

OSHA BULLETIN

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ISSUE HIGHLIGHTS

OSHA and Spring Cleaning: What to toss and what to keep on pages 1—2. Page 5 has a log to track progress.

OSHA Record Retention Requirements and Recommendations: Keep documents only as long as you must. See page 2.

Workplace Violence: An ever-present threat in today's healthcare environment. See information on pages 3 and 4.



EVENT INFORMATION

AAPOL's Annual Conference will be held on Thursday and Friday, October 15 and 16, 2015. It will again be hosted by DoctorsManagement at their corporate office in Knoxville, Tennessee, and it can also be attended online. Look for more information, including registration,

Kelly Gets Her Master's

Congratulations to Kelly Ogle, DM OSHA/HIPAA Specialist. Kelly recently received her Master's Degree in Organizational Psychology from Walden University.

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Spring Cleaning from an OSHA Perspective

Many of us do a massive “spring cleaning” at home, but do we also clean our work environment? Now is a good time to do just that, not only removing dust and clutter but also discarding outdated items and purging old documentation.

Outdated Supplies

OSHA does not cover medications unless they are harmful to employees. However, if you would not want an outdated item used on your newborn or your grandmother, discard it. Outdated disinfectants may not kill those germs, putting staff members at risk for infections.

Start by creating a list of each room or work area (exam rooms, hygiene bays, procedure rooms, operatories, sterilization area, storage rooms, utility rooms, server room, restrooms, break room/kitchen), so that you can track which ones have been cleaned. List makers love checking off completed tasks! There is even a log on page 5 to get you started.

Then, go through each work area just as you would at home. Remove any unwanted, unneeded, or expired items before moving to the next area. Perhaps you can use a cart with a trash can and a recycling bin to help sort and remove items.

Continued on page 2

The American Academy of Provider Offices and Laboratories (AAPOL) is dedicated to:

- Providing continuing education concerning regulatory compliance for provider offices and laboratories
- Empowering healthcare workers through credentials
- Guiding practices through the regulatory compliance maze

The AAPOL *OSHA Bulletin* is a publication designed to keep subscribers current on regulatory matters, educational issues, products, commonly asked questions, and other topics of interest. We welcome your comments.

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Spring Cleaning, continued from page 1

Recycle paper, plastic, aluminum cans, and glass. Recycle only empty containers, not those with any contents (food, beverage, medication) remaining in them. Some states even offer refunds or rewards for recycling certain items.

Shred paper that has protected health information.

Expired chemicals, including drugs, should be discarded according to the package insert, which often is missing or illegible, and even when it is available, it is often less than helpful. Check online resources. Contact your local law enforcement agency for information about special days or locations for safe disposal of medications.

Records must be retained depending on the applicable governing agency.

OSHA Record Retention Guidelines & Recommendations

- ◆ Hazard Assessment—until replaced
- ◆ Personal Protective Equipment Assessment—until replaced
- ◆ Written exposure control plan—at least six years after replaced with a newer plan
- ◆ *Annual* review of the Bloodborne Pathogen exposure control plan—keep newest until replaced
- ◆ Documentation of training records—at least three years. States with approved state OSHA programs often require a five-year retention



- ◆ *Annual* sharps evaluation—five years
- ◆ List of all hazardous chemicals, updated yearly—until replaced
- ◆ Safety Data Sheets—thirty years after discontinued use
- ◆ OSHA poster—until a new one is available
- ◆ Emergency exit routes—until building changes require updates
- ◆ Detailed documentation of exposure incidents—thirty years after the employee is terminated
- ◆ Employee medical records—thirty years after the employee is terminated
- ◆ Sharps injury log (summary)—thirty years, if required to maintain the 300/300A documentation
- ◆ OSHA 301/Workers' Compensation First Report of Injury—five years after completion



State Plans

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

Workplace Violence

Although there is currently no OSHA standard that specifically addresses workplace violence, it is a recognized hazard in many industries, including healthcare. Because it is a recognized hazard, employers are required to protect employees against workplace violence under the General Duty Clause.

The General Duty Clause states that *“Every employer shall furnish for each of his employees a place of employment and conditions of employment that are free from recognized hazards that are causing or are likely to cause death or physical harm to his employees; shall comply with occupational safety and health standards promulgated under this act.”* It further states that *“Each employee shall comply with occupational safety and health standards and orders issued pursuant to this Act which are applicable to his own actions and conduct.”*

OSHA defines workplace violence as “any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite” including threats, verbal abuse, physical assault and even homicide. Homicide is the fourth-leading cause of fatal occupational injuries and the leading cause of death for women in the workplace.

OSHA requires every employer to evaluate the hazards present in the workplace and to implement controls to protect employees from those hazards. These controls can include security devices and administrative work practices.

Risks stem from the prevalence of weapons in the general public, increasing number of mentally ill patients released from hospitalization, availability of money and drugs in healthcare settings, low staffing at times, extended waiting times, poorly lit parking lots, and lack of staff training in recognizing and managing threatening behavior.

Every hazard control plan begins with a hazard analysis, which includes past history, patient demographics, services offered and location, as well as any workplace security measures already in place. An important part of this analysis is surveying the employees, something that is typically overlooked. This offers invaluable insight into the risks in the workplace, and often the staff members have some new perspectives on workplace violence prevention.



After the assessment, employers need to consider what controls would be appropriate for protecting their employees. In general, OSHA recognizes a hierarchy of categories of hazard controls, starting with controls in the work environment and moving towards more stringent controls that impact employee behavior. OSHA’s control categories for workplace violence are listed below.

1. The first category is *engineering controls and workplace adaptations*, which may be the most costly but are often the most effective.
2. Second is *administrative controls and work practices*, which rely on employee behavior.
3. Last but not least is *the response*: taking care of the employee and developing controls to prevent recurrence.

Continued on page 4

Workplace Violence, continued from page 3

ENGINEERING CONTROLS AND WORKPLACE ADAPATIONS

- ◆ Improved locks and their use in accordance with fire codes.
- ◆ Electronic security system if not already in place, perhaps including a silent alarm or panic button.
- ◆ Metal detectors may be indicated if weaponry is one of the potential hazards found in the analysis.
- ◆ Closed-circuit video recording in public areas, especially at entrances and exits. Healthcare entities must be mindful of HIPAA regulations and avoid videotaping that might include healthcare delivery.
- ◆ Curved mirrors at hallway intersections of concealed areas. These also prevent human collisions!
- ◆ Enclosed check-in and checkout desks, possibly even nurses' stations, if these seem to be high risk areas.
- ◆ Seclusion room for patients who become disruptive, or a staff "safe" room for emergency use.
- ◆ A lobby that is as comfortable and attractive as possible.
- ◆ Any rooms designated for counseling should have two doors, especially if those clients are known to misbehave. Furniture should be limited and should be arranged to prevent staff entrapment.
- ◆ Locked doors between the lobby and the clinical area from the clinical side. This protects employees, but also deters theft and adds protection for confidential information.
- ◆ Ensuring that the parking area is well lit.
- ◆ Always locking automobiles.

ADMINISTRATIVE AND WORK PRACTICE CONTROLS

Establish and enforce a zero tolerance policy that is clearly stated to all patients and employees. AAPOL provided a poster to that effect several years ago. It is available on the DoctorsManagement website at

http://www.doctors-management.com/wp-content/uploads/2015/04/OSHA_WorkplaceViolencePoster.pdf

- ◆ Develop a relationship with local law enforcement (coffee and doughnuts?).
- ◆ Require all employees to report any suspicious behavior and respond immediately. Document these reports and use them to evaluate the need for changes.
- ◆ Keep those in the lobby informed about expected wait times. Let them know if their provider is expected to be unusually delayed and give the patients an opportunity to reschedule.
- ◆ Institute a "sign in" procedure that includes visitors as well as patients.
- ◆ Establish a system for alerting staff members about patients who have previously misbehaved, always maintaining confidentiality.
- ◆ Provide staff identification badges with first names only.
- ◆ Use a buddy system or escort system to walk employees between their cars and the facility during dark hours or if the parking lot is remote or in an unsafe area.
- ◆ If an employee is working alone, make sure someone outside the facility knows their location and can check on the individual if he or she does not arrive home or to the next location as expected.



EMPLOYER RESPONSE TO INCIDENTS OF VIOLENCE

- ◆ Document all incidents of workplace violence. Employee injuries should be documented on the OSHA 300 Log if applicable, and reported to Workers' Compensation if needed.
- ◆ Provide victims with support as needed: medical care for injuries, counseling for psychological trauma, and assistance with other problems that are directly related to the incident, which may include fear, altered relationships, and feelings of inadequacy.
- ◆ Use these experiences to improve your entire workplace violence program, including staff training.

STAFF TRAINING

- ◆ All employees should understand "universal precautions for violence": violence should be expected, but it can be avoided or mitigated through proper training and preparation.
- ◆ Employees should embrace the support of management and be assured that there will be no discrimination against employees who report or are victimized by violence.
- ◆ Training should include the practice's workplace violence policy (Zero Tolerance), risk factors, how to recognize warning signs of escalating behavior and how to diffuse it.
- ◆ Include discussions regarding self defense and the use of the buddy system or an escort.
- ◆ Train employees on how to report incidents and how to get medical care or counseling if needed.

Spring Cleaning Checklist

Area Cleaned	Expired Items Discarded	Recyclables Sorted	PHI Shredded	Date/Initials
Exam/Operatory 1				/
Exam/Operatory 2				/
Exam/Operatory 3				/
Exam/Operatory 4				/
Exam/Operatory 5				/
Hygiene/Procedure 1				/
Hygiene/Procedure 2				/
Hygiene/Procedure 3				/
Hygiene/Procedure 4				/
Hygiene/Procedure 5				/
				/
				/
Laboratory				/
Radiology				/
Sterilization				/
Check-in Desk				/
Checkout Desk				/
				/
				/
Kitchen				/
Sample Closet				/
Supply Closet				/
Janitor's Closet				/
Utility Room				/
Employee Restroom				/
				/
				/
Computer Workstation				/
Computer Workstation				/
Computer Workstation				/
Server Room				/
				/
				/

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SIGN-IN LOG

My signature below indicates that I have read this issue of the *OSHA Bulletin*.

Signature

Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OSHA Seminars

Cross Country Education, Inc., sponsors OSHA seminars in cities throughout the United States. These comprehensive OSHA training programs provide 6 hours of Continuing Education Units and an OSHA Manual for use in your practice.

For information on locations, times, etc., contact Cross Country Education, Inc., at 800-397-0180.

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