

OSHA in a Medical Practice

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The Occupational Safety and Health Administration (OSHA) is part of the United States Department of Labor. The mission of OSHA is to assure safe and healthful working conditions for working men and women by setting and enforcing regulatory standards. In addition, OSHA is responsible for providing training, outreach, education and assistance to employers and employees.

State Operated OSHA Programs

Tennessee and Kentucky operate their own OSHA programs that have been approved by Federal OSHA. As with most state-run programs, these two states have adopted most of the Federal OSHA rules but in a few cases, relevant to medical practices, they have made amendments and/or additional rules. Rules enacted by states must be at least as stringent as the Federal rules at ensuring the employer provides a safe work environment.

OSHA Regulations Applicable to Medical Practices

The majority of medical practices have compliance risks associated with several of the following OSHA regulations. Please see our list of links and resources [here](#).

The employer has a responsibility to perform a hazard assessment within the medical practice and implement measures to eliminate or minimize the likelihood of an occupational incident. The range of occupational hazards, and the applicability of the OSHA regulations in each medical practice, varies depending on type of services, facility and staff competency. Individuals that perform hazard assessments must have an eye for detail and an understanding of likely sources within the practice that can potentially harm employees.

General Duty Clause

The OSHA General Duty Clause (GDC) is a 'catch-all' safety rule. Whereas there are several specific OSHA regulations that apply to medical practices, in the absence of a specific safety rule, the General Duty Clause prevails. The GDC states:

- Each employer 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.
- Each employer shall comply with occupational safety and health standards promulgated under this act.^[1]

- 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.^[2]

Even though the GDC is not in the top-ten list of most cited violations for medical practices, it is an important OSHA regulation for employers and managers to understand. The GDC is the basis for the implication of all other OSHA rules and applies to all employers regardless of number of employees or type of industry.

Practices can be cited under the GDC for not meeting guidelines and recommendations from the Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health and Homeland Security. Areas of concern include workplace violence, ergonomics and tuberculosis. If the practice's hazard assessment recognizes these as potential hazards, then it should implement appropriate measures to eliminate or minimize the hazardous risks.

The top-two most cited OSHA regulations in medical practices are from the Bloodborne Pathogens and Hazard Communication Standards. Both of these regulations have training requirements that are often misunderstood or overlooked, making them easy targets for disgruntled employees to claim non-compliance when filing a complaint with OSHA. Once OSHA inspectors are onsite, they can write citations for more than targeted compliant.

Bloodborne Pathogens Standard

The Bloodborne Pathogens Standard (BBP) is applicable to all employers that have employees with job tasks where it is conceivable the employee will be exposed to bloodborne pathogens and other potentially infectious materials (OPIM). Set forth in the regulation, the employer must have a written Exposure Control Plan (ECP), to be updated annually that includes:

- a copy of the BBP regulation;
- identification of employees at risk of exposure (known as an exposure determination) and what puts them at risk;
- the use of universal precautions;
- identification and use of engineering controls;
- work practice controls (procedures that reduce risk of exposure);
- requirements for personal protective equipment (PPE) and how to use PPE;
- hepatitis B vaccination protocols for pre and post-exposure control;
- post-exposure protocol;
- housekeeping and laundry methods;
- signs and labels requirements;
- waste disposal methods;
- employee training requirements;
- recordkeeping requirements, and
- requirement to annually review and update of the ECP.

Each area has specific requirements that are detailed in the regulation. The practice's Safety Coordinator, or person in charge of OSHA compliance, should have a complete understanding of each area and what is required for the practice to be in compliance.

In an effort to reduce the number of occupational incidents due to blood or OPIM contaminated sharps (devices that can penetrate the skin including, but not limited to, needles, scalpels, lancets, broken glass, and broken capillary tubes), the BBP was updated to include requiring employees to use engineered safety devices (i.e., safety needles and scalpels) unless there was evidence that by doing so an employee or patient was put at risk or a safety device was not available. Each practice must perform an annual evaluation to ensure effective safety devices are appropriately being utilized by employees.

Hazard Communication Standard

The Hazard Communication Standard (HCS), the second most cited OSHA regulation in medical practices, is also referred to as the "Right-to-Know" standard or HazCom. In 2012, OSHA updated the HCS to comply with the United Nations Globally Harmonized System (GHS).[3] Under the GHS, Material Safety Data Sheets (MSDS) were replaced with Safety Data Sheets (SDS) and new chemical labels are now used as the mechanisms to inform individuals about the hazards associated with chemicals.

To ensure chemical safety in the workplace, employers must make available to employees information about the identities and hazards of certain chemicals.[4] Employers have to train employees to understand chemical labels, how to handle chemicals, and make safety data sheets accessible. Employees that are at risk of exposure to hazardous chemicals should have been trained on the new GHS SDS format and new pictogram labels prior to December 1, 2013. All MSDSs were to be converted to the new SDSs by June 1, 2016.

Not all chemicals in a medical practice are hazardous, but for those chemicals that identified as hazardous, the employer must create a list of such chemicals and update it as new chemicals enter the practice. For each chemical on the list, the employer must maintain a SDS and train employees on the chemicals' hazards before the employee is potentially exposed to the chemical. Chemicals are considered hazardous if they have an identified health or other risk on the label.

Medical Practice OSHA Inspections

The most likely reason an OSHA inspector would visit a medical practice is because of an employee complaint. The most common individuals to file complaints are current and former employees, competitors and patients. OSHA is required to follow up on all complaints. If the complaint is substantiated, then OSHA will conduct an off-site investigation and / or an onsite inspection.

Usually complaint investigations are limited to only the complaint, but the OSHA inspectors have the right to cite other recognized violations. For instance, the inspector may have had a private conversation with an employee and based on that conversation decide it is in the

best interest of all employees to expand the inspection. This can lead to costly citations.

OSHA Violations and Penalties

The OSHA violations range from “de minimis” to “willful neglect.” As of August 1, 2016, penalty increases almost doubled to a maximum penalty for serious violations to \$12,471, and for willful or repeated violations, it increased to \$124,709.

Each citation received by the practice must be addressed in the required format with a corrective action and date of compliance. If the required format is not used, the response can be rejected and thus eat up valuable response time, as a rejection does not automatically afford the practice additional days to respond. Failure to properly respond and / or meet the deadlines to citations may result in additional fines.

Cost of OSHA Non-compliance

When it comes to non-compliance with OSHA regulations, there are more than just the costs associated with fines. An occupational incident can cost many thousands of dollars and loss of productivity. The CDC estimates a sharps incident (an event when a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral comes in contact with blood or other potentially infectious materials that results from the performance of a worker's duties^[5]) can cost \$1,500 to \$3,000 per injury.^[6]

In addition to tangible costs, individuals who experienced an exposure incident can sustain intangible costs in the form of psychological trauma. This can occur even when an employee does not develop a disease as a result of the exposure. There is a ‘limbo’ period between the exposure and the time the employee finds out he/she is infected from the exposure. It is even more costly for those who know the source blood was infected with HIV or hepatitis. Identified areas of trauma include: post-traumatic stress disorder, depression and nausea. All this comes from the waiting period, follow-up testing and post-exposure prophylaxis treatments.^[7]

Implementation of an effective OSHA compliance program can go a long way to avoid costly citations, but more importantly, it can save employees' lives. All practices should train employees to immediately report all injuries, illnesses and near misses due to work related tasks.

To stay current on OSHA, [sign up for the free newsletter](#), *OSHA QuickTakes*. For information relating to SVMIC's OSHA services, email us at ContactSVMIC@svmic.com or call 800.342.2239.

^[1] “Sec. 5. Duties.” OSHA 29 U.S.C. §654, 5(a).
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=3359&p_table=oshact.
Accessed June 20, 2014.

[2] “Sec. 5. Duties.” OSHA 29 U.S.C. §654, 5(b).
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=3359&p_table=oshact.
Accessed June 20, 2014.

[3] American Academy of Provider Offices and Laboratories. OSHA injury & illness prevention program for outpatient healthcare. Knoxville, Tennessee: 2014. Chapter 4, page 1.

[4] “Hazard Communication Standard.” OSHA. <https://www.osha.gov/dsg/hazcom/>.
Accessed June 27, 2014.

[5] “OSHA Fact Sheet Bloodborne Pathogen Exposure Incidents.” OSHA. 2011.
https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact04.pdf. Accessed June 24, 2014.

[6] Lundstrom, T. “Sharps Injury Prevention: Milestones and Opportunities.” Seminar Handout, 2004, page 19.

[7] “Needlestick Injury Claims.” JS Miller Solicitors.
<http://www.jsmillersolicitors.co.uk/claims/all-other-claims-accidents/needlestick-injury-claims/>. Accessed June 28, 2014.

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