

OSHA Safety Officer Orientation

Presented By:
Cathy Montgomery, RN
Excellentia Advisory Group



State Programs

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

Steps to Maintain OSHA Compliance

- Designate a safety officer
- Research the safety and efficacy of medical devices
- Stay up to date on safety issues
- Investigate when necessary
- Sharps Injury log
- Train staff



OSHA Inspections

5 Inspection Types

- Imminent Danger
- Catastrophic
- Employee Complaint
- Programmed High Hazard
- Re-Inspection



OSHA Inspections

All estimates indicate 60% to 70% of all inspections are triggered by a complaint.



Inspection Action Plan

During

- Ask for Credentials
- Opening Conference
- Air Samples
- Pictures
- Private Interviews

After

- Area Director Issues Citations
- Abatement Date
- Post Citations for Employees
- Meet with Area Director?

2015 Requirement

OSHA's updated recordkeeping rule expands the list of severe injuries that employers must report to OSHA

As of January 1, 2015, all employers must report :

- All work-related fatalities within 8 hours.
- All work-related inpatient hospitalizations, all amputations, and all losses of an eye within 24 hours.

You can report to OSHA by:

- Calling OSHA's free and confidential number at 1-800-321-OSHA (6742).
- Calling your closest Area Office during normal business hours.
- Using the new [online form](#) that will soon be available.

*Only fatalities occurring within 30 days of the work-related incident must be reported to OSHA. Further, for an in-patient hospitalization, amputation, or loss of an eye, these incidents must be reported to OSHA only if they occur within 24 hours of the work-related incident.

300 Logs

Non-Mandatory Appendix A to Subpart B Partially Exempt Industries 2014

- Employers are not required to keep OSHA injury and illness records for any establishment classified in the following [North American Industry Classification System \(NAICS\)](#), unless they are asked in writing to do so by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or the BLS.

300 Logs

- 6211 Offices of Physicians
- 212 Offices of Dentists
- 6213 Offices of Other Health Practitioners
- 6214 Outpatient Care Centers
- 6215 Medical and Diagnostic Laboratories

CONTINUE WITH SHARPS INJURY LOG

Top 10 Most Frequent Violations

- 1. No written exposure control plan. \$924.
- 2. Exposure Plan not reviewed/updated annually. \$770
- 3. Engineering and work practice controls not used to eliminate or minimize employee exposure. \$1009
- 4. Employee training not provided properly. \$848
- 5. Not using front line workers for product evaluation. \$227

Top 10 Most Frequent Violations

- 6. No signed declination records. \$420
- 7. Recordkeeping. \$62
- 8. Annual review of safer devices not in Exposure Control Plan. \$167
- 9. Noncompliant biohazard sign. \$498
- 10. No sharps injury log. \$205

Top 10 Most Expensive Violations

- 1. Universal precautions not observed. \$1500
- 2. Penetrated PPE not immediately removed. \$1500
- 3. Failure to provide Hep B or post exposure care at no cost. \$1438
- 4. Incomplete exposure control plan. \$1375
- 5. Needles and sharps not immediately disposed of in container. \$1375

Top 10 Most Expensive Violations

6. Contaminated surfaces not immediately decontaminated. \$1300
7. Hep B not made available after training and within 10 days. \$1216
8. Bending, recapping contaminated needles. \$1150.
9. Missing or incomplete exposure records. \$1088.
10. Employee not provided with written opinion after exposure. \$1050

OSHA Safety Officer Orientation

Laws and regulations relevant to bloodborne pathogen protection in the workplace

- Occupational Safety Act
 - General duty clause
- OSHA 29 CFR Toxic and Hazardous Substances 1910.1030 Bloodborne Pathogens "Bloodborne Pathogen Standard"
- Needlestick Safety and Prevention Act

Occupational Safety Act

- Administered by Occupational Safety and Health Administration (OSHA)
 - Sets standards
 - Conducts inspections
- National Institute for Occupational Safety and Health (NIOSH) part of CDC
 - Conducts research
 - Makes recommendations for the prevention of work-related illness and injuries

Occupational Safety Act

Section 5 of the Occupational Safety Act:

General Duty Clause:

- a) Each Employer—
 - 1) Shall furnish to each of his employees: employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.
 - 2) Shall comply with occupational safety and health standards promulgated by this act.
- b) Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his own actions and conduct.

Occupational Safety Act

"Employer" means a person engaged in a business affecting commerce who has employees, but does not include the United States or any State or political subdivision of a State.

"Employee" means an employee of an employer who is employed in a business of his employer which affects commerce.

Occupational Safety Act

- What about independent contractors?
 - OSHA (and state OSHA-equivalent rules) are designed to operate on the employer-employee relationship. Therefore independent contractors are not covered by the Occupational Safety and Health Act of 1970.
- What about contracted employees?
 - You will need to review the contracts with these providers. Are you providing the day-to-day supervision of these workers? This may be a shared responsibility between you and the service that provides the workers.

Bloodborne Pathogen Standard

OSHA 29 CFR Toxic and Hazardous Substances 1910.1030
Bloodborne Pathogens

In March 1992, OSHA's BBP standard took effect. Based on a review of the information in the rulemaking record, OSHA determined that employees face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials (OPIM) because they may contain bloodborne pathogens.

Bloodborne Pathogen Standard

PURPOSE: Limits occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens which could lead to disease or death.

Exposure Control Plan - Written Plan/Available to employees

- Methods of Compliance
- Hepatitis B Vaccination
- Post Exposure Evaluation & F/U
- Procedure for the evaluation of circumstances surrounding exposure incidents
- Information & Training (incl. communication hazards)
- Recordkeeping

Needle-stick Safety and Prevention Act

On November 6, 2000, the Needle-stick Safety and Prevention Act was signed into law (Public Law 106-430). It directed OSHA to revise the Bloodborne Pathogens standard to:

- Include new examples in the definition of engineering controls.
- Require that exposure control plans reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.
- Require employers to annually document consideration and implementation of safer medical devices in the exposure control plans.
- Require employers to solicit input from non-managerial employees responsible for direct patient care in the identification, evaluation, and selection of engineering and work practice controls.
- Document this input in the exposure control plan.
- Establish and maintain a log of percutaneous injuries from contaminated sharps. OSHA published these revisions on January 18, 2001 with an effective date of April 18, 2001.

Exposure Control Plan

Exposure Determination

This involves review and analysis of the employees' duties and tasks to determine risk of occupational exposure.

- Discuss upon hire
- Add to Job Description
- Talk about at annual evaluation
- List in Exposure Control Plan



Exposure Control Plan

Requirements of Exposure Determination

- A list of all job classifications in which all employees in those job classifications have occupational exposure
- A list of job classifications in which some employees have occupational exposure
- A list of all tasks and procedures (or groups of closely related tasks and procedures) in which occupational exposure occurs and that are performed by employees in job classifications listed

This exposure determination shall be made without regard to the use of personal protective equipment.

Example of Exposure Determination

EMPLOYEE EXPOSURE DETERMINATION

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

<i>Job Title</i>	<i>Department/Location</i>
(Example: Phlebotomists)	(Clinical Lab)

(use as many lines as necessary)

Example of Exposure Determination

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:

Example:

<i>Job Title</i>	<i>Department/Location</i>	<i>Task/Procedure</i>
Housekeeper	Environmental Services	Handling Regulated Waste

(use as many lines as necessary)

3 Methods of Compliance

General. "Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials."

Engineering Controls

Work Practice Controls

Methods of Compliance

General

Universal Precautions are to be used to protect employees from occupational exposure. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Standard Precautions issued by the CDC and state: all blood, body fluids, secretions and excretions (except sweat), non-intact skin, and mucous membranes are considered to be potentially infectious.

<http://www.cdc.gov/hicpac/pdf/isolation/isolation2007.pdf>

These practices must actually be put into use by employees!

Methods of Compliance



Engineering Controls

Means controls that isolate or remove the bloodborne pathogens hazard from the workplace

- Sinks/ABHS
- Self-sheathing needles
- Sharps containers
- Needleless systems
- Blunt tip blades

It's dull at the tip; that's the point!



Methods of Compliance

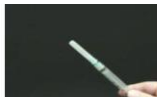
Work Practice Controls



- Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.
- Such bending, recapping, or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.



1. Place cap on hard flat surface.



2. Scoop cap with end of needle so that the cap is sitting on the needle.



3. Press the cap and needle on the hard flat surface until the cap snaps into place.

Methods of Compliance

Work Practice Controls

- Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed.



Methods of Compliance

Engineering & Work Practice Controls

- Containers for sharps shall be:
 - Puncture resistant
 - Labeled or color-coded
 - Leak-proof on the sides and bottom
 - Secured
 - Changed at the fill line
 - Accessible



Methods of Compliance

Engineering & Work Practice Controls

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.



Methods of Compliance

Engineering & Work Practice Controls

- All procedures involving blood or other potentially infectious materials should be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- No-hands methods of passing sharps during surgical or other procedures.
- Specimens of blood or other potentially infectious materials should be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.



Methods of Compliance

Engineering & Work Practice Controls

- The container for storage, transport, or shipping shall be labeled or color-coded and closed prior to being stored, transported, or shipped.
- If outside contamination of the primary container occurs, the primary container should be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.
- If the specimen could puncture the primary container, the primary container should be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

Methods of Compliance

Engineering & Work Practice Controls

- Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and should be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.
- A readily observable label should be attached to the equipment stating which portions remain contaminated.
- The employer should ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate prior to handling, servicing, or shipping so that appropriate precautions will be taken.

Personal Protective Equipment

Provision: Must provide at no expense to employee

Types: gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.

Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Personal Protective Equipment

Use: "The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in that specific instance it's use would have prevented the delivery of healthcare or public safety services or would have posed an increased hazard to the safety of the worker or co-worker.

When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future."

Personal Protective Equipment

Accessibility - The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

Cleaning, Laundering, and Disposal - The employer shall clean, launder, and dispose of personal protective equipment at no cost to the employee.

Repair and Replacement - The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness at no cost to the employee.

Personal Protective Equipment

- A garment penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as is feasible.
- All personal protective equipment shall be removed prior to leaving the work area:
 - Remove PPE in a manner that prevents contamination of the hands, clothing, or the environment.
 - Always wash hands after removing PPE.
- When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Personal Protective Equipment

- Gloves
- Masks
- Eye Protection
- Face Shields
- Gowns
- Aprons
- Other Protective Body Clothing



Housekeeping Requirements



General: Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

- All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.



Regulated Waste

Regulated Waste: means liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious material.



Other Regulated Waste Containment/Laundry




Regulated waste shall be placed in containers which are:

- Closable
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping
- Labeled or color-coded
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping

Contaminated Laundry:

- Bag without moving or disturbing
- Color coded as an alert
- Wear gloves


Hepatitis B Vaccination

General

The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

- Made available at no cost to the employee.
- Made available to the employee at a reasonable time and place.
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
- Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
- The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.


Hepatitis B Vaccination



Hepatitis B vaccination shall be made available after the employee has received the training (about the vaccine) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

If the employee initially declines hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.



Hepatitis B Vaccination

The employer shall make sure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A:

"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 B, 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."

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available.

Post-exposure Evaluation & Follow-up

- Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:
 - Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
 - Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
 - The source individual's blood shall be tested as soon as is feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

Post-exposure Evaluation & Follow-up

- When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- Collection and testing of blood for HBV and HIV serological status requires the exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
- If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as is feasible.

Post-exposure Evaluation & Follow-up

- Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service
- Includes counseling
- Evaluation of reported illnesses



Information Provided to the Healthcare Professional



The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- A copy of this regulation.
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including vaccination status, which are the employer's responsibility to maintain.

Information Provided to the Healthcare Professional

Healthcare Professional's Written Opinion

- The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
- The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

Healthcare Professional's Written Opinion

- The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - That the employee has been informed of the results of the evaluation.
 - That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
 - All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Recordkeeping

Medical Records: The employer shall establish and maintain an accurate record for each employee with occupational exposure in accordance with 29 CFR 1910.1020.

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027

A copy of that document is to be maintained.

The employer shall maintain the records for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

Recordkeeping

- This record shall include:
 - The name and social security number of the employee.
 - A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
 - A copy of all results of examinations, medical testing, and follow-up procedures.
 - The employer's copy of the healthcare professional's written opinion.
 - A copy of the information provided to the healthcare professional.
- The employer shall ensure that employee medical records are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

Sharps Injury Log

- The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:
 - The type and brand of device involved in the incident
 - The department or work area where the exposure incident occurred
 - An explanation of how the incident occurred
 - The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904
 - The sharps injury log shall be maintained for the period required by 29 CFR 1904.6

http://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_to_c_level=1&p_pa rt_number=1904

Communication Hazards

Communication of Hazards to Employees

Labels and Signs

- Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material, and other containers used to store, transport, or ship blood or other potentially infectious materials.
- Labels shall be affixed as close as is feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements.

Information & Training

Training shall be provided as follows:

- At the time of initial assignment to tasks where occupational exposure may take place.
- At least annually thereafter within one year of their previous training.
- Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
- Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

Information & Training

Information and Training

The training program shall contain at a minimum the following elements:

- An accessible copy of the regulatory text of this standard and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

Information & Training

Information and Training

- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- An explanation of the basis for selection of personal protective equipment.
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

Information & Training

Information and Training

- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs, labels, and/or color-coding.
- An opportunity for interactive questions and answers with the person conducting the training session.

The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

Training Records

- Training records shall include the following information:
 - 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
- Training records shall be maintained for 3 years from the date on which the training occurred.

Training Records

Availability of Medical And Training Records

- The employer shall ensure that all records required to be maintained shall be made available upon request to the Assistant Secretary and the Director for examination and copying.
- Employee training records shall be provided upon request for examination and copying to employees, employee representatives, the Director, and the Assistant Secretary.
- Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, anyone having written consent of the subject employee, the Director, and the Assistant Secretary in accordance with 29 CFR 1910.1020.

Records

Transfer of Records

- The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).
- If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

Revised OSHA Hazard Communication Rule



Development of a Worldwide System for Hazard Communication

Revised OSHA Hazard Communication Rule

Original Hazard Communication Standard (1983) gave the workers the **“right to know”**. The revised Standard gives workers the **“right to understand”**.

Revised OSHA Hazard Communication Rule

HazCom Standard Time Line

Effective Completion Date*	Requirement(s)	Who
December 1, 2013	Train employees on the new label elements and SDS format.	Employers
June 1, 2015	Comply with all modified provisions of this final rule.	Chemical manufacturers, importers, distributors, and employers
December 1, 2015	Distributors shall not ship containers labeled by the chemical manufacturer or importer unless it is a GHS label.	Distributors
June 1, 2016	Update alternative workplace labeling and hazard communication program as necessary, and provide additional employee training for newly identified physical or health hazards.	Employers

*Chemical manufacturers, importers, distributors, and employers may comply with either 29 CFR 1910.1200 (the final standard), the current standard, or both during the transition period.

Label Elements

- Product identifier
- Supplier identifier
- Chemical identity
- Hazard pictograms*
- Signal words*
- Hazard statements*
- Precautionary information



*Standardized

Pictogram Shape and Color

Pictograms will have a black symbol on a white background with a red diamond frame.



Revised OSHA Hazard Communication Rule



Hazard Statements

A single harmonized hazard statement for each level of hazard within each hazard class.

- Example: Flammable liquids
 - Category 1: Extremely flammable liquid and vapour
 - Category 2: Highly flammable liquid and vapour
 - Category 3: Flammable liquid and vapour
 - Category 4: Combustible liquid

Precautionary Statement

A phrase that describes recommended measures to be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical, or improper storage or handling of a hazardous chemical.

Precautionary Statement Examples

“Do not spray on open flame or other ignition source” (prevention)

“Wash contaminated clothing before reuse” (response)

“Protect from sunlight. Store in a well ventilated place” (storage)

What did not change

Final Rule Did Not Change:

- Who is covered by the HCS.
- The ability to protect trade secrets on labels and in SDSs.
- What type of substances are covered – what is a hazardous substance?
- Documents will look different, but chemicals the same.

What did change

- The term "hazard determination" has been changed to "hazard classification".
- Chemical manufacturers and importers must create harmonized labels:
 - Signal word
 - Pictogram
 - Hazard statement
 - Precautionary statement
- For each hazard class and category.
- Six months to update labels when new information becomes known.

Remember to add...

Fire Safety



TB Safety, depending on your area



PHYSICAL VIOLENCE



State specific issues

OSHA Safety Officer Orientation

QUESTIONS??

Cathy Montgomery, RN
cathy@excellentiagroup.com
Excellentia Advisory Group, LLC
1-636-875-5088
