



## 2018 Employee Safety Orientation (ESO) Handbook

**Using ESO** – The material in this handbook is designed to provide an awareness of applicable safety regulations and policies of the workplace. Simply read the material and complete the test on page 24.

**Interactive Training** – While the training materials are designed to be a self-study module, your Safety Training Coordinator (STC) or supervisor can assist you with any questions. As with any new workplace orientation, it is critical that you clearly understand how your practice addresses compliance situations. Policies and procedures from your previous places of employment may differ from those of this employer. Your responsibilities for this training session are to review all of the material and ask questions if something is unclear. Please contact your supervisor or Safety Training Coordinator when you have questions regarding compliance policies.

**Supplemental Training Information** – Page 25 provides supplemental information, such as the location of written plans and policies, emergency phone numbers, etc., that is specific to your practice. The training material will reference this supplemental information to ensure training is specific to your practice's environment.

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## General Safety

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**Introduction** – OSHA (The Occupational Safety and Health Administration) requires employers to protect employees from known hazards in the workplace. The protection afforded to employees comes in the form of written policies and plans, the use of personal protective equipment, and safety training (new hire and annual).

You are expected to participate in all safety training that is offered by your employer, and to contact the Safety Training Coordinator (STC), or a supervisor or manager for assistance with safety-related questions. Failure to participate in required safety training, or to comply with the practice's safety policies may subject you to sanctions. *The person responsible for safety compliance in your practice is listed on the Supplemental Training Information page at the end of this training document.*

Your employer may post safety information to the employee bulletin board to keep you apprised of new hazards or policy updates. Be sure to check the board weekly for new information.

**Accident Reporting** - It is the responsibility of all employees to immediately report work-related injuries or illnesses, especially needle sticks, cuts, punctures and other potential (bloodborne pathogen) exposure incidents to the practice's STC or a supervisor.

**Emergency Evacuation** – Evacuation of the practice is seldom necessary, but it is required that you are familiar with the process. Employees should be familiar with the signal to activate the emergency evacuation plan (audible alarm, overhead paging or other alert) and their expected actions. Each staff member should understand the following elements of emergency preparedness:

- **Evacuation Routes** - Review the floor plan or evacuation map for your practice. *NOTE: Item #2 on the Supplemental Training Information on page 25 identifies the location of your practice's emergency evacuation plan.* Ensure that you are familiar with the most efficient exit route from where you are in the practice.
- **Evacuation of Non-Staff Personnel** - Patients, their family members, temporary staff and other visitors to your practice will be unfamiliar with the evacuation routes you have identified on your map. All employees are responsible to ensure that non-staff personnel are being evacuated and that their evacuation is carried out in a safe manner.
- **Emergency Notification** - Review with your STC or supervisor the policy regarding notification of emergency response personnel. In some practices, the policy is to dial 911, while in others it may be to dial a hospital campus number for an emergency team from the hospital. *NOTE: The phone number to use in the event of an emergency is listed on the Supplemental Training Information page, see #4 on page 25.*
- **Assembly Point** - Become familiar with the assembly point for your practice (a designated area where everyone will gather after evacuation to account for all staff members). *Note: The assembly point is identified in the Supplemental Training Information, see #3 on page 25.*

- **Natural Disasters** - Tornadoes, severe thunderstorms, earthquakes, flash floods and other such natural disasters or emergencies require different procedures. Ensure you are familiar with safe shelter procedures, such as where in the facility you could take cover in the event of a tornado or an earthquake.

**Fire Extinguishers** - Fire safety involves emergency evacuation and the potential use of extinguishers to contain or extinguish a small fire in the practice. The practice can select specific individuals to operate fire-fighting equipment, provided the remainder of the staff is required to immediately evacuate the affected area upon the sounding of a fire alarm.

*NOTE: Check with your STC to determine if you are expected to use fire extinguishers when it can be done safely, and to receive training on proper use and location of fire extinguishers in your facility.*

**Hand Hygiene** - Hand washing is a work practice control that helps to protect healthcare workers from exposure to chemical hazards, bloodborne pathogens, influenza and other viruses. While it is your employer's responsibility to provide hand washing facilities and supplies, it is *your* responsibility to comply with hand hygiene policies. The following is a guide to proper hand washing techniques that should be used whenever exposure to respiratory secretions, bloodborne pathogens, hazardous chemicals or contaminated surfaces has occurred. Hand washing should also be performed before each patient contact and at the time that gloves are removed.

Hand Washing with Soap and Water – This method is preferred if hand washing facilities are available.

- Wet your hands with clean running water (warm or cold) and apply soap.
- Rub your hands together to make lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
- Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under running water.
- Dry your hands using a disposable towel or air dry.

Hand Washing with Alcohol-Based Hand Sanitizer

- Follow the directions on the bottle for the manufacturer's recommended use.
- Rub hands together and then rub the product all over the tops of your hands, in between your fingers and the area around and under the fingernails.
- Continue rubbing until your hands are dry.
- If enough product were used, it would take at least 15 seconds of rubbing before your hands feel dry.
- You should not rinse your hands with water or towel-dry them.

Please note that the use of gloves does not diminish the need for hand washing following exposure to infectious materials or hazardous chemicals.

**Latex Allergy Precautions** - Latex gloves are very effective in preventing transmission of many infectious diseases to healthcare workers. For some workers, however, exposures to latex may result in sensitization or allergic reactions. Reports of such reactions have increased in recent years, and healthcare workers have an increased risk of developing latex allergy because they use latex gloves so frequently.

Symptoms of latex allergy include mild reactions, such as skin redness, rash, hives or itching. In addition, because latex proteins may bind with the lubricant powder used in some gloves, the protein/powder particles can become airborne and can be inhaled. More severe allergic reactions may involve respiratory symptoms such as runny nose, sneezing, itchy eyes, scratchy throat, and asthma (difficulty breathing, coughing spells, and wheezing). A life threatening reaction, such as shock, is possible, but is rarely the first sign of latex allergy.

If you experience any signs or symptoms of latex allergy, inform your STC or supervisor so that precautions can be taken to minimize or eliminate your exposure to latex proteins. The following precautions are recommended by the CDC to reduce the risk of developing an allergy to latex:

1. Use non-latex gloves for activities that are not likely to involve contact with infectious materials.
2. If you choose latex gloves, use powder-free gloves with reduced protein content.
3. Use appropriate work practices to reduce the chance of reactions to latex:
  - When wearing gloves, do not use oil-based hand creams or lotions that can cause glove deterioration.
  - After removing latex gloves, wash hands with a mild soap and dry thoroughly.

## **Hazard Communication**

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The Hazard Communication Standard addresses the potential for injury to employees due to the chemicals that are used in the practice. OSHA requires employers to develop and implement a written Hazard Communication Plan.

**Globally Harmonized System** - The Hazard Communication Standard was revised in 2012 to adopt elements of the Globally Harmonized System of Classification and Labeling of Chemicals. This universal system includes requirements for a standardized 16-section safety data sheet format, as well as the use of pictograms, standardized hazard classes and precautionary statements to be provided on chemical hazard labels (by the product's manufacturers).

A copy of your practice's written Hazard Communication Plan can be found with other written safety plans and policies for the practice. *NOTE: The location of written plans and policies is indicated in the Supplemental Training Information, see item #5 on page 25.*

The purpose of a Hazard Communication Plan is to identify which products used by staff present a potential chemical hazard, and to communicate that information in a useful manner. A written Hazard Communication Plan is comprised of the following primary elements:

**Chemical Inventory** – The practice has developed a chemical inventory or list of the products that are known to be chemically hazardous. You should review the chemical inventory for your specific area or department to know which products present a chemical hazard.

**Safety Data Sheets (SDSs)** – Safety data sheets are information pages, provided by the manufacturer, that identify the hazards posed by the product, protective measures that can be taken to minimize harm, and emergency procedures for use in the event of overexposure to the product.

The sections that you should be able to locate and understand include:

- **First Aid Measures** – This section will include important symptoms and effects including acute and delayed symptoms, as well as appropriate treatment measures.
- **Fire Fighting Measures** - Fire and explosion hazard data is critical in emergency situations. This section of the SDS identifies the type of extinguisher that is most effective during a fire emergency that involves the product/chemical.
- **Accidental Release Measures** – This section will provide emergency procedures for containment and cleanup of a spill. Personal protective equipment that is required during cleanup will be listed.
- **Handling and Storage** - Instruction on proper storage and handling of the product will be provided, including incompatibilities.
- **Exposure Controls/Personal Protection** – This section contains information on the proper personal protective equipment that may be needed to work safely with the product, engineering controls that will be necessary during use and various exposure limits.

It is important to know where to find the SDSs for the products you use and be able to read, understand and apply the information contained in them. You should also be able to identify protective equipment required for working with various chemicals. *Item #6 on the Supplemental Training Information page 25 will identify the location of your practice's chemical inventory and SDSs.*

## Chemical Hazard Labeling

### Supplemental Labeling

Each chemically hazardous product used in your practice must be labeled in a manner that identifies the hazards involved. The Globally Harmonized System requires manufacturers to provide required hazard information on their product labels. Employers may need to provide supplemental labels for products that were received prior to the enforcement deadline, or that do not include hazard labeling for some other reason. Your STC or supervisor will provide an example of the type of supplemental label used by your practice, along with a summary of the information it will provide.

### Manufacturer Labeling

The revised Hazard Communication Standard requires that information about chemical hazards be conveyed on labels using quick visual notations to alert the user, providing immediate recognition of the hazards. Labels must also provide instructions on how to handle the chemical so that chemical users are informed about how to protect themselves. The revised standard requires that all hazardous chemicals shipped after December 1, 2015, be labeled with the newly specified elements.

### Label Elements

- *Name, Address and Telephone Number* of the chemical manufacturer, importer or other responsible party.
- *Product Identifier* is how the hazardous chemical is identified. This can be (but is not limited to) the chemical name, code number or batch number. The manufacturer, importer or distributor can determine the appropriate product identifier. The same product identifier must be both on the label and in section 1 of the SDS.
- *Signal Words* are used to indicate the relative level of severity of the hazard and alert the reader to a potential hazard on the label. There are only two words used as signal words, "Danger" and "Warning." The more severe hazards will be identified by the signal word "Danger," and the less severe hazards by the signal word "Warning." There will only be one signal word on the label no matter how many hazards a chemical may have.
- *Hazard Statements* describe the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard. Manufacturers are required to include all of the applicable hazard statements on the label.
- *Precautionary Statements* describe recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to the hazardous chemical or improper storage or handling. There are four types of precautionary statements: Prevention (to minimize exposure); response (in case of accidental spillage or exposure emergency response, and first-aid); storage; and disposal.

- *Pictograms* are graphic symbols used to communicate specific information about the hazards of a chemical. The required pictograms consist of a red square frame set at a point with a black hazard symbol on a white background, sufficiently wide to be clearly visible. There are nine pictograms that may be used, including a hazard symbol pertaining to environmental toxicity that OSHA does not have the regulatory authority to address. However, this hazard symbol will likely appear on the label of products to which it is relevant, as this alert may indicate special disposal requirements. Although OSHA will not enforce the use of the environmental toxicity pictogram on labels, employees should understand the meaning of all pictograms.

GHS Pictograms:

 <ul style="list-style-type: none"> <li>• Flammables</li> <li>• Self Reactives</li> <li>• Pyrophorics</li> </ul>	 <ul style="list-style-type: none"> <li>• Self-heating</li> <li>• Emits Flammable Gas</li> <li>• Organic Peroxides</li> <li>• Gases Under Pressure</li> </ul>
 <ul style="list-style-type: none"> <li>• Oxidizers</li> </ul>	 <ul style="list-style-type: none"> <li>• Carcinogen</li> <li>• Mutagenicity</li> <li>• Reproductive Toxicity (harmful)</li> <li>• Target Organ Toxicity</li> <li>• Respiratory Sensitizer</li> <li>• Aspiration Toxicity</li> </ul>
 <ul style="list-style-type: none"> <li>• Irritant</li> <li>• Narcotic Effects</li> <li>• Acute Toxicity (harmful)</li> <li>• Dermal Sensitizer</li> <li>• Respiratory Tract Irritation</li> </ul>	 <ul style="list-style-type: none"> <li>• Acute Toxicity (severe)</li> </ul>
 <ul style="list-style-type: none"> <li>• Explosives</li> <li>• Self Reactives</li> <li>• Organic Peroxides</li> </ul>	 <ul style="list-style-type: none"> <li>• Environmental Toxicity</li> </ul>
 <ul style="list-style-type: none"> <li>• Corrosives</li> </ul>	

- *Supplementary Information* - The label producer may provide additional instructions or information that it deems helpful. Other supplementary information may include personal protective equipment pictograms, directions of use, expiration date, or fill date.

# Sample Chemical Hazard Label:

SAMPLE LABEL	
<b>CODE</b> _____ <b>Product Name</b> _____	} <b>Product Identifier</b>
<b>Company Name</b> _____ Street Address _____ City _____ State _____ Postal Code _____ Country _____ Emergency Phone Number _____	} <b>Supplier Identification</b>
	<b>Hazard Pictograms</b> 
	<b>Signal Word</b> <b>Danger</b>
<p>Keep container tightly closed. Keep away from heat/sparks/open flame. No Smoking. Only use non-sparking tools. Use explosion-proof electrical equipment. Do not breathe vapors. Wear protective gloves. Do not eat, drink or smoke when using this product. Wash hands thoroughly after handling. Dispose of in accordance with local regulations as specified.</p>	} <b>Hazard Statements</b> <b>Highly flammable liquid and vapor.</b> <b>May cause liver and kidney damage.</b>
	} <b>Precautionary Statements</b>
<b>In Case of Fire:</b> use dry chemical (BC) or Carbon Dioxide (CO <sub>2</sub> ) fire extinguisher to extinguish.	
<b>First aid:</b> If exposed call Poison Center. If on skin (or hair): Take off immediately any contaminated clothing. Rinse skin with water.	
	<b>Supplemental Information</b> <b>Directions for Use</b> _____ _____
	Fill Weight: _____ Lot Number: _____ Gross Weight: _____ Fill Date: _____ Expiration Date: _____

## **Exposure Control (Bloodborne Pathogens)**

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Training on the Standard for Occupational Exposure to Bloodborne Pathogens is required for all employees who have occupational exposure to blood or other potentially infectious materials in the performance of their duties, including employees who accept or handle patient specimens and who are expected to administer first aid.

The term "bloodborne pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. The most common pathogens that present a risk to healthcare workers are hepatitis B, hepatitis C, and human immunodeficiency virus (HIV).

Bloodborne pathogens are transmitted when contaminated blood or body fluids enter the body of another person. The primary routes for transmission of bloodborne pathogens in the healthcare setting are: parenteral (by direct inoculation through the skin as in the case of a needlestick) and mucous membrane (contamination of the eyes or mouth by blood or other potentially infectious materials). Transmission may also occur if blood or other potentially infectious material enters the body through broken or damaged skin.

Potentially infectious materials include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids where it is difficult or impossible to differentiate between body fluids.

Contamination of instruments, laboratory equipment, work surfaces, cabinets and storage areas occurs when such items come into direct contact with blood or other potentially infectious materials. Untreated contamination of such items could lead to infection of an employee who comes into contact with them.

The Bloodborne Pathogens Standard requires that every healthcare employer develop and maintain a written Exposure Control Plan. The major sections of an Exposure Control Plan are explained in the following subsections. *NOTE: The location of written plans and policies is indicated in the Supplemental Training Information, see item #5 on page 25.*

**Exposure Determination** – This is a list of all tasks that involve exposure to blood or other potentially infectious materials. The Exposure Determination listing will identify tasks and the employee positions or job titles that are involved in the performance of those tasks. You should review the Exposure Determination to see if your job title is listed and what tasks place you at risk for exposure.

**Universal Precautions** – The Bloodborne Pathogens Standard states that *Universal Precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluids is difficult or impossible, all body fluids shall be considered as potentially infectious.* Likewise, it shall be assumed that all patients may carry a bloodborne infection, and that measures must be taken to prevent transmission.

**Personal Protective Equipment (PPE)** - The selection and use of PPE will vary according to the type of practice, patient population, procedures performed, equipment used and staff involvement for tasks listed on the Exposure Determination.

Your practice has determined the type of PPE and when it should be used based on the following OSH guidelines for PPE:

- **Masks and Eye Protection** - For the use of masks and eye protection, OSHA's standard states that *"masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated."*
- **Protective Clothing** - Gowns, lab coats and other protective body clothing will be used depending upon the procedure and circumstances that can be reasonably anticipated. The Standard states that, *appropriate protective clothing such as, but not limited to, gowns, aprons, labcoats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations, the type and characteristics will depend upon the task and degree of exposure anticipated.*
- **Gloves** - As stated in the Standard, *gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, or other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures and when handling contaminated items or surfaces.* Gloves must be changed after the treatment of each patient and should be placed in appropriate biohazard waste containers if contaminated with blood or other potentially infectious materials.

The Standard requires that *all personal protective equipment be removed prior to leaving the work area.* When looking at the practice setting, this requires that PPE not be worn outside of the practice. All PPE should also be removed when going into lunchrooms or other areas where food or drink is consumed to avoid the potential for contamination of such items.

**Engineering and Work Practice Controls** - The Standard defines engineering controls as, *methods that isolate or remove bloodborne pathogens from the workplace (e.g., sharps disposal containers, self-sheathing needles).* Work practice controls are defined as, *methods that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of a needle by a two-handed technique).*

Examples of engineering controls that can be found in the average practice setting include sharps containers, red bags, biohazard boxes, and specimen containers. Some controls may be a combination of both work practice and engineering controls. For example, a hand washing policy is a work practice control, however the hand washing facility itself (i.e., the sink) is an engineering control.

Each employee must become familiar with the engineering and work practice control policies of the practice and for ensuring his/her own compliance with such policies.

**Hepatitis B Vaccine** - Field trials for the HBV vaccine have shown 80% to 95% efficacy in preventing infection of clinical hepatitis among susceptible persons. Protection against illness is virtually complete for persons who develop an adequate antibody response after the vaccination.

OSHA states, *the employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure.* The Standard also requires that the vaccine be made available to the employee at no cost and that it be offered at a reasonable time and place.

An employer is required to offer the vaccine, and an employee is permitted to accept or decline the vaccination series. An employee choosing to decline the vaccine must sign a "Hepatitis B Vaccine Declination Statement" which will be maintained as part of the employee's medical record.

**Labeling for Biohazards** - The requirements for properly identifying biohazards are addressed in the Standard under Section (g), Communication of Hazards to Employees. For the practice setting, the primary means of identifying biohazards for employees is accomplished through the use of labels.

Specifically, the Standard states that, *(A) warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials; and other containers used to store, transport or ship blood or other potentially infectious materials.*

*Red Bags or red containers may be substituted for labels. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirements. Remember that the purpose of the biohazard label is to identify the possible risk of occupational exposure (to blood or other potentially infectious materials).*

Waste containers that are used to hold bags for medical waste need to be labeled, even if the bag itself is red in color. This identifies that the waste container's primary function is for medical or regulated waste and not for normal office waste. Sharps containers are another example of waste containers that require labeling. As stated, the exception to labeling with the biohazard label applies to containers that are red in color. If a waste container is behind a cupboard door, then the door requires a biohazard label to identify the presence of a biohazard within the cupboard.

- **Biohazard Label** - The biohazard label, as stated by OSHA, *shall be fluorescent orange or orange-red or predominantly so, with letters or symbols in a contrasting color. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.*

The background of the label is usually orange or orange-red in color as required by the Standard with the symbol and term "biohazard" in black or white to contrast with the orange background. Remember that the purpose of the label is to identify the presence of blood or other potentially infectious materials.

**Exposure Incidents** - An exposure incident is defined by OSHA as, *a specific eye, mouth, or mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.* Exposure incidents are generally thought of as needlesticks. While this is an exposure incident, it is no more and no less serious than having blood or other potentially infectious materials splashed into the eyes.

You must notify your supervisor or Safety Officer as soon as feasible after an exposure incident has occurred. Immediate notification is extremely important, because the patient or source individual may still be in the facility and can be asked to provide a blood sample for testing.

As part of the Centers for Disease Control (CDC) and OSHA guidelines for post-exposure follow-up, an exposed employee will be provided with the HBV, HCV and HIV results from testing of the source individual or patient (if available). Test results must be maintained in a confidential manner, as required by the Bloodborne Pathogens Standard and HIPAA Privacy Rule.

Employees may have a baseline blood sample collected, and held for testing for up to ninety days, pending the results of the source individual's blood tests. Medical evaluation and any necessary follow-up testing will be provided to exposed employees at the employer's expense.

**Needlestick Safety** - The Bloodborne Pathogens Standard requires employers to consider new safer medical devices that may eliminate or reduce exposure to bloodborne pathogens. Employers are required to involve affected employees in the evaluation of possible safer sharps devices on an annual basis. You are encouraged to communicate concerns regarding sharps safety to your supervisor or STC at any time, and particularly during an evaluation process. The types of safety devices will vary from practice to practice. Check with your STC for the proper use of safety devices and procedures performed by your practice to limit needlestick injuries.

**Spill Response** – Special precautions must be taken in the event if blood or other potentially infectious material is spilled. The following general steps must be taken to properly clean a spill, while protecting the safety of those involved in clean-up procedures:

- *Containment* – Use absorbent material to contain the spill from spreading (i.e., paper towel or kitty litter).
- *Cleanup* –Cleanup personnel must wear gloves to prevent contamination of the hands. Eye and/or face protection should be worn if splashing or spattering of the material is possible. Protect clothing from contamination. Broken glassware that may be contaminated must not be picked up directly with the hands. Forceps or other tools may be used to place broken glassware into a sharps container. Vacuum cleaners should not be used for cleanup of contaminated glass.
- *Decontamination* - The tools used in cleanup, and all surfaces affected by the spill must be properly decontaminated. Carpet may be cleaned with a mixture of soap and water to limit discoloration. Hard surfaces are best cleaned with a solution of bleach and water.
- *Disposal* - Materials from a biological spill will need to be placed in a biohazard container.

**Employee Medical Records** - An accurate medical record will be maintained for employees who have occupational exposure to patient specimens and/or have experienced an occupational exposure incident. The requirement for maintaining an Employee Medical/Exposure Record is required by OSHA's Bloodborne Pathogens Standard. *NOTE: The individual responsible for maintaining and providing access to your employee medical record is listed in item #7 of the Supplemental Training Information on page 25.*

The medical record is maintained for the duration of employment plus thirty years in accordance with regulatory guidelines. The record is kept confidential and is not disclosed or reported to any person within or outside the workplace except as required by law.

You and your designated representatives have the right to access your exposure and medical records. You will be informed of this right annually and sign a statement acknowledging that you have been informed about your employee medical record.

**Medical Waste Management** - OSHA's concern is for the safety of employees and their potential for exposure to bloodborne pathogens during the handling and storage of certain types of waste while it is in the practice.

**Types of Waste Generated** - For many practices, the most hazardous types of waste generated will be in the biohazardous category. The following listing will help familiarize you with the waste that may be generated by your facility.

- **General Waste** - this is a term usually associated with non-hazardous waste that has not been contaminated with infectious materials or hazardous chemicals (i.e., copy paper, paper towels, etc.).
- **Regulated Waste** - the term "regulated" is used in the Bloodborne Pathogens Standard to identify what is more commonly known as medical or biohazardous waste and may include, but not be limited to cultures, live attenuated vaccines, human tissue, human organs, body arts, specimens, liquid waste blood, blood products, items contaminated with blood that could be released during handling, or other potentially infectious materials, and contaminated sharps.

Your STC or supervisor will identify the types of waste generated by your practice and how to properly dispose of them in accordance with the practice's waste management policies.

## Tuberculosis Infection Control

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*Mycobacterium* or *M Tuberculosis* is a form of TB that affects the respiratory system of an infected individual. Understanding elements of a TB Infection Control Plan will help limit exposure and spread of the disease in healthcare settings.

**TB Infection Control Plan** - The purpose of a written TB Infection Control Plan for the healthcare practice is to limit or minimize employee exposure to infectious tuberculosis. A written TB Infection Control Plan is required for all medical and dental practice settings. The Plan provides the written policies that address how your practice will limit your exposure through elements such as TB testing for staff members, screening and managing patients, and the possible use (i.e., for the highest risk facilities) of personal protective equipment.

**Mode of Transmission for *Mycobacterium Tuberculosis*** - *Mycobacterium* or *M. tuberculosis* is commonly referred to as an airborne pathogen, because it is spread through tiny airborne particles (1 to 5 microns in diameter) that are known as droplet nuclei. According to the CDC, droplet nuclei are generated when persons with active TB sneeze, cough, speak or sing loudly. Any employee of the practice who shares the same air space as a patient with active TB has a potential risk for exposure and subsequent infection.

**Active and Latent Infections** - TB infections can be classified either as active or latent. An active infection is normally diagnosed through consecutive positive sputum cultures with the patient exhibiting signs and symptoms of active tuberculosis (see below).

A TB infection that is present without any signs or symptoms of disease is referred to as latent TB infection (non-active TB). An individual with latent TB infection will have had a positive TB skin test result, but does not have symptoms of active TB, and is not infectious. A chest x-ray is usually performed to rule out any TB activity in the respiratory system. Individuals with a history of previous positive skin tests are not required to have further TB testing. Current CDC guidelines do not require annual chest x-rays for individuals with a previous positive test. The current guidelines call for a chest x-ray if an individual, with a previous positive test, begins to show signs and symptoms of active TB. *NOTE: Some institutional settings may require more frequent chest x-rays, due to the level of risk and number of active patients seen on an annual basis.*

Under the CDC guidelines, individuals with a previous positive TB test will be provided with an annual symptom screen (a written questionnaire). The annual questionnaire will determine whether the individual has any current signs and symptoms of active TB.

**Signs and Symptoms of Active Tuberculosis** – Signs and symptoms for active TB include a persistent cough that has lasted for three or more weeks, or other symptoms such as bloody sputum, night sweats, weight loss, anorexia or fever. The level of suspicion for TB will vary by geographical location, and will depend upon other characteristics of the community served by the practice. TB testing is the primary step for identifying whether an individual has been exposed to TB, and determines any necessary follow up testing and evaluation.

**Screening and Identification** - According to the CDC, one of the most critical risks for healthcare-associated transmission of TB is from patients with unrecognized TB who are not promptly handled with appropriate precautions. All staff members with patient contact must be trained to identify patients who may have infectious TB. During the cold and flu season, a high number of patients coming into primary care practices may sound like they have TB. Specialty practices, where patients are seen only by referral, experience less of this, but should still screen patients in case the primary care provider has failed to do so.

Reception personnel should be trained to ask patients whether they have any of the signs or symptoms listed above. If a patient indicates that he/she has had a persistent cough lasting three or more weeks and is experiencing heavy night sweats and/or rapid weight loss or other accompanying symptoms, then a nurse or other clinician should be called to evaluate the patient further.

**Patient Management** - If a patient is suspected of having active TB, the staff should implement the practice's patient management protocol to limit or minimize exposure of the staff and other patients. The following steps have been taken from the CDC final guidelines, with some modification to ensure relevance for the practice setting.

- **Provide the patient with a surgical mask** to wear while in the practice. Give him/her instruction to wear it throughout the visit, with additional instructions to cover his/her mouth and nose with a tissue when coughing or sneezing. Surgical masks are designed to prevent the individual's respiratory secretions from entering the air.
- **Patients with confirmed or suspected TB should be isolated** or separated from other patients and staff as quickly as possible. In some facilities, there is the availability of special isolation rooms. For the average practice, it is advisable to designate a specific exam room (ideally one near an alternate exit from the practice to keep the patient from traveling back through your waiting room and potentially exposing other patients).
- **Appropriate staff should be immediately notified** in order to expedite the patient's treatment. It should be a priority to complete the patient's treatment as soon as possible.

**Employee TB Testing** - Current CDC guidelines continue the requirement for TB testing of healthcare workers. Initial TB testing is required for all healthcare workers upon being hired by a new employer. The revised guidelines require new hires to receive a two-step tuberculin skin test (TST) to test for infection with *M. tuberculosis* unless the employee can provide documentation of a negative TB test that was performed during the previous twelve months. In this case, only a one-step test is required.

Serial testing (previously known as annual TB testing) will then depend upon the risk level of the facility. Serial testing will not be required in facilities that have been classified as low risk. Facilities with a medium risk classification will conduct serial TB testing for all of their staff members.

A common question with regard to TB testing is whether testing should be conducted for pregnant staff members. This stems from a concern for possible contraindications with skin testing. The CDC guidelines state that *pregnant healthcare workers should be included in initial and serial testing (if*

*serial testing is indicated for a facility) as part of an infection control program because no contraindications for skin testing exist.* Current guidelines issued by the American College of Obstetricians and Gynecologists (ACOG) emphasize that *postponement of the diagnosis of infection with M. tuberculosis during pregnancy is unacceptable.* Given the information from the CDC and ACOG, pregnant staff members should be included in the practice's TB testing process.

## **Influenza Safety**

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Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. There are two main types of flu virus – Type A and Type B. Influenza A and B viruses are responsible for seasonal flu outbreaks each year. Influenza can cause mild to severe illness, and at times can lead to death. If you care for patients who may have the flu, you need to take precautions at work to help reduce your risk of exposure to flu viruses.

**Influenza Transmission** – According to the CDC, influenza is primarily transmitted from person-to-person by droplets that are generated when infected persons cough or sneeze (this is known as Droplet Transmission); these large droplets can then enter through the conjunctiva of the eye or mucous membranes of the mouth or nose. This type of transmission usually occurs within a six-foot range of an infected individual.

**Contagiousness** – Most otherwise healthy adults are able to transmit the flu to others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Some people, especially young children and people with weakened immune systems, might be able to infect others for an even longer period.

**Influenza Vaccination** - There are two types of vaccines that protect against seasonal influenza. The "flu shot" is an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. The flu shot is approved for use among people 6 months of age or older, including healthy people and those with chronic medical conditions (such as asthma, diabetes, or heart disease). A different kind of vaccine, called the nasal-spray flu vaccine (sometimes referred to as LAIV for Live Attenuated Influenza Vaccine or FluMist®), contains attenuated (weakened) live viruses, and is administered by nasal sprayer. It is approved for use only among healthy people 2-49 years of age who are not pregnant.

The CDC recommends that people get their flu vaccine as soon as vaccine becomes available in their community. Vaccination early in the flu season is best since this timing ensures that protective antibodies are in place before flu activity is typically at its highest levels. Once you get vaccinated, your body makes protective antibodies in approximately two weeks.

**Safety Precautions for Influenza** - According to the CDC, the single best way to prevent seasonal flu is to get vaccinated each year. Even though there is a small possibility to contract seasonal flu after a vaccination, it remains the best preventive measure. The CDC recommends the use of good health habits to act as a secondary measure with the vaccination:

- **Avoid Close Contact** – When possible, avoid close contact with sick people. If you are sick, keep your distance from others to protect them from getting sick too. Working in a medical or dental practice may not always allow you to keep a distance of 6 feet from individuals who may have the flu virus.
- **Stay Home When You Are Sick** – If possible, stay home from work and avoid running errands when you are sick. The CDC recommends that a worker who has a fever and respiratory symptoms stay at home until 24 hours after the fever ends, without the use of medication. You may feel that going to work will help the practice from being shorthanded but you may infect several co-workers who will eventually become ill and potentially miss work.
- **Cover Your Nose and Mouth** – This is referred to as cough etiquette and can go a long way to help prevent the spread of respiratory infections. Remember that coughing and sneezing are methods for transmitting influenza.
- **Clean Your Hands** - Clean your hands with soap and water or alcohol-based hand cleaner after coughing, sneezing, or having hand contact with items or surfaces that may be contaminated.
- **Avoid Touching Your Eyes, Nose or Mouth** – Germs and infections are often spread when a person touches something that is contaminated and then touches his/her eyes, nose, or mouth.
- **Practice Other Good Health Habits** – Be physically active, eat a healthy diet and get plenty of rest (7-8 hours), exercise and relaxation.
- **Use personal protective equipment** – Use gloves, gowns, surgical masks and other protective equipment that is provided by your employer.
- **Work practice controls** – Observe patient screening and isolation procedures that have been established to limit exposure of staff members, visitors and other patients. If patients exhibit symptoms of the flu (i.e., fever/chills, cough, sore throat, muscle or body aches, extreme fatigue and runny or stuffy nose), they should be asked to comply with respiratory hygiene, cough etiquette and hand hygiene procedures. Supplies such as tissues and hand sanitizer can help patients to limit transmission. Symptomatic patients should be separated from others when possible.

## **Workplace Violence and Harassment**

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Most nonfatal workplace assaults occur in service settings such as hospitals, nursing homes, social service agencies, and outpatient clinical settings.

While statistics are readily available for many workplace assaults, OSHA identifies workplace violence as the most under-reported workplace hazard. This is due to the fact that many healthcare workers identify workplace violence as requiring physical violence and/or injury. However, disruptive or threatening behavior is also considered a form of workplace violence. According to a definition from the National Institute for Occupational Safety and Health (NIOSH), workplace violence need not include physical harm or damage.

**Disruptive, Threatening, and Violent Behaviors** - Disruptive, threatening, and violent behaviors can create different levels of violence in the workplace requiring different levels of action on the part of the practice.

Disruptive behavior is often overlooked as a form of workplace violence. Disruptive behavior disturbs, interferes with or prevents normal work functions or activities. Examples of disruptive behavior include yelling, using profanity, waving fists or arms, verbally abusing others, and refusing reasonable requests for identification.

Threatening behavior includes physical actions short of actual contact/injury (i.e., moving closer to someone in an aggressive manner), general verbal or written threats to people or property (i.e., "This isn't over yet"), as well as implicit threats (i.e., "I'll get you" or "You'll be sorry"). This type of behavior may cause less of a disturbance in the workplace but it leaves employees with a lingering fear that can affect their performance. This type of behavior can often occur between co-workers as an internal form of workplace violence or harassment.

Violent behavior includes any physical assault, with or without weapons; behavior that a reasonable person would interpret as being potentially violent (i.e., throwing objects, pounding on a desk or door, or destroying property), or threats to inflict physical harm.

Disruptive and threatening behaviors are the most common forms of workplace violence in a practice environment. Incidents involving disruptions and threats in the healthcare workplace are a problem. Awareness is needed to prevent a disruption from escalating to more serious acts of workplace violence.

**Harassment** – According to OSHA, harassment is defined as unwelcome verbal or physical contact based on race, color, religion, sex (whether or not of a sexual nature, and including same-gender harassment and gender identity harassment), national origin, age, disability (mental or physical), or sexual orientation (sometimes collectively referred to as "legally protected characteristics"). Behaviors from any of these categories constitute harassment when the conduct is sufficiently severe or pervasive to create a hostile work environment.

**Awareness and Prevention** - Awareness is one of the most important strategies for preventing violence or harassment in the workplace. Once workplace violence and harassment are clearly defined, options and strategies for dealing with, or preventing them may be applied.

Several administrative, and behavioral strategies have the potential for reducing the risk of workplace violence. Examples of prevention strategies include (but are not limited to) good visibility within and outside the workplace, cash handling policies, good lighting, security devices, and employee training for handling different types of behavior in the workplace. No single strategy is appropriate for every practice but employers and employees should assess the risk of violence in their workplace and take appropriate action to reduce those risks.

Key elements to a successful prevention program will also include a zero tolerance policy, an understanding of Universal Precautions for Violence/Harassment, and a reporting system to address harassing, disruptive, threatening, or violent behaviors.

**Zero Tolerance** - OSHA has identified the need for a zero tolerance policy regarding workplace violence and harassment. The concept is quite simple. It means that there should be no acceptable level or occurrence of any type of workplace violence or harassment in a practice's environment. This includes disturbing or threatening behavior as well as violent behavior. Zero tolerance requires immediate reporting of such situations so they can be immediately handled and minimized.

**Universal Precautions for Violence/Harassment** - OSHA's guidelines for preventing workplace violence for healthcare emphasizes that every healthcare worker should understand the concept of "Universal Precautions for Violence," which assumes that workplace violence or harassment can occur in any healthcare setting, at anytime.

**Immediate Reporting** - According to OSHA, under-reporting of workplace violence is as much of a problem as the violence itself. Immediate reporting ensures that an incident can be properly dealt with and documented with implementation of corrective actions to control the situation and limit the chance for recurrence. The same is necessary in the case of harassment. Early intervention can limit the severity of the problem.

The most common form of workplace violence in the medical or dental practice environment will be the patient or family member that presents a threatening behavior toward an employee of the practice. Should you report every incident where someone has spoken out in anger? Everyone has bad days where simple requests and responses seem to come out in a hostile manner. Reporting situations as possible workplace violence should be reserved for situations where simple steps to calm a patient or family member will not work.

Employees can limit the potential for harassment by monitoring their own conduct, as well as that of others in the workplace. Victims of harassment can be anyone affected by the conduct, not just the individual at whom the offensive conduct is directed. Promptly report any incidents of verbal or physical actions that are unacceptable in the workplace.

**Managing Disruptive or Threatening Behavior** - If an individual appears upset, is verbally abusive, appears unwilling to listen and will not calm down (i.e., he/she continues the verbal confrontation, while raising his/her voice, and also begins to visibly disrupt the practice environment), the situation should be carefully managed.

*Step One – Recognition*

Inform the individual that you will find another staff member to help resolve the situation.

*Step Two – Separation*

Confirm with the individual that you are going to get further help, and that you will be right back. This process of separating from the disgruntled individual removes you from the line of fire. Separation gives you both an opportunity to cool down.

*Step Three – Gaining Control*

Upon returning to the individual, the supervisor or manager should have a pad and pen to take notes (a visual cue that the problem will be handled). If possible, ask the individual to accompany the two of you to an empty office or exam room to discuss the problem, but never place a staff member alone with a disgruntled individual. Have the individual speak slowly and explain the problem while you take notes. Repeat the information to ensure you have recorded the issue as the individual has stated it. This part of the process enables you to gain some level of control. Your request for the individual to speak slowly, combined with repeating or confirming his/her statements, should help to calm him/her down. The key is to transfer control from the individual to you and your companion. Be sure to listen carefully and record the notes accurately.

*Step Four – Removal from the Practice*

Once you have all of the notes and the individual feels that he/she has adequately conveyed the problem, it is time for removal from the practice. Let him/her know that you are going to immediately look into the problem and will call with the results of your efforts. Ask for a phone number where you can contact him/her within the next business day, and provide assurance that you will call.

If the above process has been followed and the individual is still threatening violence or is disrupting the practice, you would need to involve the assistance of an outside agency (i.e., security personnel, police, etc.). Requesting outside assistance is the point of last resort, however staff should be familiar with the procedure so that it can be activated quickly in the case of imminent danger.

*Step Five - Follow-up with the Individual*

This part of the process will probably be handled by a manager or supervisor who will call the patient and inform him/her about a possible next step or resolution to the problem.

**Documentation/Reporting**

Retain a copy of the notes that were taken during the encounter, and include notes of any actions that were taken and of the response that was provided to the patient.

## Ergonomic Safety

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The goal of the ergonomics program is to reduce work-related musculoskeletal disorders (MSDs) developed by workers when a major part of their jobs involve reaching, bending over, lifting heavy objects, using continuous force, working with vibrating equipment and repetitive motions.

### Musculoskeletal Disorders (MSDs) and Risk Factors

MSDs are injuries and illnesses that affect muscles, nerves, tendons, ligaments, joints or spinal discs. Following is a list of common MSDs:

- Carpal tunnel syndrome
- Trigger finger
- Tendonitis
- Herniated spinal disc
- Tension neck syndrome
- Rotator cuff syndrome
- Sciatica
- Raynauds phenomenon
- Low back pain
- De Quervain's disease
- Epicondylitis
- Carpet layer's knee

Workplace MSDs are caused by exposure to the following risk factors, as defined by OSHA:

**Repetition** - Repeating the same motions over and over again places stress on the muscles and tendons. The severity of risk depends on how often the action is repeated, the speed of the movement, the number of muscles involved and the required force.

**Force** - Force is the amount of physical effort required to perform a task (such as heavy lifting) or to maintain control of equipment or tools. The amount of force depends on the type of grip, the weight of an object, body posture, the type of activity and the duration of the task.

**Awkward Postures** - Posture is the position your body is in and affects muscle groups that are involved in physical activity. Awkward postures include repeated or prolonged reaching, twisting, bending, kneeling, squatting, working overhead with your hands or arms, or holding fixed positions.

**Contact Stress** - Pressing the body against a hard or sharp edge can result in placing too much pressure on nerves, tendons, and blood vessels. For example, using the palm of your hand as a hammer can increase your risk of suffering an MSD.

Workers suffering from MSDs may experience less strength for gripping, less range of motion, loss of muscle function and inability to do everyday tasks. Common symptoms include:

- painful joints
- pain, tingling or numbness in hands and feet
- shooting or stabbing pains in arms and legs
- swelling or inflammation
- burning sensation
- pain in wrists, shoulders, forearms, knees
- fingers or toes turning white
- back or neck pain
- stiffness

**Reporting** - If you experience any of the symptoms listed above, you must report them to your supervisor or other designated individual. Failure to report MSDs or their signs and symptoms promptly could lead to long-lasting problems or permanent disability.

Your employer is responsible for responding to the report if your signs or symptoms last for seven consecutive days following the report. If it is then determined that your MSD, or MSD signs or symptoms can be connected to your job, your employer must provide you with an opportunity to contact a healthcare professional and receive work restrictions, as necessary. Your wages and benefits must be protected for a period of time while on light duty or temporarily off work to recover. Following your report of a work-related musculoskeletal disorder (MSD) or signs and symptoms, your employer must analyze your job to identify MSD hazards and, if found, must take steps to reduce those hazards.

**Proper Use of Workstations** – There are multiple elements within workstations, ranging from desk, chair, monitor, keyboard, mouse, phone, calculator, and other accessories you might use. Having the correct arrangement from your workstation and accessories will improve your ability to maintain natural postures and limit musculoskeletal injuries.

*Desks* – Frequently used items, such as the keyboard, mouse, and phone should remain within easy reach (with the radius created by your forearms). Watch for hard edges that can come into contact with your arm or wrist, and which can cause contact stress affecting nerves and blood vessels.

*Monitors* – The proper viewing distance for computer monitors is between 20 to 40 inches (from eye to monitor surface). The top of the monitor should be at or slightly below eye level.

*Keyboard and Mouse* – The placement of your keyboard and mouse are critical to limiting awkward wrist, arm and shoulder postures. When keyboards are too low, they may cause you to type with your

wrists bent, and when they are too high, they may cause you to raise your shoulders to elevate your arms.

*Telephones* – A frequently used accessory, such as a telephone, should be placed within your forearm radius of your workstation (i.e., you can reach it without leaning forward and stretching your arm).

*Neutral Body Positioning* – OSHA's concept of neutral body positioning involves aligning your joints to reduce stress and strain on your muscles, tendons, and skeletal system.

### **Neutral Body Position at a Computer Workstation:**

- Hands, wrists, and forearms are straight, in-line and roughly parallel to the floor.
- Head is level, or bent slightly forward, and balanced (generally in line with the torso).
- Shoulders are relaxed and upper arms hang normally at the side of the body.
- Elbows stay close to the body and are bent between 90 and 120 degrees.
- Back is fully supported with appropriate lumbar support when sitting vertical or leaning back slightly.
- Thighs and hips are supported by a well-padded seat and generally parallel to the floor.
- Knees are about the same height as the hips with feet slightly forward.
- Feet are fully supported by the floor or footrest (not tucked up under your chair).

### **Neutral Body Position for Standing**

- Stand with weight mostly on the balls of the feet, not with weight on the heels.
- Keep feet slightly apart, about shoulder-width, and let arms hang naturally.
- Avoid locking the knees.
- Stand straight and tall, with shoulders upright.
- If standing for long periods, shift weight from one foot to the other, or rock from heels to toes.

**Safe Lifting** – Lifting can be a major workplace safety challenge, depending on the type and amount of lifting being done. Lower back injuries happen when assisting patients, moving supplies, and in some cases, using equipment in the facility. The following measures can limit the potential for injury:

- Always bend at the knees, not the waist.
- Use the large leg and stomach muscles for lifting, not the lower back.
- If necessary, get a supportive belt to help maintain good posture while lifting.

- When carrying a heavy or large object, keep it close to the chest.
- If carrying something with one arm, switch arms frequently.
- Obtain assistance from another person instead of trying to lift or move extremely heavy items.

### **Safe Patient Handling**

If staff members are at risk of ergonomic injuries due to patient lifting or repositioning tasks, a safe patient-handling program should be developed by your employer to minimize those risks. It may be determined that special lifting equipment and protective policies are necessary to eliminate or minimize work-related injuries.

Communicate any concerns regarding patient lifting tasks with your employer to determine whether or not policies, procedures and equipment are necessary. Report any signs or symptoms of musculoskeletal disorders to your supervisor immediately.

### **Annual Safety Training**

Various regulations, such as the Standard for Occupational Exposure to Bloodborne Pathogens (1910.1030 (g)) and the Hazard Communication Standard, Final Rule (1910.1200 (h)), require that employees be provided with annual training on many specific topics. Such training is in addition to the training that is covered in this booklet.

Eagle Associates, Inc. has developed *Compliance Training*, a monthly publication to meet these training requirements. Rather than conduct one session of training per year covering all of the various topics, we will cover one training topic per month (training is usually not offered in December, depending on the current annual schedule). Your STC will determine whether you must complete the training depending upon the applicability of the current topic to the duties that you perform. If it is determined that you will need the training, you will be asked to read the material and complete a brief test. The test is included to document that the training was completed and that the information was understood.

## Employee Safety Orientation Training Test

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Name \_\_\_\_\_ Date \_\_\_\_\_

Please enter your **true** or **false** answers. You may discuss any questions with your Safety Training Coordinator for clarification.

**On-Line Testing** – **If you will be using Eagle Associates' web-based training program, you should complete the test in paper form prior to logging in to the online system.**

1. Handwashing should be performed after removing gloves, because contamination can occur during glove removal.
2. Administrative workers are not at risk for TB infection, because they don't have direct patient contact.
3. According to OSHA, harassment is defined as unwelcome verbal or physical contact based on race, color, religion, sex (whether or not of a sexual nature, and including same-gender harassment and gender identity harassment), national origin, age, disability (mental or physical), or sexual orientation (sometimes collectively referred to as "legally protected characteristics").
4. Your employer should inform you of the assembly point at which to gather after emergency evacuation.
5. After vaccination, it takes about four weeks to develop protective antibodies against influenza virus.
6. Musculoskeletal Disorders are injuries and illnesses that affect muscles, nerves, tendons, ligaments, joints or spinal discs.
7. Signal words on a chemical product label include danger and warning. Danger is for less severe hazards, and warning is for more severe hazards.
8. Contact with blood or other potentially infectious materials with mucous membranes, non-intact skin, or via a needlestick or other puncture wound, which occurs as a result of an employee's duties, is considered an exposure incident.
9. Incidents of workplace violence only include acts that result in actual physical harm.
10. Safety data sheets (SDSs) identify hazards of products, outline protective measures that can be taken to minimize harm, and emergency procedures for incidents involving the products.

## Supplemental Training Information

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1. Name of the person responsible for Safety compliance in the practice:

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2. A copy of the practice's emergency evacuation map is located:

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3. The assembly point following evacuation is located:

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4. In the event of an emergency, the primary phone number to call is:

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5. Safety plans and policies for the practice are located:

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6. The chemical inventory and safety data sheets are located:

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(Please also provide a sample chemical hazard label and an explanation of contents.)

7. The person responsible for maintaining and providing access to employee medical records is:

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8. The method used to notify other staff members of a fire emergency is:

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9. Identify the PPE that is required to be worn during this employee's tasks:

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(Provide proper care, maintenance, and disposal procedures and how to adjust and wear PPE, if required.)