Second Edition

OSHA TRAINING HANDBOOK

for Healthcare Facilities

Marge McFarlane,
PhD, MT (ASCP), CHSP, CHFM, HEM, MEP, CHEP

SECOND EDITION

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HCPro
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Introduction

This book has been updated and significantly revised since the original publication in 2010. It serves as a guide through the confusing world of OSHA regulations and identifies the processes to be implemented to stay safe and in compliance. There are compliance tips and an extensive reference section. New and experienced safety officers alike find this guide invaluable—it's a great beginning if you're just starting out and a checkup for seasoned pros. Anyone working as their practice's safety officer will appreciate this handy quick reference. This book will be helpful if you:

- Are or are about to become the safety officer at an outpatient healthcare facility
- Are responsible for providing safety training to the medical staff
- Want to ensure the well-being of your coworkers and patients
- Are an owner of a medical practice and want to have the best return on your investment

Use the summary section at the start of each chapter to quickly find the subject you're looking for. Icons draw your attention to compliance tips as you skim the text. Lots of bulleted lists get to the point, quickly! Inset boxes feature real-world questions and experiences from OSHA safety officers all over the United States. Each chapter finishes with a "top 10" list of critical action items for successful implementation. Finally, tables and Web addresses included throughout identify where to go to get more in-depth information, if needed.

The following is an overview of what you'll be able to find in each chapter:

- Chapter 1 covers the roles and responsibilities of the safety officer, describes the function of a safety committee, and covers how to work toward a culture of safety in your facility. Resources for information and strategies for garnering support are included.

- Chapter 2 helps identify which OSHA regulations apply to your facility and covers the basics of what the various standards require. The General Duty Clause discussion focuses on recognized hazards such as TB, ergonomics, and workplace violence that do not have specific federal OSHA standards. The Hazard Communication section has been updated with information on the Globally Harmonized System pictograms, labeling requirements, and safety data sheets. Tables, figures, and lots of frequently asked questions help construct a road map for compliance.
- Chapter 3 discusses OSHA's policies for employee training. The focus is to make a training session memorable—because if staff don't remember the information, it will never have the chance to make a difference.
- Chapter 4 walks through what to do and expect if you receive an OSHA inspection. Steps for correcting or disputing findings are included.
- Chapter 5 goes beyond OSHA and looks at other topics, including patient safety and infection prevention, healthcare worker drug abuse, and the Environmental Protection Agency's jurisdiction over biohazardous and hazardous pharmaceutical wastes.
- The appendixes identify common OSHA citations in healthcare facilities and include additional frequently asked questions. There are checklists to assist in completing safety inspections and sample training agendas and quizzes for use during training. Scavenger hunt templates and risk assessment tools for workplace violence; slips, trips, and falls; and holiday decorations can be located in Appendix C.

I hope you'll find this handbook to be a quick read and valuable compliance resource.

About the Author

Marge McFarlane, PhD, MT (ASCP), CHSP, CHFM, HEM, MEP, CHEP, is an independent safety consultant with over 40 years of healthcare experience in the environment of care, life safety, emergency management, and infection prevention for construction. McFarlane has authored *The Compliance Guide to the OSHA Standard for Hazardous Chemical Labeling* and serves as a reviewer for the HCPro medical and dental OSHA manuals and OSHA e-learning programs. She is currently working with healthcare systems nationally to identify and mitigate risks in the physical environment.

Prior to working with the State of Wisconsin Hospital Preparedness Program in 2008, McFarlane was the lead for the environment of care committee at in a general medical/surgical hospital in northwestern Wisconsin. She has been involved in hospital safety activities since 1990, serving as lab safety officer as well as an occupational safety resource for local manufacturing businesses. She is a frequent presenter in the areas of safety, bloodborne pathogens, environment of care, infection control for construction, emergency management, HICS, and hospital exercise design.

McFarlane holds a PhD in safety engineering and graduate degrees in environmental and public health from the University of Wisconsin Eau Claire and risk control from the University of Wisconsin Stout. She has been an active member of the Wisconsin Health Engineering Code Committee, the American Society of Healthcare Engineers (ASHE), the American Society of Safety Engineers (ASSE), and the American Industrial Hygiene Association (AIHA).

CHAPTER 1

Roles and Responsibilities

This chapter includes information on:

- Key duties for the safety officer
- Getting help from the safety committee
- Where to turn for information
- How to garner support from leadership at your facility
- Ten things to do to be an effective safety officer

Congratulations! You're the Safety Officer … Now What?

Workplace safety is important. We can all agree on that, but most of the time it feels like just an additional duty competing for priority on an already full plate—one for which there may be limited resources. This guide is designed to be a quick reference to get a handle on occupational safety at your medical facility.

Why do we need to do all this training? Everyone wants to leave at the end of the day as healthy as when they arrived. The challenge is that new employees may not realize their risk when exposed to hazardous chemicals or their potential for contracting an infection that will impact the rest of their lives. Over time, workers sometimes become accustomed to the hazards, and since nothing bad has happened, they often believe that nothing bad will happen. This leads to shortcuts or at-risk behaviors "just this once." When no incidents/accidents or bad outcomes occur, folks can feel they are bulletproof. Safety protocols need to be part of the culture and include every person, every task, every day. This relates to conscious acceptance of obvious and familiar risk. In other

words, we get so used to doing something that we forget how hazardous it is, because we've done it successfully so many times. We forget the dangers.

The federal government of the United States issued regulations on workplace safety more than 40 years ago by passing the Occupational Safety and Health Act of 1970. That law created the Occupational Safety and Health Administration (OSHA), which is part of the U.S. Department of Labor. OSHA's mission is to "assure safe and healthful working conditions for working men and women."[1] This is a fine objective, as some employers were not protecting their workers. According to OSHA, "in the forty years since the agency was established workplace fatalities have been cut by 65% and occupational injury and illness rates have declined by 67%.[2] "The OSHA at 40: New Challenges and New Directions" stated that the mission of OSHA was to send every worker home whole and healthy every day.[3] Even though there has been improvement, workplace-related illnesses and injuries still occur. One of the jobs of the safety officer is to carry the safety message into policies and procedures that staff can use to remain safe on the job. These safety messages range from hand washing, proper use of personal protective equipment (PPE), and implementation of standard precautions, to safety for every task and person, in any office practice or medical setting, every day of the week.

Tailoring the job to the needs of your facility

One of the first things to do is have a written job description outlining the safety officer duties. This helps on many levels: getting senior staff to understand what's required, having written authority for dealing with difficult situations, answering the question "Why do we have to?" and having all you do recognized during performance evaluations.

Some key duties of the safety officer include:

- Promoting a culture of safety
- Soliciting upper management's written and ongoing commitment to safety
- Maintaining, reviewing, and updating the OSHA manual at least annually
- Enforcing policies contained within the OSHA manual
- Bringing safety concerns to the attention of management and recommending remedial action for at-risk/unsafe situations
- Providing and maintaining PPE and clothing, engineering controls, labels, and waste disposal containers (it is appropriate to delegate the actual affixing of labels and emptying of waste containers)
- Securing all required medical actions in the event of an employee exposure
- Confidentially maintaining employee safety records, including hepatitis B (HBV) vaccination, postexposure follow-up, and training
- Verifying that employees are aware of hazardous chemicals in the workplace and that employees understand how to protect themselves to prevent exposure to these chemicals

- Training all employees and providing documentation of the training (tools such as seminars, videos, and computer-based training)
- Making the OSHA manual available to all employees
- Accompanying the OSHA inspector (OSHA Compliance Safety and Health Officer) during an inspection

From this list, it is clear that one of the recurring themes is written documentation. It is one of the organizational challenges to have written policies and procedures in a current OSHA manual and records of employee training, self-audits and monitoring, HBV vaccinations, fire drills, employee exposure determination lists, sharps injuries, and other employee exposures. There is no requirement that all the tasks are performed by the safety officer—only that the tasks are accomplished and documented. Here is an excellent opportunity to delegate tasks to the safety committee and engage them in the safety culture in the process.

COMPLIANCE TIP: Check out Appendix B for weekly, monthly, and annual checklists to help assist with managing documentation.
Besides keeping everything organized and meeting deadlines, often the largest challenge is promoting a culture of safety and OSHA compliance. "Enforcing policies contained within the facility's OSHA manual" is a large task and may need to be handled in phases. As employees understand the "why" of the policies, it is easier for them to buy into the "how" and "when." The safety committee is a good way to spread the safety message.

The safety committee

Forming a safety committee is a key step to creating a safer workplace and, ultimately, a safety culture. Having a safety committee gets more employees actively involved in safety, which not only can help eliminate incidents/accidents, but also can help overcome staff resistance to safety-mandated changes. Safety committee tasks could include:

- Performing self-inspections (consider using the weekly, monthly, and annual checklists in Appendix B after customizing the lists to the facility).
- Assisting the safety officer with the annual review of safety policies, including the bloodborne pathogen exposure control plan and written hazard communication program.
- Annually researching the availability of new safe sharps products, and participating in documented reviews along with other frontline staff to ewnsure the new safe sharps available are the best choice for the tasks currently performed without safe sharps.
- Suggesting improvements to safety policies, PPE selection, and general work practices concerning safety.
- Evaluating "near misses" (i.e., potential accidents that were just barely avoided). Research data show that there are about 30 near-miss events for every one incident/accident that

actually takes place. Each near-miss should be documented on an incident report for better data collection.

- Reviewing workplace near misses/accidents/incidents (talk about what happened and why but keep all blood-testing results confidential).
- Recommending corrective actions for near misses and incidents/accidents, including consideration of new safety products (engineering controls) when appropriate.
- Expressing safety concerns.
- Making suggestions for safety training, especially for short three- to five-minute training that relates to recent occurrences in the workplace.

When establishing the safety committee the goal is to make things better, not worse. If the committee does things that breach employee trust, all effectiveness is lost. The safety committee members should avoid:

- Accessing confidential patient or employee health information (or talking about it in the break room after meetings).
- Disregarding employee safety concerns. (If an employee has a concern, address it with facts in a caring manner.)
- Speaking negatively or callously about safety in the workplace or the purpose/effectiveness of the committee.
- Placing blame or becoming the "safety police." The goal is to improve the process to make it safer, not to be heavy handed—that effectively stops communication.

Depending on the size of the organization, the committee could be composed of three to eight people or more. Many committees of 12 members or fewer seem to be more efficient and effective than larger committees. Use subcommittees focused on a particular problem or issue, or for a department/work area, as a way to foster participation as well as to include additional viewpoints.

When first forming the committee, include high-level management to gather support. Management support is key to reinforcing ongoing safety initiatives and to send the message that this is the way work is done at this facility. It is not an add-on or this month's priority, but part of the work done every day. The following groups should be represented:

- Top management
- Supervisors
- Frontline non-supervisory staff (include ancillary departments such as lab or housekeeping)
- The safety officer

Getting Top Management Support

If the owner or leadership team is already on board and focused on having a safe workplace, work with them to keep up their support and let employees know their leaders care about their safety and health at work. If the top management perceives they have other priorities, consider showing them how the cost of a workplace incident or OSHA inspection will negatively affect the facility's bottom line. At-risk work practices can lead to increased direct costs (e.g., lab testing and counseling after a needlestick incident) and indirect costs (including the time spent investigating the incident, filling out paperwork, and increased insurance premiums). For more about how a needlestick incident affects the bottom line, refer to the discussion later in the chapter on the costs associated with an exposure incident. Appendix A lists common OSHA citations in medical practices and accompanying fines.

If it is apparent that the bloodborne pathogens, hazard communication, and safety plans of the clinic are not current, work through each of them one at a time. Simple plans like fire and severe weather are most likely to be in place on some level. Get permission to bring revised plans to staff meetings. Discuss each plan prior to the time it might be most valuable, like snow emergencies in late fall or tornados in the spring. Consider discussing other plans if something hits the news. One never likes to think their facility would ever receive a bomb threat or have a person with a weapon walk into the reception area, but a short discussion of what protocol to follow might be in order.

Encouraging others in the organization to participate creates a safer workplace for everyone. When the members of the safety committee assist in reviewing the safety practices needed to create a safe work place, they are more likely to be engaged with operationalizing those policies and procedures. The more folks get on board initially, the less resistance there will be to overcome when putting safety practices into place. Consider rotating staff on the committee to ensure fresh ideas and have staff with "new safety eyes" working in all parts of the facility.

It's good for core members of the safety committee, such as management representatives and supervisors, to maintain continuity for two or three years. The safety officer would be designated as a permanent member. Non-supervisory employees might be on the committee for six months or one year depending on the frequency of the safety meetings. Appoint employees on a rotating basis or choose those who seem conscientious about safety. Stagger terms so that everyone doesn't leave the committee at the same time.

ADDING "NEGATIVE NELLIE" TO THE SAFETY COMMITTEE

QUESTION: Our office's "Negative Nellie" wants to be on the safety committee. I am sure she would see plenty of dangerous issues. She seems to have problems with how everything else works, so she makes working toward change impossible. I'm afraid if I say no, she'll bad-mouth safety to everyone. What can I do?

ANSWER: Consider whether it makes sense for her to be on the committee based upon her job position. If it totally doesn't make sense, explain nicely that you have a limited amount of space and really need clinical (or fill-in-the-blank) people on the committee. Try not to worry about it. If it does make sense for her role to join the committee, set clear ground rules that emphasize finding solutions, not just listing problems. Work to make her feelings heard and understood. Employees may get frustrated if they don't feel their concerns are being taken seriously and call OSHA just to be heard. These types of calls are the top reason an inspector might come knocking on your door.

Establishing a safety culture

Many businesses, including healthcare, are working to establish a safety culture in their workplaces. Establishing one is often a multi-year effort that takes a strong and sustained commitment from leadership.

In a strong safety culture, everyone feels responsible for safety and considers it on a daily basis. If any employee sees something unsafe or at risk, the natural reaction is to correct it or bring attention to the matter if a fix can't be made immediately.

The Centers for Disease Control and Prevention (CDC)'s *Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program* specifically investigated the benefits afforded by developing strong safety cultures.

> One organization level factor, known as safety culture, has been found to be notably important. Some industrial sectors are finding that a strong safety culture correlates with productivity, cost, product quality, and employee satisfaction. Organizations with strong safety cultures consistently report fewer injuries than organizations with weak safety cultures. This happens not only because the workplace has well-developed and effective safety programs, but also because management, through these programs, sends cues to employees about the organization's commitment to safety. The concept of institutionalizing a culture of safety is relatively new for the healthcare industry and there is limited literature on the impact of such efforts. However, a recent study in one healthcare organization linked safety climate (a measure of overall safety culture) with both employee compliance with safe work practices and reduced exposure to blood and other body fluids, including reductions in sharps-related injuries. A second study in one

> healthcare organization also noted correlations between specific dimensions of safety culture (such as perceived management commitment to safety and job hindrances) and compliance with universal precautions and accidents and injuries. Additionally, a recent study examining a statewide sample of healthcare personnel further indicated that greater levels of management support were associated with more consistent adherence with universal precautions (specifically, never recapping needles), while increased job demands was found to be a predictor of inconsistent adherence.[4]

According to the CDC, facilities that value safety have fewer sharps injuries. Characteristics of such facilities include:

- Sharps injury prevention as a prominent organizational priority
- Shared commitment of management and staff to prevent sharps injuries
- Consistent encouragement for prompt reporting of sharps injuries
- Promotion of individual safety accountability

Post safety posters and warning signs, e.g., biohazard or radiation, as required by OSHA to increase safety awareness. If possible, obtain and post a statement signed by leadership that declares the facility's commitment to the safety and well-being of all employees. Hang it near the OSHA poster or where other important office notices are placed. Keep a copy of the statement in the safety manual.

Consider how everyone in the facility can have a "safety voice." Consider adding safety concerns as a standing agenda item at department meetings. A bulletin board or comment box may be used for observations concerning worker safety, environmental safety, and/or patient safety. If these comments go to leadership, have a plan for feedback to staff. If it appears that comments/concerns are unaddressed, folks will often not bring forward concerns in the future. The goal is for safety to become everyone's responsibility, not just that of the safety officer. Everyone should be comfortable voicing their safety concerns.

When safety-driven changes take place, explain it to them. Explain what the new process will be and, most importantly, explain why. Discussion prior to implementation is always helpful to identify potential issues up front. Record attendance and content of the meeting for the safety records. If the decision regarding a new device hasn't yet been made, communicate with staff that several items are being evaluated and solicit their input. Use the safety committee members to spread the word, get input, and limit misinformation. Don't forget to keep staff motivated by celebrating their safety success stories.

WHAT POSTERS ARE REQUIRED?

QUESTION: What posters do I have to put up in the office? Where do they go? I keep getting mail with solicitations to buy my required workplace postings, but I'm not sure if it's worth the expense. Can't I get these from the government for free?

ANSWER: Any posters that are required can be obtained for no cost through the appropriate government agencies. Many can be downloaded at no cost. Hang copies of each poster in a conspicuous place where they are visible to employees and applicants for employment. The main benefit of purchasing a composite poster from a commercial poster vendor is that it includes all the notices in less space than it would take to post each one individually. However, since it's all one piece of paper, when one notice changes, the whole entire poster would need to be replaced, as opposed to just the updated poster. The following are the basic requirements, although not every employer will meet the requirements for each posting:

- Job Safety & Health (OSHA) – if your state has an OSHA-approved state plan, obtain a state specific copy of this poster
- Equal Employment Opportunity
- Fair Labor Standards Act—Minimum Wage
- Employee Right for Workers With Disabilities/Special Minimum Wage poster
- Family & Medical Leave
- Uniformed Services Employment and Reemployment Rights Act—Veteran Rights
- Employee Polygraph Protection
- Federal contractor posters

To find out which posters are required, visit the Department of Labor's Small Business Resource Center Poster Page at *www.dol.gov/oasam/programs/osdbu/sbrefa/poster/matrix.htm*, or do a Google search for "Department of Labor's Small Business Resource Center poster."

OSHA Resources

The two key resources needed as a safety officer include information on what to do and support to get it done. Some states (and territories) have elected to maintain jurisdiction over workplaces within their boundaries and have developed OSHA-approved state plans. State plans that are approved by federal OSHA are at least as restrictive as the federal law.

COMPLIANCE TIP: States can have more requirements for safety than what is required by the federal government, but they cannot have less.

FIGURE 1.1

STATES WITH OSHA-APPROVED PLANS

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

* State plan applies to public employees only.

There are currently 27 states and territories with their own OSHA plan. Of these 27 states and territories, 22 have jurisdiction over both private and public (state and local government) sector employees. Connecticut, Illinois, New Jersey, New York, and the Virgin Islands plans cover public employees only, while federal OSHA covers private-sector employers. If the state or territory is not listed in Figure 1.1, federal OSHA assumes jurisdiction.

COMPLIANCE TIP: Most states with their own OSHA-approved state plans have standards identical to the federal OSHA standards, at least regarding requirements for physician offices. However, if your state is operating under an OSHA-approved state plan (see the list in Figure 1.1), contact your state for information to determine if its requirements differ from that of federal OSHA.

An Internet search of your state's name and OSHA (e.g., "California OSHA" or "New York OSHA") returns the state website as a top hit. Look for a ".gov" domain in the search result. Any results with a ".com" may be companies offering to sell OSHA-related products, which may or may not be needed. Search using the term "medical" with OSHA when looking for products to assist the facility specifically as opposed to general industry products.

A sample of online safety resources for the OSHA safety professional are listed in Figure 1.2. Sorting through the minutiae of regulations can be very time-consuming. Because the laws are designed to apply to multiple industries, from construction sites to industrial manufacturing to hospitals and healthcare, exactly what is needed for a medical facility may not be listed specifically. To help healthcare facilities correctly apply the regulations to their situations, OSHA has published free online e-tools, including a Healthcare Module.[5]

FIGURE 1.2

FAVORITE ONLINE RESOURCES

Website	Description
Government Agencies	
www.osha.gov	Federal OSHA home page
www.osha.gov/SLTC/healthcarefacilities	OSHA Healthcare Facilities home page
www.cdc.gov	U.S. Department of Health and Human Services, CDC
www.cdc.gov/flu/protect/covercough.htm www.cdc.gov/sharpssafety	Respiratory Etiquette The CDC Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program
www.cdc.gov/niosh	NIOSH
www.cdc.gov/niosh/topics/healthcare	NIOSH Healthcare Workers home page
www.cdc.gov/niosh/topics/bbp	NIOSH Bloodborne Infectious Diseases home page
www.dir.ca.gov/DOSH/PubOrder.asp	California OSHA publications download page (alphabetical by topic); some information is California-specific, like the long best-practices guide on bloodborne pathogens, but some isn't—especially check out "Ergonomics for Very Small Business Health Care (Poster)" under "E"
www.flu.gov	Influenza resources
www.epa.gov	U.S. Environmental Protection Agency (EPA)
www.epa.gov/epahome/comments.htm#11	EPA regional office and state contacts
Private Organizations	
www.hcpro.com/safety	HCPro safety home page, with a link to a blog, books, and training products
www.isips.org	International Sharps Injury Prevention Society, with news articles, safety product listings, and real-life "it happened to me" needlestick incident stories
www.aorn.org	Association of periOperative Registered Nurses; enter "sharps safety" in the search box to find a PowerPoint® presentation on sharps safety in the operating room and other resources
www.nursingworld.org	American Nurses Association; check out the "safe needles" section under the occupational health tab

OSHA.gov (and OSHA-approved state plan offices) offers an individualized service through OSHA's consultative services. The following is direct from its published information: "The On-Site Consultation Service offers free and confidential advice to small and medium-sized businesses in all states across the country. Consultation services are totally separate from enforcement and do

not result in penalties or citations."[6] Offering to help employers comply is part of OSHA's reinvention move. OSHA's goal is a partnership with employers in creating safe workplaces as opposed to acting solely as a compliance-oriented organization. One requirement of this consultative program is that the facility commits to correcting any issues that are identified in a given time. If not, an OSHA inspection and/or fines may result. A visit by the OSHA consultative services doesn't "guarantee that your workplace will pass an OSHA inspection."[7]

COMPLIANCE TIP: Unfortunately, the old Roman adage "caveat emptor" ("let the buyer beware") should be one of your guiding principles when selecting OSHA compliance materials.

There are many companies providing OSHA resources. Consider using the following questions to help ascertain whether a company or product will assist with compliance:

Is the product or service offered related to OSHA for a medical facility?

Does the company specialize in helping medical practices or is healthcare just one of the many fields serviced?

Is your facility located in a state with a state-specific OSHA plan? If so, is the product or service customized to your state? Some companies seem to think that California is the only state that needs to be mentioned, which may not be a good indicator of their knowledge.

Does the representative/website look and sound professional and knowledgeable?

Are blogs, white papers, articles, and/or other forums available where one can assess the information provided?

What is the company's track record?

How long has the company been in business?

Who are the company's satisfied customers?

Are there any free trials or samples that can be reviewed?

Is a money-back guarantee offered?

HCPro offers complete OSHA compliance and training solutions at *www.hcpro.com/safety.*

Do you need a consultant? It depends, but most medical office hazards are fairly straightforward, and the needed skills to assess the hazards in your facility and to implement the necessary controls are in this handbook. The checklists and resources provided are designed to be the go-to source to identify exactly what to do to manage your safety program. Some practices feel better with the reassurance of an outside professional to come in and say everything looks okay. Some folks don't have time to take on all the responsibilities and find that outsourcing is a valuable investment (if the funds are available).

If your practice is going to hire a consultant, consider all the purchasing questions listed earlier, as well as the following factors:

- Their formal education and professional qualifications/memberships.
- References from previous clients.
- Experience working in a similar facility to your own. Have they solved the type of problems you are confronting?
- Who will be your main contact? Is the consultant a sole proprietor, or will you be receiving service from one of their employees?
- If an employee of the consultant will be helping you, ask for their credentials and whether you may meet them in advance.
- What is the rate of staff turnover?
- Does the consultant seem to understand what you may need?

Clarify the scope of work in the written contract. Consider the following questions:

- Will the consultant provide written safety policies, including the appropriate copies of the OSHA regulations?
- Will they provide forms to document employee vaccinations/declinations? Accidents/incidents? Safety meetings?
- Will they provide and document training for your staff?
- Will they provide mock inspections with written follow-up reports?
- Will they be on call to guide you after an exposure incident?
- What other assistance will be provided?
- What are the customary fees? Are there any additional charges for follow-up calls or visits?

OSHA program from my medical waste company

QUESTION: Our medical waste pickup company offers an OSHA program. It sure looks easy! It takes care of everything for you: the OSHA manual, annual site inspection, training on CD, the works. It even has a guarantee about OSHA fines. Should I use it, or is it too good to be true?

ANSWER: The largest medical waste disposal company in the United States offers this service, as do several smaller competitors. This program and others can keep you in compliance. However, after looking into alternatives, many practices have discovered that it is very expensive. Waste pickup companies do a good job of bundling their services to make it difficult to see just how much the OSHA program costs. Get quotes and compare the cost of the full program to a basic plan that just includes disposal of regulated medical waste and see how much extra it would cost for a complete program. Then decide whether it's a good return on your dollar or if another strategy is more cost-effective. Ensure that there is a live person available for questions during BBP training, and that items such as location of the BBP spill kits and first report of injury are included in the training.

Support

You will need support to achieve your goals and develop a strong safety culture. How easy or difficult this will be depends on whether you have top management buy-in. If not, this is the very first step that you should try to accomplish.

COMPLIANCE TIP: If top managers aren't on board, safety and health will compete against patient care and productivity, a battle that will detract from establishing a culture of safety. Ideally, management will understand the need for a safe workplace and be on board with any changes that might be needed. If not, the best way to convince leaders to support safety is to show the costs of an unsafe/at-risk work environment. These expenses fall into three categories: direct costs, indirect costs, and intangible organizational costs.

Direct costs are expenses that can be traced directly to (or identified with) a specific activity or incident. For example, usual expenses after a sharps injury include the cost of:

- Baseline and follow-up laboratory testing of an exposed healthcare worker and testing of the source patient
- Postexposure prophylaxis (PEP) and other treatment that might be provided

If there are complications, such as side effects from PEP, additional costs to managing needlestick injuries can result. A common and expensive on-the-job injury includes musculoskeletal disorders from repetitive strain or lifting.

When an injury occurs, whether it be sharps-related, a chemical exposure, or even a twisted ankle, work hours and wages normally used for employees to accomplish their day-to-day job responsibilities are diverted to incident-related treatment and follow-up. These indirect costs include time spent:

- Reporting the incident and filling out required paperwork
- Receiving initial and follow-up treatment
- Contacting the source patient and obtaining consent for testing (in the case of an exposure incident)
- Treating the affected employee if one of your providers performs the employee's evaluation and treatment (if an outside provider gives this service, his or her bill would be a direct cost)

Thinking about how an accident or incident takes everyone away from their busy schedules at the most inopportune moment can be quite eye-opening for those who haven't thought about the indirect costs before. One can almost imagine, as the row of dominos starts to fall, how the diverted workload affects the entire facility.

Additional intangible organizational costs can result from an unsafe/at-risk work environment or specific incident. These might include:

- Employee's fear of the employer
- Lack of trust among staff
- Heightened rates of staff turnover
- Fear and anxiety from worrying about the possible consequences of an exposure
- Societal cost associated with an HIV or hepatitis C seroconversion
- Possible loss of a worker's services in patient care after seroconversion
- Burden of medical care after seroconversion
- Legal expenses

If all these theoretical costs aren't resonating with the management team, use the appendix in the CDC's Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program at *www.cdc.gov/sharpssafety*. The included worksheets can help calculate specific costs that are associated with sharps-related accidents.

Top 10 Safety Officer Action Items

- Review all required OSHA plans.
- Obtain top management support through attendance at meetings and memos.
- Involve others in the organization through a safety committee.
- Give everyone a safety voice. Listen to what they have to say. Show interest and ask for more details. Complaints/concerns might seem small to you, but they are very important to the employee who brings them up. When two-way listening does not occur, frustrated employees could call OSHA, and an inspection might follow.
- Raise safety visibility. Use posters, talk up success stories, send out a safety scorecard via email, and post safety awareness briefs in places people will read them (like in the toilet stalls). Try different ideas to see what works for your facility.
- Bring the OSHA manual to staff and safety committee meetings to reinforce that the practice has a tangible safety program that contains policies to ensure staff safety.
- Rushing is often a root cause of incidents/accidents and near-misses. Encourage everyone to work with deliberate motions, especially when times are really busy.
- Conduct a short safety-related demonstration at weekly/monthly staff meetings. Use practical lessons and employee interaction to reinforce employee safety.
- Take notes and document everything for the safety manual.
- Take a deep breath and try not to take criticisms personally.

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