

OSHA Adopts Expanded Enforcement Against Hospitals, Nursing Homes, and Residential Care Facilities

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The ***Occupational Safety and Health Administration*** has announced a new and stricter [enforcement policy](#) for the healthcare industry, promising to crack down on the most common hazards in hospitals, nursing homes, and residential care facilities. The new federal enforcement policy, which OSHA expects states to adopt, as well, requires that OSHA inspections in these healthcare facilities focus on at least five major hazard areas, *regardless of the original reason for the inspection*.

The policy, released on June 25, represents the second time in two months that OSHA has warned those in the healthcare industry of its intent to increase enforcement. In April, OSHA issued revised guidelines for preventing workplace violence against workers in the healthcare and social service fields. The agency states that it is responding to “some of the highest rates of injury and illness” for these workplaces when compared with industries tracked nationwide. This includes “57,680 work-related injuries and illnesses” in U.S. hospitals, a rate “almost twice as high as the rate for private industry as a whole,” according to OSHA.

Five Specific Hazards

The new enforcement policy promises that OSHA will monitor closely compliance with health and safety rules relating to:

- Safe patient handling,
- Workplace violence,
- Bloodborne pathogens,

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- Tuberculosis, and
 - Slips, trips, and falls.

OSHA states that it is also interested in:

- Exposure to multi-drug resistant organisms (MDROs), such as Methicillin-resistant Staphylococcus aureus (MRSA), and
- Exposures to hazardous chemicals, such as sanitizers, disinfectants, anesthetic gases, and hazardous drugs.

Even if an inspection begins for an unrelated reason, OSHA now will take the opportunity to examine a facility's compliance in each of these areas. It anticipates seeking access to employee medical records and interviewing employees to confirm what it finds in injury and illness records. Since these hazards are common in the industry and the policy, in essence, broadens the scope of each healthcare facility inspection and lengthier, broader, and more exacting inspections are likely to result — with the possibility that more citations and proposed penalties will be issued to employers in the healthcare industry.

Heightened Requirements for Lifting and Ergonomics

For most of these hazards, the new enforcement policy restates OSHA's prior guidance on how to comply with safety rules.

In the case of safe patient handling and the ergonomic challenges it presents, however, the policy provides new, detailed guidance. OSHA will examine the sufficiency of a facility's injury prevention program relating to ergonomics, paying close attention to when manual lifting will be performed by caregivers, and what lifting and repositioning equipment is available to reduce injuries.

OSHA also is focused on whether employees have a mechanism to raise concerns about manual lifting or get assistance when needed.

As reported by [National Public Radio](#), OSHA may be working from the premise that there is no safe way to lift or reposition a patient manually. The report stated, "OSHA's inspectors will interview nursing staff and managers, and review internal hospital documents, to answer questions such as: What kinds of machines and other devices are used by the hospital to move patients? Does the hospital have an adequate supply of the equipment? How well does the hospital train its staff to use it? Does management track and promptly treat injuries among nursing staff?"

Inpatient Facilities Particularly Vulnerable to Workplace Violence

The new enforcement policy comes just two months after OSHA significantly revised its guidance for preventing workplace violence against workers in the healthcare and social service fields.

The guidelines include what OSHA views as industry best practices on handling violence from patients, providing insight on how to reduce the risk of violence in different healthcare and social service settings.

To protect against violence, OSHA recommends that healthcare providers develop an effective workplace violence prevention program that includes these key components:

- Management commitment to supporting and funding the program and providing training and safety devices;
- Employee participation through safety committees and surveys;
- Worksite and job analysis with a focus on areas and tasks that may expose employees to potential violence, such as transferring patients and providing intimate care;
- Tracking and trending workplace violence complaints, injuries, and near misses for purposes of identifying patterns and new controls;
- Implementing hazard prevention and control measures to reduce violence;
- Safety and health training of all employees on how to recognize the potential signs of violence, how to defuse a situation and defend against an encounter, and how to use the controls and safety devices;
- Investigating complaints and near misses to understand root causes of the actions, and moving away from merely stating unforeseeable incident or employee misconduct; and
- Evaluating a program annually.

Employer Preparations

Employers in the healthcare industry should consider doing the following:

- Develop or review the company's workplace violence prevention plan and procedures to ensure key components have been included and consider if additional controls are needed to protect workers;
- Develop or review the company's ergonomics policies and procedures on the manual lifting of patients and the availability, use, and maintenance of lifting and reposition devices;
- Train key personnel on strategies for handling OSHA inspections from the time OSHA arrives on site to minimize potential liability and to manage OSHA requests for employee interviews, site inspections, and documents;
- Conduct an internal audit of the employer's bloodborne pathogens exposure control program, including the annual review of safety devices and access to Hepatitis B vaccinations;
- Ensure that employees are aware of the hazards associated with the chemicals that they work with and know how to read labels and have access to safety data sheets;
- Ensure that the company is following the latest guidance from the Centers for Disease Control and Prevention (CDC) on tuberculosis prevention; and

- Develop or review the company's infectious diseases and MRSA prevention programs for effectiveness, paying special attention to whether employees know how to protect themselves from exposures to these hazards and wear appropriate personal protective equipment.

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