

2017 SAFETY AUDIT PLAN



Using the Safety Audit Plan:

- **Purpose**

The Safety Audit Plan is intended to provide practices with a checklist of tasks that should be completed to fully implement safety policies, and that should be reviewed on an annual basis.

- **Table of Contents**

The table of contents functions as a home page for the audit plan. Each policy listed is a hyperlink for easy navigation to the specific section or task. You will also find a quick link at the bottom of each page of the audit plan that can be used to return to the Table of Contents.

- **Safety Manual Policy Reference**

The audit plan is organized in relation to the Safety Manual. Each item will list the policy title, the corresponding Safety Manual section number, and the task(s) that are required by the policy.

- **Notes**

A space is provided for reminders, scheduled completion date or other special notes you may want to record.

- **Complete**

When a particular task is completed, or was completed previously, you may check the button to the right of the Required Action and Notes for that item.

- **Audit Plan Segments**

If you prefer to complete the audit plan in monthly segments, rather than all at once, look for the bold section breaks that divide the audit plan into twelve sections. Some of the segments consist of many required actions that relate to a single topic. These segments may require more of your time than others, but may be scheduled for completion accordingly (i.e., during a less busy month).

Interactive PDF format

The audit plan may be used electronically or in printed format. If using the electronic format, you will need to save the plan to your computer. Using the plan electronically will enable you to enter dates and notes that will document your completion of tasks just as you would if you were to print it, while providing a paperless system of documentation of your compliance activities.

Live Support

Unlimited consulting is available to you via phone or email at no additional cost. Our staff is a quick and reliable source for all compliance questions.

Email info@eagleassociates.net

Phone (800) 777-2337

Table of Contents

Section	Topic	Section	Topic
1.00	General Safety Policies		
1.01a	Safety Training Coordinator Designation	3.02f	Needlestick Safety
1.09	Hazard Identification and Assessment	3.02k	Sharps Injury Log
1.10	Safety Program Evaluation (Annual Safety Audit)	3.03	Spill Control
1.12	Employee Bulletin Board	3.06	HBV Vaccination
1.15a	Training Records	3.07	Post Exposure Follow-Up
1.15b	Accident Records		
1.15c	Medical Records	4.00	Medical Waste Management Plan
1.20a	Fire Detection and Reporting	4.01	Classes of Waste Generated
1.20b	Fire Evacuation	4.02	Handling and Storage
1.20c	Fire Extinguishers	4.03	Treatment and Disposal
1.20d	Fire Drills		
1.22	Severe Weather	6.00	TB Infection Control
1.24	Emergency First Aid	6.03b	Patient Management
1.25	Workplace Violence Protection	6.03d	TB Risk Assessment
1.35	Influenza Safety	6.03e	Employee TB Screening
		6.05	Respiratory Protection Plan
2.00	Hazard Communication Plan		
2.01	Hazard Classification/Chemical Inventory	5.00	Special Policies
2.02	Safety Data Sheets	5.00	Hazardous Drug Safety Health Plan
2.03	Hazard Labeling System	5.20	Lockout/Tagout Procedures
2.04	Chemical Spill Response	5.30	Chemical Hygiene Plan
2.07	PPE Selection, Provision, Use & Applicability	5.32	Magnetic Resonance Imaging
2.12	Multi-Employer Worksite	5.40	Ionizing Radiation
		5.44	Nitrous Oxide Safety
3.00	Exposure Control Plan	5.50	Occupational Exposure to Formaldehyde
3.01	Exposure Determination	5.60	Laser Safety
3.01a	Exposure Determination - Job Classifications	5.75	Liquid Nitrogen Safety
3.02b	Engineering Controls	5.80	Compressed Gas Safety
3.02c	Work Practice Controls	5.83	Occupational Exposure to Glutaraldehyde
3.02d	Personal Protective Equipment	5.90	Ergonomics Program
3.02e	Housekeeping		

Policy	Required Action	Notes	Complete
	General Safety Policies		
1 Safety Training Coordinator 1.01	Establish an individual and/or committee to handle the responsibilities for implementation and maintenance of the practices safety policies and procedures. Space is provided to list the name(s) of applicable individual(s) in Section 1.01.		
2 Hazard Identification & Assessment 1.09	OSHA requires an annual assessment to identify any new hazards that have been introduced into the workplace since your last assessment. This requirement is met by (a) completing this annual safety audit, and (b) completing the Hazard Assessment - Form 201. See the Hazard Assessment policy, section 2.06, for more information. Form 201a - Personal Protective Equipment Hazard Assessment/Selection may be used to identify PPE that employees will use to protect themselves from identified hazards.		
3 Safety Program Evaluation 1.10	Evaluation of the safety program will be accomplished through completion of this annual Safety Audit Plan. If any deficiencies are noted, corrective actions, additional training and/or safety policy updates will be completed to address them.		
4 Employee Bulletin Board 1.12	In addition to OSHA Form 3165, the employee bulletin board should have the additional items posted. Review the policy and check your employee bulletin board to ensure the proper postings are available for review by employees.		
5 Training Records 1.15a	<p>Safety compliance requires annual training to ensure familiarity with requirements. Do you have a record of annual employee safety training? NOTE: Annual safety training should include, minimally, Hazard Communication, Bloodborne Pathogens, Ergonomics, Workplace Violence, Emergency Preparedness, TB Infection Control, and Influenza Safety. OSHA requires that employee training records be maintained for a minimum of three years.</p> <p>Plan to use the seven safety training topics that are published in the <i>Advisor</i>®. A schedule of training topics for the coming year is included in the December issue. Maintain copies of each employee's completed test for a minimum of three-years along with a copy of the training materials.</p>		
6 Accident Records 1.15b	<p>Are employee accident records (individual reports) available for review (if applicable)? A copy of OSHA form 301 contains the information required for documentation of employee injuries. OSHA states that you may use your own accident report form as long as it captures the same information as found on OSHA form 301.</p> <p>Review employee injury reports to ensure they have been properly documented. A copy of each accident report should be maintained in the employee's medical record. A second copy can be maintained in a general accident file for easy reference.</p>		

Policy	Required Action	Notes	Complete
7 Medical Records 1.15c	<p>A medical record should be maintained for each employee of the practice. At a minimum, each record should contain the employee's name, Social Security Number, and record of last TB skin test. If the employee experiences occupational exposure to blood or other potentially infectious materials, a hepatitis B vaccination record or signed declination statement should be maintained. Employee records must be stored in a confidential manner (i.e., a locked file cabinet) to prevent unauthorized access of information.</p>		
8 Access to Employee Medical Records 1.15e	<p>The regulation covering exposure and medical records requires that an employer inform employees of the following (upon initial assignment, and annually thereafter):</p> <ol style="list-style-type: none"> 1. The existence, location, and availability of employee exposure and medical records; 2. The person responsible for maintaining and providing access to records; and 3. Each employee's rights of access to his/her records. <p>Ensure that each employee has signed a copy of <i>Form 104 - Medical Records Acknowledgement</i> for the current year.</p>		
9 Electrical Safety 1.19	<p>Review the policies in sections 1.19 -1.19b for electrical safety. Ensure that electrical cords and plugs are in good repair and appropriate (i.e., no cheater plugs).</p>		
10 Fire Detection and Reporting 1.20a	<p>Ensure that fire and smoke detection devices or systems are operating properly.</p>		
11 Fire Evacuation 1.20b	<p>Is an evacuation plan posted on the employee bulletin board? Check with your local fire department to determine whether you need additional postings, for patients and other visitors, to meet local fire codes.</p>		

Policy	Required Action	Notes	Complete
12 Fire Extinguishers 1.20c	<p>Manufacturers recommend a monthly check of fire extinguisher gauges to ensure units are fully charged. Check the gauge (to ensure the indicator is in the green) and record your initials and date on a card or label attached to the unit. Check the tags on fire extinguishers annually to ensure monthly inspections are being recorded. An annual inspection of each extinguisher should be conducted by a fire extinguisher service company to ensure the indicator is functioning properly and the extinguisher is fully charged.</p>		
13 Fire Drills 1.20d	<p>Have you conducted and documented, at a minimum, an annual fire drill (actual evacuation or conference drill)? This is an important part of an emergency preparedness plan. You will find annual emergency preparedness training in the July Advisor® issue. Review records to ensure that you have documented the appropriate number and type of fire drills required for your facility. Schedule the next fire drill (actual or conference drill).</p> <p>Note: Practices that are subject to JCAHO requirements must perform fire drills with more frequency. In addition, JCAHO requires an actual drill (not a conference drill).</p>		
14 Severe Weather 1.22	<p>A battery powered radio, smartphone or other device should be available for obtaining severe weather updates and/or bulletins.</p>		
15 Emergency First Aid 1.24	<p>OSHA requires the workplace to maintain an emergency first aid kit and an emergency eyewash station. The eyewash station is required to be checked, for proper operation, on a regular basis. The first aid kit must contain a pocket facemask or resuscitation bag.</p> <p>Check the first aid kit to ensure it is properly stocked. Check for eyewash station signage to ensure it is visible and that the station operates properly.</p>		
16 Workplace Violence Protection 1.25	<p>The policies in sections 1.25 through 1.26 are provided as an example for handling workplace violence situations in the practice. Review the policies to determine if they are acceptable for your practice environment and if it is necessary to develop an alternative policy that is specific to your practice site. If an alternative policy is necessary, insert it following section 1.26 in your Safety Manual.</p>		

Policy	Required Action	Notes	Complete
17 Influenza Safety 1.35	<p>Ensure that necessary supplies are available to encourage respiratory hygiene/cough etiquette (tissues) and hand hygiene (handwashing facilities with soap, disposable towels and/or alcohol-based hand rub). Signage is also helpful in reminding patients, visitors, and employees to adhere to cough etiquette/hand hygiene procedures.</p> <p>Employees should be encouraged to receive the annual influenza vaccination. Have employees sign a Consent or Declination form, as appropriate and maintain it in their employee medical records.</p>		
Hazard Communication Plan			
	<p>OSHA has modified the original Hazard Communication Standard to incorporate elements from the "Globally Harmonized System (GHS) for Classification and Labeling of Chemicals". Eagle's Hazard Communication policies and training modules have been revised to incorporate the new information.</p>		
18 Hazard Classification/Chemical Inventory 2.01	<p>You must maintain an inventory/listing of each hazardous chemical found in the workplace. Review the inventory annually to ensure that products that are no longer used are removed, and that new products have been added. You may use Form 202 - Chemical Inventory to complete this task.</p> <p>When a product is no longer used, you may either record the date range of the product's use on the chemical inventory form and maintain it, or the product's safety data sheet, for at least 30 years from the date of the product's discontinuance. Please see policy 2.01 for more information if you are unfamiliar with OSHA's substance identification rule.</p>		
18a Safety Data Sheets 2.02	<p>A safety data sheet (formerly material safety data sheet) must be maintained for each chemical hazard found in the workplace. The revised Hazard Communication Standard now requires manufacturers to provide all safety data sheets in a standardized, 16-section format. Ensure that a revised safety data sheet has been obtained for each hazardous chemical.</p>		

Policy	Required Action	Notes	Complete
19 Hazard Labeling System 2.03	<p>Chemical hazard labeling has transitioned from supplemental labeling provided by employers to a standardized, international system of labeling that is included on product labels by chemical manufacturers. It may still be necessary to provide supplemental hazard labels if a product is transferred to another container (i.e., dispenser), or if a product's hazard label is missing or damaged. Refer to the User's Introduction section of your Safety Manual for assistance with supplemental labeling. Ensure that all products for which you maintain a SDS are properly labeled.</p> <p>Employee training on the new standardized labeling system is provided in the October issue of the <i>Advisor</i>®. You must also train employees on the specific supplemental hazard labeling system that is used in your practice, if applicable. Randomly select employees and ask them to describe the chemical hazard labeling system used in your practice.</p>		
20 Chemical Spill Response 2.04	<p>Ensure that a spill kit is available for use (to absorb and clean-up a chemical or biological spill). You may purchase a commercially prepared spill kit, or assemble your own. Suggested supplies are listed in the User's Introduction section of your Safety Manual.</p>		
21 PPE Selection, Provision, Use & Accessibility 2.07	<p>Review the policies (2.07 through 2.11) to ensure that appropriate PPE is available for employee use. (You will also find PPE policies in the Exposure Control Plan - section 3.02d). You may use Form 201a - Personal Protective Equipment Hazard Assessment/Selection to record the appropriate PPE for particular tasks. Periodically review potential hazards in your workplace and observe employees handling hazardous chemicals to ensure that proper PPE is being utilized.</p>		
22 Multi-Employer Worksite 2.12	<p>Review the policies (2.12 through 2.12b) to determine whether they apply to your practice. If you are a multi-employer worksite, exchange material safety data sheets and other necessary information with the other employer to ensure the safety of all employees (those of your practice and others performing work in your facility).</p>		
Exposure Control Plan			
23 Exposure Determination 3.01	<p>Review and update, where necessary, the exposure determination section of your Exposure Control Plan. Section 3.01 provides the exposure determination for your practice. Ensure that all tasks and procedures that involve the potential for exposure to blood or other infectious materials are listed in this section.</p>		

Policy	Required Action	Notes	Complete
24 Exposure Determination - Job Classifications 3.01a	Section 3.01a identifies job classifications that have limited exposure to bloodborne pathogens, and, in a separate listing, job classifications that commonly involve exposure to bloodborne pathogens. Complete each listing with the job titles that apply to your practice. Note that job classifications with no exposure to bloodborne pathogens do not have to be listed.		
25 Engineering Controls 3.02b	Through an inspection of the facility, ensure that appropriate engineering controls (i.e., handwashing facilities, sharps containers, specimen containers, medical waste containers, etc.) are available and being used properly by employees.		
26 Work Practice Controls 3.02c	Through an inspection of the facility, ensure that appropriate work practice control procedures (i.e., for handwashing, sharps management, use of food and drink, handling specimen containers and medical waste containers, handling contaminated equipment, etc.) are being followed by employees.		
27 Personal Protective Equipment (PPE) 3.02d	<p>Is appropriate PPE available for employee use? Examples of PPE include gloves, gowns, lab coats, safety glasses and chin length face shields, masks, goggles, and resuscitation devices.</p> <p>Conduct a walk-through inspection of the practice to determine (a) if appropriate PPE is available, and (b) if it is being used properly (at the right time and in the right manner) when there is the potential for exposure to blood or other potentially infectious materials. You may also refer to Form 201a - Personal Protective Equipment Hazard Assessment/Selection.</p> <p>(You will also find PPE policies in the Hazard Communication Plan - section 2.07.)</p>		
28 Housekeeping 3.02e	Healthcare practices must follow an established protocol for cleaning and decontamination of the facility and equipment. Inspect the facility to ensure that appropriate procedures are being followed as outlined in Section 3.02e.		

Policy	Required Action	Notes	Complete
29 Needlestick Safety 3.02f	<p>The policies in Sections 3.02f through 3.02m provide procedures for ensuring the implementation and use of safe sharps devices in the facility. Review the sharps devices currently being used to ensure you have completed an appropriate evaluation to consider the safest medical devices.</p> <p>If your practice has not converted to sharp safety devices, you should conduct an annual assessment each year until an appropriate safety device is found and implemented. Once you have implemented an appropriate safety device, no further assessments are required.</p>		
30 Sharps Injury Log 3.02k	<p>A key element in sharps safety is the maintenance of a sharps injury log for injuries related to contaminated sharps devices. An annual review of the log will help identify if implemented devices and procedures are limiting injury and, when applicable, if the appropriate devices have been selected. Review your sharps injury log and make appropriate corrective actions, if necessary. If there have been no contaminated sharps injuries, no further action is required.</p>		
31 Spill Control 3.03	<p>Review the policies in Section 3.03 to ensure you have appropriate spill control supplies and that staff members are familiar with their location.</p>		
32 HBV Vaccination 3.06	<p>Has HBV vaccination been offered to all employees with the potential for occupational exposure to blood or other potentially infectious materials (including handling patient specimens or rendering first aid)? Current CDC and OSHA guidelines also require the performance of a titer test following all new vaccination series.</p> <p>OSHA's current enforcement guidelines (CPL 2-2.44D, November 5, 1999) for hepatitis B vaccination state: <i>the employer shall make the hepatitis B vaccination series available to employees with occupational exposure after the training required (g)(2)(vii)(I) and within 10 working days of their initial assignment.</i></p> <p>Review employee medical records to ensure that the HBV vaccination has been offered to all employees with occupational exposure to bloodborne pathogens. Ensure that the medical records include documentation of the vaccination process or a signed declination statement for those employees choosing not to receive it.</p>		
33 Post Exposure Follow-Up 3.07	<p>Section 3.07 contains a definition of exposure incidents and a detailed Post-Exposure Response Checklist (3.07a) that will walk you through the steps to be followed and documentation that is required to appropriately respond to an exposure incident. Review the checklist to familiarize yourself with the requirements.</p>		

Policy	Required Action	Notes	Complete
Medical Waste Management Plan			
34 Classes of Waste Generated 4.01	Medical waste management begins by identifying the types of regulated waste that your practice is generating. Section 4.01 provides the EPA's listing of the types of medical waste that might be generated by a healthcare facility.		
35 Handling and Storage 4.02	Review policies for handling and storage of medical waste including proper waste segregation, sharps containers, and other waste receptacles. Then observe staff to ensure the policies are being followed.		
36 Treatment and Disposal 4.03	<p>While a licensed medical waste hauler is not required in all states, the use of a licensed agent and maintenance of disposal documentation limits the practice's liability exposure.</p> <p>Ensure that your practice has documentation for the medical waste picked up for disposal. This would be an original manifest (provided by the waste hauler when they pick up the medical waste) and a certified copy from the waste facility confirming receipt of the waste for treatment, disposal, recycling, etc. If your medical waste is handled by a hospital or another entity, obtain a letter from the hospital or other entity that states your medical waste is disposed of in accordance with regulatory requirements and that they maintain documentation to prove it.</p>		
Tuberculosis Infection Control			
37 Patient Management 6.03b	<p>Special precautions must be observed when patients with suspected or confirmed TB are seen in the practice. If the practice does not have the capability to properly isolate the patient, or to provide diagnostic evaluation and treatment of TB, these patients should be referred to another facility.</p> <p>While a patient with suspected TB infection is awaiting treatment or referral information, the patient should be isolated from others, and provided a surgical mask to prevent the individual's respiratory secretions from entering the air. The patient's treatment or referral should be provided as soon as possible to limit risk of transmission.</p>		
38 TB Risk Assessment 6.03d	CDC guidelines require an annual assessment to determine the current risk level for exposure to TB in your practice's environment. Form 604 provides a complete risk assessment that should be completed annually. Documentation should be maintained for a minimum of three years.		

Policy	Required Action	Notes	Complete
<p>39</p> <p>Employee TB Screening</p> <p>6.03e</p>	<p>New hires must have a two-step tuberculin skin test (TST) upon beginning work at each place of new employment. If the new hire has documentation of a negative TST in the last twelve months, then you will only perform a single TST. Review employee medical records to ensure new hires have been provided a two-step test.</p> <p>Current CDC guidelines do not require serial or annual TB testing for low risk facilities. The guidelines require serial (annual) skin testing for all staff members in practices with a medium risk classification. If you are a medium risk facility, ensure that annual TB skin testing (TST) has been conducted for all practice personnel.</p> <p>Employees that have documentation of a previous positive TST must complete an Annual Symptom Screen which consists of identifying if they have any current signs or symptoms of active TB. If any signs or symptoms exist, the employee will be referred to a healthcare provider of his/her choosing to receive a chest radiograph screening and to determine whether any further action is necessary. Use Form 603 to document annual symptom screening.</p>		
<p>40</p> <p>Respiratory Protection Plan</p> <p>6.05</p>	<p>A Respiratory Protection Plan is not required for all practices. Special respiratory protection is not necessary in practices where patients with suspected TB are rarely seen and are not treated with cough inducing procedures.</p> <p>If your practice will treat patients that have suspected TB disease and you will perform cough inducing procedures on those patients, then you should review and implement the policies in Sections 6.05 through 6.06d of the Safety Manual.</p>		
	<p>Special Policies</p> <p><i>The following items may or may not apply to your practice. Review the information to determine whether the special policies apply. The special policies in your practice's Safety Manual were provided based upon answers to questions submitted on your program enrollment form. Because each practice's environment changes, there may be a need for policies not originally included in your Safety Manual. Should you find that any special policies are needed, call Eagle Associates at (800) 777-2337 or email info@eagleassociates.net to obtain them for your practice.</i></p>		
<p>41</p> <p>Hazardous Drug Safety and Health Plan (HDSHP)</p> <p>5.00</p>	<p>OSHA requires a HDSHP for practices that handle cytotoxic drugs, hormones, and other drugs classified as <i>hazardous</i> by OSHA and NIOSH guidelines.</p> <p>Review the sample listing of drugs that are considered hazardous (see next page). The sample listing was obtained from NIOSH. Updates are available from the NIOSH website. If applicable, review policies to ensure they have been implemented properly.</p>		

Sample Hazardous Drug List

A bacavir	Choriogonadotropin	Estrogen/ progesterone combinations	L eflunomide	P aclitaxel
Abiraterone	Cidofovir	Estrogens, conjugated	Lenalidomide	Palifermin
Acitretin	Cisplatin	Estrogens, esterified	Letrozole	Paliperidone
Ado-trastuzumab emtansine	Cladribine	Estropipate	Leuprolide	Pamidronate
Afatinib	Clofarabine	Etoposide	Liraglutide recombinant	Panobinostat
Alefacept	Clomiphene	Everolimus	Lomitapide	Paroxetine
Alitretinoin	Clonazepam	Exemestane	Lomustine	Pasireotide
Altretamine	Colchicine			Pazopanib
Ambrisentan	Crizotinib			Peginesatide
Amsacrine	Cyclophosphamide		M acitentan	Pemetrexed
Anastrozole	Cyclosporine	F inasteride	Mechlorethamine	Pentetate calcium trisodium
Apomorphine	Cytarabine	Fingolimod	Medroxyprogesterone acetate	Pentostatin
Arsenic trioxide		Floxuridine	Megestrol	Pertuzumab
Axitinib		Fluconazole	Melphalan	Phenoxybenzamine
Azacitidine	D abrafenib	Fludarabine	Mentropins	Phenytoin
Azathioprine	Dacarbazine	Fluorouracil	Mercaptopurine	Pipobroman
	Dactinomycin	Fluoxymesterone	Methimazole	Plerixafor
	Dasatinib	Flutamide	Methotrexate	Pomalidomide
B acillus Calmette-Guerin (BCG)†	Daunorubicin	Fosphenytoin	Methyltestosterone	Ponatinib
	Degarelix	Fulvestrant	Mifepristone	Pralatrexate
Belinostat	Decitabine		Mipomersen	Procabazine
Bendamustine	Deferiprone	G anciclovir	Misoprostol	Progesterone
Bexarotene	Degarelix	Ganirelix	Mitomycin	Progestins
Bicalutamide	Dexrazoxane	Gemcitabine	Mitotane	Propylthiouracil
Bleomycin	Diethylstilbestrol	Gemtuzumab ozogamicin	Mitoxantrone	
Bortezomib	Dinoprostone	Gonadotropin, chorionic	Mycophenolate mofetil	R aloxifene
Bosentan	Divalproex	Goserelin	Mycophenolic acid	Rasagiline
Bosutinib	Docetaxel			Regorafenib
Brentuximab vedotin	Doxorubicin			Ribavirin
Busulfan	Dronedarone	H istrelin	N afarelin	Riociguat
	Dutasteride	Hydroxyurea	Nelarabine	Risperidone
			Nevirapine	Romidepsin
			Nilotinib	
C abergoline				
Cabazitaxel	E ntecavir			
Cabozantinib	Enzalutamide	I catibant		S irolimus
Capecitabine	Epirubicin	Idarubicin		Sorafenib
Carbamazepine	Ergonovine/ Methylergonovine	Ifosfamide	O macetaxin	Spironolactone
Carboplatin	Eribulin	Imatinib	Ospemifene	Streptozocin
Carfilzomib	Erlotinib	Irinotecan	Oxaliplatin	Sunitinib
Carmustine	Eslicarbazepine	Ixabepilone	Oxycarbazepine	
Cetorelix	Estradiol	Ixazomib	Oxytocin	
Chlorambucil	Estramustine			Continued
Chloramphenicol				

Sample Hazardous Drug List - Continued

Tacrolimus	Topiramate	V alganciclovir	W arfarin
Tamoxifen	Topotecan	Valporate/valproic acid	
Televancin	Toremifene	Valrubicin	
Temazepam	Trametinib	Vandetanib	Z idovudine
Temozolomide	Tretinoin	Vemurafenib	Ziprasidone
Temsirolimus	Trifluridine/tipiracil	Vigabatrin	Ziv-aflibercept
Teniposide	(combination only)	Vinblastine	Zoledronic acid
Teriflunomide	Triptorelin	Vincristine	Zonisamide
Testosterone		Vinorelbine	
Thalidomide	U lipristal	Vismodegib	
Thioguanine	Uracil mustard	Voriconazole	
Thiotepa		Vorinostat	
Tofacitinib			

	Policy	Required Action	Notes	Complete
42	Lockout/Tagout Procedures 5.20	<p>This special policy section is required if your practice has equipment that is "hard wired" and has a separate control box for the equipment that is located outside of the immediate area where the equipment is used. The purpose of this policy is to protect employees and other individuals (i.e., service repair personnel) from injuries due to an unexpected release from a hazardous energy source during maintenance or repair operations.</p> <p>These requirements do not apply to equipment that is plugged into a wall socket (where the power cord would be under the immediate control of the individual performing maintenance or service).</p>		
43	Chemical Hygiene Plan 5.30	This special policy section is required for physician office laboratories performing moderate or high complexity testing. The policy is not required if your laboratory performs waived or provider performed microscopy.		
44	Magnetic Resonance Imaging 5.32	These policies apply only if your practice operates an MRI unit in the facility. The safety policies in sections 5.32 through 5.35 should be implemented along with policies and procedures provided by the manufacturer of the MRI unit.		
45	Ionizing Radiation 5.40	This special policy is required if your office is using ionizing radiation (dental or medical). This includes the use of equipment for bone densitometry scanning.		

Policy	Required Action	Notes	Complete
46 Nitrous Oxide Safety 5.44	This special policy is required if nitrous oxide is used in the practice. The policies will help ensure that employee exposure to waste anesthetic gas is minimized through proper engineering controls, work practices, administrative controls and personal protective equipment.		
47 Occupational Exposure to Formaldehyde 5.50	This policy is required if your practice handles formaldehyde mixtures that could serve as sources of exposure (i.e., inhalation, dermal contact, eye contact). The most common example is the use of formalin.		
48 Laser Safety 5.60	This policy is required for practices using health care laser systems. There are six classes of risk for health care lasers (manufacturers are required to identify the class of risk for users). This policy, combined with the manufacturer's safety instructions, provides a complete laser safety program.		
49 Liquid Nitrogen 5.75	This policy is required for practices using liquid nitrogen for procedures. Liquid nitrogen presents a skin and eye hazard for doctors and employees who work with the chemical.		
50 Compressed Gas 5.80	This policy is required for practices using compressed gases (i.e., oxygen, nitrous) in their facilities.		
51 Occupational Exposure to Glutaraldehyde 5.83	This policy is required for practices using glutaraldehyde products. Glutaraldehyde is the active ingredient found in many cold disinfecting solutions such as Cidex™ or other products used for liquid disinfection of instrumentation.		
52 Ergonomics Program 5.90	<p>While ergonomics lacks a specific regulation at this time, it is a recognized hazard in the workplace. The February Advisor® contains training for basic ergonomic safety.</p> <p>An ergonomics program is not currently required, but is a valuable part of a comprehensive safety and health program.</p>		
	<p>Special Policies Request</p> <p>You may contact Eagle Associates if you discover one of the special policies is required for your practice, and is missing from your Safety Manual. Please call (800) 777-2337 or email info@eagleassociates.net to request any of the above policies.</p>		