

## Dear CESA Members,

We're pleased to include in our current newsletter two new safety articles and a sample Hazards checklist that we think you will find useful and informative.

1. **“Health care facilities see declines in slips, trips, and falls”** written by Risk and Insurance magazine discusses the findings of a Federal study on how a comprehensive prevention program helped reduce workers' comp claims in several hospitals from these types of injuries. Look out in the near future for a new CESA CD that will contain a Slip, Trip, and Fall Prevention Guide for Healthcare Workers.
2. The second article - **“New Safety Order Requires Deployment of Personal Protective Equipment”** written by CESA's safety consultant, reviews a recent law regarding safety hazards and requirements for the availability of personal protective equipment. This article,

along with a link to the proposed amendment to the Safety Order, can also be found in the OSHA Alerts section on the Resources page of our website - [www.cesa-cal.com/resources.html](http://www.cesa-cal.com/resources.html). The law went into effect on March 17, 2011.

3. **Hazards Checklist** - We have attached a sample of a Nursing hazards checklist provided by the State Compensation Insurance Fund. This and other hazard checklists are useful to document your inspections and the hazard identification process. They are by no means all inclusive. You should always add those items that apply to your operation. More checklists can be found at <http://www.statefundca.com/safety/HazardChecklists.asp>.

CESA members are invited to avail themselves of our safety services. More information can be found on our website at [www.cesa-cal.com](http://www.cesa-cal.com). We remind you that Michael Boldt, CESA's safety consultant, is available by phone or by email to address any safety question you might have. Michael can be reached at (310) 285-3767 ext. 4, or by email at [safety@cesa-cal.com](mailto:safety@cesa-cal.com).

Sincerely,

*Hannah Edelman*

Hannah Edelman  
CESA President

### VISIT CESA AT CAHF'S 61st ANNUAL CONVENTION



Join us at CESA's Booth Number 359 at CAHF's 61st Annual Convention and Expo Palm Springs, California, Monday and Tuesday, November 14-15, 2011

# Health Care Facilities See Declines in Slips, Trips and Falls

**H**ealth care workers are especially prone to slips, trips, and falls, but a comprehensive prevention program helped three hospitals reduce these workers' comp claims by 59 percent.

The National Institute for Occupational Safety and Health collaborated with several organizations to design, implement, and evaluate a prevention program from 1996 to 2005. The result is a workbook that identifies and provides strategies to prevent the top 10 causes of slips, trips, and falls in health care settings.

Slip, Trip and Fall Prevention for Healthcare Workers is the result of research by NIOSH, BJC Health System, the Finnish Institute for Occupational Health, Liberty Mutual Research Institute for Safety, the Johns Hopkins School of Public Health, the Veterans Health Administration, and the Washington University School of Medicine. It explains the hazards that contribute to the top slips, trips, and falls, shows where they are likely to occur, and provides recommendations to reduce or eliminate the hazard.

Slips, trips, and falls in hospitals accounted for 38.2 lost workday injuries per 10,000 employees in 2009 – 90 percent greater than the average rate for all other private industries combined, according to the Bureau of Labor Statistics. They are the second most common cause of lost workday injuries in hospitals, after overexertion.

Contaminants on the floor are the



leading cause of slips, trips, and falls incidents in health care facilities, according to the book. “Water, grease and other fluids can make walking surfaces slippery. Well-documented housekeeping procedures, correct floor cleaning, proper usage of mats and signs, accessible clean-up materials, and slip-resistant shoes will help to minimize the risk of slipping.”

The other top slips, trips, and falls hazards for health care facilities were:

- Poor drainage – pipes and drains.
- Indoor walking surface irregularities.
- Outdoor walking surface irregularities.
- Weather conditions – ice and snow.
- Inadequate lighting.

Stairs and handrails.

Stepstools and ladders.

Tripping hazards – clutter, loose cords, hoses, wires, and medical tubing.

Improper use of floor mats and runners.

For each identified hazard, the workbook describes the hazard, discusses where it occurs most often, and provides detailed prevention strategies. It also includes a checklist to help identify different hazards in specific facilities.

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# New Safety Order Requires Deployment of Personal Protective Equipment

As of April 17, 2011 California Employers are required to determine if hazards are present or are likely to be present for which personal protective equipment (PPE) are needed. If PPE are needed, the PPE must be effectively deployed by the employer. [General Industrial Safety Order §3380](#) was adopted on March 17, 2011 and went into effect on the abovementioned date.

The workplace hazard assessment process must be verified through written certification to comply with the new safety order. Employers must communicate selection decisions to affected employees and make sure PPE properly fits each of them. Defective PPE shall not be used. Lastly, employees must be trained (and retrained as required) regarding the use of applicable PPE. Required topics include:

- When PPE is necessary
- Which PPE is necessary
- How to properly don, doff, adjust and wear PPE
- The limitations of PPE
- Care, Maintenance and useful life and disposal of PPE

For some industries there are already PPE requirements related to specific hazards. Healthcare providers, for instance, must evaluate the need for respiratory protection and have a documented Aerosol Transmissible Disease (ATD) mitigation plan. Painters and manufacturers are required to have a written Respiratory Protection Plan if their employees will be exposed to harmful fumes. This new rule simply adds a catchall regarding PPE. If an employee is injured, and PPE would have prevented or mitigated the injury, Cal/OSHA now has yet another safety rule on which to base a fine.

It is important for all employers to develop and maintain a list of workplace hazards, specific to their workplace, through a

documented process, and consider mitigation options for those hazards listed. Mitigation options should include: Administrative Controls, Engineering Controls, Personal Protective Equipment, Procedural Controls and Training. Having a canned IIPP on the shelf does not comply with Cal/OSHA requirements.

Contact Convalescent Employers Safety Association (CESA) for professional guidance in developing an effective Injury and Illness Prevention Program (IIPP) that will create a safer environment for your employees and address Cal/OSHA regulatory requirements.

Michael Boldt  
NHA, ARM  
April 2011


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.



Sample of  
a Nursing  
Hazards  
Checklist  
Provided by  
the State  
Compensation  
Insurance  
Fund:

		NURSING				
<b>Hazard</b> <input type="button" value="Add Hazard"/>		Satisfactory	Needs Attention	Not Applicable	Target Date for Completion	Date Completed
1	Floor traffic patterns established to prevent collisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
2	Newly mopped or waxed areas clearly identified and barricaded.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3	Floors waxed with non-slip material.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
4	Furniture in patient rooms safely arranged.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
5	All doors and drawers kept closed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
6	Adjustment handles on beds turned inward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
7	No smoking allowed in rooms where oxygen is being given.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
8	Broken glass and china immediately cleaned up and disposed of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
9	Soiled linens checked for needles, pins, and other sharp items.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
10	All drugs, chemicals, and acids safely handled and stored.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
11	Adequate lighting and ventilation in all areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
12	Defective equipment, including electrical wiring, promptly reported.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
13	Patient food trays safely arranged and handled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
14	Instruction given on proper use of oxygen and other gases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
15	Instruction given in fire prevention and emergencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
16	Nurses instructed in proper lifting of patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
17	Proper footwear worn by nurses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Name _____		Date _____				
<b>Actions Taken to Correct Items Checked as "Needs Attention"</b>						<input type="button" value="Add"/>
Hazard #						

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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).