



KEEPING UP WITH OSHA

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The General Duty Clause of the Occupational Safety and Health Act (the law that created OSHA) requires employers to provide workers with a safe workplace without hazards that could lead to death or serious injury.

Funding for OSHA enforcement has expanded, resulting in more unannounced OSHA surveys than ever before. Penalties ranging from \$500 to \$7000 per citation have been reported, depending on the severity of the violations, so it is important to be ready!

Here are some questions to ask to make sure your OSHA house is in order.

Is your bloodborne pathogen exposure plan written and current?

The purpose of a Bloodborne Pathogen Plan (BBP) is to minimize occupational exposure to blood and other potentially infectious materials, since any exposure could result in the transmission of bloodborne pathogens, such as Hepatitis B virus (HBV), Hepatitis C virus (HCV) and human immunodeficiency virus (HIV), which could lead

to disease or death. Your facility should provide a written exposure control plan that includes at a minimum:

- Exposure Determination Plan (with two categories based on risk of exposure)
- Exposure Control Methods (work practice and engineering controls)
- Housekeeping/Waste Management Protocols
- Vaccination Plan
- Safety Device Evaluations
- Training and Education
- Employee Exposure Protocol

A little proactive effort to assess your OSHA compliance in advance of an inspection can pay big dividends later.

Do employees routinely utilize PPE?

PPE (personal protective equipment) includes scrubs, gowns, gloves, masks, eye protection, and other items used to minimize or eliminate employee exposure. Employees should know what PPE is in your facility. It should be readily accessible and consistently utilized when the potential for exposure exists.

Have all sharps been replaced with needleless or ESIP devices?

Engineered Sharps Injury Protection (ESIP) and needleless systems must be employed whenever possible to remove a pathogen hazard from the workplace. Exceptions must meet a specific criteria and the exception must be documented and approved by the governing body. Diamond blades are frequent exceptions in ophthalmic ASCs and should be documented as such.

Do you have a plan to manage sharps injuries/BBP exposures?

Healthcare worker (HCW) exposure/injury should be reported and evaluated to determine what follow up is appropriate up to and including prophylactic therapy. Many ASCs contract with an occupational health or infectious disease resource in the community to manage post-exposure employee evaluation and follow-up care. When a sharps injury occurs, it should be documented as an incident and a Sharps Injury Log should be completed with appropriate follow-up and reporting.

Is your immunization/vaccination plan current and implemented?

ASCs have always managed a TB control plan, including immunizations.

Depending on the employee risk category, employers are required to offer the Hepatitis B vaccine. ASCs will be required to report on their influenza vaccine programs under CMS Mandatory Quality Reporting ASC Measure 8. The requirements regarding immunization and vaccination tracking have expanded. Give consideration to adopting the CDC Healthcare Personnel Vaccination Recommendations as part of your employee health/infection control program.

Did you update your Hazard Communication Program in 2013?

If not, odds are you are not compliant with the current standard. The Hazard Communication Standard (HCS) was revised last year. It is now aligned with the Globally Harmonized System of Classification and Labeling of Chemicals (GHS). This update to the HCS standardizes a worldwide approach to classifying chemicals and communicating hazard information on labels and safety data sheets (SDS). Fully implemented, the revised standard will improve the quality and consistency of hazard information in the workplace, making it safer for workers by providing easily understandable information on appropriate handling and safe use of hazardous chemicals. Employee training on the revised standard was mandatory by Dec. 1, 2013.

Do you maintain a weekly eyewash station log?

A weekly eyewash station log documenting the accessibility, proper function, and acceptability of water quality is required.

Do you maintain records of your hazardous waste disposal?

You must be able to produce these during an OSHA inspection.

Is your OSHA employee training documented upon hire, annually, and as your plan is updated or problems are identified that could be resolved with training?

The objective of protecting our workers cannot be accomplished without proper training. Documented evidence of this training is essential.

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