OSHA Cites Residential Care Facility For Workplace Violence Hazards

Another residential care facility has been cited for failing to adequately address workplace violence hazards, after an inspection resulting from a national enforcement program targeting nursing facilities. The U.S. Occupational Safety and Health Administration cited ResCare Ohio Inc. for allegedly exposing employees to physical assaults by residents at its Fairfield facility, Camelot Lake. “These citations reflect a clear and pressing need for employers operating residential care facilities to develop comprehensive and effective programs that proactively address workplace violence situations,” said Bill Wilkerson, area director in Cincinnati. OSHA suggested arm guards and hallway mirrors to help employees see around corners, among other reasonable and feasible abatement methods. Page 2

Preliminary BLS Data Show Rise in Fatalities Among Younger Workers

Although the overall rate of fatal work injuries for U.S. workers decreased slightly in 2011, the number of fatal injuries among Hispanic and African-American workers rose, according to preliminary data released by the Bureau of Labor Statistics. The number of fatal injuries among younger workers, aged 20 to 24, was up by nearly 18 percent. The preliminary results from BLS’s annual census indicate that 4,609 fatal work injuries were recorded in the United States in 2011, down from 4,690 fatal work injuries in 2010. Among workers in the health care and education sector, nearly 30 percent of fatal work injuries were the result of an act of deliberate violence. Secretary of Labor Hilda Solis called the results “a step in the right direction” but said more needs to be done. Page 4

Unions, Associations Receive Share Of OSHA Training Grants for HCWs

Safe patient handling and workplace violence are among the hazards to be targeted by training programs funded by the Susan Harwood Training Grants Program in fiscal year 2012. OSHA announced it has awarded $10.7 million in grants to 72 nonprofit organizations, including community/faith-based groups, employer associations, labor unions, joint labor-management associations, and colleges and universities. The goals of the program are to provide training and education for workers and employers on the recognition, avoidance, and prevention of safety and health hazards in their workplaces, and to inform workers of their rights and employers of their responsibilities under the Occupational Safety and Health Act, OSHA said. Page 6
OSHA Cites ResCare Ohio for Workplace Violence Hazards After Conducting Targeted Inspection

OSHA cited an Ohio residential care provider for failing to adequately address workplace violence hazards, this time noting that the action was taken as a result of a national enforcement program (NEP) targeting nursing facilities.

OSHA announced Oct. 3 it has cited ResCare Ohio Inc. for exposing employees to workplace violence at the company’s Fairfield residential care facility, which operates as Camelot Lake. OSHA has proposed penalties of $8,700.

“These citations reflect a clear and pressing need for employers operating residential care facilities to develop comprehensive and effective programs that proactively address workplace violence situations,” said Bill Wilkinson, OSHA’s area director in Cincinnati. “Prevention, protection, communication and awareness training are critical to safeguarding caregivers against possible injury in the workplace,” he added.

Recent Workplace Violence Citations

In May and July, OSHA announced similar enforcement actions against residential care providers in Wisconsin and Idaho (see June newsletter, p. 2; September newsletter, p. 8). Last November, OSHA said it had reached a settlement with a New York substance abuse treatment facility where a client with a history of violence killed a security guard who was working alone at night.

OSHA said the investigation of ResCare Ohio was initiated in March under the Site-Specific Targeting Program and the NEP, which focuses on nursing facilities with a days away, restricted, transfer or “DART” work-related injury or illness rate of 10 or more incidents per 100 full-time workers. OSHA has conducted nursing home enforcement programs in the past, but this marked the first time that inspectors were told specifically to look for workplace violence hazards (see May newsletter, p. 7).

RecCare’s Camelot Lake accumulated a total of 20 workplace violence cases from 2009 to 2012, resulting in 53 days away from work and 37 days of restricted duty, OSHA said. According to the agency, Camelot employees were exposed to physical assaults during routine interaction with residents who had a history of violent behavior. The citation record available online states that the employer failed to develop or implement adequate measures to prevent employees from being bitten, kicked and punched.

The facility also was cited for failing to post a summary of the OSHA 300 logs during 2011, failing to provide OSHA injury and illness logs upon request for 2009 and 2010, and failing to conduct annual reviews and updates of the bloodborne pathogens program.

OSHA said that it has inspected the same facility three times in the past, but that none of those inspections resulted in a workplace violence citation.

Arm Guards and Mirrors

OSHA outlined some “feasible and acceptable” means of abating the hazards at the Camelot facility in the citation record. In addition to establishing a workplace violence prevention program for Camelot Lake, OSHA recommended interventions such as:

- implementing a system for alerting employees to a client’s history of violent behavior;
- implementing administrative controls for employees working with clients, such as wearing hair pulled up or covered to prevent pulling and wearing arm guards to prevent biting;
- installing mirrors in appropriate locations to allow employees to see behind themselves and around corners; and
- providing staff with a reliable way to rapidly summon assistance when needed, such as an electronic

See Workplace Violence, p. 4
Widespread implementation of comprehensive influenza vaccination strategies is needed to improve coverage rates among health care personnel who are not physicians or nurses, particularly those who work in long-term care facilities, the Centers for Disease Control and Prevention said in the Sept. 28 Morbidity and Mortality Weekly Report.

The recommendations are based on results from a CDC Internet panel survey of 2,348 HCP between April 2 and April 20, 2012. The survey found that, overall, 66.9 percent of HCP reported having had an influenza vaccination for the 2011–12 season, a 3.4 percent improvement over the previous year’s survey.

Among occupational groups, physicians were most likely to be vaccinated, followed by nurses. According to the report, 85.6 percent of physicians were vaccinated in 2011-12, an increase of 1.4 percent over the previous year. The vaccination rate for nurses was 77.9 percent, up 8.1 percent from 2010-2011.

The coverage rate for “other HCP” also increased slightly but still trailed far behind that of doctors and nurses at 62.8 percent. Within that group, personnel in long-term care facilities had the lowest vaccination rate of 50.2 percent — representing a 16.7 percent drop from the previous year’s survey.

Other findings include:

- by setting, vaccination coverage was 76.9 percent among HCP working in hospitals, 67.7 percent among HCP in physician offices and 52.4 percent among those in long-term care facilities;
- among HCP working in hospitals that required influenza vaccination, coverage was 95.2 percent; and
- among HCP in hospitals not requiring vaccination, coverage was 68.2 percent.

HCP vaccination rates have improved dramatically over the last decade or so. Earlier estimates of influenza vaccination coverage levels in HCP based on the National Health Interview Survey were 10 percent in 1989, 38 percent in 2002 and 49 percent in 2008. However, the rates still fall far short of the national Healthy People 2020 goal of 90 percent vaccination coverage among all health care workers nationwide.

The National Vaccine Advisory Committee in a February 2012 report to the Department of Health and Human Services recommended that health care employers that have not achieved the 90 percent coverage goal through voluntary means should consider making vaccination a condition of employment (see September 2012 newsletter, p. 4).

### Importance of Long-term Care

In the latest report, CDC said that raising vaccination coverage of HCP working in long-term care facilities is especially important given that nursing home residents are at increased risk for serious influenza complications and that HCP vaccination might reduce the risk for death among residents.

To increase vaccination coverage for HCP, each medical-care facility should develop a comprehensive intervention strategy that includes education and promotion to encourage vaccination and easy access to vaccine at no cost. Educational programs should include emphasis on vaccination effectiveness and its safety, knowledge of influenza transmission, and the benefits of HCP vaccination for staff, patients and family, CDC said.

The report notes that the results of the Internet panel surveys are subject to some limitations. The sample consisted of several thousand volunteer HCP who had already enrolled in either Medscape, a web portal managed by WebMD Professional Services, or SurveySpot, a website that offers members cash and rewards for participating in online surveys. In addition, all results were based on self-report questionnaires, rather than employment records. Despite these limitations, CDC said it will continue to use such surveys to monitor self-reported HCP vaccination coverage and reasons for non-vaccination across multiple occupation categories and work settings.

### For More Information


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Although the overall rate of fatal work injuries for U.S. workers decreased slightly in 2011, the number of fatal injuries among Hispanic and African-American workers rose, according to preliminary data released by the Bureau of Labor Statistics. The number of fatal injuries among younger workers aged 20 to 24 also rose, by nearly 18 percent.

The preliminary results from BLS’s annual Census of Fatal Occupational Injuries show that 4,609 fatal work injuries were recorded in the United States in 2011, down from a final count of 4,690 fatal work injuries in 2010. The rate of fatal work injury for workers in 2011 was 3.5 per 100,000 full-time equivalent (FTE) workers, as compared to a final rate of 3.6 per 100,000 for 2010.

Whether the overall drop in fatal injury rates will hold remains to be seen. In recent years, the BLS final counts have been higher than the preliminary. Final results will be released in spring 2013.

Step in Right Direction
In a written statement, Secretary of Labor Hilda Solis called the results “a step in the right direction” but said more needs to be done. “We will continue to collaborate with employers, workers, labor leaders and safety and health professionals to ensure that every American who clocks in for a shift can make it home safe and sound at the end of the day,” she said.

According to BLS, key findings of the 2011 census include:

- Fatal work injuries in the private construction sector declined 7 percent to 721 in 2011 from 774 in 2010, marking the fifth consecutive year of lower fatality counts, which BLS attributes largely to economic conditions. Still, construction accounted for the second most fatal work injuries of any industry sector in 2011 with transportation and warehousing having the most fatal work injuries.

- Violence and other injuries by people or animals accounted for 780 fatalities, or about 17 percent of the total fatal injuries in the workplace in 2011. Included in this count are 458 homicides and 242 suicides.

- Fatal work injuries in private truck transportation rose 14 percent in 2011 — the second consecutive year that counts have risen in this sector after reaching a series low in 2009.

Health care worker fatal injuries are included in the health care and education subsector. The preliminary fatality count for workers in health care, including social services, and education is 151 for 2011, or 0.8 incidents per 100,000 FTEs.

Demographic Trends
BLS observed that the number of fatal work injuries involving non-Hispanic white workers declined 3 percent in 2011, but were higher for black or African-American workers. For black workers, BLS said, the increase follows three years of consecutive declines. Also, for the first time since 2006, fatal work injuries among Hispanic or Latino workers rose — to 729 in 2011 from 707 in 2010, an increase of 3 percent.

Fatal work injuries rose 18 percent among workers 20 to 24 years of age to 288 in 2011 from 245 in 2010, but at 2.5 incidents per 100,000 FTEs still remained well below the 3.5 average for all workers. In 2011, 127 of these incidents were classified as transportation related, compared with 96 in 2010. Fatal work injuries involving women increased slightly in 2011 to 375, but declined by 2 percent for men to 4,234 from 4,322, BLS said.

According to BLS, to ensure that fatal injuries are work-related, cases must be substantiated with two or more independent source documents, or a source document and a follow-up questionnaire. A work relationship is deemed to exist if an event or exposure results in the fatal injury or illness of a person either (1) on the employer’s premises and the person was there to work, or (2) off the employer’s premises and the person was there to work or the event or exposure was related to the person’s work or status as an employee. The employer’s alarm or pendant-type wireless personal emergency assistance alarm.

ResCare Ohio employs more than 270 workers, including 50 at the Camelot Lake facility. OSHA said. The Camelot Lake workers provide daily care for up to 36 clients, including people with developmental and other disabilities. Based in Louisville, Ky., ResCare and its nearly 45,000 employees serve some 57,000 people daily in 42 states, Washington, D.C., Canada and Puerto Rico.

For More Information
For more on addressing workplace violence hazards, see Tab 800 in the Guide.
premises include buildings, grounds, parking lots and other facilities and property used in the conduct of business. Heart attacks and strokes are considered illnesses, not injuries, and are not counted unless a traumatic injury also contributed to the death.

In 2011, transportation incidents accounted for more than two out of every five fatal work injuries. Of the 1,898 transportation-related incidents, about 57 percent were roadway incidents involving motorized land vehicles. Non-roadway incidents, such as a tractor overturn in a farm field, accounted for another 11 percent of the transportation-related fatal injuries. About 16 percent of fatal transportation incidents in 2011 involved pedestrians who were struck by vehicles. A smaller number, about 8 percent, involved aircraft.

### Homicides Differ for Men, Women

Across industries, 780 workers died in 2011 as a result of violence and other injuries by persons or animals, including 458 homicides and 242 suicides. Shootings were the most frequent manner of death in both homicides (78 percent) and suicides (45 percent). Another 37 deaths were due to animal- or insect-related incidents.

Of the 375 fatal work injuries involving female workers, 21 percent involved homicides. In nearly 2 out of every 5 homicides of female workers, the assailants were relatives, usually a current or former spouse or domestic partner.

For male workers, homicides accounted for approximately 9 percent of all fatal injuries. Robbers were the assailants in over one third of the homicide cases involving male workers. Patients, students, clients or customers were the assailants in 11 percent of homicides to men.

### Fatalities Among Health Care Workers

Workers in health care and education who were fatally injured on the job in 2011 were more likely than other fatally injured workers to have been involved in a deliberate act of violence, according to BLS’s preliminary data.

Nearly 30 percent of fatal injuries to workers in health care and education in 2011 were the result of a deliberate act of violence.

According to BLS, there were 151 fatal occupational injuries in the education and health services group in 2011. About 40 percent of these fatalities were attributed to a transportation incident, about the same percentage as across all industries. However, nearly 30 percent (44) of fatal injuries to health care and education workers were attributed to violence, compared with only 17 percent of fatal injuries to workers across all sectors.

Another 13 percent of injuries to health care and education workers were attributed to a trip, slip or fall – about the same as for all workers. However, all of the reported incidents in health care and education occurred on the same level surface, rather than being a fall from one surface to a lower level, as is common in the construction sector. Overall, fatal falls, slips or trips took the lives of 666 workers in 2011.

### For More Information

For more on the BLS preliminary data for 2011, go to http://www.bls.gov/iif/oshcfoi1.htm#2011.

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### Fatalities Among Health Care Workers

### Nearly 30 percent of fatal injuries to workers in health care and education in 2011 were the result of a deliberate act of violence.

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### Event or Exposure

<table>
<thead>
<tr>
<th>Event or Exposure</th>
<th>Education and Health Services (number of incidents)</th>
<th>All Industries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence and other injuries by persons or animals</td>
<td>44</td>
<td>780</td>
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<tr>
<td>Intentional injury by person</td>
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<td>700</td>
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<tr>
<td>Intentional injury by other person</td>
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<tr>
<td>Shooting by other person – intentional</td>
<td>13</td>
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<tr>
<td>Stabbing, cutting, slashing, piercing</td>
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<tr>
<td>Transportation incidents</td>
<td>61</td>
<td>1898</td>
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<tr>
<td>Aircraft incident</td>
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<td>146</td>
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<td>Pedestrian vehicular incident</td>
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<tr>
<td>Roadway incidents involving motor vehicle</td>
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<tr>
<td>Falls, slips, trips</td>
<td>21</td>
<td>666</td>
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<tr>
<td>Exposure to harmful substances or environments</td>
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<td>401</td>
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<tr>
<td>Nonmedical use of drugs or alcohol (unintentional overdose)</td>
<td>11</td>
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</table>
Trainees Targeting Health Care Workers Receive Share of $10.7M in Susan Harwood Training Grants

Safe patient handling and workplace violence in health care settings are among the topics to be addressed in training programs funded by the Susan Harwood Training Grants Program in fiscal year 2012, the U.S. Occupational Safety and Health Administration announced Sept. 11.

OSHA said it has awarded $10.7 million through the Susan Harwood Training Grant Program to 72 nonprofit organizations, including community/faith-based groups, employer associations, labor unions, joint labor-management associations, and colleges and universities.

At least $1.25 million will go to grantees whose programs target health care workers. Those grantees include the Emergency Nurses Association, the SEIU Education and Support Fund, and the University of Texas at Arlington (see Susan Harwood Grants for Health Care, p. 7).

Low-literacy Workers in High-hazard Industries

The goals of the Susan Harwood Training Grant Program are to provide training and education for workers and employers on the recognition, avoidance and prevention of safety and health hazards in their workplaces, and to inform workers of their rights and employers of their responsibilities under the Occupational Safety and Health Act, OSHA said in the news release.

“The Department of Labor is committed to ensuring that workers and employers are provided education and training on identifying and preventing serious workplace hazards. The grants awarded by the federal government today will provide workers and employers in some of the most dangerous industries with important tools to identify and eliminate such hazards,” said Secretary of Labor Hilda L. Solis.

Targeted trainees include small-business employers and underserved low-literacy workers in high-hazard industries. Since 1978, more than 1.8 million workers have been trained through the program.

Capacity-Building, Targeted Topics

The award categories for fiscal year 2012 grants include Capacity Building Developmental, Targeted Topic, and Training and Educational Materials Development.

The Capacity Building Developmental grants may be awarded to organizations whose past activities have demonstrated their ability to provide occupational safety and health training, education, and related assistance to workers and employers in high-hazard industries; small-business employers; and vulnerable workers. Organizations selected to receive these grants are expected to institutionalize organizational capacity to provide safety and health training on an ongoing basis, according to OSHA. This year, OSHA awarded $8.3 million in follow-on grants to capacity-building grantees that performed satisfactorily during the last year and provided awardable applications this year.

Recipients of Targeted Topic or Training and Educational Materials Development grants must address job safety and health topics designated by OSHA.

“The programs funded by these grants provide thousands of workers and employers with critical health and safety training and education. These programs are unique in that they provide in person, hands-on training that will have a long-lasting impact on improving workplace safety and health,” said OSHA Administrator David Michaels.

The training grant program is named in honor of Susan Harwood, a former director of the Office of Risk Assessment in OSHA’s former Directorate of Health Standards, who passed away in 1996. During her 17-year tenure with the agency, Harwood helped develop OSHA’s landmark bloodborne pathogens standard, among others.

For More Information


Public inquiries should be directed to Kimberly Mason at mason.kimberly@dol.gov or Jim Barnes at barnes.james@dol.gov or by phone at 847-759-7700.

Health Care Compliance Series

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- Controlled Substances Handbook
- Guide to Medical Privacy & HIPAA
- OSHA Guide for Health Care Facilities
<table>
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<th>Organization Name</th>
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<td>Instituto del Progresso Latino</td>
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<td>$156,762</td>
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<td>Interfaith Worker Justice</td>
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<td>SEIU Education and Support Fund</td>
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<td>University of Texas at Arlington</td>
<td>Arlington, Texas</td>
<td>$181,390</td>
<td>Capacity Building Developmental Grants</td>
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</tbody>
</table>

**Susan Harwood Grants for Health Care**

**Grant Details:**

- **Western New York Council on Occupational Safety and Health**
  - **Funding**: $72,400
  - **Grant Type**: Targeted Topic
  - **Description**: The grantee will offer 3-hour ergonomic hazards training and 18-hour train-the-trainer sessions on best practices for preventing musculoskeletal disorders through safe patient handling. Training will be offered to health care workers in New York state.

- **Emergency Nurses Association**
  - **Funding**: $49,748
  - **Grant Type**: Targeted Topic Training Materials Development
  - **Description**: The grantee will develop training materials for a 4-hour course on workplace violence recognition, avoidance, and prevention. The program content will be delivered through interactive web-based programming and e-learning technologies to the target audience of emergency nurses, physicians, technicians and administrators working in U.S. emergency departments.

- **Lake-Sumter Community College**
  - **Funding**: $103,964
  - **Grant Type**: Capacity Building Developmental Grants
  - **Description**: The grantee will build long term health and safety capacity and provide training on safe patient handling for nursing students, health care facilitators and partnered facilities. Training will be expanded geographically and CEUs will be sought for courses offered. Training will include both in-class and hands-on training of lifting techniques. English and Spanish classes are planned.

- **Instituto del Progresso Latino**
  - **Funding**: $156,762
  - **Grant Type**: Capacity Building Developmental Grants
  - **Description**: The grantee will offer training on hazard identification and control, safe patient handling, machine guarding, and fall protection customized to the manufacturing and health care industries. Training targets non-English speaking/limited English proficiency workers, low literacy workers and small businesses. Training and materials will be available in English and Spanish.

- **Interfaith Worker Justice**
  - **Funding**: $181,388
  - **Grant Type**: Capacity Building Developmental Grants
  - **Description**: The grantee will provide worker and train-the-trainer training that addresses specific health and safety hazards in construction, cleaning service, poultry/meat packing, restaurants, landscaping, and home care. Training will target non-English speaking/limited English proficiency workers, non-literate and low literacy workers, young workers and hard-to-reach workers. Training and materials will be available in English and Spanish.

- **SEIU Education and Support Fund**
  - **Funding**: $177,250
  - **Grant Type**: Capacity Building Developmental Grants
  - **Description**: The grantee will provide training on safety and health hazards to health care, homecare, nursing home, and hospital workers and employers. Training topics will include preventing needle sticks and other bloodborne exposures, proper patient lifting and transfers, workplace violence and responding to fire and other emergencies. Training will be designed for low literacy workers. The homecare training will be multi-lingual (English, Spanish, Russian and Chinese).

- **United Food and Commercial Workers International Union**
  - **Funding**: $181,606
  - **Grant Type**: Capacity Building Developmental Grants
  - **Description**: The grantee will offer training to limited- and non-English proficiency, minority, and hard to reach workers and employers in meat-packing, poultry, food processing, supermarket, nursing homes, and long term residential care facilities. The training topics will include ergonomics, prevention of overexertion injuries, slips and falls, prevention of lacerations and amputations, injury and illness reporting, and OSHA rights. Training and materials will be available in English and Spanish.

- **University of Massachusetts at Lowell**
  - **Funding**: $156,750
  - **Grant Type**: Capacity Building Developmental Grants
  - **Description**: The grantee will provide training that addresses ergonomic hazards for workers and employers in nursing homes located in the Northeast. The training is targeted to low literacy workers and workers with limited English. A 4-hour train-the-trainer course will also be offered. Training and materials will be available in English and Spanish.

- **University of Texas at Arlington**
  - **Funding**: $181,390
  - **Grant Type**: Capacity Building Developmental Grants
  - **Description**: The grantee will offer training through their Long Term Care Worker Protection Program to young, minority, long term care workers and administrators who are employed in large and small businesses. Specific industry-focused topics will include ergonomics, bloodborne pathogens, fire safety, walking and working surfaces, hazard communication, electrical safety and workplace violence prevention. Training will take place in OSHA Region VI.
OSHA PILOTS ADR OPTION FOR WHISTLEBLOWERS, EMPLOYERS

A program offering whistleblowers and their employers the option of using alternative dispute resolution will be piloted first in the Chicago and San Francisco regions, OSHA announced Oct. 2.

The ADR pilot program will be available only for complaints filed with OSHA’s Whistleblower Protection Program. According to OSHA, use of ADR can assist complainants and employers in resolving their disputes in a cooperative and voluntary manner.

The program will be implemented in two OSHA regions and offer two voluntary methods of ADR: early resolution and mediation. When a whistleblower complaint is filed with OSHA in one of the pilot regions, the parties will be notified of their ADR options and may work through an OSHA regional ADR coordinator to use these methods.


HAWAII AND OSHA TO SHARE OVERSIGHT FOR WORKER SAFETY UNDER AGREEMENT

OSHA announced it has reached an agreement with Hawaii that allows it to temporarily share oversight of worker safety and health. OSHA said the agreement is intended to “bridge a gap in training and staff capacity in the state.”

The agreement, signed by Hawaii Gov. Neil Abercrombie and OSHA Regional Administrator Ken Nishiyama Atha, outlines additional mandatory training opportunities for state agency staff, temporary federal jurisdiction over some industries, and other elements aimed at returning the Hawaii state plan program to compliance with federal standards, OSHA said.

Problems with the Hawaii program were identified in a 2010 Federal Annual Monitoring and Evaluation report. OSHA published a notice and proposal to modify the Hawaii program in the July 19 Federal Register (77 Fed. Reg. 42462). The agreement essentially allows Hawaii’s program to stay in place over a three-year period while federal OSHA supplements state enforcement activities.