OSHA Training for Healthcare

Presented by Oshaguard

“Compliance Solutions for Healthcare”
Welcome to OSHA training for Healthcare.

This training module is designed to provide an understanding of topics related to workplace safety. More specifically hazards that you might encounter while working in a medical or a dental facility.

So what is OSHA? And why should I care.
OSHA is short for the Occupational Safety & Health Administration. It was founded in 1970 to address and prevent hazards and injuries to workers caused by unsafe workplace practices.

OSHA was established to make sure you have the safest workplace possible. So that’s why you should care, because it’s about your safety.
Healthcare workers face a wide range of hazards on the job, including needlestick injuries, chemical exposure and violence. Although it is possible to prevent or reduce healthcare worker exposure to these hazards, healthcare workers actually are experiencing increasing numbers of occupational injuries and illnesses. Rates of occupational injury to healthcare workers have risen over the past decade. By contrast, two of the most hazardous industries, agriculture and construction, are safer today than they were a decade ago.
Your employer has an obligation to provide a safe workplace, but they also have the responsibility to provide training. But you also have responsibilities and that’s to follow your employer’s safety plans and to report potential workplace hazards.

There are many components to maintaining a safe workplace and training is just one of them.
This training module has been divided into a few different chapters that include General Workplace Safety, Bloodborne Exposure Control, Tuberculosis Infection Control, Hazard Communications and Biomedical Waste Management.

After completing this module be sure to ask your Safety and Health Manager about any site specific questions you might have such as the location of your OSHA manual, MSDS book or any other questions this module did not cover.
GENERAL COMPLIANCE

Job Safety and Health
It's the law!

EMPLOYEES:
- You have the right to notify your employer or OSHA about workplace hazards. You may ask OSHA to keep your name confidential.
- You have the right to receive an OSHA inspection if you believe that there are uncontrolled hazardous conditions in your workplace. You may ask OSHA to represent you in the inspection.
- You can file a complaint with OSHA within 30 days of the day you believe your employer failed to correct a violation that could cause death or serious bodily harm or is the result of a violation under the OSHA Act.
- You have the right to see OSHA citations issued to your employer. Your employer must post the citations at or near the place of the alleged violation.
- Your employer must correct workplace hazards by the date specified in the citation. You may ask OSHA to issue a citation if your employer does not correct the hazard within the specified time.
- You have the right to起码 of your medical records if you request and your employer uses this information for other purposes.
- Your employer must pay you if you are injured or become ill while working.
- You must comply with all occupational health and safety standards issued under the OSHA Act that apply to your job actions and conduct on the job.

EMPLOYERS:
- You must furnish your employees a place of employment free from recognized hazards.
- You must comply with the occupational safety and health standards issued under the OSHA Act.

This free poster available from OSHA - The Best Resource for Safety and Health

1-800-321-OSHA
www.osha.gov
888-OSHA-123
We have already explained that it is the employers responsibility to provide a safe workplace for employees. Many of these requirements are addressed in specific standards such as the Bloodborne Pathogen Standard or Hazard Communication Standard.

But what happens when the compliance with a standard does not protect employees?
OSHA has a General Duty Clause and it states:

“Each employer shall furnish to each of his employees employment and a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.”

In simple terms, this statement means that an employer may be obligated to protect employees from recognized hazards in the workplace even if there is not an OSHA standard which applies to the situation or if hazards still exist after compliance with a standard.
The “It’s the Law” poster shown at the right side of this slide should be posted somewhere in your facility. This is the Federal OSHA poster, it is often displayed on a laminated multi-poster. This poster explains how workers may file a complaint, report an emergency or seek OSHA advice, all with the right of confidentiality.
According to the Bureau of Labor Statistics' Census of Fatal Occupational Injuries Charts, 1992-2007, fires and explosions accounted for 3% of workplace fatalities in 2007. The best way to avoid becoming a statistic is to be prepared.

You should be familiar with the locations of fire extinguishers and exits in your workplace.
When used properly, fire extinguishers can save lives and property by putting out a small fire or controlling a fire until additional help arrives. The majority of fire extinguishers are designated as multi-purpose and are suitable for use on class A, B, and C fires such as ordinary combustibles, flammable liquids, or electrical equipment.

General rules for the use of a fire extinguisher:

1.) You must be within 6-8 feet of the fire
2.) Pull the safety pin and aim at the base of the fire
3.) Compress the handle and sweep back and forth
Fires can increase in size and intensity in seconds, blocking the exit path of the person using the extinguisher and creating a hazardous atmosphere.

In addition, portable fire extinguishers contain a limited amount of extinguishing agent and can be discharged in a matter of seconds. Don’t attempt to use a fire extinguisher if you’re subjecting the employees to possible injury.....EVACUATE!
WORKPLACE VIOLENCE
Violence in healthcare differs from violence experienced by workers in other industries. Healthcare workers must interact closely with patients or family members, often under difficult circumstances.

Patients may act aggressively due to their medical conditions or the medication they are taking or want to be taking. They may feel frustrated and angry as a result of their circumstances.
DID YOU KNOW?

• Healthcare workers are more likely to be attacked than prison guards or police officers
• 48% of all non-fatal injuries from occupational assaults and violent acts occurred in healthcare and social services
• Statistics indicate a rate of 8.3 assaults per 10,000 workers in the healthcare industry compared to just 2 assaults per 10,000 workers for all other private sector employees
• Risk factors will vary depending on location, size and type of care you perform

SOURCE: Bureau of Labor Statistics (BLS)
Watch for signals that might be associated with impending violence:

- Verbally expressed anger or frustration
- Body language such as threatening gestures
- Signs of drug or alcohol use
- Presence of a weapon

Maintain behavior that helps diffuse anger:

- Present a calm, caring attitude
- Don’t match the threats
- Don’t give orders
- Acknowledge the person's feelings (for example, "I know you are frustrated")
- Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, getting too close, touching, or speaking loudly)
NATURAL DISASTERS
We often forget what a real emergency is until we are reminded by a disaster such as a tornado, earthquake or hurricane. Disasters can occur at anytime and anywhere.

However, most disasters are limited to certain geographical locations. Some are primarily seasonal and allow for certain preparations, others can occur swiftly and without warning. It’s not only important to be prepared, but OSHA expects you to have contingency plans for any disasters that can be reasonably predicted for the area you live in.
A medical office in Florida, for example, should have a plan in place that would protect employees against reasonably predictable disasters such as a hurricane or tornado.

Usually there would be advanced notice of the hurricane, so the plan should be to close the office or modify business hours if there was a threat to their immediate area. However, a tornado is sudden, there would be no advance notice. The plan should designate a safe room, usually in the center core of the building away from windows.
A similar office located in California would have a different, site specific plan that typically would include a plan in the event of an earthquake.

Since earthquakes strike suddenly, violently and without warning, their plan should include a safe area in the facility where employees could seek shelter. This might be under sturdy furniture or in a safe room. Heavy objects should be stored near the floor and shelving should be fastened to the walls.
Recommended emergency disaster supplies may include:

- Bottled water
- Nonperishable food
- Battery powered radio
- First-aid supplies
- Flashlight(s)
- Batteries
- Duct tape
- Plastic sheeting
- Plastic garbage bags
CHAPTER CHECKLIST

✓ Do you know who you would report an injury to if you were injured on the job?

✓ Are you familiar with the locations of fire extinguishers and exits in your facility?

✓ Do you know the location of your eye wash station?

✓ Are you familiar with your facilities contingency plans for natural disasters specific to your region?
BLOODBORNE EXPOSURE CONTROL
Bloodborne pathogens are microorganisms that cause disease in humans and are transmitted only through contact with infectious body fluids.

Infectious body fluids include blood, semen, joint fluid, vaginal secretions, amniotic fluids, saliva in dental procedures and others.

Fluids such as urine, feces and vomit are not considered biohazardous unless visible blood is present.
HEPATITIS B

Hepatitis B or HBV is a disease caused by a bloodborne pathogen. It is spread primarily by sexual contact with an infected person and by shared needle use among injecting drug users. It may then be spread from these groups to healthcare workers who have contact with blood or other infectious materials. The virus may be present in blood, semen, vaginal secretions, amniotic fluid and body fluids like those found around the brain, joints, lungs and heart. It is also found in any fluid where blood is visibly present.
SYMPTOMS OF HEPATITIS B

Symptoms of Hepatitis B may be similar to the flu and include:

- Fever
- Fatigue
- Nausea
- Dark urine
- Joint pains
- Jaundice
- Abdominal pains
It’s important to understand that not all infected individuals will have the same symptoms. In fact 1/3 of those who are infected will have no symptoms.

Even though Hepatitis B is a serious risk, there is good news. Hepatitis B can be prevented through vaccination for most individuals.
DID YOU KNOW?

- “Hepatitis” is a Latin word meaning “inflamed liver”
- The Hepatitis B virus is 50 to 100 times more infectious than HIV
- Approximately 1 healthcare worker dies each day from Hepatitis B
- Symptoms begin an average of 90 days (range: 60–150 days) after exposure to HBV
- Hepatitis B virus can survive outside the body at least 7 days
- During that time, the virus can still cause infection if it enters the body of a person who is not infected

SOURCE(S): World Health Organization (WHO)
Centers for Disease Control (CDC)
Hepatitis B Foundation
HEPATITIS B VACCINATION

As mandated by OSHA, the Hepatitis B vaccination must be offered within 10 working days prior to assignment to any task that could result in exposure to blood or OPIM.

The vaccination should be made available at no cost to the employee and should be administered following current CDC recommendations. The vaccination should be encouraged unless:

1. Documentation exists that the employee has previously received the series
2. Antibody testing reveals that the employee is immune
3. Medical evaluation shows that the vaccination is contraindicated
Currently the CDC recommends a 3 dose series administered over a 6 month period. Approximately 1 to 2 months after the 3\textsuperscript{rd} dose, a titer or blood test is recommended to ensure antibodies. The CDC indicates lifelong immunity after a positive confirmation of antibodies.

\textit{Although OSHA doesn’t enforce all CDC recommendations, OSHA \textbf{does} enforce this recommendation.}

The fact is the Hepatitis B vaccination is not 100\% effective for all people. The CDC estimates conversion rates from 87-95\%. 

Although the majority of people that get vaccinated develop antibodies the first time through the series, approximately 1 in every 10 will not respond to the first vaccination series. The CDC calls for these healthcare workers to go through the vaccination series one more time and follow it with the required titer check.

If you don’t develop antibodies after the 2\textsuperscript{nd} time through the series or after 6 total doses, the CDC does not recommend any more attempts. The employee is considered to be a non-responder.
HEPATITIS B VACCINATION SUMMARY

- Free to all at risk employees
- 3 shots over a 6 month period
- 87-95% effective
- Lifelong immunity according to the CDC
- No routine boosters
- Titer 1-2 months after 3rd shot to check for antibodies
- Documentation must be on hand and kept confidential
HEPATITIS C

Hepatitis C or HCV is another bloodborne disease and it’s a huge problem domestically and worldwide. In the United States the CDC estimates approximately 3.2 million Americans are chronically infected and the CDC believes at least ½ of them may not know they have it.

Hepatitis C is a contagious liver disease caused by a virus which is primarily spread through contact with blood of an infected person.
The virus silently damages the liver over years, and people may only discover they are infected when they develop irreversible liver cirrhosis, since the initial infection causes no symptoms in most cases.

HCV is the single leading cause for liver transplants and annual deaths from HCV now exceed those from HIV.
SYMPTOMS OF HEPATITIS C

Most people have no symptoms when they are first infected with the Hepatitis C virus. If you do develop symptoms, they may include:

- Fatigue
- Joint pain
- Belly pain
- Itchy skin
- Sore muscles
- Dark urine
- Jaundice
DID YOU KNOW?

- In 2007, there were an estimated 17,000 new Hepatitis C virus infections in the United States
- Approximately 75% - 85% of people who become infected with Hepatitis C virus develop chronic infection
- The Hepatitis C virus can survive outside the body at room temperature for at least 16 hours but no longer than 4 days
- Symptoms of Hepatitis C are often mild or absent altogether - 80% of people with HCV have no signs or symptoms of the disease - but liver damage can occur with or without symptoms

SOURCE(S): World Health Organization (WHO) Centers for Disease Control (CDC)
HIV/AIDS

Human immunodeficiency virus, or HIV, is the virus that causes AIDS. HIV/AIDS weakens a person’s ability to fight infections and cancer.

Like Hepatitis B and C, HIV can be transmitted through exposure to blood or fluids with visible blood. It can also be transmitted through semen, vaginal secretions, amniotic fluid, and synovial fluids.
SYMPTOMS OF HIV / AIDS

When first infected with HIV, you may have no signs or symptoms at all, although you're still able to transmit the virus to others. Many people develop a brief flu-like illness two to four weeks after becoming infected. Signs and symptoms may include:

- Fever
- Headache
- Sore throat
- Swollen lymph glands
- Rash
PREVENTION OF BLOODBORNE DISEASES

Many needlesticks and other cuts can be prevented by using safer techniques such as not recapping needles hand to hand, using medical devices with safety features built-in, and disposing of needles at point of origin. Exposures to the eyes, nose, mouth and skin can be reduced by the use of appropriate PPE anytime there is a possibility of splashing or splattering.

Obviously avoiding occupational exposure to blood or other potential infectious materials (OPIM) is the best way to avoid transmission of HBV, HCV or HIV, but accidents can happen to even the most seasoned healthcare workers.
WHAT DO I DO IF I HAVE AN EXPOSURE INCIDENT?

All exposure incidents are to be considered matters of urgent medical concern.

If a skin puncture has occurred, induce bleeding at the puncture site by applying gentle pressure as you wash the area with soap and warm water. If skin or mucous membranes have been splashed by a body fluid, immediately rinse the area thoroughly with water.

Notify your supervisor immediately, details regarding the incident are important and must be recorded on the Exposure Incident Report and if applicable, the Sharps Injury Log.
It is the employer’s financial obligation to provide post-exposure medical evaluation and follow-up based on current CDC recommendations. Following an exposure:

✓ A blood sample is drawn and tested as soon as feasible for HIV, Hepatitis B and C
✓ Entitled to medical evaluation if requested
✓ After the initial blood test, re-testing will be offered at 6 weeks, 12 weeks and 6 months based on recommendations of the consulting clinician and current CDC guidelines
✓ You should report any acute illness, which is accompanied by fever, within the next 12 weeks and to seek medical attention for any such occurrence
If a source patient is involved in the reported incident, you must explain the situation to him or her and, if possible, obtain consent to test his or her blood. Complete a copy of the Consent to Draw Blood form that can be found at the back of your Oshaguard manual.

After testing, if the source patient is not infected with a bloodborne pathogen, baseline testing or further follow-up of the exposed employee is not necessary.

If the source patient refuses to be tested or is unknown, be sure to document this on the form. This is an OSHA requirement.
UNIVERSAL PRECAUTIONS

Universal precautions is an approach to infection control to treat all human blood and certain body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens.

The Bloodborne Pathogen Standard allows alternative approaches to infection control. These alternatives are usually known as Standard Precautions or Body Substance Isolation (BSI).

These alternative methods define all body fluids and substances.
Work practices involve the way a task is performed. OSHA has found that appropriate work practices can be a vital aid in lowering workplace exposures and achieving compliance.

- Wash your hands immediately or as soon as feasible after removal of gloves
- Prohibit the recapping, bending, shearing or breaking of contaminated needles unless necessary
- Prohibiting eating, drinking, smoking, applying cosmetics or lip balm in work areas where there is a likelihood of occupational exposure
- Remove contaminated PPE before leaving designated work areas
- Use Universal Precautions with all patients, all the time!
Maintaining a clean environment in a medical or dental office is a must for the safety of staff and your patients as well. Cleaning guidelines should be in place for housekeeping in between patients and the end of the day.

Surfaces should be cleaned with an approved EPA registered disinfectant and always follow manufacturer's recommendations for contact time. Include countertops, chairs, desk areas, patient tables, door handles and knobs and other surfaces that have been touched or handled, or may have come into contact with body fluids throughout the day.
PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment or PPE is specialized clothing or equipment used as a barrier to protect you or other employees against blood and other potentially infectious materials.

PPE is required by the Bloodborne Pathogens Standard if exposure to blood and other potentially infectious materials is anticipated.
Your employer has the obligation to make appropriate PPE readily available at no cost to you. The PPE should fit properly and address any personal requirements such as latex allergies.

OSHA considers the term "appropriate" only if the PPE does not permit blood or OPIM to pass through to the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use.

Appropriate PPE will also vary depending on the type of procedure being performed.
Every facility’s risk of exposure will vary depending on the types of procedures you perform. Your employer has determined the minimum PPE that is required and it is their responsibility to enforce its use. Keep in mind that you can always exceed these minimum requirements if you feel more comfortable.

If you have questions about your site specific PPE requirements you can reference page 10 of the Bloodborne Exposure Control Section of your Oshaguard manual or talk to your Safety and Health Officer.
The Needlestick Safety and Prevention Act, which was signed into law in November 2000, amended the Bloodborne Pathogen Standard. The two most notable changes are additional requirements for maintaining a sharps injury log and for the involvement of non-managerial healthcare workers in evaluating and choosing devices with engineered sharps injury protections and needleless systems.

According to the latest numbers approximately 600,000 – 800,000 needle stick injuries occur annually in healthcare settings. OSHA hopes this new legislation will reduce that number considerably.
Some examples of devices with built in engineering controls include self-sheathing needles and scalpels with retractable blades.
Remember, these devices should be safer and appropriate for the task.

Cost cannot be a factor in your evaluation. Technology is always improving, ask your vendors or sales reps if they have any new devices or safe needles available.

Always be sure to evaluate and document your results.
CHAPTER CHECKLIST

✓ Do you practice Universal Precautions with all patients?

✓ If you have clinical exposure, have you been vaccinated against Hepatitis B?

✓ Have you had the opportunity to check your titer to confirm if you developed antibodies?

✓ Do you know who you would report a needlestick injury to?

✓ Are all the needles and disposable scalpels in your facility equipped with built-in safety features?

✓ If not, have you evaluated and documented safe needles or devices this year?
TUBERCULOSIS

"Healthy looks can hide TUBERCULOSIS. The X-ray will show it before you know it."
Tuberculosis is caused by bacteria that spread from person to person through microscopic droplets released into the air. This can happen when someone with the untreated, active form of tuberculosis coughs, speaks, sneezes, spits, laughs or sings.

Fortunately the prevalence of TB is very low in the United States. According to the CDC in 2010 there were 3.6 cases per 100,000 residents.
TB can be classified into two different categories:

✓ Latent TB; In this condition, you have a TB infection, but the bacteria remain in your body in an inactive state and cause no symptoms. Latent TB in not contagious.

✓ Active TB; This condition makes you sick and can spread to others. It can occur in the first few weeks after infection with the TB bacteria, or it might occur years later.
SYMPTOMS OF ACTIVE TB

- Prolonged cough, usually lasting 3 weeks or longer
- Coughing up bloody sputum or phlegm
- Chest pain
- Fever
- Night sweats
- Fatigue
- Weight loss
Unless you are an admitting facility and treat Tuberculosis, your policy should be to defer treatment to anyone exhibiting symptoms of active TB.

If you suspect a patient might be exhibiting symptoms of active TB it’s important to get someone qualified to ask questions and determine if that patient needs to be deferred.

If you are an admitting facility, it’s important to be familiar with protocols specific to your facility. Your Safety & Health Officer should be able to answer questions regarding PPD testing, availability of specialized PPE and fit testing.
DID YOU KNOW?

• More than 1/3 of the world’s population is infected with Tuberculosis
• Since the 1992 TB resurgence peak in the United States, the number of TB cases reported annually has decreased
• There are two tests that can be used to help detect TB infection: a skin test or special TB blood test
• In the United States, there were 547 deaths from TB in 2009, the most recent year for which data was available
HAZARD COMMUNICATIONS
Hazard Communications is the standard OSHA created to protect employees that may be exposed to hazardous chemicals in the workplace.

The primary objectives of the standard are to provide information about the potential hazards of chemicals in your workplace and ensure that you know the best way to protect yourself from exposure.

The two main components of a hazard communication program are material safety data sheets and secondary container labeling.
Material Safety Data Sheets

A material safety data sheet (MSDS) is a form with data regarding the properties of a specific product or chemical. They are intended to provide employees or emergency personnel with information for handling or working with that substance in a safe manner.

MSDS’ are not primarily intended for use by the general consumer, focusing instead on the hazards of working with the material in an occupational setting.
Typically theses sheets provide information such as first aid, health effects, flammability, reactivity, protective equipment and spill-handling procedures.

Although these MSDS’ normally contain the same type of information, there is no specific format that is required and can vary considerably depending on the manufacturer.
Your material safety data sheets should be organized and readily available if needed. Alphabetical dividers are an easy way to sort your binder and are available at almost every office supply store. Your book should also have a master list at the beginning, which is basically a table of contents and lists all the products your book contains.

Be sure you are familiar with the location of your MSDS book. If you have questions, talk to your Safety and Health Officer.
The purpose of a container warning label is to identify a product and to warn you of any physical or health hazards it may possess.

Although the manufacturer has the obligation of putting these warning labels on the original containers, many times in healthcare settings, these products may be removed from their original containers and put into secondary containers.

Some of these more common secondary containers may include products like cold sterilization and germicidal solutions or alcohol soaked gauze pads.
Most of us are familiar with the skull and crossbones symbol and understand that it conveys a warning that the product is toxic.

Although easily identifiable, it only gives us a limited amount of information. Products may have more than one type of hazard and these hazards may vary from minimal to severe.

Manufacturers have adopted two universally accepted methods for conveying hazards utilizing a combination of colors and numbers.
The NFPA and HMIS ratings are the two most recognizable and often used way to convey warnings. Although slightly different, they use almost the exact same method for identifying specific hazards.

Both systems use the colors blue, red and yellow to identify specific warnings and numbers to indicate the severity.
The colors represent the following types of hazards:

- **HEALTH WARNING**
- **FLAMMABILITY WARNING**
- **REACTIVITY WARNING**
- **SPECIAL WARNINGS**

The numbers represent the degree of risk:

- 0 Minimal
- 1 Slight
- 2 Moderate
- 3 Serious
- 4 Extreme
HAZARD COMMUNICATIONS ALIGNS WITH GHS

The Globally Harmonized System of Classification and Labeling of Chemicals (GHS) is an initiative undertaken by the United Nations to create a consistent rule for the classification of hazards, and establish a global format for labels and material safety data sheets (referred to as Safety Data Sheets, or SDS, in GHS).

Currently there are numerous countries that have different systems for classifying chemicals and conveying hazards. The aim of GHS is to have all countries adopt and use this universal system around the world.
On March 20, 2012, OSHA announced that the Hazard Communication Standard (HCS) had been revised to align with the GHS.

According to OSHA these changes will effect over 43 million workers in over 5 million workplaces.

Fortunately there is time to get into compliance. So when and how will this effect me?
There are 4 key compliance dates related to OSHA’s adoption of GHS:

• December 1, 2013 - Employers must train employees on new label elements and safety data sheet format.
• June 1, 2015 - Chemical manufacturers and distributors must complete hazard reclassification and produce GHS styled labels and safety data sheets.
• December 1, 2015 - Distributors shall not ship containers unless it has a GHS label.
• June 1, 2016 - Employers must be in full compliance with revised HCS, including complete training of employees on new hazards and/or revisions to workplace hazard communication program.
Material Safety Data Sheets will become Safety Data Sheets (SDS), per GHS guidance. Each SDS will need to be in a uniform 16 section format. All MSDS will need to be converted to the new SDS format within 3 years of the promulgation date of the new Hazard Communication Standard.

OSHA will adopt pictograms per the GHS guidance. Pictograms will need to be on every label and safety data sheet.

Labels will be required to follow a uniform format containing nine elements: product name/identifier; a symbol (pictogram); signal words; hazard statement; supplemental information; precautionary measures; first aid information; company information; and company telephone number.
SAFETY DATA SHEETS (SDSs)

Earlier in this section (prior to GHS addition) we had a slide that said “Although these MSDS’ normally contain the same type of information, there is no specific format that is required and can vary considerably depending on the manufacturer.” We then showed examples of these in different formats. This is a perfect example of why there was a need for change.

When the Hazard Communication Standard aligned with GHS, that’s exactly what happened.
Information in the new SDS format will be presented with the following 16 headings in the given order

1) Identification
2) Hazard(s) Identification
3) Composition / Information on ingredients
4) First-aid measures
5) Fire-fighting measures
6) Accidental release measures
7) Handling and Storage
8) Exposure controls / PPE
9) Physical and chemical properties
10) Stability and reactivity
11) Toxicological information
12) Ecological information
13) Disposal considerations
14) Transport information
15) Regulatory information
16) Other information
Additionally, the new SDS format will convey physical, health and environmental hazards using 9 unique pictograms.
OXIDIZERS
MILD TOXICITY
Irritant, Dermal Sensitizer, Respiratory Tract Irritation
FLAMMABLE
EXPLOSIVE
Self reactive, Organic peroxides
ACUTE TOXICITY  (Severe)
Inhalation, Skin, Oral
CORROSIVE
GASES UNDER PRESSURE
Compressed Gas Cylinders
LUNG AND ORGAN HAZARD
Carcinogen, Respiratory Sensitizer, Reproductive Toxicity, Target Organ Toxicity, Mutagenicity
ENVIRONMENTAL HAZARD
The new GHS requires manufacturers to include mandatory information on their new labels that include:

- **Product Identifier** - The ingredient name or number of the pure chemical substance or chemical mixture.

- **GHS Pictograms** - The pictogram collaborates with Signal Words to convey the severity of the risk.

- **Signal Words** - Specific words are used to indicate the severity of the hazard. For example, the Signal Word “Warning” would indicate a less severe or non-lethal hazard. The word “Danger” would indicate a severe or potentially lethal hazard.

- **Hazard Statements** - These are phrases that describe the nature and degree of hazard posed by the chemical. Hazard statements will be included on labels of substances possessing more than one hazard.

- **Precautionary Statements** - Statements that describe measures that should be taken to minimize risk associated with the hazard.

- **Supplier Information** - Must include supplier information including name, address and telephone number.
This is an example of a GHS label that includes pictograms and the additional product information.

**DANGER**
Causes damage to the liver and kidneys through prolonged or repeated exposure to the skin.
Keep away from food and drink.
Wash hands thoroughly after use and before eating.
Highly flammable liquid and vapour.
Keep away from heat and ignition sources.

**FIRST AID**
Call emergency medical care.
Wash affected area of body thoroughly with soap and fresh water.

**PAINT (METHYL FLAMMALINE, LEAD CHROMOMIUM)**

**Pictograms**
- Conveys specific information about the hazard(s) of a chemical

**Product Identifier**
- Chemical name or number to identify the chemical

**Signal Word**
- Alerts level of severity of hazard

**Hazard Statement**
- Describes the nature of hazard(s) associated with a chemical

**Precautionary Statement**
- Recommended measures to take to prevent adverse effects

**First Aid Statement**
- Emergency care information

**Supplier Information**
- Name, address and telephone number of the chemical manufacturer, importer or other responsible party

Great Lake Paints Inc., Columbus, Ohio, USA.
Telephone 999 999 9999
HAZARD COMMUNICATION SUMMARY

Although the Hazard Communication Standard recently aligned with GHS, the two main principles have not changed. All secondary containers must be identified and MSDS/SDSs must be available for any products or chemicals employees may be exposed to.

Yes, we are in a transitional period and you will see changes from the manufacturers in the way they identify products and convey warnings. Don’t let your guard down though. It’s important to keep products identified and acquire MSDS/SDSs for new products even though some of the final compliance dates for GHS aren’t until 2016.
CHAPTER CHECKLIST

- Do you know the location of your MSDS/SDS book?
- What secondary containers need labeling in your facility?
- What type of hazards do the colors red, blue and yellow represent?
- What GHS Pictograms convey the same hazards above?
- Do you have MSDS/SDS sheets for all your products?
- Are chemicals stored in a safe manner that reduced the likelihood of a spill?
REGULATED WASTE
Regulated waste is a broad term that refers to any waste contaminated with blood or OPIM. Although OSHA and this training module refer to these wastes as regulated wastes, many people also refer to these wastes as medical, infectious or biohazardous waste.
The Bloodborne Pathogens standard uses the term regulated waste to categorize waste requiring special handling:

- Liquid or semi-liquid blood or OPIM
- Items contaminated with blood or OPIM if compressed would release these substances in a liquid or semi-liquid state
- Items caked with dried blood or OPIM capable of releasing when handled
- Contaminated sharps pathological and microbiological wastes containing blood or OPIM
The type of waste you generate may vary considerably depending on the procedures you do. It is your employer's responsibility to determine the existence of regulated waste and to minimize occupational exposure.

To comply with all Federal and State laws, regulated waste must be handled, stored and disposed of properly. In order to do so, regulated waste must first be categorized as either soft or sharp waste.
Soft waste, or red bag waste, is for items such as bloody gauze, dressings, IV tubing or visibly contaminated gloves. All non-sharp items that are contaminated with blood or OPIM where there is a possibility of releasing during transport or handling, must be disposed of into a red bag.

Although most states and OSHA define soft waste as saturated or soaked to capacity, it’s better to err on the side of caution if an item is visibly contaminated or known to be contaminated with blood or OPIM.
Sharp waste consists of items such as needles, scalpels, spent carpules, glass slides and/or hard contaminated plastics. Any item that has been contaminated with blood or OPIM, and is capable of puncturing or lacerating skin, must be disposed of into a sharps container.

Sharps containers are specialized containers designed to contain these wastes. They have been designed to resist puncturing and leakage.
When assembling these sharps containers it’s important to make sure all tabs on the lid are securely fastened and the opening, biohazard symbol and fill line are facing out.

Additionally, sharps containers must be easily accessible and maintained upright throughout use. If they are wall mounted, they must be located at a comfortable level for all employees.

The fill line is located approximately 2” from the top of the container and you must never exceed the fill line. Always close sharps containers when removing from an area of use, to prevent spillage.

Sharps containers are never reusable.
Sharps containers and red bags should always be located in or as close as feasible to the area of where the waste is generated. This is commonly known as point of origin disposal.

Most healthcare facilities should have containers located in exam rooms, nurses stations, labs, etc. Needles, scalpels and other soft medical waste should be disposed of at these point of origin locations.
Medical waste should be disposed of in accordance with all applicable state laws. These rules are typically published by state environmental agencies and/or state departments of health. They outline approved methods of treatment and licensing requirements, if any. Keep in mind these laws can vary drastically from state to state.

A great resource at your disposal is the Environmental Protection Agency website. It has a summary of state medical waste programs and regulations. Try using a keyword search for EPA State Medical Waste Programs.
In addition to state rules for disposal of medical waste, there are basic OSHA requirements that protect healthcare workers. The OSHA rules state that medical waste must be placed in containers which have the following characteristics:

- Closable and constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
- Labeled or color-coded in accordance with the standard.
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
- If outside contamination of the waste container occurs, it must be placed in a second container meeting the above standards.
SPILL CONTINGENCY PLAN

Having a well supplied spill kit is essential in healthcare for infectious fluid management and chemical spill cleanup. Although the likelihood of a spill is relatively low, having a spill kit available allows for immediate containment.

Employers must assess their specific needs and customize the spill kit appropriately.
Although you can purchase a small spill kit from almost any medical supply company, it’s very easy to set up your own kit. Kits must include at the minimum:

- Bleach
- EPA registered disinfectant
- Antibacterial soap
- Gloves
- Dust pan
- Paper towels or fluid absorber
- Sharps container
- Red bags
- Transport container
- Whiskbroom / plastic scoop

Depending on the procedures you do, some facilities will need to include masks, safety glasses, gowns and shoe coverings.
In the event of a blood spill always wear appropriate PPE to protect yourself. Gloves should always be worn at a minimum. Never attempt to pick up broken glass by hand. Be sure to use a broom and dustpan or forceps.

• If the spill is on a non-absorbent surface, pour bleach over the area and allow it to sit for several minutes
• Lay paper towels (or other absorbent material) over the spill area waiting until the liquid is absorbed
• Remove absorbent materials and discard in a red bag
• Change to a new pair of gloves and clean the area using soap and water and/or a commercial product like Formula 409
• Disinfect area with a hospital grade disinfectant
• Discard gloves into a red bag and wash your hands with an antibacterial soap
Do you always wear gloves when handling medical waste?

Are sharps containers and red bags located at point of origin?

Are sharps containers and red bags easily accessible?

Do you know where your spill kit or spill supplies are kept?

Do you pay attention to fill lines on sharps containers?
THE END

Congratulations. You have completed your training on OSHA. If you have any questions about site specific information not covered in this training module, such as locations or safety protocols for specialized tasks or equipment specific to your facility, please talk to your Safety and Health Officer.
DISCLAIMER

The presentation you just watched was intended to offer training guidelines based on various OSHA standards affecting medical facilities. The information contained in this presentation was current at the time of production. Oshaguard believes the information to be accurate and disclaims any liability or damage, which may result from the use of this presentation. Furthermore, should any of the information contained in the presentation conflict with federal, state, or local regulations, Oshaguard assumes no responsibility or liability for any violation which may result.
OSHA Training topics that is specific to our facility

Safety manager- Nicole Carroll, in the event that the safety Manager is unavailable please report to Sonda Eunus who is acting backup manager in the event of an emergency.

Poster 3165 “It’s the Law!” often the right to know poster- The poster can be found in the following locations: Ocala: Employee break room, Dunellon & Forest: in the nursing triage area.

OSHA Written Plans- The OSHA manual is available via our intranet and the original copies can be found in the following locations: Ocala: In the managers office, Dunnellon & Forest: The Provider’s office.

The Fire Plan, Natural Disaster Plan, Shelter-In Plans- All plans are listed in the OSHA manual, every employee is required to read the OSHA manual and become familiar with each individual plan, please consult the safety manager with question or concerns related to the plans.

Eye Wash Stations- Eye wash station are located in each nurse triage area. If you additional training on how to use the eye wash station please consult the safety manager.

All other policies and procedures related to our individual OSHA policies are within the OSHA manual. If you need additional training or have any other questions or concerns please consult the Safety Manager – Nicole Carroll or Sonda Eunus as an alternate

Please complete Employee Quiz A and Quiz B – combined you must pass with an average of 85% or higher.