Advancing public policy to improve the health and safety of workers and the community.

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September 20, 2013

Marley Hart, Executive Officer (via email)
Occupational Safety & Health Standards Board
2520 Venture Oaks Way, Suite 350
Sacramento, California 9583

Dear Ms. Hart:

The California Industrial Hygiene Council (CIHC) wishes to take this opportunity to express its appreciation to the Cal-OSHA Division of Occupational Safety and Health (DOSH) and the Cal-OSHA Standards Board for facilitating the development and implementation of Section 5120, Health Care Worker Back and Musculoskeletal Injury Prevention.

Founded in 1990, the CIHC represents the occupational and environmental health profession in California and is affiliated with the national American Industrial Hygiene Association (AIHA), a 10,000 member organization, as well as the International Occupational Hygiene Association (IOHA), which represents the global community of Occupational Hygiene in over 34 countries. The CIHC is formally comprised of occupational and environmental health and safety professionals who are members of the five California AIHA local sections represented by the CIHC Board of Directors. Given its influence and good science over the years, its actual stakeholder group includes some 1800 EH&S professionals, most within California. As such, our members and their organizations are vitally interested in and impacted by regulatory changes to this critically important occupational health and safety standard.

The CIHC supports the objectives and intent of this Standard. There are many musculoskeletal disorders (MSD), which occur within the healthcare industry. According to OSHA, the incidence rate of MSD injuries in healthcare was 249 per 10,000 workers, more than seven times the average for all industries, and exceeding that for laborers and freight, stock, material movers, and construction workers.[1] Within the healthcare industry, nurses, nursing aids, and orderlies have typically experienced an abnormally high injury rate.

The CIHC concurs that effective safety and health programs emphasize and prioritize the use of engineering controls (e.g. lifting devices) and administrative controls (including training, formal written programs, worksite hazard assessments, use of responsibilities, etc.). For any safety and health program to be effective (including those for safe patient handling), CIHC agrees that there must be a formal policy and plan, appropriate and ongoing training, qualified oversight, ongoing monitoring, planned flexibility, sufficient organizational resources, and successful communication.

In light of the points made at the hearing on September 19, and in numerous other authoritative sources (including those of NIOSH and OSHA) in which patient handling is involved, we believe the scope and application of the Standard should be eventually expanded so that it:

1. Applies to all acute care facilities and long-term care facilities (many of these facilities have an injury rate meeting or exceeding those in hospitals where similar hazards and transfers occur). Consideration should be given to including outpatient facilities as well.

[1] https://www.osha.gov/SLTC/healthcarefacilities/safepatienthandling.html

2. Applies to general acute care hospitals within the Department of Corrections and Rehabilitation or the State Department of Developmental Services (where similar hazards and transfers occur).

The CIHC is encouraged that comments at the September 19th meeting, as well as those by the Standards Board, are aligned with those of the CIHC. It is our sincere hope that we can continue to assist in helping craft a standard and a process that promotes proactive safety and health management and mitigates adverse exposures.

Should you wish to discuss our comments further, please do not hesitate to contact Edward Klinenberg or myself.

Most Sincerely,

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cc: Deborah Gold, Deputy Chief, Cal-OSHA