

The Safety & Health Advisor

Fall 2017



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OSHA's Top 10 Most Frequently Cited Standards

In September, Patrick Kapust, Deputy Director of OSHA's Directorate of Enforcement Programs announced the top 10 most frequently cited standards last year while speaking at National Safety Council 2017 Congress and Expo in Indianapolis. The top 10 list is fairly consistent from year to year. The hazards covered by the standards on this list are some of the most severe construction and industrial hazards, such as fall protection, lockout/tagout and machine guarding. The most frequent violation was Fall Protection – General Requirements (1926.501). Related to this, is one new addition to the top 10 list this year: Fall Protection – Training Requirements (1926.503).

The list for fiscal year 2016 includes:

1. Fall Protection. There were 6,072 fall protection violations in the construction industry. This number is down slightly from 6,906 in the previous year. These violations include failing to guard roof edges and open sides of mezzanines to prevent workers from falling.
2. Hazard Communication. There were 4,176 citations in 2017, which is down from 5,665 in 2016. Employers that use hazardous chemicals must have a formalized written hazard communication program. They are also required to label all containers and provide safety data sheets and training to employees.
3. Scaffolding. There were fewer scaffolding violations in the construction industry in 2017 (3,288) than in 2016 (3,900). Safety violations typically include issues with improper scaffold construction, inadequate access to scaffolding surfaces, and missing guardrails.
4. Respiratory Protection. Violations usually include employers not having a written respiratory-protection program and failing to conduct required medical examinations for employees with respirators.
5. Lockout/Tagout. Lockout/tagout procedures are designed to safeguard employees from machinery that starts up unexpectedly or when hazardous energy is released during maintenance activities. Citations are often related to failing

to train all workers (both authorized and affected), or conduct an annual audit.

6. Ladders. There were 2,241 citations in 2017 issued in this category as compared to 2,625 in 2016.
7. Powered Industrial Trucks. Key components of this standard include Forklift driver training, certification, and re-evaluation at least every three years. There were 2,162 violations in 2017 as compared to 2,855 the year earlier.
8. Machine Guarding. Machine guarding standards are designed to protect workers from point-of-operation hazards and power transmission hazards such as ingoing nip points, rotating parts, flying chips and sparks.
9. Fall Protection Training Requirements. There were 1,523 fall protection training violations in 2017. This category is new to the top ten list this year!
10. Electrical Wiring Methods. Faulty electrical wiring methods accounted for 1,405 violations which is down from 1,937 in 2016. Frequent violations include damaged or improper use of extension cords.

Control of Hazardous Energy, the Importance of Periodic Inspection

The Control of Hazardous Energy Standard, (CFR 1910.147) or as it more commonly called, Lockout/Tagout, (LOTO) continues to be one of the most frequently cited standards by OSHA. In 2016, LOTO was the fifth most frequently cited standard. Among the top 17 most cited standards, Lockout/Tagout by far had the highest serious citation rate at 34%. This was an increase over 2013.

In addition, where lockout/tagout compliance is allegedly involved in an accident, it is often cited as serious-accident related, which significantly increases the potential fine and liability to the employer. The LOTO standard is a performance oriented standard allowing the employer to show that their safeguards provide adequate protection to the employees working on the equipment.

According to [OSHA](#), Lockout/Tagout standards prevent an estimated 50,000 injuries and 120 deaths annually.

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Lockout/Tagout violations, however, are always included in the top 10 most frequently cited [OSHA violations](#), and many accidents do occur. Failure to control hazardous energy accounts for nearly 10 percent of the serious accidents in many industries.

Workers who service, repair and maintain equipment or machines run the risk of harm if said equipment is unexpectedly energized or started during work. Most citations in this area occur when an employer fails to have an energy control program, (Lockout/Tagout) does not properly train employees on proper procedures, or does not periodically inspect energy control procedures.

According to OSHA, an energy-control program, employers must:

- Establish energy-control procedures for removing the energy supply from machines and for putting appropriate lockout or tagout devices on the energy-isolating devices to prevent unexpected reenergization. When appropriate, the procedure also must address stored or potentially reaccumulated energy;
- Train employees on the energy-control program, including the safe application, use, and removal of energy controls; and
- Inspect these procedures periodically (at least annually) to ensure that they are being followed and that they remain effective in preventing employee exposure to hazardous energy.

29 CFR 1910.147 (c)(6)(i) requires employers to conduct an annual review of their Lockout/Tagout program to verify program effectiveness. Each equipment specific lockout procedure should be field reviewed to ensure Lockout/Tagout is being performed correctly. Deficiencies must be corrected through revised procedures, training, or both.

Oftentimes, however, periodic reviews are an overlooked component of the program. Unfortunately, it is not uncommon for employers to develop and implement a LOTO program, but fail perform the required periodic reviews. In addition to the annual review requirements, LOTO procedures should be reviewed and updated as needed whenever new equipment, machinery, or processes are added. When these occur, followed by a failure to perform reviews, additional energy sources may be overlooked, energy isolation may be compromised, and

training rendered inadequate. Far too many serious injuries and fatalities can be the result.

What can employers do to assure their LOTO program is up to date, and meets the needs of their organization? Understanding that there is no “Safety Finish Line” may be the first step. Safety, as with other management functions, is a constantly evolving process. Successful managers see safety as an integral part of their production processes, not as an outside or delegated function. This allows any changes in machinery, equipment, or production changes to include simultaneous reviews of LOTO procedures. Rather than wait for a lagging indicator such as an employee complaint, equipment malfunction, or employee injury, they consider and implement updates to LOTO procedures before program gaps occur. As this must be a team approach, constant communication with Engineering, Maintenance, Operations Managers and employees is critical.

What tools can managers use to keep their programs up to date?

- Make sure your business culture supports the positive core value of safety. Companies should include safety as part of their mission statement.
- Be sure your Control of Hazardous Energy program is site-specific to your organization.
- Be sure the right people are involved with audits.
- Insist on accountability for actions. Employees taking short cuts must be reprimanded and retrained.
- Use employee safety surveys to identify strengths (and gaps) within your safety functions.
- Perform regular refresher training.
- Empower employees to take ownership of safety; safety is not just the responsibility of safety managers.
- Fine tune hire practices and new employee onboarding processes to include safety as part of job requirements.
- Clearly define safety responsibilities and accountabilities.
- Establish Annual Procedure Inspection Forms. Expand these to include provisions for new employees, machinery, equipment & procedures.

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- Celebrate safety successes. Reward employees who identify safety gaps, such as LOTO inadequacies.
- Solicit periodic feedback from Authorized and Affected employees regarding knowledge, experience, and comfort level with Lockout/Tagout procedures.
- Continually update, educate, and inform employees.

Occupational Stress

Job stress poses a significant risk to the health of workers in the United States. One survey reported that one-fourth of employees view their jobs as the number one stressor in their lives (Northwestern National Life Insurance Company, 1991). Another study reported that three-fourths of employees believe the worker has more on-the-job stress than a generation ago (Princeton Survey Research Associates, 1997). The demand-control model, focused on the balance of job requirements and autonomy, states that those who experience high demands at work with little control are more likely than other employees to feel stressed.

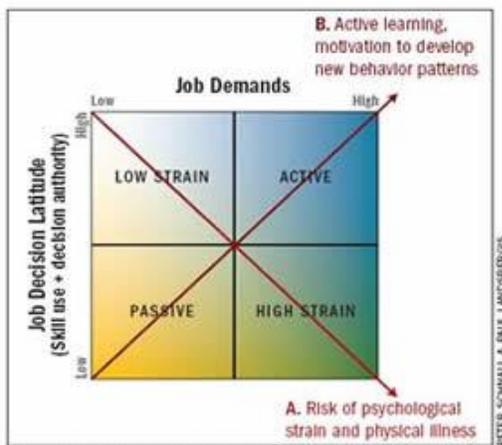
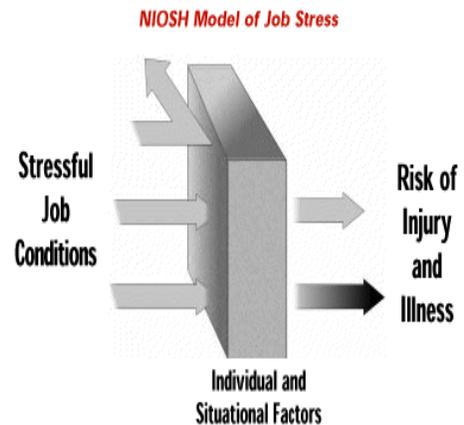


Figure 1. Karasek's Job Demand Control Model

Rapidly changing job demands and the overall nature of work can affect worker's health and lead to workplace accidents. It is important for organizations to recognize work-related stress and understand its causes so that steps can be taken to prevent it.

The National Institute of Occupational Safety and Health (NIOSH) defines 'job stress' as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. NIOSH research indicates that stressful working conditions can influence worker safety and health, but

individual and situational factors can intervene to increase or decrease the risk of occupational injuries and illnesses.



Examples of job conditions that may lead to stress include the following: the design of tasks,

management style, interpersonal relationships, work roles, career concerns, job insecurity and environmental conditions.

Evidence suggests that stress plays a role in several types of chronic health problems such as: cardiovascular disease, musculoskeletal disorders, psychological disorders, workplace injury and health problems such as ulcers, impaired immune function, cancer and suicide.

The NIOSH model states that organizational change combined with stress management leads to a healthy workplace. It is important for employees to recognize the warning signs and reduce stress by taking care of themselves, prioritizing and organizing, improving emotional intelligence (e.g. laugh), and breaking bad habits. Managers can reduce stress by improving communication, engaging and empowering employees as part of the decision-making process, and cultivating a friendly social climate

Workers want their employers to offer assistance in coping with work-related stress, according to a [new report](#) from the American Heart Association's (AHA) [CEO Roundtable](#).

Results indicated that the majority of employees surveyed said they consider resiliency programs at least somewhat valuable and a majority said their health improved as a result. Despite the lack of a consensus definition, 'resilience' can be considered the ability to withstand, recover and grow in the face of stressors and changing demands.

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Another key finding was that highly valued programs include methods for dealing with difficult people, improving physical health, remaining calm under pressure, coping with work-related stress and accurately identifying the causes of work-related problems. AHA notes that routine stress, including long hours and job strain, can increase risk of heart disease, stroke and depression.

On a related note, most of us know about “first aid” for the physical body, but first aid for mental well-being has been slowly gaining momentum. “Mental Health First Aid” (MHFA) originated in Australia and is an evidenced-based, adult education program. To find out more information or a course, go to <http://www.mentalhealthfirstaid.org/cs/>. For additional details, read the article about MHFA at <https://www.atlanticcharter.com/assets/2016/12/Summer2016.pdf>.

The following are some references/resources on this topic:

Northwestern National Life Insurance Company. (1991). Employee Burnout: America's Newest Epidemic. Minneapolis, MN: Northwestern National Life Insurance Company.

Princeton Survey Research Associates. (1997). Labor Day Survey: State of Workers. Princeton: Princeton Survey Research Associates.

Sauter, S. M. (1999). STRESS...At Work (Publication No. 99-101) from National Institute of Occupational Safety and Health (NIOSH): www.cdc.gov/niosh/docs/99-101

Canadian Centre for Occupational Health and Safety. [Workplace Stress – General](http://www.ccohs.org/oshanswers/psychosocial/stress.html)

Helpguide.org. Stress in the Workplace: Managing Job and Workplace Stress

<https://www.helpguide.org/articles/stress/stress-in-the-workplace.htm>

Resilience in the Workplace: An Evidence Review and Implications for Practice

http://www.heart.org/idc/groups/heart-public/@wcm/@cep/documents/downloadable/ucm_496856.pdf

CPI's Checklist for Managing Mental Health at Work

<https://www.crisisprevention.com/Blog/November-2015/Managing-Workplace-Depression>

National Safety Council's Safe Driving Toolkit

NSC and its sponsor, Wheels, have released the free Safe Driving Kit.

- The content helps safety and HR professionals build senior management support for policies and education to influence safer driving behaviors.
- It also provides sample policies and educational materials related to the top factors in fatal crashes: distraction, alcohol, drugs and fatigue.
- There are also resources and communication tools to educate employees, including videos, fact sheets and FAQs, infographics, posters, survivor advocate stories.

Here is a link with details on downloading this free resource:

<http://safety.nsc.org/safe-driving-kit>

Mobility is Medicine (MIM) Forum

On August 21, 2017, industry figureheads from the Veteran's Administration, American Nurses Association, NASA and beyond, announced the upcoming launch of the National Mobility Forum. This open-sourced, web-based forum will be a space for everyone in the Safe Patient Handling and Mobility (SPHM) industry to collaborate, contribute, and discover. If you missed this special announcement, you can go to MiM.vBulletin.net to view the Livestream video recording.

On September 22, 2017, the National Mobility Forum, known as MIM (Mobility is Medicine) was officially created. It will be of prime interest to representatives from acute, long-term, hospice or other settings where handling of patients or residents regularly occurs.

There is a noticeable need for a centralized, open-source location where the SPHM industry can collaborate and progress. On the National Mobility Forum, you can expect to engage with industry leaders and professionals in an organic, collaborative manner.

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The Forum will highlight efforts to provide effective and sustainable SPHM programs to hospitals (as well as other healthcare facilities) nationwide. On the Forum, you will be able to interact with the recognized pioneers, advocates, and leaders in the SPHM industry and come together in a way not possible until now.

There is no cost to participate and you may register to join the conversation now at MiM.vBulletin.net.

Safe Patient Handling App

The Veteran's Administration (VA) has developed a downloadable new app for tablet or smartphone use (either Apple or Android platforms) for assessment with regards to safe patient handling (SPH). The app can generally be used for acute, long-term and/or the home healthcare environments. The focus for use would be clinical/nursing, rehab/therapy or imaging staff. For reasons of information security, patient privacy and ease of use, it is recommended to use the app only on a secure, company-issued tablet/device and not a personal device/smartphone.

The app provides the ability to conduct a comprehensive patient assessment for both multiple and single tasks as well as scoring criteria for specific tasks. It incorporates the recognized VA SPH algorithms for standard, bariatric and fall risk considerations and provides evidence-based recommendations to provide the safest patient care possible while minimizing the potential for staff injuries. In addition to text instructions, the app also incorporates video clips to help with staff understanding and competency. The app also contains a Help guide and other associated resources.



The SPH app may be downloaded through the following webpage or you can go directly to either the iTunes or Google Play stores.

<https://mobile.va.gov/app/safe-patient-handling>

There is also a one-hour YouTube video of the introduction webinar when it was first launched internally to the VA that may be of interest.

<https://www.youtube.com/watch?v=mz9k02dvj7Y>

As we know, safe patient handling not only reduces the potential for patient (resident) and caregiver injury, but can also decrease complications such as falls, pressure ulcers and/or combative behaviors. It can also improve safety while mobilizing individuals on a more frequent basis to improve their own ability to self-ambulate and improve their quality of life.

Organizations that have Safe Patient/Resident Handling committees may want to have a floor, unit or department pilot the use of the app to supplement any other processes that are in currently in place or other efforts that are being initiated.

If you need assistance in evaluating your ergonomics or safety and health program, please contact Neal Freedman, John Cotnam, Mark Hickox, or Rick Muller from Atlantic Charter's Safety and Health Department at (617) 488-6500.