OSHA

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2013
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Objectives

1. Attendees will be able to identify safety and health hazards at their facility.

2. Attendees will be able to review an exposure plan for bloodborne pathogens to determine compliance with OSHA standards.

3. Attendees will be able to list items needed for site specific training of bloodborne pathogens.

4. Attendees will be able to identify other resources available to assist them with their safety and health plan.
State Run OSHA Programs

- Alaska
- Arizona
- California
- Connecticut
- Hawaii
- Illinois
- Indiana
- Iowa
- Kentucky
- Maryland
- Michigan
- Minnesota
- Nevada
- New Jersey
- New Mexico
- New York
- North Carolina
- Oregon
- Puerto Rico
- South Carolina
- Tennessee
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- Wyoming

What Hazards Are You Exposed To In Your Workplace?

* Physical
  - Ergonomic (seating and patient handling)
  - Flying Debris
  - Cuts and Sticks
  - Tripping and Slipping
  - Electrical

* Chemical
  - Disinfectants and Cleaners
  - Drugs and Oxygen
  - Fixatives (Phenol, Carbolic Acid, Hydroxybenzene, Formaldehyde)

* Biological
  - Bloodborne and OPIM
  - Fungal
  - MRSA
Most Cited Standard in Offices and Clinics of Podiatry in FY 2011

- Bloodborne Pathogens
- Hazard Communication
- Guarding Floor and Hole Openings
- Personal Protective Equipment
- Eye Protection
- Respiratory Protection
- First Aid/Eye Wash
Hazard Communication

✓ Obtain a Copy of the Hazard Communication Standard
✓ Read and Understand the Requirements
✓ Assign Responsibility for Tasks
✓ Prepare an Inventory of Hazardous Chemicals (Drugs are Chemicals!)
✓ Write a Site Specific Hazard Communication Program
✓ Ensure Containers of Hazardous Chemicals are Labeled (Hazard Identity and Appropriate Hazard)
✓ Obtain MSDS for Each Hazardous Chemical
✓ Train Employees
✓ Inform Contractors
New Changes to the Hazard Communication Standard

* Will align it with the United Nations Global Harmonization System.
* Manufacturers and Distributors of Hazardous Chemicals will need to follow certain procedures for classification of chemicals.
* New labeling system, with pictograms.
* “Material safety data sheets” will be in a standardized 16 item format and called “safety data sheets”.
* Employees will need to be trained on new labels and safety data sheets by December 1, 2013.
New Label Requirements Cont.

- Labels are more defined and will now require:
  - Product identifier
  - Pictogram
  - Signal word
  - Hazard statement(s)
  - Precautionary statement(s)
  - Name, address, and telephone number
# New Label Requirements

## HCS Pictograms and Hazards

<table>
<thead>
<tr>
<th>Health Hazard</th>
<th>Flame</th>
<th>Exclamation Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carcinogen, Mutagenicity, Reproductive Toxicity, Respiratory Sensitizer, Target Organ Toxicity, Aspiration Toxicity</td>
<td>Flammables, Pyrophorics, Self-Heating, Emits Flammable Gas, Self-Reactives, Organic Peroxides</td>
<td>Irritant (skin and eye), Skin Sensitizer, Acute Toxicity, Narcotic Effects, Respiratory Tract Irritant, Hazardous to Ozone Layer (Non-Mandatory)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gas Cylinder</th>
<th>Corrosion</th>
<th>Exploding Bomb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gases Under Pressure</td>
<td>Skin Corrosion/Burns, Eye Damage, Corrosive to Metals</td>
<td>Explosives, Self-Reactives, Organic Peroxides</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Flame Over Circle</th>
<th>Environment (Non-Mandatory)</th>
<th>Skull and Crossbones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxidizers</td>
<td>Aquatic Toxicity</td>
<td>Acute Toxicity (fatal or toxic)</td>
</tr>
</tbody>
</table>
New Standardized Safety Data Sheets (SDSs) – 16 Sections

* Identification
* Hazard(s) Identification
* Composition/Information on Ingredients
* First-aid Measures
* Fire-Fighting Measures
* Accidental Release Measures
* Handling and Storage
* Exposure Controls/Personal Protection
* Physical and Chemical Properties

* Stability and Reactivity
* Toxicological Information
* Ecological Information*
* Disposal Considerations*
* Transport Information*
* Regulatory Information*
* Other Information

*Optional Information
# New Hazard Communication Standard Deadlines

<table>
<thead>
<tr>
<th>Date</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 1, 2013</td>
<td>Employees have to be trained on new labels and safety data sheets.</td>
</tr>
<tr>
<td>June 1, 2015</td>
<td>Manufacturers and Distributors have to be in compliance with entire standard, except distributors can continue to ship out products with old labels</td>
</tr>
<tr>
<td>December 1, 2015</td>
<td>Distributors can no longer ship out products with old labels.</td>
</tr>
<tr>
<td>June 1, 2016</td>
<td>Employers have to be in compliance with in house labeling systems. (Distributors and Manufacturers already had to be in compliance.)</td>
</tr>
</tbody>
</table>
Unguarded Openings and Floors

- Must have fall protection if higher than four feet such as guard rails.
- Stairs with four or more risers must have a hand rail.
- Floor openings shall be covered or guarded.
1910.132 (d) Hazard Assessment

The employer shall assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE). Must be a written assessment.
Other Health and Safety Concerns for Podiatric Assistants

* MRSA
* Ocular Injury
  - Nail and Metal Fragments
* Nail Dust Sensitization
  - Podiatry Profession 4X Higher Asthma Rate
* Biological Dust
  - Conjunctivitis, Rhinitis, Irritation
* Avoid Drilling Scopulariopsis, Scytalidium, Aspergillus, Fusarium, Acremonium, Alternaria
  - Occup Environ Med 2008 October 63(10), 713-716
Dust Video

* See http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2078045/ Under the supplementary material section is a link to the website with the video.

From the Occupational and Environmental Medicine Journal 2008 October 63(10) 713-716
Remember, OSHA does not endorse, approve, or recommend any product.
Respiratory Protection

* Use to control harmful dusts when engineering controls are not feasible or being put in place.
* A respirator shall be provided to each employee when such equipment is necessary to protect the health of such employee.
Required Use of Respirators

- Required use means required by OSHA or Employer
- Required use of a respirator requires the entire respiratory program be in place including:
  - Written Program
  - Approved Respirators
  - Medical Evaluation
  - Fit Testing
  - Cleaning and Maintenance
  - Annual Training
  - No Cost to Employee
Voluntary Use

- Make sure respirator does not cause an additional risk.
Medical Services and First Aid
1910.151
Ergonomic Hazards
General Duty Clause 5(a)(1) of OSH Act

* Seating
  * Computer and Office
  * While Working on Patients

* Patient Handling
  * Assisting Patients That Have Difficulty Standing and Transferring
Electrical equipment shall be free from recognized hazards that are likely to cause death or serious physical harm – don’t daisy chain power strips.
Electrical Hazards - Markings

- Used and installed in accordance with instructions as listed or labeled.

- Electrical equip. Mfr. name, trademark, voltage, current, wattage...
Electrical Wiring Methods, Components and Equipment 1910.305

- Missing Ground Pins
- Missing covers (faceplates)
- Unprotected wires
Label Circuit Breakers
Exit Routes - 1910.37

- Exit routes must be free of explosives or flammables
- Clear and unobstructed
- Marked as Exit or Not an Exit
Access to Medical and Exposure Records

* Annually Inform Employees of:
  * Their right to access medical and exposure records.
  * How to access the records.
  * Who is responsible for maintaining the records.

* Retain Records
  * Most cases 30 after no longer employed.
Bloodborne Pathogens
Seven Top Peeves (In No Particular Order)

* Its Not Just HIV to worry about.
* Update Your Exposure Control Plan.
* Sharps Container Compliance.
* Use Safe Needles AND SAFE SCALPELS
* Hepatitis B Vaccine Use and Test for Efficacy.
* Post Exposure Evaluation and Treatment.
* Training Must Have Interactive Component.
It’s Not Just HIV to Worry About: Bloodborne Diseases

* HCV
* HBV
* Syphilis
* Malaria
* Babesiosis
* Herpes
* HIV

* Brucellosis
* Leptospirosis
* Arboviral Virus
* Relapsing Fever
* Creutzfeldt-Jakob
* HTLV – 1
* West Nile Virus
* And more
How does exposure occur?

* Most common: needlesticks
* Cuts from other contaminated sharps (scalpels, broken glass, etc.)
* Contact of mucous membranes (for example, the eye, nose, mouth) or broken (cut or abraded) skin with contaminated blood
* Use Universal Precautions
Update Your Exposure Control Plan

* Your Office must have a Written plan
* Plan must be reviewed at least annually to reflect changes in:
  * tasks, procedures, or assignments which affect exposure, and
  * technology that will eliminate or reduce exposure
* Annual review must document employer’s consideration and implementation of safer medical devices
* Must solicit input from potentially exposed employees in the identification, evaluation and selection of engineering and work practice controls
* Plan must be accessible to employees
Since We Cannot Wear These, We Need Engineering Controls - Use Them!
OSHA does not recommend, endorse, or approve of any medical device.

Plus, every device has at least one drawback.

Just because it says it is a safe device, does not mean it’s safe!
Engineering Controls
Retractable Needles
Blood Tube Holders Are NOT To Be Reused

* FDA Approved Them for Single Use
* OSHA’s BBP Standard Says Don’t Remove Needles, and
* The Phlebotomy Association Proved There Is Cross Contamination.

Remember not remove, recap, break, or bend contaminated needles!
Safety
Scalpel
– Yep,
you
need to
use
them!
Scalpels with Retractable and Disposable Blades

- **Safety Tab for Optimum Protection**: Exclusive design effectively guards against accidental injury during installation.
- **Polymer Coated Surgical Blade**: Regarded by many as the sharpest, smoothest cutting edge available.
- **X-Ray Detectable**: Cartridge and Tab are X-Ray Detectable.
- **Easy Loading and Disposal**: The cartridge system provides a safe and easy way to use and dispose of blades.
- **Clear Plastic Sheath**: Design incorporates thumb rest for easy manipulation.
- **Metal Handle**: Handle has the same weight and feel of conventional scalpels.
- **Reusable Handle**: SPSS are more cost effective because they create less disposable waste.
- **Customized Ruler**: Designed into reverse side of handle.
Sharps Containers

- “Easily Accessible to Personnel”.
  - Not too high, 56” – 52” Standing, 42” – 38” Sitting
  - Horizontal Reach, No Barriers, No Awkward Postures
- “Located as Close as Feasible to Immediate Area” Where Sharps are Used or Found.
- Keep Upright.
- Don’t Overfill.
- Suggest You Use NIOSH Checklist.
Don’t Forget Other Non-Needle Devices
Safety Device List

About the List

The Safety Device List is a list of devices designed to prevent percutaneous injuries and exposures to bloodborne pathogens in the healthcare setting. The list is updated regularly with new products. It is intended to help healthcare facilities in their efforts to reduce sharps injuries and comply with OSHA's revised bloodborne pathogens standard.

This list is not intended to be exhaustive and does not necessarily represent all such devices currently on the market. The International Healthcare Worker Safety Center does not conduct product evaluations, and inclusion on this list is not, and should not be interpreted as, an endorsement by the Center. We welcome information about, and
Work Practice Controls

These controls reduce the likelihood of exposure by altering how a task is performed. Examples:

- Wash hands after removing gloves and as soon as possible after exposure
- Do not bend or break sharps
- No food or smoking in work areas
Center for Disease Control and Prevention (CDC):

* ... cleaning your hands before and after having contact with patients is ... a means for preventing the spread of bacteria in healthcare settings

* In 34 studies of hand-washing, HCWs washed their hands only 40% of the time
Personal Protective Equipment

- No Cost to the EE
- Remove when leaving work area
- Gloves
- Gowns
- Face shields
- Eye protection
- Mouthpieces and resuscitation
What about scrubs?

* OSHA would expect PPE to be donned over a uniform (scrubs) where exposure to blood and other potentially infectious materials could occur.

Source: CPL 2-2.69 – OSHA Enforcement Procedures for Occupational Exposure to BBP
Must develop a written schedule for cleaning and decontamination at the work site based on the:

- Location within the facility
- Type of surface to be cleaned
- Type of soil present
- Tasks or procedures being performed
- Use the Appropriate Disinfectant
  - Bleach 1:10
  - EPA Registered Tuberculocide
* All regulated waste is contaminated.

* All contaminated waste is not regulated.
  * Regulated waste is all contaminated sharps, and anything where blood or OPIM can drip from or flake off.
* Handle contaminated laundry as little as possible and use PPE
* Must be bagged or containerized at location where used
* No sorting or rinsing at location where used
* Must be placed and transported in labeled or color-coded containers
Hepatitis B Vaccination Requirements
– It Saves Lives

* Must make available, free of charge at a reasonable time and place, to all employees at risk of exposure within 10 working days of initial assignment unless:
  * employee has had the vaccination
  * antibody testing reveals immunity
  * The vaccination must be performed by a licensed healthcare professional
Hepatitis B Vaccination Requirements (cont’d)

- Must be provided even if employee initially declines but later decides to accept the vaccination
- Employees who decline the vaccination must sign a declination form
- Employees are not required to participate in antibody prescreening program to receive vaccination series
- Vaccination booster doses must be provided if recommended by the U.S. Public Health Service (None are Recommended at this Time)
The CDC recommends testing for the efficacy of the hepatitis B vaccine 1 – 2 months after administration of the third shot.

- If the vaccine is not effective, administer 3 more shots and retest 1 – 2 months after administration of the third shot.
- If vaccine is still not effective, counsel employee.
- MMWR December 26, 1997 /46(RR18);1-42
What to do if an exposure incident occurs?

- Wash exposed area with soap and water
- Flush splashes to nose, mouth, or skin with water
- Irrigate eyes with water or saline
- Report the exposure
- Direct the worker to a healthcare professional
What to do if an exposure incident occurs?

Seek Medical Treatment Immediately!!!

- Not at the end of the shift
- Not the next day
- Not when there is a break
- Send Employee immediately to someone who can give immediate and qualified medical evaluation & treatment
Immediate PEP

- Post Exposure Prophylaxis Is More Likely To Be Effective If Immediate
  (see CDC MMWR June 29, 2001, Vol. 50, RR-11)

- Test Source Immediately
  - Machine Takes Time to Warm Up
  - Less Side Effects for Employee
Post-Exposure Follow-Up

- Document routes of exposure and how exposure occurred
- Record injuries from contaminated sharps in a sharps injury log, if required
- Obtain consent from the source individual and the exposed employee and test blood as soon as possible after the exposure incident
- Provide risk counseling and offer post-exposure protective treatment for disease when medically indicated in accordance with current U.S. Public Health Service guidelines
- Provide written opinion of findings to employer and copy to employee within 15 days of the evaluation
Warning labels required on:
- Containers of regulated waste
- Refrigerators and freezers containing blood and other potentially infectious materials
- Other containers used to store, transport, or ship blood or other potentially infectious materials

- Red bags or containers may be substituted for labels
Training Requirements

- Provide at no cost to employees during working hours
- Provide at time of initial assignment to a job with occupational exposure and at least annually thereafter
- Additional training needed when existing tasks are modified or new tasks are required which affect the worker’s occupational exposure
- Maintain training records for 3 years
Training Elements

- Copy of the standard
- Modes of transmission
- Site-specific exposure control plan (This is NOT Site Specific so go back to your office and supplement this training.)
- Hazard recognition
- Use of engineering controls, work practices and PPE
- Live question and answer sessions
Medical Recordkeeping Requirements

* Employee’s name and social security number
* Employee’s hepatitis B vaccination status
* Results of examinations, medical testing, and post-exposure evaluation and follow-up procedures
* Health care professional’s written opinion
* Information provided to the health care professional
* Employee medical records must be kept confidential and not disclosed or reported without the employee’s written consent (unless required by law)
* Medical records must be maintained for duration of employment plus 30 years according to OSHA’s rule governing access to employee exposure and medical records
Employers must maintain a sharps injury log for the recording of injuries from contaminated sharps (Podiatry Offices are exempt, Surgical Centers/Hospitals are not).

The log must be maintained in a way that ensures employee privacy and must contain, at a minimum:

- Type and brand of device involved in the incident
- Location of the incident
- Description of the incident
Other Resources

* [www.healthsystem.virginia.edu/internet/epinet](http://www.healthsystem.virginia.edu/internet/epinet)

* [http://www.dir.ca.gov/dosh/dosh_publications/BBPBest1.pdf](http://www.dir.ca.gov/dosh/dosh_publications/BBPBest1.pdf)

* [http://www.cdc.gov/niosh/sharps1.html](http://www.cdc.gov/niosh/sharps1.html)

* [www.osha.gov](http://www.osha.gov)

* Sheila M. Hall (847) 759-7755 (I don’t have caller ID and will not inspect you because you ask a question!)