Why should you care about OSHA compliance?
Not being in compliance can be expensive. From October 2011 to September 2012, OSHA issued citations regarding bloodborne pathogens totaling $235,798. Twelve other areas of regulation are subject to citations and fines, and in some compliance cases you could be personally liable.

Simply having a compliance plan is not sufficient. OSHA requires that you prove you are using it and that you document any problem that could be used to direct an audit. Recent changes to the law say that a whistle-blower can share in any money from fines or recovered payments.

OSHA, the history
The Occupational Safety and Health Administration was established in 1970 and governs the operating procedures of all US workplaces. OSHA initially was formed because workplace injuries and illnesses were out of control, especially in the fields of construction, mining and manufacturing.

Until 20 years ago, OSHA was not commonly discussed in the healthcare workplace. Most healthcare facilities ignored OSHA laws because they believed that OSHA compliance did not apply to them.

But in 1992, after the dangers of HIV/AIDS infection became known, OSHA created the Bloodborne Pathogens Standard and began to closely monitor healthcare facilities, including physician offices.

Today, OSHA targets much of its efforts on the healthcare industry, and OSHA requirements have undergone major changes. If your OSHA manual has not been updated since April 2012, it is out of date.

If your practice has not updated its program since last year, then you are not in compliance. Fines can run into the tens of thousands of dollars if a practice is inspected and does not meet the requirements.

Properly dealing with bloodborne pathogens is a primary regulatory requirement, as are regulations regarding hazard communications, compressed gases, respiratory protection, and employee safety. If your practice is compliant only in bloodborne pathogens, you have more work to do to achieve compliance.

According to the US Bureau of Labor Statistics, the rates of injury and illness in the field of health care are growing rapidly — far above construction, mining and manufacturing. In response to this trend, a physician practice today is three times more likely to receive an OSHA inspection than it was just a few years ago.

Suggested OSHA Checklist
Use this to review your practice’s preparedness for an OSHA inspection.

- All required posters are displayed clearly in an area where all employees can see them.
- The receptionists have specific instructions for handling an OSHA compliance officer’s visit. Office employees know what the official policy is and where they can access the manual.
- Designate an OSHA coordinator and an OSHA Management Committee, which might be involved or be called on in case of a surprise OSHA visit/audit.
- All OSHA Management Committee members are trained and knowledgeable of OSHA standards and regulations for your industry.
- OSHA records are up-to-date (an inspector will request them).
- A system is in place to notify all managers and supervisors that an OSHA inspection is imminent.
- Staff members know where to locate:
  - Hazard Communications Plan
  - Bloodborne Pathogens Plan
  - Material Safety Data Sheets (now called Safety Data Sheets)
  - Spill Kit
  - Personal protective equipment
  - Eyewash stations
- Staff members know to respond truthfully to an OSHA compliance officer, providing only factual information and not offering opinions or guesses. If they do not know an answer, they should say so.
How to be OSHA compliant

A major part of OSHA compliance is training for new hires and annual training for other employees. When practices delay training, it’s usually because they lack appropriate and affordable training resources. During an inspection, the practice would be cited for each employee who had not been trained properly, including certain physicians. Physicians who are sole proprietors for their practices and are not incorporated are exempt from the training requirements.

The other major component to OSHA is having an OSHA manual that details the policies and procedures for how a practice deals with a variety of scenarios. The following plans should be included in the OSHA manual.

Hazard Communication Plan — This section includes materials that show that the practice is complying with the OSHA Hazard Communication Standard by compiling a hazardous chemicals list, using Safety Data Sheets, ensuring that containers are labeled, and providing employees with training and information availability.

Compressed Gases Plan — This section is for medical practices that handle oxygen, nitrous oxide or other compressed gases. This plan includes processes to follow and provides guidance to do so.

Housekeeping Plan — This section shows compliance with OSHA’s housekeeping requirements. Several regulations require written housekeeping procedures, including fire prevention and the storage and disposal of bloodborne pathogens.

Hazard Assessment Plan — This section covers job processes of the facility that may be hazardous to perform. This plan contains detailed hazard information that may be a part of several regulatory compliance programs.

Personal Protective Equipment Plan — Although OSHA does not explicitly require a written PPE program, it is recommended to have a program to document and specify all information relative to personal protective needs.

Exposure Control Plan — This section serves as the written procedures for the Bloodborne Pathogens Exposure Control Plan for the practice. The purpose of the plan is to eliminate or minimize occupational exposure of employees to blood or other body fluids. These guidelines provide policy and safe practices to prevent the spread of disease resulting from handling blood or other potentially infectious materials during the course of work.

Injury and Illness Prevention Plan (Safety Plan) — Although OSHA does not require a business with fewer than 50 employees to have a written safety plan, some state departments of labor or state OSHA programs require one. Your plan should elucidate methods and practices for reporting and investigating accidents that can be read and understood by all managers, supervisors and employees. No matter how safety conscious a business is, accidents are going to happen due to human/system error. A well-documented plan will help minimize those incidents.

Emergency Action Plan — OSHA requires a medical practice to have a written Emergency Action Plan that applies to all operations in the practice in which employees may encounter an emergency, and tells employees about policies and procedures to follow. This plan is available to employees, their designated representatives and any OSHA officials who ask to see it.

Fire Plan — OSHA requires a medical practice to have a written fire prevention plan. This plan applies to all operations in the facility where employees may encounter a fire.

Electrical Safety Plan — This program demonstrates that the medical practice is complying with the OSHA Electrical Safety Standard by determining the written procedures the practice needs for preventing electric shock or other injuries resulting from direct/indirect electrical contacts to employees working on or near energized or deenergized parts.

Tuberculosis/Respiratory Plan — This section covers symptomology, epidemiology, early identification, isolation, and referral for treatment of people with potentially active tuberculosis infection. It covers other potentially infectious respiratory illnesses and how to protect employees from contracting these illnesses. Implementation of this policy fulfills OSHA and CDC requirements that employees be protected from tuberculosis and other airborne pathogens through increased awareness of exposure control.

Necessary Forms — Facility-specific forms designate information that should be kept in confidential OSHA records. Each form also may indicate how long records are to be kept.

A post-exposure follow-up also should be included in the OSHA manual. This would also address bloodborne pathogen exposure, should an incident occur. Manuals should be kept where employees can reference them quickly when an exposure incident occurs.

Offices should consult with OSHA training specialists to ensure that additional material is added that is facility-specific. You, as the facility, are responsible to see that you follow your plans. If you do not know what your manual says or are not following what it says, you will be cited by OSHA if your office is subject to an audit.

Designating a staff person to oversee regulations of each regulatory agency would be ideal; however, it is not always possible. Remember that the owner of the practice is the person who ultimately is responsible.

Dec. 1, 2013

The deadline for training all employees on the changes brought about by OSHA’s adoption of the Globally Harmonized System of Classification and Labeling of Chemicals into the Hazard Communication standard is Dec. 1, 2013. DMJ

Robbie Fisher, RN, MS, CHSP, has been a private consultant to medical practices for OSHA and safety compliance for more than 17 years. Now, she partners with HRHealthcare to help DCMS members develop and maintain their safety programs, including customized online or hardcopy manuals, forms, updates, and training.

References:
http://clinicsafety.com