North Carolina Nurses Association
Position Statement on:
Safety in the Workplace

This position statement does not imply endorsement of any piece of related legislation.

The North Carolina Nurses Association has a long standing commitment to protecting registered nurses, regardless of work setting, from undue exposure to illness and injury at the work site. This stems from NCNA's belief in nurses’ rights to a safe workplace and also from the belief that if nurses are protected from such exposures, then patients will also be protected from unwarranted exposure to potentially life-threatening diseases. Over the past decade, registered nurses and others have become more aware of some of the workplace hazards they face. Nurses face risks, from back injuries to infectious disease to violence and homicide that pose significant ethical, clinical and regulatory issues.

The following issues addressed below have been presented as selected work safety issues discussed by the NCNA. (Website references for further research that have been included below were valid at time of posting.)

Bloodborne Pathogens and Needlestick Prevention
Indoor Air Quality
Latex Safety
Safety from Workplace Violence
Ergonomic Hazards
Safety with Airborne Pathogens
Safety with other Infectious Diseases
Safety from Retaliation for Reporting Unsafe Conditions

References

The following website links to the US Department of Labor Occupational Safety and Health Administration provides an overview of issues that health care personnel face daily in the work setting:
http://www.osha.gov/SLTC/index.html (OHSA home site)
http://www.osha.gov/SLTC/healthcarefacilities/index.html (OSHA site for health care facilities)

ANA website for workplace safety issues:
http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/workplace/WorkerSafety.aspx

NC Department of Health home page:
http://www.ncpublichealth.com/

Bloodborne Pathogens and Needlestick Prevention

Links

OSHA regulations and recommendations:

Position Statement

NCNA supports strict adherence to approved Occupational Safety and Health Administration (OSHA) regulations, National Institute of Occupational Safety and Health (NIOSH) activities, and Center for Disease Control (CDC) standards in all settings where registered nurses have occupational exposure to blood and body fluids. In addition to the current regulations and standards, NCNA supports the implementation and use of protective needle devices and/or so-called needleless injection and infusion systems. NCNA believes that no health care worker should be infected by HIV or any other blood pathogen while caring for patients. Hospitals and other facilities must make prevention a top priority.

In addition, NCNA supports the NIOSH regulations published in 1999, "Preventing Needlestick Injuries in Health Care Settings." They include:

Employers of health care workers should implement the use of improved engineering controls to reduce needlestick injuries:

- Eliminate the use of needles where safe and effective alternatives are available.
- Implement the use of devices with safety features and evaluate their use to determine which are most effective and acceptable.
- Needlestick injuries can best be reduced when the use of improved engineering controls is incorporated into the comprehensive program involving workers. Employers should implement the following program elements:
  - Analyze needlestick and other sharps-related injuries in the workplace to identify hazards and injury trends.
  - Set priorities and strategies for prevention by examining local and national information about risk factors for needlestick injuries and successful intervention efforts.
  - Ensure that health care workers are properly trained in the safe use and disposal of needles.
  - Modify work practices that pose a needlestick injury hazard to make them safer.
  - Promote safety awareness in the work environment.
  - Establish procedures for and encourage the reporting and timely follow up of all needlestick and other sharps related injuries.
  - Evaluate the effectiveness of prevention efforts and provide feedback on performance.

Health care workers should take the following steps to protect themselves and their fellow workers from needlestick injuries:

- Avoid the use of needles where safe and effective alternatives are available.
- Help the employer select and evaluate devices with safety features.
- Use devices with safety features provided by the employer.
- Avoid recapping needles.
- Plan for the safe handling and disposal before beginning any procedure using needles.
- Dispose of used needles promptly in appropriate sharps disposal containers.
- Report all needlestick and other sharps related injuries promptly to ensure that you receive the appropriate follow up care.
- Tell your employer about hazards from needles that you observe in your work environment.
- Participate in bloodborne pathogen training and follow recommended infection prevention practices, including hepatitis B vaccination."

The Occupational Safety and Health Administration is revising the Bloodborne Pathogens standard in conformance with the requirements of the Needlestick Safety and Prevention Act. This Act directs OSHA to revise the Bloodborne Pathogens standard to include new examples in the definition of engineering controls along with two new definitions: to require that Exposure Control Plans reflect how employers implement new developments in control technology; to require employers to solicit input from employees responsible for direct patient care in the identification, evaluation, and selection of engineering and work practice controls; and to require certain employers to establish and maintain a log of percutaneous injuries from contaminated sharps.

Blood and other potentially infectious materials have long been recognized as a potential threat to the health of employees who are exposed to these materials by percutaneous contact. Injuries from contaminated needles and other sharps have been associated with the risk of disease from more than 20 infectious agents. The primary agents of concern in current occupational settings are the human immunodeficiency virus (HIV), Hepatitis B virus (HBV), and hepatitis C virus (HPC).

To reduce the health risk to workers whose duties involve exposure to blood or other potentially infectious materials, OSHA promulgated the Bloodborne Pathogens (BBP) standard (29 CFR 1910.1030) on December 6, 1991 (56 FR 64004). The provisions of the standard were based on the Agency’s determination that a combination of engineering and work practice controls, personal protective equipment, training, medical surveillance, hepatitis B vaccination, signs and labels, and other requirements would minimize the risk of disease transmission.

Needlesticks and other percutaneous injuries resulting in exposure to blood or other potentially infectious materials continue to be of concern due to the high frequency of their occurrence and the severity of the health effects associated with exposure. The Centers for Disease Control and Prevention has estimated that healthcare workers in the hospital settings sustain 384,325 percutaneous injuries involving contaminated sharps annually. When non-hospital healthcare workers are included, the best estimate of the number of percutaneous injuries involving contaminated sharps is 590,164 per year. When these injuries involve exposure to infectious agents, the affected workers are at risk of contracting the disease. Workers may also suffer from adverse side effects of drugs used for post-exposure prophylaxis and from psychological stress due to threat of infection following exposure. (Occupational Exposure to Bloodborne Pathogens: Needlestick and Other Sharp Injuries: Final Rule 66:5317-5325)

**Indoor Air Quality**

Links

US Environmental Protection Agency webpage on affects of poor indoor air quality: http://www.epa.gov/iaq/


American Lung Association recommendations for indoor air quality: http://www.alaw.org/air_quality/indoor_air_quality/

NC Dept of Health Indoor Air Quality page:
NCNA Position Statement:

Position Statement

NCNA supports:

- The protection of operating room personnel from the inhalation hazards of surgical smoke generated by lasers.
- The use of respiratory and safety eye wear during laser procedures.
- Monitoring anesthetic gases in the OR environment via badges.
- Evacuating smoke during surgical procedures.
- Implementing the regulation of this hazard by facilities.
- Following federal guidelines and recommendations for promoting indoor quality.

Latex Safety

Links

US Dept of Labor OSHA webpage on Latex allergies:

Health and Safety Executive webpage:
http://www.hse.gov.uk/latex/index.htm

National Institute of Occupational Safety and Health online publication for prevention of latex allergies:
http://www.cdc.gov/niosh/98-113.html

Position Statement

Allergy to proteins in products made from latex is a large and growing problem. The symptoms evoked by latex allergy range from dermatitis, hives, and nasal congestion, to asthma, food cross reactions, and anaphylactic shock. Most gloves are powdered with cornstarch to facilitate their donning and removal. However, cornstarch absorbs protein allergens from latex gloves, deposits them on skin and mucous membranes, and into surgical wounds. It also aerosolizes allergens, which can provoke symptoms in many latex allergic people.

There is no treatment for latex allergy except avoidance of latex to prevent reactions and sensitization. Latex is the material of choice for numerous medical devices and consumer products (e.g., catheters, gloves, tubings, drains, IV ports, anesthesia equipment, nipples, pacifiers, teething rings, toys, elastic, condoms, diaphragms, sports equipment and much more).

NCNA recommends that:

- Latex allergy information be included in new employee orientation.
- Employers make latex allergy screening tools and tests available to employees.
- Employers must accommodate the latex-free needs of sensitized staff in the workplace.
- Employers provide support and employment rehabilitation opportunities for nurses disabled by latex allergy.
- Facilities provide latex-free care for sensitized patients and staff.
Facilities work to eliminate powdered gloves, latex products, and to increase the use of alternative products.
Latex contamination be removed from the environment, including ventilation systems.
Facilities comply with NIOSH recommendations.

NCNA has developed a comprehensive position statement on the latex allergy epidemic.

**Safety from Workplace Violence**

**Links**

US Dept of Labor OSHA webpage on violence in the workplace:

US Dept of Labor OSHA publication (PDF) of Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers:
http://www.osha.gov/Publications/osha3148.pdf

NC Department of Health and Human Services, Division of Public Health website in prevention of injury and violence:
http://www.communityhealth.dhhs.state.nc.us/injury.htm

Texas Women’s University webpage on workplace violence:
http://www.twu.edu/ehs/violence.html

**Position Statement**

Today more than 5 million healthcare workers from many occupations perform a wide variety of duties. They are exposed to many safety and health hazards, including violence. Violence can occur at any healthcare setting including hospitals, ambulatory clinics, private offices, and schools of nursing. To demonstrate the risk of healthcare workers to workplace violence, 1999 reports of workplace violence has been accumulated for healthcare workers in hospitals. According to estimates from the Bureau of Labor Statistics (BLS), 2,637 non-fatal assaults on hospital workers occurred in 1999; a rate of 8.3 assaults per 10,000 workers. This rate is much higher than the rate of non-fatal assaults for all private-sector industries, which is reported as a risk of 2 per 10,000 workers.

Several studies indicate that violence often takes place during times of high activity and interaction with patients, such as at meal times and during visiting hours and patient transportation. Assaults may occur when service is denied, when a patient is involuntarily admitted, or when a health care worker attempts to set limits on eating, drinking, or tobacco or alcohol use.

**What is Workplace Violence?**

Workplace violence ranges from offensive or threatening language to homicide. NIOSH defines it as violent acts (including physical threats of assault) directed toward persons at work or on duty. The violence may occur from patients or clients, their family members, or the healthcare workers own peers or family.

**Who is at Risk?**

Although anyone working in healthcare may become a victim of violence, nurses and aides who have the most direct contact with the public are at higher risk. Other healthcare workers at increased risk of violence include emergency response personnel, facility safety officers, and all health care providers.
Prevention Strategies for Employers

To prevent violence in healthcare, employers should develop a safety and health program that includes:

- Management commitment,
- Employee participation,
- Hazard identification,
- Safety and health training,
- Hazard prevention, control, and reporting.

Employers should evaluate this program periodically. Although risk factors for violence are specific for each healthcare setting and its work scenarios, employers can follow general prevention strategies.

Environmental Designs

- Develop emergency signaling, alarms and monitoring systems.
- Install security devices such as metal detectors to prevent armed persons from entering the hospital.
- Install other security devices such as cameras and good lighting in hallways.
- Provide security escorts to the parking lots at night.
- Design waiting areas to accommodate and assist patients or the general public who may have a delay in service.
- Design the triage area and other public areas to minimize the risk of assault:
  - Provide staff restrooms and emergency exits
  - Install enclosed nurses’ stations
  - Install deep service counters or bullet-resistant and shatterproof glass enclosures in reception areas.
  - Arrange furniture and other objects to minimize their use as weapons.

Administrative Controls

- Design staffing patterns to prevent personnel from working alone and to minimize patient waiting.
- Restrict the movement of the public in healthcare settings by card-controlled access.
- Develop a system for alerting security personnel when violence is threatened.
- Provide all workers with training in recognizing and managing assaults, resolving conflicts, and maintaining hazard awareness.

In response to the growing tide of violence against nurses, NCNA supports:

- Comprehensive reporting of any incident of violence to OSHA.
- Reporting of any incident of violence against RNs to NCNA.
- Legislation mandating reporting of incidents of violence to OSHA.
- Special designation, Chapter 14, NC General Statutes under Assault/Battery specific to assaults on health care personnel.
- Adherence to OSHA guidelines regarding employer responsibility under "General Duty Clause."
- (Section 5 (a) OSHA 1970). If the employer does not take corrective action, NCNA recommends that the nurse file a grievance and a report to OSHA.
Ergonomic Hazards

Links

Center for Occupational and Environmental Medicine webpage on prevention of injury for health care workers:
http://www.ergonomicsinhealthcare.org/

Work Injured Nurses Group for injury prevention
http://www.wingusa.org/

ANA Position for Safe Patient Handling (begins on page 3 of this PDF link document):
http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/workplace/Wor kplace.aspx

Massachusetts Nurses Association webpage dedicated to ergonomics and safe patient handling:
http://www.massnurses.org/health/articles/osha0106_2.htm

Position Statement

Ergonomics is the study of the design of requirements of work in relation to the physical and psychological capabilities and limitations of people. Ergonomic hazards refer to a combination of stressors or workplace conditions that may cause harm to the worker.

NCNA supports:

- Multi-disciplinary evaluation of stress factors existing between employees and the work environment including worksite inspection, job hazard analysis, identification of ergonomic stressors, and employee input.
- Hazard control and prevention programs including engineering controls, work practice control, protective equipment, administrative controls, and education.
- Injuries should be reported, corrective measures taken, and re-evaluation conducted.
- Endeavors to assure incorporation of safe patient handling and movement initiatives.

Safety with Airborne Pathogens

Links

CDC site for Controlling Airborne Pathogens

Ross/West EMS Authority Airborne Pathogen Exposure Control Plan:
http://www.rwvems.org/PDF%20Files/Airborne%20pathogens.pdf

US Dept of Labor OSHA recommendations on prevention of TB exposure:

CDC National Institute of Occupational Health and Safety worker training module on emerging new threats:

Position Statement
Emerging infectious diseases is on the rise, particularly for those which are airborne pathogens. For most of this century tuberculosis (TB) decreased rapidly in the United States, but from 1985-1992 the number of people with TB increased. While the number of people with new cases of TB in the United States began to decrease after 1993, the worldwide incidence has continued to grow. More than one-third of the world's population is infected with tuberculosis bacterium. Outbreaks of tuberculosis have occurred in hospitals and some health care workers acquired the disease, a few of whom have died. Some TB bacteria have become resistant to the usual antibiotics (so-called Multidrug-Resistant or MDR-TB). People with MDR-TB have occurred in at least 40 states. Better prevention actions should reduce the spread in hospitals and other health care settings.

Of late, there has been an emergence of other severe infectious diseases. This include epidemics from severe acute respiratory syndrome (SARS), monkey pox infection, West Nile virus disease, mad cow disease, anthrax due to bioterrorist attacks, and unusual influenza epidemics. Further, there are increasing outbreaks of airborne infectious diseases that affect the public in schools, healthcare facilities, and small communities.

NCNA supports:

- Enforcing compliance with the CDC's 1994 Tuberculosis Standard.
- Incorporation of training modules for response to new threats to the health care sector, i.e. NIOSH Publication 2004-173 using small pox as an example of an airborne pathogen.
- Providing education for at risk employees regarding the risks and prevention of acquiring airborne diseases.
- Monitoring compliance with requirements to wear respirators.
- Disseminating information about and conducting research about MDR-TB and other emerging airborne pathogen threats.
- Reviewing of tuberculin skin test institutional conversion rate by nurses.
- Educating elected officials about the risk of infection by tuberculosis and airborne pathogens in the workplace.
- Improving public health infra-structures to monitor and treat infected individuals.
- Testing of all immigrants for infectious tuberculosis or other emerging airborne diseases prior to admission to the USA, as recommended by the Department of Health and Human services.

Safety With Other Infectious Disease

Links


CDC Preparedness for Pandemic Flu with tools for healthcare professionals: http://www.cdc.gov/flu/pandemic/cdcresources.htm


NC Department of Health plan for pandemic flu:
Position Statement

Given the global nature of our world today to provide health care connections through our varied workplace settings, NCNA believes that healthcare workers should be mindful of their responsibility to remain healthy in order to provide quality health care. It is the responsibility of the registered nurse to obtain and comply with appropriate immunizations and screening to include (but not limited to): PPD, hepatitis vaccine, MMR, and flu vaccine. Further it is the responsibility of the registered nurse to monitor their own health or illness in order to deter the spread of infectious diseases.

Can or should a nurse refuse to care for a patient with an infectious disease? Beneficence, the moral duty to care for another, exists in those situations where all four of the following criteria can be met:

1. The client is at significant risk of harm, loss, or damage if the nurse does not assist.
2. The nurses' intervention or care is directly relevant to preventing harm.
3. The nurses' care will probably prevent harm, loss, or damage to the client.
4. The benefit the client will gain outweighs any harm the nurse might incur and does not present more than an acceptable risk to the nurse.

NCNA supports:

1. That all RNs comply with immunizations,
2. Assisting with statewide provision of immunizations,
3. Activities to keep nurses aware of pandemic infectious situations,
4. Assisting with preparedness for pandemic infectious events,
5. Informing nurses of emerging new infectious pathogens and the impact on healthcare,
6. Statewide initiatives and work with statewide agencies in preventing spread of infectious pathogens, and
7. Statewide initiatives for nurses and other healthcare workers not to report to work if they exhibit any infectious symptoms in which to deter the spread of disease.

Safety From Retaliation For Reporting Unsafe Conditions

Links

ANA posting on Whistleblower Protection: http://www.nursingworld.org/MainMenuCategories/ANAPoliticalPower/State/StateLegislativeAgenda/Whistleblower_1.aspx


NC Board of Nursing Rules http://www.ncbon.com/content.aspx?id=666

Position statement

The NCNA supports the development of laws in North Carolina to protect the nurse who reports noncompliance with safety regulations.
References

1. ALERT (Allergy to Latex Education & Resource Team, Inc. (414) 677-9707.
3. EPI Net (1999), Exposure prevention information network data reports, University of Virginia: International Health Care Worker Safety Center.
9. OSHA. Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis. CPL 2.106; February 9, 1996.