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MONTANA STATEFUND

SAFETY IN THE HEALTH CARE INDUSTRY

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This document represents information regarding safety activities and hiring practices and is not intended to meet the requirements for all situations. Montana State Fund cannot guarantee that this information will address all conditions that may be present in your workplace nor do we guarantee that you are in compliance with any local, state or federal law, rule or regulation.

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Introduction

Thank you for partnering with Montana State fund to achieve our shared goal of positive workplace safety culture. MSF Safety Management Consultants are committed working with businesses to prevent injuries, illnesses, and fatalities to support Montana workers, families, and communities.

It's our hope that this manual will support you with your safety efforts. If you would like to speak with a Consultant or request an on-site visit, please contact us at 800-332-6102.

We look forward to serving your workplace safety and insurance needs.

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Injuries in the Health Care Industry

Recent data suggests that employees are injured in the health care industry more frequently than in mines or on construction projects. Every year, thousands of Montanans are injured on the job in health care facilities such as hospitals, nursing homes, group homes, and home health care settings.

Employees of health care facilities pride themselves on taking superior care of their patients and residents, however sometimes that care places the employee at risk of suffering an injury. Most commonly, employees face the following hazards while performing their job duties.

- Lifting and transferring patients.
- Lifting and moving supplies.
- Slips and falls.
- Bloodborne pathogens.
- Aggression-related injuries.

Establishing a program to address hazards and protect our health care workers is vital to reducing the number of injuries occurring among these employees. The information contained in this booklet is designed to assist companies in the development and implementation of best practices designed to keep employees safe.

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Hiring and Onboarding

Preventing injury starts during the hiring process. Ensuring you have selected the right person for the job can have immense impacts on your overall safety program. Interviewing and selecting your candidate based on their qualifications is a great way to start, but ensuring that your candidate can safely perform the job is also important.

Not everyone is physically able to perform the job they have applied for. This is partly why a well- managed pre-placement physical examination program is important; it can help reduce the number and severity of work-related injuries. If you choose to give medical exams to incoming employees, the Americans with Disabilities Act requires: 1. you must conduct the exams as a separate, second step of the selection process, after a contingent offer of employment has been extended; and 2. you must require them of all incoming employees, or of all incoming employees within a given position.

Establishing a Pre-employment Medical Exam

Setting up a formal pre-employment medical exam is easier than you might think. First, talk with your local medical provider. This will allow you to negotiate a set price for each exam, as well as provide your employees' job descriptions for the physician — a useful resource in the event of an injury. Many providers will actually come watch the job being performed, and will help you create job descriptions if you don't have them. These providers may cost more, but will generally provide a better return on investment. Inform the medical provider that any recommendations or conclusions related to hiring or placement of an individual should focus on only two concerns:

1. The ability of this person to perform the job with or without any accommodation

2. The ability of the person to perform the job without posing a direct or indirect threat to the health or safety of this person or other persons.

Remember to keep all post-offer/pre-placement medical examinations in files separate from the personnel file. These files need to be treated as confidential.

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New Employee Safety Orientation

A strong new employee process can make a big difference. Statistics show that 31 percent of workplace injuries occur in the first year of employment. About 41 percent of those injuries take place during the first three months. A solid safety orientation program can substantially reduce injuries among these new high-risk workers.

Ideally, safety orientation should take place before the employee begins work. At times it may be necessary for the orientation to occur over several days. Remember, new employees (and any employee, for that matter) should never be asked to perform a task which they have not been trained to do. Even an employee with industry experience needs time to adjust to the practices and policies of a new organization.

Following up with your new employee, after they have been given a chance to settle in can reduce injuries. Employees are given so much information on their first day; it might benefit your organization to go over the safety information again at the two-week or one-month mark for each new employee. This will give them a chance to absorb the information you gave them, and it tells them that you believe this information to be important enough to go over it twice. In addition, it provides them with an opportunity to see differences in policy and the actual work environment, and gives them a chance to ask questions based on their actual experiences.

SAFETY RESOURCES NOW:

NEW EMPLOYEE SAFETY CHECKLIST

Please see checklist on page 13.

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Employee Training and Education

In addition to a solid new hire orientation, all employees should be trained on the proper way to perform their job. Even if you have hired someone with many years of experience in the field, training allows you to gauge the level of knowledge they have on specific tasks, and gives you the peace of mind knowing that you have trained them specifically how you want the task done. In addition, it's the law! OSHA and the Montana Safety Culture Act both require that employees receive task specific training on a recurring basis. Training should include classroom and hands-on learning. Some things to consider include: Bloodborne pathogens, Hazcom, patient transfer, use of lifts, violence in the workplace, emergency preparedness and response, Hazwoper (if applicable), respiratory protection, and any other topics of concern for your employees. In addition, best practices would include training for things like slips, trips and falls, back injury prevention, ergonomics, etc.

Protecting Employees

Ensuring our health care workers stay safe requires a dedicated effort.

Moving and Transferring Patients

Injuries related to moving and transferring patients should not be accepted as part of doing business, and can be greatly reduced with some targeted interventions. Several studies have concluded that the following interventions, when used together, reduce moving and transferring related injuries.

Mechanical Lifting Equipment:

Obtaining proper equipment is paramount in the battle against injuries related to moving and transferring patients. Deciding which equipment your facility needs is not a task that should be taken lightly. Each piece of equipment requires a different level of participation by both the caregiver and the patient. Involving the employees in the review of each piece of equipment prior to purchase is important, and can help increase the success of your program. Also, allowing the employees to use the equipment on a trial basis can also help with the success of implementation

Lifting equipment is sometimes seen as an obstacle to quality care among health care professionals and health care organizations. However, when provided, these devices help reduce patient / worker interactions that can result in injury to both the patient and the worker. Because the patient is more comfortable and confident in his or her care, aggression related encounters that might result in injury to the employee and/or the patient can also be reduced.

Mechanical lifting devices are used to move a person from one area to another; for example, from the bed to the chair or the chair to the commode, or to help them up off the floor after a fall. They come in a variety of types, styles, and sizes to accommodate every type of patient your facility may see. To institute an effective injury prevention program, organizations must select and make available several different kinds of mechanical lifts based on their patient population. If the patient population is fairly stable and unchanging, organizations can look to use fewer types of lifting equipment, however, if the patient population is diverse, the lifting equipment must also be diverse to meet the needs.

The number and location of these lifts is important. Locate them so they're readily accessible to employees. If it's inconvenient to use them, they won't get used.

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Patient Evaluation:

In addition to purchasing equipment for employees to use, it is equally important to have a process by which patients are evaluated upon arrival to determine what functional abilities they have and the type of equipment that would best help them and their caregivers. This process must be easily achieved, and must have a section for caregiver input. This program must be comprehensive enough to deal with the range of patients your facility may see, yet flexible enough that employees can make changes as the patient needs change.

Training:

Employees must be trained in the proper use and maintenance of any lifting equipment purchased. This training should include an overview of the equipment, as well as detailed operating instructions. In addition, employees who use the equipment should be monitored to ensure they understand the use of the equipment. In several studies, it was determined that employees who had more hands on training were better equipped to operate the equipment, which resulted in reduced injuries to caregivers than if the employee had only visual training. This training should be required of all employees, regardless of their tenure with your organization or with their experience in the care field.

In addition to training all care staff, it is important to train your maintenance staff in the proper use and care of the equipment as well. It was found that if maintenance staff had a clear understanding of how to properly use the equipment, they were more likely to identify issues with the equipment prior to the equipment not functioning properly.

Training employees about the methods used to classify the patient, and what the protocol for lifting that patient is should also be a top priority. This training should happen any time a new patient is assigned to the caregiver, or any time a patient has a change in their lifting protocol.

Zero Lift Policies:

Ultimately, setting the expectations in a written policy stating that caregivers are required to follow the patient protocol and the development of a zero lift policy for your organization are the keys to greater success with these interventions. Alone, each intervention will provide some protection against caregiver injury, but coupled together as an entire program, these interventions can greatly reduce the number of injuries. A written policy, with clear direction, expectations, and a mechanism for oversight, whether that is with the employees themselves or the charge nurse, is the best way to ensure that the efforts put forth to purchase equipment and identify patient protocols is not wasted. Requiring employees to follow policy will help build and maintain a culture where safe work is expected by all parties.

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Manual Material Handling

In addition to patient transfer, material handling is also a hazard faced by employees of health care facilities. From laundry workers and housekeeping to maintenance workers and nurses, every employee in a health care setting has the potential to lift or move supplies, tools, and equipment. Making these tasks safer for your health care facility is fairly easy to do.

Identifying those areas where employees perform manual material handling tasks should be your first step. Look at those tasks where employees frequently move or lift items. Laundry, kitchen and maintenance are examples of where this may happen. Are they required to lift and twist, as might occur when putting laundry away or stacking it in carts, or are they heavy items such as food supplies following a delivery? Look also at those activities that require employees to lift heavier or awkward items, or are required to reach awkwardly to get those items. Some additional identifiers or increased risk include:

- Large reaches. If employees have to reach from side to side, above their heads, below their knees, or with their arms stretched outward, this task should be reviewed for redesign.
- Push/Pull activities. If employees are required to push or pull an object, ensure the object they are working with is properly designed for the task. Does it have wheels, are they in good repair, do they move freely, is there a brake? Ensuring that employees have the right tools for the job is critical. Did you know when using carts, larger wheels usually create less vibration, are easier to control, and usually require less force to push, especially in areas of rough terrain?
- Stationary work. Assess those areas where employees have to stand to work, such as computer tables, counters, laundry folding areas, etc. If employees have to bend over to work, or lean in any direction, a redesign may be in order. In addition, ensure those employees standing for long periods of time have anti-fatigue matting.
- Storage of heavy items. Heavier items, those weighing more than 20 pounds, should be stored in the at waist level. Often, these items are stored on the floor or on the very top shelf, which can be hazardous for a variety of reasons.

So, now we know where the lifting happens, what do we do with that information? Look to redesign these tasks using the hierarchy of controls, engineering controls, administrative controls such as training, and lastly, personal protective equipment. To engineer out manual material handling tasks, look for ways of reducing lifting by using carts, conveyors, self-raising bins, adjustable tables, and adjustable patient treatment tables. Some administrative interventions include ordering supplies in smaller quantities, unloading the truck with mechanical aids and then breaking the order down into more manageable sizes, using smaller laundry bags for housekeeping tasks, scheduling the correct number of employees for each shift, training employees, and work/rest schedules. Personal protective equipment for this task is very limited.

Slips, trips, and falls

Preventing slips, trips, and falls takes a comprehensive approach. If you can address the five common contributing factors to slips, trips, and falls, you can prevent most, if not almost all, injuries related to this hazard. This fantastic five are: Surface design, surface conditions, surface and level changes, obstructions, and human factors.

- Surface Design — Often flooring design is chosen for aesthetics, cost, and durability. The choice of design may impact a human's ability to stay upright. Slip resistance can vary from surface to surface, surface conditions, and type of footwear. Slip resistance can be measured by static coefficient of friction (COF). This measurement

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is most commonly taken with a tribometer. Studies and regulation differ in COF requirements. The Occupational Safety and Health Act recommends (through a proposed nonmandatory appendix that has not been adopted yet) that walking surfaces have a COF of 0.5 and the American Disability Act recommends a COF of 0.6. Higher COF may be necessary for certain tasks such as walking on ramps, pushing, pulling or carrying objects.

- Surface Conditions — Conditions can vary depending upon the environment and surface maintenance. Walkways which are likely to be wet or spilled upon present risk for slips or falls. Loose or torn carpeting, broken tiles, or curled matt edges create tripping hazards.

- Surface and Level Changes — Each time a surface changes, a person must adjust his or her gait to work with that surface. Surface changes, such as carpet to tile, should be minimized as much as possible in an effort to control slips, trips, and falls. Curbs, ramps, slanted areas, joints or ridges that are greater than ¼ inch in height are all examples of level changes. Level changes can pose a trip hazard, especially if an individual is not expecting it. Often color contrast is used to alert people of the level change.

- Obstructions — Extension cords, furniture, scrap materials, and pallets are a few of many of examples that can be obstructions in walking areas. Housekeeping and organization easily eliminates obstruction related falls that occur every day.

- Human Factors — Human interaction within the respective workplace plays a significant role upon slip and fall prevention. Humans depend upon good work surface design, maintenance, and housekeeping. Employers should also depend upon these items as they are so much easier to control than human factors. Humans each have different physiological, cognitive, physical, and psychosocial abilities. Age, impairments, gait, choice of footwear may also be contributing factors toward slips, trips, and falls. Employers should provide safety training, establish a good culture, and promote active wellness in an effort to prevent injury. However, removing or controlling hazards is the best means of preventing injury.

Additional information on preventing slips, trips, and falls can be found on our webpage http://safemt.com/safety-issues/slips-trips-and-falls/. Here you will find the complete guide to slip, trip, and fall prevention, a picture guide to some common hazards associated with slips, trips and falls, a video on preventing slips, trips, and falls in the workplace and an inspection checklist.

Bloodborne Pathogens

Controlling exposure to blood or other potentially infected material (OPIM) should be a top priority among health care employers. Developing a written program that identifies where blood or OPIM may be encountered, procedures for avoiding exposure, and procedures in the event of an exposure is necessary. In addition, training your staff on bloodborne pathogens as well as universal precautions and post exposure protocols is required as part of your program.

Aggression-related Injuries and Violence Prevention

Health care settings are not free from violence and aggression related issues. As a matter of fact, violence and aggression in the health care field has increased significantly over the last ten years. This increase can be attributed to several factors, including an increase in narcotic drug dependence, increase in mental health patients seeking care in emergency departments, and an increase in medical costs.

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Recognize and De-escalate Training

When dealing with people who have lost control or who may be on the verge of losing control, it's important that employees act appropriately. Any action taken, including no action at all, may serve to make the situation better, worse, or may have no effect whatsoever. There is no magic cure that will work in all situations, but it's important to train employees to recognize and respond to these situations. There are many de-escalation techniques and trainings available, both on-line and in person.

Policies for reporting incidents, including ways to manage the offender.

Violence-prevention programs reduce the risk of assault by training workers to recognize frequent cues, such as drug use and threatening body language, and educating them about strategies to help defuse situations. Accurate incident reporting is a crucial part of this type of intervention, as it helps hospitals identify specific hazards, such as poor lighting, understaffing and inadequate safety training — and take steps to remedy them. (Scientific American, December 31, 2014) Adding in tabletop exercises and practices will help health care staff work through these response techniques increases the likelihood that they will respond appropriately if needed.

NIOSH developed a free online training program that went live in 2014. This training has been used by thousands of health care workers and is available online at http://www.cdc.gov/niosh/topics/violence/training_nurses.html.

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Return to Work

We see our Return to Work program as a firm commitment to our employees that we care about their health and safety and that we value having them at our organization. Transitional duty programs also offer our employees an opportunity to see how other parts of the business are run and they obtain a new perspective about their role in our industry."

– Karen Harrison, Missoula Developmental Services Corporation

When an employee is injured on the job, it can be an exceptionally stressful time for him or her. While ensuring prompt medical attention is essential, a good program goes beyond the initial treatment and ensures a smooth transition back to work for the injured employee. It also helps everyone understand his/her role and how to navigate through the event.

Early intervention has also shown many other benefits such as:

- Improved healing outcomes when an employee is back at work.
- Positive impact on employee self esteem.
- Reduced financial stress for employee.
- Decreased overall cost of the incident.
- Demonstration of employee value.

Montana State Fund's Return to Work program is one of the most effective, proactive tools an employer can use to contain the cost of workers' compensation claims. Studies show when injured employees remain off work for six months, only 50 percent will return to work. If an employee is off work more than one year, only 10 percent return to their time of injury jobs.

What is a Return to Work Program?

In essence, the Return to Work program is a plan your company can implement to facilitate your employees' safe and timely return to work after a workplace injury. It encourages the earliest possible return of an injured employee to perform meaningful, productive work within the safe parameters of his or her physical recovery and capabilities. The program's main objectives are to manage the workplace injury and, if necessary, temporarily modify the employee's position or job description to accommodate the physical restrictions identified by the medical provider.

The Return to Work Program:

- Establishes structure for managing injuries.
- Fosters communication between you, your workers, the claims examiner and medical providers.
- Speeds recovery and helps maintain an injured employee's self-esteem.
- Helps employees safely return to work sooner through incident management and transitional work programs.
- Manages the impact of injuries on your workers' compensation premiums.
- Retains good employees.
- Discourages fraudulent claims.

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Implementing RTW in Your Workplace

A successful RTW program begins with designating a member of your staff as an RTW Specialist. The specialist is a resource for identifying job modifications and physical requirements for each job in the company, answering employee questions and concerns, assisting employees through the RTW process, and working with a Montana State Fund claims examiner.

Involve your employees in the planning of your RTW program. Provide training for supervisors so they understand their roles. Ensure the RTW process is part of your company's policy manual and post your program policies for all employees to review. By informing employees up front and including the program in policy information, you legitimize the program and show that you care about employees' health and safety.

The Economics of RTW

Consider this scenario: A health care worker hurts her back while lifting a patient. Without a Return to Work program, she stays off the job for six months greatly increasing the cost of the claim. With a properly implemented RTW program, she comes back in several days with a modified worker description.

Several days off the job, with an RTW program: $5,150

Six months off the job, without an RTW program: $29,250

Other Benefits of an RTW Program

Building a "Return to Work Culture" is an investment in employee loyalty. It shows employers care about their employees and want them back on their team. Most workers want to get back to work and maintain their lifestyle. In fact, an injured employee on workers' compensation receives 66 percent of his/her normal pay. What's more, an injured employee typically recovers quicker and uses less medical care when they are participating in an RTW program. This helps the healing process.

RTW also effectively manages injuries, controlling costs and insurance rates. Research suggests that there's a 60-day window to get workers back on the job. After that, a significant number never return. And while that employee is at home, you're paying direct and indirect costs without receiving any productivity in return. An RTW program gives you an opportunity to generate some productivity during the healing period.

SAFETY RESOURCES NOW:

RTW ACTIVE MANAGEMENT CHECKLIST

Did a work-related injury occur during off-hours?
Please see checklist on page 14.

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New Employee Check List

- ☐ Review job description.
- ☐ Review general safety rules.
- ☐ Review safety disciplinary rules.
- ☐ Discuss examples of unsafe conditions.
- ☐ Discuss procedure for reporting and correcting unsafe work conditions.
- ☐ Identify and review safety equipment and proper lifting techniques. (ladders, step stools, lifting belt, safety glasses and gloves, etc.)
- ☐ Review location of all first aid materials.
- ☐ Review the job environment and work space.
- ☐ Explain what to do if the employee has an accident.
- ☐ In the event of an accident, the person to contact is _____.
- ☐ Review and discuss the First Report of Injury form/ 30-day reporting requirement.
- ☐ Review and discuss company Return to Work program.

My signature confirms I have reviewed and discussed these items with the new employee.

_____

(signature of employer representative)

My signature confirms I have reviewed and discussed these items with my employer.

_____

(signature of new employee)

[Remove this page to include in every employee's personnel file]

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RTW Active Management Checklist

If a work-related injury or illness results in time off work, the RTW Specialist should use the following checklist.

Employee Name: _____ Date of Injury/Illness: _____

Employee's Home Phone #: _____

Initial Medical Treatment Provided by: _____Phone#:_____

	ACTION COMPLETED DATE
Received completed supervisor's Initial Incident Investigation Form	_____
Submit employer's First Report of Injury Form to Montana State Fund	_____
Contact with employee within 24 hours to give explanation of workers' compensation process	_____
Send list of pre-identified transitional job tasks to physician for review and possible approval. This should be done at first visit, and can be included in the Grab N Go Kit.	_____
Contact doctor's office regarding RTW program and provide doctor with copy of original job description and temporary transitional job description	_____
Meet with supervisor to identify transitional job options	_____
Obtain copy of medical release for employee to perform temporary transitional duties	_____
Make formal job offer of temporary transitional position; if mailing, send via certified mail	_____
Meet with employee and supervisor to discuss temporary transitional job	_____
Contact MSF claims examiner and set up return to work date with employee	_____
Set date for return to work	_____
Employee returns to full duty, temporary transitional duty or termination date	_____

For claims information, please call 800-332-6102. Additional forms available at safemt.com.

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Initial Incident Investigation

Date of injury: _____ Time of injury: _____ Date and time of investigation:_____

WHO was injured: _____

WHO else was involved in the incident: _____

WHO witnessed the incident: _____

WHAT was the employee doing when injured?

WHAT equipment, process or activity not described above may be related to the incident?

WHERE did the incident take place?

WHAT is the specific injury, including body part(s) and severity?

WHY did this injury occur to this person at this time? Describe immediate cause and all underlying (root) causes you can identify; continue to ask "why" for at least five levels of identified causes.

1.

2.

3.

4.

5.

HOW can similar incidents be prevented in the future? Include management, employee, equipment, and environmental considerations.

Name and title of investigator: _____ Signature: _____

Safety Committee Follow-up: What preventive measures were put in place to permanently avoid recurrence of similar incidents?

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Safety Program Checklist

- [ ] General safety orientation for new employees, with information common to all employees and appropriate to the business operations, and provided prior to the start of regular job duties.
- [ ] Job or task-specific training appropriate for employees before they perform that job or task without direct supervision.
- [ ] Continuing and regular refresher training.
- [ ] System for employer and employees to develop an awareness and appreciation of safety, using tools such as newsletters, periodic safety meetings, posters, and safety incentive programs.
- [ ] Periodic self-inspection for hazard assessment when a safety program is implemented, when new work sites are established, and thereafter as is appropriate to the business operations, but at least annually.
- [ ] Documentation of performance of activities listed in the above requirements which
  1. includes date, time, location and description of training, inspections and corrective actions; 2. includes list of participants; and 3. is retained for three years.

Additional Requirements for Employers with More Than Five Employees

- [ ] Policies and procedures that assign specific safety responsibility and safety performance accountability.
- [ ] Procedures for reporting, investigating, and taking corrective action on all work-related incidents, accidents, injuries, illnesses, and known unsafe work conditions or practices.
- [ ] Safety committee established which: 1. is composed of employees and employers and meets at least once every four months; 2. has employee members that are either elected or volunteers; and 3. has activities that assist in fact finding.

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Notes

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