CONTROLLING HAZARDS IN HEALTHCARE FACILITIES

Healthcare professionals may be at risk for exposure to numerous workplace hazards. These hazards include, but are not limited to, the spectrum of bloodborne pathogens, pharmaceuticals and other chemical agents, ionizing radiation, ergonomic hazards, noise, and workplace violence. Just like any workplace, employers in this field must meet the requirements of the U.S. Occupational Safety and Health Administration (OSHA). The mission of the OSHA is to save lives, prevent injuries, and protect the health of America’s workers. As part of the Department of Labor, OSHA and the states that operate OSHA-approved state plans establish guidelines and standards to promote worker safety and health that apply to every workplace in the United States, including medical and dental offices.

OSHA’s Occupational Safety and Health Standards can be found in Title 29 of the Code of Federal Regulations under Part 1910 (29 CFR Part 1910). The standards include multiple sections that are relevant to a healthcare facility. They include, but are not limited to:

- Bloodborne pathogens (.1030)
- Hazard communication (.1200)
- Personal protective equipment (PPE; .132-.134) and first aid (.151)
- Exit routes (.35-.37)
- Emergency action and fire prevention plans (.38 and .39, respectively)
- Electrical hazards (.303-305)
- Ionizing and nonionizing radiation from x-rays and lasers (.1096 and .97)

When there is no specific standard, OSHA requires employee training under the General Duty Clause in Section 5(a)(1) of the Occupational Safety and Health Act of 1970. This clause mandates that employers provide a safe work environment for employees. Examples of potential workplace hazards that would fall under this clause are control of tuberculosis transmission and ergonomic safety.

The following checklist is designed to assist with determining which of these OSHA standards apply to your practice/facility and assessing your current state of compliance.
1. Control of exposure to bloodborne pathogens

The facility has workplace policies in place to protect employees from occupational exposure to blood and other potentially infectious materials (OPIM). These policies must include:

- Practicing universal precautions;
- Using safety engineered needles and sharps;
- Consideration and documentation of safety engineered sharps on an annual basis, including documented input from non-managerial staff with occupational exposure;
- Placing contaminated reusable sharps into an appropriate container until they are processed;
- Using submersible tray, tongs, or other method to avoid reaching by hand into a container of contaminated reusable sharps for cleaning;
- Washing exposed skin following contact, and washing hands after glove removal;
- Having eyewash stations located within 10 seconds of where exposure is likely to occur;
- Having sharps containers as close as possible to the immediate area where sharps are used, and routinely inspecting to ensure that they do not become overfilled;
- Using personal protective equipment (PPE) whenever exposure is possible. PPE should be provided at no cost to the employees, and should be suitably sized and impervious;
- Maintaining a sufficient supply of protective gloves, facemasks, face shields, mouthpieces, and gowns necessary for day-to-day operations;
- Creating and following a housekeeping schedule for cleaning and disinfecting equipment and work surfaces that may become contaminated with blood or OPIM. The schedule should include frequency of activities and the registered disinfectants being used;
  - If a bleach solution is used as a surface disinfectant, the solution is a 1:10 bleach to water ratio and is made up daily.
- 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;
- Storing food and drinks only in areas where blood or OPIM are not present;
- Offering Hepatitis B vaccinations to all employees with exposure to blood or OPIM;
- Maintaining vaccination and treatment records or declination forms in the employees’ medical file in a secure and locked location.
1. **Control of exposure to bloodborne pathogens (cont.)**

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The facility has workplace policies in place to protect employees from occupational exposure to blood and other potentially infectious materials (OPIM). These policies must include *(Continued)*:

- **Post-exposure follow-up** –
  - Exposure incidents are reported immediately
  - Documentation of route and circumstances of exposure including ID and documentation of source individual.
  - Source individual’s blood is tested and documented (if feasible and consent is obtained) unless source is known to be infected with HIV or HBV and results of tests are shared with exposed employee;
  - Site Specific information is provided to the healthcare professional and facility identified in your exposure control plan.
  - Post-exposure preventative treatment, when medically indicated, must be offered to the exposed worker according to the current recommendations of the U.S. Public Health Service. The post-exposure follow-up must include counseling the worker about the possible implications of the exposure and his or her infection status, including the results and interpretation of all tests and how to protect personal contacts.
  - The healthcare professional’s written opinion is provided to the worker within 15 days of completion of the evaluation and shall remain confidential to protect the employee and source individual.

The facility has a written exposure control plan based on 29 CFR 1910.1030 that outlines the policies noted above *(A model Exposure Control Plan that can be adapted for your facility is available free-of-charge at [www.oshainfo.gatech.edu/written.html](http://www.oshainfo.gatech.edu/written.html).)*

Employees with occupational exposure to bloodborne pathogens have been trained on the facilities policies within the last 12 months, and are aware of the written exposure control plan.
## 2. Communication of Chemical Hazards

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<td>Each chemical container, including secondary containers, is properly labeled as to its contents and hazardous properties.</td>
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<td>The facility has a list of all of the hazardous chemicals [including disinfectants, cleaners, compressed gases, medications not in final form (i.e., injectables, liquids, creams, sprays)] and the inventory list is up-to-date.</td>
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<td>The facility maintains a current (Material) Safety Data Sheet [(M)SDS] for every hazardous chemical and/or medication in use.</td>
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<td>The facility has a written Hazard Communication Program outlining the policies noted above. (A model Hazard Communication Program is available at no cost at <a href="http://www.oshainfo.gatech.edu/written.html">http://www.oshainfo.gatech.edu/written.html</a>.)</td>
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<td>The facility trains employees on the hazards of chemicals with which they work upon initial assignment and whenever a new hazard is introduced.</td>
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<td>The facility maintains training records outlining who was trained and what topics were covered.</td>
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### 3. Fire Safety and Fire Plan

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The facility maintains an accurate floor plan of the building. The floor plan shows the location of emergency exits and fire extinguishers.

☐ ☐ ☐ Fire extinguishers are mounted on the wall or secured and are labeled so they are easily located and readily accessible in case of a fire.

☐ ☐ ☐ Fire extinguishers are visually inspected monthly.

☐ ☐ ☐ Fire extinguishers and sprinkler systems have been inspected by an outside vendor in the last 12 months.

☐ ☐ ☐ Employees have been instructed on the “PASS” method (Pull, Aim, Squeeze, Sweep) for operating fire extinguishers in the past 12 months.

☐ ☐ ☐ All exits are marked with an exit sign illuminated to a surface value of at least five foot-candles. Self-luminous or electroluminescent signs must have a minimum luminance surface value of at least .06 footlamberts.

☐ ☐ ☐ All exits routes are free of obstructions and high hazard materials such as flammables.

☐ ☐ ☐ All exit accesses are at least 28” wide.

☐ ☐ ☐ Exit routes are adequately labeled so that the direction of travel to the exit is apparent at all locations.

☐ ☐ ☐ The facility has a Fire Prevention Plan that includes:

- ☐ A list of the major workplace fire hazards and their proper handling and storage procedures, potential ignition sources, and the type of fire protection equipment or systems that can control a fire involving them;
- ☐ Names and regular job titles of those personnel responsible for maintenance of equipment and systems for fire protection;
- ☐ Names and regular job titles of those personnel responsible for control of fuel source hazards.
- ☐ Identifies a person or position at the facility that is in charge of the plan.

☐ ☐ ☐ Employees are trained on the details of the Fire Prevention Plan initially and when the employee’s responsibilities under the plan change.
## 4. Emergency Action / Disaster Plan

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The facility has an Emergency Action Plan that includes:
- ☐ Procedures for who should call emergency responders and when they should be called;
- ☐ Identifies emergency exit routes;
- ☐ Identifies who will see to critical operations of the building prior to evacuation;
- ☐ Identifies a procedure for accounting for employees on duty at the time of the emergency and after evacuation;
- ☐ Identifies a person or position at the facility that is responsible for training and implementation of the plan.

A model Emergency Action Plan can be downloaded at no cost from [http://www.oshainfo.gatech.edu/written.html](http://www.oshainfo.gatech.edu/written.html).

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Employees are trained on the details of the Emergency Action Plan initially and when the employee’s responsibilities under the plan change.

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The facility maintains an alarm system that differentiates the emergency by a distinctive signal.

## 5. Electrical Energy

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- ☐ All faceplates for light switches and outlets are in place and unbroken.
- ☐ Cords equipped with a three-prong (grounding) plug are inspected and removed from service if the ground plus is missing.
- ☐ Extension cords are not being used to permanently power equipment.
- ☐ Each breaker in every panel is marked to show what equipment it operates.
- ☐ All unused openings in panel boxes (including conduit knockouts) are closed with appropriate covers, plugs, or plates.
- ☐ Flexible cords including extension cords are in good condition and not frayed or damaged.
- ☐ Materials are not stored within 3’ of electrical boxes (breaker boxes).

## 6. Compressed Air / Oxygen Tanks

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- ☐ All cylinders are clearly and legibly marked to show the contents of the container.
- ☐ The cylinders are stored away from external heat sources such as radiant heat and electrical panels/boxes.
- ☐ Cylinders are stored upright and secured to prevent falling and tipping.
### 7. General Environment

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- Worksites are clean and orderly.
- Work surfaces and walkways are properly illuminated.
- Work surfaces are kept dry and appropriate measures are taken to assure surfaces are slip resistant.
- Restrooms are clean and orderly.
- All desks are at the proper height so that employees can operate computers or work on desktops with their elbows at an approximate 90° angle.
- All monitors are at the appropriate height so that employees do not have to bend their necks down to look at the screen.
- Electrical cords are not strung across walking surfaces creating a trip hazard.

### 8. Ionizing and Non-ionizing Radiation from x-rays and lasers

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- The facility has done a survey of the types of radiation used, including x-rays.
- The facility has established restricted areas to limit employee exposure to radiation.
- Employees working in restricted areas wear personal radiation monitors such as film badges or pocket dosimeters.
- Rooms and equipment are labeled and equipped with caution signs where necessary.
- Badges are required when an employee receives a dose in any calendar quarter that exceeds 25% of 1 ¼ Rem over their total body, or 5% of 1 ¼ Rem if they are under 18 years of age.
- Lasers are labeled with hazard warnings and appropriate laser safety glasses are worn when operating lasers.
### 9. Personal Protective Equipment (PPE)

A hazard assessment to determine the appropriate PPE for each job task or position has been completed (for a no-charge assessment tool, visit [http://www.oshainfo.gatech.edu/written.html](http://www.oshainfo.gatech.edu/written.html)).

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- Protective gloves are available where there is a danger of chemical exposures to hands.
- Protective goggles are available where there is a danger of chemical splashes or flying particles (such as near grinders).
- The facility has N-95 rated respirators for employee protection during a flu outbreak or during treatment of a Tuberculosis patient.
- PPE is kept in a clean and sanitized manner that is ready for immediate use.
- The facility has sufficient bloodborne pathogen spill/clean-up kits available and readily identifiable.
- Employees have been trained on the appropriate PPE to use for each job, where the PPE is located, proper use and disposal of the PPE, and limitations of the PPE. Training records are maintained.

### 10. Recordkeeping, Reporting, Posting and Medical Records

The facility maintains a log of sharps injuries (*recommended*) that protects the confidentiality of the injured employee.

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- The facility reviews the log of sharps injuries and technological advances in syringes/needleless delivery systems annually.
- Employee exposure and medical records are kept in a locked location, and employees are notified annually of the location and how they may obtain access to their records. Employers must maintain medical records for the duration of the employee’s employment plus 30 years.
- Records of safety and health training events are maintained.
- Hepatitis B vaccination records are maintained in the employees’ medical file in a secure and locked location
- The work-related death of any employee or hospitalization of three or more employees must be reported to OSHA within eight hours.
- All employers must post the OSHA Poster (or state plan equivalent) in a prominent location in the workplace.
The checklist above includes the most common hazards found in healthcare facilities. However, there are a number of other potential safety and health hazards at healthcare facilities that were not addressed. If the following hazards exist in your facility, please refer to OSHA’s Compliance Assistance Quick Start page for the Health Care Industry (https://www.osha.gov/dcsp/compliance_assistance/quickstarts/health_care/index_hc.html), or contact your state’s OSHA Consultation Program for assistance:

- Ergonomic Hazards such as lifting or repositioning patients and lifting materials;
- Workplace violence hazards;
- Slips, trips, and falls;
- Influenza;
- Tuberculosis;
- Emergency response hazards;
- Hazards to specific chemicals such as beryllium, ethylene oxide, formaldehyde, gluteraldehyde, mercury, hazardous drugs, or anesthetic gases; and
- Latex allergies.