

One Hour Safety Presentation

The main goal of the Division of Safety & Hygiene is the reduction of accidents and illnesses in the workplace. Toward this goal, the One Hour Safety presentation is designed to support the delivery of a presentation to co-workers in your workplace to help them understand and promote safer and healthier work environments. It is recommended that you take the DSH Training Center course as a background for using One Hour Safety Presentation to train others at your workplace. Call 1-800-OHIOBWC, option 2, 2, 2 for class dates and locations.

The One Hour Safety Presentation contains:

- Transparency Masters from which films can be made to use on an overhead projector,
- Instructor Notes which gives the instructor suggestions and script notations to use during the presentation, and
- Student Handouts which can be copied for those attending the presentation.

Materials are included for a one-hour presentation on each of these topics:

- ✓ Accident Analysis
- ✓ Bloodborne Pathogens
- ✓ Effective Safety Teams
- ✓ Enhancing Safety through a Drug-Free Workplace
- ✓ Ergonomics Basic Principles
- ✓ Ergonomics Developing an Effective Process
- ✓ Hazard Communication
- ✓ Lockout/Tagout and Safety-related Work Practices
- ✓ Machine Guarding Basics
- ✓ Measuring Safety Performance
- ✓ Powered Industrial Trucks Training Program
- ✓ Respiratory Protection
- ✓ Violence in the Workplace

Applications used:

- 1) Text documents (ending in .txt) can be opened with any word processing program.
- 2) Microsoft PowerPoint slides (ending in .ppt) can be opened with the Microsoft PowerPoint program. If you do not have PowerPoint and you do have Windows 95, 98, 2000 or Windows NT operating system, you can view the PowerPoint slides by downloading a free PowerPoint Viewer from the following website:
<http://office.microsoft.com/downloads/default.aspx?Product=PowerPoint&Version=95|97|98|2000|2002&Type=Converter|Viewer>
- 3) Adobe Reader document (ending in .pdf) contains the One Hour Safety Presentation in read-only format. It can be opened when you download Adobe Reader, which is available free of charge at the following website:
<http://www.adobe.com/products/acrobat/readstep2.html>

If you have comments or questions about these materials for One Hour Safety Presentation, please e-mail us: OCOSHTrng@bwc.state.oh.us

Transparency Masters

Safety and Ergonomics **for** *Extended Care Facilities*

BWC

Better Workers' Compensation

Built with you in mind.



Course Objectives

- Responsibility for safety
- Why are Safety and Ergonomics programs necessary and important
- What makes an effective process
- Identifying areas for improvement
- Implementing improvement ideas using the process

Safety for Extended Care Facilities

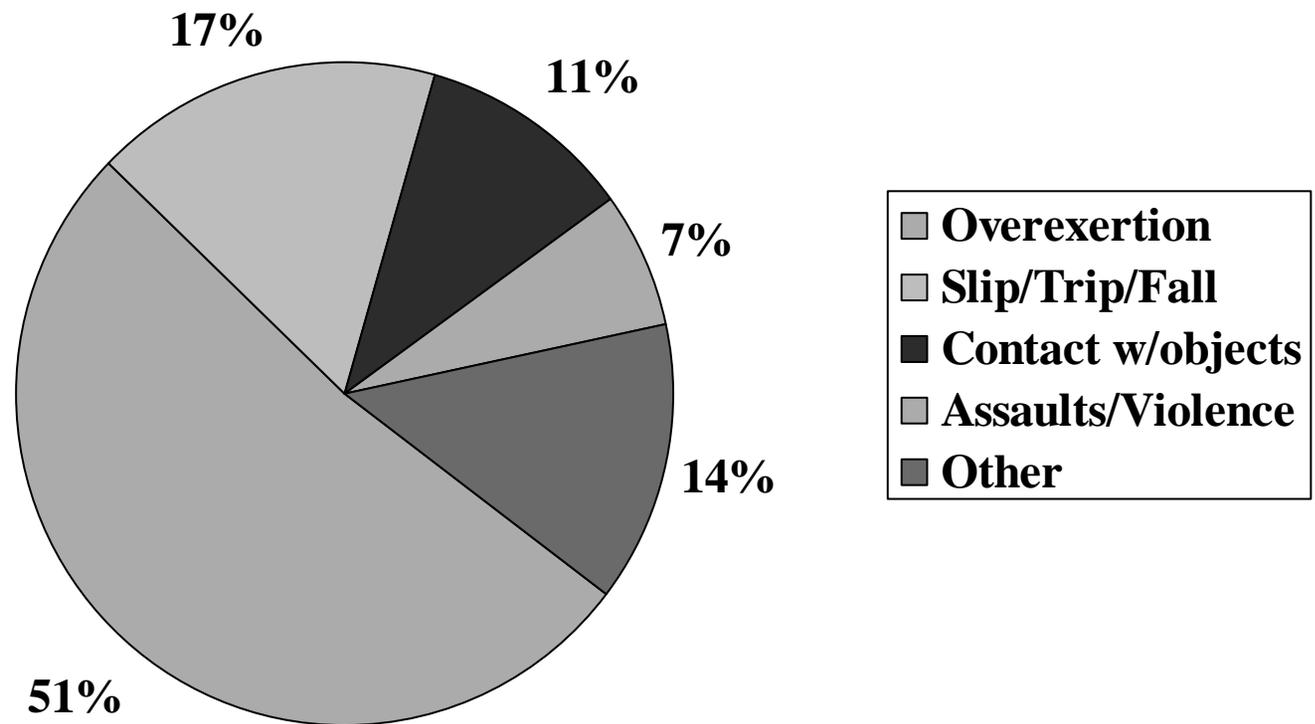


Key Questions

- Who is responsible for safety?
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- Who is accountable for safety performance?
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Types of Injuries in Extended Care Facilities



Typical Safety Programs from a compliance perspective (i.e. OSHA)

- Bloodborne Pathogens
- Hazard Communication
- Lockout/Tagout
- Personal Protective Equipment
- Emergency Preparedness
- Workplace Violence

Non-Typical Safety Program

Combative Residents

- Growing attention is being focused towards issues surrounding the potential for injuries when dealing with a combative resident
- What was once considered to be “Part of the Job” is now being looked at from an injury management perspective to help decrease injuries and save Workers’ Compensation costs

Who regulates combative residents issues and why?

- 1970 OSH Act - “Each employer shall furnish... a workplace free of recognized hazards...”
- In the US, workplace violence is the leading cause of on-the-job fatalities for females in all occupations
- The highest number of nonfatal assaults occur in health care and social service sectors
- Nursing aides and orderlies are the victims in more than 50% of all workplace assaults
- Nonfatal assaults are primarily perpetrated by combative patients/residents

Combative Residents

=

*Violence in the
Workplace*

Combative Residents Risk Factors

- Working alone with residents
- Staff member unfamiliar with residents
- Resident unfamiliar with staff member
- Medication, diet, rest/sleep cycles
- Inadequate communication systems
- Lack of training on how to recognize and manage hostile behavior
- Inadequate or untimely follow-up on incidents

Combative Residents

What are the issues/challenges at your facility?

Example – Are combative residents identified? If they are, is the information easily available to all staff regarding the nature of the resident and the type of behaviors they exhibit?

Other Challenges

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Combative Residents Question

- What control measures does your facility use to reduce the potential for injuries due to combative residents?

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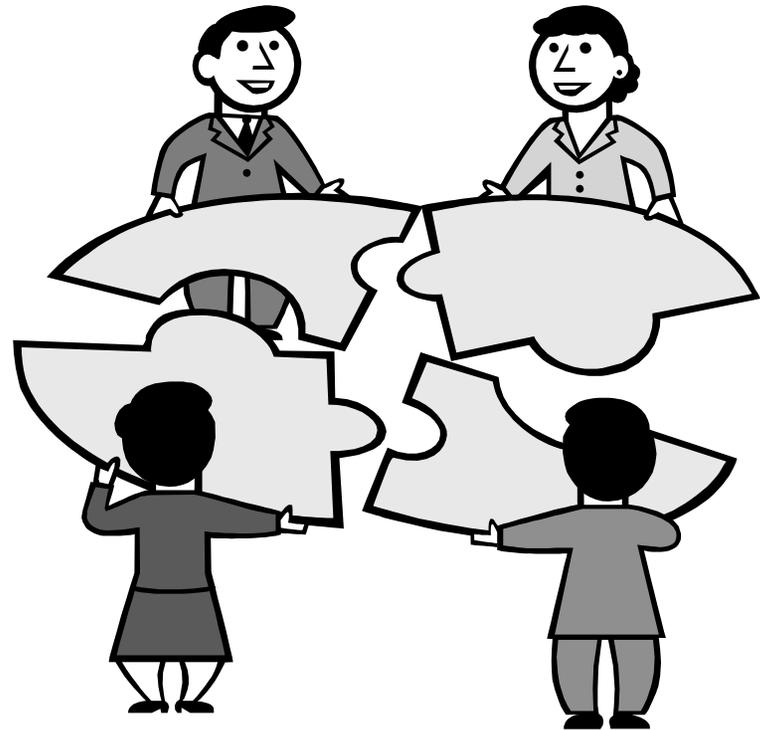
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Elements of an Effective Safety & Ergonomics Process

- ❑ Management Commitment
- ❑ Employee Involvement
- ❑ Accountability
- ❑ Documentation
- ❑ Integration
- ❑ Communication
- ❑ Monitoring/Evaluation
- ❑ Flexibility
- ❑ Continuous Improvement





Ergonomics for
Extended Care Facilities

What is Ergonomics?

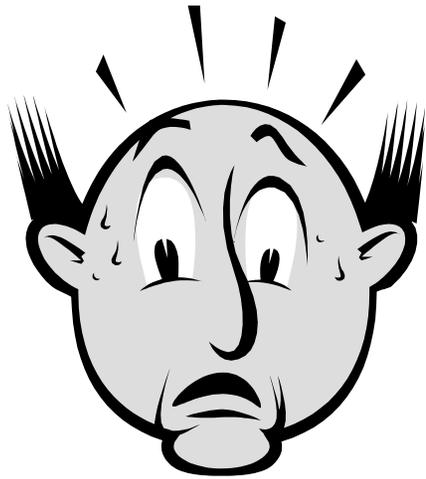
Definition = “The Science of Work”

Goal - Designing a work environment within a worker's capabilities so a job can be done safely and efficiently

Result - Minimizing potential for overexertion and cumulative trauma disorders (CTDs)

*** These conditions are sometimes referred to as Musculoskeletal Disorders (MSDs)

Why is ergonomics important?



- 89% of back injuries in health care facilities are related to patient handling activities
- 10 to 20% of people have to leave nursing due to back pain/injury
- Average turnover rate of STNAs in nursing homes is over 50% annually
- Average cost to recruit, hire, and train an STNA = \$2,000 - \$ 3,000

What factors cause, or contribute to overexertion?

Some Contributing Factors

- Weight to be moved
- Frequency of exertion
- Duration of exertion
- Posture during exertion
- Temperature
- Poor tool design
- Stability of the load
- Type of grip with the load
- Start and ending level of load
- Etc.



“Overexertion” doesn’t just mean being tired or worn out.

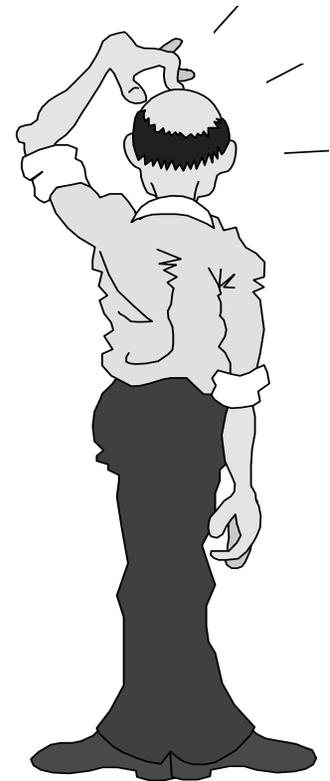
Simply stated - “Overexertion is the body is trying to do more physical work than it’s capacity.”

This can result in an overexertion injury.

What can be done to prevent overexertion?

Control Measures

- Engineering and Work Practice Controls
 - Equipment (i.e. mechanical assistance device)
 - Physical Plant/Facilities
- Administrative Controls
 - Proper Training
 - Comprehensive Policies
 - Adequate and Appropriate Staffing
- Personal Controls
 - Personal Fitness/Health
 - Personal Safety
 - Employee Involvement in Ergo Process



Areas to consider for Safety, Hygiene, or Ergonomic review/intervention

- Facilities Design and Physical Layout
- Purchasing and Storage Area
- Maintenance Department
- Dietary Department
- Housekeeping Department
- Laundry Department
- Nursing Department
 - Patient Handling Equipment
 - Sit-to-Stand Devices
 - Bathing Systems
 - Resident Beds
 - Wheelchairs/Geri-Chairs
 - Lift Transfer Devices
 - Slide Transfer Devices
 - Ambulation Devices



Implementation of Ergonomic Improvements

- Identify an opportunity for improvement
- Develop an implementation team (involve front line staff)
- Put together an action plan with a timetable
- Develop product/process evaluation criteria and forms
- If needed, get staff input in evaluation and selection of equipment
- Develop and document policies for use
- Document training and competency
- Conduct periodic follow-up assessments and make changes as needed

Questions??????????????



Instructor Notes

Safety and Ergonomics for *Extended Care Facilities*



Welcome comments - housekeeping details for the class. Sign in, breaks, emergency. We have an opportunity to focus on risk identification, evaluation and control of hazards associated with work in the extended care industry.

Course Objectives

- Responsibility for safety
- Why are Safety and Ergonomics programs necessary and important
- What makes an effective process
- Identifying areas for improvement
- Implementing improvement ideas using the process

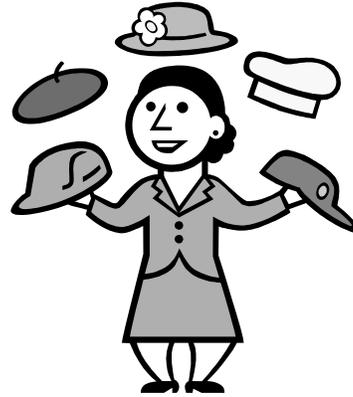
Safety for Extended Care Facilities



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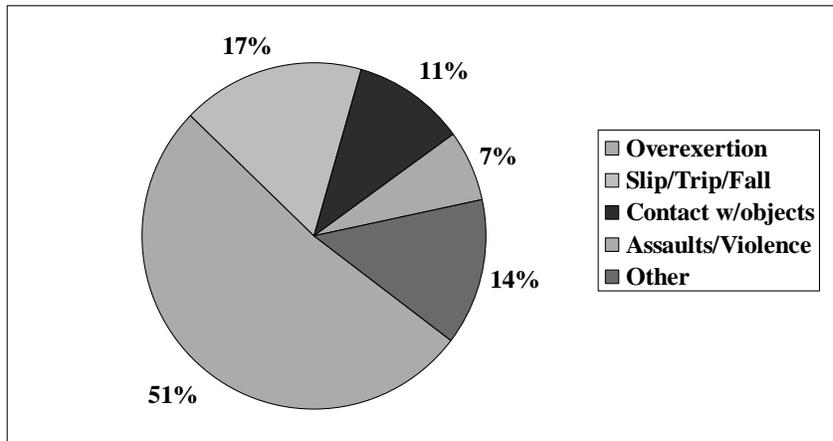
Key Questions

- Who is responsible for safety?
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- Who is accountable for safety performance?
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Everybody is responsible is a logical answer. But MANAGEMENT is responsible is the correct (legal) answer. Mgt is paying for training, premiums, fines, ,etc. If Mgt is responsible where should accountability start – at the top – not the bottom. Yet many safety approaches favor holding only rank and file responsible.

Types of Injuries in Extended Care Facilities



Define overexertion – muscle strains/sprains due to forceful exertion

Typical Safety Programs from a compliance perspective (i.e. OSHA)

- Bloodborne Pathogens
- Hazard Communication
- Lockout/Tagout
- Personal Protective Equipment
- Emergency Preparedness
- Workplace Violence

Refer to our 10 step program in the premium reduction program / drug free program.

Non-Typical Safety Program

Combative Residents

- Growing attention is being focused towards issues surrounding the potential for injuries when dealing with a combative resident
- What was once considered to be “Part of the Job” is now being looked at from an injury management perspective to help decrease injuries and save Workers’ Compensation costs

Refer to our 10 step program in the premium reduction program / drug free program.

Who regulates combative residents issues and why?

- 1970 OSH Act - “Each employer shall furnish... a workplace free of recognized hazards...”
- In the US, workplace violence is the leading cause of on-the-job fatalities for females in all occupations
- The highest number of nonfatal assaults occur in health care and social service sectors
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Combative Residents
=
*Violence in the
Workplace*

Combative Residents Risk Factors

- Working alone with residents
- Staff member unfamiliar with residents
- Resident unfamiliar with staff member
- Medication, diet, rest/sleep cycles
- Inadequate communication systems
- Lack of training on how to recognize and manage hostile behavior
- Inadequate or untimely follow-up on incidents

How do you deal with combative residents?

Combative Residents

What are the issues/challenges at your facility?

Example – Are combative residents identified? If they are, is the information easily available to all staff regarding the nature of the resident and the type of behaviors they exhibit?



Other Challenges

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Combative Residents Question

- What control measures does your facility use to reduce the potential for injuries due to combative residents?

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There is no single correct method

Ways to communicate potential for combative behavior?

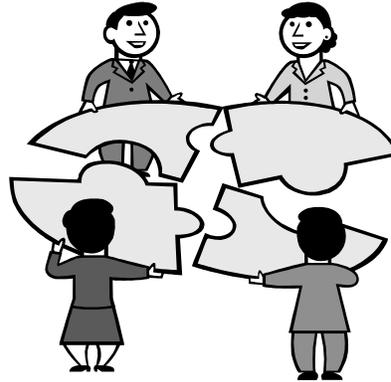
- colored magnets or stickers on door frames

Ways to prevent combative behavior?

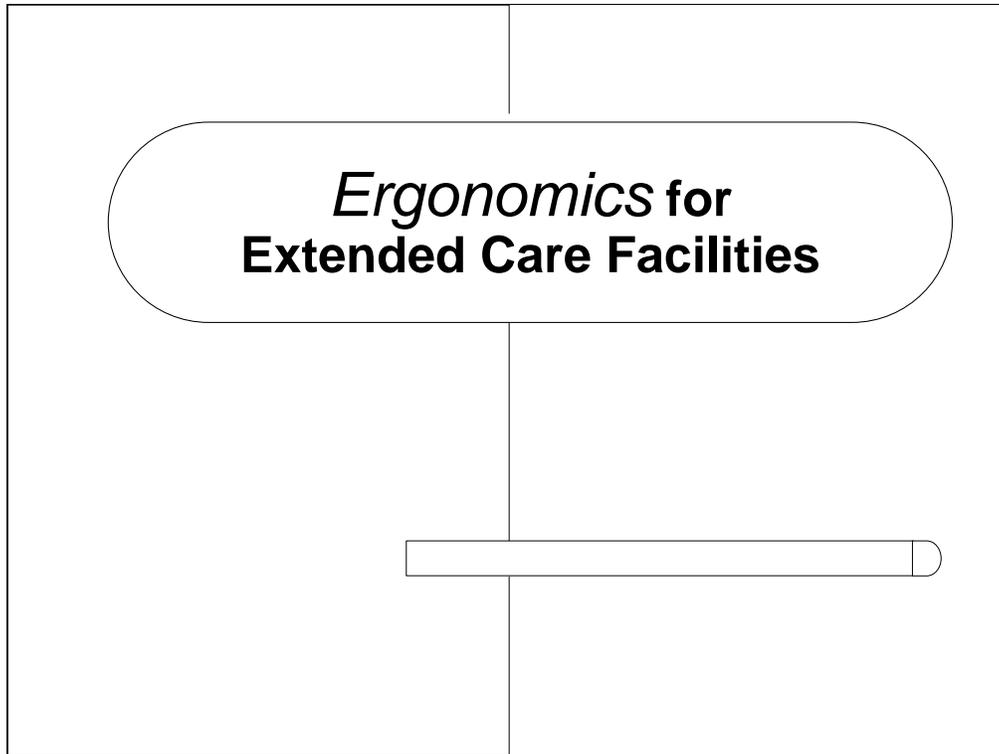
- socks on hands
- staff training

Elements of an Effective Safety & Ergonomics Process

- ❑ Management Commitment
- ❑ Employee Involvement
- ❑ Accountability
- ❑ Documentation
- ❑ Integration
- ❑ Communication
- ❑ Monitoring/Evaluation
- ❑ Flexibility
- ❑ Continuous Improvement



Refer to our 10 step program in the premium reduction program / drug free program.



To start the afternoon, let's review the objectives that you identified at the beginning of today's class....

What have we covered?

What still needs to be covered?

Did your objectives change?

What is Ergonomics?

Definition = “The Science of Work”

Goal - Designing a work environment within a worker's capabilities so a job can be done safely and efficiently

Result - Minimizing potential for overexertion and cumulative trauma disorders (CTDs)

*** These conditions are sometimes referred to as Musculoskeletal Disorders (MSDs)

Why is ergonomics important?



- 89% of back injuries in health care facilities are related to patient handling activities
- 10 to 20% of people have to leave nursing due to back pain/injury
- Average turnover rate of STNAs in nursing homes is over 50% annually
- Average cost to recruit, hire, and train an STNA = \$2,000 - \$ 3,000

In 1987, a NIOSH study found that 89% of back injury reports filed by hospital nursing personnel were related to patient handling.

In 1990, a NIOSH study to determine the occupational groups with the highest incidence of compensable back injuries found that NAs, LPNs, and RNs were all in the top 20 groups.

1994 BLS Data indicate that nursing home workers face third highest rate of occupational injuries and illnesses among all U.S. industries with 100,000 or more nonfatal injury or illness cases (221,000 industry inj. / illness cases in 1994 -- behind only meat products processing and motor vehicle / equipment manufacturing.) More than half of nursing home injuries were related to handling patients, and 42% are back injuries.

In 1995, the average direct cost for each lost-time back injury claim in the State of Ohio was approximately \$25,000, with some claims costing in excess of \$100,000 in medical costs and compensation alone.

What factors cause, or contribute to overexertion?

Some Contributing Factors

- Weight to be moved
- Frequency of exertion
- Duration of exertion
- Posture during exertion
- Temperature
- Poor tool design
- Stability of the load
- Type of grip with the load
- Start and ending level of load
- Etc.



“Overexertion” doesn’t just mean being tired or worn out.
Simply stated - “Overexertion is the body is trying to do more physical work than it’s capacity.”
This can result in an overexertion injury.

In addition to the obvious answer – weight – what other factors increase potential for overexertion (e.g. back and shoulder strains)?

It sometimes helps to break down the risk factors into four groups:

Task related

Management related

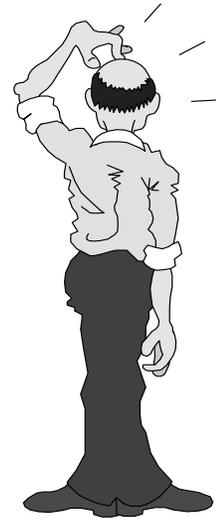
Resident related

Staff related

What can be done to prevent overexertion?

Control Measures

- Engineering and Work Practice Controls
 - Equipment (i.e. mechanical assistance device)
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 - Comprehensive Policies
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 - Personal Safety
 - Employee Involvement in Ergo Process



No single approach will be effective for reducing injuries

What do we mean by better safety management?

Management = Planning, organizing, coordinating, and monitoring activities to achieve goals – with the goal being SAFETY.

Whose safety? Staff Safety, which in turn will increase resident safety

Areas to consider for Safety, Hygiene, or Ergonomic review/intervention

- Facilities Design and Physical Layout
- Purchasing and Storage Area
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Implementation of Ergonomic Improvements

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Student Handouts

Safety and Ergonomics for *Extended Care Facilities*



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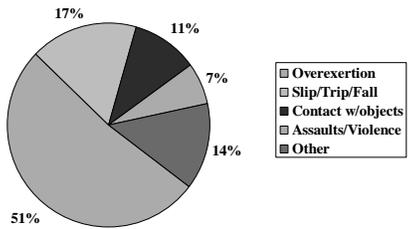


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