



Minnesota Dental Association

OSHA TRAINING WORKBOOK

In Conjunction with:

MNOSHA Workplace Safety Consultation
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and

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Acknowledgement

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The U.S. Department of Labor
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Chicago North Office
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and

The State of Illinois
Onsite Safety and Health Consultation Program

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and
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Final edits and revisions were made to up-date content and encompass MNOSHA rules related to exposure control of infectious agents.

INTRODUCTION

OSHA's bloodborne pathogens standard is intended to protect employees against "pathogenic microorganisms that are present in human blood and can cause disease in humans, including hepatitis B (HBV) and human immunodeficiency virus (HIV)." Hepatitis B is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B Virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. HIV (human immunodeficiency virus) is the virus that causes AIDS. The virus is passed from one person to another through blood-to-blood and sexual contact. More information on these diseases can be found in Appendix A of your workbook.

Other strains of Hepatitis, including Hepatitis C have become more prevalent. Hepatitis C is another form of hepatitis that can be found in blood and certain body fluids. It is spread when blood or body fluids from an infected person enters another person's body. On the job, it can be spread from contaminated medical instruments through needlesticks and sharps exposures. There currently is no vaccine for Hepatitis C.

OSHA defines an occupational exposure to a bloodborne pathogen as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from an employee's duties." Infectious materials may be present in blood, vaginal secretions, semen, saliva or any other body fluids that are visibly contaminated with blood.

The hazard of exposure to infectious materials affects employees in many types of employment and is not restricted to the healthcare industry. It is not restricted to age, race, or sex. A newborn baby can be infected with a bloodborne virus, just as easily as the elderly.

While this Workbook is designed for healthcare, the concepts can be applied to any workplace that has exposure. In your facility, how can you come into contact with blood or other infectious materials?

Objectives

- Identify occupational exposure & who is covered
- Identify key elements of a written bloodborne pathogens exposure control plan
- Locate OSHA standard

The exposures you've listed can be minimized or eliminated by implementing an **Exposure Control Plan** (ECP) that covers how you intend to prevent or minimize exposure; when and how you will provide vaccination and exposure evaluations; and how you intend to train and educate your employees. In short,

your written exposure control plan tells how you will protect yourself and others from the hazards of bloodborne pathogens.

At the end of this session, you will have the information you need to complete a written exposure control plan specific to your workplace.

EXPOSURE CONTROL PLAN

An *Exposure Control Plan (ECP)* is a key provision of the OSHA standard. It requires the employer to identify the individuals who will receive training, protective equipment, vaccination, and other protections of the standard. At a minimum the plan must:

- Identify job classifications where there is exposure to blood or other potentially infectious materials
- Explain the protective measures currently in effect.
- Establish procedures for evaluating the circumstances of an exposure incident.

The ECP must be reviewed and updated at least annually or whenever changes in procedures create new occupational exposures. If your facility is required by MN Statute 182.676 to establish a safety committee, MN Statute 182.6555 requires that at least one-half of the members be employee representatives of job classifications that would use or may reasonably anticipate encountering a contaminated ‘sharps’ device or other contaminated surface or instrument. This committee must make advisory recommendations on use of effective engineering controls, to prevent exposure incidents. These recommendations are only advisory and not binding to the employer. An employer may opt to establish a sub-committee of the safety committee that will meet the requirements of the statute.

A model ECP can be found in Appendix B of your workbook. As we go through each of the requirements of OSHA’s bloodborne pathogens standard, you will be asked to complete the missing information in the sample program. Then, you can go back to your worksite, put the final touches on the program and have an ECP that is specific to your worksite.

STEP 1

Fill in Name of your facility on the sample program provided.

STEP 2

Who will be responsible for administering the ECP at your facility? This person, called the Program Administrator, will have overall responsibility for writing the program and seeing that all aspects of the program are carried out. The Program Administrator must be someone who has the authority and the resources for seeing it through. When duties and responsibilities are shared with others that person should also be named and the duties clearly stated. Fill in the Name or Department of the person responsible for the overall ECP and their phone number so everyone knows who they are and how to contact them.

EXPOSURE DETERMINATION

The next step in writing your exposure control plan, is to conduct an “exposure determination.” This is to find out who has potential exposure to bloodborne pathogens and must be protected. The exposure determination must be based on the definition of occupational exposure without regard to personal protective clothing and equipment. What does this mean? The Bloodborne Pathogen Standard lists the range of employees covered by the standard?

- *Any employee who has occupational exposure to blood or other potentially infectious material will be included within the scope of this standard. Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.*
- *Part-time, temporary, and healthcare workers known as “per diem” employees are covered by this standard.*

Exposure determination begins by reviewing the job classifications of employees and then making a list divided into two groups: job classifications in which all of the employees have occupational exposure and those which *some* of the employees have occupational exposure. Where all employees are occupationally exposed, it is not necessary to list specific work tasks. Some examples include nurses, aids, and laboratory technicians. Where only some of the employees have exposure, specific tasks and procedures causing exposure must be listed. For example, some employees classified as “Housekeeper” may be exposed to contaminated objects and/or environments while other “Housekeepers” would not have such exposure.

STEP 3

List those job tasks at your facility in which all employees have occupational exposure. After you are done, complete the next step or delete that section if it does not apply to your facility.

STEP 4

Now let's identify those job classifications, departments (if appropriate) and the task and exposure situations in which SOME employees have occupational exposure in healthcare facilities. Using the form that follows, list those job tasks at your facility in which SOME employees have occupational exposure.

Instructions: Complete each of the columns on the worksheet to identify the tasks performed and the exposure situation for each of the job classifications. Please refer to page 8 of your workbook for examples of job tasks that may involve exposure.

Job Classification	Task	Exposure
Dentist		
Dental Hygienist		
Dental Assistant		
Receptionist		
Front Office		
Laboratory		
Maintenance		
Other...		

Examples of job tasks, for dental staff (such as nurses, physicians, medical technicians) which may involve exposure:

Task	Exposure
Patient procedures	Contact w/ blood and OPIM
Handling syringes (local)	Needle sticks
CPR	Saliva and aerosols
Handling of scalpels	Cuts from contaminated sharp
Invasive procedures	Blood and OPIM
Use of high-speed drill	Aerosols and spatter
Use of ultra-sonic cleaner	Aerosols

This exposure determination sheet now becomes part of your written Exposure Control Plan (ECP). It will also be used to train employees.

METHODS OF CONTROL

Methods of Compliance (d)

- Universal precautions (1)
- Engineering & work practice controls (2)
 - Needleless systems
 - Safer medical devices
- Personal protective equipment (3)
- Housekeeping practices (4)

You have identified the employees who have exposure through their work tasks. Next you must identify the methods you intend to use to protect employees from the hazards of bloodborne pathogens and comply with this standard through the use of standard

precautions that incorporate engineering and work practice controls, personal protective equipment, proper housekeeping and handling of regulated waste.

Universal Precautions

Universal precautions is a method of infection control. All human blood and other potentially infectious materials are treated as if known to be infections for HIV, HBV and other bloodborne pathogens. In other words, whether or not you think the blood/body fluid is infected with bloodborne pathogens, *you treat it as if it is*.

Engineering and Work Practice Controls

Engineering and work practice controls are the primary methods used to control the transmission of bloodborne pathogens. **Engineering controls** isolate or remove the hazard from employees and are used in conjunction with work practices.

Self-sheathing needles and special containers for contaminated sharp instruments are examples of engineering controls. Employers **must** use safer medical devices that are appropriate, commercially available, and effective. Some examples include.

Syringe with sliding sheath

...other safe medical devices

Puncture-resistant sharps containers must be easily accessible and located in areas where needles syringes, or other sharp instruments are commonly used

Sharps containers must:

- Be puncture resistant;
- Be properly labeled or color-coded for biohazards;
- Be leak proof on the sides and bottom;
- Not allow employees to reach into the container by hand to retrieve sharps;
- Be conveniently located to work area
- Be designed to easily and safely determine when the containers needs to be emptied
- Be maintained in upright position; and
- Be replaced routinely, not allowed to overfill.

Work practice controls reduce the likelihood of exposure by altering the manner in which the task is performed. These could include:

- Providing hand washing facilities and requiring employees to wash their hands with soap and water as soon as possible following contact with potentially infectious materials.
- No-hands procedures in handling contaminated sharps.
- Discard contaminated needles and sharp instruments, in closable, puncture-resistant, leak proof, red or biohazard-labeled containers.
- Do not eat, drink, smoke, apply cosmetics, or handle contact lenses in areas of potential occupational exposure.
- Do not store food or drink in refrigerators or on shelves where blood or potentially infections materials are present.

STEP 5

Return to your sample exposure control plan. List the specific engineering controls and work practice controls used at your facility I the tables provided.

In addition to using safer medical devices, OSHA's Bloodborne Pathogens Standard requires that **each year**, the employer review and see if there are newly available medical devices designed to reduce needle sticks. Additionally, Minnesota Statute 182.6555 requires written exposure control plans to be reviewed at least annually **and whenever necessary**, to reflect new or modified tasks and procedures which affect occupational exposures and to reflect new and revised employee positions with

occupational exposure. The requirement to review and up-date the plan must reflect changes in technology that eliminate or reduce exposure to blood-borne pathogens. This review must be documented in the exposure control plan.

Employers must also ask their employees who are involved in direct patient care (i.e. nurses) for their advice on the types of safer medical devices available and that should be purchased. Again, this obligation must be documented in the exposure control plan.

STEP 6

In step 5 you listed the engineering controls your facility uses. Some of these engineering controls may include safer medical devices. Describe the method you will use to review new products each year.

STEP 7

Next, you must determine if any employee at your facility is involved in direct patient care (i.e. nurses). If so, describe the method you will use to ask for their advice when selecting and purchasing safer medical devices.

Personal Protective Equipment

Probably the first thing to do in any situation where you may be exposed to bloodborne pathogens is to ensure you are wearing the appropriate personal protective equipment (PPE). Personal protective equipment is specialized clothing or equipment used by employees to protect against direct exposure to blood or other potentially infectious materials. Such equipment includes: gloves, gowns, laboratory coats, face shields or masks, and eye protection.

Gloves must be worn when hand contact with blood, mucous membranes OPIM, or non-intact skin is anticipated or when handling contaminated items or surfaces.

Hypoallergenic gloves, glove liners, powder less gloves, must be readily accessible to those employees who are allergic to the gloves normally provided.

The employer is responsible for providing, maintaining, laundering, disposing, replacing, and assuring the proper use of personal protective equipment. In addition, you must ensure that employees have access to personal protective equipment, at no cost.

STEP 8

List the job tasks and the PPE required in the table provided in your sample exposure control plan.

STEP 9

Once you have listed the PPE needed, you need to name the person who will be responsible for buying the PPE and providing it to the employees. Our sample plan names the Program Administrator. However, this person can be a supervisor or nurse. Who will be responsible for PPE at your agency? (If it is the Program Administrator; no changes are needed).

Housekeeping Practices

Your facility's housekeeping practices should include how you will handle contaminated (A) equipment, (B) regulated waste and (C) contaminated laundry. We will also discuss how the contaminated material must be labeled.

(A) Equipment: If an exposure incident occurs, any equipment that may have been contaminated with blood or OPIM, must be cleaned as soon as feasible, but definitely before use or maintenance. Contaminated work surfaces must be cleaned with an appropriate disinfectant.

Decontaminate by using:

- A solution of 5.25% sodium hypochlorite (household bleach / Clorox) diluted between 1:10 and 1:100 with water. The standard recommendation is to use at least a quarter cup of bleach per one gallon of water. This solution is only good for 24 hours.
- An EPA-registered tuberculocidal disinfectant. Check the label of all disinfectants to make sure they meet this requirement. An EPA number on the label is an indicator that it is EPA-registered.

STEP 10

Go to the Housekeeping Section in you sample exposure control plan. Fill in the section on decontamination, listed under "general procedures".

(B) Waste: Regulated waste includes:

- Liquid or semi-liquid blood or OPIM.
- Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed.
- Items caked with dried blood or OPIM that are capable of releasing these materials during handling.
- Contaminated sharps.

You must dispose of regulated waste, such as contaminated PPE and needles, into appropriately labeled waste containers. Special precautions are necessary when disposing of contaminated waste, and include the following:

- Dispose of contaminated sharps in closable, puncture-resistant, leak-proof, red or biohazard-labeled containers.
- Place other regulated waste in closable, leak-proof red or biohazard-labeled bags or containers. If outside contamination of the regulated waste contamination occurs, place it in a second container that is closable, leak-proof, and appropriately labels.

STEP 11

At your facility, are contaminated sharps placed in sharps container? Are “red bags” available for other regulated waste? How are you disposing of regulated waste? If you follow the procedures outlines in the sample ECP, no further changes are needed.

(C) Laundry: Contaminated laundry must be bagged or containerized at the location where it was used. Contaminated laundry must be placed and transported in bags or containers and properly labeled. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, it must be placed and transported in bags or containers that prevent soak-through or leakage.

STEP 12

Do you handle laundry? If so, who is responsible for cleaning? Does the laundry follow standard precautions? Fill-in sample plan. (If you do not wash laundry, delete this section.)

VACCINATION & EVALUATIONS

Hepatitis B Vaccination Requirements

In an earlier section of this workbook, you completed an exposure determination and listed which employees had potential exposure and must be protected. This hepatitis B vaccination must be made available, free of charge, at a reasonable time and place to those employees working in jobs that have potential exposure within 10 working days of assignment to their job.

Hepatitis B vaccine prevents hepatitis B disease and its serious consequences. Hepatitis B vaccines are given intramuscularly in the deltoid, in three doses over a six-month period. Currently, healthcare workers who have contact with patients or blood must be tested 1-2 months after the 3-dose vaccine series to make sure that vaccinations have provided immunity to HBV infection. If the vaccine fails, 3 more injections should be given and the vaccine tested for efficacy. If the vaccine still fails, the employee should be counseled.

Employees may decline the Hepatitis B vaccination. Employees who decline the vaccination must sign a declination form. Employees who decline may request and must be given the vaccination at a later date. This declination form is included in the Appendices.

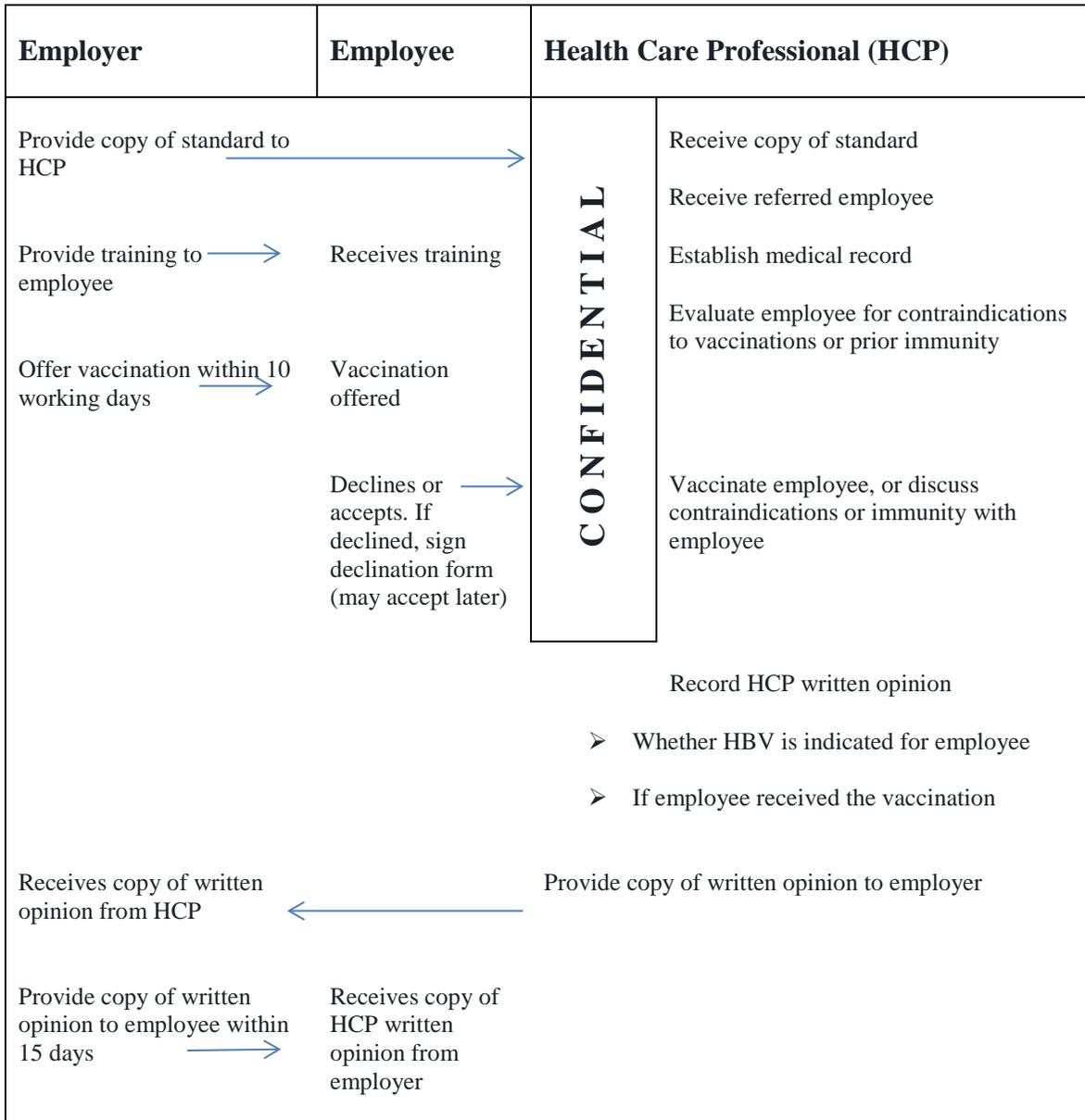
Following the medical evaluation, a copy of the health care professional's Written Opinion must be provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

Review the "algorithm" on the following page and go to Step 13.

STEP 13

List the following information for your facility on the sample plan:

Algorithm for Hepatitis B Vaccination



What to Do If an Exposure Incident Occurs

An **exposure incident** is the specific eye, mouth, or other mucous membrane, non-intact skin, parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

- *An example of an exposure incident would be a puncture from a contaminated sharp. Needle stick injuries account for up to 80 percent of accidental exposures to blood.*

What should be done if an exposure occurs?

- Wash exposed area with soap and water
- Flush splashes to nose, mouth, or skin with water
- Irrigate eyes with water and saline
- Report the exposure **IMMEDIATELY**
- Direct the employee to a healthcare professional for treatment

At the time of the exposure incident, the exposed employee must also be sent to a health care professional for a confidential medical evaluation. **Treatment should begin as soon as possible after exposure.** The employer must provide the health care professional with:

- A copy of the bloodborne pathogen standard (included in your workbook)
- A description of what the employee was doing at the time of the incident,
- A report of the specific exposure, including route of exposure
- Relevant employee medical records, including hepatitis B vaccination status,
- The results of the source individual's blood tests, if available.

Following a post-exposure evaluation, the health care professional will provide a written opinion to you (the employer). This opinion is limited to a statement that the employee has been informed of the results of the evaluation and told of the need, if any, for any further evaluation or treatment. The employer must provide a copy of the written opinion to the employee within 15 days.

All evaluations and follow up must be available at no cost to the employee at a reasonable time and place. The evaluation must be performed in accordance with U.S. Public Health Service guidelines current at the time of the evaluation and procedure.

- If you have questions about appropriate medical treatment for occupational exposures to blood, 24-hour assistance is available from the *Clinicians' Post Exposure Prophylaxis Hotline (PEpline)* at (1-888-448-4911).

In addition to the evaluation and follow-up, the circumstances related to the exposure incident must be determined. You may use your internal accident report form for this evaluation, if it contains all the information required, or you can use the sample incident report form found in the Appendices.

STEP 14

Take a minute to review the Algorithm for Post Exposure Evaluation and Follow-up on the next page. Then, turn to your sample ECP. The sample ECP states the Program Administrator will be responsible for post-exposure evaluation and follow-up. If this is not the case at your facility, you will need to fill in the Name or Departments of the person responsible for the post-exposure evaluation and follow-up- and the person responsible for completing the exposure incident report.

You will also need to fill-in the name of the health care professional who will conduct the post-exposure evaluation and follow-up in your sample ECP.

Algorithm for Post Exposure Evaluation

Employee	Employer	Health Care Professional (HCP)	
<p>Report incident to employer</p> <p>Receive HCP written opinion from employer</p>	<p>Direct employee to HCP</p> <p>Sent to HCP</p> <ul style="list-style-type: none"> ➤ Copy of standard ➤ Employee job description ➤ Incident report ➤ Source individual's HIV/HBV status (if known) ➤ Employees Hepatitis B vaccine status and other relevant medical information <p>Document event on OSHA 300 log.</p> <p>Complete sharps log</p> <p>Receive HCP written opinion</p> <p>Provide copy of HCP written opinion to employee within 15 days of complete evaluation</p>	<p>CONFIDENTIAL</p>	<p>Evaluate exposure incident</p> <p>Arrange for testing of employee and source individual (if not already known)</p> <p>Notify employee of results of all testing</p> <p>Provide counseling</p> <p>Provide post-exposure prophylaxis in according with current U.S. Public Health guidelines</p> <p>Evaluate report of illnesses</p> <p>Send (only) the HCP written opinion to employer:</p> <ul style="list-style-type: none"> ➤ Documentation that employee was informed of evaluation results and need for any further follow-up and ➤ Employee informed of any medical conditions resulting from exposure that require further evaluation or treatment.

TRAINING & INFORMATION

Training is required for new workers at the time of their initial job assignment to tasks with occupational exposure and annually thereafter. Training is to be provided at no cost to employees during work hours.

Training sessions must include information on bloodborne pathogens as well as OSHA regulations and the employer's exposure control plan. A list of training subject is included in the Appendices.

STEP 15

Turn to the training section of your sample ECP. Fill-in the name of the person at your facility who will provide training to employees. The person conducting the training must be knowledgeable in the subject matter as it relates to your type of facility. Again, this can be Program Administrator.

RECORDKEEPING

There are three types of records required by the bloodborne pathogens standard.

(A) **Medical Records:** A medical record must be established for each employee with occupational exposure. **This record is confidential and separate from other personnel records.** The record may be kept on-site or may be retained by the health care professional who provides services to employees. The medical record contains the employee's name, social security number, hepatitis B vaccination status, including the dates of vaccination and the written opinion of the health care professional regarding hepatitis B vaccination.

If an occupational exposure occurs, reports are added to the medical record to document the incident and results of testing following the incident. The post-evaluation written opinion of the health care professional is also part of the medical record. Medical records must be kept **30 years** past the last date of employment of the employee.

Emphasis is on **confidentiality** of medical records. No medical record or part of a medical record should be disclosed without direct, written consent of the employee or as required by law.

(B) Training Records: Training records document each training session and are to be kept for **3 years**. Training records must include:

- Date of training
- Content outline
- Trainer's name and qualifications
- Names and job titles of all persons attending the training sessions

(C) Sharps Injury Log: In Minnesota, all employers with more than 10 employees at any time during the calendar year are required to maintain injury & illness records, according to 29 CFR 1904. The requirement to establish and maintain a Sharps Injury Log applies to any employer who is required to maintain a log of occupational injuries and illnesses as required under 29 CFR 1904.

The sharps log must be maintained in a way that ensures employee privacy and contain:

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

STEP 16

Name the person(s) at your facility that will maintain the required medical and training records. The Program Administrator is responsible for the sharps log. (Medical records may be maintained by the health care professional providing service).

Congratulations! You have completed all 16 steps. You can now take your sample *exposure control plan* back to your facility for review. Once reviewed, the *exposure control plan* can be put in place at your facility.

This material is for training only

HAZARD COMMUNICAITON AND THE MEDICAL OFFICE

Health care workers may be exposed to a wide variety of potentially toxic chemicals. Exposures can occur either during normal working operations or during accidents.

OSHA's revised hazard communication standard (HCS), 29CFE1910.1200 was adopted by MNOSHA in September-2012. The revised standard requires employers to make employees aware of chemical substance hazards to which they may be exposed. This can be done through the use of labels, safety data sheets (SDS), and training programs.

Due to the recent adoption of the Globally Harmonized System of Classification and Labeling of Chemicals (GHS), by Federal OSHA, new requirements for labeling of hazardous chemical containers and SDS format will be phased-in to the revised rule.

The phase-in period for the revised HCS will begin with the requirement to provide training on the new GHS labeling and SDS format, by December 1, 2013. By June 1, 2015, compliance with the new labeling and SDS will be in effect (distributors have until December 1, 2015). The revised HCS standard will be fully effective June 1, 2016. MNOSHA will retain the requirement to provide RTK training for harmful physical and infectious agents, and to require annual refresher training. Other aspects of the RTK rule will be rescinded.

Information on the revised HCS can be found at:

<http://www.osha.gov/dsg/hazcom/index2.html>

The RTK rule can be found at: <https://www.revisor.mn.gov/rules/?id=5206>

Employees have both a need and a right to know the hazards and identities of the chemicals to which they are exposed and the necessary protective measures to prevent injury or illness. The result will be a reduction in chemically related occupational injuries and illnesses.

What chemicals does the Hazard Communication Standard cover?

For the purposes of the hazard communication standard, a chemical may be defined as "Any chemical that is a physical or health hazard."

Physical Hazards –

Health Hazards –

IMPORTANT: You should know that the HCS **does not** apply to:

- Articles (a manufactured item which is sold in a specific shape or design, for example, a table, and does not pose a physical or health hazard)
- Food intended for personal consumption by employees
- Cosmetics intended for personal consumption by employees
- Any consumer product as defined by the Consumer Product Safety Act when used in the same frequency and duration as that experienced by consumers. For example, cleaners (such as ammonia) used in the medical office, similar to how they would be used at home, are not (*this would include chemical disinfectants*) covered by the HCS.

Common **chemicals** used in medical offices include:

Mercury	Isopropyl alcohol	Oxygen
Lead	Nitrous Oxide	Iodine
Sodium hypochlorite	Quaternary ammonium compounds	Hydrogen peroxide
Glutaraldehyde		Methyl methacrylate

List the chemicals that you use in your workplace. List these chemicals using their commonly used names. After listing the product, check the boxes if you know the products' health effects, personal protective equipment requirements, and emergency procedures.

	<i>Health Effects</i>	<i>Personal Protective Equipment</i>	<i>Emergency Procedures</i>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussion: Where would you find this information?

Requirements for Prescription Drugs

The HCS applies to pharmaceuticals that the drug manufacturer has determined to be and that are known to be present in the workplace in such a manner that employees are exposed under normal conditions of use or in a foreseeable emergency.

“Foreseeable” means any potential occurrence such as equipment failure, rupture of containers, or failure of control equipment.

There are **exemptions:**

Tablets, capsules or pills that are designed to be dissolved or crushed by employees prior to administration to the patient are not in “final form”, and are covered by the HCS. If PDA-regulated drugs were administered by injection or orally, they would be covered by the HCS. In other words, **powder, aerosol, or liquid prescription drugs** are covered by the HCS!

What prescription drugs are present in your workplace (other than samples, or in “final form”)?

Hazard Communication is Easy!

First, create a list of chemicals you currently use in the workplace. With chemical list in hand, obtain a MSDS (SDS after 6-2015) for each chemical in preparation for the next step.

Second, study the MSDS to find the hazards. The MSDS (SDS) is your primary tool to determine the physical and health hazards, routes of entry, toxicity, and other information about each chemical.

Third, prepare a written (RTK) hazard communication program:

The written program

Implement a written program that meets the requirements of the HCS for employees handling or otherwise exposed to chemicals, including drugs that represent a health hazard to employees.

The written program must include:

1. Labeling
2. MSDS (SDS)
3. Employee information and Training
4. Multi-employer work-sites
5. Non-routine tasks

A sample program is included in your workbook. You can use this sample program to help you develop your program – **that is specific to your workplace.**

Employers often overlook the requirements to include “non-routine tasks” and “outside contractors” I their written program. Periodically, employees may perform non-routine tasks that involve chemical exposures. If this occurs, the employees must be given information on possible chemical hazards. If outside contractors are performing work in your office, and their work exposes them to chemicals in your workplace, you need to tell the contractors so they can protect themselves.

Discussion: Can you think of any non-routine tasks or outside contractors that should be included in the written program?

1

Label Requirements (and GHS labeling system)

All chemical containers must have labels that cover the hazards at the site where the chemicals are used. Normally, a label will be adhered to the container purchased by the medical office. However, sometimes chemicals are transferred from the container the chemical came in, into another container. If this happens, the secondary container must also be labeled.

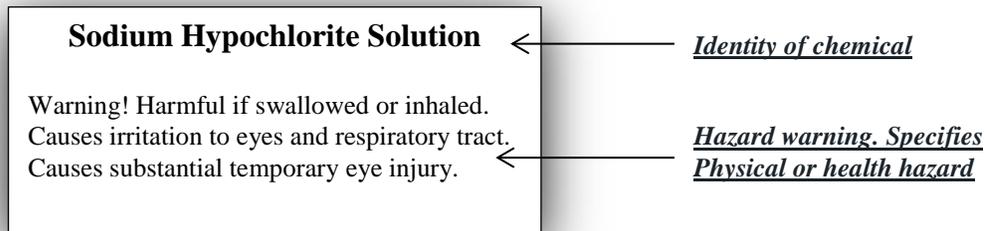
Primary (original) container labeling must include:

- Identity of the hazardous substance
- Appropriate hazard warning(s)
- Name and address of the chemical manufacturer, importer, or other responsible party

Secondary container labeling must include:

- Identify of the hazardous substance
- Appropriate hazard warning(s)

Here is a sample label for sodium hypochlorite solution (bleach).



Exemptions to the labeling rule include:

- Any drug is exempt from the HCS labeling requirements whenever there is an existing FDA labeling requirement for that drug.
- HCS-covered dental devices are exempt from the HCS labeling requirements whenever there is an existing FDA labeling requirement for that device.

After June 1, 2015, under the revised HCS, a new labeling system requirement, following the Globally Harmonized System of Classification and Labeling of Chemicals (GHS) will be followed. Additional information on this labeling system can be found in the GHS handbook at: <http://www.osha.gov/dsg/hazcom/ghs.html>.

Example Label

	Product Name: XYZ Flam	
Danger! Toxic If Swallowed, Flammable Liquid and Vapor		
<p>Do not eat, drink or use tobacco when using this product. Wash hands thoroughly after handling. Keep container tightly closed. Keep away from heat/sparks/open flame. - No smoking. Wear protective gloves and eye/face protection. Ground container and receiving equipment. Use explosion-proof electrical equipment. Take precautionary measures against static discharge. Use only non-sparking tools. Store in cool/well-ventilated place.</p>		
IF SWALLOWED: Immediately call a POISON CONTROL CENTER or doctor/physician. Rinse mouth. May cause liver and kidney damage		
Highly flammable liquid and vapor. In case of fire, use water fog, dry chemical, CO₂, or "alcohol" foam.		
<p>See Safety Data Sheet for further details regarding safe use of this product.</p>		
<p>MyCompany, MyStreet, MyTown NJ 00000, Tel: 444 999 9999</p>		

Go to <http://www.osha.gov/dsg/hazcom/ghsquickcards.html> link to example label and pictograms.

2

Material Safety Data Sheets (MSDS)

The chemical supplier will provide MSDSs. Employers must maintain in the workplace copies of the required material safety data sheets for each chemical, and must ensure that they are readily accessible during each work shift to employees when they are in their work area(s).

The revised HCS standard will require use of SDS for chemical information. Implementation will be by June 1, 2015. Until then, MSDS can still be used.

IMPORTANT: Package inserts and Physician's Desk References cannot be accepted in lieu of MSDSs, as these documents do not meet the requirements of MSDSs.

The **MSDS** tells us:

- The chemicals present in the product
- The physical and health hazards of those chemicals
- How to protect yourself when using those chemicals

Using the MSDS for sodium hypochlorite solution (bleach) that your instructor gave you, let's complete the following:

Name of the chemicals in the product _____

Health hazards of working with the product (signs and symptoms of overexposures)

Emergency and first aid procedures _____

Firefighting measures _____

Legal allowable limit in air _____

Personal protective equipment recommended _____

3

Information & Training

Employers must provide employees with information and training on chemicals in their work area at the time of their initial assignment, and whenever a new physical or health hazard the employees have not previously been trained about is introduced into their work area.

Employees must be informed of:

Employee training must include at least:

- Methods and observations that may be used to **detect the presence or release of chemicals** in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of chemicals when being released, etc.);
- The **physical and health hazards** of the chemicals in the work area. Training need not be conducted on each specific chemical found in the workplace, but may be conducted by categories of hazard (e.g., carcinogens, sensitizers, acutely toxic agents) that are or may be encountered by an employee during the course of his duties.
- The **measures employees can take to protect themselves** from these hazards, including specific procedures the employer has implemented to protect employees from exposure to chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used;
- The **details of the (RTK) hazard communication program** developed by the employer, including an explanation of the labeling system and the material safety data sheet, and how employees can obtain and use the appropriate hazard information.

IMPORTANT: Solely giving employees the MSDS (SDS) to read does not satisfy training requirements.

In Minnesota, training on harmful physical agents will follow existing RTK requirements:

- Name(s) of physical agent
- Level of allowable exposure
- Known acute/chronic effects
- Symptoms of exposure effects
- Appropriate emergency treatment
- Known proper conditions of use and/or exposure to the physical agent
- Name, phone #, and address, if appropriate, of a manufacturer of the equipment which generates the harmful agent

Your Action Plan

- Know the requirements
- Identify the responsible staff
- Identify the hazardous chemicals in your workplace
- Obtain MSDS for each chemical
- Ensure all labels are in place
- Prepare and put a written plan in place
- Prepare and conduct training
- Monitor the program and revise as necessary

Requirements for Medical and Exposure Records

Access means the right to examine and copy medical and exposure records.

OSHA regulations allow employees access to any employee exposure and medical record. These regulations are listed under OSHA's standard on *Access to Employee Exposure and Medical Records, 1910.1020*. The following lists basic requirements of the standard. For more information, you can get a copy of the standard on OSHA's website, www.osha.gov, or you may call your local area office if you have questions.

Exposure records:

The standard covers records documenting the amount of employee exposure to "toxic substances and harmful physical agents."

<p>Employee exposure records include:</p> <ul style="list-style-type: none">• Monitoring results of workplace air• Biological monitoring results, such as blood and urine test results• Material Safety Data Sheets (MSDS)	<p>Employee medical records include:</p> <ul style="list-style-type: none">• Medical questionnaires and history• Results of medical examinations and laboratory tests• Medical opinions, diagnoses, progress notes, and recommendations• Description of treatments and prescriptions
---	--

Employers Must:

If you are an employer, you must do the following:

- Preserve and maintain accurate medical and exposure records for each employee.
- Inform workers of the existence location, and availability of those medical and exposure records, the person responsible for maintaining and providing access to those records, and their right to access those records on an annual basis.
- Give employees any informational material regarding this standard that OSHA makes available to you.
- Make records available to employees, their designated representative, and to OSHA, as required.

This material is for training only

SAMPLE ONLY – NOT INTENDED TO MEET EACH EMPLOYERS NEEDS

Hazard Communication Program

NOTE: The written program must include the specific methods that are used to achieve compliance with the requirements of the Hazard Communication Standard (1910.1200 and 1926.59) The specific methods described in this sample written program are for illustrative purposes, and other effective methods may be substituted to satisfy local needs or practices.

I. General

The purpose of this instruction is to ensure that

_____ Company is in compliance with the OSHA Hazard Communication Standard (HCS) 29 CFE 1910.1200 (or 29 CFE 1910.59).

The _____ (insert name of designated person on job tile) is the overall coordinator of the facility program, acting as the representative of _____ (insert name of senior manager or owner if appropriate).

In general, each employee in the facility will be appraised of the substance of the HCS, the hazardous properties of the chemicals they work with, and measures to take to protect themselves from these chemicals.

II. List of Hazardous Chemicals

_____ (insert name of designated person or job title) will maintain a list of all hazardous chemicals used at the facility, and update the list as necessary.

It is understood that drugs, as defined in the Federal Food, Drug and Cosmetic Act, in solid, final form for direct administration to the patient (i.e., tablets, pills, capsules) are exempt from coverage under the Hazard Communication Standard. The Hazard Communication Standard only applies to pharmaceuticals that the drug manufacturer has determined to be hazardous and that are known to present in the workplace in such a manner that employees are exposed under normal conditions of use or in a foreseeable emergency. Tablets, capsules, or pills which are designed to be dissolved or crushed by employees prior to administration to a patient are not in “final form”, and are covered by the HCS. Liquid drugs which are hazardous chemicals would be covered if there is a potential for employee exposure to them. Hazardous gases such as sterilizers and anesthetic gases are also included in this program.

The list of hazardous chemicals is maintained at _____ (identify specific location).

Material Safety Data Sheets (MSDS) (SDS by June 1, 2015)

_____ (insert name or job title of designated person) will maintain a MSDS library for every substance on the list of hazardous chemicals in the _____ (identify specific location). _____ (insert name or job title of designated person) will ensure that each work area maintains a MSDS for the hazardous materials used in that area. MSDSs will be readily available for all employees at all times.

_____ (insert name or job title of designated person) is responsible for acquiring and updating the MSDS file. It will be assumed that all MSDSs obtained from the manufacturer are accurate unless there is an obvious error observed by any member of the staff. The manufacturer will be contacted when there is a obvious error and if there is failure on having the manufacturer correct the MSDS, OSHA will contacted. It may be necessary to discontinue procurements from vendors failing to provide approved MSDSs in a timely manner. All new procurements for the facility must be cleared by _____ (insert name or job title of designated person). Whenever possible, the least hazardous substances will be procured.

III. Labels and Other Forms of Warning (GHS labeling system by June 1, 2015)

_____ (insert name or job title of designated person) is designated to ensure that all hazardous chemicals in the facility are properly labeled. Labels should list at least the chemical identity, the appropriate hazard warnings and the name and address of the manufacturer, importer, or other responsible party. _____ (insert name or job title of designated person) will refer to the corresponding MSDS to verify the label information. Immediate use containers, small container into which materials are drained for use on that shift by the employee drawing the material, do not require labeling if the container from which they are drawn is labeled and only one person has the use of the container. All other in-house containers will receive a label that contains the chemical identity and the hazard warnings as listed on the MSDS. All labels for in-house containers will be approved by _____ (insert name or job title of designated person).

_____ (insert name of job title of designated person) will check on a monthly basis to ensure that all containers in the facility are labeled and that the labels are up to date.

IV. Training

Each employee who works with or is potentially exposed to hazardous chemicals will receive initial training on the HCS and the safe use of those hazardous chemicals.

Additional training will be provided for employees whenever a new hazard is introduced into their work areas. Hazardous chemical training is conducted by _____ (insert name or job title of designated person).

Note: Attach a copy of the course outline, training schedule, signed training roster, and description of the course materials.

As a minimum, the training will emphasize: A summary of the standard and this written program.

- I. Hazardous chemical properties including visual appearance and odor and methods that can be used to detect the presence or release of hazardous chemicals.
- II. Physical and health hazards associated with potential exposure to workplace chemicals.
- III. Procedures to protect against hazards, e.g., personal protective equipment, work practices and emergency procedures.
- IV. Hazardous chemical spill and leak procedures.
- V. Location of the MSDSs, how to understand their content, and how employees may obtain and use appropriate hazard information.
- VI. An explanation of the labeling system.

_____ (insert name or job title of designated person) will monitor and maintain records of employee training and advise the facility manager on the training needs.

V. Multi-Employer Worksites

_____ (insert name or role of designated person) will ensure that hazard information is transmitted to other employers (such as service people who are there to fix equipment that you may have flushed with a disinfectant) whose employees may be exposed to our company's hazardous chemicals. Copies of material safety data sheets will be made available in the following manner:

Special precautionary measures needed to protect other employer's employees will be transmitted to other employers in the following manner:

Other employers will be informed of our company's labeling system in the following manner:

VI. Non-Routine Tasks

When contemplating a non-routine task, such as cleaning the autoclave or soldering equipment, the employee or department head will consult with _____ (enter name or job title of designated person) and will ensure that employees are informed of chemical hazards associated with the performance of these tasks and the appropriate protective measures required. This will be accomplished by a meeting with the supervisor and _____ (enter name or job title of the designated person) with the affected employees before such work is begun.

VII. Additional Information

Further information regarding this written program, the hazard communication standard, and the applicable MSDSs is available from _____ (insert the name or job title of the designated person and/or location).

Appendix A – Bloodborne Diseases

Hepatitis is an inflammation of the liver that can lead to liver damage and/or death. The CDC estimates 800 health care workers became infected with HBV in 1995. This figure represents a 95% decline in new infections from the 1983 figures. The decline is largely due to the immunization of workers with the hepatitis B vaccine, and compliance with other provisions of OSHA's Bloodborne Pathogens Standard.

Facts about exposure to potentially fatal bloodborne illnesses such as Hepatitis B Virus (HBV):

- Hepatitis is much more transmissible than HIV.
- Risk of infection from a single needle stick is 6%-30% (CDC 1977).
- 50% of the people with HBV infection are unaware that they have the virus.
- The CDC states that HBV can survive for at least one week in dried blood on environmental surfaces or contaminated needles and instruments.\

HIV Infection has been reported following occupational exposures to HIV-infected blood through needle sticks or cuts; splashes in the eyes, nose, or mouth; and skin contact. Most often, however, infection occurs from need stick injury or cuts.

Facts about exposure to potentially fatal bloodborne illnesses such as HIV:

- Risk of HIV infection after needle stick is 1 in 3000 or 0.3%.
- The CDC documented 55 cases and 136 possible cases of occupational HI transmission to U.S. health care workers between 1985 and 1999.

HCV infection is the most common chronic bloodborne infection in the United States, affecting approximately 4 million people. Hepatitis C infection is caused most commonly by needle stick injuries. HCV infection often occurs with no symptoms, but chronic infection develops in 75% to 85% of patients, with 70% developing active liver disease (CDC 1998).

Facts about exposure to Hepatitis C Virus (HCV):

- A major cause of chronic liver disease.
- The leading reason for liver transplants in the United States in 1997 (CDC).

Sharps-related injuries in nonsurgical hospital settings decreased 31.6% during 2001–2006 (following the Needlestick Safety and Prevention Act of 2000). Injuries in surgical settings increased 6.5% in the same period, where adoption of safety devices was limited compared to nonsurgical settings. It has been estimated about half or more of sharps injuries go unreported. Most reported sharps injuries involve nursing staff, but laboratory staff, physicians, housekeepers, and other health care workers are also injured.

BLOODBORNE DISEASES

HIV

BRUCELLOSIS

HBV

LEPTOSPIROSIS

SYPHILIS

ARBOVIRAL VIRUS

MALARIA

RELAPSING FEVER

BABESIOSIS

CREUTZFELT-JAKOB

HERPES

HTLV-I

(These diseases are covered by OSHA's Bloodborne Pathogens Standard).

Appendix B – Sample Exposure Control Plan

POLICY

_____ (*Insert: Facility Name*) _____ is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, “Occupational Exposure to Bloodborne Pathogens.”

PROGRAM ADMINISTRATION

_____ (*Insert: Name of responsible person or department*) _____ is the Program Administrator and is responsible for the implementation of the ECP. The Program Administrator will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contract location/phone number: _____. The Program Administrator is also responsible for:

- Maintaining and providing all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.
- Ensuring that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- Ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.
- Ensuring training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.
- Annual review of this program and its effectiveness and for updating as needed.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Program Administrator. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which **all** employees have occupational exposure:

<u>JOB TITLE</u>	<u>DEPARTMENT / LOCATION</u>
_____	_____
_____	_____
_____	_____

The following is a list of job classifications in which **some** employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>	<u>TASK/PROCEDURE</u>
<i>(Example: Maintenance</i>	<i>_____ (If Applicable)</i>	<i>(Handling Regulated Waste)</i>

Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

ENGINEERING CONTROLS

WORK PRACTICE CONTROLS

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use, into sharps containers. At this facility the sharps containers are puncture-resistant, labeled with a biohazard label, and are leak-proof. Sharps containers will be kept as close as practical to the use area.

This facility will review the need for changes in engineering controls and work practices through (Examples: Review of OSHA records, employee interviews, committee activities, product brochures, etc.)

Personal Protective Equipment (PPE)

The following PPE will be provided at no cost to the employees:

JOB TASKS	PPE NEEDED

The Program Administrator has responsibility to ensure and issue appropriate readily accessible PPE to employee. Hypoallergenic gloves, glove liners, powder less glove liners, powder less gloves, or other similar alternatives will be readily available to those employees who are allergic to the gloves normally provided.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Wear appropriate gloves when it can be reasonable anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the out surface.

Housekeeping

A. *General Procedures.* All contaminated work surfaces are decontaminated immediately or as soon as feasible after any spill of blood or other potentially infectious materials. Decontamination will be accomplished by utilizing the following materials:

- _____
- _____

B. *Regulated Waste.* Contaminated sharps are discarded immediately or as soon as feasible using only approved containers. Other regulated wastes are discarded using labeled, biohazard bags. If outside contamination of containers and/or bags occurs, the contaminated container is placed in an approved second container.

Broken glassware, which may be contaminated, is packed up using a brush and dustpan, never by hand.

C. *Laundry.* Laundry contaminated with blood or other potentially infection materials in handled as little as possible. Such laundry is placed in appropriately marked bags at the location where it was used. Such laundry is not sorted or rinsed in the area of use.

All employees who handle contaminated laundry use personal protective equipment to prevent contact with blood or other potentially infectious materials. Laundry at this facility will be cleaned at _____.

- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample testing during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Program Administrator ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard and receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The program Administrator provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Program Administrator reviews the circumstances of all exposure incidents and records all percutaneous injuries from contaminated sharps onto the Sharps Injury Log. The exposure incident review determines:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- location of the incident (*resident room, etc.*)
- procedure being performed when the incident occurred
- employee's training

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training. The training is conducted by _____ (*Name of responsible person or department*), who will have all training materials available for review.

B. Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** at _____ (*Name of responsible person or location of records*).

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 days. Such requests should be addressed to _____ (*Name of Responsible person or department*).

C. Sharps Injury Log

All percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences include at least:

- the date of the injury
- the type and brand of the device involved
- the department or work area where the incident occurred
- an explanation of how the incident occurred.

This log is reviewed annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover.

If a copy is requested by anyone, the Log has personal identifiers removed from the report.

Appendix C – Hepatitis B Vaccine Declination (Mandatory)

An employee who chooses not to accept the vaccine must sign the following statement of declination of hepatitis B vaccination. The statement can only be signed by the employee following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis V, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Name

Address

City/State/Zip

Date

Confidential: Place in employee medical record.

Appendix D – 29 CFE 1910.1020(e) Access to Employee Exposure and Medical Records

(1) General

- i. Whenever an employee or designated representative requests access to a record, the employer shall assure that access is provided in a reasonable time, place, and manner. If the employer cannot reasonably provide access to the record within fifteen (15) working days, the employer shall within the fifteen (15) working days apprise the employee or designated representative requesting the record of the reason for the delay and the earliest date when the record can be made available.
- ii. The employer may require of the requester only such information as should be readily known to the requester and which may be necessary to locate or identify the records being requested (e.g. date and location where the employee worked during the time period in question).
- iii. Whenever an employee or designated representative requests a copy of a record, the employer shall assure that either:
 - a) A copy of the record is provided without cost to the employee or representative
 - b) The necessary mechanical copying facilities (e.g. photocopying) are made available without cost to the employee or representative for copying the record or
 - c) The record is loaned to the employee or representative for a reasonable time to enable a copy to be made.

Appendix E – Sample Training Outline

Training Outline

1. **Introduction.** Introduce self and other presenters as applicable. Class is designed as initial training for new employees and to satisfy annual follow-up training.
2. **List Objectives of Training.**
 - A. Describe the primary diseases that the exposure control plan covers.
 - B. Explain modes of transmission of HBV and HIV.
 - C. Define the term “Universal Precautions.”
 - D. Define the terms “engineering controls” and “work practice controls” and be familiar with those used in the workplace.
 - E. List personal protective equipment that may serve as effective barriers to infectious fluids.
 - F. Describe labeling, contaminated waste, and laundry procedures.
 - G. Understand the general requirements of OSHA Regulation 1910.1030, Bloodborne Pathogens.
3. **Program Requirements.** Give an overview of basic exposure control plan elements, and where employees can obtain a copy.
4. **HBV and HIV.** Discuss epidemiology, symptoms, and modes of transmission of HBV and HIV.
5. **Exposure Determination.** Through question/answer discussion, have students determine those tasks that may result in an exposure incident.
6. **Methods of Compliance.** Discuss exposure controls and work practice controls. Have students give examples of each where they work.
7. **Personal Protective Equipment.** Show a video, or present samples of various types of personal protective equipment and how they form effective barriers to infectious fluids. Demonstrate proper wear, handling, decontamination, removal and disposal.
8. **Post Exposure Procedures.** Explain specific emergency procedures if an exposure incident occurs. Include notification, evaluation and follow-up procedures.
9. **HBV Vaccine Information.** Explain how effective and safe HBV vaccinations are, and the benefits of being vaccinated. Emphasize that the vaccinations are free to employees.
10. **Question and Answer Period.** Ensure an expert source is available to answer questions employees may have regarding any part of the exposure control plan or HBV/HIV disease.
11. **Conclusion.** Administer and review post-training test with students. (Tests need not be graded, but should serve as a tool to determine if a review is necessary).

-Appendix F – Sample Exposure Incident Report

EXPOSURE INCIDENT REPORT
(Routes and Circumstances of Exposure Incident)
Please Print

DATE COMPLETED _____

EMPLOYEE'S NAME _____ SSN _____

HOME PHONE _____ BUSINESS PHONE _____

DOB _____ JOB TITLE _____

EMPLOYEE VACCINATION STATUS _____

EMPLOYEE TRAINING RELEVANT TO EXPOSURE CONTROL

DATE OF EXPOSURE _____ TIME OF EXPOSURE _____ AM _____ PM _____

LOCATION OF INCIDENT (HOME, STREET, CLINIC, AREA IN CLINIC, ETC. – BE SPECIFIC)

NATURE OF INCIDENT (AUTO ACCIDENT, TRAUMA, MEDICAL EMERGENCY – BE SPECIFIC):

DESCRIBE WHAT TASK(S)/PROCEDURE(S) YOU WERE PREFORMING WHEN THE EXPOSURE OCCURRED (BE SPECIFIC):

WHAT ENGINEERING CONTROLS WERE IN USE AT THE TIME OF THE INCIDENT?
(INCLUDE DESCRIPTION AND BRAND OF DEVICE IN USE)

WERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (PPE)?
YES _____ NO _____
IF 'YES', WHAT PPE WAS USED? _____

DID THE PPE FAIL? YES _____ NO _____
IF YES, EXPLAIN HOW: _____

Continued

DID A FOREIGN BODY (NEEDLE, NAIL, AUTO PART, DENTAL WIRES, ETC.)
PENETRATE YOUR BODY?

YES _____ NO _____ IF YES, WHAT WAS THE OBJECT? _____

WHERE DID IT PENETRATE YOUR BODY? _____

WAS ANY FLUID INJECTED INTO YOUR BODY? YES _____ NO _____ IF YES,
WHAT FLUID? _____ HOW MUCH? _____

DID YOU RECEIVE MEDICAL ATTENTION? YES _____ NO _____ IF YES,
WHERE? _____

WHEN? _____ BY WHOM? _____

IDENTIFICATION OF SOURCE INDIVIDUAL(S) _____

INJURED EMPLOYEE'S OPINION ABOUT WHETHER ANY OTHER ENGINEERING,
ADMINISTRATIVE, OR WORK PRACTICE CONTROL COULD HAVE PREVENTED THE
INJURY AND THE BASIS FOR THE OPINION:

OTHER PERTINENT INFORMATION:

Appendix G – Sample Exposure Incident Report – Provided to HCP

Exposure Incident Report – Provided to HCP

CONFIDENTIAL MEDICAL RECORD

Information provided to Dr. _____

Name: _____

Date of exposure incident: _____

Location of exposure incident: _____

Route(s) of exposure: _____

Results of Source Individual's tests if possible (unless prohibited by law):

Description of employee's duties related to exposure incident:

Circumstances under which exposure occurred: _____

Results of previous blood tests:

Test(s) conducted: _____

Test date: _____

Results: _____

Attachments:

1. Employee's medical records relevant to appropriate treatment, including vaccination status.
2. One copy of OSHA Regulation, 1910.1030, Bloodborne Pathogens.

Appendix H – SAMPLE SHARPS LOG

Establishment/Facility Name: _____ Year _____

Date	Case/ Report No.	Type of Device (e.g. syringe)	Brand Name of Device	Work Area where injury occurred	Brief Description of how the incident occurred (i.e. procedure being done, action being performed: disposal, injection, etc.)

Appendix I – U.S. Department of Labor

Occupational Safety and Health Administration

OSHA Standards Applicable to Medical and Dental Offices

(This can only be a best guess as to what standards would apply since each facility has its own unique hazards.) (OSHA standards are designed to protect the employees, not your patients.) (Check out OSHA's website (<http://www.osha.gov>) for all of OSHA's standards and other publications and resource materials.)

- 1903.002 OSHA Poster
(Must post OSHA poster for employees to view.) (Call 312-353-6976 for free Department of Labor including the OSHA poster.)
- 1910.37 Means of Egress
(Ensure all exits are not blocked and well labeled.)
- 1910.38 Emergency Action Plan
(Plan how to evacuate in case of fire or other emergency and train employees.)
- 1910.132 Personal Protective Equipment (PPE)
(Need to conduct PPE assessment, select appropriate ppe, and train employees.)
- 1910.134 Respiratory Protection
(Requires written program, fit testing, medical determination, and training.)
- 1910.141 Sanitation
(Requirements for bathrooms, drinking water, and housekeeping.)
- 1910.151 First Aid
(1st aid treatment and supplies must be within 3-4 minutes, eye washes must be where there are corrosive chemicals, must have 15 min. continuous flush.)
- 1910.157 Fire Extinguishers
(If you have fire extinguishers, on an annual basis inform employees how to use or not to use them.)
- 1910.304 Wiring Design and Protection
(All portable electrical equipment must be grounded or double insulated.)
- 1910.1020 Access to Medical and Exposure Records
(Must inform employees annually of their right to access medical and exposure records, the existence, location and availability of the records, and the person responsible. Also requires record retention.)
- 1910.1030 Bloodborne Pathogens
(Need written program, offer Hep B vaccine, use universal precautions, implement engineering controls e.g. safe needle devices, sharps containers, housekeeping issues, post exposure follow-up and prophylaxis, training. Include Hepatitis C.)
- 1910.1048 Formaldehyde
(Has exposure limits. Monitoring, laundry, signage, medical surveillance, and training requirements.)

Bloodborne Pathogens

- 1910.1200 Chemical Hazard Communication
(Need to have a written compliance program, maintain a list of all chemicals, label chemical containers, have material safety data sheets, and train employee.) (Liquid and powered drugs are considered as chemicals.)
- 1910.1450 Laboratory Standard
(Need to write and implement a chemical hygiene plan.)
- General Duty Clause Enforcement Procedures for Tuberculosis
(Follow CDC Guidelines for TB including 2-step skin tests, training of employees, and maintenance procedures of ventilation and UV equipment.)
- Waste Anesthetic Gases
(Use scavenger system to keep airborne exposures low.)
- Hazardous Drugs
(Follow Guidelines in OSHA Technical Manual)

Recommendations: Develop a safety and health program to show management commitment and employee involvement to protect employees from occupational hazards. If you are handling patients, you may need to look at developing an ergonomics program. Develop program to handle violence in the workplace.

Request a site evaluation visit from the Illinois On-Site OSHA Consultation Service through the State of Illinois Department of Commerce and Economic Opportunity. Call 1-800-972-4216 for a **free**, confidential visit.

Sources for Disinfection and Sterilization Information: For questions about a low or intermediate level disinfectant, contact the manufacturer, or your local or state health department, or the Antimicrobial Program Branch of the EPA, 703-305-7443. For a list of EPA registered tuberculocidal agents, call 1-800-447-6349.

For questions about sterilants or how to clean, disinfect or sterilize a particular medical device, first contact the manufacturer of the product. If you are unable to obtain sufficient information in this manner, contact the PDA regional office or the FDA Center for Devices and Radiological Health, 301-443-4690. FDA is the federal regulator agency for safe and effective use of medical devices and is also responsible for sterilants.

Source for Radiation Safety Information: Contact the Illinois Radiation Group at 217-785-9900.

Area MNOSHA Offices in Minnesota:

St. Paul	651-284-5050
Duluth	218-733-7830
Mankato	507-304-6262