

## Dear CESA Members,

We're pleased to include in our current newsletter two new safety articles that we think you will find useful and informative. "Be Prepared For Increased Scrutiny of Long Term Care Facilities from Cal/OSHA" written by CESA's safety consultant, reviews current trends and discusses how a properly documented and implemented safety

program will actually assist you if an OSHA inspector walks in the door. The second article – "Day One Safety Training" written by the State Fund discusses how the most effective safety training starts from the day the worker is hired.

We have also provided a report from

our Safety Committee about our activities in the past several years.

Sincerely,

*Hannah Edelman*

Hannah Edelman  
CESA President

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## Dear CESA Members,

The CESA Safety Committee endeavors to provide the targeted services and products that will help create a safer environment in California nursing homes and assisted living facilities. To help guide our efforts we review State Compensation Insurance Fund (SCIF) loss data for our members and use that data to identify the most pressing needs. With those needs in mind, we develop our plans for reaching the important goal of helping our members reduce the risk of workplace injuries. I want to take this opportunity to list some of the services and products we have provided to our members over the last three years:

1. Safety Checklist
2. Online Safety Contact
3. Email Safety Support
4. Telephone Safety Support
5. Ergonomic Consultations by a Certified Ergonomist
6. Safety Inspections by a Long Term Care Facility Safety Expert
7. Safety Consultations by a Long Term Care Facility Safety Expert
8. Custom Safety Articles Created to Address the Needs of Our Members
9. General and Industry Specific Safety Articles

10. Cal/OSHA Services and Products
11. Disaster Preparedness Seminar - 90 Minutes
12. Disaster Drill Workshop – 6 Hours
13. Fall Mitigation Presentation at CAHF's annual convention
14. CESA Sponsored N95 Respirator Fit Test: Train the Trainer – 4 Hours
15. Proposition 65: Second Hand Smoke Hazard Signs
16. Model Aerosol Transmissible Disease Plan for Long Term Care Providers

CESA members are invited to avail themselves of our safety resources and to provide suggestions regarding services and products that should be developed in the future. We look forward to working together with our members in our common mission of providing a safer workplace for your employees.

Sincerely,

*Michael J. Boldt*

Michael J. Boldt, NHA, ARM  
CESA Safety Consultant

### VISIT CESA AT CAHF'S 60th ANNUAL CONVENTION



Join us at CESA's Booth Number 232 at CAHF's 60th Annual Convention and Expo Palm Springs, California, Monday and Tuesday, November 15-16, 2010

# Be Prepared For Increased Scrutiny of Long Term Care Facilities from Cal/OSHA

Could having an *effective* “injury and illness prevention program” subject a long term care facility to an *increased* chance of OSHA scrutiny and fines?!!! The answer to that question is surprisingly “Yes”.

On September 30, 2008 the Occupational Safety and Health Administration (OSHA) issued a directive establishing procedures for increased inspections of employers in high injury businesses (e.g. nursing homes and other long term care facilities), who report low rates of injury. ([www.osha.gov/Osh-Doc/Directive\\_pdf/CPL\\_02\\_09-08.pdf](http://www.osha.gov/Osh-Doc/Directive_pdf/CPL_02_09-08.pdf)). Long term care providers have had little interaction with Cal/OSHA in recent history. In fact, the department of labor and statistics reports less than 15 Cal/OSHA inspections of nursing homes in each of the last few years; there are close to 2,000 facilities in the state. The overwhelming majority of these inspections were the result of a serious injury at the facility or a complaint filed by an employee or other party. The historically low level of interaction between Cal/OSHA and long term care facilities is likely to change as a result of the new directive cited above. In addition to the increased interaction, there have been

many recent articles regarding the more hostile nature of routine inspections. Two years ago, a routine inspection would likely lead to a partnership with OSHA to mitigate any minor problems found by the inspector. Now the emphasis is on levying large fines as a deterrent to non-compliance. (Note: the Consultation Unit of Cal/OSHA still offers assistance in complying with the standards, [www.dir.ca.gov/dosh/consultation.html](http://www.dir.ca.gov/dosh/consultation.html) 800-963-9424) In light of these new developments, it is important for providers to prepare for increased scrutiny from Cal/OSHA inspectors.

Most facilities expend a great deal of energy preparing for surveys from the Department of Public Health or the Department of Social Services. Those two agencies are tasked with protecting the health of those who receive care. Cal/OSHA, on the other hand, focuses its efforts on worker safety. While there is a great deal of overlap in the subject of safety as it pertains to the caregiver and care receiver, the

terminology and approach to achieving safety are sometimes quite different. Besides asking to see your Cal/OSHA poster, the inspector will focus on three main areas: Record Keeping, Injury and Illness Prevention Plan, and the General Safety Environment of the facility.

From the standpoint of a Cal/OSHA inspector, “Record Keeping” means: Training Records and the OSHA injury log. Since the new directive by congress, mentioned above, is directly related to record keeping, a facility should expect an emphasis on this area, during a routine Cal/OSHA inspection. The impetus for the new directive is the suspicion, among industrial hygienists, that many workplace injuries go unreported as a direct result of employer efforts to suppress such reporting. Practices that will be under particular scrutiny are safety incentive programs which reward workers for a lack of reported injuries. Inspectors will interview employees and the doctor(s) chosen by the fa-

cility to treat industrial injuries. The inspector will also inspect employee medical records. It is important for every employer to communicate to employees that all workplace injuries should be reported. Safety incentive programs are designed to encourage safety not to discourage the reporting of legitimate injuries.

Safety incentive programs are just one area typically covered by an Injury and Illness Prevention Plan (IIPP). The state of California requires all employers, with over 10 employees, to have a written IIPP. To pass legal muster, your IIPP must:

1. Identify a person responsible for the management of the plan
2. Include provisions for enforcing the requirement of maintaining a safe workplace
3. Spell out how your facility's management team will communicate with their employees about safety
4. Contain procedures for identifying hazards that are specific to the facility
5. Specify how a facility will investigate occupational injuries or illnesses
6. Explain how the healthcare provider will correct hazards that come to its attention
7. Include specific procedures for providing safety training to employees

These seven basic requirements necessitate a continuously changing program that specifically addresses the occupational exposures of a particular facility and must include input from your staff. It is recommended that a well documented process of hazard identification and individual safety program review be done by a safety committee, which should include members from all the departments in the facility. Indeed, periodic

safety meetings are required by regulation. Occupational hazards can be identified by reviewing several years' worth of workplace injuries at a facility; the source of any injury should be addressed in the facility's IIPP. There

are also several sources of statistical data regarding injuries common to healthcare workers (e.g. The US Department of Labor and Statistics [www.bls.gov/iif](http://www.bls.gov/iif)).



Some safety programs that are specifically required of all long term care facilities are:

1. Emergency Action/Fire Prevention Plan
2. Blood borne Pathogens Exposure Plan (must include needle stick prevention measures)
3. Muscular Skeletal Disorder Prevention Program (Back Injuries)
4. Aerosol Transmissible Disease Exposure Control Program (New as of August 5, 2009)

Finally, a Cal/OSHA evaluator will observe and document the **general safety environment** at the facility. Is there a general sense of safety awareness and responsibility? Do employees participate in creating a safe workplace? How effective is the training? Is the facility tidy and free from obvious hazards? Is personal protective equipment and first aid available as needed to address any occupational exposure?

On April 19, 2010 a hospital in Oakland was fined over \$100,000 after an incident in which several healthcare workers contracted meningitis while treating a patient. The majority of the

fine stemmed from a lack of an acceptable Injury and Illness Prevention Program rather than any one action by the facility. The hospital did not have a written Aerosol Transmissible Disease Prevention Program in place as required by regulations that went into effect in August of 2009. There was a lack of effective ongoing hazard identification on the part of the safety committee.

Facilities that implement and maintain an effective IIPP will not only avoid large fines from Cal/OSHA, but will also see a reduction in exposure to workplace injuries as a whole. Creating a safer workplace with the help of employees has a positive impact on workers compensation premiums and increases morale. Increased morale helps the retention rate for your best employees and makes the facility more attractive for prospective residents.

In short, your efforts to prepare for increased scrutiny from OSHA should have a positive impact on your facility, whether an inspector walks through the door or not.

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*About the Author: Michael Boldt is the president of Boldt Risk Management Solutions Inc. Mr. Boldt is a Licensed Nursing Home Administrator, an Associate of Risk Management, and has passed the CA Workers' Compensation Self Insurance Administrators Exam. Michael has performed governing, underwriting, loss control and brokerage duties in the insurance industry. Mr. Boldt is currently contracted by Convalescent Employers Safety Association (CESA) to provide expert advice regarding the association's safety efforts and to provide individualized safety services to CESA member facilities. Contact Michael at [safety@cesa-cal.com](mailto:safety@cesa-cal.com).*

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*The information and advice provided in this article is general in nature and should not be considered a substitute for a customized safety program prepared by an ergonomic or safety professional.*



# Day One: Safety Training

Most workplace injuries involve workers who have been on the job for the less than one year, many have been on the job for less than 30 days. New workers may be experienced in another line of work or they may just be coming out of school with very little, or no job knowledge. They may not be aware of the hazards they could face in the workplace or the proper safety procedures to follow that would help to protect them.

It is the responsibility of the employer to provide training that will enable workers to perform their jobs in a safe, efficient, and productive manner, while also complying with the regulations and standards that apply to their industry.

A commonly overlooked part of safety training is the language barrier. This issue may go unnoticed, as few workers won't admit they do not understand job instructions being given by the employer. However, not being able to understand safety instructions can quickly lead to work injuries, incorrect machine operation or problems with production, quality or compliance. Therefore, the trainer must make sure every worker

understands the training material; not just that a worker was present.

It is vital that workers understand the purpose of the training, why it will be of use to them, and the consequences of not following safety rules and procedures. Training material should be organized so that the order in which the material is presented will match the safety procedures that are to be followed on the job.

The most effective safety training starts from the day the worker is hired. A good place to start is by explaining the company's Injury and Illness Prevention Program (IIPP). The IIPP "training umbrella" requires workers to be trained in two major areas:

- General safety - areas that affect all employees such as fire drills or other emergency procedures
- Specific training - for the hazards associated with the employee's job assignment

All training, no matter how brief, should be documented and should be placed

in the employee's file or training log. Training is required:

- For all new employees, and employees who have been transferred to a new job activity
- Whenever new hazards are introduced (chemical or physical)
- Whenever new hazards are recognized, such as an updated Material Safety Data Sheet (MSDS)
- For supervisors to familiarize themselves with the safety and health hazards of employees under their supervision

Now is a good time to review training requirements and be aware that annual training may be required for certain activities or hazardous exposures. To learn more about the training requirements for your particular workplace operation, check with your State Fund Loss Control Consultant or Cal/OSHA.

*State Compensation Insurance Fund  
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## CAL/OSHA Consultation Unit

The Cal/OSHA Consultation Service provides technical assistance to employers in health and safety issues. Consulting services include on-site visits (no fee), assistance in complying with Cal/OSHA standards, educational seminars, and publications.

The Consultation Service is separate from the Cal/OSHA Enforcement Unit. Consultants are not involved with enforcement activities such as inspections, citations and fines. All communications

between the employer and the Consultation Service are confidential and are not shared with enforcement staff. In exchange for this free consultation, however, employers must agree to correct in a timely manner any hazards that are identified.



To get help from Cal/OSHA consultation or learn more about services available, call (800) 963-9424 or visit [www.dir.ca.gov/dosh/consultation.html](http://www.dir.ca.gov/dosh/consultation.html).