

Legislation Text

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Calling upon the Occupational Safety and Health Administration to recognize Secondary Traumatic Stress as a workplace hazard, recommend steps to address mental health injury as a psychological hazard in the workplace as they do with physical injury, and create a standard for Secondary Traumatic Stress.

WHEREAS, The Occupational Safety and Health Act of 1970 created a public law "to assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health; and for other purposes"; and

WHEREAS, Secondary Traumatic Stress ("STS"), defined as the emotional distress resulting when an individual hears or learns about the firsthand traumatic experience of another, also referred to as vicarious trauma, compassion fatigue or burnout, is a natural but disruptive byproduct for workers exposed to the trauma of others in the workplace and puts many types of professionals, such as first responders, police officers, physicians, nurses, teachers, child welfare workers, and other human services and behavioral health providers, at risk of developing its symptoms, including feelings of isolation, anxiety, dissociation, physical ailments, sleep difficulty, eating disturbance, intense negativity, difficulty coping, and for some, tragically, suicide; and

WHEREAS, 1910.3(a) "sets the parameters for someone to petition OSHA to set a standard: '1910.3 (a) Any interested person may petition in writing the Assistant Secretary of Labor to promulgate, modify, or revoke a standard. The petition should set forth the terms of substance of the rule desired, the effects thereof if promulgated, and the reasons therefor'" and recommends that the petition be sent to OSHA's Acting Assistant Secretary; and

WHEREAS, On December 7, 2018, Philadelphia City Council held a public hearing on STS and resiliency programs for professional and family caregivers and first responders, where professional caregivers and first responders representing firefighters, police officers, city unions, emergency medical services, child welfare workers, behavioral health and other human services providers, hospitals, public health, and criminal justice, testified about workplace STS effects among City of Philadelphia workers; and

WHEREAS, The Philadelphia ACE Task Force ("PATF"), a cross-sector network of individuals, institutions, organizations and departments which addresses adversity and trauma, joined with City Council to hold this hearing and unite around strengthening the health and resilience of the City's workforce by addressing STS through the *Take Care PHL* initiative; and

WHEREAS, At this hearing, City agencies with staff resiliency programs that address and mitigate STS were recognized and highlighted, concluding with a recommendation to create a citywide online STS "toolkit," including existing resiliency programs and other useful resources; and

WHEREAS, In a review of existing STS research, *Take Care PHL* found that in Pennsylvania, 39% of providers at a children's hospital were at moderate to high risk for compassion fatigue/STS, 21% at risk for burnout. 36-64% of intensive care nurses in one study reported burnout and 44-56% reported STS. Among police officers, 78.5% reported using psychiatric services outside of their departments; and

WHEREAS, Compassion satisfaction, the gratification brought by helping others, can also be a natural by-product of service work and can be significantly promoted by staff resiliency programs designed to mitigate STS and build resiliency, such as the Sanctuary Model, an institutional system for implementing a trauma-informed approach that is

supported by research and adaptable to a variety of organizational settings, forYOU from the University of Missouri Health System which uses a 3-tiered STS intervention model, and Trauma Informed Oregon, a statewide initiative to increase awareness of trauma, build staff resiliency and promote wellness; and

WHEREAS, Research studies, media reports, documentaries, and new workplace initiatives all point to an urgent need for OSHA STS workplace regulation, which would significantly advance workplace STS and resiliency program research through OSHA Act Sec.2(2): "for research in the field of occupational safety and health, including psychological factors involved, and by developing innovative methods, techniques and approaches for dealing with occupational safety and health problems"; and

WHEREAS, Given that workplace STS often goes unrecognized, OSHA regulation would benefit workers and employers through the provisions of OSHA Act Section 2: "(6) by exploring ways to discover latent diseases, establishing causal connections between work and environmental conditions, and conducting other research relating to health problems, in recognition of the fact that occupational health standards present problems often different from those involved in occupational safety; (7) by providing medical criteria which will assure insofar as practicable that no one employee will suffer diminished health functional capacity, or life expectancy as a result of the work experience, and (8) by providing for training programs to increase the number and competence of personnel engaged in the field of occupational safety and health"; and

WHEREAS, OSHA regulation would benefit workers by reducing the disruptive by-products of STS, increasing job satisfaction, and benefiting employers with increased job engagement and productivity and lower rates of absenteeism; and

WHEREAS, OSHA regulation of workplace STS would create national policy and the absence of such policy puts workers in the City of Philadelphia, Commonwealth of Pennsylvania, and the nation at risk for workplace STS and its many costs to workers, employers, and society; now, therefore, be it

RESOLVED, BY THE COUNCIL OF THE CITY OF PHILADELPHIA, That this Council calls upon the Occupational Safety and Health Administration to recognize Secondary Traumatic Stress as a workplace hazard, recommend steps to address mental health injury as a psychological hazard in the workplace as they do with physical injury, and create a standard for Secondary Traumatic Stress.

FURTHER RESOLVED, That a copy of this Resolution be transmitted to the Occupational Safety and Health Administration as evidence of the sentiments of this legislative body.