Risk Management: Overview of Workers’ Comp, Recordkeeping and Bloodborne Pathogens Standard by Hanover Insurance Group

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Agenda

• **Workers’ Compensation Claims — California** by Michael Carlson, SCLA, Regional Claim Director, Hanover Insurance Group

• **Accident Investigation Procedures and OSHA 300 Recordkeeping** by Kathy Kim, CSP, ARM, Sr. Risk Consultant, Hanover Insurance Group

• **Bloodborne Pathogens in Dentistry: Employee Exposure Control** by Kathy Kim, CSP, ARM, Sr. Risk Consultant, Hanover Insurance Group
Workers’ Compensation Claims — California

Michael Carlson, SCLA
Regional Claim Director
Hanover Insurance
Workers’ Compensation

• What to do prior to an accident

  – Claim Kits

    • “Notice to Employees” Poster. Needs to be posted in a conspicuous place. California Labor Code requirement.

    • Provides employees with information on your Workers’ Compensation coverage and where to get medical care.


  – Insurance carrier or Division of Workers’ Compensation (DWC) website.
Workers’ Compensation

• Medical Provider Network (MPN)
  – Group health care providers established by the insurer
    • Networks
  – Employer notification of MPN
    • Requirements
    • Network
  – Employee Predesignation of Personal Physician
    • Notice upon hire or prior to injury
    • Their doctor has to agree
    • Employee has to have group health insurance
Workers’ Compensation

• What happens when there is an accident?

  – When is a claim a claim
    • Employee alleges he/she is injured in the course and scope of employment
    • First aid
    • Medical only
    • Medical only and lost time

  – Forms to complete
    • Employee DWC 1 form to complete
    • Employers First Report

  – Who do I notify?
    • Agent
    • Insurance carrier
Workers’ Compensation

• Cost of Workers’ Compensation Claims

  – Lag time/late reporting

  • Injuries reported within two weeks are 18% more expensive than those reported within one week. It gets progressively worse as time goes by. For example, injuries reported between the fourth and fifth week following an injury are 45% more expensive.
  
  • The biggest finding involves back injuries, which, as a group, are 35% more expensive if not reported within the first week.
Workers’ Compensation

• Cost of Workers’ Compensation Claims

  – Soft tissue strains and sprains are 13% more expensive if not reported within one week; carpal tunnel injuries, in which onset is admittedly difficult to pinpoint, are 11% more expensive with late reporting.

  – Litigation is another area impacted by late reporting. Twenty-two percent of injuries reported within 10 days are litigated; 47%, when the reports arrive more than 31 days following the injury.
Workers’ Compensation

• Cost of Workers’ Compensation Claims

  – Average cost of Claims/Incurred

    • 2011 - $4,751
    • 2012 - $9,288
    • 2013 - $8,157
    • 2014 - $9,174
Workers’ Compensation

- Fraud
  - What to do
    - Report claim
    - Work with insurance carrier
  - Special Investigation Unit
    - Background checks
    - Media search
    - Surveillance
Workers’ Compensation

- Return to Work (RTW)

The Hanover’s mission is to return injured employees to work, either in transitional roles or to their regular job as soon as possible through partnerships with employers, while assuring quality customer service, quality medical treatment and effective medical management.

- Full duty
- Modified duty
- Nurse case management
Accident Investigation Procedures and OSHA 300 Recordkeeping

Kathy Kim, MS, CSP, ARM
Sr. Risk Consultant
Hanover Insurance Group
Accident Investigation

• Why: We must provide a safe, accident-free workplace where employees feel free to report **ALL** incidents in order to help identify root causes and eliminate the possibility for a recurrence.

• What: A well-defined Accident / Incident Investigation Process is a critical element of the Hazard Assessment portion of IIPP

• How: Conduct a good investigation
Get the Facts

1. Visit scene of accident before physical evidence is disturbed.
2. Make visual records (sketches, photographs, notes, condition of area).
3. Determine what accident-related items should be preserved.
4. Identify the people who can help determine accident causes (witnesses).
5. Interview people as soon as possible.
6. Document/review procedures and/or policies.
Corrective Actions

• Immediate Action
  – Recovery steps

• Permanent Action
  – Procedures & plans initiated to prevent recurrence
CAL OSHA Recordkeeping

- **OSHA 300 Effective 2005** *California Occupational Safety and Health Act are covered by the provisions of Article 2, Sections 14300*

- **Applicability**
  - 10 or more employees
  - Industry exemptions: low-hazard retail, services, finance, insurance and real estate industries.
Partially Exempted

• Partially exempted:
  – 802 Offices and clinics of dentists
  – 807 Medical and dental laboratories

• Reportable but not recordable

Appendix A to Section 14300.2
Public and private sector employers are not required to keep Cal/OSHA injury and illness records for any establishment classified in the following Standard Industrial Classification (SIC) codes, unless they are asked in writing to do so by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or the BLS. All employers, including those partially exempted by reason of size or industry classification, must report to the Division of Occupational Safety and Health any workplace incident that results in a serious injury or illness, or death, as required at Title 8 Section 342.
(h) "Serious injury or illness" means any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway.
Exception to Exemption Rule: Needle Stick Injuries

- Needlesticks and ‘sharps injuries’
- Illness from OPIM
- Medical treatment beyond first aid
- Privacy
Reporting Serious Injury/Illness

- Immediately after no longer than 8 hours of a known serious injury or illness
- 24 hours with good solid reason
- Nearest Cal OSHA District Office

http://www.dir.ca.gov/dosh/DistrictOffices.htm
References

- https://www.dir.ca.gov/title8/342.html
- https://www.dir.ca.gov/title8/330.html
- www.dir.ca.gov/t8/14300.html
- www.dir.ca.gov/dosh/etools/recordkeeping/
Bloodborne Pathogens in Dentistry: Employee Exposure Control

Kathy Kim, MS, CSP, ARM
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Agenda

- Exposure control vs. Infection control
- How employee exposures occur
- Overview of Cal/OSHA requirements
- Engineered sharps injury protection
- Resources for assistance
Exposure Control

• Infection Control Program
  – Term used by CDC
  – Addresses transmission from:
    • Patient to dental healthcare personnel (HCP)
    • Dental HCP to patient
    • Patient to patient
  – Requires “standard precautions” for contact with:
    • Blood
    • All bodily fluids (except sweat) even if don’t contain blood
    • Non-intact skin
    • Mucous membranes
Exposure Control

• Infection Control Program (continued)
  – Addresses:
    • Bloodborne pathogens
    • Tuberculosis
    • Herpes simplex, cytomegalovirus
    • MRSA
    • Other viruses and bacteria in oral cavity and respiratory tract
Exposure Control

• Exposure Control Plan
  – Term used by OSHA and Cal/OSHA
  – Addresses transmission from patient to dental HCP
  – Requires “universal precautions” for contact with blood and Other Potentially Infectious Materials (OPIM):
    • Saliva in dental procedures
    • List of other bodily fluids
    • Other bodily fluids visibly contaminated with blood
    • All bodily fluids if can’t differentiate (e.g., emergency response)
    • Unfixed tissues or organs
Exposure Control

• Exposure Control Plan (continued)
  – Addresses bloodborne pathogens, such as:
    • Hepatitis B virus (HBV)
    • Hepatitis C virus (HCV)
    • Human immunodeficiency virus (HIV)
  – Cal/OSHA also regulates aerosol transmissible diseases
How Exposures Occur

Estimated Incidence of HBV Infections
United States, 1985-1999 (Source: CDC)
How Exposures Occur

• Average exposures per year per dental HCP:
  – USA, 1992, Source: ADA
    • 3.35 sharps injuries
  – Canada, 1995, Source: Health Canada
    • 3.03 sharps injuries
    • 1.53 blood splashes to eye, nose or mouth

• Risk of transmission from infected patient (CDC):
  – HIV: 0.3% sharps injury, 0.1% blood in eye/nose/mouth
  – HCV: 1.8% sharps injury
  – HBV (HBsAg\(^+\) and HBeAg\(^-\)): 1% - 6% sharps injury
  – HBV (HBsAg\(^+\) and HBeAg\(^+\)): 22% - 31% sharps injury
How Exposures Occur

Devices Involved in Sharps Injuries to Dental HCP
Dec 1995 – Aug 2004 (N = 360) Source: CDC
How Exposures Occur

Timing of Sharps Injuries to Dental HCP
Dec 1995 – Aug 2004 (N = 360) Source: CDC
Cal/OSHA Requirements

- For details see § 5193: [http://www.dir.ca.gov/Title8/5193.html](http://www.dir.ca.gov/Title8/5193.html)

- Overview:
  - Written exposure control plan
  - Sharps injury log (incl. evaluation of controls)
  - Universal (standard) precautions
  - Engineering and work practice controls
  - Personal protective equipment (PPE)
  - HBV vaccination
  - Post-exposure evaluation and follow-up
  - Hazard labels and signs
  - Employee training
Cal/OSHA Requirements

• Written exposure control plan
  – For details see § 5193(c)(1)
  – Coordinated with your written Injury & Illness Prevention Program (IIPP)
  – Updated annually and when changes needed
  – Contain at least the following elements:
    • Exposure determination (which employees are exposed?)
    • Method of implementation for other requirements of standard
    • Periodic analysis of data on Sharps Injury Log
    • Documented input from employees
Cal/OSHA Requirements

• Engineering and work practice controls
  – For details see § 5193(d)
  – Must be used, and reevaluated and updated regularly
  – Needle-less system must be used if possible
  – Engineered sharps injury protection (ESIP) must be used if possible (and needleless not possible)
  – Engineering controls not required if:
    • Not available in market
    • Jeopardizes patient safety or success of procedure (document)
    • Evaluation shows alternative is just as safe for employee
  – List of prohibited practices incl. storage/eating of food
Cal/OSHA Requirements

- Engineering and work practice controls (cont’d.)
  - Handling contaminated sharps
    - Do not bend or break sharps
    - Only recap or remove from device if not feasible to avoid
    - Recap or remove using mechanical device or one-handed
    - Do not reuse disposable sharps
    - Clean up broken glass with brush/dust pan, tongs
    - Use sharps containers (strong, leakproof, prevent unintended access)
    - Sharps containers as close as feasible to where used
    - Sharps into containers immediately after use
Cal/OSHA Requirements

• Engineering and work practice controls (cont’d.)
  – Biohazard bags for non-sharps waste
  – Biohazard containers for biopsy specimens
  – Procedures for cleaning with appropriate disinfectants
  – Hygiene (handwashing and splashes/spatters)
  – Laundry procedures incl. biohazard bags and PPE
  – Personal protective equipment
    • Gloves
    • Goggles/glasses with solid side shields and surgical masks
    • Face shield
    • Gowns/lab coat
    • CPR masks
Engineering Controls

During 2007 (ADA survey):
- 16.9% of dentists had used a safety syringe
- 11.7% had used a safety scalpel
- 7.6% had used both
- 41% had used a needle recapping device
Engineering Controls

Examples from CDC of Engineered Sharps Injury Protection (ESIP) Devices
Engineering Controls

Safety dental anesthesia syringe and safety scalpel
Work Practice Controls

Don’t Pass Unprotected Needles

Don’t Recap With Two Hands

One-Handed Scoop

Recapping Device
Cal/OSHA Requirements

- Employee training
  - For details see § 5193(g)(2)
  - Pre-placement, annual, when changes made
  - Specific to your workplace and procedures
  - Opportunity for interactive questions
  - Include at a minimum:
    - Copy of and explanation of Cal/OSHA standard
    - Epidemiology, symptoms, modes of transmission
    - Employer’s exposure control plan
    - How to recognize tasks that may produce exposure
    - Uses and limitations of control methods
    - Info on HBV vaccine incl. efficacy, safety, benefits
    - Procedure to follow if exposure occurs
• Cal/OSHA
  - Bloodborne Pathogens regulation:  
    http://www.dir.ca.gov/Title8/5193.html
  - Exposure Control Plan for Bloodborne Pathogens (fill-in-the-blank):  
    http://www.dir.ca.gov/dosh/dosh_publications/expplan2.pdf
  - A Best Practices Approach for Reducing Bloodborne Pathogens Exposure  
    http://www.dir.ca.gov/dosh/dosh_publications/BBPBest1.pdf
  - Reducing Bloodborne Pathogens in Dentistry:  
    http://www.dir.ca.gov/DOSH/REU/bloodborne/REU_BBPdent1.html
Resources

• Federal OSHA

• Centers for Disease Control (CDC):
  – Infection Control in Dental Settings page: http://www.cdc.gov/oralhealth/infectioncontrol/index.htm
  – Safer dental device screening and evaluation forms: http://www.cdc.gov/oralhealth/infectioncontrol/forms.htm
Resources

- American Dental Assoc Infection Control page: http://www.ada.org/en/member-center/oral-health-topics/infection-control-resources
- Organization for Safety, Asepsis and Prevention: http://www.osap.org
Resources

• Lists of safer medical devices:
  – US Air Force Dental Evaluation & Consultation Service (includes product evaluations):
  – Univ of Virginia Int’l Healthcare Worker Safety Center:
    http://www.healthsystem.virginia.edu/pub/epinet/new/safetydevice.html
  – International Sharps Injury Prevention Society:
    http://www.isips.org/page/safety_products
  – ECRI Institute Sharps Safety & Needlestick Prevention (includes product evaluations for members):
    https://www.ecri.org/Products/Pages/sharps_safety_needlestick_prevention.aspx
Questions?