Update to

OSHA PROGRAM MANUAL for Medical Facilities

October 2022 Revisions

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Enclosed is your latest supplement to the *OSHA Program Manual for Medical Facilities.* This supplement is designed to keep your product up to date. Your next supplement will be in 2023.

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Please insert these new and revised pages as indicated, and keep these filing instructions at the front of your book.

FILING INSTRUCTIONS

Remove	Insert	Reason for Change
Title page	Title page	*updated*
xxv through xxvi	xxv through xxvi	**Table of Contents—***updated*
2-13 through 2-18	2-13 through 2-18	**Tab 2: OSHA Program Administration—***updated*
6-15 through 6-16	6-15 through 6-16	**Tab 6: TB/Infection Prevention and Control Plan—***updated*
10-17 through 10-18	10-17 through 10-18	**Tab 10: Employee Training—***updated*
Tab 11 Contents	Tab 11 Contents	**Tab 11 Contents—***updated*
11-5 through 11-6	11-5 through 11-6	**Tab 11: Master Record Forms (Form 2A)—***updated*
11-11 through 11-18	11-7 through 11-18	**Tab 11: Master Record Forms (Form 4B and Form 5)—***updated*
——	11-79 through 11-80	**Tab 11: Master Record Forms (Form 19A)—** *new form added*
11-83 through 11-84	11-83 through 11-84	**Tab 11: Master Record Forms (Form 21)—***updated*
11-125 through 11-126	11-125 through 11-126	**Tab 11: Master Record Forms (Form 27)—***updated*

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OSHA PROGRAM MANUAL

for Medical Facilities

About the Author

Marge McFarlane brings over 45 years of comprehensive experience in the environment of care, life safety, emergency management and infection prevention for construction. McFarlane has authored handbooks on the GHS update to the OSHA Hazard Communication Standard, OSHA training for Medical Facilities and was a contributing author on the special Dark Report for "COVID Risk Assessment/Testing for Laboratories." She is a frequent presenter for seminars and conferences on the environment of care, OSHA topics, infection prevention for construction, legionella, COVID-19, hazardous materials/RCRA waste streams, and emergency management. She is currently working with healthcare systems and clinics nationally to identify and mitigate risks in the physical environment and help ensure regulatory compliance. She recently completed the ASSE 12080 Legionella Water Safety and Management Certification. 22K

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11/2022

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WEEKLY FACILITY REVIEW CHECKLIST

Mark Yes (Y), No (N), or Not Applicable (NA) for the following OSHA requirements. If you answered "No" to any question, explain on the reverse of this form.

Facility

_____ Are all sharps containers filled below the "fill" line (or 2/3 full), secured and positioned firmly so that they cannot be knocked over?

_____ Are biohazard waste bags/storage bins in the proper locations (in every area where blood or OPIM is encountered) and functioning properly?

_____ Is the biohazard storage area clean, secure and orderly?

_____ Is the autoclave working properly? Are weekly biological indicator test records complete? *(Reference **Form 2.**)*

_____ Is the eyewash station functioning properly? (Run water for several minutes and inspect /disinfect eyepieces; see **Tab 5** for details.) (See weekly eyewash station log, Form 2A)

_____ Are all exit hallways clearly marked and unobstructed with exit doors unlocked from the inside?

_____ Do **ALL** facility exits have clear and unobstructed (by snow/ice, trash bins, containers, etc.) paths to the street or public way? (It is important to check secondary facility exits.)

Administration

_____ Are the exam/treatment rooms set-up and clean-up procedure consistently followed? *(Reference **Form 6.**)*

_____ Have the exam/treatment rooms been inspected for outdated supplies and medications?

Date: _____ OSHA Safety Officer: _____

MONTHLY FACILITY REVIEW CHECKLIST

Mark Yes (Y), No (N), or Not Applicable (NA) for the following OSHA requirements. If you answered "No" to any question, explain on the reverse of this form.

Facility

_____ Are compressed gas cylinders securely fastened in an upright condition?

_____ Are empty or unused gas cylinders capped and properly labeled and segregated from each other?

_____ Are fire extinguishers fully charged, accessible, inspected monthly and in their designated places? (Month, date, year, and initials of person inspecting the extinguisher should be documented on the back of each fire extinguisher tag for each month.)

_____ Are all floors and carpets dry and free of tripping hazards**?**

_____ Are stored items stacked no higher than 5 feet (unless a stepstool is available), stable, and located more than 3 feet from any heat source?

_____ Are PPE (gowns, face shields, gloves, shoe covers, etc.) and respirators (N95s) in the proper location, available in the correct sizes and amounts, and functioning properly?

_____ Are hand sanitizers available, in date and in the proper locations?

_____ Are all chemicals labeled legibly so contents and hazards are clearly identified? Are all secondary containers, such as spray bottles and chemical bottles, properly labeled and legible, including the required OSHA pictograms?

_____ Are chemical and biohazard spill kits available and within their expiration date?

_____ Are all first aid kit/crash cart components within their expiration dates?

____ Do emergency backup lights/batteries have documented testing for 30 seconds every month?

_____ Are AEDs checked monthly per the manufacturer's instructions?

Administration

_____ Have all new employees completed a "New Employee OSHA Orientation" checklist? *(Reference **Form 26**.)*

_____ Is the SDS binder and the Master Hazardous Substances List up to date, reflecting any new chemicals brought into use this month? *(Reference **Form 19, SDS Binder.**)*

_____ Have hepatitis B vaccinations been made available to unvaccinated new hires with occupational exposure to bloodborne pathogens after training and within 10 working days of initial assignment or has an OSHA declination form been signed?

_____ Have tuberculin skin tests (TST) or IGRA blood tests been made available to new hires before exposures to patients with TB or within 10 working days of initial assignment?

Date: _____ OSHA Safety Officer: _____

ANNUAL FACILITY REVIEW CHECKLIST

(1 of 3 Pages)

Mark Yes (Y), No (N) or Not Applicable (NA) for the following OSHA requirements. Explain any "No" responses in the space provided at the end of this form.

General Facility Safety

_____ The most current OSHA poster, "It's the Law" (or state equivalent poster) is visible to all employees.

_____ Exit signs are properly lit and backup lights/batteries are functioning. The 90-minute annual testing of backup lights with batteries is documented.

_____ If your facility has 10 or more employees, a written evacuation plan is posted or readily available. Posted evacuation plans are recommended.

_____ Medical equipment cords have grounded 3-pronged plugs.

_____ Extension cords are being used properly (not as permanent wiring).

_____ Extension cords are not plugged into each other (daisy-chained).

_____ Electrical cords are managed to prevent tripping hazards (not placed under rugs or across doorways).

_____ Electrical cords are in good condition (no frays, defects, etc.).

_____ The fire alarm is in proper working order and tested if present.

_____ An appropriate number of fire extinguishers are present/accessible.

_____ The fire extinguishers have been inspected and tagged within the last 12 months and are fully charged. A record review shows that the extinguishers were inspected during each month of the last 12 months.

_____ Panic buttons, or public address systems, are in working order if present.

_____ The worksite is maintained in a clean and sanitary condition.

_____ Restricted areas (lab, decontamination room, biohazardous waste storage, etc.) are designated with signage.

Break Room

_____ The break area is free of contamination from blood and other potentially infectious materials (OPIMs).

_____ Employees discard PPE before entering the break area (before leaving exam rooms).

_____ The break area is free from hazardous chemicals.

Check-in/Reception

_____ An up-to-date emergency contact list is posted or present. *(Reference **Form 7-A**)*

_____ The reception area is free of contamination from blood and OPIMs.

_____ Employees discard PPE before entering the reception area (before leaving exam rooms).

_____ The reception area is free from hazardous chemicals.

Administration Area

_____ All employees had documented OSHA annual training on bloodborne pathogens, hazard communication and TB in the last 12 months. *(Reference **Form 27**)*

_____ All new employees received documented initial OSHA training and have completed a New Employee Orientation Checklist (if previously trained), and this training is documented. *(Reference **Form 26**)*

_____ Employees have been trained on how to use a fire extinguisher (P.A.S.S.). *(Reference **Forms 26, 27**)*

_____ All OSHA training records from the last three (3) years are available. *(Reference **Forms 26, 27**)*

_____ Exposure Determination Lists #1 and #2 document all employees/tasks with risk for exposure. *(Reference **Forms 8, 9**)*

_____ The facility has documented all needlesticks and other sharps injuries which occurred this year using the Incident/Sharps Injury Log *(Reference **Form 14**)*

_____ All employee accidents/incidents, near-misses, injuries, and complaints *(check Safety Report and Incident/Sharps Injury Logs)* were examined for trends. The need to change engineering controls, policies or procedures was evaluated. *(Reference **Forms 1, 14**)*

_____ In areas where trends were noted or safer sharps have not yet been implemented frontline employees have evaluated new safety devices for probable future implementation. Evaluations have been documented, and evaluation forms are retained. *(Reference **Forms 10, 11, 12, 13**)*

_____ Hepatitis B vaccination records (or OSHA hepatitis B vaccination declination forms) are available for all employees. *(Reference **Forms 15, 16**)*

_____ Employee post-exposure medical records (for all employees who sustained a needlestick or other BBP or chemical exposure) are complete and located in a confidential area. Records are available for 30 years plus the length of employment. *(Reference **Forms 14, 17, 18, 18-A**)*

_____ Engineering controls are functioning effectively (protective shields have not been removed or broken, and all parts are functioning as intended). Any fume hoods or biological cabinets have been certified as required by the manufacturer.

_____ The Hazardous Substances List contains all hazardous chemicals in the facility *(check for new chemicals recently brought into use)*. *(Reference **Form 19**)*

_____ SDS binder(s) are in the proper location (immediately accessible to employees).

_____ SDS are present for all hazardous chemicals in the facility, including fire extinguishing chemicals. *(Reference **SDS binder**)*

_____ TB skin test (TST) records are on file for all employees. *(Reference **Forms 22, 23**)*

_____ The annual TB risk assessment has been performed. *(Reference **Form 21**)*

_____ The contents (type and number of items) of the first aid kit have been reviewed and are considered adequate for emergencies anticipated in the facility.

Storage Area

_____ Hazardous chemicals are stored properly (e.g., combustibles away from outlets, large volumes of flammables in a flammable cabinet etc.) and are disposed of properly.

_____ Chemicals are labeled legibly with contents and hazards clearly identified. Labels and pictograms match the identity on the corresponding SDS. *(Reference **Form 19, SDS binder**)*

_____ Appropriate PPE (gloves, respirators, goggles/face-shields, aprons) is available/accessible for handling hazardous chemicals. *(Reference **SDS binder**)*

_____ All items are stored at least 18 inches from the ceiling in sprinklered areas and at least 12 inches away from light sources in unsprinklered areas.

Exam Rooms/Clinical Areas

_____ All eyewash stations are in proper working order. Annual maintenance and testing is documented per the ANSI Eyewash Standards, ANSI 358.1-2014.

_____ Universal Precautions/Standard Precautions are used when handling all blood and Other Potentially Infectious Materials (OPIMs).

_____ Handwashing facilities (sinks with soap or alcohol gels) are available in all areas where biohazards and patients are encountered.

_____ The biohazard symbol/label is used to indicate the potential presence of BBPs for all blood & OPIMs.

_____ Contaminated items and regulated waste are placed into approved biohazard bags and containers displaying the biohazard symbol.

_____ Biohazard waste bags/storage bins are located in every area where blood or OPIM are encountered and functioning properly (i.e., they can be securely closed).

_____ PPE (gloves, gowns, masks, goggles/face shields) are in the proper location. It is available in the correct sizes and amounts, and functions properly.

_____ The most effective engineering controls are available and functioning correctly (i.e., safety needles, sharps containers, fume hoods, splash shields)

_____ Employees decontaminate and clean work surfaces as soon as contaminated and at the end of every shift with an appropriate disinfectant.

Cleaning/Decontamination Room

_____ PPE (gloves, gowns, masks, goggles/face shields) are in the proper location. It is available in the correct sizes and amounts, and functions properly.

_____ Is appropriate PPE (rubber or vinyl gloves, respirators, goggles/face shields, aprons) available and accessible for handling hazardous chemicals in the workplace.

_____ Employees decontaminate and clean work surfaces as soon as contaminated and at the end of every shift with an appropriate disinfectant.

_____ Chemicals are labeled legibly with contents and hazards clearly identified. The GHS labels match the identity on the corresponding SDS. *(Reference **Form 19, SDS binder**)*

_____ Hazardous chemicals are stored properly (e.g., combustibles away from outlets, large volumes of flammables in an explosion-proof flammable cabinet etc.) and are disposed of properly.

_____ Soaking basins or reservoirs used for decontamination of instruments have tight fitting covers to reduce evaporation of hazardous vapors and are properly labeled for chemical and biohazards.

Comments (explain any “No” answer): _____

_____

_____

Date: _____ OSHA Safety Officer*: _____

** Note: Also document this annual OSHA Program Manual review on **Form 3**.*

ANNUAL OSHA SAFETY PROGRAM REVIEW (INCLUDES BBP EXPOSURE CONTROL PLAN*, HAZARD COMMUNICATION PROGRAM AND TB/RESPIRATORY PROTECTION PLAN)

Date	Reviewed By	Page # of Changes	Summary of Revisions*

Include evaluations of sharps containers, safety needles and protective equipment

Workers Who Have Had BCG Vaccination

The BCG vaccine is not 100% protective, so those who have had it could still become infected with TB. Perform baseline two-step TST and follow-up serial TSTs, if indicated, unless the BCG-vaccinated employee has a previous documented positive TST result or previously treated LTBI or TB disease. Many persons who received BCG don't have a positive TST result, and for those that do, their reaction wanes after a few years. As for any employee, provide a medical evaluation, including a chest x-ray at the public health department, if the TST is positive.

Periodic Retesting of Employees

Based on risk assessment: If your facility falls into the high-risk category, provide TB testing to all employees annually or according to the most current CDC guidelines.

Based on exposure to a person with TB: If there is employee exposure to an individual with infectious TB, repeat testing as soon as possible after the exposure and if that is negative, perform another eight to ten weeks afterwards. It takes four to 10 weeks from the time of infection for an exposed person to react to the skin test and between or four to seven weeks for the TB blood test (IGRA) but could take up to 14 to 22 weeks.

Do not repeat TSTs annually or after an exposure for employees with a positive skin test. For these employees, it's necessary to rely on chest x-rays and symptoms to see if they have tuberculosis. Require them to get a chest x-ray if they have a cough lasting for three weeks and two or more TB symptoms. Routine annual chest x-rays are not necessary.

Recording TST/IGRA Results

Record results of TB skin testing on the **TST/ICRARecord,** located on page 6-16 and behind **Tab 11: Master Record Forms (Form 21)**.

TST/IGRA TEST RECORD

Note: A master copy of this form is located behind **Tab 11: Master Record Forms (Form 21)**

Employee Name	**TST/IGRA Date(s)**	**Reason for Administration (e.g., Baseline, Annual, Post- Exposure)**	**TST/IGRA Result(s)** (TST Read within 48-72 hrs)	**Person Who Conducted TST/IGRA**

Additional Comments: _____

_____

OSHA ANNUAL TRAINING

OSHA Sample True/False Test - Answer Key

1. F
2. T
3. T
4. F
5. T
6. F
7. T
8. T
9. F
10. T

Documenting Employee Training

Document annual employee retraining on the **Annual Training Record** (page 10-18). Document new employee safety training on the **New Employee OSHA Orientation Checklist** (page 10-8), also behind **Tab 11: Master Record Forms (Form 26).**

Retain all training records for at least three years.

ANNUAL EMPLOYEE TRAINING RECORD

Note: A master copy of this form can be found behind **Tab 11: Master Record Forms (Form 27)**

Type of Training*: _____ **Date**: _____

Subjects Covered:** _____

_____

Trainer: _____ **Title/Qualifications:** _____

I have read and understood the safety procedures outlined in our Exposure Control Plan, Hazard Communication Plan and TB/Respiratory Protection Plans. After the training session, I was given the opportunity to ask questions to clarify the material. I will, to the best of my abilities, make every effort to practice these safety policies in order to reduce health risks to my coworkers, our patients and myself.

Date	Employee Name/Job Title (*Please print*)	Employee Signature

**Video, Seminar, etc. If employee attended a seminar, attach seminar description to this form.*
*** Bloodborne Pathogens, HazCom, TB, fire safety, emergency procedures, infection prevention, etc*

TAB 11: MASTER RECORD FORMS

Contents

General Equipment and Facility Records

Form 1	Safety Report…….….....	Use to document employee complaints; staff meeting minutes.
Form 2	Autoclave Log……..…….....	Use weekly or as indicated to record performance of biological indicator tests.
Form 2-A	Eyewash Station Weekly Check Log.....	Use weekly to record performance of emergency eyewash stations.
Form 3	Annual OSHA Safety Program Review…...	Use annually to document that this manual was reviewed and updated.
Form 4-A	Weekly Facility Review Checklist.....	Use weekly (optional form).
Form 4-B	Monthly Facility Review Checklist.....	Use monthly (optional form).
Form 5	Annual Facility Review Checklist…….....	Use annually.
Form 5-A	Fire Drill Evaluation Form…….....	Use at least once per year.
Form 5-B	Employee Fire Drill Participation Sign-up Sheet …….....	Use at least once per year.
Form 6	Risk Assessment for Workplace Violence…	Use initially and as needed.
Form 7	Housekeeping Schedule……..…….....	Use initially.
Form 7-A	Emergency Telephone List……..…….....	Use initially and as needed.
Form 7-B	Healthcare Facility Slip, Trip, and Fall Hazard Checklist.....	Use as needed.

Bloodborne Pathogens Records

Form 8	Bloodborne Pathogens Exposure Determination List #1…….....	Use initially and whenever new clinical staff is added.
Form 9	Bloodborne Pathogens Exposure Determination List #2……..….....	Use initially and whenever new clinical staff is added.
Form 9-A	Bloodborne Pathogens PPE Compliance Checklist……..…….....	Use initially and whenever new clinical staff is added.
Form 9-A1	Failure to Use PPE.....	Use to investigate incident.

Form 9-B	Bloodborne Pathogens Compliance Checklist: ECP, Training, and Records…….	Use initially and whenever new clinical staff is added.
Form 10	Safety Needle/Syringe Evaluation.....	Use initially and whenever new safety devices are under consideration.
Form 11	Phlebotomy Device Evaluation….....	Use initially and whenever new safety devices are under consideration.
Form 12	Generic Safety Device Evaluation…….....	Use initially and whenever new safety devices are under consideration.
Form 12-A	Sharps Disposal Container Locations.....	Use periodically to monitor compliance for sharps disposal container locations.
Form 13	Sharps Evaluation Results Form.....…	Use initially and whenever new safety devices are under consideration.
Form 13-A	Exposure Prevention Checklist.....	Use periodically to monitor compliance for sharps disposal container locations

Bloodborne Pathogens Employee Medical Records

Form 14	Incident Report/Sharps Injury….....	Use when an employee injury occurs, including sharps injuries and other bloodborne pathogens exposures.
Form 15	HBV Vaccination Declination Form…….....	Use when an employee is given the hepatitis B vaccine or declines this vaccine.
Form 16	HBV Employee Vaccination Form…….....	Use when an employee is given the hepatitis B vaccine or declines this vaccine.
Form 17	Post-exposure Checklist…….....	Use to document that all required actions were taken after a sharps injury or employee exposure to bloodborne pathogens.
Form 18	Post-exposure Medical Evaluation Declination Form…….....	Use to document a particular employee refusing post-exposure testing and treatment.
Form 18-A	Source Patient Testing Consent Form……..	Use to obtain consent from a source patient after an exposure incident such as a needlestick.

Hazard Communication Records

Form 19	Hazardous Substances List……..…….....	Use initially to list all hazardous chemicals in your facility and when a new hazardous chemical is introduced.
Form 19-A	Sterilizer Log Sheet…….....	It records the effective processing of sterile items to include test results and items included in each batch.

TB/Infection Control Records

Form 20	TB Risk Assessment Results Form….....	Use annually.
Form 21	TST/IGRA Test Record……..……	Use as indicated, based on your facility's risk assessment.
Form 22	TST Declination Form……..….....	Use when an employee declines receiving a TB skin test.

Form 23	TB Exposure Log……..….....	Use as indicated when employees are exposed to a known TB patient.
Form 24	Influenza Vaccine Log……...…….....	Use annually to vaccinate all employees.
Form 25-A	Influenza Vaccine Declination Form….....	Use when an employee declines this vaccine.
Form 25-B	Checklist for Infection Prevention for Outpatient Settings.....	Use initially and at least annually thereafter.
Form 25-C	List of Infection Prevention Contact Persons and Roles/Responsibilities.....	Use initially and whenever infection prevention roles and responsibilities change.

Training Records

Form 26	New Employee OSHA Orientation Checklist….....	Use to document initial OSHA training when new staff members are added.
Form 27	Annual Employee Training Record….....	Use annually.
Form 28	OSHA Annual Training (Sample Essay Test)……..…….....	Use annually.
Form 29	OSHA Annual Training (Sample Multiple Choice Test)……..….....	Use annually.
Form 30	OSHA Annual Training (Sample True/False Test)….…….....	Use annually.
Form 31	Respirator Protection Training Record….....	Use annually.
Form 31-A	Qualitative Respirator Fit Test Report for N-95 Masks……..……..……..……..	Use annually when requiring a respirator or when changing respirator selection.
Form 32	Checklist for Decreasing Surgical Fire Risks….....	Use annually.

EYEWASH STATION WEEKLY CHECK LOG

Eyewash stations require weekly checks to be compliant with the American National Standards Institute, 358.1-2014 edition. If your eyewash station does not have a weekly log already attached to the fixture, use this log to check the proper functioning of the station and to flush out stagnant water. Keep a separate log for each station and inspect for:

- **Access and signage.** Eyewash stations must be easily identifiable and unobstructed.
- **Operation.** Turn on the station and check that:
  - The station activates easily within one second with foot or handed control
  - Flow removes eyepiece covers
  - Water flows evenly, in a steady stream from both eyepieces
  - If the eyewash is designed with mixing value, ensure that the water temperature is between 60-1000 F (tepid).
  - Water flows continuously “hands-free”
- **Flush.** Run the station for up to three minutes to flush stagnant water from the line. Flush until the water is clear.
- **Eyepiece presence and disinfection.** Observe that both eyepieces are present and not cracked or damaged. Periodically rinse eyepieces with 10% bleach solution, flush with water for 15 seconds, and replace.

Date (weekly)	Access, signage	Operation	Flush	Eyepiece inspection/ disinfection	Notes	Initial

Ensure each eyewash station has annual inspections conducted according to the manufacturer’s directions.

MONTHLY FACILITY REVIEW CHECKLIST

Mark Yes (Y), No (N), or Not Applicable (NA) for the following OSHA requirements. If you answered "No" to any question, explain on the reverse of this form.

Facility

_____ Are compressed gas cylinders securely fastened in an upright condition?

_____ Are empty or unused gas cylinders capped and properly labeled and segregated from each other?

_____ Are fire extinguishers fully charged, accessible, inspected monthly and in their designated places? (Month, date, year, and initials of person inspecting the extinguisher should be documented on the back of each fire extinguisher tag for each month.)

_____ Are all floors and carpets dry and free of tripping hazards**?**

_____ Are stored items stacked no higher than 5 feet (unless a stepstool is available), stable, and located more than 3 feet from any heat source?

_____ Are PPE (gowns, face shields, gloves, shoe covers, etc.) and respirators (N95s) in the proper location, available in the correct sizes and amounts, and functioning properly?

_____ Are hand sanitizers available, in-date and in the proper locations?

_____ Are all chemicals labeled legibly so contents and hazards are clearly identified? Are all secondary containers, such as spray bottles and chemical bottles, properly labeled and legible, including the required OSHA pictograms?

_____ Are chemical and biohazard spill kits available and within their expiration date?

_____ Are all first aid kit/crash cart components within their expiration dates?

____ Do emergency backup lights/batteries have documented testing for 30 seconds every month?

_____ Are AEDs checked monthly per the manufacturer's instructions?

Administration

_____ Have all new employees completed a "New Employee OSHA Orientation" checklist? *(Reference **Form 26**.)*

_____ Is the SDS binder and the Master Hazardous Substances List up to date, reflecting any new chemicals brought into use this month? *(Reference **Form 19, (SDS Binder.)***

_____ Have hepatitis B vaccinations been made available to unvaccinated new hires with occupational exposure to bloodborne pathogens after training and within 10 working days of initial assignment or has an OSHA declination form been signed?

_____ Have tuberculin skin tests (TST) or IGRA blood tests been made available to new hires before exposures to patients with TB or within 10 working days of initial assignment?

Date: _____ OSHA Safety Officer: _____

ANNUAL FACILITY REVIEW CHECKLIST

(1 of 3 Pages)

Mark Yes (Y), No (N) or Not Applicable (NA) for the following OSHA requirements. Explain any "No" responses in the space provided at the end of this form.

General Facility Safety

_____ The most current OSHA poster, "It's the Law" (or state equivalent poster) is visible to all employees.

_____ Exit signs are properly lit and backup lights/batteries are functioning. The 90-minute annual testing of backup lights with batteries is documented.

_____ If your facility has 10 or more employees, a written evacuation plan is posted or readily available. Posted evacuation plans are recommended.

_____ Medical equipment cords have grounded 3-pronged plugs.

_____ Extension cords are being used properly (not as permanent wiring).

_____ Extension cords are not plugged into each other (daisy-chained).

_____ Electrical cords are managed to prevent tripping hazards (not placed under rugs or across doorways).

_____ Electrical cords are in good condition (no frays, defects, etc.).

_____ The fire alarm is in proper working order and tested if present.

_____ An appropriate number of fire extinguishers are present/accessible.

_____ The fire extinguishers have been inspected and tagged within the last 12 months and are fully charged. A record review shows that the extinguishers were inspected during each month of the last 12 months.

_____ Panic buttons, or public address systems, are in working order if present.

_____ The worksite is maintained in a clean and sanitary condition.

_____ Restricted areas (lab, decontamination room, biohazardous waste storage, etc.) are designated with signage.

Break Room

_____ The break area is free of contamination from blood and other potentially infectious materials (OPIMs).

_____ Employees discard PPE before entering the break area (before leaving exam rooms).

_____ The break area is free from hazardous chemicals.

Check-in/Reception

_____ An up-to-date emergency contact list is posted or present. *(Reference **Form 7-A**)*

_____ The reception area is free of contamination from blood and OPIMs.

_____ Employees discard PPE before entering the reception area (before leaving exam rooms).

_____ The reception area is free from hazardous chemicals.

Administration Area

_____ All employees had documented OSHA annual training on bloodborne pathogens, hazard communication and TB in the last 12 months. *(Reference **Form 27**)*

_____ All new employees received documented initial OSHA training and have completed a New Employee Orientation Checklist (if previously trained), and this training is documented. *(Reference **Form 26**)*

_____ Employees have been trained on how to use a fire extinguisher (P.A.S.S.). *(Reference **Forms 26, 27**)*

_____ All OSHA training records from the last three (3) years are available. *(Reference **Forms 26, 27**)*

_____ Exposure Determination Lists #1 and #2 document all employees/tasks with risk for exposure. *(Reference **Forms 8, 9**)*

_____ The facility has documented all needlesticks and other sharps injuries which occurred this year using the Incident/Sharps Injury Log *(Reference **Form 14**)*

_____ All employee accidents/incidents, near-misses, injuries, and complaints *(check Safety Report and Incident/Sharps Injury Logs)* were examined for trends. The need to change engineering controls, policies or procedures was evaluated. *(Reference **Forms 1, 14**)*

_____ In areas where trends were noted or safer sharps have not yet been implemented frontline employees have evaluated new safety devices for probable future implementation. Evaluations have been documented, and evaluation forms are retained. *(Reference **Forms 10, 11, 12, 13**)*

_____ Hepatitis B vaccination records (or OSHA hepatitis B vaccination declination forms) are available for all employees. *(Reference **Forms 15, 16**)*

_____ Employee post-exposure medical records (for all employees who sustained a needlestick or other BBP or chemical exposure) are complete and located in a confidential area. Records are available for 30 years plus the length of employment. *(Reference **Forms 14, 17, 18, 18-A**)*

_____ Engineering controls are functioning effectively (protective shields have not been removed or broken, and all parts are functioning as intended). Any fume hoods or biological cabinets have been certified as required by the manufacturer.

_____ The Hazardous Substances List contains all hazardous chemicals in the facility *(check for new chemicals recently brought into use)*. *(Reference **Form 19**)*

_____ SDS binder(s) are in the proper location (immediately accessible to employees).

_____ SDS are present for all hazardous chemicals in the facility, including fire extinguishing chemicals. *(Reference **SDS binder**)*

_____ TB skin test (TST) records are on file for all employees. *(Reference **Forms 22, 23**)*

_____ The annual TB risk assessment has been performed. *(Reference **Form 21**)*

_____ The contents (type and number of items) of the first aid kit have been reviewed and are considered adequate for emergencies anticipated in the facility.

Storage Area

_____ Hazardous chemicals are stored properly (e.g., combustibles away from outlets, large volumes of flammables in a flammable cabinet etc.) and are disposed of properly.

_____ Chemicals are labeled legibly with contents and hazards clearly identified. Labels and pictograms match the identity on the corresponding SDS. *(Reference **Form 19, SDS binder**)*

_____ Appropriate PPE (gloves, respirators, goggles/face-shields, aprons) is available/accessible for handling hazardous chemicals. *(Reference **SDS binder**)*

_____ All items are stored at least 18 inches from the ceiling in sprinklered areas and at least 12 inches away from light sources in unsprinklered areas.

Exam Rooms/Clinical Areas

_____ All eyewash stations are in proper working order. Annual maintenance and testing is documented per the ANSI Eyewash Standards, ANSI 358.1-2014.

_____ Universal Precautions/Standard Precautions are used when handling all blood and Other Potentially Infectious Materials (OPIMs).

_____ Handwashing facilities (sinks with soap or alcohol gels) are available in all areas where biohazards and patients are encountered.

_____ The biohazard symbol/label is used to indicate the potential presence of BBPs for all blood & OPIMs.

_____ Contaminated items and regulated waste are placed into approved biohazard bags and containers displaying the biohazard symbol.

_____ Biohazard waste bags/storage bins are located in every area where blood or OPIM are encountered and functioning properly (i.e., they can be securely closed).

_____ PPE (gloves, gowns, masks, goggles/face shields) are in the proper location. It is available in the correct sizes and amounts, and functions properly.

_____ The most effective engineering controls are available and functioning correctly (i.e., safety needles, sharps containers, fume hoods, splash shields)

_____ Employees decontaminate and clean work surfaces as soon as contaminated and at the end of every shift with an appropriate disinfectant.

Cleaning/Decontamination Room

_____ PPE (gloves, gowns, masks, goggles/face shields) are in the proper location. It is available in the correct sizes and amounts, and functions properly.

_____ Is appropriate PPE (rubber or vinyl gloves, respirators, goggles/face shields, aprons) available and accessible for handling hazardous chemicals in the workplace.

_____ Employees decontaminate and clean work surfaces as soon as contaminated and at the end of every shift with an appropriate disinfectant.

_____ Chemicals are labeled legibly with contents and hazards clearly identified. The GHS labels match the identity on the corresponding SDS. *(Reference **Form 19, SDS binder**)*

_____ Hazardous chemicals are stored properly (e.g., combustibles away from outlets, large volumes of flammables in an explosion-proof flammable cabinet etc.) and are disposed of properly.

_____ Soaking basins or reservoirs used for decontamination of instruments have tight fitting covers to reduce evaporation of hazardous vapors and are properly labeled for chemical and biohazards.

Comments (explain any “No” answer): _____

_____

_____

_

Date: _____ OSHA Safety Officer*: _____

** Note: Also document this annual OSHA Program Manual review on **Form 3**.*

STERILIZER LOG SHEET

Partnering for Superior Performance

Make/Model: _____ Serial Number: _____

Last Date of Service: _____

Date	Time	User or Operator ID	Contents of Load	Cycle Type	Sterilization Temp	Sterilization Time	Dry Time	Alarms	Comments	Was a biological indicator used?	Did the chemical indicate pass or fail?	What was the max. temp. that was reached?

TST/IGRA TEST RECORD

Employee name	TST/IGRA Date(s)	Reason for Administration (e.g., Baseline, Annual, Post-Exposure)	TST/IGRA Result(s) (TST Read within 48-72 hrs)	Person who Conducted TST/IGRA

Additional Comments: _____

_____

ANNUAL EMPLOYEE TRAINING RECORD

Type of Training*: _____ **Date**: _____

Subjects Covered:** _____

_____

Trainer: _____ **Title/Qualifications:** _____

I have read and understood the safety procedures outlined in our Exposure Control Plan, Hazard Communication Plan and TB/Respiratory Protection Plans. After the training session, I was given the opportunity to ask questions to clarify the material. I will, to the best of my abilities, make every effort to practice these safety policies in order to reduce health risks to my coworkers, our patients and myself.

Date	Employee Name/Job Title (*Please print*)	Employee Signature

**Video, Seminar, etc. If employee attended a seminar, attach seminar description to this form.*
*** Bloodborne Pathogens, HazCom, TB, fire safety, emergency procedures, infection prevention, etc.*