Four good reasons to take OSHA 3148 seriously

It may look like just another rule, but this one will change the way you run your clinic

OSHA says it’s there for you and your workers, to help keep them safe. Ignoring it could prompt the agency to show up at your door for an inspection. What is “it”? Workplace violence prevention. If your clinic hasn’t given much thought to this topic—and many haven’t—you’ll want to pay attention to the number 3148.

OSHA in April released an update to its Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers, known to many in the safety field as OSHA Rule 3148. First published in 1996 and updated in 2004, the 2015 update is largely viewed as OSHA’s attempt to get serious about encouraging healthcare facilities to develop a workplace violence prevention plan. For more information, the updated booklet can be found at www.osha.gov/Publications/osha3148.pdf.

“It is unacceptable that the people who dedicate their lives to caring for our loved ones often work in fear of injury or death,” said Assistant Secretary of Labor David Michaels in a statement from OSHA. “This updated booklet will help employers implement effective measures to reduce or eliminate workplace violence hazards.”

The update is also likely OSHA’s response to a growing trend of violence in healthcare as a whole. According to statistics provided by OSHA, more than 23,000 significant injuries were caused due to assaults at work in 2013, and at least 70% of these assaults were in healthcare and social service settings. Healthcare and social service workers are almost four times more likely to be injured as a result of violence than the average private sector worker, OSHA says. Further statistics show that about 30% of the fatalities in healthcare and social service settings that occurred in 2013 were due to assaults and violent acts.

“Clinics are vulnerable and more susceptible to violence because they are small, independent operations with little security placed at their entries,” says Ken Weinberg, BA, MSc, PhD, consultant...
in environmental health, safety, and toxicology for Safdoc Systems, LLC, in Stoughton, Massachusetts, and a former director of safety for 12 years at Massachusetts General Hospital in Boston. “Someone with violence on their mind to go after a patient, doctor, or some employee in the clinic will probably have free rein to do so. As I understand it, a vast majority of violence in healthcare and business settings is personal and potential offenders can slip through the cracks.”

You likely know most of these statistics already, so what does this mean for you, the safety professional? Plenty, especially if you are in a small clinic that hasn’t had the time or resources to develop a violence prevention plan—or just hasn’t bothered to create a plan because nothing has happened.

“I know we should take this seriously, as many times the threat is a domestic violence issue that has moved to the office setting,” says Deborah Bothwell, clinical research coordinator and safety officer at Colorado ENT & Allergy in Colorado Springs. “I also understand that no matter what precautions we take, there is always that off-chance event that we could have not have predicted. I guess it is just like every other thing in life—we don’t think ‘it could happen here.’ But sadly it can happen anywhere, and we should prepare as much as we are able.”

Here are a bunch of reasons to take the new update to 3148 seriously and use it to your advantage:

- **The Joint Commission is taking it seriously.** While the threat of an OSHA inspection is real and shouldn’t be taken lightly, most clinics will never see an inspector unless there is a complaint or major incident—due mainly to the fact that OSHA just doesn’t have the manpower to inspect the millions of workplaces nationwide.

  The Joint Commission is a different story—it’s an independent, not-for-profit organization that gets paid to meticulously inspect hospitals at least once every 18 to 39 months from head to toe, and gaining accreditation is a highly coveted achievement, as well as a necessary step to receiving government funding.

  The fact that The Joint Commission issued an alert advising hospitals to follow OSHA 3148 when developing emergency management plans is a sign that the rule should be taken seriously, and if you are a clinic connected to a hospital system, you will be bound to it as part of the survey process.

  While The Joint Commission may not necessarily adopt OSHA as one of its standards, it tends to look highly upon the standards of other safety entities when inspecting facilities—consider the weight that the fire safety standards from the National Fire Prevention Association carry during a hospital survey, for instance.

  Even if federal OSHA doesn’t inspect facilities and issue citations for failure to have a proper workplace violence prevention program, some experts say that state plans are already tightening up their regulations.
A serious violation under Cal/OSHA regulations carries with it a $25,000 fine,” says Rose Comstock, COHIS, risk manager for Southern Trinity Health Services in Mad River, California. “A citation can have numerous serious violations listed depending on what they find. My CEO would certainly understand a $25,000 fine plus the impacts to a patient, family members, and staff members and the very real potential for civil or criminal lawsuits. Which, of course, would directly affect our insurance and risk management approach to doing business.”

- The document is a road map. You can no longer use the excuse that you didn’t know where to start. The updated OSHA 3148 document walks you through the process of developing a violence prevention program in your facility, starting with plenty of statistics and reasons why you should do it.

  If you are unsure whether your type of facility is covered under the document, OSHA makes it clear. Facilities that need to take note include:
  - Hospital settings representing large institutional medical facilities
  - Residential treatment settings, including institutional facilities such as nursing homes and other long-term care facilities
  - Non-residential treatment/service settings, including small neighborhood clinics and mental health centers
  - Community care settings, including community-based residential facilities and group homes
  - Field work settings, including home health care workers or social workers who make home visits

  Next, the document gives you lots of hints and tips, starting with how to get support from your staff and management, work site hazard identification checklists, engineering and administrative controls that you can employ in your facility to help make it safer, and inspection checklists that you can customize to fit your own needs.

  See the workplace violence program checklist from OSHA on p. 4 to start your assessment of your own facility.

- You have to do it anyway. If you ever get hit with a surprise inspection from OSHA and you don’t already have a workplace violence prevention program in place, you can bet the inspector will issue a citation and fine you, probably under the ubiquitous general duty clause, which essentially gives field inspectors free rein to impose heavy monetary fines for “failing to provide a workplace free from recognized hazards likely to cause serious injury or death.”

  “I guess it is just like every other thing in life—we don’t think ‘it could happen here.’ But sadly it can happen anywhere, and we should prepare as much as we are able.”
  —Deborah Bothwell

If the statistics surrounding violence in the workplace aren’t enough to let you know that OSHA takes it seriously as a recognized hazard, this is your reminder to shape up. Workplace violence happens—and there’s a better than average chance it will occur in your facility at some point.

  Take Comstock’s clinic, for instance; it’s located in a rural area, with law enforcement about two hours away. When the clinic hired a new medical director about a year ago, she says each patient who received pain medications was individually assessed to determine whether his or her medications could be reduced over time. The ultimate goal was to either significantly reduce the patient’s dependency on medications or eliminate the need for them altogether.

  “These efforts generated a very upset group of patients who came to the clinic expecting refills without status evaluations but were told instead their medications were going to be reduced,” Comstock says. “Our front office staff experienced dozens of irate patients threatening them and our providers with bodily harm on a daily basis. Patients would be in the parking lots yelling obscenities and making threats to blow up the building.”

  As a result of this incident, Comstock says she implemented several security procedures and facility improvements over the last 12 months, including the following:
  - Controlled access at the entrance doors to back offices
  - Strobe alarms in administrative offices on the second floor
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<thead>
<tr>
<th>Area Description</th>
<th>All Areas</th>
<th>Some Areas</th>
<th>Few Areas</th>
<th>No Areas</th>
<th>Notes/Follow-up Action</th>
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<td>Are nametags or ID cards required for employees (omitting personal information such as last name and home address)?</td>
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<td>Are workers notified of past violent acts in the workplace?</td>
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<td>Are trained security and counseling personnel accessible to workers in a timely manner?</td>
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<td>Do security and counseling personnel have sufficient authority to take all necessary action to ensure worker safety?</td>
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<td>Is there an established liaison with state police and/or local police and counseling agencies?</td>
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<td>Are bullet-resistant windows or similar barriers used when money is exchanged with the public?</td>
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<td>Are areas where money is exchanged visible to others who could help in an emergency? (For example, can you see cash register areas from outside?)</td>
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<td>Is a limited amount of cash kept on hand, with appropriate signs posted?</td>
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<td>Could someone hear a worker who calls for help?</td>
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<td>Can employees observe patients or clients in waiting areas?</td>
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<td>Do areas used for patient or client interviews allow coworkers to observe any problems?</td>
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<td>Are waiting areas and work areas free of objects that could be used as weapons?</td>
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<td>Are chairs and furniture secured to prevent their use as weapons?</td>
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<td>Is furniture in waiting areas and work areas arranged to prevent entrapment of workers?</td>
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<td>Are patient or client waiting areas designed to maximize comfort and minimize stress?</td>
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<td>Are patients or clients in waiting areas clearly informed how to use the department’s services so they will not become frustrated?</td>
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<td>Are waiting times for patient or client services kept short to prevent frustration?</td>
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<td>Are private, locked restrooms available for employees?</td>
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<td>Is there a secure place for workers to store personal belongings?</td>
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Source: OSHA
– Keypad access coded locks in the visitor waiting room areas
– Better lighting in ambulance bays and front entrances
– A strong workplace violence prevention training program focusing on how to defuse situations and how to handle threatening phone calls and other encounters
– An alarm system that activates at the push of a front desk panic button and automatically calls the highway patrol, U.S. Forest Service law enforcement, and county sheriff offices, as well as turning on the upstairs strobe lights to warn administrative staff

What would you do if you experienced a sudden threat to your facility, as Comstock did? Further, if one of your employees complained to OSHA about such a situation at work, triggering a surprise inspection, what would you tell the inspector?

- **You’ll learn where your weak spots are.**

You may think you have your “A” game going in safety and security—until someone points out where the holes are. Knowing that security is a work in progress, use the OSHA 3148 booklet as a chance to examine your program from the standpoint of an independent observer, a place to start with discovering your weak spots. Then invite a security professional in to have a look.

That’s the approach Bothwell says her Colorado Springs clinic took after a fatal shooting at a nearby medical facility on February 29, 2012. In that incident, 28-year-old Dominic Oliver of Colorado Springs showed up with a gun at the Urological Associates office at about noon. Apparently angry at a medical office employee, he took the employee and another person hostage.

According to USA Today, a male patient at the clinic who had a concealed firearm—and saw a confrontation brewing when the man got agitated—stood between the gunman and others, allowing as many as 50 patients and employees to exit the building before police moved in. At this point, the incident became a hostage situation, and while police tried to get Oliver to surrender peacefully, he wound up being shot to death by a police officer during a confrontation.

“Medical offices now need to be more aware of signs of potential situations,” says Bothwell. “We had a police officer come to our office for a staff meeting where he outlined specific measures for our office, sharing those things that we maybe had not considered in the past. We do have signage stating that no weapons are allowed in the building. However, Colorado is fairly well known for [legal] gun-carrying residents, so we can never be sure who has what in their purse or pocket.”
Guest column: Safety outside of the lab

Editor’s note: In this guest column, Linda Gylland, MLS (ASCP) QLS, a lab safety officer for Sanford Health in Fargo, North Dakota, discusses the importance of proper PPE, even while on vacation—and why her mother needs to learn how to read an MSDS.

As a laboratory safety officer, I am naturally concerned about making sure all lab-related activities are done in the safest environment, under the safest conditions, using proper PPE, and complying with all safety regulations (OSHA, CAP, CDC, TJC, etc.). But if you think about it, safety practices occur everywhere:

- The dentist’s office—Hygienists wear gloves, glasses, and full-face safety shields
- Restaurant buffets—Staff wear gloves while placing food in bowls on ice
- Construction sites—Workers wear heavy-duty gloves, boots, and hard hats

My dad, an 89-year-old retired farmer who still works just as much as he once did, likes to save copper from his farm shop/garage. He brings it to a company in Minneapolis that pays more per pound. I went with him last time and saw every worker in proper PPE: hard hats, gloves, steel-tipped boots, and some masks. It was great to observe. I told them I noticed their PPE compliance and gave them high praise.

I recently returned from a family destination wedding in Cancun, where I also happened to observe great safety practices. Because of the intense heat and the UV rating of 13, workers outside wore hats with the connecting flap covering their ears and neck. This same style of hat was worn by the driver of the catamaran cruise. At the resort, some wore knee-high boots while working in the water. Lifeguards were on duty at all times, and during the foam party there were three or four of them circling the pool area. I even saw one construction worker in the street wearing a cape that made him look like Superman. Sunscreen and sunblock were available for purchase everywhere. Bottled water was the norm. In the airport, screens describing MERS, measles, and Ebola were abundant and easy to read and understand.

On the other hand, there are times when safe practices are NOT being observed. Have you ever observed the bussers who clean tables at restaurants? According to Wikipedia, a busboy, busgirl, busser, or bus person is a person who works in a restaurant and catering industry clearing and setting tables, taking dirty dishes to the dishwasher, and otherwise assisting the waiting staff. On several occasions, I have seen a busser clean a table with a cloth, then use that same cloth for the next table, and the next, and the next. In between tables, the cloth is used to clean the chair, the bench, and even sometimes the floor. By the last table, the cloth is no longer wet. The crumbs are just being swept to the floor or to the chair, where that same cloth is flung to get rid of more crumbs. Now imagine you’re dining at this restaurant and sit at one of the tables the busser “cleaned” for you. Your food arrives. You’re hungry, so you ravenously attack your steak or lance into your baked potato. In your zeal, maybe a piece of food goes over the edge of the plate and lands on the table. What’s the harm, right? What kind of germs or bacteria are on that so-called clean table?

Now imagine you’re dining at this restaurant and sit at one of the tables the busser “cleaned” for you. You’re hungry, so you ravenously attack your steak or lance into your baked potato. In your zeal, maybe a piece of food goes over the edge of the plate and lands on the table. What’s the harm, right? But what kind of germs or bacteria are on that so-called clean table?

I have observed this a few times, and I do not take it lightly. I find the manager on duty and ask what kind of training the staff are given in clearing and cleaning tables. I let him or her know what I observed and mention the rules of general safety and the state health department, which certifies restaurants. Restaurants need to maintain high health standards to be successful.
GHS deadline is here: Are you ready?

June is the time to have your chemical safety in order. Here’s what to do now.

If you’ve been worrying about how your facility is going to comply with OSHA’s new Globally Harmonized System of Classification and Labeling of Chemicals (GHS), stop worrying. Now is the time for action.

June 1, 2015, is the deadline that OSHA set for all employers to be in compliance with the new regulations, which have been phased in over a three-year period to make the transition to the new system easier. This is especially helpful for manufacturers, many of whom still have large stocks of inventory with old labels.

But for employers—and that means you as the laboratory or medical clinic—it’s a different story. By now you should have your books in order; in addition, your employees should know what a safety data sheet (SDS) is and why it’s so different than the old MSDS. If these things aren’t done, you’ve got a lot of work ahead of you. If an OSHA inspector walks in tomorrow and notes that you aren’t in compliance, you can expect a citation and fines.

“Exposure to hazardous chemicals is one of the most serious threats facing American workers today,” said U.S. Secretary of Labor Hilda Solis in a written statement. “Revising OSHA’s Hazard Communication standard will improve the quality and consistency of hazard information, making it safer for workers to do their jobs and easier for employers to stay competitive.”

We’ve put together a quick review to help you make sure you’ve made the right moves to be in compliance with the new GHS system.

• **What is GHS?** Unless you really haven’t been doing your job as a safety officer, you’ll already know this one. But as a refresher, the new GHS requirements were introduced by OSHA in 2012 and require manufacturers of chemicals to switch from the traditional MSDS to the new SDS system. The idea behind the change is to make identification of hazardous chemicals universally easier around the world, in any language, to make them safer (at least theoretically) for workers to handle and work with.

  The SDS, which identifies a chemical and the hazards associated with it, is divided into 16 sections, each dedicated to various information about the chemical: firefighting, first aid, storage, hazards, and what to do in the event of exposure to the sub-

establishments. Tables must be properly cleaned and disinfected before more people are served there.

Of course, bad safety practices can be found close to home as well. Just recently, my mother was fed up with the dirty bathroom that the men of the house use. She quickly sprayed some Santeen toilet bowl cleaner into the toilet and was overcome by the fumes. The bathroom fan was on, and so the vapors were easy to ingest. She immediately coughed, got a sore, scratchy throat, and really didn’t feel so great. In response, she moved to another room, got a drink of water, and took a nap. I didn’t find out about this until six hours later when I happened to call my dad. I asked him if he checked the SDS. While my dad knows what an MSDS is, because he uses many farm chemicals and is familiar with their hazards, he did not think the toilet bowl cleaner would have one, so I searched for it and read the information to him. According to the MSDS, the active ingredient in the cleaner is hydrochloric acid, which produces a vapor that is harmful when inhaled, especially in confined spaces with no open window. The MSDS says to move to fresh air, dilute with water, and get immediate medical attention—my mother, of course, only did two out of three. Regardless, she was fine and doesn’t understand why I was even concerned.

Every product can present a hazard, and we need to know how to properly use chemicals in all situations. We are lucky to have great safety options, to have inspectors that keep everyone in compliance; we have no reason to ever disobey the rules. It’s not just in the lab that we need to worry about contracting infections or injuries—we need to be observant at all times! With proper care and compliance, we can live happily and free from diseases and injuries.
stance. In addition, the SDS system includes eight visual guides to workplace hazards, called pictograms; they consist of a black hazard symbol on a white background with a red border and are designed to be identified at a glance. The pictograms clearly identify hazards such as flames, carcinogens, corrosives, explosives, and environmental hazards.

- **What do my employees need to know?** In a few words: everything they need to be safe. OSHA gave employers until December 1, 2013, to complete employee training on the new SDS system and pictograms. The reasoning is that with the overlap of time requirements, there would be a roughly two-year period where employees would see both the new SDS and the old MSDS. To be safe, employees need to recognize both sheet types, and know how to use each to find information about handling chemicals safely as well as first aid information should there be an exposure in the workplace.

- **What are some training ideas I can use?** You already know that training is a work in progress, and it’s the same story with GHS. Even if you did the proper training with your employees two years ago, if you don’t make that training an ongoing part of your safety program, your employees may forget the information.

  “All of our staff have already been trained on how to interpret the new SDS, labeling, and pictograms and we have included this in our new employee orientation so that new staff will have this knowledge as well,” says Debby Burton, MT, training and development director for Medical Associates of Northwest Arkansas in Fayetteville.

  Most safety experts suggest hosting a series of in-service trainings to start. Get some donuts and coffee and introduce the new information to your employees.

  Of course, the idea of training is to get that information to stick in employees’ heads, and to remain there when they need it. Make a fun quiz, or have staff complete a scavenger hunt that requires them to identify pictograms on the new SDS. You’ll be happy to know that also gives you a written record of their training, which you can then show to OSHA inspectors as proof.

- **Why are my chemical suppliers still sending old labels?** Because it’s still allowed. When OSHA changes the rules, it almost always receives complaints from manufacturers who have to bear the brunt of the changes. In this case, chemical manufacturers had large stores of product that still had the old labels on them, along with original MSDSs corresponding to those products. If manufacturers had to change everything immediately, it would cost them a lot of money and waste a lot of chemicals, so OSHA gave them an extra two years to make the transition. That’s why your employees need to be trained to recognize both systems. Manufacturers have until June 2016 to complete their own transitions.

- **I can’t find SDS labels for the chemicals we use on the manufacturer’s website. What’s next?** Many manufacturers have been forward-thinking enough to provide updated documentation for their products, even making the updates available on their website for easy download. But some safety managers have complained that they can’t find the proper SDS information for the chemicals they have in the workplace. In addition, many manufacturers have had to delay releasing updated SDSs because the suppliers of ingredients in their products haven’t done so either.

  In this case, you can wait for your suppliers to provide the updated documentation (they will—it’s required by law), but many safety folks have decided to take matters into their own hands and call vendors and suppliers to get the right information.

  “I am updating the laboratory SDS on our online system as the companies make their changes,” says Linda Gylland, MLS (ASCP) QLS, lab safety officer for Sanford Health in Fargo, North Dakota. “It is a long process, very time-consuming.”

- **What if I don’t comply?** OSHA’s GHS requirements are the law, so you really don’t have a choice. At best, noncompliance opens your facility to a major OSHA citation and fines that could reach over $7,000 per violation. That’s not good for your bottom line, especially if you are a smaller clinic.

  Further, being out of compliance exposes you and your employees to potential injuries caused by not being up to date on information about the hazards associated with chemicals in your facility, as well as the first aid necessary to help out in an emergency.

  Visit [www.osha.gov/Publications/OSHA3695.pdf](http://www.osha.gov/Publications/OSHA3695.pdf) for more information about the GHS requirements and ideas to help your facility comply.
1. The Globally Harmonized System of Classification and Labeling of Chemicals (GHS) is designed to make identification of hazardous chemicals universally easier around the world, in any language.

2. OSHA Rule 3148 was first published in 1996.

3. About 30% of workplace fatalities in healthcare and social service settings that occurred in 2013 were caused by alcohol.

4. Santeen is a brand of mint chewing gum.

5. Linda Gylland’s father is a retired farmer.

6. An OSHA violation could cost your facility about $1,000.

7. OSHA gave employers until April 2016 to complete training with their employees on the new SDS system and pictograms.

8. Community care settings, including community-based residential facilities and group homes, are covered under OSHA 3148.

9. Chemical manufacturers have until June 2016 to complete transitions to the GHS.

10. OSHA’s general duty clause says that inspectors can fine your facility if too many lights are out.

Answers appear on reverse side.
Quiz answers

1. True.
2. True.
3. False. Statistics show that about 30% of the fatalities were due to assaults and violent acts.
4. False. Santeen is a toilet bowl cleaner.
5. True.
6. False. Fines associated with a major OSHA citation could reach over $7,000 per violation.
7. False. OSHA gave employers until December 1, 2013, to complete the training.
8. True.
10. False. The general duty clause allows field inspectors to impose heavy monetary fines for “failing to provide a workplace free from recognized hazards likely to cause serious injury or death.”

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