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Before we begin...

Can you please type the following in the Zoom chat:

1. Name

2. Job Title

3. Practice name

4. Email Address

Participants

Chat

Share Screen

Record

Reactions

Apps

1) Chris Poole 2) Consultant 3) Medical Management Associates, Inc. 4) cep@medicalmanagement.com

This is how we will be tracking who is attending today and only those who enter their information will be receiving a Certificate of Completion.

If you sharing a sharing a single computer workstation with co-workers, please be sure to include all attendees information in the chat.

Thanks!

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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

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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Occupational Safety and Health Act of 1970 (OSHA)

Coverage, in general, extends to all employers and their employees,
Exceptions:

- Self-employed persons,
- Working conditions regulated under Federal statutes,
- State & local government employees,
 - 26 states have their own plans
 - 24 states cover both public and private sector where most private sector workers and all state and local government workers are covered.
 - Four (4) state OSHA programs (NY, Connecticut, New Jersey and Illinois) and the Virgin Islands cover only public
 - 24 states have only the Federal OSHA program for private and may not have public employee coverage.

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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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COVID-19 Healthcare Emergency Temporary Standard (ETS)

ETS officially filed on June 17, 2021 and effective as of the published date, June 21, 2021 (<https://www.osha.gov/coronavirus/ets>), and is effective until superseded by a permanent standard, a process contemplated by OSH Act to occur within 6 months of the ETS's promulgation.

OSHA determined that the existing standards and regulations, including the General Duty Clause, were inadequate to address the COVID-19 hazard for healthcare workers. Therefore, OSHA issued the ETS to address this hazard.

OSHA intends to issue a final standard to protect healthcare workers from COVID-19, but will not be able to complete the standard within the 6 months timeframe required by the ETS. As a result, OSHA withdrew the non-recordkeeping portions of the healthcare ETS.

Although not required, OSHA still encourages all healthcare employers to continue to implement the ETS's requirements in order to protect themselves.



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COVID-19 Healthcare Emergency Temporary Standard (ETS)

On March 7, 2022, OSHA announced their effort and enforcement will be focused on inspections of hospitals and nursing care facilities for treating COVID-19 patients.

As OSHA works towards a permanent regulatory solution, OSHA will vigorously enforce the general duty clause and its general standards, including the Personal Protective Equipment (PPE) and Respiratory Standards, to help protect healthcare employees from COVID-19.

OSHA received comments concerning the ETS during the comment period which was to end on July 21, 2021 but was extended to August 20, 2021. The agency is now preparing to promulgate a final standard.

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COVID-19 Healthcare Emergency Temporary Standard (ETS)

On March 22, 2022, OSHA announced a limited re-opening of the record and the agency’s intention to hold an information public hearing to gather certain additional information from healthcare industry stakeholders.

At the conclusion of the informal public hearing on May 2, 2022, OSHA reopened the docket to allow for submission of post-hearing comments and briefs. The deadline for submissions was May 23, 2022.

Primarily concerned with NAICS codes representing Hospital sectors and Nursing and Residential Care sectors.

OSHA Coronavirus-Related Inspections with Violations as of Friday, September 2, 2022, with Total Penalties of \$7,651,400.

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Medical Industry Standards

- Two primary standards pertain to the medical industry:
29 CFR 1910.1030, Bloodborne Pathogens (BBP) (passed in 1990)
and 29 CFR 1910.1200, Hazard Communication (HAZCOM)
(passed on November 25, 1983, Revised March 26, 2012)
- 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)
- Design and Construction Requirements for exits (CFR 1910.0036)
- General Requirements (CFR 1910.0132 {Personal Protective Equipment} / CFR 1910.0303 {Electrical} / CFR 1910.0022 {Walking surfaces / Housekeeping})
- Medical Services & First Aid (CFR 1910.0151)
- Portable Fire Extinguishers (CFR 1910.0157)
- Maintenance, Safeguards and Operational Features for Exit Routes (CFR 1910.0037)
- Respiratory Protection (CFR 1910.0134)
- Wiring Methods, components, equipment, general use (CFR 1910.0305)
- Eye, face and hand protection (CFR 1910.0133-.0138)
- Sanitation (CFR 1910.0141)



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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.



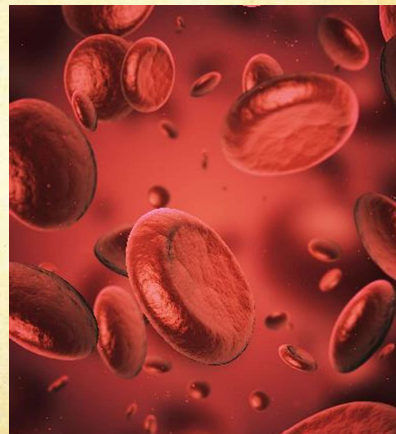
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Bloodborne Diseases

- 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 / New antiviral drugs (pegylated interferon & ribovarin), however have been effective in some cases with 50-55% cure rates. New treatments (sofosbuvir, daclatasvir, & ledipasvir) has shown up to 94% cure rates.
- 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 / there is no preventive vaccine yet
- Some infected people go on to develop AIDS
- May suffer flu-like symptoms, fever, diarrhea and fatigue
- May develop AIDS-related illnesses including neurological problems, cancer or hepatitis / Serious illness and deaths from AIDS have decreased due to success of recent treatments
- People with AIDS now live longer and healthier lives
- As many as 1,200,000 in U.S. infected, 33,000,000 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**
- **BBP are not airborne threats like the flu or the common cold**

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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.


Do:

- Use a mechanical recapping device
- Use the one-handed scoop technique

Don't:

- Pass needle unsheathed
- Recap using two hands

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

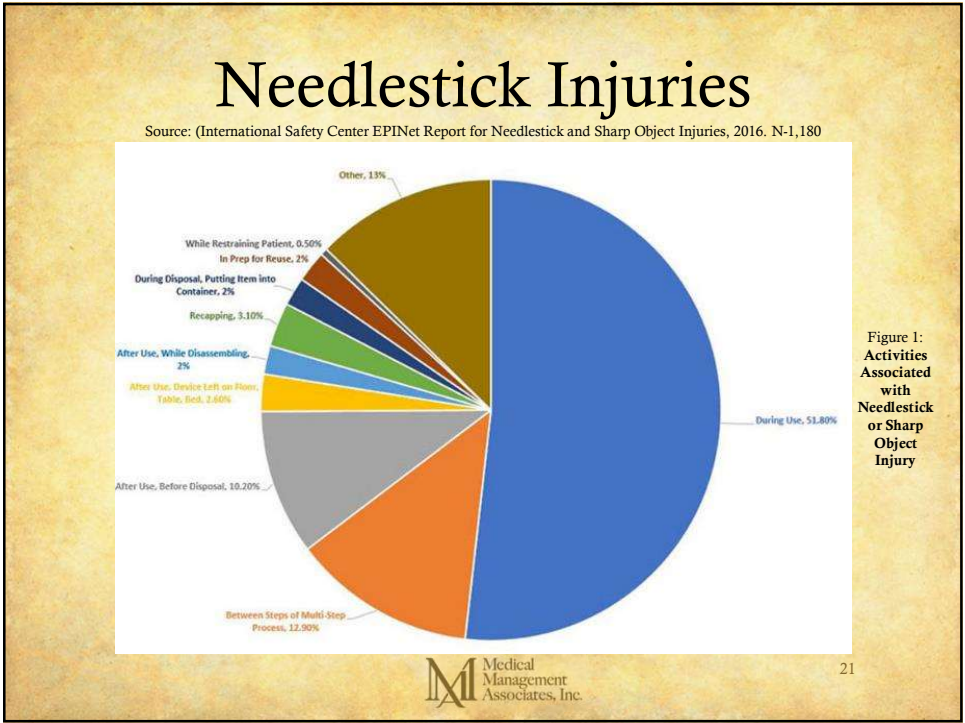


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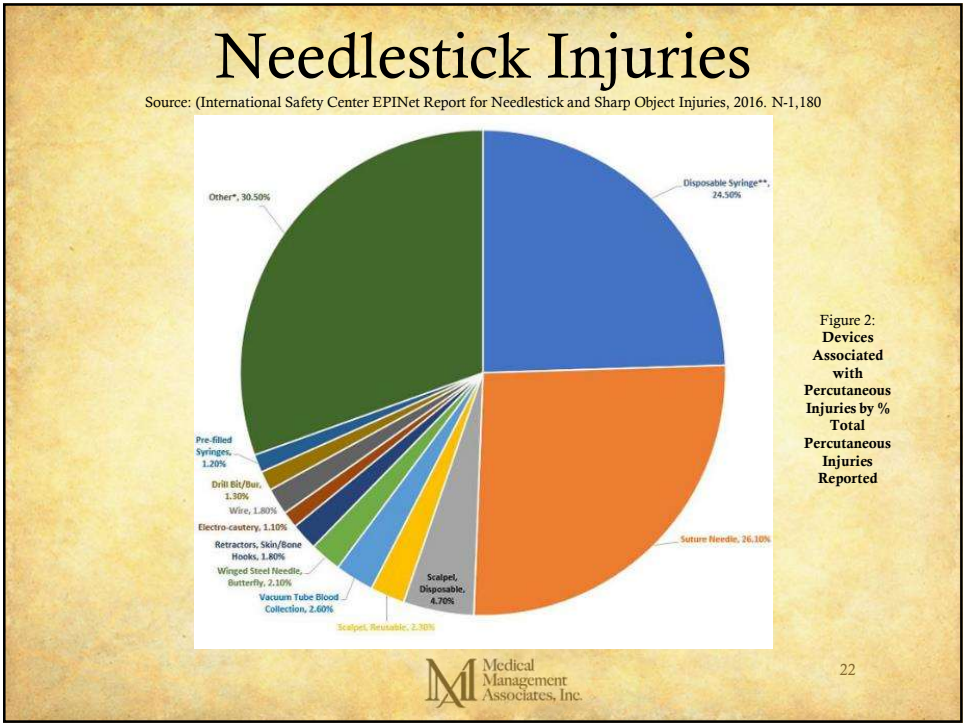
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Standard (“Universal”) Precautions

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.
- Do not bend, hand-recap, shear or break needles/sharps.
- **Never** recap or remove contaminated needles from disposable syringes. Recap using a mechanical device or a one-handed technique.
- 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.
- Do not use Clorox to wash hands. This may cause an abrasive reaction and promote the introduction of the pathogen into your body.



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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

Final version released on January 18, 2001, effective date of April 18, 2001.
(First change in the 31 years since the OSHA Act was passed!)

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.

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Effectiveness of Safety Sharps

<u>Safe Sharp</u>	<u>Injury Decline</u>
IV Catheters	55%
Phlebotomy Needles	70%
Prefilled Syringes	62%
Butterflies	55%
Lancets	87%
Suture Needles	5%

Disposable syringes & suture needles make up **almost 60%** of all needlestick & 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 you
- Clean, launder, repair, replace or dispose of PPE at no cost to you

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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Personal Protective Equipment

(Continued)

Exception to the Rule:

- If the employee believes the use of PPE would prevent proper delivery of healthcare or jeopardize his/her safety or a co-worker's, the use of the PPE may be temporarily and briefly abandoned in an emergency.
- After the incident, the employer must investigate the circumstances to determine if such a situation could be prevented in the future. The incident should be documented General Rules on PPE:
- In all other cases, wearing PPE is not only the best option - it's the only option!



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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 will 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.
- Replace disposable single-use gloves and discard after use. NEVER wash or decontaminate!
- Utility gloves may be decontaminated and reused unless damaged.



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P P E – Gloves

Removal of Gloves

- 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!

General Rules:

- With both hands gloved, peel one glove off from the top to bottom, turning inside out and hold it in the gloved hand.
- With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second. Do not snap or pop the gloves when removing, avoiding any spraying or nebulizing.
- Dispose of the entire bundle properly.
- Remove gloves when they become contaminated or damaged and before you leave the work area.
- Wash hands thoroughly.



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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 protective coverings (foil or plastic wrap) on equipment or surfaces at the end of a shift
- Use of tongs, forceps or a brush and dust pan to pick up broken glass/sharps
- Placement of contaminated sharps and infectious wastes in designated sharps containers that are labeled and easily accessible
- Handle contaminated laundry as little as possible with minimal agitation. Place contaminated laundry in labeled leak-proof bags without sorting or rinsing
- 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) IM
- 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. 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.**
 - b. **All hospital inpatient admissions, amputations and loss of eyes must be reported within 24 hours.**
 - c. **OSHA 24-Hour Hotline: 1-800-321-OSHA (6742) or online at [osha.gov](https://www.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


Medical and all health-related records must be kept for the duration of employment plus thirty (30) years

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Key Elements of Hazard Communication Plan

(Revised Standard 3/26/12/ 2nd Change to OSHA in Medical Workplace in 43 years)

- 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
 - As of June 1, 2015, the HAZCOM Standard (HCS) require new SDSs to be in a uniform format, and include the section numbers, the headings, and associated information under the 16-section headings.
- Proper labeling of hazardous chemicals (pictograms started 6/1/15),
- Proper information, documentation and training of employees,
 - Must keep SDS for **30 years** after discontinuing use of chemical!
- 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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Safety Data Sheet (SDS) Sections

1. Identification	9. Physical and Chemical Properties
2. Hazard(s) Identification	10. Stability and Reactivity
3. Composition/information on Ingredients	11. Toxicological Information
4. First-Aid Measures	12. Ecological Information (non-mandatory)
5. Fire-Fighting Measures	13. Disposal Considerations (non-mandatory)
6. Accidental Release Measures	14. Transport Information (non-mandatory)
7. Handling and Storage	15. Regulatory Information (non-mandatory)
8. Exposure Controls/Personal Protection	16. Other Information

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New 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.

Health Hazard	Flame	Exclamation Mark
<ul style="list-style-type: none">• Carcinogen• Mutagenicity• Reproductive Toxicity• Respiratory Sensitizer• Target Organ Toxicity• Aspiration Toxicity	<ul style="list-style-type: none">• Flammables• Pyrophorics• Self-Heating• Emits Flammable Gas• Self-Reactives• Organic Peroxides	<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• Gases under Pressure	<ul style="list-style-type: none">• Skin Corrosion/ burns• Eye Damage• Corrosive to Metals	<ul style="list-style-type: none">• Explosives• Self-Reactives• Organic Peroxides
Flame over Circle	Environment (Non Mandatory)	Skull and Crossbones
<ul style="list-style-type: none">• Oxidizers	<ul style="list-style-type: none">• Aquatic Toxicity	<ul style="list-style-type: none">• Acute Toxicity (fatal or toxic)

These can be found at <https://www.osha.gov/dsg/hazcom/pictograms/index.html>

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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

- Identification of individual responsible for TB control,
- Appropriate TB training applicable to jobs performed,
- TB screening and prevention program available for all employees,
- RISK assessment of TB transmission,
- Documentation of TB control practices,
- Policies for early detection of infectious persons,
- Isolation of infectious inpatients until clinically improved,
- Engineering controls (i.e., altered ventilation),
- Special precautions with cough-inducing procedures,
- Respiratory protection where exposure to TB is likely (i.e., use of NIOSH approved respirator).

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Occurrence

- In 2020, an estimated **10 million** people around the world were infected with TB.
- There are around **1.5 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 7,860 cases were reported in the U.S. in 2021, 221 in Georgia.
- Ending the TB epidemic by 2030 is among the health targets of the UN Sustainable Development Goals (SDGs).



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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:

Willful, with fatality,	\$250,000/500,000 or
first conviction	6 months prison or both
Second conviction	Same as above + one year prison
Willful or Repeated	\$10,360 - \$145,027 per violation
Serious	\$ 1,036 - \$14,502 per violation
Other than serious	\$ 0 - \$14,502 per violation
Posting Requirements	\$ 0 - \$14,502 per violation
Failure to abate	\$14,502 per day beyond abatement date


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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>
- Healthcare Professionals: FAQ
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>

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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>
 - <https://www.osha.gov/sites/default/files/COVID-19%20Healthcare%20ETS%20Notification%20Removal%20and%20Return%20to%20Work%20Flow%20Chart%20-%20Worker.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>

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