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- Strategic Planning
- Practice Management
- Managed Care
- Risk Management
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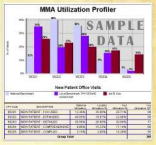

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OSHA Compliance in the Medical Practice

The Children's Care Network

KidsHealthFirst Pediatric Alliance

Presented by

Christopher E. Poole

April 17, 2025

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Occupational Safety and Health Act of 1970 (OSHA)

- Enacted on December 29, 1970 during the 91st Congress
- Applies to all agencies of the Executive Branch except military personnel
- Georgia does not have its own state plan and is under Federal OSHA jurisdiction

OSHA®

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Occupational Safety and Health Act of 1970 (OSHA)

Mission: "To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting the States in their efforts to assure safe and healthful working conditions; by providing research, information, education and training in the field of occupational safety and health; and for other purposes."

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General Duty Clause

The General Duty Clause covers employee safety in the absence of other standards.

- "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 likely to cause death or physical harm to his employees."

(Examples: COVID-19, TB, Ergonomics, Workplace Violence, Ebola, H1N1, MRSA, SARS, Avian Flu)

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OSHA 2024

OSHA's 2024 Workplace Violence Proposed Rule

1. OSHA intends to release a proposed rule for workplace violence prevention in healthcare and social service facilities in December 2024 (***No announcements as of today***)
    1. Nearly 20% of healthcare professionals have experienced physical abuse at the workplace
    2. Nonfatal workplace violence affects the healthcare and social assistance sectors more than any other industry
    3. Final rule expected to be published in **2025** (We'll see)
2. The proposed rule would likely include:
    1. A written workplace violence prevention policy;
    2. Training workers for that policy;
    3. Performance of regular hazard assessments;
    4. Taking steps to mitigate hazards; and
    5. Maintaining a workplace violence incident log

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OSHA 2024-2025

OSHA Changes to Hazard Communication Standard

- Last updated in 2012, OSHA has finalized an update to the Hazard Communication Standard (HAZCOM)
- The new HCS, effective July 19, 2024, reflects the latest edition of the Globally Harmonized System of Classification and Labeling of Chemicals (GHS)
- This should result in a shift in how chemical dangers are categorized, by adding new hazard classes and pictograms to Safety Data Sheets (SDSs)
- SDSs keeps the 16-section format but with some tweaks (content and organization)
- Compliance required by July 2026

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OSHA 2025-

- Full OSHA Enforcement Suspension
    - The Occupational Safety and Health Commission (OSHRC), the body that adjudicates contested OSHA citations and penalties, has lacked sufficient members to form a quorum since April 2023.
    - The remaining commissioner's term expires in May 2025, and OSHRC members are appointed by the President, with the advice and consent of the Senate, and are required by law to act only with a quorum of two of three member commission.
    - Deputy Solicitor of Labor, Jonathan, Snare, was recently nominated to serve. But unless he is confirmed before April 27, a quorum will still be lacking.
    - Thus, a significant backlog of cases before the OSHRC will remain unresolved.

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OSHA 2025-

- Reduced Regulatory Activity
  - Trump's first-term saw a significant slowdown in OSHA's rulemaking, and expected to continue, amplified by the "10-1" Deregulation Initiative (Executive Order January 31, 2025), which states that whenever an agency promulgates a new rule, regulation, guidance, it must identify 10 existing rules, regulations or guidance documents to be replaced.
- NIOSH Layoffs Impact
  - The National Institute of Occupational Safety and Health (NIOSH) was created by OSHA as a research arm for high-risk workers and for compiling scientific bases for new regulations.
  - Approximately two-thirds of the NIOSH's workforce was laid off as part of the Department of Health and Human Services layoffs. As a result, it's reasonable to assume that any new regulations and NIOSH investigations conducted in the past (ex: research into workplace disease outbreaks and certification of respirators) will likely be untenable with the minimal workforce remaining.

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COVID-19 Healthcare Emergency Temporary Standard (ETS)

On June 21, 2021, OSHA issued the ETS to protect works from COVID-19 in the healthcare settings, which also served as a proposed rule on which OSHA requested comments.

On April 10, 2023, President Biden signed into law House Joint Resolution 7, which terminated the national emergency related to the COVID-19 pandemic.

On January 15, 2025, OSHA terminated the rulemaking because the most efficient and effective use of agency resources to protect healthcare workers from occupational exposure to COVID-19, as well as a host of other infections diseases, is to focus its resources on the completion of an Infectious Diseases rulemaking for healthcare.

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Infectious Disease

OSHA is also intending to propose an infectious disease rule to protect employees in health care and other high-risk environments from exposure to and transmission of persistent and new infectious diseases.

This rule would focus on exposure to infectious diseases such as chickenpox and shingles, measles, MRSA, TB, as well as new emerging infectious diseases like COVID-19, pandemic influenza, and SARS.

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Medical Industry Standards

- Two primary standards pertain to the medical industry: 29 CFR1910.1030, Bloodborne Pathogens (BBP) and 29 CFR 1910.1200, Hazard Communication (HAZCOM)
- These standards are published in the Federal Register and can be downloaded from the Internet, copied at a public library or ordered from the Government Printing Office.
- While there is no formal standard regarding exposure to Tuberculosis and related prevention measures, there needs to be a plan and policy that sets forth guidelines to prevent unreasonable exposure.

CFR = Code of Federal Regulations

www.osha.gov

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Healthcare Industry Top Violations:

- Bloodborne Pathogens (CFR 1910.1030)
- Hazard Communication (CFR 1910.1200)
- Respiratory Protection (CFR 1910.0134)
- Maintenance, Safeguards and Operational Features for Exit Routes (CFR 1910.0037)
- Design and Construction Requirements for exits (CFR 1910.0036)
- General Requirements (CFR 1910.0132 {Personal Protective Equipment} / CFR1910.0303 {Electrical} /CFR 1910.0022 {Walking surfaces / Housekeeping})
- Medical Services & First Aid (CFR 1910.0151)
- Portable Fire Extinguishers (CFR 1910.0157)

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Basic Elements of the Bloodborne Pathogens Exposure Control Plan

- Identification of employees who are at risk, i.e., "exposure determination",
- "***Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of the employee's duties***"
- Identification of tasks that offer exposure,
- Observation of Standard Precautions (formerly "Universal"),
- Use of Personal Protective Equipment (PPE),
- Proper housekeeping protocols,
- Hepatitis B vaccination availability or declination by employee,
- Use of engineering controls and work practice controls to isolate or remove BBP hazards, including use of SESIP and needleless systems
- Regulated medical waste disposal,
- Documented training and recordkeeping,
- Accessible copy of the BBP standard from 29 CFR 1910.1030.

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Bloodborne Diseases

- Bloodborne diseases include:

- Non-A Hepatitis
- Non-B Hepatitis
- Hepatitis B
- Hepatitis C
- Hepatitis A, D, E & G
- Syphilis
- Malaria
- Human Immunodeficiency Virus (HIV)

The most significant are Hepatitis B (HBV) Hepatitis C (HCV) and HIV.

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Hepatitis B (HBV)

Hepatitis means "inflammation of the liver."

- HBV is the major infectious bloodborne hazard most likely to be contracted through needlestick injury. (100 times more infectious than HIV, if unvaccinated)
- HBV can be acute or chronic infection
  - Risk for chronic is related to age at infection – Approximately 90% - 95% of infants become chronic, compared to 3% - 10% of adults
- Approximately 3,200 acute cases per year in the US (20,900 estimated due to low case detection and reporting)
- No cure for HBV / easily transmitted, but very preventable
- Total # chronically infected with HBV estimated at 850,000 (US), 257 million worldwide (most common) / 887,000 estimated deaths in the world annually

If infected with HBV, symptoms may include jaundice, fatigue abdominal pains, loss of appetite, nausea or the individual may be asymptomatic.

Blood, saliva and other body fluids may be infectious and the virus may be spread to sexual partners and even unborn infants.

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Hepatitis C (HCV)

- An estimated 2.4 million people are infected with HCV in the US, 71 million worldwide
- Over 18,000 deaths attributed annually in whole or in part to chronic HCV
- Estimated 17,000 new HCV cases each year in the US, many of which go unreported
- No vaccine exists for Hepatitis C, however, new direct-acting antiviral (DAA) treatments have shown up to 95-99% cure rates and 95% re-treatment cure rate.
- Approximately 15%-25% of people clear the virus from their bodies without treatment and do not develop chronic infection

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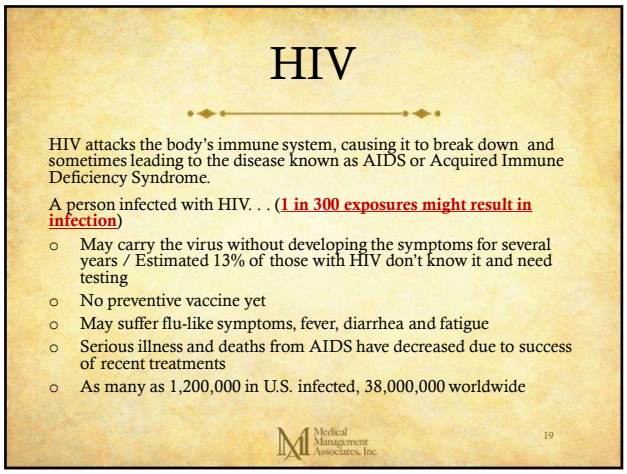
HIV
HIV attacks the body's immune system, causing it to break down and sometimes leading to the disease known as AIDS or Acquired Immune Deficiency Syndrome.
A person infected with HIV. . . (1 in 300 exposures might result in infection)
May carry the virus without developing the symptoms for several years / Estimated 13% of those with HIV don't know it and need testing
No preventive vaccine yet
May suffer flu-like symptoms, fever, diarrhea and fatigue
Serious illness and deaths from AIDS have decreased due to success of recent treatments
As many as 1,200,000 in U.S. infected, 38,000,000 worldwide
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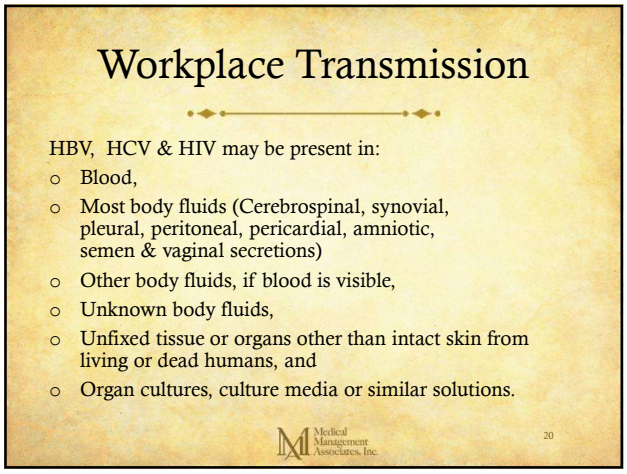
Workplace Transmission
HBV, HCV & HIV may be present in:
Blood,
Most body fluids (Cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic, semen & vaginal secretions)
Other body fluids, if blood is visible,
Unknown body fluids,
Unfixed tissue or organs other than intact skin from living or dead humans, and
Organ cultures, culture media or similar solutions.
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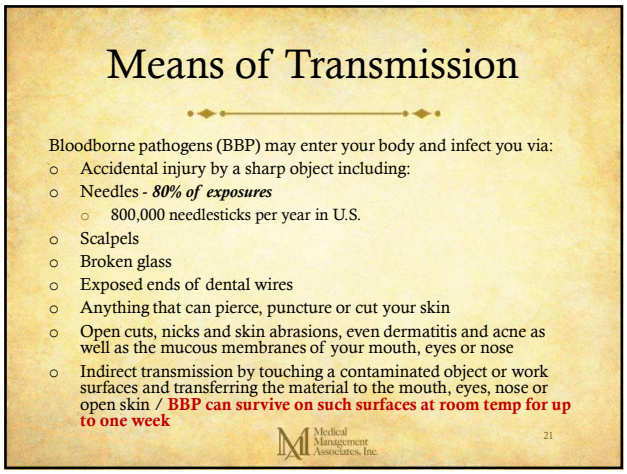
Means of Transmission
Bloodborne pathogens (BBP) may enter your body and infect you via:
Accidental injury by a sharp object including:
Needles - 80% of exposures
800,000 needlesticks per year in U.S.
Scalpels
Broken glass
Exposed ends of dental wires
Anything that can pierce, puncture or cut your skin
Open cuts, nicks and skin abrasions, even dermatitis and acne as well as the mucous membranes of your mouth, eyes or nose
Indirect transmission by touching a contaminated object or work surfaces and transferring the material to the mouth, eyes, nose or open skin / BBP can survive on such surfaces at room temp for up to one week
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Needlesticks

The majority of needlesticks occur when healthcare workers:

- Administer Injections
- Draw Blood
- Dispose of needles
- Recap Needles
  - Permissible only if there is no feasible alternative or if such actions are required for a specific medical procedure.
  - If necessary, must use either a mechanical device or one-handed scoop technique
- Handle trash and dirty linens.

CDC estimates that 62 - 88% of needlesticks can be prevented through safer needle devices

Do:

Use a mechanical recapping device

Use the one-handed scoop technique

Don't:

Pass needle unsheathed

Recap using two hands

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Needlestick Injuries

Source: (International Safety Center EPINet Report for Needlestick and Sharp Object Injuries, 2016. N-1,180

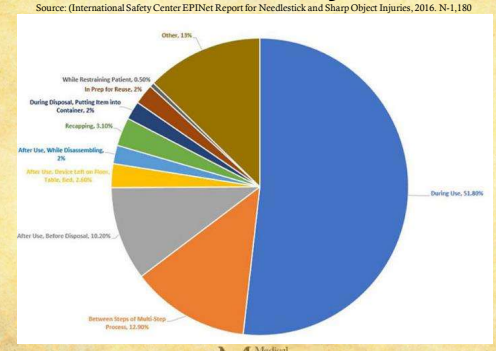

Figure 1: **Activities Associated with Needlestick or Sharp Object Injury**

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Needlestick Injuries

Source: (International Safety Center EPINet Report for Needlestick and Sharp Object Injuries, 2016. N-1,180

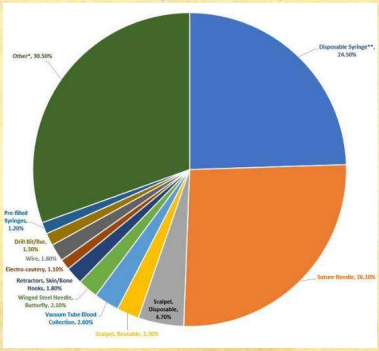

Figure 2: Devices Associated with Percutaneous Injuries by % Total Percutaneous Injuries Reported

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Standard ("Universal") Precautions

Since individuals of all ages with HBV HCV or HIV can be asymptomatic or may only exhibit flu-like symptoms, it is mandatory that all healthcare workers treat all human blood and certain human body fluids as if they were known to be infected with HIV, HBV, HCV or other bloodborne pathogens. {***Treat all patients the same.***}

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Reducing Your Risk

Five major tactics to reduce your risk of exposure to BBP on the job:

1) Engineering Controls
2) Work Practice Controls
3) Personal Protective Equipment
4) Housekeeping
5) Hepatitis B Vaccine

None of the above is 100% effective. They must be used together – Like five protective barriers against infection.

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Engineering Controls

Physical or mechanical systems designed to eliminate hazards at their source such as:

- Self-sheathing needles or other Sharps w/ Engineered Sharps Injury Protection (SESIP)
- Needleless Systems
- Personal Protective Equipment
- Sharps disposal containers
- Biosafety cabinets
- Autoclaves

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Work Practice Controls

Specific procedures to follow on the job to reduce exposure:

- Avoid needlesticks; **never** reach into trash cans with your hands.
- **Never** place trash against your body to compress or secure it.
- Alert co-workers when you have a needle or sharp in your hand.
- Place contaminated sharps in a puncture resistant, leak-proof container immediately after use.
- Sharps containers must be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. (52" - 56" above the floor recommended)
- Report any sharps containers that may allow spillage if overturned.

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Work Practice Controls

Handwashing:

- Prevents the transfer of contaminated matter to other areas of the body or other surfaces that you may contact later.
- Every time you remove gloves, the hands must be washed as soon as possible with non-abrasive soap and running water (at least 15 seconds).
- If skin or mucous membranes come in direct contact with blood, wash or flush with water A.S.A.P.
- If handwashing facilities are not readily available, an antiseptic hand cleanser or antiseptic towelettes can be used, but only as a temporary measure. You must still wash with soap and water A.S.A.P.
- CDC has recognized that employees do not observe proper hygiene practices; therefore alcohol based gels (**minimum 60% alcohol**) are recommended. Such gels should be used for at least 15 seconds until hands are dry.
- If visible soil is present, use soap and running water.

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Work Practice Controls

Work Practice Controls (Continued)

Self-protective Controls/Personal Hygiene:

- When performing procedures involving blood, minimize splashing, spraying, splattering and generation of droplets, e.g., cover a stopper from a specimen tube with gauze to reduce the chance of splatter.
- Do not eat, drink, smoke, apply cosmetics or lip balms, or handle contact lenses in potential exposure situations.
- Avoid petroleum-based lubricants that may eat through latex gloves.
- Never mouth pipette blood or suction blood or other infectious materials.
- Don't keep food and drinks in refrigerators, freezers, cabinets or on shelves, countertops or bench tops where blood is present.

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Needlestick Safety

Needlestick Safety and Prevention Act (April 18, 2001)

Includes the following changes:

- Revised definitions of Engineering Controls to address and include:
  - Needleless Systems
  - Sharps with Engineered Sharps Injury Protection
- Requires Employers to review and update annually the Exposure Control Plan to:
  - Select safer needle devices and they become available,
  - Involve non-managerial employees in the identification and selection process, and
  - Document the process to request, review and select these devices.
- Employers must establish and maintain a sharps injury log noting all "percutaneous injuries from contaminated sharps" including:
  - Type/brand of device involved in incident,
  - Department or work area where incident occurred, and
  - Explanation of how incident occurred.
- Disposable syringes and suture needles make up almost 60% of all needlestick and sharp injuries!

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Personal Protective Equipment (PPE)

Equipment that protects your skin, mucous membranes, work clothes, street clothes and undergarments from contact with infectious materials including:

- Gloves
- Masks
- Gowns
- Aprons
- Lab coats
- Faceshields
- Protective Eyewear
- Mouth pieces
- Resuscitation Bags or other ventilation devices (Avoid unprotected mouth-to-mouth resuscitation)

The type of PPE appropriate for a given task depends on the degree of exposure anticipated.

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Personal Protective Equipment

(Continued)

If your job requires you to be exposed to BBP, your employer must:

- Provide appropriate PPE at no cost to employee
- Clean, launder, repair, replace or dispose of PPE at no cost to employee

General Rules on PPE:

- The employee must be trained to use equipment properly
- PPE must be appropriate for the task
- PPE must be used each and every time a task is performed
- The PPE must be free of physical flaws that could compromise safety
- Gloves must fit properly
- If PPE has been compromised by blood during use, remove it as soon as feasible
- Before leaving the work area, remove all PPE and place it in an appropriate container for washing, decontamination or disposal

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P P E – Gloves

Gloves are the most widely used form of PPE either the Latex or nylon variety for medical procedures and patient care or heavy-duty utility gloves for housekeeping duties.

General Rules:

- They must be worn when you anticipate hand contact with blood, other infectious materials, mucous membranes or non-intact skin.
- Change gloves between patients, when contaminated and before leaving the work area
- Hypoallergenic gloves must be provided in cases of allergic reactions to latex or nylon.
- **Gloves are not specifically required for giving injections.**
- Since gloves can be torn or punctured by sharps, the employee should bandage any cuts before being gloved.
- A safe procedure must be followed for glove removal, being careful that no substances from the soiled gloves contact your hands. Dispose of contaminated materials and dispose before removing your gloves!
- Replace disposable single-use gloves and discard after use. Never attempt to wash or decontaminate.
- Utility gloves may be decontaminated and reused unless damaged.

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Sequence of Donning PPE

1. Gown
2. Mask or Respirator
3. Goggles or Face Shield
4. Gloves

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Housekeeping

- Protects every healthcare worker present in the work area
- It is every worker's responsibility!

Specific housekeeping rules include the following elements:

- Cleaning and decontamination at the end of each work shift, unless a spill occurs at which time the appropriate decontamination procedure is taken / Treat spills as a bio-hazardous waste and dispose of in red-bag, labeled containers / Use of "spill kits", which includes a powder or sawdust to absorb liquid wastes followed by the appropriate germicidal product
- Hazardous wastes defined as an item containing enough blood or OPIM to flake off (if dry) or drip (if squeezed)
- Use of tongs, forceps or a brush and dust pan to pick up broken glass/sharps
- Use warning labels bearing the biohazard sign indicating the presence or location of potentially contaminated materials or equipment (fluorescent orange-red color)

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Biohazard Warning Labels

- Warning labels required on:
  1. Containers of regulated waste
  2. Refrigerators and freezers containing blood and other potentially infectious materials
  3. Other containers used to store, transport, or ship blood or other potentially infectious materials
- Red bags or containers may be substituted for labels

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Hepatitis B Vaccination

- If an employee has risk of exposure, the employer must make the Hepatitis B vaccination available at no cost within 10 days of hire
- The vaccine is administered by three vaccinations over a six-month period (at zero, one month and six months)
- Test employee's titer after last vaccination
- Vaccines are safe and cannot be infected with HIV or other BBP
- The complete series of HBV vaccinations is for all practical purposes completely effective at protecting the employee from getting the disease or becoming a carrier forever per current literature
- If an employee chooses to decline the vaccine, a waiver must be signed by the employee and kept on file.

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Post-Exposure Evaluation

Post-exposure evaluation and follow-up must include:

- Documentation of the route of exposure,
- Identification, documentation and testing of the source,
- Consent must be first obtained from patient
- Collection/testing of the employee's blood for HBV/HIV (must also obtain consent),
- BBP infections can only be detected via a blood test (except HIV)
- Post-exposure prophylaxis,
- Counseling and
- Evaluation of reported illnesses.
(Vaccinations, post-exposure evaluations and follow-up must be at no cost to the employee.)

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What to do if an exposure occurs?

1. Wash exposed area with soap and water for 15 minutes
2. Flush splashes to nose, mouth, or skin with water, again for 15 minutes
3. Irrigate eyes with water or saline
4. Direct the worker to a healthcare professional for additional prophylaxis
5. Treatment should begin as soon as possible after exposure, preferably within 24 hours, but no later than 7 days.
6. Report the exposure if required (not required in medical practices, except as **follows:**)
   a. **All fatalities must be reported to OSHA within eight (8) hours (includes work-related confirmed cases of COVID-19 if the fatality occurred within 30 days of an exposure at work).**
   b. **All hospital inpatient admissions, amputations and loss of eyes must be reported within 24 hours. Must report as well for work-related confirmed cases of COVID-19 if the hospitalization occurred within 24 hours of an exposure to COVID-19 at work.**
   c. **OSHA 24-Hour Hotline: 1-800-321-OSHA (6742) or online at osha.gov**

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BBP Training

- Training must be provided within ten (10) days of hiring and annually thereafter.
- Shared responsibility for contractors and temporary personnel.
- Training records must include:
  - Date of training
  - Contents or summary of training session
  - Names and qualifications of trainer(s)
  - Names and job titles of all trainees

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Training Requirements

- Provided at no cost to employees during working hours
- Provided at time of initial assignment to a job with occupational exposure and at least annually thereafter
- Additional training needed when existing tasks are modified or new tasks are required which affect the worker's occupational exposure
- Maintain training records for 3 years

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BBP Recordkeeping

Medical Records

According to 29 CFR 1910.1020, employers shall establish and maintain an accurate record for each employee with occupational exposure containing:

- Employee's name and social security number
- Employee's Hepatitis B vaccination status, date administered, etc.
- Results of all examinations, medical testing, post-exposure evaluation and follow-up procedures
- A copy of the healthcare professional's written opinion
- A copy of any specific information provided to the healthcare professional

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Key Elements of Hazard Communication Plan

- Appointment of a coordinator within the practice for the HAZCOM program,
- Maintaining complete inventory of hazardous chemicals on-site,
- Maintaining Safety Data Sheets (SDS) for each chemical stored on-site, (https://www.osha.gov/Publications/OSHA3514.pdf)
  - Must have 16-section format for each chemical
- Proper labeling of hazardous chemicals,
- Proper information, documentation and training of employees,
- Proper exchange of information to outside contractors of chemical hazards,
- Accessible copy of the standard from 29 CFR 1910.1200 and written program to employees.

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HAZCOM and GHS

- The Hazard Communication Standard (HCS) is aligned with the seventh edition of the Globally Harmonized System of Classification and Labeling of Chemicals (GHS).
  - Labeling small containers
  - Labels on bulk chemical shipments
  - Updating hazard labels
  - HCS hazard classes and categories
  - Trade secrete on Safety Data Sheets
  - https://www.osha.gov/sites/default/files/publications/OSHA4437.pdf

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OSHA HAZCOM Quick Card

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HCS Pictograms

There are nine pictograms under the GHS to convey the health, physical and environmental hazards. The final Hazard Communication Standard (HCS) requires eight of these pictograms, the exception being the environmental pictogram, as environmental hazards are not within OSHA's jurisdiction. The hazard pictograms and their corresponding hazards are shown below.

HCS Pictograms and Hazards

Health Hazard	Flame	Exclamation Mark
• Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity	• Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides	• Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non Mandatory)
Gas Cylinder	**Corrosion**	**Exploding Bomb**
• Gases under Pressure	• Skin Corrosion/ burns • Eye Damage • Corrosive to Metals	• Explosives • Self-Reactives • Organic Peroxides
Flame over Circle	**Environment (Non Mandatory)**	**Skull and Crossbones**
• Oxidizers	• Aquatic Toxicity	• Acute Toxicity (fatal or toxic)

These can be found at https://www.osha.gov/hazcom/pictograms

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Key Elements of Tuberculosis Exposure Plan

The TB infection control program should be based on a three-level hierarchy of control measures and include:

1. Administrative Measures
   - Management measures to reduce the risk or exposure to persons with infectious TB
2. Environmental Controls
   - Prevent the spread and reduce the concentration of infectious droplet nuclei
3. Use of Respiratory Protective Equipment
   - Proper use of PPE in situations that pose a high risk of exposure to TB

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Occurrence

- In 2023, an estimated 11 million people around the world were infected with TB.
- There are around 1.6 million TB-related deaths worldwide each year.
- TB is the second leading infectious killer in the world (COVID-19 is #1).
- 30 high TB burden countries account for 86% of new cases.
- A total of 8,331 cases were reported in the U.S. in 2022, 262 in Georgia.
- Ending the TB epidemic by 2030 is among the health targets of the UN Sustainable Development Goals (SDGs).

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Compliance Checklist

1. Set goals for compliance
2. Designation of OSHA officer
3. Make all employees aware of all work-related hazards in all areas of the practice including exam rooms, procedure rooms, lab, etc.
4. Complete hazard assessment form to identify, assess, and document hazards in the practice.
5. Repeat the hazard assessment within 6 months to confirm all control measures were implemented and effective.
6. Continue to re-assess hazards annually to address new hazards or make adjustments to previous policies.
7. Develop written hazard control plan which includes details on the hazards found and the protections that are available against those hazards. The written plan should also be accessible to all employees, outline all policies and procedures, and explain how they will be implemented.
8. At least annually, train all staff on recognizing, preventing, and reporting potential hazards.
9. Retain all OSHA-related records for 3 years.

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The OSHA Inspection

Inspections may be triggered by:

- Imminent Danger
- Fatal Accidents
- Programmed Inspections
- Employee Complaints (most common)
- Follow-up Inspections

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Elements of The OSHA Inspection

- Opening conference and review of OSHA 300 Log
- Review of BBP Program , HAZCOM and TB Program (if applicable),
- Review of training documentation,
- Walk-through of the office to inspect the work areas,
- Interview of selected employees, especially the new employees to verify training regimens,
- If inspection is due to a complaint, the officer reads the complaint before a walk-through, show the officer just the area that relates to the complaint and do not volunteer information,
- A closing conference is conducted to discuss findings and to propose steps to take to remedy the situation.
- If the visit is random be cooperative, friendly and do not hesitate to ask questions. For a random visit, the OSHA officer can go anywhere.
- Do not bring your attorney into an OSHA visit or to an appeal meeting. Consult with an attorney for guidance, but not in the inspector's presence. An attorney can be called in during later stages, if necessary.

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OSHA Citations and Fines

An inspection is an evaluation of your program and may result in citations and fines if violations are discovered. States have the right to use their own penalty system.

Violations:

Serious	$16,550 per violation
Other-Than-Serious	$16,550 per violation
Posting Requirements	$16,550 per violation
Failure to Abate	$16,550 per day beyond the abatement date
Willful or Repeated	$165,514 per violation

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OSHA COVID-19

OSHA On-Site Consultation Program offers a no-cost, confidential occupational safety and health services in all 50 states. The program is separate from enforcement and do not result in penalties or citations.

- OSHA On-Site Consultation Directory
  - https://oshainfo.gatech.edu/
- OSHA COVID-19 ETS full text
  - https://www.osha.gov/coronavirus/ets
- OSHA COVID-19 Non-ETS FAQ
  - https://www.osha.gov/SLTC/covid-19/covid-19-faq.html
- Is your workplace covered by the COVID-19 Healthcare ETS?
  - https://www.osha.gov/sites/default/files/publications/osha4125.pdf
- The COVID-19 ETS Log
  - https://www.osha.gov/sites/default/files/publications/OSHA4130.pdf
- OSHA COVID-19 Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace
  - https://www.osha.gov/coronavirus/safework
- Sample Employee COVID-19 Health Screening Questionnaire
  - https://www.osha.gov/sites/default/files/publications/OSHA4132.pdf

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OSHA COVID-19

- Lessons Learned: Frequently Cited Standards Related to COVID-19 Inspections
  - https://www.osha.gov/sites/default/files/covid-citations-lessons.pdf
- ETS Compliance Guidance for Employers – Notification Removal and Return to Work Flow Charts
  - https://www.osha.gov/sites/default/files/COVID-19%20Healthcare%20ETS%20Notification%20Removal%20and%20Return%20to%20Work%20Flow%20Chart%20-%20Employer.pdf
- COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis
  - https://www.osha.gov/sites/default/files/COVID-19_Healthcare_ETS_Worksite_Checklist_Employee_Job_Hazard_Analysis.pdf
- Filing Whistleblower Complaints Related to COVID-19
  - https://www.osha.gov/sites/default/files/publications/OSHA4151.pdf
  - As of 2/28/2023 (most updated date of data available), OSHA has received a reported 19,737 federal whistleblower cases

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Before we begin…

Please use your camera phone or app to scan the QR code and complete the necessary fields:

1. Name and Job Title
2. Practice Name
3. Email Address

This is how we will be tracking who is attending today and only those who complete the form with be receiving a Certificate of Completion.

If you are having technical issues, please type the information above into the chat.

Thanks!

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