SPOKANE ORAL SURGERY

OSHA / WISHA 2019

Teresa Hill

Info@spokaneoralsurgery.com

OSHA vs WISHA

OSHA--Occupational Safety & Health Act by Congress 1970

WISHA--Washington Industrial Safety & Health Act 1973

- * L&I Department of Labor & Industries - empowered by WISHA to create & enforce safety & health regulations
- * **DOSH** Division of Occupational Safety & Health -Part of L&I, they enforce the safety & health rules by inspecting worksites
- * WAC The rules of WISHA are called Washington Administrative Codes
- * **CSHO** Compliance Safety & Health officers will conduct L&I inspections



OSHA / WISHA why?

INSPECTIONS

- No advance notice required
- Fines can be imposed

Generated by:

- · Complaints employees or ex-employees (most common)
- Accidents
- · Random selection
- · Can you be sentenced to jail term for giving advanced notice of inspection to an employer?



WISHA WAS CREATED TO:

- *Encourage employers & employees to reduce workplace hazards
- *Implement & improve existing safety & health standards
- *Establish responsibilities & rights for employers & employees
- *Maintain reporting & recordkeeping system to monitor job related injures & illnesses
- *Establish training programs to increase/competence
- *Develop mandatory job safety & health standards and enforce them effectively

Employee Rights under WISHA

- * Safe & healthy workplace
- * Know about hazardous chemicals
- * Info about injuries / illnesses in your workplace
- * Complain or request hazard correction from employer
- * Training
- * Hazard exposure and medical records
- * File complaint with WISHA
- * Participate in WISHA inspection
- * Be free from retaliation for exercising safety & health/ rights
- PPE provided at no cost

WAC296-32-115 Safe Place Standard

Employer responsibilities under WISHA

- * Provide safe & healthy workplace free of recognized hazards
- * Provide training required by WISHA, use safeguards & safety devises and work practices for a safe workplace
- * Injury and illness record keeping
- * Establish, supervise & enforce rules that lead to safe & healthy work environment
- * Cannot discriminate against workers exercising their rights
- * Post updated, required WISHA posters to be easily seen by employees
- Provide and pay for PPE
- * Offer Heb B vaccination

WAC 296-800-200 WISHA poster

Common Citations

- 1) Lack of Written Exposure Control Program
- 2) Out-of-date or lack of Written Programs-must be reviewed and updated at least annually
- 3) Inadequate staff training-training regarding bloodborne pathogens annually
- 4) Lack of training documentation-must maintain training records for at least 3 years
- 5) Failure to document the Hepatitis B series
- 6) Failure to use Personal Protective Equipment (PPE)
- 7) Incomplete Safety Data Sheets
- 8) Overfilled sharps containers
- 9) Failure to conduct safety meetings
- 10) Inadequate or lack of eyewash station

Required records must include any work-related injury / illness resulting in the following:

- ▶ Death
- ► Medical treatment beyond 1st aid
- ► Loss of consciousness
- ► Diagnosis of significant injury/illness by licensed health care professional
- ▶ Days away from work/restricted work or transfer

RECORDKEEPING WAC 296-27

Required forms

- ► Form 300 Log of work related injures & illnesses
- Form 300A Summary of work related injures & illnesses (Partially exempt) posted Feb thru April
- Form 301 Injury & illness incident report

RECORD KEEPING WAC 296-27



WISHA REPORTING REQUIREMENTS

Emergency -- L&I office must be called if:

- 1) Workplace death (within 30 days of the accident)
- 2) Workplace injury that may be fatal
- 3) Overnight hospitalization (within 30 days of the accident)

800-423-7233

Complaints
OSHA/WISHA Advise
Products

800-321-6742

Information regarding
filing a WISHA complaint
inspections
reporting
violations, fines & penalties

www.oshamanual.com www.osha.gov www.lni.wa.gov www.oshaonline.com

OFFICE REQUIREMENTS



Accident prevention program Bloodborne pathogens Infection control Radiation safety Emergency action plan Fire prevention plan Hazardous chemical program Exposure control program Infectious waste management

Workplace violence policy

Accident prevention program

- * Safety orientation
- * First aid training
- * Use & care of required PPE
- * Emergency procedures
- * Evacuation drills and routes and meeting site location
- * Safety meetings
- * Accident and injury reporting
- * Identification of hazardous gases, chemicals and materials
- * Emergency procedures following exposure to hazardous materials
- * WISHA posters & bulletin boards
- * Equivalent forms may be used
- * May use electronic version—must have access by all employees

Safety Orientation

Description of your total safety & health program
On-the-job safety orientation prior to job assignment
How to report injury and unsafe practices
Use and care of PPE
Identification of hazards
Emergency training



First Aid

Employers must:

Train all staff involved with direct patient care in CPR/BLS training First aid kit should adequate supplies and checked monthly Have a first Aid coordinator Carry adequate supplies

WAC 296-800-150

PPE

Use and care of PPE
Training:
 prior to initial job assignment
 change in work assignments
 poor work habits requiring re-training
Documentation of training- employee name, dates, trainer
Supplied by the employer at no cost to the employer
Documented hazard assessments for PPE

WAC 296-800-160 Hazard assessment checklist



Safety Meetings

Not required for 10 or less employees
Meet monthly:
Document meeting minutes, attendance, issues, resolutions
Adequate representation from all areas of the office staff
Management
Surgical staff
Admin

Safety Bulletin Boards
Must maintain a safety bulletin board at every workplace
Include safety bulletins, newsletters & posters, emergency numbers/WISHA posters

WAC 296-800-190 Safety bulletin board WAC 296-800-200 WISHA poster

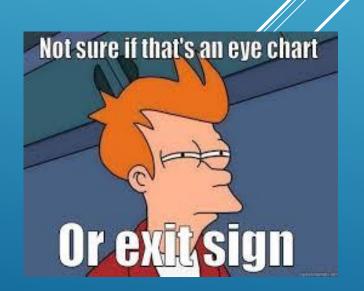




EMERGENCY ACTION PLAN

Emergency Action Plan

```
Evac drills & exit routes, including floor plans / maps
Exit signs
  Clearly marked / visible / properly functioning
  Check monthly
Proper signage on doors
Meeting place protocols accounting for all employees
Alarm system properly functioning & properly maintained
Training
     new hire
     plan changes
     annually
Written emergency action plan & fire prevention plan
(required for facilities with 11+)
```



Emergency Action Plan

Exit Routes WAC 296-800-310
Unobstructed
Clearly marked
Exit lighting - properly working all times

Emergency Action Plan WAC 296-24-567
Floor plans / map indicating escape routes & actions to ensure safety
Procedures to account for all employees after an emergency
Written plans are mandatory for 10+ employees

Fire extinguishers

Maintain fully charged & operational
annual maintenance check
Keep record for 1 year after the last entry or the life of the shell,
(whichever is less)
Training @ initial hire & annually

FIRE PREVENTION PLAN

Fire extinguishers

Adequate number provided

Checked monthly - fully charged & maintained

Train all employees - upon hire & annually

P.A.S.S.

Annual maintenance check by qualified person

Keep all maintenance records for 1 yr after the last check

Or the life of the shell

WAC 296-800-300 Employee Emergency Plans & Fire Prevention

Workplace Violence Prevention program

```
Management commitment
  Making and enforcing rules of conduct for
  Clear policy of zero tolerance
   Ensure no reprisals for employees reporting incidents
Employee involvement
   Prompt & accurate reporting
   Understand & comply
   Take part in CE programs
Worksite analysis
   Find existing or potential hazards
   Assess vulnerability to violence
Engineering controls
    Alarm system
    Security cameras
    Door locks waiting area
```

Workplace Violence Prevention program

```
Hazard prevention & control
     Office standards / codes
     Evaluation program
Training & Education (within 90 days of new hire)
     Review workplace violence prevention policy
     Know risk factors
     Warning signs
     Ways to prevent volatile situations
     Standard action plan
 Recordkeeping & evaluation
     Log of injury / Illnesses (OSHA 300 form)
     Medical reports of work injury assaults
     Incidents of abuse, verbal attacks, aggressive behavior
     Safety meeting minutes, hazard analyses, corrective actions
     All training programs
Records must be maintained for 5 years
```



EXPOSURE CONTROL PROGRAM

Infection Control is vital in Dentistry:
exposure to pathogens
direct contact with blood
oral/respiratory secretions
contaminated equipment
Contact with droplets or spatter
Inhalation of airborne microorganisms

Infection control strategies: Immunizations of healthcare worker Hand hygiene Barriers Cleaning & Disinfecting, Sterilization Medical waste disposal Practices to reduce the risks Standard precautions



WAC 296-823-11005

Elements of universal precautions

Hand washing
Use of PPE
Develop a written schedule for cleaning / decontamination
 (Inspector will look for this!)
 Item / surface, location, cleaner, frequency, PPE, Employee
Sterilization patient care equipment / instruments
Environmental surfaces - decontaminate or surface barriers
Injury prevention
Safe use & disposal of sharps

WAC 296-823-14055

Radiation Safety

Individuals working in environment with x-ray machines can be subject to occupational radiation exposure

Factors:

amount of radiation duration of exposure distance to source type of shielding Administrative controls:

Warning signs
Safety procedures
Safety training

PPE

personal dosimeter/film badges

WAC 296-62-09004







Hazardous Communication Standard

Purpose:

Ensure hazards of chemicals are communicated to employers & employees To protect workers against chemical illnesses & injuries

Employer requirements:

Written hazard communication program

Labels on all containers

SDS sheets (required 16 section format & readily accessible)

Training to protect employees in event of leak or spill

Use of GHS (globally harmonized system)

- ▶ SDS sheets inform employees about the hazardous chemicals in which they are exposed
- ► Maintain copies SDS sheets received with shipments
- ► Compile electronic or paper copy
- ▶ Provide employees with information & training- Must be documented but a written program is not required (2013)

SAFETY DATA SHEETS

COMMUNICATION OF HAZARDS

- * Communicate the hazard
- * Warning labels on:

 secondary containers

 regulated waste

 refrigerator
- * Sharps containers
- *Handling contaminated laundry properly
- * Post signs for restricted areas
- * Xray area



WAC 296-823-14050 296-823-14065

Emergency procedures following exposure

Eye wash station
Flushes the eyes while the eyes are open
Hands free once it is on
Located to reach quickly
Inspect & activate monthly
Yearly inspection by professional



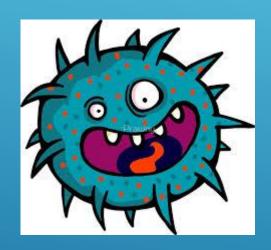
WAC 296-800-150

Spill kit
Readily available
All appropriate PPE
Training









BLOODBORNE PATHOGEN STANDARD WAC 296-823

What?

- · Infectious materials in the blood that cause disease in humans
- · Hepatitis B, C and HIV

WISHA regulations?

- · Details Employers responsibilities to protect employees
- · www.osha.gov/SLTC/bloodbornepathogens www.osha.gov/needlestick

Details

- * Written exposure control plan
- * Engineering controls
- * Enforcement
- * PPE
- * Vaccination

- *//Exposure protocol
- */Labels
- * Training
- * Record keeping
- * Regulated waste

Transmissible in health care setting

Can produce chronic infection

Often carried by persons unaware of their infection

Hep B

- 257 million people infected
- Virus can survive 7 days in dried blood

Hep C

- Survives outside body up to 3 weeks
- Symptoms may occur 1-9 months after exposure
- 71 million people infected chronic Hep C

HIV

- Appx 5,000 new cases daily
- More fragile virus, may survive 5-6 days in dried blood
- · Depletes the immune system

BLOODBORNE PATHOGENS Exposure control plan

- * Written
- * Updated annually
- * Product changes that help eliminate / reduce exposure
- * Annually document consideration / implementation safer medical devises
- * Input from assistants identifying, evaluation and selecting medical devises

Engineering controls

- * Devises isolate or remove bloodborne pathogen
- * Sharps containers
- * Self-sheathing needles
- * Needleless systems
- * Sharps with engineered sharps-injury protection

Enforce work practice controls

- * Hand washing
- * Sharps disposal
- * Lab specimen packaging
- * Laundry handling
- * Contaminated material cleaning

PPE

- * Gloves, gowns, masks, etc
- * Provide at no cost to employees
- * Training annually and when new tasks assigned

Vaccinations

- * Hep B vaccination made available within 10 days of work assignment
- * Denial form signed by employee
- * Employee requested—must make vaccine available

Exposure protocol

- * Immediate post exposure evaluation with all required exposure incident paperwork
 - Healthcare facility agreement
 - BBP standard copy
 - Exposure incident report documenting route of exposure & circumstances, and identification of source person
- * Source individual
 - Consent for blood test
 - If consent is not obtained—employer needs to establish that legally required consent cannot be obtained
 - If source individual already knows they are infected with HBV, HCV or HIV testing does not need to be repeated
- * Results made available to the employee only including applicable laws & regulations
- * Post-exposure prophylaxis if necessary
- * Counseling provided

Training

- * Must be provided at initial assignment and assignment changes
- * Annually
- * Specialized training when necessary
- * Documented

SPOKANE ORAL SURGERY We Are Here To Help

ORAL • MAXILLOFACIAL • IMPLANTS
WISDOM TEETH • RECONSTRUCTIVE SURGERY

DR. NICHOLAS D. FREUEN, D.D.S., M.D. | DR. TERRANCE L. HAUCK, D.D.S., M.D.

WWW.FACEBOOK.COM/SPOKANEORALSURGERY WWW.INSTAGRAM/SPOKANEORALSURGERY



