Worker Safety

NIH Clinical Center

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Clinical Center Research Hospital Board
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Safety Goals for NIH Clinical Center Workers

- Zero occupational injuries and illnesses
- Proactive assessments to identify and target risks for the jobs
- Prioritize engineering controls complemented with job training
- Capitalize on lessons learned from each occupational injury/illness

OSHA Criteria for *Recordable* Occupational Illness or Injury

An occupational illness or injury (OI) is recordable if it results in any of the following:

- Death
- Days away from work
- Restricted work or transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness

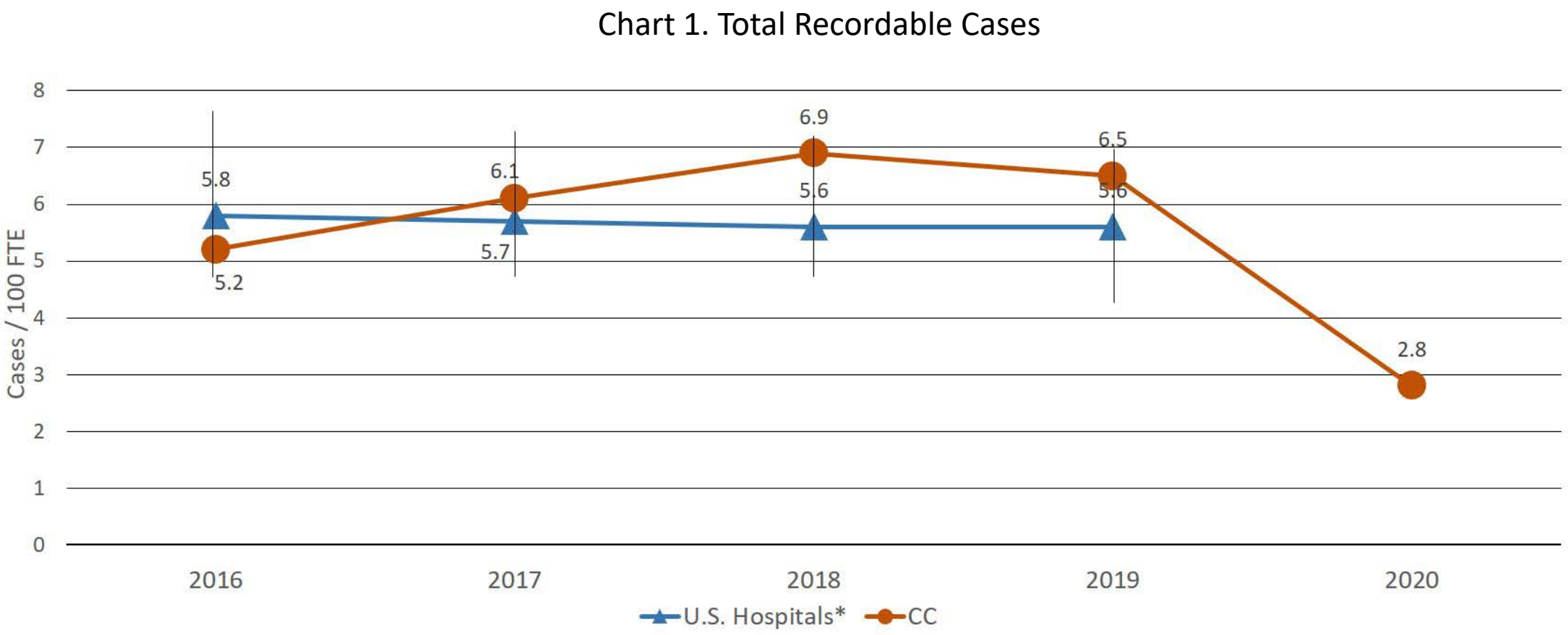
Also, an employer must consider a case to meet the general recording criteria if it involves a significant injury or illness diagnosed by a licensed health professional, even if it does not result in any of the above events.

What Qualifies as an OSHA Reportable Occupational Illness/Injury?

As of January 1, 2015, all employers must report:

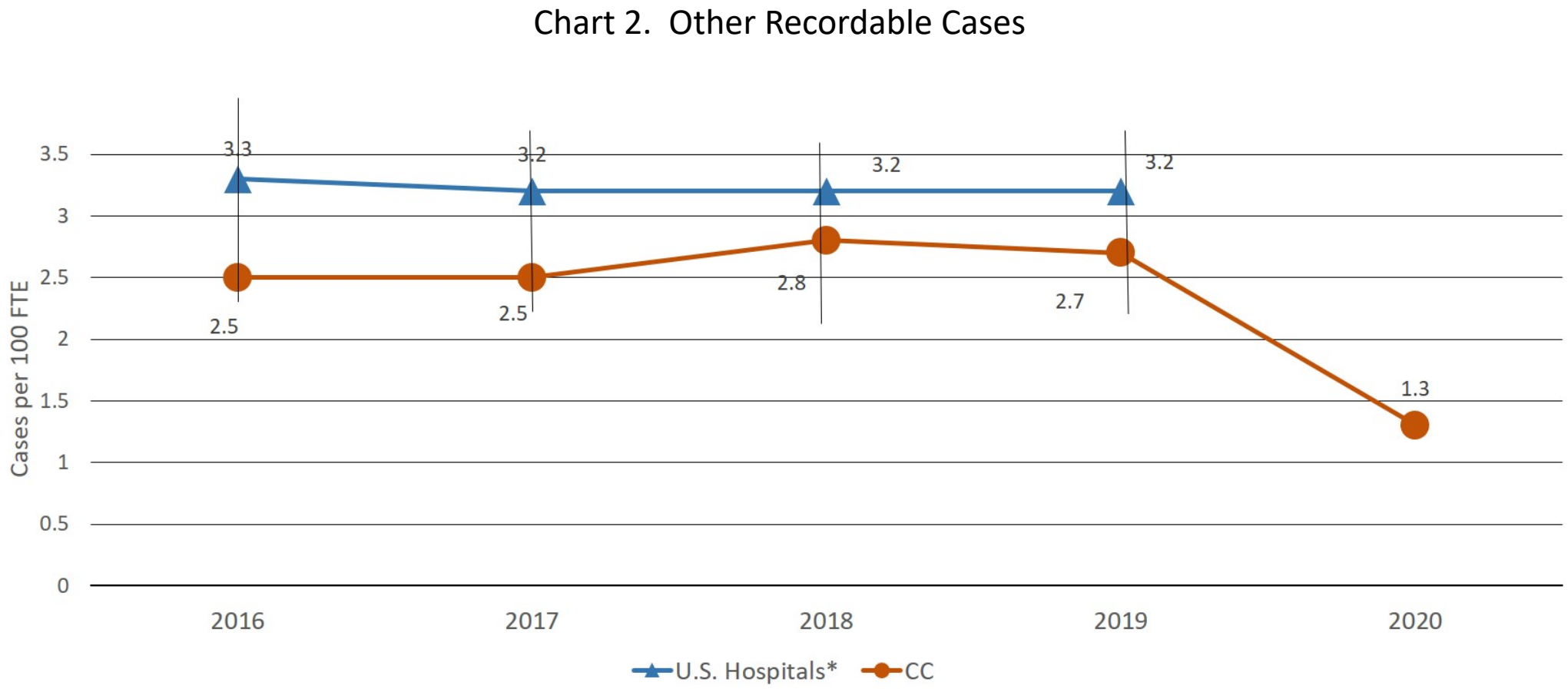
- All work-related fatalities within 8 hours
- All work-related inpatient hospitalizations, all amputations, and all losses of an eye within 24 hours

Comparison of NIH CC's Nonfatal Occupational Injuries/Illnesses to U.S. Hospitals*



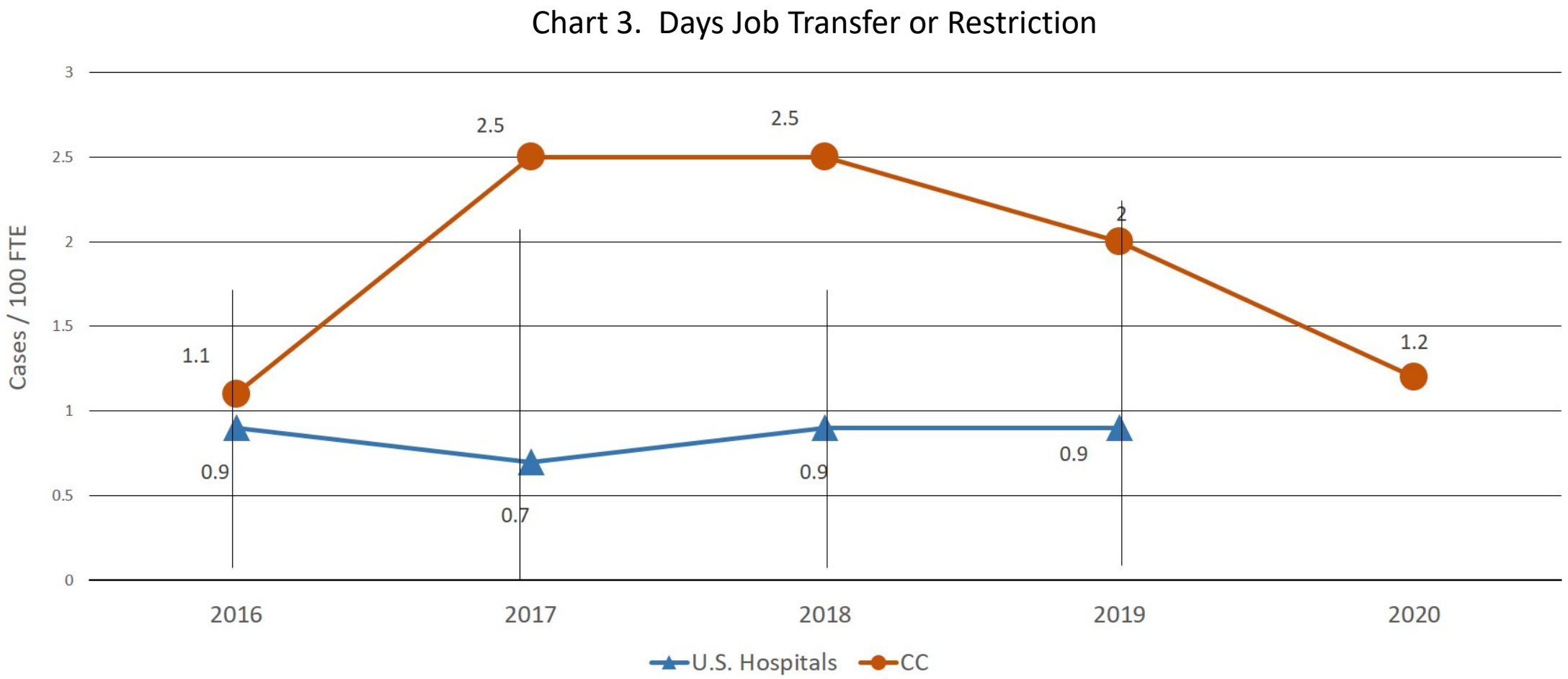
*U.S. Bureau of Labor Statistics (North American Industry Classification 622

Comparison of Other Recordable Cases for the NIH CC to U.S. Hospitals*



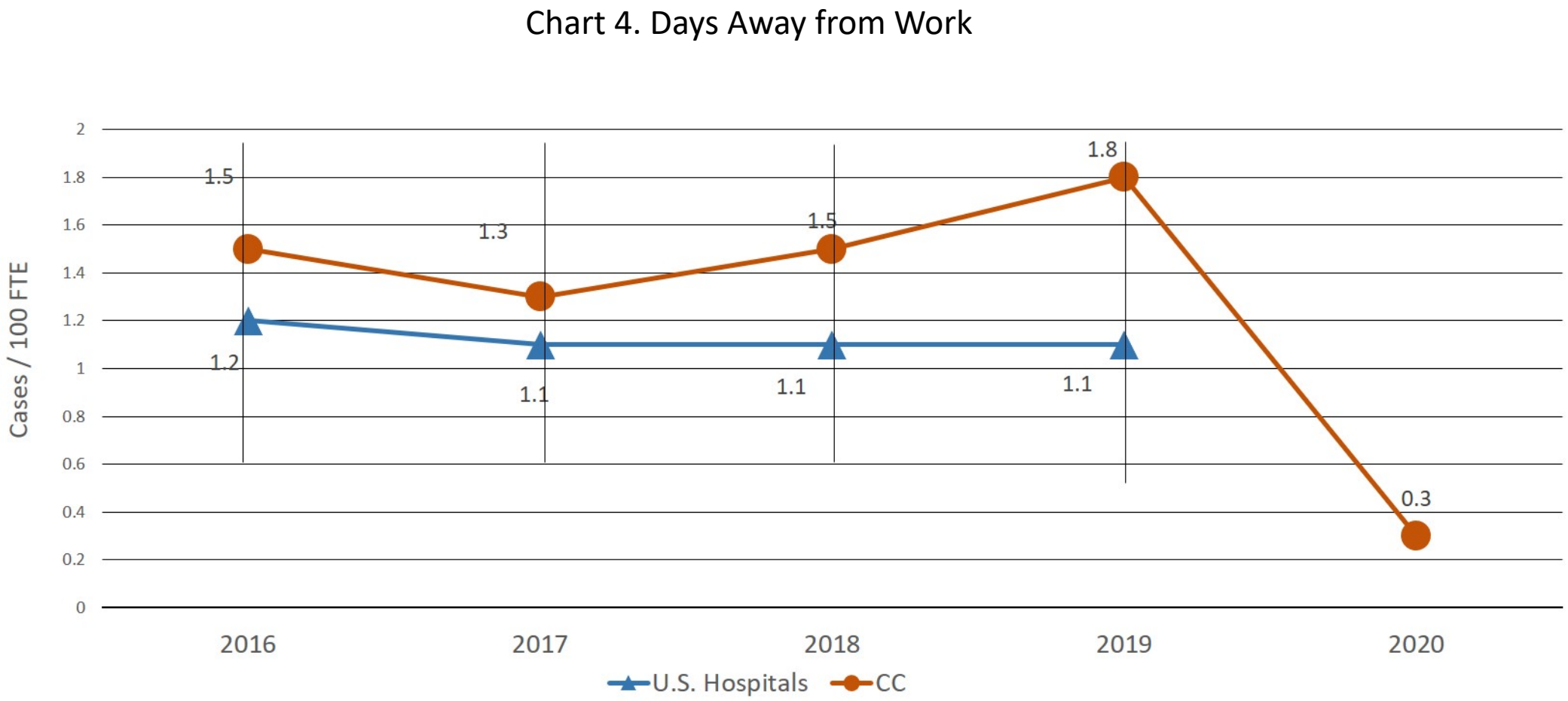
*U.S. Bureau of Labor Statistics (North American Industry Classification 622

Comparison of Days with Job Transfer or Restriction for the CC to U.S. Hospitals*



*U.S. Bureau of Labor Statistics (North American Industry Classification 622

Comparison of Days Away from Work for CC to U.S. Hospitals*



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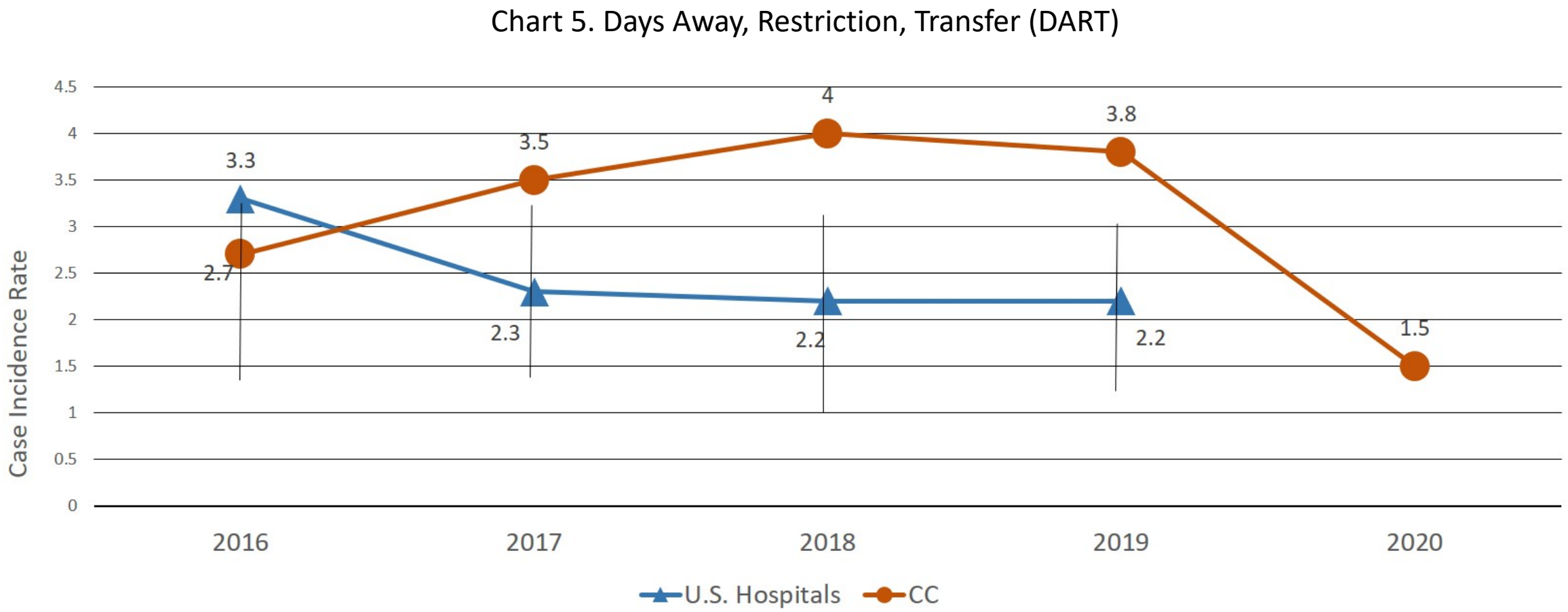
Comparisons of Days Away, Restriction, or Transfer Case Incidence Rates for the CC and U.S. Hospitals*



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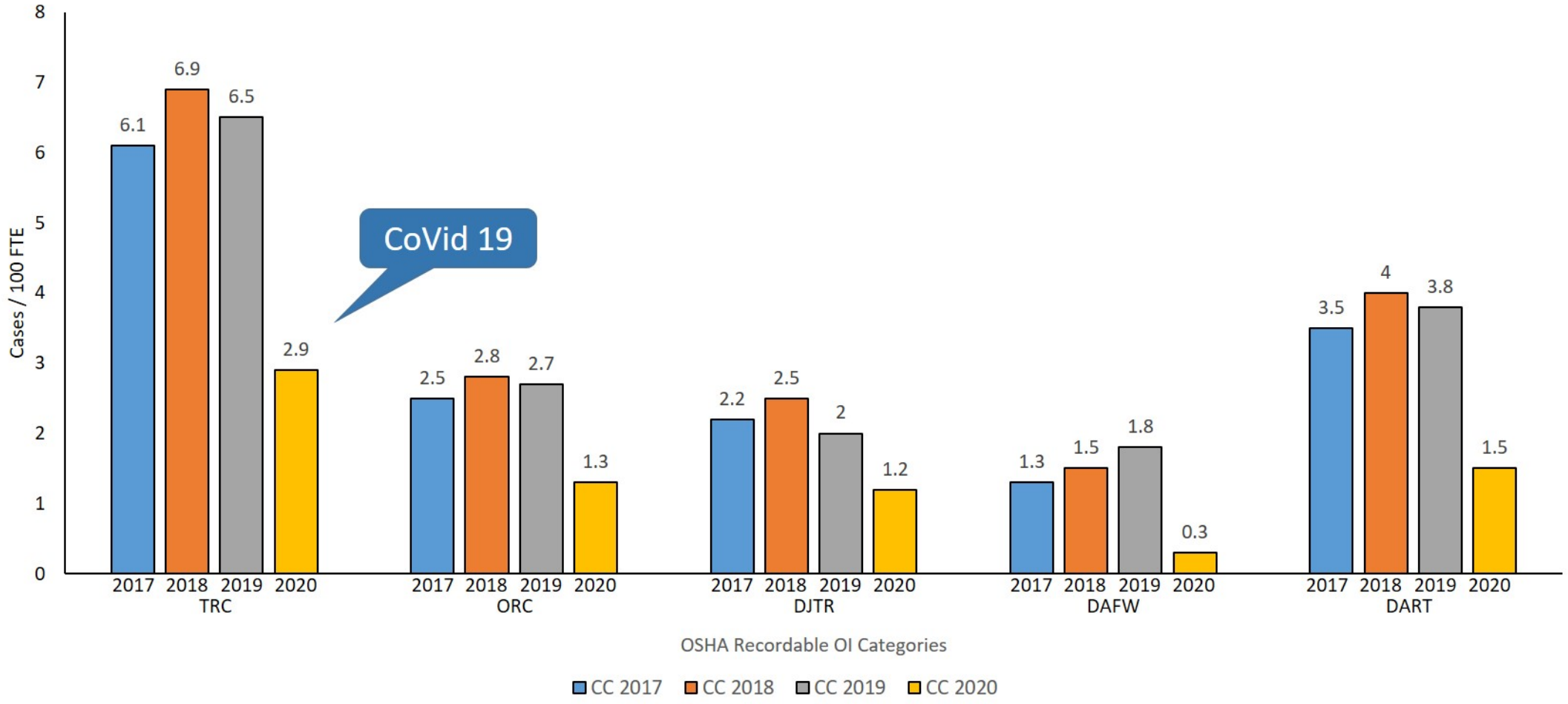
Non-Fatal Recordable Occupational Injuries and Illnesses (OI)



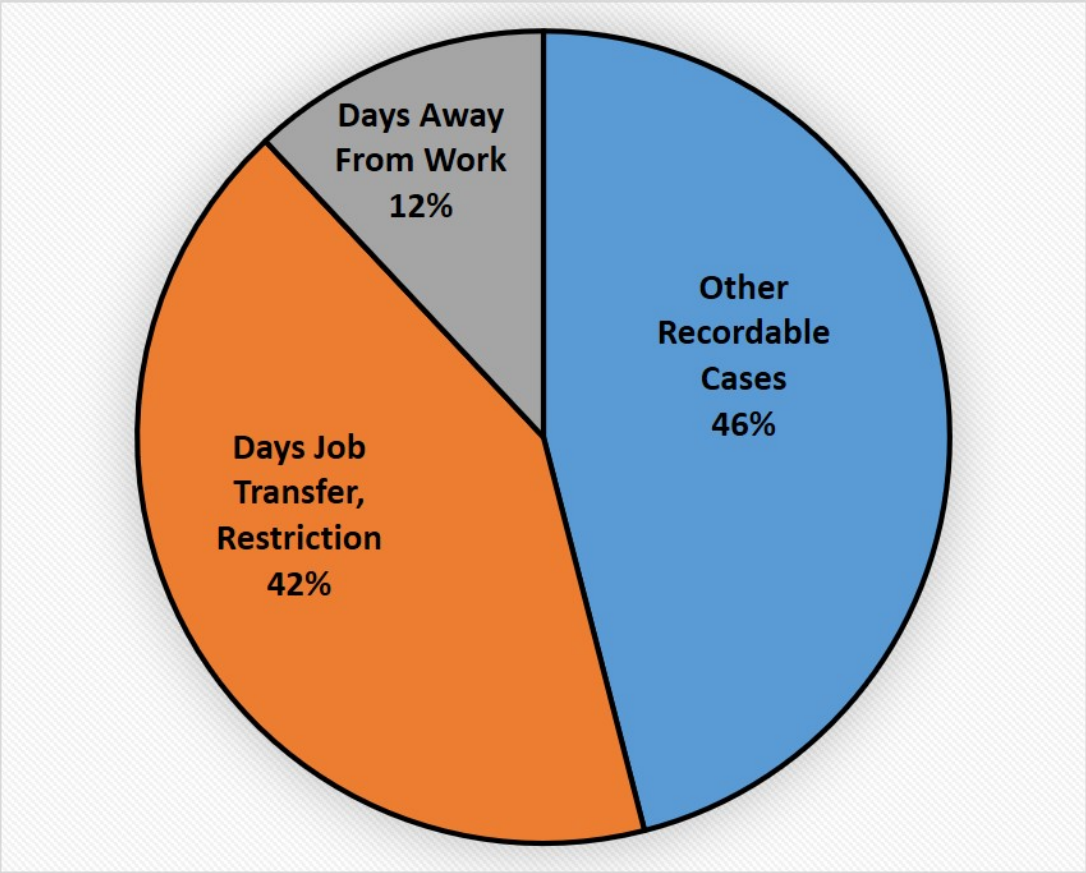
Total Recordable Cases (TRC), Other Recordable Cases (ORC), Days Away From Work (DAFW), Days Job Transfer or Restriction (DJTR), DART = DAFW + DJTR

Select Occupational Risks for Health Care Personnel at the NIH Clinical Center

Musculoskeletal Trauma & Syndromes

Human Blood & Body Fluids Exposures

Occupational Injury/Illness Classifications for CC Employees in 2020



Total Recordable Cases = 59

- Days Away, Restrict or Transfer (DART) cases accounted for 54% (n=32) of Total Recordable Cases
- Majority (n= 30) of DART associated w/musculoskeletal trauma or disorders
- Remaining DART(n= 2) was a burn and allergic reaction

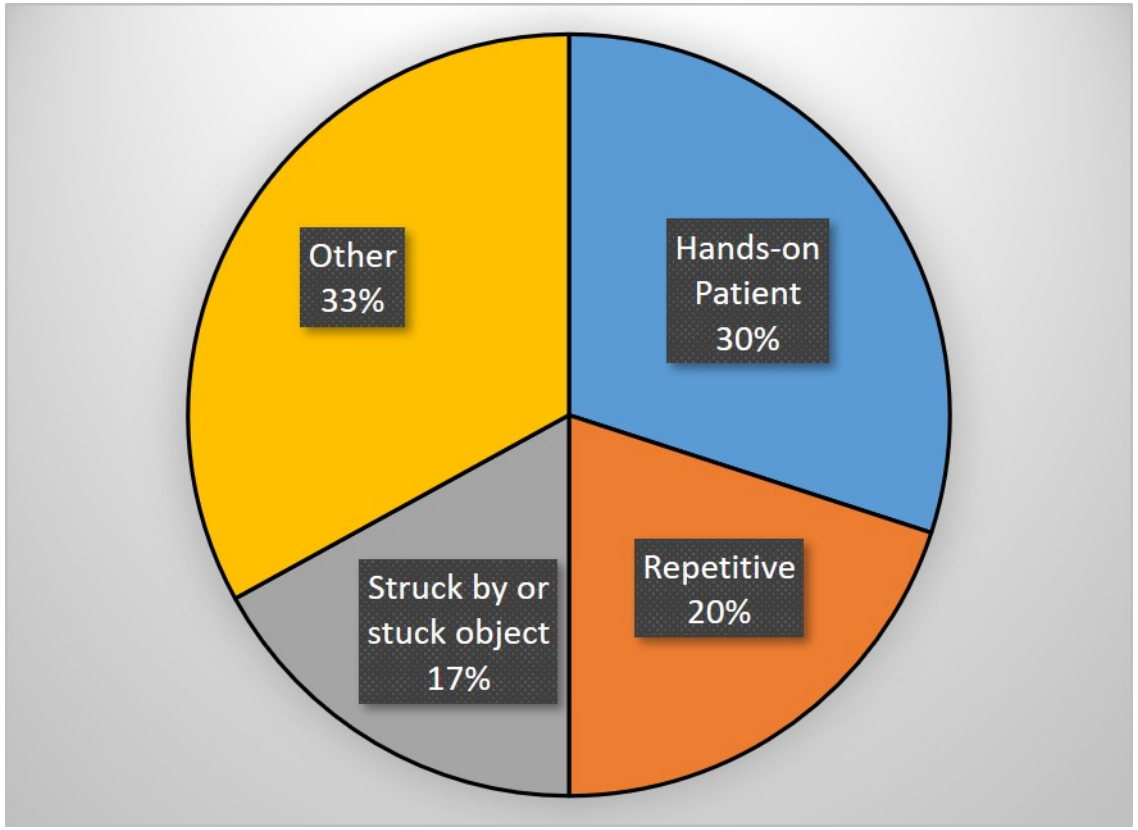
DART Grouped as Required vs. Unrelated to Job Skills/Duties

Definitions

- Required Activity – Indispensable task that is required for the job. Examples include manipulating or transporting a patient or supply item, documenting reports

- Unrelated Activity – Body movements not related to the job that occurred at NIH. Examples include a fall from chair or striking a wall or door when walking

Required Activities That Contributed to Musculoskeletal/Ergonomic OI (n=30)



Other = fall and/or pain ambulating/reaching

Reducing Musculoskeletal Injuries and Disorders Requires a Multifactor Approach

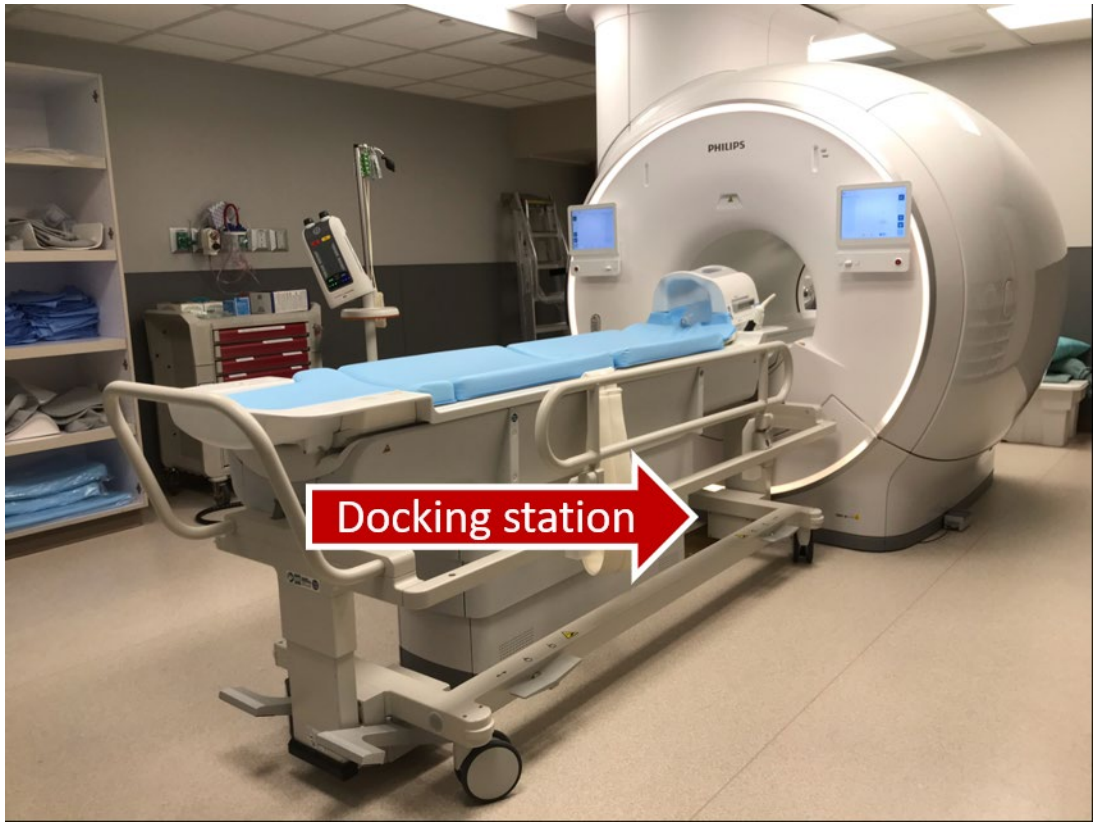
- Safe Patient Handling and Mobility
- NIH Worker Ergonomic Program
- Physical Therapist Consultations
- Orientation and Huddles

High-Energy Medical Equipment

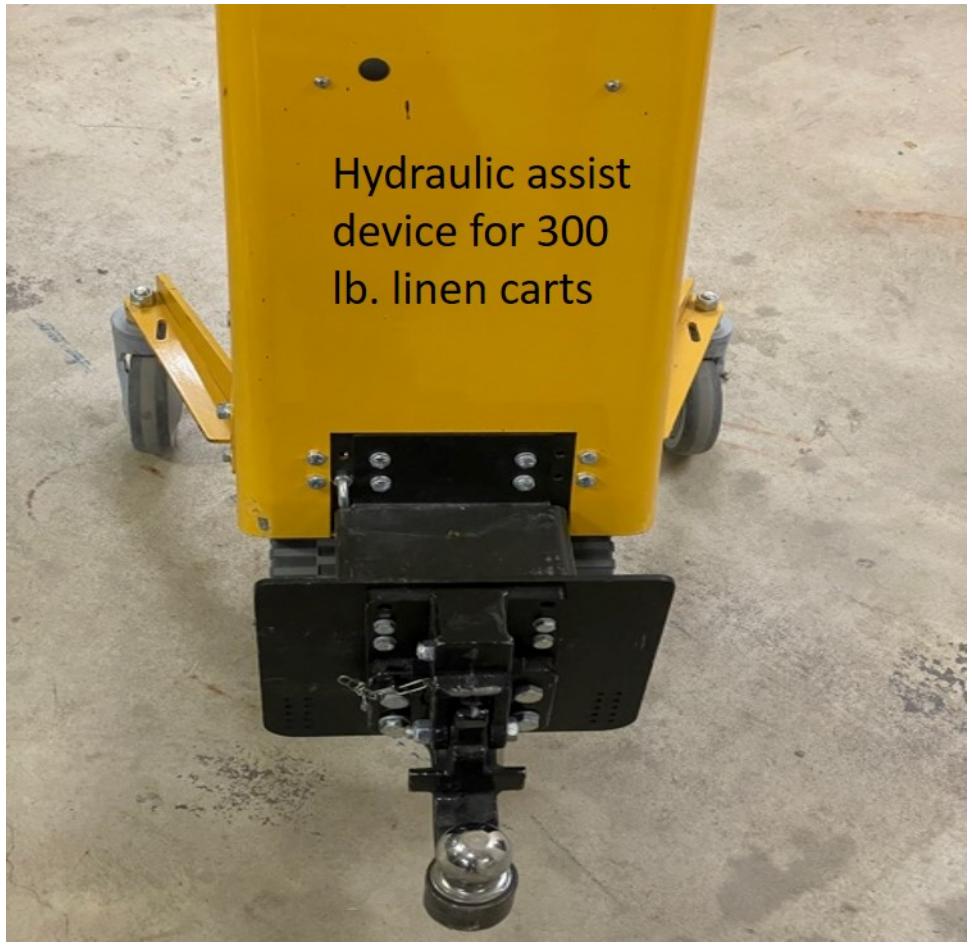
NIH Clinical Center Management Plan for Safety and Quality Imaging Modalities

- Structural and Portable Shielding
- Magnetic Resonance Safety
- Ionizing Radiation
- Dosimetry
- Radionuclide Use and Control
- Patient Transfers
- Ergonomic Risks for Workers
- Skills and Competencies

Ergonomic Enhancements for Imaging

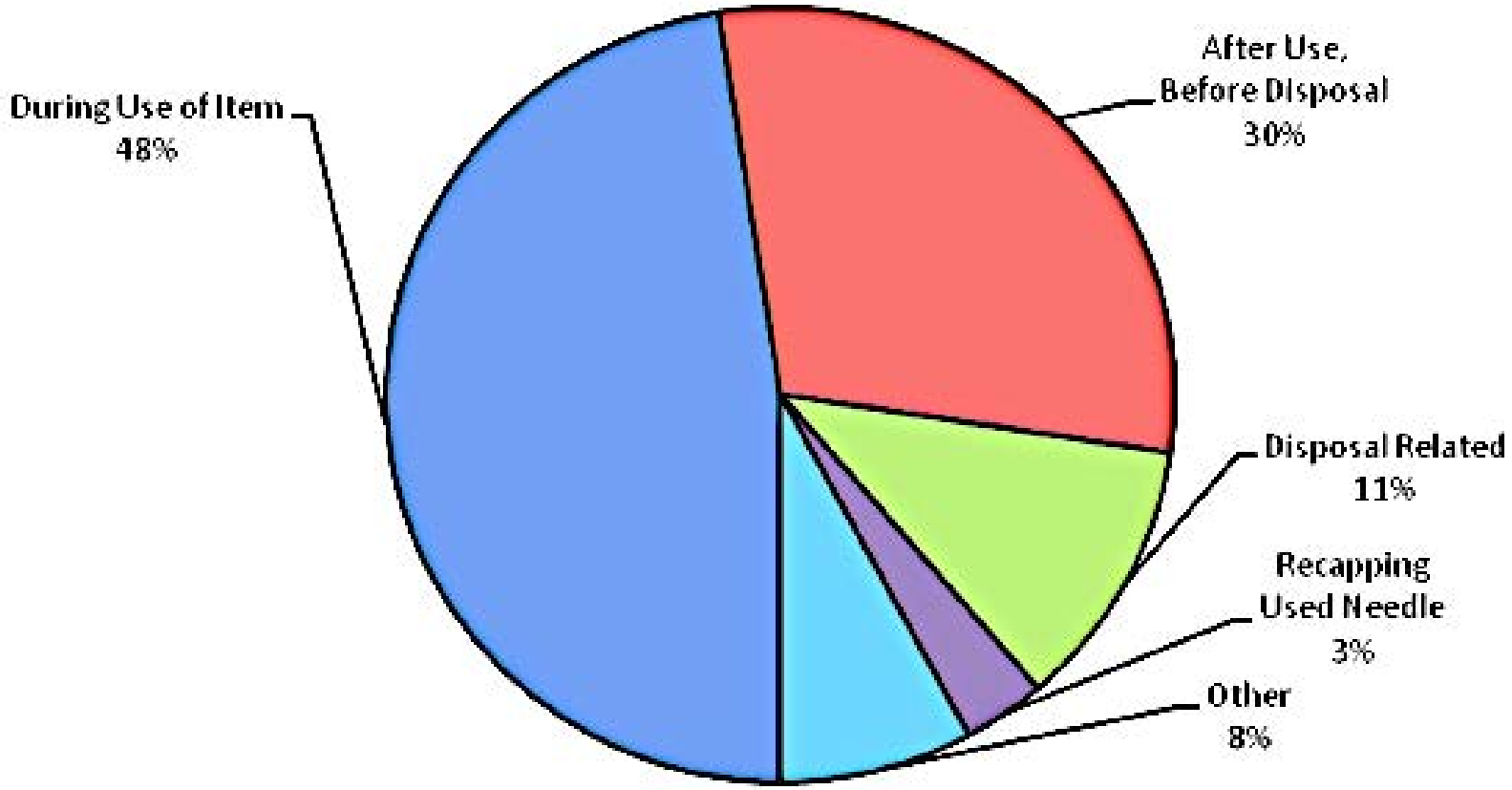


Ergonomic Enhancements



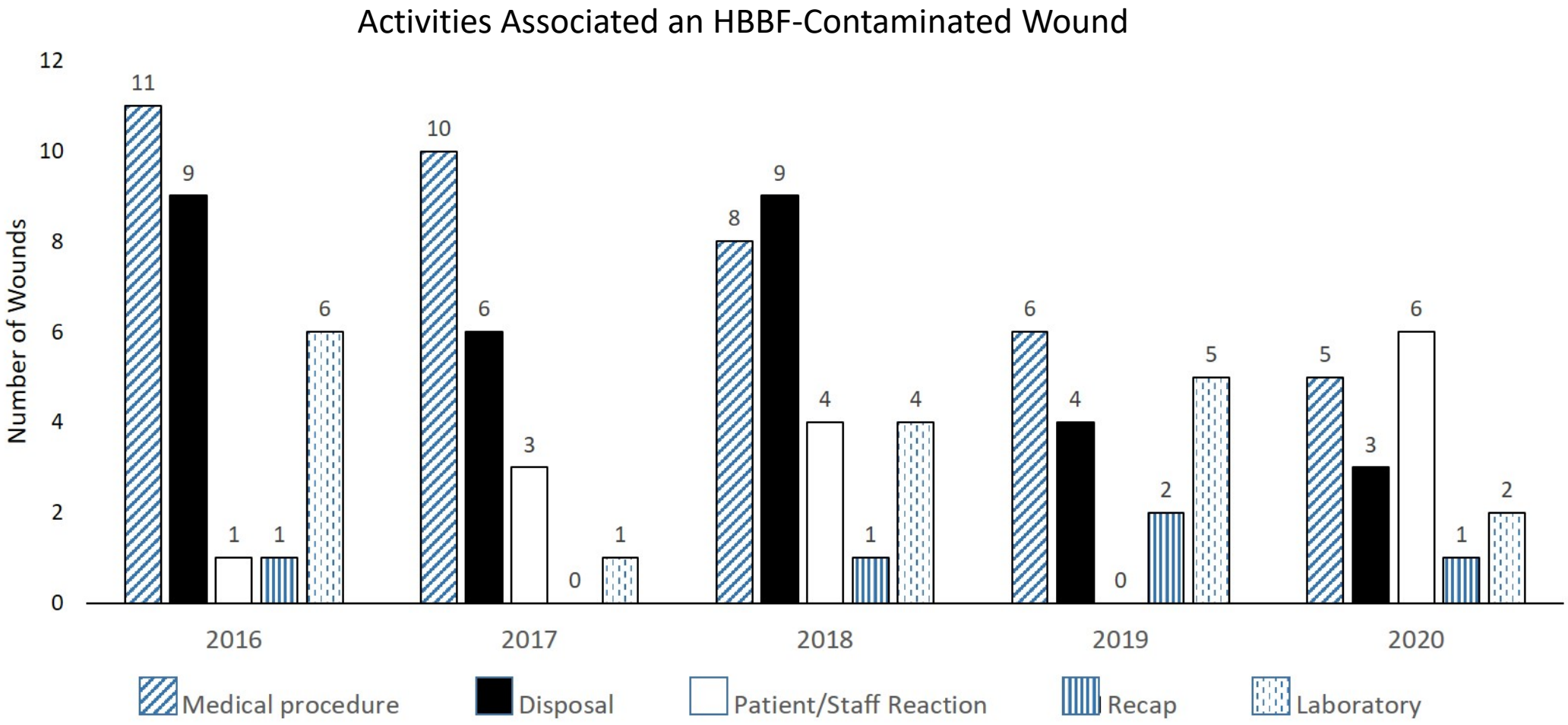
Occupational Exposures to Human Blood and Body Fluids

Activities Associated with Percutaneous Injuries in Health Care Settings

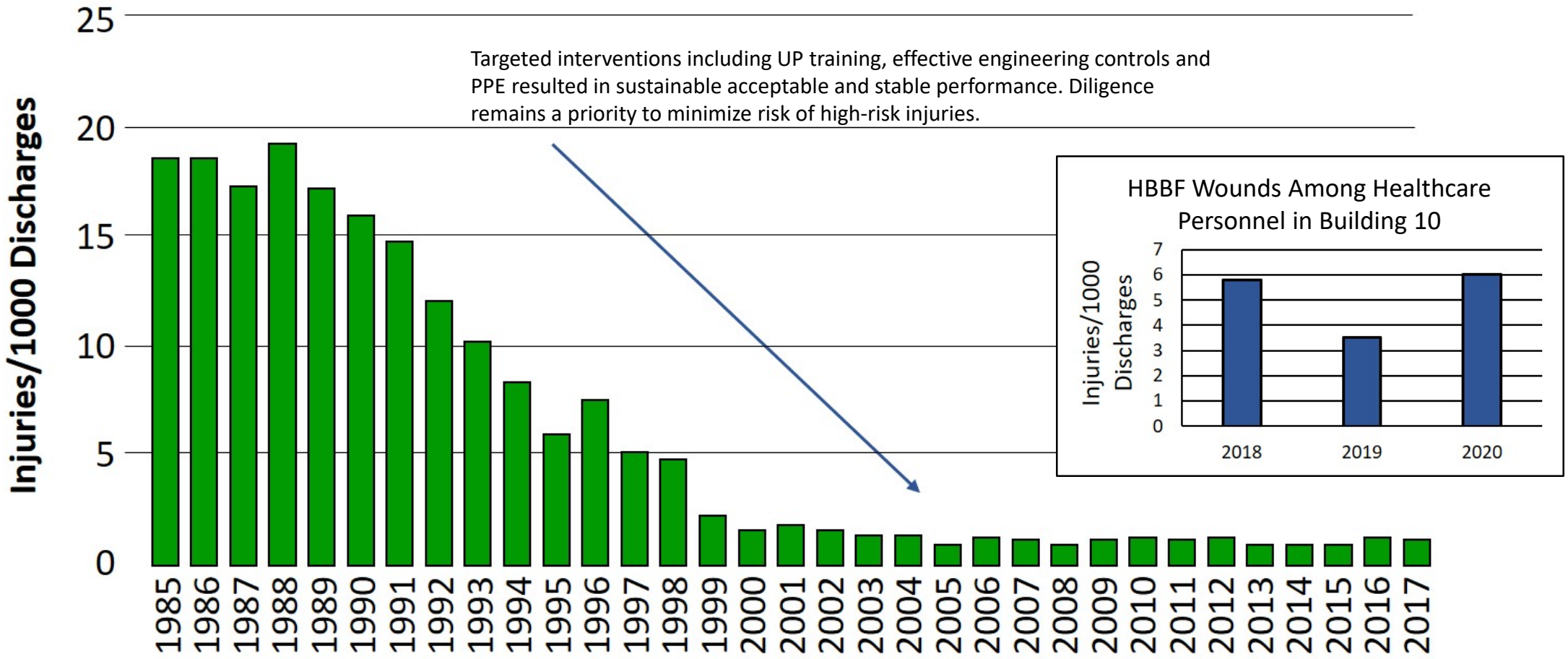


Provided by the Centers for Disease Control

Human Blood and Body Fluids Contaminated Wounds Among Health Care Personnel in Building 10



Wounds Contaminated with Human Blood/Body Fluids Among Health Care Personnel at the NIH CC



Summary

- Risk of an occupational injury and Illness can be reduce with proactive assessments, targeted administrative and engineering controls, and capitalizing on lessons learned from events.
- In 2020, the response to SARS-CoV-2 pandemic COVID-19 affected all activities in the hospital. Likely, the lower case incidence rates reflected fewer opportunities for an occupational injury or illness compared to enhancements to the physical environment, equipment, or job duties.
- A hospital wide culture and commitment to prudent and effective practices and procedures is paramount for an effective, stable, and sustainable worker safety program.