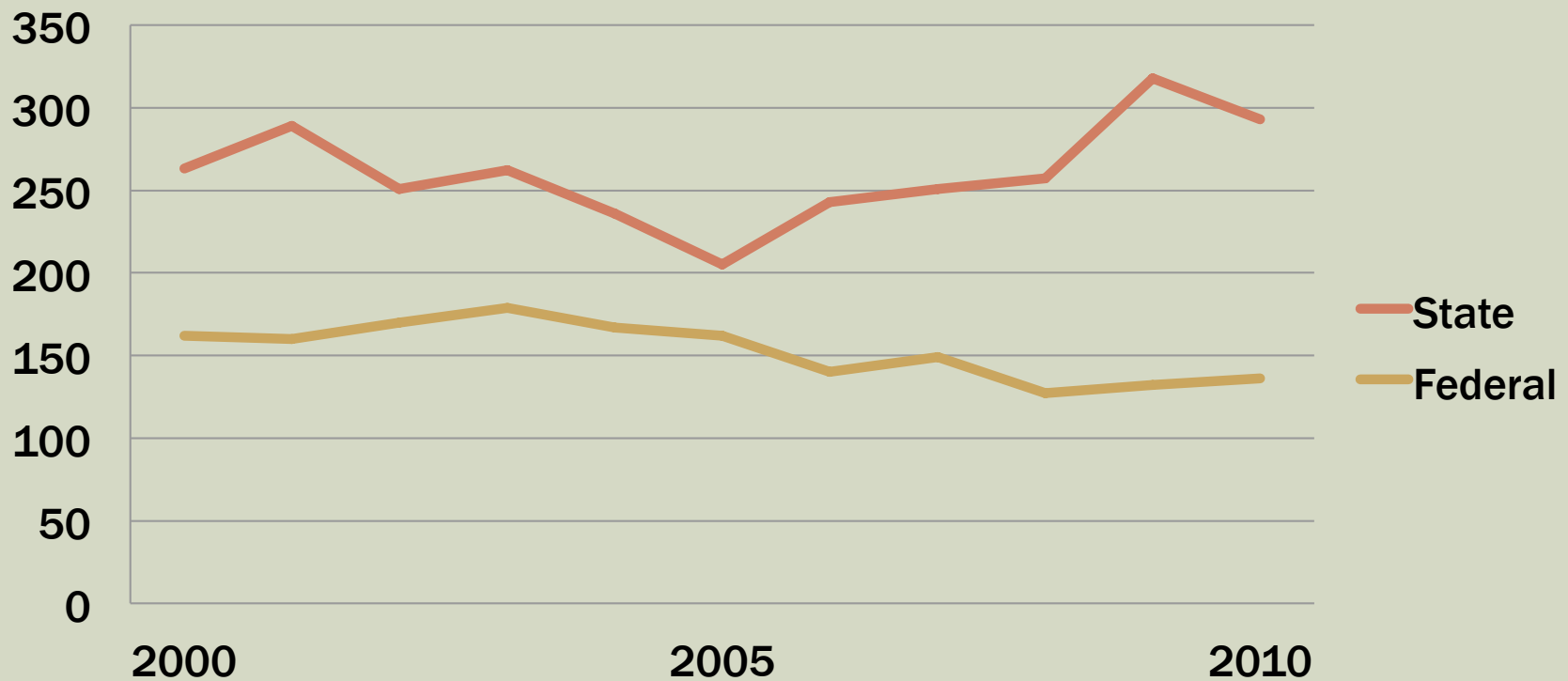
HEALTHCARE WORKERS

- Healthcare professionals
- Technicians
- Support workers
- Others not directly providing patient care
 - Maintenance
 - Laundry workers

- 8.4 million (1998)
 - 3.0m in hospitals
 - 5.4m outside of hospitals
- ~11 million (2008)
 - 3.6m in hospitals
 - 7.3m outside of hospitals

HEALTHCARE FACILITIES NOT INSPECTED?

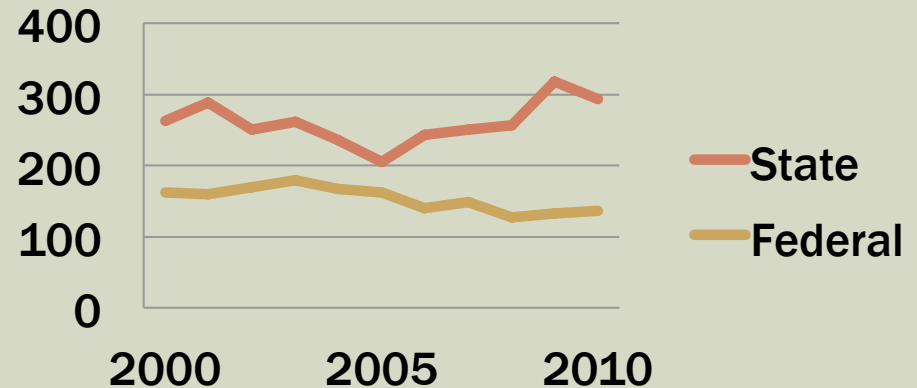
Hospital OSHA Inspections



HOSPITAL OSHA INSPECTIONS

- **FY 2007 (Fed)**
 - 39,324 inspections
 - 149 at hospitals
 - 0.38%
- **FY 2007 (States)**
 - 61,707 inspections
 - 251 at hospitals
 - 0.41%

Hospital OSHA Inspections



HEALTHCARE FACILITIES NOT CITED?


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8062 *General Medical and Surgical Hospitals*

Listed below are the standards which were cited by **Federal OSHA** for the specified SIC during the period October 2009 through September 2010. Penalties shown reflect current rather than initial amounts. For more information, see [definitions](#).

Standard	#Cited	#Insp	\$Penalty	Description
Total	591	88	236507	
19040029	62	23	14160	Forms.
19101030	62	21	40288	Bloodborne pathogens.
19101200	30	16	3990	Hazard Communication.
19100305	29	17	7050	Wiring methods, components, and equipment for general use.
19100147	28	12	12750	The control of hazardous energy (lockout/tagout).
19100303	28	19	6776	General requirements.
19100023	22	11	9813	Guarding floor and wall openings and holes.
19100037	21	14	2768	Maintenance, safeguards, and operational features for exit routes.
19101048	21	8	15990	Formaldehyde.
19100146	19	4	0	Permit-required confined spaces
19101001	17	8	12675	Asbestos.

HEALTHCARE FACILITIES NOT CITED?

- State results (inspections/citations 10/09 - 09/10)

AK	3/21	HI	3/10	MI	16/15	NC	13/21	UT	1/0
AR	0/0	IA	5/5	MN	16/25	NY	18/20	VA	6/0
AZ	9/4	IN	2/1	NJ	1/2	OR	15/13	VT	2/0
CA	63/58	KY	11/6	NM	1/0	SC	5/5	WA	16/29
CT	0/0	MD	3/4	NV	18/29	TN	42/71	WY	0/0



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SIC	NAICS	Date Range	Office	State	Other Options
8062	All	10/01/2009 to 09/30/2010	All	KY	None

Please note that inspections which are known to be incomplete will have the identifying Activity Nr shown in *italic*.
Information for these open cases is especially dynamic, e.g., violations may be added or deleted.

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Results 1 - 11 of 11
By Date

	Activity	Opened	RID	St	Type	Sc	SIC	NAICS	Vio	Establishment Name
<input type="checkbox"/>	1 313813552	09/09/2010	0452110	KY	Complaint	Partial	8062	622110		Bourbon Community Hospital, Llc Dba Bourbon Commun
<input type="checkbox"/>	2 313614802	09/09/2010	0452110	KY	Complaint	Partial	8062	622110		Uk - Kentucky Clinic
<input type="checkbox"/>	3 313813859	08/11/2010	0452110	KY	Complaint	Partial	8062	622110		Baptist Healthcare System, Inc. Dba Baptist Region
<input type="checkbox"/>	4 313814014	08/11/2010	0452110	KY	Complaint	Partial	8062	622110		King'S Daughters Medical Center
<input type="checkbox"/>	5 313816092	08/05/2010	0452110	KY	Complaint	Partial	8062	622110	3	Ashland Hospital Corporation Dba Kings Daughters M
<input type="checkbox"/>	6 313814295	08/03/2010	0452110	KY	Complaint	Partial	8062	622110		Appalachian Regional Hospitals, Inc. Dba Arh Regio
<input type="checkbox"/>	7 313815755	08/02/2010	0452110	KY	Unprog Rel	Partial	8062	622110	1	Lourdes Hospital, Inc.
<input type="checkbox"/>	8 313809063	05/20/2010	0452110	KY	Complaint	Partial	8062	622110	1	Saint Joseph Health System, Inc. Dba Saint Joseph
<input type="checkbox"/>	9 313808826	11/30/2009	0452110	KY	Complaint	Partial	8062	622110		Jewish Hospital & St. Mary'S Healthcare, Inc. Dba
<input type="checkbox"/>	10 313733230	11/13/2009	0452110	KY	Referral	Partial	8062	622110	1	Jewish Hospital & St. Mary'S Healthcare, Inc.
<input type="checkbox"/>	11 313579625	11/03/2009	0452110	KY	Accident	Partial	8062	622110		Saint Joseph Health System, Inc. Dba Saint Joseph

KY OSHA 2010 RESULTS



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8062 General Medical and Surgical Hospitals

Listed below are the standards which were cited by **Kentucky OSHA** for the specified SIC during the period October 2009 through September 2010. Penalties shown reflect current rather than initial amounts. For more information, see [definitions](#).

Standard	#Cited	#Insp	\$Penalty	Description
Total	6	4	42125	
19101200	2	2	4500	Hazard Communication.
19100132	1	1	4500	General requirements.
19101096	1	1	0	Ionizing Radiation
19260416	1	1	31500	General requirements.
20310	1	1	1625	Med Service & First Aid

PPE


Electrical

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Telephone: 800-321-OSHA (6742) | TTY: 877-889-5627

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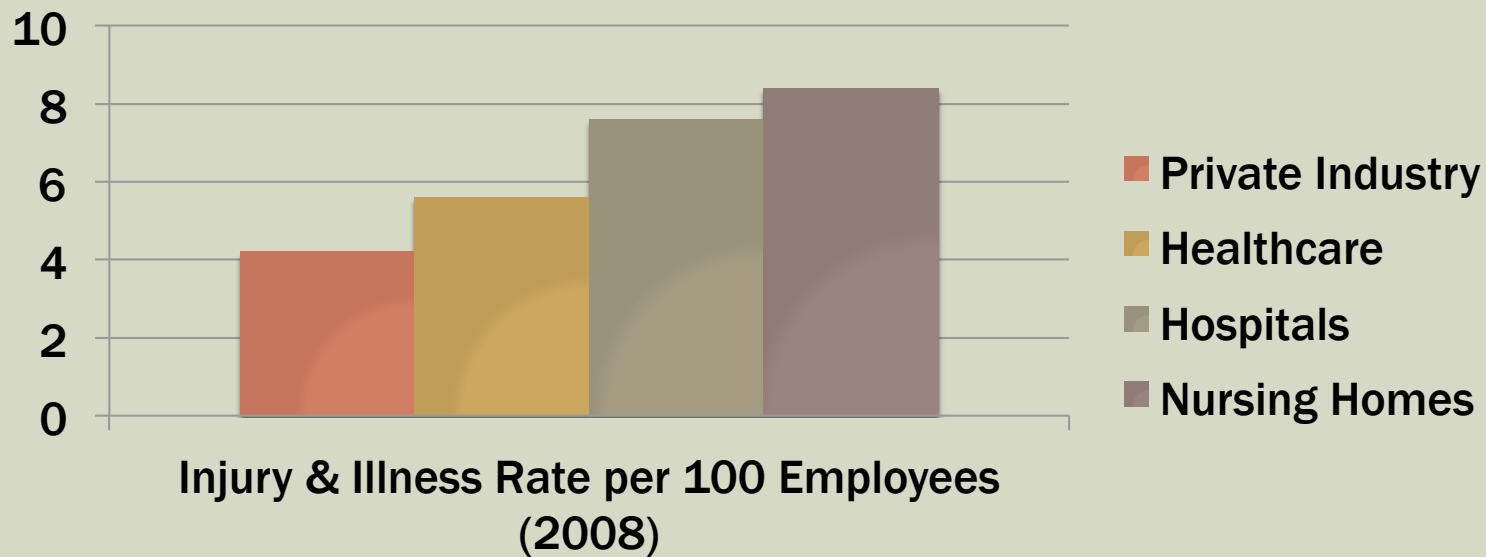
8062 *General Medical and Surgical Hospitals*

Listed below are the standards which were cited by **Tennessee OSHA** for the specified SIC during the period October 2009 through September 2010. Penalties shown reflect current rather than initial amounts. For more information, see [definitions](#).

Standard	#Cited	#Insp	\$Penalty	Description
Total	425	39	142244	
19101030	386	36	136700	Bloodborne pathogens.
100004	19	18	0	Documentation of Sharps injury
30003	12	10	4344	OSHA 300 not maintained
19100037	2	1	1200	Maintenance, safeguards, and operational features for exit routes.
19100132	1	1	0	General requirements.
19100134	1	1	0	Respiratory Protection.
19100151	1	1	0	Medical services and first aid.
19100157	1	1	0	Portable fire extinguishers.
19100303	1	1	0	General requirements.
30004	1	1	0	

HEALTHCARE INCIDENT RATES ARE LOW?

cases reported nationally in 2007. General medical and surgical hospitals (NAICS 6221) reported more injuries and illnesses than any other industry in 2007—more than 253,500 cases. (See chart 3.)




WHAT ABOUT COMPLAINTS?

- FY 2010 (Fed)
 - 46,802 inspections
 - 135 at hospitals
 - 72 for complaints
 - 53%

SIC	NAICS	Date Range	Office	State	Other Options
8062	All	10/01/2009 to 09/30/2010	All	TX	None

Please note that inspections which are known to be incomplete will have the identifying Activity Nr shown in italic. Information for these open cases is especially dynamic, e.g., violations may be added or deleted.

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By Date

	Activity	Opened	RID	St	Type	Sc	SIC	NAICS	Vio	Establishment Name
<input type="checkbox"/>	1 314275108	08/26/2010	0636900	TX	Planned	Partial	8062	622110		North Texas Medical Center
<input type="checkbox"/>	2 314178401	08/16/2010	0626300	TX	Accident	Partial	8062	622110		Methodist Charlton Medical Center
<input type="checkbox"/>	3 314343989	08/12/2010	0627510	TX	Complaint	Partial	8062	622110		Brownfield Regional Medical Center
<input type="checkbox"/>	4 314301433	07/27/2010	0625400	TX	Complaint	Partial	8062	622110		Metroplex Hospital
<input type="checkbox"/>	5 314176421	05/25/2010	0626300	TX	Complaint	Partial	8062	622110		Palestine Regional Medical Center
<input type="checkbox"/>	6 314298977	05/03/2010	0625400	TX	Complaint	Partial	8062	622110	16	Dva Central Texas Veterans Health Care System
<input type="checkbox"/>	7 314176181	05/03/2010	0626300	TX	Unprog Rel	Partial	8062	622110		Medical City Dallas Hospital
<input type="checkbox"/>	8 314298217	04/07/2010	0625400	TX	Complaint	Partial	8062	622110		Scott & White Memorial Hospital
<input type="checkbox"/>	9 313619272	02/11/2010	0627510	TX	Complaint	Partial	8062	622110	1	Amarillo Va Health Care System
<input type="checkbox"/>	10 312126592	02/03/2010	0626300	TX	Complaint	Partial	8062	622110	2	Va North Texas Health Care System
<input type="checkbox"/>	11 313890428	11/30/2009	0626600	TX	Unprog Rel	Partial	8062	622110		Methodist Willowbrook Hospital


WHAT ABOUT COMPLAINTS?

- FY 2010 (States)
 - 62,689 inspections
 - 291 at hospitals
 - 150 for complaints
 - 52%

SIC	NAICS	Date Range	Office	State	Other Options
8062	All	10/01/2009 to 09/30/2010	All	NC	None

Please note that inspections which are known to be incomplete will have the identifying Activity Nr shown in *italic*.
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Results 1 - 13 of 13
By Date


		Activity	Opened	RID	St	Type	Sc	SIC	NAICS	Vio	Establishment Name
<input type="checkbox"/>	1	314338237	09/16/2010	0453730	NC	Accident	Partial	8062	622110		Frye Regional Medical Center Inc
<input type="checkbox"/>	2	314380551	09/16/2010	0453710	NC	Complaint	Partial	8062	622110		Wakemed
<input type="checkbox"/>	3	314896614	08/12/2010	0453730	NC	Accident	Partial	8062	622110	15	The Charlotte-Mecklenburg Hospital Authority
<input type="checkbox"/>	4	314711946	07/08/2010	0453730	NC	Prog Related	Partial	8062	622110	1	Catawba Valley Medical Center, Inc.
<input type="checkbox"/>	5	314654229	06/23/2010	0453720	NC	Complaint	Partial	8062	622110		The Moses H. Cone Memorial Hospital
<input type="checkbox"/>	6	313823312	05/20/2010	0453710	NC	Unprog Rel	Partial	8062	622110	3	Onslow Memorial Hospital, Inc.
<input type="checkbox"/>	7	313830200	05/20/2010	0453710	NC	Complaint	Partial	8062	622110	1	Pitt County Memorial Hospital Inc
<input type="checkbox"/>	8	312875057	05/13/2010	0453710	NC	Complaint	Partial	8062	622110		New Hanover Regional Medical Center
<input type="checkbox"/>	9	313828758	03/18/2010	0453710	NC	Unprog Rel	Partial	8062	622110		University Of North Carolina Hospitals
<input type="checkbox"/>	10	313824534	12/09/2009	0453710	NC	Complaint	Partial	8062	622110	1	Brunswick Community Hospital, Llc
<input type="checkbox"/>	11	314021601	12/08/2009	0453730	NC	Complaint	Partial	8062	622110		Novant Health, Inc. Db a Presbyterian Hospital
<input type="checkbox"/>	12	314000654	11/30/2009	0453730	NC	Complaint	Partial	8062	622110		Carolina Healthcare Systems, Inc. Db a Carolinas Me
<input type="checkbox"/>	13	313218083	10/06/2009	0453710	NC	Complaint	Partial	8062	622110		Wakemed Health And Hospitals

SIC	NAICS	Date Range	Office	State	Other Options
8062	All	10/01/2009 to 09/30/2010	All	TN	None

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Result Page: 1 [2](#) [3](#) 

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Results 1 - 20 of 42

By Date

	Activity	Opened	RID	St	Type	Sc	SIC	NAICS	Vio	Establishment Name
<input type="checkbox"/>	1 314943788	09/22/2010	0454725	TN	Prog Related	Partial	8062	622110	1	Mcnaury Hospital Corporation DbA Mcnaury Regional
<input type="checkbox"/>	2 314943309	09/15/2010	0454726	TN	Planned	Partial	8062	622110	1	University Medical Center/Mcfarland Specialty Hosp
<input type="checkbox"/>	3 314942764	09/01/2010	0454726	TN	Monitoring	Partial	8062	622110		University Medical Center
<input type="checkbox"/>	4 314942780	09/01/2010	0454732	TN	Complaint	Partial	8062	622110	2	Nashville-General Hospital
<input type="checkbox"/>	5 314942160	08/25/2010	0454726	TN	Planned	Partial	8062	622110	2	Sweetwater Hospital Association
<input type="checkbox"/>	6 314651043	08/18/2010	0454726	TN	Planned	Partial	8062	622110	1	Centennial Medical Center
<input type="checkbox"/>	7 314650813	08/13/2010	0454725	TN	Planned	Partial	8062	622110	1	Mckenzie Tennessee Hospital Company Llc DbA Mckenz
<input type="checkbox"/>	8 314650797	08/11/2010	0454725	TN	Planned	Partial	8062	622110	1	Martin Hospital Corporation DbA Volunteer Communit
<input type="checkbox"/>	9 314650623	08/11/2010	0454726	TN	Planned	Partial	8062	622110	1	Hti Memorial Hospital Corporation DbA Skyline Medi
<input type="checkbox"/>	10 314649575	07/21/2010	0454726	TN	Planned	Partial	8062	622110	1	Hickman Community Health Services
<input type="checkbox"/>	11 314649229	07/14/2010	0454726	TN	Planned	Partial	8062	622110	2	Baptist Womens Hospital Llc DbA The Center For Spi
<input type="checkbox"/>	12 314648874	07/07/2010	0454726	TN	Planned	Partial	8062	622110	3	Summit Medical Center
<input type="checkbox"/>	13 314648262	06/22/2010	0454725	TN	Planned	Partial	8062	622110	1	Vanderbilt University Medical Center
<input type="checkbox"/>	14 314647660	06/16/2010	0454726	TN	Planned	Partial	8062	622110	1	Kindred Hospital Nashville
<input type="checkbox"/>	15 314647199	05/26/2010	0454726	TN	Monitoring	Partial	8062	622110		Morristown Hamblen Healthcare System
<input type="checkbox"/>	16 314397274	05/19/2010	0454726	TN	Planned	Partial	8062	622110	1	Saint Thomas Hospital
<input type="checkbox"/>	17 314397555	05/18/2010	0454726	TN	Complaint	Partial	8062	622110	1	Morristown Hamblen Healthcare System
<input type="checkbox"/>	18 314396078	04/28/2010	0454726	TN	Planned	Partial	8062	622110	1	University Medical Center
<input type="checkbox"/>	19 314395955	04/26/2010	0454726	TN	Complaint	Partial	8062	622110	1	Leconte Medical Center
<input type="checkbox"/>	20 314394743	04/07/2010	0454726	TN	Planned	Partial	8062	622110	11	Maury Regional Hospital DbA Marshall Medical Ctr

OSHA FactSheet

Your Rights as a Whistleblower

You may file a complaint with OSHA if your employer retaliates against you by taking unfavorable personnel action because you engaged in protected activity relating to workplace safety and health, commercial motor carrier safety, pipeline safety, air carrier safety, nuclear safety, the environment, asbestos in schools, corporate fraud, SEC rules or regulations, railroad carrier safety or security, or public transportation agency safety or security.

Whistleblower Laws Enforced by OSHA

Each law requires that complaints be filed within a certain number of days after the alleged retaliation.

You may file complaints by telephone or in writing under the:

- Occupational Safety and Health Act (30 days)
- Surface Transportation Assistance Act (180 days)
- Asbestos Hazard Emergency Response Act (90 days)
- International Safe Container Act (60 days)
- Federal Rail Safety Act (180 days)
- National Transit Systems Security Act (180 days)

Under the following laws, complaints must be filed in writing:

- Clean Air Act (30 days)
- Comprehensive Environmental Response, Compensation and Liability Act (30 days)
- Energy Reorganization Act (180 days)
- Federal Water Pollution Control Act (30 days)
- Pipeline Safety Improvement Act (180 days)
- Safe Drinking Water Act (30 days)
- Sarbanes-Oxley Act (90 days)
- Solid Waste Disposal Act (30 days)
- Toxic Substances Control Act (30 days)
- Wendell H. Ford Aviation Investment and Reform Act for the 21st Century (90 days)

Unfavorable Personnel Actions

Your employer may be found to have retaliated against you if your protected activity was a contributing or motivating factor in its decision to take unfavorable personnel action against you. Such actions may include:

- Firing or laying off
- Blacklisting
- Demoting
- Denying overtime or promotion
- Disciplining

- Denying benefits
- Failing to hire or rehire
- Intimidation
- Reassignment affecting promotion prospects
- Reducing pay or hours

Filing a Complaint

If you believe that your employer retaliated against you because you exercised your legal rights as an employee, contact your local OSHA office as soon as possible, because you must file your complaint within the legal time limits. OSHA conducts an in-depth interview with each complainant to determine whether to conduct an investigation. For more information, call your closest OSHA Regional Office:

- Boston (617) 565-9860
- New York (212) 337-2378
- Philadelphia (215) 861-4900
- Atlanta (404) 562-2300
- Chicago (312) 353-2220
- Dallas (972) 850-4145
- Kansas City (816) 283-8745
- Denver (720) 264-6550
- San Francisco (415) 625-2547
- Seattle (206) 553-5930

Addresses, fax numbers and other contact information for these offices can be found on OSHA's website, www.osha.gov, and in local directories. Some complaints must be filed in writing and some may be filed verbally (call your local OSHA office for assistance). Written complaints may be filed by mail (we recommend certified mail), fax, or hand-delivered during business hours. The date postmarked, faxed or hand-delivered is considered the date filed.

If retaliation for protected activity relating to occupational safety and health issues takes place in a state that operates an OSHA-approved state plan, the complaint should be filed with the state agency, although persons in those states may file with Federal OSHA at the same time. Although the *Occupational Safety and*

Health Act covers only private sector employees, state plans also cover state and local government employees. For details, see <http://www.osha.gov/fso/osp/index.html>.

How OSHA Determines Whether Retaliation Took Place

The investigation must reveal that:

- The employee engaged in protected activity;
- The employer knew about the protected activity;
- The employer took an adverse action; and
- The protected activity was the motivating factor (or under some laws, a contributing factor) in the decision to take the adverse action against the employee.

If the evidence supports the employee's allegation and a settlement cannot be reached, OSHA will issue an order requiring the employer to reinstate the employee, pay back wages, restore benefits, and other possible remedies to make the employee whole.

Limited Protections for Employees Who Refuse to Work

You have a limited right under the OSH Act to refuse to do a job because conditions are hazardous. You may do so under the OSH Act only when (1) you believe that you face *death or serious injury* (and the situation is so clearly hazardous that any reasonable person would believe the same thing); (2) you have tried to get your employer to correct the condition, and there is no other way to do the job safely; and (3) the situation is so urgent that you do not have time to eliminate the hazard through regulatory channels such as calling OSHA.

Regardless of the unsafe condition, you are not protected if you simply walk off the job. For details, see <http://www.osha.gov/as/opa/worker/refuse.html>. OSHA cannot enforce union contracts or state laws that give employees the right to refuse to work.

Whistleblower Protections in the Transportation Industry

Employees whose jobs directly affect commercial motor vehicle safety are protected from retaliation by their employers for refusing to violate or for reporting

violations of Department of Transportation (DOT) motor carrier safety standards or regulations, or refusing to operate a vehicle because of such violations or because they have a reasonable apprehension of death or serious injury.

Similarly, employees of air carriers, their contractors or subcontractors who raise safety concerns or report violations of FAA rules and regulations are protected from retaliation, as are employees of owners and operators of pipelines, their contractors and subcontractors who report violations of pipeline safety rules and regulations. Employees involved in international shipping who report unsafe shipping containers are also protected. In addition, employees of railroad carriers or public transportation agencies, their contractors or subcontractors who report safety or security conditions or violations of federal rules and regulations relating to railroad or public transportation safety or security are protected from retaliation.

Whistleblower Protections for Voicing Environmental Concerns

A number of laws protect employees who report violations of environmental laws related to drinking water and water pollution, toxic substances, solid waste disposal, air quality and air pollution, asbestos in schools, and hazardous waste disposal sites. *The Energy Reorganization Act* protects employees who raise safety concerns in the nuclear power industry and in nuclear medicine.

Whistleblower Protections When Reporting Corporate Fraud

Employees who work for publicly traded companies or companies required to file certain reports with the Securities and Exchange Commission are protected from retaliation for reporting alleged mail, wire, or bank fraud; violations of rules or regulations of the SEC, or federal laws relating to fraud against shareholders.

More Information

To obtain more information on whistleblower laws, go to www.osha.gov, and click on the link for "Whistleblower Protection."

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.

For more complete information:



U.S. Department of Labor
www.osha.gov
(800) 321-OSHA

NO HIGH-PROFILE ISSUES?

- OSHA Healthcare RFI (May 2010)
 - Workplace-acquired infections are a persistent problem
 - Seeking best practices on infection control
 - Infectious agents are transmitted from healthcare workers to patients
 - Potential push on nosocomials (Healthcare-Associated Infections)?
 - “...among the leading causes of death in the United States”
 - “...accounted for an estimated 1.7 million infections and 99,000 associated deaths in 2002.”

NO HIGH-PROFILE ISSUES?

Noncompliance with recommended infection control practices (e.g., hand hygiene, and proper use of gloves, facemasks, and respirators) increases the risk of transmission of infectious diseases among patients and workers.^{19 31 38} HHS notes that HAIs are among the leading causes of death in the United States, accounting for an estimated 1.7 million infections and 99,000 associated deaths in 2002.³⁹ The 2007 CDC/HICPAC guidelines note that infectious agents are also transmitted from HCWs to patients.⁴⁰

More specifically, poor infection control practices have been implicated in both acquisition and transmission of methicillin-resistant *Staphylococcus aureus* (MRSA) by healthcare personnel.⁴¹

HIGH-PROFILE ISSUE?

- 99,000 nosocomials per year (2002) from Healthcare
- Compare to 97,208 annual fatalities from other causes
 - 35,928 transportation fatalities (NTSB - 2009)
 - 22,400 drug overdose deaths (HHS - 2005)
 - 13,636 murder victims (FBI - 2009)
 - 14,561 AIDS deaths (CDC - 2007)
 - 5,200 from foodborne illness (CDC - average)
 - 119 from West Nile Virus (CDC - 2005)
 - 70 deaths from lightning (NOAA - average)
 - 80 deaths from tornadoes (NOAA - average)
 - **5,214 fatal workplace injuries, all sectors (BLS - 2008)**

THE CASE FOR INTERVENTION?

- OSHA statements from May 2010 RFI
 - High injury and illness rates (1.3 - >2x private)
 - “A weak culture of worker safety in this sector...”
 - “...significant gaps in compliance”
 - “Limited adherence to recommended practices...”
- Can lead to “National Emphasis Programs”
 - Combustible dust (grain and sugar)
 - Microwave Popcorn Processing Plants (butter flavoring)
 - Recordkeeping (illness & injury reporting)

Although HCW infections have been documented, published data on the prevalence of these infections is limited. Recently, the National Institute for Occupational Safety and Health (NIOSH) noted that a lack of occupational data in existing healthcare surveillance systems made tracking illnesses among HCWs difficult.\49\ The healthcare sector puts forth substantial effort to track patient infections, but does not appear to match that effort with a systematic means for tracking occupationally acquired worker infections. A weak culture of worker safety in this sector may be a contributing factor to this issue.

The lack of adherence to voluntary infection control procedures is of particular interest to OSHA. CDC/HICPAC states that ``several observational studies have shown limited adherence to recommended practices by healthcare personnel.'' \15\ It should be noted that these

A study of adherence to CDC recommended respiratory infection control practices examined 653 healthcare workers in primary care clinics and emergency departments of five medical centers and found significant gaps in compliance. There were shortcomings in overall personal and institutional use of CDC recommended practices, including deficiencies in posted alerts, patient masking and separation, hand hygiene, PPE use, staff training, and written procedures.\19\ Another

healthcare-related settings. We are particularly interested in additional data regarding indications in some studies that transmission of infectious diseases to both patients and HCWs may be occurring as a result of incomplete adherence to voluntary infection control measures in traditional healthcare facilities. Another concern is the movement of healthcare delivery from the traditional hospital setting, with its greater infrastructure and resources to effectively implement infection control measures, into more diverse and smaller workplace settings with less infrastructure and fewer resources, but with an expanding worker population.

THE CASE FOR INTERVENTION?

- RFI asserts historical benefits from OSHA interventions

OSHA's past efforts to protect workers against occupationally acquired infectious diseases include the Bloodborne Pathogens standard

(Sec. 1910.1030), promulgated in 1991. That standard requires a comprehensive programmatic approach to controlling transmission of bloodborne diseases. Following its promulgation, the incidence of Hepatitis B in HCWs dropped from more than 100 cases per 100,000 HCWs in 1991 to only 9.1 cases per 100,000 HCWs in 1995.\50\ The standard

THE CASE FOR INTERVENTION?

As a result of a marked increase in tuberculosis (TB) during the early 1990s, which included worker infections, OSHA initiated action to address occupational exposure to TB. A standard was proposed, but was later withdrawn. In part, the proposal was withdrawn because of healthcare facilities' increased adherence to CDC's TB guidelines and the subsequent decline in TB infection rates.\51\ To assure continued protection of workers, OSHA addresses occupational exposure to TB through its TB compliance directive.\52\ The directive utilizes the CDC guidelines as the recognized means for controlling TB exposure. When OSHA determines that a TB hazard exists in a facility, exposure control deficiencies may be cited under existing OSHA standards [e.g., the Respiratory

[[Page 24839]]


Protection standard (Sec. 1910.134)] and the General Duty Clause [Section 5(a)(1) of the Occupational Safety and Health Act of 1970, Pub. L. 91-596 (OSH Act)]. The General Duty Clause requires employers to ``* * * furnish to each of his 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.''


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3	311878409	01001	09/30/2010	0336000	Crushing	2421	Wayne L Hepler Dba Wlh Enterprises
4	312779713	01001	09/30/2010	0418200	Struck By	1622	Rogers Bridge Company, Inc.
5	313177891	01001	09/30/2010	0523900	Guarding	0241	Five Star Dairy, Llc
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14	314427402	01001	09/30/2010	0418600	Struck By	2421	Linden Lumber, Llc
15	314454596	01001	09/30/2010	0626000	Unclass	5571	Adrenaline Motor Sports
16	314528415	01001	09/30/2010	0627100	Crushing	1522	Nagera Construction
17	314540824	01001	09/30/2010	0418600	Chemical	7349	Meyer Real Estate Dba The Cleaning Company, Inc.
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GDC RARELY USED FOR HC

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2	314005992	01001	07/23/2010	0257260	Unclass	8062	Asem Hospital De Trauma
3	311473250	01001	07/01/2010	0111500	Falling	8062	Danbury Hospital
4	314003831	02001	03/19/2010	0257260	Unapequip	8062	Municipio San Juan Cms Dr A Oliveras Guerra
5	314003831	02002	03/19/2010	0257260	Unapequip	8062	Municipio San Juan Cms Dr A Oliveras Guerra
6	311211239	02001	01/29/2010	0257260	Falling	8062	Asem Facturacion Y Cobros
7	311389985	01001	12/28/2009	0257240	Tb	8062	Hospital Bella Vista Inc

THE CASE FOR INTERVENTION?

California-OSHA (Cal-OSHA) recently promulgated an Aerosol Transmissible Diseases (ATD) Standard \53\ to protect workers from exposure to infectious agents transmitted via the droplet or airborne routes. Following Federal OSHA's withdrawal of the TB proposal, Cal-OSHA developed its standard in response to concerns about TB, the 2003 SARS epidemic, and a potential influenza pandemic. The standard significantly expands protection of California workers against aerosol transmissible diseases (this term, as defined by Cal-OSHA, encompasses those diseases that can be transmitted by the droplet or airborne routes). It should be noted that the standard does not deal with occupational exposure to infectious agents that are transmitted primarily via the contact route (e.g., MRSA, Group A strep, and noroviruses).

THE CAL-OSHA MODEL?

- **Aerosol Transmissible Diseases**
 - Took effect August 2009
 - Planning, surveillance, decon, reporting, employee involvement

- **First citations issued April 2010**
 - **December 2009**
 - Known Bacterial Meningitis patient transported to AB
 - AB Respiratory Therapist and Oakland PD in ICU
 - Willful violations (Not reporting incident, no exposure analysis, PPE, med)
 - **Alta Bates Summit Medical Center**
 - \$101,485 penalty
 - **Oakland Police and Fire**
 - \$31,520 penalty

- **Lacks contact coverage (needed?)**

JOINT COMMISSION COVERS OSHA REQUIREMENTS?

- TJC standards reference some OSHA requirements
 - Hazardous materials and waste inventory (EC.02.02.01-1)
 - MSDSs (EC.02.02.01-11)
 - Labels for hazardous materials (EC.02.02.01-12)
 - Fire, exits, life safety (various LS, NFPA primary)
- Most common hospital violations not addressed by TJC
 - Recordkeeping
 - Bloodborne Pathogens (labels only)
 - Hazard Communication (labels only)
 - Electrical
 - LOTO

SUMMARY

- **Regulatory agency using strong language**
 - Clear intent to regulate
- **Numbers make attractive target**
 - 11 million employees across thousands of sites
 - Incident rates far higher than general industry
 - High nosocomial rates
 - Low inspection rates
 - Complaints drive half of hospital inspections
- **Lack of inspections marginalizes OSHA in healthcare**
 - Tendency to see Joint Commission as “umbrella” program
- **OSHA currently reviewing comments on RFI**
 - Only 502 received
 - 5,795 Registered hospitals in U.S. (2009 – AHA)
- **Begs for intervention**

DISCUSSION?

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