

# TOSHA Updates: Hazard Control



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**T**OSHA continues to inspect all hospitals and ambulatory surgery centers in Tennessee. Although the primary focus is compliance with safer sharps, inspectors may evaluate the entire hazard control program. One official said they may eventually inspect private practices.

Every TOSHA compliance program begins with a hazard assessment to determine which hazards are present, without consideration of controls already implemented. Based on the hazards found, the employer must develop a written control plan.

The written control plan must be site-specific and must include everything needed for the specific worksite - but only what is needed. Failure to customize the program is a violation.

The written program must be accessible and workable and must be revised as needed. One must read and understand the standards in order to write an acceptable control plan; don't simply restate the standard. After it is completed, train all employees and be sure that everyone follows the plan. Failure to follow your own procedures may result in fines!

Common hazards found in private practices include bloodborne pathogens and hazardous chemicals, which include many pharmaceuticals. Many practices have radiation and laser hazards and must have exposure control plans for these as well. Every plan must include fire prevention and an emergency action plan.

Numerous standards require written programs. For health care, some of those are Bloodborne Pathogens, Hazard Communications, Control of Hazardous Energy (Lockout/Tagout), Formaldehyde (not to be confused with formalin), and Exposure to Hazardous Chemicals in Laboratories. Physician office laboratories are usually subject to the Hazard Communication standard rather than the Laboratory standard.

The written program must be accessible to all employees at all times and must include

these standards:

- Bloodborne Pathogen Standard
- Hazard Communications
- Access to Employee Exposure and Medical Records.

## DETAILS

Based on experiences in ambulatory surgical centers, there are some details that require meticulous attention.

### Bloodborne Pathogens

*Safer Sharps* - Develop two lists including all sharps (needles, scalpels, blades, lancets, etc.); one for sharps that meet OSHA's criteria as "safety" devices, the other for sharps without engineered injury protection. For each device on the second list, explain why it is used instead of a safer version. Re-evaluate safety devices every year, even after achieving 100-percent compliance, and document everything.

*Sharps Containers* - Sharps containers are required but are not a substitute for safety devices. Even though safety devices have barriers to prevent puncture wounds, they must be discarded into sharps containers. Sharps containers must meet OSHA's criteria, which include "maintained in an upright position" and "closed prior to transport." "Transport" includes short moves between patient care areas, even between beds in one area with curtain partitions.

*Personal Protective Equipment* - When scrubbing contaminated, reusable sharps, employees must wear puncture-resistant gloves. We are aware of only one product, HexArmor's 9007 Level Six Series glove liners, available from Lab Safety Supply, 1-800-356-0783 or [www.lss.com](http://www.lss.com), product number 156890.

The American College of Surgeons recommends double-gloving for surgery. OSHA's Technical Manual, Section VI, Chapter 1, Hospital Investigations, Health Hazard, includes this statement under Personal Protective Equipment for surgical procedures involving sharps: "Dou-

ble gloving to decrease the risk of exposure by penetration is recommended if it does not interfere with the task." TOSHA is beginning to look for double-gloving in surgery.

*Food and Beverages* - Absolutely no food or beverages are allowed in any area potentially contaminated with blood or other potentially infectious materials. Facilities with patient food or beverages in those areas must ensure that only patients (or individuals accompanying them) consume them. If employees drink coffee from the pot in the infusion area, there will be a fine.

### Hazardous Chemicals

*Chemical List* - A binder of Material Safety Data Sheets (MSDSs) does not replace the Chemical List. There *must* be a list of all hazardous chemicals, which serves as an index for those MSDSs. Chemicals to be listed include disinfectants, cold sterilents, most injectibles, many liquid or gel medications, professional cleaning products, and anti-neoplastic agents.

Exempt products include solids (including tablets and capsules if that is the manufacturer's intended form for administration); sealed products (come to the practice sealed and leave the practice still sealed); general consumer products used according to the manufacturer's intended use and in the same volumes and frequencies as in the home; and business office products used in a business office. Also exempt are food and beverages and products brought by the employee for personal use.

For more information, visit [www.osha.gov](http://www.osha.gov) or [www.state.tn.us/labor-wfl/tosha.html](http://www.state.tn.us/labor-wfl/tosha.html). +

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