

# PUBLICATION

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## OSHA Puts Nursing Homes, Residential Care Centers Under the Microscope

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Recent developments in the enforcement of federal regulations could have substantial implications for certain long term care facilities. On April 5, 2012, the Labor Department's Occupational Safety and Health Administration (OSHA) launched a three-year special emphasis program focused on nursing homes and residential care facilities. This program will investigate ergonomic concerns, exposure to blood-borne pathogens, workplace violence prevention, tuberculosis containment and workplace slips and falls, according to the agency's program directive. An inspection's scope can be expanded if other hazards, such as exposure to multi-drug resistant organisms and dangerous chemicals, are found.

The national emphasis program (NEP) covers establishments in three North American Industry Classification System categories: nursing care facilities (623110); residential mental retardation facilities (623210) and continuing care retirement communities (623311). Businesses that do not provide medical care are not included in the program.

The program will target those long term care facilities that experienced an above-average number of injuries and illnesses during 2010. If at least 10 employees in the span of that year missed one or more days of work as a result of on-the-job injuries or illnesses, that facility is eligible for inspection.

Long term care providers can prepare for these inspections by reviewing the NEP directive, as well as OSHA guidelines for ergonomic hazards, blood-borne pathogens and workplace violence. The directive implementing the new program contains instructions intended for compliance officers that can put such facilities on notice as to what exactly those officers will be looking for during investigations.

For example, the directive instructs investigators to ask certain questions related to ergonomic hazards. Among the considerations evaluated by the officers will be the decision logic for using lift, transfer or repositioning devices and how often and under what circumstances manual lift, transfer or reposition occurs; who decides how to lift, transfer or reposition residents; and whether there is an adequate quantity and variety of appropriate lift, transfer or reposition assistive devices available and operational.

The NEP will also evaluate policies regarding blood-borne pathogens. Compliance officers will analyze whether programs are in place for the immediate and proper clean-up of spills of blood and other bodily fluids; whether the home has made available to all employees with occasional exposure to blood the hepatitis B virus vaccination series and whether the entity has established specific post-exposure protocols. In addition to these concerns, the directive provides a more extensive list of how blood-borne pathogen policies will be analyzed.

The new NEP, unlike its 2002 predecessor, also addresses workplace violence. The program recognizes that long term care workers face an increased danger of workplace violence, which is defined as violent acts directed toward persons at work or on duty. Although the NEP will now evaluate policies related to the prevention of workplace violence, the directive does not provide any long term care-specific considerations as it does with ergonomic hazards and blood-borne pathogens. To ensure compliance with OSHA regulations, employers should examine Enforcement Procedures for Investigating Workplace Violence Incidents, CPL 02-01-052.

For a more complete listing of enforcement procedures and considerations related to the new program, long term care facilities should consult the NEP directive. Health care facilities should also consult the attached OSHA-issued guidelines for the areas covered by the program in order to reduce their risk exposure.