

# Occupational Safety and Health Administration

# Topics

- Recordkeeping
- Workplace violence
- Common citations
- Your questions

### Instance by instance violations

- Lockout
- Machine guarding
- Permit-required confined space
- Respiratory protection
- Falls
- Trenching
- Recordkeeping

### OSHA Recordkeeping 2024

- Must include legal company name in submission.
- All employers with 250 or more employees in recordkeeping industries electronically submit their Form 300A data to OSHA by March 2.
- Establishments with 20-249 employees in high-risk industries must electronically submit 300A data.
- All employers with 100 or more employees in high-hazard industries to electronically submit their Forms 300 and 301 case-specific data.

# Appendix B – 300, 300A & 301 healthcare

- 6219 Other Ambulatory Health Care Services
- 6221 General Medical and Surgical Hospitals
- 6222 Psychiatric and Substance Abuse Hospitals
- 6223 Specialty (except Psychiatric and Substance Abuse) Hospitals
- 6231 Nursing Care Facilities
- 6232 Residential Intellectual and Developmental Disability, Mental Health, and Substance Abuse Facilities
- 6233 Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly
- 6239 Other Residential Care Facilities
- 6243 Vocational Rehabilitation Services

### What do I report?

 300 log — all information except the employee name (column B)

#### Form 301 Incident Report

- Employee name (field 1),
- Employee address (field 2),
- name of physician or other health care professional (field 6),
- facility name and address if treatment was given away from the worksite (field 7)

### Multiple Establishments 1904.30

 Keep a separate 300 for each establishment that is expected to be in operation for a year

Each employee must be linked with an establishment.

#### Forms - 1904.29

• Complete 300 & 301 within 7 calendar days

 Can be kept at another location as long as they can be produced when they are needed

# General Recording Criteria 1904.7

- An injury or illness is recordable if it results in one or more of the following:
  - Death
  - Days away from work
  - Restricted work activity
  - Medical treatment beyond first aid
  - Loss of consciousness
  - Significant injury or illness diagnosed by a physician or other LHCP

# Work relationship 1904.5

 Event or exposure in the work environment caused or contributed to the condition

or

• Significantly aggravated a pre-existing injury or illness.

### Day counts

Day zero = day of injury or diagnosis

 Any day off work, restricted or transferred is a day.

Day of release does not count.

# Restricted Work / Job Transfer 1904.7(b)(4)

 Employee is kept from performing one or more of the <u>routine functions</u> (at least once a week) that he or she would otherwise have been scheduled to work.

• or

An employee is kept from working a full workday

### Privacy Concern Cases are:

- An injury or illness to an intimate body part or reproductive system
- An injury or illness resulting from sexual assault
- Mental illness
- HIV infection, hepatitis, tuberculosis
- Needlestick and sharps injuries that are contaminated with another person's blood or other potentially infectious material

# Practice test

# Parking lot

 An employee arrives to work one hour early, prior to the plow trucks cleaning up all of the snow and ice in the company owned parking lot. When she gets out of the car with her three inch heels on; she slips, falls, and breaks her wrist.

Is the case recordable?

#### "Faster, faster, oh that is going to be bad"

- The scrambler operator down at the fair was diagnosed with carpal tunnel syndrome from starting and stopping the scrambler. He was initially moved from his regular job to the milk can softball toss for 10 days.
- On the 11<sup>th</sup> day the employee had CTS surgery resulting in 50 days off of work.
- On day 61 the employee returned for a half day and then had 9 days of restricted activity.
- On day 72 employee has a complete recovery and a return to barking at the scrambler.

#### Ilinesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

U.S. Department of Labor

Occupational Safety and Health Administration

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## Workplace violence

- Safety and health program includes workplace violence
- A worksite-specific hazard assessment of the worksite for risks of workplace violence
  - potential weapons,
  - potential for victims to be cut off from communication,
  - delays in activating emergency alert systems,
  - potential for physical entrapment of victim.
- Tracking, trending and investigation of incidents to identify root causes and controls to prevent future occurrences.

## general duty clause citation

Exposed employee

Serious hazard

Employer knowledge

Feasible method to abate hazard

### Workplace violence

 Employees exposed to workplace violence including, physical assaults, groping, biting, kicking, punching, head-butting and scratching resulting in lacerations, contusions, sprains, strains, and concussions.

### Workplace violence controls

 Develop and implement specific written procedures for employees to take when encountering or responding to an incident of workplace violence.

 Describe the steps and circumstances for employees to initiate calls for assistance; respond to codes; and engage protective services, law enforcement or emergency responders.

• Train employees on the specific procedures to ensure everyone understands their roles and responsibility.

### **Engineering Controls**

- Provide reliable and readily available communication device to all employees
- personal panic alarm
- walkie-talkie

• Ensure nurses station has unobstructed view into the units.

#### Administrative Controls

- Designate staff on each shift to monitor and respond to any incident of violence.
  - Code Purple team, security staff, crisis intervention specialists

• Staff must have the physical capability and training to effectively respond to aggressive patients.

## Training should specifically include

- When and how to call for assistance
- Effective methods for responding to WPV incident;
- Exercises for de-escalation and restraints that include practice drills. Include self-extrication and escape;
- How to contribute to post-incident debriefing/root cause analysis; and
- Properly wearing badges/communication devices.

# Do you have a truly effective safety and health program?

Clear rules and expectations?

Employees understand the rules and expectations?

An effective process to discover deviations from expectations?

An effective enforcement program?

## What did we cite last year?

- Respiratory Protection
- Bloodborne Pathogens
- Lockout
- Formaldehyde
- Asbestos
- Recordkeeping
- General duty

- Electrical
- Lead
- Personal Protective Equipment
- Electronic Submission of 300A

### Respiratory Protection Program

- Program Administrator
- Written program selection process
- Medical evaluation
- Fit test
- Training
- Recordkeeping

#### Fit Test

An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

# Bloodborne Pathogens Exposure control plan - Annual Review

 (c)(1)(iv) requires the employer to review and update the exposure control plan at least annually (every 12 months) and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

## Information and training

- Accessible copy of standard (1910.1030) and explanation.
- Epidemiology and symptoms of bloodborne diseases.
- Explanation of the modes of transmission.
- Explanation of exposure control plan and how to obtain a copy.
- Recognition of the tasks which may involve exposure.
- Explanation of engineering controls, work practices, and PPE.
- PPE types, use, location, removal, decontamination, and disposal.
- Explanation of the basis for PPE.
- HBv efficacy, safety, administration, benefits, and offered free.
- Information on actions and contacts for emergencies involving blood.
- Procedures for an exposure incident, reporting and medical follow-up.
- Information on post-exposure evaluation and follow-up.
- Explanation of the signs, labeling, and color-coding requirements.
- An opportunity for interactive questions and answers.

# Recordkeeping

Annual training documentation requirements.

- Dates of the training
- Summary of the training
- Names and qualification of the trainer(s)
- Names and job titles of attendees
- Training records maintained for 3 years.

# Lockout

- Written program
  - —Group lockout
- Specific procedures
  - —Energy sources
  - -Method of isolation
  - Verification
- Training
- Periodic Inspection

## Formaldehyde 1910.1048

- Permissible Exposure Limit (PEL)
  - airborne concentration above 0.75 (ppm)
     parts per million as an 8-hour TWA.

Action level - 0.5 ppm

- Short Term Exposure Limit (STEL):
  - airborne concentration of formaldehyde above 2 ppm as a 15-minute sample.

### **Exposure Monitoring**

Representative samples for each job classification.

 Identify all employees who may be exposed at or above the action level or STEL.

 Monitoring shall be repeated each time there is a change in production, equipment, process, personnel, or control measures.

### Regulated area

 If formaldehyde exceeds either the TWA or the STEL then post danger sign at all entrances:

DANGER
FORMALDEHYDE
MAY CAUSE CANCER
CAUSES SKIN, EYE, AND
RESPIRATORY IRRITATION
AUTHORIZED PERSONNEL ONLY

### Formaldehyde Training

- At the time of initial assignment, and annually.
- the regulation and Safety Data Sheet.
- description of where formaldehyde is present
- Work practices to limit exposure;
- proper use of, and limitations of PPE;
- Spills, emergencies, and clean-up procedures;
- Medical surveillance program
- Engineering and work practice controls

# **Asbestos** 1910.1001(j)(7)

- Presence, quantity and location
- Annual awareness training for employees who perform housekeeping in area containing ACM or PACM
  - health effects of asbestos,
  - locations of ACM/PACM in the building/facility,
  - recognition of ACM/PACM damage and deterioration,
  - requirements in this standard relating to housekeeping,
  - proper response to fiber release episodes, to all employees who perform housekeeping work.

# Portable electric equipment including extension cords

- Visual Inspection
  - before use on any shift
  - for external defects (damaged insulation or parts)
  - for internal damage (crushed outer jacket)

Removed from service if damaged.

#### Flexible cords and cables

- Flexible cords may not be used:
  - as a substitute for fixed wiring
  - through walls, ceilings, or floors
  - through doorways and windows
  - attached to building surfaces
  - concealed behind walls

# Ground-Fault Circuit Interrupter

Protective device

Detects difference in current between circuit wires

(current leakage)

 The GFCI shuts off electricity flow in as little as 1/40 of a second.

## Lead NEP

- Air monitoring
- Written compliance program
- Personal protective equipment / Respirator program
- Hygiene Shower and storage
- Medical program
- Lead program training

### Personal Protective Equipment

Documented hazard assessment

Must fit

Actually protect

## **PPE Training**

- When
- What
- How
  - to put on and off
  - to adjust, fit, & wear
- Its limitations
- Proper care, maintenance, useful life, & disposal

# OSHA QuickTakes

- Free OSHA e-newsletter delivered twice monthly to more than 382,000 subscribers
- Latest news about OSHA initiatives and products to help employers and workers find and prevent workplace hazards
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www.osha.gov/quicktakes

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