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veterinary safety manual

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PART 1 INTRODUCTION

PART 1 - INTRODUCTION

PURPOSE OF THIS MANUAL

This *Veterinary Safety Manual* is intended to provide a veterinary practice with the information its staff needs to reduce the risk of occupational related illness and injury.

While regulatory compliance requirements are summarized, the emphasis is on risk reduction, whether required by a regulatory agency or not. Risks that have resulted in employee injury and/or illness and workers' compensation losses in veterinary practices receive special attention.

HOW TO USE THIS MANUAL

This manual provides model policies and procedures that meet specific Occupational Safety and Health Administration (OSHA) regulations applicable to veterinary practices. Because veterinary practices differ widely from one another, veterinarians and their staffs will want to identify which regulations and policies apply to their practice and establish procedures to reduce their specific workplace hazards. Applicable sections of the manual can be customized by adding, deleting, and changing text, so that the resulting documents both meet OSHA requirements and serve as a blueprint for the practice's on-going safety activities.

To replace terms in capital letters with organization-specific names, follow these steps:

1. Use the replace function (Ctrl + H)
2. In the "Find what:" field, enter (CLINIC/SITE NAME)
3. In the "Replace with:" field, enter your organization's name
4. Select "Replace All" and select OK
5. (RESPONSIBLE PERSON'S TITLE) should be entered for the individual appropriate responsible party.

PART 1 INTRODUCTION begins with an outline of an approach to establishing a new safety program, followed by a discussion on enhancing an existing safety program and for updating established programs. It concludes with general information about OSHA.

PART 2 SAFETY PROGRAM STRUCTURE provides suggestions on how to structure an effective program.

PART 3 HUMAN RESOURCES INTERFACES suggests policies and procedures that directly relate to both safety and personnel management.

PART 4 SAFETY RELATED TO PRIMARY SERVICES contains policies and procedures addressing potential safety issues which are characteristic of nearly all veterinary practices.

PART 5 GLOSSARY contains acronyms and definitions of key terms.

Words that appear in *italicized and underlined* font are defined in the glossary. Only the first use of the word is italicized and underlined.

PART 1 INTRODUCTION

ESTABLISHING A NEW PROGRAM

The steps described below outline a systematic approach to establishing a new safety program that can be understood, accepted and followed by all employees.

DEVELOP WRITTEN POLICIES AND PROCEDURES

- ☐ Complete the *Organization Profile* (Attachment A) as background information to guide decisions that need to be made while customizing this manual.
- ☐ Survey all the policies and procedures in the manual.
- ☐ Identify which safety policies address specific hazards in this practice and/or are required for OSHA compliance. Document each section's applicability using Attachment B *Applicable Policies and Procedures*.
- ☐ Assign responsibilities for customizing specific policies and procedures. Document using Attachment C *Staff Safety Manual Responsibilities*.
- ☐ Create a timetable for the customization, so that each section is specific to the practice and operations.

IMPLEMENT SAFETY POLICIES AND PROCEDURES

Commitment to safety must start at the top management level and be evident to all employees. Employees, in turn, will be more likely to accept policies and procedures that directly affect them if they have some say in how they are implemented.

Don't expect change overnight, and keep in mind that the longer it takes to implement and conform to the new policies and procedures, the more likely that an adverse event will occur and the less likely employees will believe that safety is a priority.

- ☐ Draft an action plan and timeline for implementing the safety policies and procedures; include time to introduce the program to all employees.
- ☐ Determine initial training needs of staff.
- ☐ Secure the organization's leadership commitment to the safety program and communicate this to all clinical and non-clinical staff. Also, secure commitment for staff support of training.
- ☐ Enlist staff participation in finalizing the action plan for implementing the policies and procedures. For each safety e determine which area(s) are most affected and identify one employee from that area to actively assist with or lead implementation.

PART 1 INTRODUCTION

MONITOR AND IMPROVE

The safety program must be updated as government regulations change, research reveals new and better methods, and results indicate a need for change. Owners and managers must also continuously reinforce the importance of safety initiatives through ongoing training, feedback regarding behaviors dictated by the plans and procedures, and open, up-front communication.

- ☐ Develop and implement a retraining schedule to reinforce safety policies and procedures and owner's/management's commitment to a safe workplace.
- ☐ Determine specific measures for monitoring the effectiveness of safety policies and procedures.
- ☐ Develop reports for sharing results with the owner(s), managers and employees.

ENHANCING AN EXISTING PROGRAM

If the practice already has some existing safety plans, review this manual with an eye towards augmenting them with additional information/provisions and/or adopting the policies in lieu of the current policies. Consider adopting the new safety plans if the practice has procedures that are undocumented, if documented plans are not in compliance or have not been reviewed/updated for some time, or if the existing plans and procedures (documented or undocumented) have minimized/eliminated the injuries that they are intended to address.

In all cases, it is recommended that both plans be reviewed, the current and this manual's, to determine which plan better addresses the hazards present in the practice.

ONGOING PROGRAM REVIEW SCHEDULE

Review and/or update the organization's plans on the following basis:

- Annually
- Whenever regulations or workplace conditions that affect specific plan(s) are changed (e.g., purchase of new equipment or chemicals, addition of new processes)
- Post-incident to ensure that additional preventative measures, if available, are adopted to minimize the chance for reoccurrence

Keep a log of each review/update of the written safety plans to verify that the review has taken place.

PART 1 INTRODUCTION

ADDITIONAL RESOURCES

In addition to this manual, the AVMA/PLIT provides several resources on their website to assist you with implementing your safety program. These resources are free to AVMA/PLIT insureds by visiting www.avmaplit.com, logging in, and clicking the Loss Control & Risk Management tab. These resources include:

- Web-based training courses –
 - On-line safety training courses include: Hazard Communication (Right-to-Know), Lifting Techniques, Regulatory Inspections, Animal Restraint and Bite Prevention, Slips/Trips/Falls, and Personal Protective Equipment
- Safety and Loss Control Articles – Over 50 articles are posted on the website
- Employee Training Guides – These guides cover numerous topics related to the veterinary practice and include employee quizzes
- Safety Posters – Fourteen full-color safety posters can be downloaded and printed
- Written Safety Programs – Editable templates can be downloaded and customized to suit your needs

USEFUL FORMS

Attachment A	Organization Profile
Attachment B	Applicable Policies and Procedures
Attachment C	Staff Safety Responsibilities
Attachment D	Safety Plan Review and Update

Attachment A ORGANIZATION PROFILE
--

Practice Type (e.g., Small Animal, Mixed Practice, Equine, etc.)

Description of Services and Procedures (Enter a brief description of the services that are performed)
--

Owner(s) (Enter name)

Practice Manager (Enter name)

Site Manager (If applicable, enter name)

Safety Coordinator (Enter name)
--

Affected Departments (Enter departments/locations affected by this plan)

Equipment (Enter a brief description of equipment used in the application of listed services)
--

Attachment B
APPLICABLE POLICIES AND PROCEDURES

Manual Section	Applicable to This Practice?		
	All	Some (specify)	None
Employee Health and Safety Training			
Accident Reporting			
General Safety Rules			
Hazard Recognition and Control Processes			
Patient Handling and Restraint			
Infection Control			
Bloodborne Pathogens (1 st aid responders)			
Hazard Communication			
Ergonomics			
Security and Workplace Violence			
Fire and Life Safety			
Equipment Safety			
Personal Protective Equipment			
Facility Emergency Action Plan			
OSHA Inspection Plan			
Radiation Safety			
Laser Safety			
Controlled Substances			
Hearing Conservation			

Attachment C STAFF SAFETY RESPONSIBILITIES

Manual Section	Responsible Person:
Employee Health and Safety Orientation and Training	
Human Resources Issues	
Accident Reporting, Investigation, and Recordkeeping	
General Safety Rules	
Hazard Recognition and Control Processes	
Patient Handling and Restraint	
Infection Control	
Bloodborne Pathogens	
Hazard Communication	
Ergonomics	
Security and Workplace Violence	
Fire & Life Safety	
Equipment Safety	
Personal Protective Equipment	
Facility Emergency Action Plan	
OSHA Inspection Plan	
Radiation Safety Plan	
Laser Safety Plan	
Controlled Substances	
Hearing Conservation	

Attachment D SAFETY PLAN REVIEW AND UPDATE

Section:	Last Update:	Description of Update:
Employee Health and Safety Orientation and Training		
Human Resource Issues		
Accident Reporting, Investigation, and Recordkeeping		
General Safety Rules		
Hazard Recognition And Control		
Patient Handling and Restraint		
Infection Control		
Hazard Communication		
Bloodborne Pathogens		
Ergonomics		
Security and Workplace Violence		
Fire and Life Safety		
Equipment Safety		
Personal Protective Equipment		
Facility Emergency Action Plan		
OSHA Inspection Plan		
Radiation Safety		
Laser Safety		
Controlled Substances		
Hearing Conservation		

OSHA AND ITS IMPACT ON VETERINARIANS

SCOPE

In the years leading up to 1969 and 1970, more than 14,500 American workers were killed annually on, or in connection with, their jobs; and more than 2,200,000 workers were disabled each year as a result of work-related accidents. During this period the enactment of health and safety laws had been left solely to the states. Many states had enacted few laws and failed to appropriate sufficient funds to enforce the laws. As accidents and deaths were occurring at an accelerating rate, the need for federal legislation became evident.

In 1970 the Occupational Safety and Health Act was signed into law. While individual states may still develop and enforce their own health and safety programs, these programs must be at least as effective as the federal program.

There are currently 26 States that develop and operate their own job safety and health programs. OSHA approves and monitors these State and jurisdictional plans which include: Alaska, Arizona, California, Connecticut, Hawaii, Indiana, Iowa, Kentucky, Maryland, Michigan, Minnesota, Nevada, New Mexico, New Jersey, New York, North Carolina, Oregon, Puerto Rico, South Carolina, Tennessee, Utah, Vermont, Virgin Islands, Virginia, Washington, and Wyoming.

The purpose of OSHA is to assure, as far as possible, safe working conditions for American workers. OSHA does this by setting and enforcing standards; providing training, outreach and education; establishing partnerships; and encouraging continual improvement in workplace safety and health.

OSHA STANDARDS

Employers are required to comply with two broad sets of guidelines: General Industry Standards and the General Duty Clause.

General Industry Standards

OSHA has adopted a large number of federal safety and health standards. These standards are formulated to reduce employees' exposure to hazardous conditions. Some standards govern all worksites, and other standards address specific industries.

OSHA requires employer compliance with these standards. Although employers are allowed input on which standards are adopted and can contest standards believed to be unfair, once the standard is adopted and published by OSHA, compliance is mandatory.

General Duty Clause

When OSHA has not promulgated specific standards to address a given situation, employers are responsible for following the intent of OSHA's General Duty Clause. This clause states that each employer shall furnish "a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to [its] employees." In those cases where a specific standard does not exist, OSHA will use the General Duty Clause as the basis of citations and fines.

OSHA INSPECTIONS

OSHA is authorized to conduct workplace inspections to enforce its standards. All establishments covered under OSHA are subject to inspection by OSHA Compliance Safety Health Officers (CSHOs).

Under the Act, an OSHA CSHO is authorized to:

- “Enter without delay and at reasonable times any factory, plant, establishment, construction site or other areas, workplace, or environment where work is being performed by an employee of the employer”; and to
- “Inspect and investigate during regular working hours, and at other reasonable times, and within reasonable limits and in a reasonable manner, any such place of employment and all pertinent conditions, structures, machines, apparatus, devices, equipment and equipment therein, and to question privately any such employer, owner, operator, agent or employee.”

Nearly all inspections are conducted without any advanced notice. However, when advance notice of an inspection is given, the employer must inform his or her employees’ representatives or arrange for OSHA to do so. OSHA usually does not have a warrant for an inspection when they first arrive and may not conduct warrantless inspections without an employer’s consent. It may, however, inspect after acquiring a search warrant or its equivalent based on administrative probable cause.

The *OSHA Inspection Plan* in Part 4 of this manual is a draft of policy and procedures intended to prepare a veterinary practice for an OSHA inspection.

Types of Inspections

There are five types of inspections that OSHA conducts. These are listed in their order of importance, as determined by OSHA:

Imminent Danger - Imminent danger situations are given top priority. An imminent danger is any condition where there is reasonable certainty that a danger exists that can be expected to cause death or serious physical harm immediately or before the danger can be eliminated through normal enforcement procedures. When an imminent danger situation is found, the compliance officer will ask the employer to voluntarily abate the hazard and to remove endangered employees from exposure. Should the employer refuse, OSHA will apply to the nearest Federal District Court for legal action to correct the situation.

Catastrophic and Fatal Accidents - Second priority is given to investigation of fatalities and catastrophes resulting in hospitalization of three or more employees.

Employee Complaints - Each employee has the right to request an OSHA inspection when the employee feels that he or she is in imminent danger from a hazard or when he or she feels that there is a violation of an OSHA standard that threatens physical harm. If the employee so requests, OSHA will withhold the employee’s name from the employer.

Programmed High Hazard Inspections - OSHA establishes programs of inspection aimed at specific high hazard industries, occupations, or health hazards. Workplaces are selected for inspection on the basis of death, illness and injury rates; employee exposure to toxic substances, etc.

Re-inspections - Establishments cited for alleged serious violations may be re-inspected to determine whether the hazards have been corrected.

Citations and Penalties

OSHA inspections often detect violations that result in citations and penalties. It is important for employers to be familiar with the different OSHA violation types, and to understand how OSHA uses the different violations to classify citations and the corresponding penalties. After the CSHO reports findings to his or her office, the area director determines what citations, if any, will be issued and what penalties will be proposed using the following guidelines:

Other than serious – this violation is cited in situations where the most serious injury or illness that is likely to result from a detected hazardous condition cannot reasonably be predicted to cause death or serious physical harm to the exposed employees. The maximum proposed penalty for this type of violation is \$7,000.

Serious - A serious violation exists when it is determined that a substantial probability of death or serious physical harm results from a condition, practice, operation or process to which employees are exposed. The maximum proposed penalty for this type of violation is \$7,000.

Willful - A willful violation exists when evidence shows that an employer commits a violation intentionally, or that the employer commits a violation with plain indifference to the law. The penalty range for this type of violation is \$5,000 to \$70,000.

Repeated violation – If an employer has been previously cited for a substantially similar condition, and the same hazard or condition is again found within three years of the original citation, an employer is cited for a repeated violation. Repeated violations can bring fines of up to \$70,000.

Failure to Abate – An employer has not corrected a previously cited violation that had become a final order. Citations become final order when the abatement date for that item passes, if the employer has not filed a notice of contest. Failure to abate violations may bring civil penalties of up to \$7,000 per day for every day the violation continues beyond the prescribed abatement date.

PART 2 SAFETY PROGRAM STRUCTURE

PART 2 - SAFETY PROGRAM STRUCTURE

ESTABLISHING GOALS

To create a process for sustainable safety improvement, it is recommended that the practice establish and implement safety, health, and injury management performance goals for selected staff members which are a meaningful percentage of their overall performance review. Practice-wide goals should be results-driven and metric-based, and individual manager/department goals should be activity-based. Examples of activity-based goals include:

- Completing accident investigation reports within 24 hours of the reported incident
- Identifying and completing corrective action for accident-producing conditions
- Completing and documenting regular employee safety training
- Completing inspections and ensuring follow-up
- Completing behavioral safety observations and ensuring follow-up
- Completing and documenting regular safety committee meetings and activity

All goals should be challenging, yet attainable. A good way to arrive at an attainable results-based goal is to review a practice's loss history for the past five years. If the results of this review reveal, for example, that an average of four injuries are being recorded per year, and three of those injuries are back or strain-related, a realistic goal may read as follows: "reduce the number of back or strain-related injuries by 33% in year 20##".

ROLES AND RESPONSIBILITIES

OWNER(S)/MANAGEMENT

To make the safety program successful, owners or their designated managers need to participate in on-going program activities that include:

- Promoting safety awareness and employee participation
- Reviewing and updating safety rules, policies, and procedures
- Providing safety and health education and training
- Establishing safety goals
- Examining outcomes

Employers have broad responsibilities under the Occupational Safety and Health Act of 1970, such as the following:

- Provide a workplace free from serious recognized hazards and comply with standards, rules and regulations issued under the OSHA Act
- Examine workplace conditions to make sure they conform to applicable OSHA standards
- Make sure employees have and use safe instruments and equipment and properly maintain this equipment

PART 2 SAFETY PROGRAM STRUCTURE

- Use color codes, posters, labels or signs to warn employees of potential hazards
- Establish or update operating procedures and communicate them so that employees follow safety and health requirements
- Provide medical examinations and training when required by OSHA standards
- Post, at a prominent location within the workplace, the OSHA poster (or the state-plan equivalent) informing employees of their rights and responsibilities
- Report to the nearest OSHA office within 8 hours any fatal accident or one that results in the hospitalization of three or more employees
- Keep records of work-related injuries and illnesses
- Provide employees, former employees and their representatives access to the *Log of Work-Related Injuries and Illnesses* (OSHA Form 300)
- Provide access to employee medical records and exposure records to employees or their authorized representatives
- Provide to the OSHA compliance officer the names of authorized employee representatives who may be asked to accompany the compliance officer during an inspection
- Not discriminate against employees who exercise their rights under the Act
- Post OSHA citations at or near the work area involved. Each citation must remain posted until the violation has been corrected, or for three working days, whichever is longer. Post abatement verification documents or tags
- Correct cited violations by the deadline set in the OSHA citation and submit required abatement verification documentation

Regardless of who is given direct responsibility for the various safety activities, top leadership is ultimately responsible for establishing and maintaining an effective workplace safety program.

SAFETY COORDINATOR

Management may be required by state laws, or may decide because of the size of the practice, to name a “Safety Coordinator” to manage the Safety Program and oversee day-to-day safety activities.

Whether or not a Safety Coordinator is named, specific responsibilities may be further divided among employees with the appropriate interest, related responsibilities or training. This may be done for efficiency, to provide focused attention to required areas, and/or to get employee or committee groups more actively involved. For instance, an employee with specific expertise and training may be designated as the Laser Safety Coordinator, or the safety committee may be given responsibility for managing the Personal Protective Equipment Plan or Safety Training Plan.

PART 2 SAFETY PROGRAM STRUCTURE

SAFETY COMMITTEE

For medium-size and larger practices, a safety committee should be established to recommend improvements to the safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards. A safety committee could be used as an extension of management in the development of safety rules, regular review of incidents and the workplace, and providing assistance in the correction of unsafe acts/conditions. Note that some states, such as California, mandate the use of safety committees in the workplace while others give insurance premium reduction incentives for having a safety committee in place.

The safety committee may include the following personnel:

Position	Name of Assigned Member(s)
Safety Coordinator	
Veterinarian (s)	
Practice Manager	
Employee(s)	
▪ Clinical	
▪ Non-clinical	
Supervisor(s)	

A Safety Committee will generally:

- Determine the schedule for evaluating the effectiveness of control measures used to protect employees from injury and health hazards in the workplace
- Assist management
 - in reviewing and updating workplace safety rules based on accident investigation findings, any inspection findings, and employee reports of unsafe conditions or work practices; and accepting and addressing anonymous complaints and suggestions from employees
 - with updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns, and formulating corrective measures to prevent recurrence
 - in evaluating employee accident and illness prevention programs and promoting safety and health awareness and co-worker participation through continuous improvements to the workplace safety program
 - in monitoring workplace safety education and training to ensure that it is in place, that it is effective, and that it is documented
- Participate in safety training
- Convene a scheduled meeting at least quarterly

PART 2 SAFETY PROGRAM STRUCTURE

SAFETY MEETINGS

To discuss safety issues and provide a time for safety training, Safety Meetings should be held on a monthly basis. This allows a forum for topics to be discussed as they pertain to employee's safety and health. If monthly operational meetings are held, take 5-10 minutes to discuss safety during this time. Allowing employees to voice their concerns about relevant risks in the practice will help generate control measures.

SAFETY TRAINING

Training on safety subjects is an integral part of a safety program. Whether conducted during a new employee's first weeks or refreshed on an annual basis, reviewing safety subjects will enhance employee's knowledge on the subject matter.

DOCUMENTATION

Safety Committee meetings, discussions, activities, and follow-up should be recorded with suggestions or recommendations tracked through to completion.

- The Safety Coordinator will assure that complete records of the function and proceedings of the committee are maintained.
- The minutes of safety committee meetings should include the following information:
 - Date
 - Time
 - Location of the meeting
 - Names of all persons in attendance
 - Action items from the previous safety committee meeting
 - Review of accidents since previous meeting
 - Recommendations for prevention
 - Anonymous recommendations from employees
 - Suggestions from employees
 - Recommended update to safety program
 - Recommendations from accident investigation report
 - Safety training recommendations
 - New action items with responsible parties and due dates
- Meeting minutes will be posted in an employee common area, such as a break room.

The Safety Committee should review all employee suggestions for their merit and improvement on the general safety and health of the site/clinic and its employees, visitors, clients and patients. The results of this review, as well as all corrective actions should be reviewed with management and documented as detailed above.

PART 2 SAFETY PROGRAM STRUCTURE

EMPLOYEES

Although OSHA does not cite employees for violations of their responsibilities, each employee “shall comply with all occupational safety and health standards and all rules, regulations, and orders issued under the Act” that are applicable. Employee responsibilities and rights in states with their own occupational safety and health programs are generally the same as for workers in states covered by federal OSHA.

Employees’ responsibilities include:

- Reading the OSHA Poster at the jobsite.
- Complying with all applicable OSHA standards.
- Following all lawful employer safety and health rules and regulations, and wear or use required protective equipment while working.
- Report hazardous conditions to the supervisor.
- Reporting any job-related injury or illness to the employer, and seeking treatment promptly.

PART 3 HUMAN RESOURCES INTERFACES

EMPLOYEE ORIENTATION AND TRAINING

PART 3 - HUMAN RESOURCES INTERFACES

EMPLOYEE HEALTH AND SAFETY ORIENTATION AND TRAINING

PURPOSE

The purpose of this Employee Health and Safety Orientation and Training is to establish a structure for the training of all new employees and the systematic retraining of all current employees. This will ensure that all employees are familiar with and can demonstrate the safe procedures associated with their job.

POLICY STATEMENT

(CLINIC/SITE NAME) will comply with all provisions of OSHA's standards by assuring that all new employees are properly oriented on the safety procedures of their position. Further, all employees will be given periodic retraining to ensure that they are fully informed of how to exercise the safe procedures described within the safety plans.

PROCEDURES

Four types of activities are required to meet OSHA standards:

- New employee orientation
- Job-specific training
- Retraining of employees
- Recordkeeping

These activities are explained in further detail below.

New Employee Training

General Safety Orientation

Workplace safety and health orientation begins on the first day of initial employment or job transfer. All new employees will be trained on applicable safety policies and procedures prior to commencement of work or transfer to a new position. In addition:

- Employees will have access to a copy of this safety and health manual for review and future reference.
- Managers will ask questions of employees and answer employees' questions to ensure knowledge and understanding of safety rules, policies, and job-specific procedures described in this manual.

PART 3 HUMAN RESOURCES INTERFACES

EMPLOYEE ORIENTATION AND TRAINING

New employee safety training will consist of documented training on the following subjects:

- General Safety Rules
- Disciplinary E
- Accident Reporting
- Hazard Recognition and Control
- Patient Handling and Restraint
- Infection Control
- Hazard Communication
- Bloodborne Pathogens
- Ergonomics
- Security and Workplace Violence
- Fire and Life Safety
- Equipment Safety
- Personal Protective Equipment
- Facility Emergency Action Plan
- OSHA Inspection Plan
- Radiation Safety (if applicable)
- Laser Safety (if applicable)
- Controlled Substances
- Hearing Conservation (if applicable)

New employee safety orientation will be documented and employees will certify that they know, understand, and will follow (CLINIC/SITE NAME)'s safety procedures. (See Attachment A *Safety Orientation Checklist*, Attachment B *Employee Safe Work Practices Agreement* and Attachment C *Safety Training Documentation Form* for sample forms that can be used to document training and employees' understanding.)

NOTE: Employees assuming responsibility as the Radiation Safety Officer (RSO), Laser Safety Officer (LSO), or who use radiation-emitting and/or laser equipment, must complete additional training and have certain qualifications, certifications, and/or experience to serve in this capacity.

Job-Specific Training

The following individuals will conduct job-specific training for employees new to the respective work areas:

- (RESPONSIBLE PERSON'S TITLE) – (WORK AREA)
- (RESPONSIBLE PERSON'S TITLE) – (WORK AREA)
- (RESPONSIBLE PERSON'S TITLE) – (WORK AREA)
- (RESPONSIBLE PERSON'S TITLE) – (WORK AREA)

PART 3 HUMAN RESOURCES INTERFACES

EMPLOYEE ORIENTATION AND TRAINING

Job-specific training will consist of:

- Verbal specific directions on how to perform the job tasks safely
- Observation of employees performing the work
- Demonstration of safe work practices or remedial instruction to correct observed training deficiencies

Employees new to a work area must demonstrate the ability to perform job duties in a safe manner before they are permitted to work without supervision. After initial job-specific training has been completed, the responsible individual for each work area (as noted above) will verify that additional specialized training on new or seldom used procedures/equipment is provided before employees are allowed to perform the procedure or use the equipment.

Retraining for All Employees

All employees will receive periodic updates on safety rules, policies, procedures, and changes made to the safety manual. Individual employees will be retrained after a work-related injury resulting from an unsafe act or work practice and when a manager observes employees displaying unsafe acts, practices, or behaviors.

(RESPONSIBLE PERSON'S TITLE) will verify that all employees are retrained on those subjects which are applicable to their jobs on at least an annual basis.

Updated training will be conducted if procedures are added or changed, if new equipment is introduced, or if new hazards are introduced into the facility.

All retraining updates will be documented on a form such as (See Attachment C *Safety Training Documentation Form*)

Recordkeeping

(CLINIC/SITE NAME) will maintain the following records on file:

- This Employee Health and Safety Orientation and Training e
- Completed Safety Orientation Checklists
- Signed *Safe Work Practices Agreements* (signed after orientation and retained for the duration of employment)
- Written training records for each employee detailing the extent of training received and the date it was received
 - Orientation records will be retained for the duration of employment
 - Annual training records will be retained for the duration of the employee's tenure plus three years.

PART 3 HUMAN RESOURCES INTERFACES

EMPLOYEE ORIENTATION AND TRAINING

ROLES / RESPONSIBILITIES

(RESPONSIBLE PERSON'S TITLE) is responsible for assuring that the following activities are completed within the OSHA required timeframes and conform to the specific requirements, including documentation:

- New employee orientation
- Job-specific training
- Retraining of employees
- Recordkeeping

Specific tasks may be performed by (RESPONSIBLE PERSON'S TITLE) or delegated.

USEFUL FORMS

The following forms and supplementary information will assist with the implementation and maintenance of this program.

Attachment A	Safety Orientation Checklist
Attachment B	Employee Safe Working Practices Agreement
Attachment C	Safety Training Documentation Form

Attachment A

SAFETY ORIENTATION CHECKLIST

Instructions to Supervisor(s): Complete with each employee on his/her first day on the job (new hire or transfer). Check each item as completed and file final form in human resources file.

Employee Name: _____

Position: _____

Date: _____

The following checked items were discussed with the above named employee

Safety E	Date	Reviewer's Name
General Safety Rules		
Accident Reporting		
Disciplinary E For Safety Infractions		
Hazard Recognition and Control		
Patient Handling and Restraint		
Infection Control		
Hazard Communication		
Bloodborne Pathogens		
Ergonomics		
Security and Workplace Violence		
Fire and Life Safety		
Equipment Safety		
Personal Protective Equipment		
Facility Emergency Action Plan		
Radiation Safety (if applicable)		
Laser Safety (if applicable)		
Controlled Substances		
Hearing Conservation (if applicable)		

Attachment B EMPLOYEE SAFE WORKING PRACTICES AGREEMENT

As a condition of employment, I, _____ (please print full name), do hereby agree to comply with (CLINIC/SITE NAME)'S safe work practices and procedures. I agree to report any work-related accident or injury, and any incident or alleged non-injury incident, to my supervisor as soon as it occurs.

I acknowledge that I have reviewed a copy of (CLINIC/SITE NAME)'s Safety Manual, and I understand that failure on my part to follow the above procedures could result in disciplinary action, up to and including termination.

Employee Signature

Date

Supervisor Signature

NOTE: Must be completed at orientation and filed in human resources file

Attachment C SAFETY TRAINING DOCUMENTATION FORM
--

Instructor: Complete the top portion of this form and have all attendees sign below. File in (INSERT PROPER FILE) when completed.

Date:	Time:	Location:
--------------	--------------	------------------

Date:	Time:	Location:
--------------	--------------	------------------

Date:	Time:	Location:
--------------	--------------	------------------

Name of Instructor:

Topic(s) of Training:

Training has been completed concerning these specific sub-topics:

1.

2.

3.

4.

5.

Employee Name (Please Print)	Signature
-------------------------------------	------------------

Employee Name (Please Print)	Signature
-------------------------------------	------------------

[illegible]

Attach additional training logs as needed.

PART 3 HUMAN RESOURCES INTERFACES

ACCIDENT REPORTING, INVESTIGATION, RECORDKEEPING

ACCIDENT REPORTING, INVESTIGATION, AND RECORDKEEPING

PURPOSE

The purpose of this policy is to establish a consistent approach for the reporting, investigation, and recordkeeping of all suspected work-related injuries/illnesses. The prompt reporting and investigation of incidents promotes a safe work environment by heightening safety awareness, identifying hazardous conditions and practices, notifying responsible parties who can alert others doing related tasks, and initiating equipment and procedural changes believed to be effective in preventing similar future occurrences.

POLICY STATEMENT

(CLINIC/SITE NAME) will follow state-specific requirements and recognized “leading practices” for the reporting and investigation of suspected work-related injuries/illnesses, as well as all provisions of OSHA’s *Recordkeeping Standards (29CFR1904)*.

PROCEDURES

Four types of activities are required to meet leading practices and the OSHA standards:

- Reporting of work-related injuries and illnesses and near-misses
- Prompt investigation of all accidents/incidents and near-misses
- Maintaining an up-to-date OSHA 300 Log
- Recordkeeping

These activities are explained in the further detail below.

Reporting Work-Related Injuries/Illnesses and Near Misses

Employee Reporting and Immediate Follow-up

Every employee must report any work-related injury, illness, or near-miss to his/her supervisor immediately. Failure to report a work-related injury, illness, or serious near-miss may result in disciplinary action and the denial of benefits as provided in the workers compensation statutes.

A ‘near miss incident’ is defined as “any incident which resulted in, or could have resulted in, the serious illness, injury or self-harm of an employee. Examples of near-misses include:

- Equipment nearly striking employees
- Short-circuits on electrical equipment
- An animal bites but doesn’t break the skin
- Faulty equipment such as a sparking microwave

PART 3 HUMAN RESOURCES INTERFACES

ACCIDENT REPORTING, INVESTIGATION, RECORDKEEPING

Upon being advised of the incident, the supervisor and/or the (RESPONSIBLE PERSON'S TITLE) on duty at the time of the incident will report immediately to the scene of the occurrence to assure prompt medical attention is given to the staff member(s) involved and address any safety hazards which may have caused or contributed to the incident.

It is the responsibility of the employee to accurately and completely fill out the *Employee's First Report of Injury* form. The (RESPONSIBLE PERSON'S TITLE) will verify that the form is complete and document the names of any co-workers of the injured staff member who may have witnessed the incident. Attachment A contains a sample *Employee's First Report of Injury*.

The (RESPONSIBLE PERSON'S TITLE) will advise (OWNER/MANAGEMENT) of immediate hazards which warrant prompt investigation and/or remedy.

Information to assist you in determining whether an injury is consider to be work-related can be found on OSHA's website at the following link:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9636

The OSHA Recordkeeping Advisor can also be used to determine if an injury is recordable
<http://www.dol.gov/elaws/OSHARecordkeeping.htm>

Fatalities or Catastrophes

While the chance of fatal or catastrophic injuries in veterinary practices is not very likely, (CLINIC/SITE NAME) will comply with local state and federal employee fatality reporting requirements.

OSHA officials must be contacted within 8 hours in the case of a work related fatality. OSHA must be contacted in the event of an amputation, loss of an eye, or in patient hospitalization. OSHA can be reached on a 24hr basis at 1-800-321-OSHA (1-800-321-6742).

Accident Investigations

A detailed investigation is critical if management is to effectively identify the "actual cause" of an employee injury, illness, or near-miss and to support the implementation of applicable corrective actions to prevent a recurrence of similar accidents/injuries.

The (RESPONSIBLE PERSON'S TITLE) will perform accident investigations and is responsible for seeing that the accident investigation reports are being filled out completely and that the recommendations are addressed. Refer to Attachment B *Accident Investigation Form* and Attachment C *Guidelines for Accident Investigation* for a more detailed description of how to conduct an investigation.

(RESPONSIBLE PERSON'S TITLE) will, on an as-needed basis:

- Implement temporary control measures to prevent any further injuries to employees.

PART 3 HUMAN RESOURCES INTERFACES

ACCIDENT REPORTING, INVESTIGATION, RECORDKEEPING

- Review the equipment, operations, and processes to gain an understanding of the accident situation.
- Identify and interview each witness and any other individuals who might provide clues to the accident's cause.
- Investigate causal conditions and unsafe acts and make conclusions based on facts.
- Complete an accident investigation report, provide recommendations for corrective action and indicate recommended changes or additions to the workplace safety rules.
- Indicate the need for additional or remedial safety training.

OSHA 300 Log

The Occupational Safety and Health Act of 1970 requires employers to maintain a log of injuries and illnesses that occur or are alleged to have occurred in the work place. To meet this requirement, the Bureau of Labor Statistics has issued the Log of Occupational Injuries and Illnesses OSHA 300.

General recording criteria can be found at the following link:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9638

The OSHA Form 300 is maintained on a calendar year basis. Employees still losing time due to an injury on December 31 of a given year must be assigned an estimated number of total days lost for the injury for accounting purposes. Upon return to work, transfer or termination of employment, the estimated days figure must be amended to reflect the actual days lost.

Regardless of (CLINIC/SITE NAME)'s or insurer's admission of liability for the injury, (RESPONSIBLE PERSON'S TITLE) will enter on the OSHA 300 Log within seven (7) days of occurrence, all injuries incurred or alleged by an employee that meet the OSHA recordable requirements, including:

- Fatality
- Loss of consciousness
- Days away from work
- Restricted work activity or job transfer, or
- Medical treatment beyond first aid (includes managing and caring for an employee for the purpose of combating disease or disorder)

The following are not considered medical treatment and are not recordable:

- Visits to a doctor or healthcare professional for observation or counseling
- Diagnostic procedures including administering prescription medications that are solely for diagnostic purposes
- Any procedure that can be labeled first aid
- Use of non-prescription medications at non-prescription strength
- Administration of tetanus immunizations
- Cleaning, flushing, or soaking wounds on the skin surface
- Use of wound coverings, e.g., gauze pads, Band-Aids™, or SteriStrips™
- Use of hot or cold therapy
- Use of eye patches

PART 3 HUMAN RESOURCES INTERFACES

ACCIDENT REPORTING, INVESTIGATION, RECORDKEEPING

- Use of any non-rigid means of support, e.g., wraps
- Drinking of fluids to relieve heat stress
- Drilling of fingernails or toenails to relieve pressure, or draining fluids from blisters
- Use of simple irrigation or cotton swab to remove foreign bodies not embedded in or adhered to the eye
- Use of irrigation, tweezers, cotton swab, or other simple means to remove splinters or foreign material from areas other than the eye
- Use of finger guards
- Using massages
- Use of temporary immobilization devices while transporting an accident victim, e.g., splints, neck collars, or backboards

Injured employees who are unable to perform their regular work assignment and are temporarily assigned to a different job, and the days assigned to the restricted job, will be entered on the Log in the appropriate columns.

The date of injury will always be the date on which the injury actually occurred. The date recorded for an illness will be the first day of lost time, or diagnosis of a work-related illness. Entries on the Log should be made by date the injury/illness was reported, not by date of actual occurrence.

Under certain circumstances, an employee injury or illness may create privacy concerns for the injured/ill employee. The employer should not record employee's name on the *OSHA 300 Log* in the following instances:

- An injury or illness to an intimate body part or to the reproductive system
- An injury or illness resulting from a sexual assault
- A mental illness
- A case of HIV infection, hepatitis, or tuberculosis
- A needle stick injury or cut from a sharp object that is contaminated with human blood or other potentially infectious material
- Other illnesses, if the employee independently or voluntarily request that his or her name not be entered on the log

Rather than enter the injured/ill employee's name on the *OSHA 300 Log* in these circumstances, "privacy case" should be listed and a separate, confidential list of the case numbers and employee names will be maintained by (RESPONSIBLE PERSON'S TITLE). (CLINIC/SITE NAME) will conspicuously post a copy of the *Summary of Work-Related Injuries and Illnesses (OSHA 300A Log)* in an employee common area (such as a break room) from February 1 to April 30, with the year ending totals covered by the form.

PART 3 HUMAN RESOURCES INTERFACES

ACCIDENT REPORTING, INVESTIGATION, RECORDKEEPING

RECORDKEEPING

(CLINIC/SITE NAME) will maintain the following records:

- This Accident Reporting, Investigation, and Recordkeeping document
- Completed Employee's First Report of Injury Forms
- Completed Accident Investigation Forms
- Records of post-accident repairs/follow-up
- OSHA 301, state-specific Employers First Report of Injury forms, and 300 Log onsite for five years and on file (may be off site) on a permanent basis

ROLES / RESPONSIBILITIES

(RESPONSIBLE PERSON'S TITLE) is responsible for assuring that the following activities, specified in this program, are completed within the OSHA required timeframes, and conform to the specific requirements, including documentation for:

- Reporting of work-related injuries/illnesses and near-misses
- Prompt investigation of all accidents and near-misses
- Maintenance of an up-to-date OSHA 300 Log
- Recordkeeping

Specific tasks may be performed by (RESPONSIBLE PERSON'S TITLE) or delegated.

USEFUL FORMS

The following forms and supplementary information assist with the implementation and maintenance of this program:

Attachment A	Employee's First Report of Injury
Attachment B	Accident Investigation Form
Attachment C	Guidelines for Accident Investigation

Attachment A

EMPLOYEE'S FIRST REPORT OF INJURY

Instructions: Use this form to report all work-related injuries, illnesses, or “near-miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps to identify and correct hazards before they cause serious injuries. This form should be completed by an employee as soon as possible and given to a supervisor for further action.

I am reporting a work related: ☐ Injury ☐ Illness ☐ Near-miss

Your Name

Job title

Supervisor

Have you told your supervisor about this injury/near miss? ☐ Yes ☐ No

Date of injury/near-miss

Time of incident

Names of witnesses (if any)

Where, exactly, did it happen?

What were you doing at the time?

Describe step by step what led up to the injury/near-miss. (continue on the back if necessary):

What could have been done to prevent this injury/near-miss?

What parts of your body were injured? If a near-miss, how could you have been hurt?

Did you see a doctor about this injury/illness? ☐ Yes ☐ No

If yes, whom did you see?

Doctor's phone #

Date

Time

Has this part of your body been injured before? ☐ Yes ☐ No

If yes, when?

Employer
at the
time:

Your signature (optional):

Date

Attachment B ACCIDENT INVESTIGATION FORM

BASIC ACCIDENT FACTS**INJURED EMPLOYEE:** _____**DEPARTMENT:** _____**LENGTH OF SERVICE****With Company** _____**On This Job:** _____**AGE:** _____**GENDER:****M****F****NATURE OF
INJURY:** _____

_____**NATURE OF
PROPERTY
DAMAGE** _____
_____**DATE & TIME****Of Incident:** _____**Reported:** _____**Investigated:** _____**This Report:** _____**Explain if all dates are not the same:** _____
_____*INCIDENT DESCRIPTION*Describe exactly what happened, including exactly what the employee was doing and any
extenuating circumstances:

Attachment B**ACCIDENT INVESTIGATION FORM***CAUSATION FACTORS***Job Procedures**

Describe job procedure issues which may have contributed to the incident. Are there established procedures? Did the employee follow prescribed procedure? Were unsafe acts involved?

Behavioral Factors

Are there behavioral issues, such as lack of knowledge, disregard of instructions, inadequate training, emotional upset, or excessive haste, which may have contributed to the incident?

Physical Conditions

At the incident scene, look at equipment, materials and the environment. Describe the conditions reviewed here or by checking boxes in the list below. Be sure to list any conditions needing corrective action.

Attachment B ACCIDENT INVESTIGATION FORM

BASED ON CONDITIONS OBSERVED, CHECK ONE BOX IN EACH ROW AND DESCRIBE ANY DEFICIENCIES:

Lighting ☐ Good ☐ Deficient Action Needed: _____

Walking, working surfaces ☐ Good ☐ Deficient Action Needed: _____

Housekeeping, congestion ☐ Good ☐ Deficient Action Needed: _____

Machinery & equipment ☐ Good ☐ Deficient Action Needed: _____

Layout ☐ Good ☐ Deficient Action Needed: _____

Maintenance ☐ Good ☐ Deficient Action Needed: _____

Safety guards & equipment ☐ Good ☐ Deficient Action Needed _____

Other:

_____ ☐ Good ☐ Deficient Action Needed: _____

Attachment B

ACCIDENT INVESTIGATION FORM

Ergonomic Factors and Materials Handling

Investigate any ergonomic or materials handling risks associated with the incident. Describe what you looked at and what you found:

"Fit" between employee and workstation, equipment, tools:

Excessive reaching**(distance/repetition)**☐ Good☐ Deficient

Action Needed:

Awkward postures☐ Good☐ Deficient

Action Needed:

Work surface (too high, too low, etc.)☐ Good☐ Deficient

Action Needed:

Tool design☐ Good☐ Deficient

Action Needed:

Chair design☐ Good☐ Deficient

Action Needed:

Lighting / glare☐ Good☐ Deficient

Action Needed:

Equipment design☐ Good☐ Deficient

Action Needed:

Other:☐ Good☐ Deficient

Action Needed:

Attachment B

ACCIDENT INVESTIGATION FORM

Repetitive Motions:

Action	Repetitions/hr	or /shift:	Contributed to incident?
Lifting, lowering	<hr/>	<hr/>	Yes <input type="checkbox"/>
Grasping	<hr/>	<hr/>	Yes <input type="checkbox"/>
Pinching	<hr/>	<hr/>	Yes <input type="checkbox"/>
Reaching above shoulder height	<hr/>	<hr/>	Yes <input type="checkbox"/>
Other reaching	<hr/>	<hr/>	Yes <input type="checkbox"/>
Bending, twisting	<hr/>	<hr/>	Yes <input type="checkbox"/>
Other:	<hr/>	<hr/>	Yes <input type="checkbox"/>

Materials Handling / Overexertion:

Action	Object	Weight	Distance	Repetitions	Contributed to incident?
Lifting	<hr/>	<hr/>	<hr/>	<hr/>	Yes <input type="checkbox"/>
Lowering	<hr/>	<hr/>	<hr/>	<hr/>	Yes <input type="checkbox"/>
Carrying	<hr/>	<hr/>	<hr/>	<hr/>	Yes <input type="checkbox"/>
Pushing	<hr/>	<hr/>	<hr/>	<hr/>	Yes <input type="checkbox"/>
Pulling	<hr/>	<hr/>	<hr/>	<hr/>	Yes <input type="checkbox"/>
Other	<hr/>	<hr/>	<hr/>	<hr/>	Yes <input type="checkbox"/>

SAFETY PROGRAMS/POLICIES/RULES

Are there contributing factors that safety policy, inspection, testing, authorization, rules, etc. could correct if implemented?

Attachment B**ACCIDENT INVESTIGATION FORM****CORRECTIVE ACTIONS**

Number each action and state exactly what is to be done. Include responsibility assignment and expected completion date; when complete, check off and fill in completion date.

Rec. No.	Recommended Action	Who will complete?	By Date	<input type="checkbox"/> Completed Date
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Reported By: _____

(RESPONSIBLE PERSON'S TITLE): _____

Date: _____

Attachment C

GUIDELINES FOR ACCIDENT INVESTIGATION

An investigation is an in-depth look at an incident to determine exactly what happened, what factors caused it to happen, and, from an accident prevention standpoint, what changes and improvements can be made to keep it from happening again. The completed incident investigation form is simply a written report of the findings of this investigation. Investigation guidelines should be followed for all work-related injuries, illnesses, and near-misses.

- Go to the scene of the incident, ask questions to determine who, what, where, when and how the incident occurred. Interview the injured employee, if appropriate, and any witnesses. A thorough incident investigation involves exploring:
 - Basic accident facts
 - Instruments, material or equipment involved
 - Type of incident—fall, struck by object, instrument involved, etc.
 - Part of body affected—identify part(s) of body injured
 - Exactly what employee was doing at the time of the injury
 - Unsafe practices or procedures
 - Departure from established policy
 - Established procedures that are not safe
 - Lack of established procedures
 - Behavioral factors
 - Lack of knowledge
 - Disregard of instructions
 - Inadequate training
 - Emotional upset
 - Excessive haste
 - Unsafe conditions
 - Physical defects
 - Errors in design
 - Inadequate maintenance
 - Poor housekeeping practices
 - Faulty planning or layout
 - Omission in recognizing safety requirements
 - Environmental factors
 - Noise
 - Chemical or dust emissions
 - Lighting
 - Temperature extremes
 - Vibration
 - Ergonomic factors – the relationship between the employee and the workplace
 - “Fit” between employee and equipment or instruments
 - Repetitive motions
 - Materials handling requirements involving excessive forces or reaching or twisting
 - Safety Programs—contributing factors that could be corrected by:
 - Safety policies, procedures, or programs

Attachment C

GUIDELINES FOR ACCIDENT INVESTIGATION

- Inspection and/or testing procedures
 - Authorization procedures
 - Safety rules
- After completing an in-depth investigation incident causes and corrective actions can be identified. More than one type of corrective action may be identified for a given incident. An engineering or other physical change to eliminate a hazard is more effective than training or warning to avoid the hazard.
- Sign and date the report and send it to the (RESPONSIBLE PERSON'S TITLE) who will review the report and forward it on for comments and management review.

PART 4 SAFETY RELATED TO PRIMARY SERVICES

GENERAL SAFETY RULES

PART 4 – SAFETY RELATED TO PRIMARY SERVICES

GENERAL SAFETY RULES

PURPOSE

The purpose of General Safety Rules is to protect employees from situations known to cause injury. These rules cover safe practices related to clinic and office procedures, including employee dress and hygiene, housekeeping, general electrical and equipment safety; ladder safety, and first aid.

POLICY STATEMENT

(CLINIC/SITE NAME) will comply with OSHA’s “general duty clause” by establishing general safety rules and communicating them to all employees.

Section 5 of the Occupational Safety and Health Act of 1970 states:

Each employer

- 1) shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees;
- 2) shall comply with occupational safety and health standards promulgated under this Act.

PROCEDURES

Four types of activities are required to meet the OSHA standards:

- Development of safety rules appropriate to this practice’s operation
- Inspections of the facility
- Training employees
- Recordkeeping

These activities are explained in further detail below. Specific safety programs are found in subsequent subsections and are referenced where applicable.

Safety Rules

Safety rules will be established for (CLINIC/SITE NAME)’s specific practice environment by adding to, modifying or deleting from the following lists.

PART 4 SAFETY RELATED TO PRIMARY SERVICES

GENERAL SAFETY RULES

Clinic and Office Procedures

General Safety

- Instruct employees to immediately report to (RESPONSIBLE PERSON'S TITLE):
 - all work related injuries or illnesses, no matter how slight
 - any unsafe acts whether or not they result in an injury
 - any unsafe conditions including any items that need to be repaired to prevent accidents from occurring.
- Ensure that safety signs and warnings for common hazards (for example, infection control or radiation areas) are posted and can be understood by the affected employees (consider the primary languages of the majority of the employees, including maintenance and housekeeping). Establish specific procedures and authority for prominently displaying signs/warnings and removing them when no longer necessary.
- Establish and inform all employees of safe workplace conduct rules, including
 - No running, horseplay, throwing objects, scuffling.
 - No possession, selling, or use of intoxicating liquors or controlled substances while on company premises, in company vehicles, on duty or at lunch/break time.
 - No weapons of any type are permitted on this property at any time, for any reason.

Animal and Material Handling

- Establish proper animal and material lifting and movement methods.
- Provide training on proper animal and material handling techniques for commonly moved items.
- Provide animal or material handling equipment necessary to safely move heavy objects. For example, a gurney to move a heavy dog or a hoist to move a horse.
- Notify employees that they are expected to ask for help if they require assistance to safely lift or move animals or materials.

Equipment and Instrument Storage

- Provide proper storage for instruments and equipment.
- Instruct employees to return all items to their appropriate storage places when not in use. For example, return sterile instruments to sterilization containers; store sharps in an acceptable device (scabbard, sharps container, etc.) when not in use; store sharp office supplies (e.g., pens, pencils, letter openers, or scissors) in drawers or with the points down in a container.

Exits and Passageways

- Post a diagram of fire exits and evacuation routes in an area visible to all employees. Ensure that exits are not blocked and routes are clear at all times.
- Instruct employees to
 - Be cautious around corners and stairway exits as well as when opening doors into hallways.

PART 4 SAFETY RELATED TO PRIMARY SERVICES

GENERAL SAFETY RULES

- Use handrails when using stairs or ramps.
- Either completely close or completely open doors.

Miscellaneous Office Safety

- Instruct employees to
 - Open one file cabinet drawer at a time.
 - Put heavy files in the bottom drawers of office cabinets.
 - Close drawers and doors immediately after use.
 - Use handles when closing doors, drawers, and files.
 - Keep all chair legs on the ground when sitting in the chair
- Post the procedures for disposing of duplicating solvents on copiers (if applicable).

Electrical Safety

- Report electrical hazards to your supervisor immediately.
- Do not use extension cords for more than 30 days.
- Use a cord cover or tape down electrical or other cords when running them across aisles, between desks, or across entrances and exits.
- Do not connect multiple electrical devices into a single outlet.
- Keep access to electrical panels clear (at least 3' clearance).

Employee Dress and Hygiene

- Ensure that the dress code incorporates safety considerations based on potential exposures. For example,
 - All employees should wear suitable non-skid shoes
 - Employees with patient contact or in the laboratory should not wear high heeled or open-toed shoes.
- Ensure that employees obtain new clothing/uniforms as soon as possible following exposure to any hazardous materials, e.g., human blood, other potentially infectious material or hazardous chemicals.
- Establish a hand washing procedure
 - Wash hands with soap and water
 - When hands are visibly dirty or contaminated
 - Before eating and after using the restroom
 - If hands are not visibly soiled, use an alcohol-based hand rub or an antimicrobial soap and water for routinely decontaminating hands
 - Before having direct contact with patients
 - After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled
 - After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
 - After removing gloves

PART 4 SAFETY RELATED TO PRIMARY SERVICES

GENERAL SAFETY RULES

Good housekeeping is having a place for everything and having everything in its place. Housekeeping neglect can lead to accidents, fires, and health hazards.

Stairwells

- Do not use or store combustible materials in stairwells.
- Maintain all areas free of obstructions and slip/trip hazards at all times. Do not store or leave items on stairways.
- Ensure that stairways are adequately illuminated.

Aisles/Passageways

- Do not obstruct aisle/passageways, especially those leading to an emergency exit.
- Do not block or obstruct stairwells, exits, or access to safety and emergency devices such as fire extinguishers or fire alarms.

Walking/Working Surfaces

- Walking/working surfaces should be free of potential slipping or tripping hazards, such as water, supply boxes, electrical cords, and foreign objects.
- Slip-resistant covering or mats should be provided on walking/working surfaces that are constantly subjected to slippery materials or spills.
- Immediately wipe out wet spots on the floor (adhering to appropriate sanitation precautions).
- Use caution signs to barricade slippery and wet areas.
- Straighten or remove rugs and mats that do not lay flat on the floor.

Storage Areas

- Designate storage areas as “No Smoking” areas.
- Assure that all shelving units are suitable for the amount of weight being stored.
- Assure that shelving is firmly secured to walls, floors, or otherwise made stable.
- Store heavy items waist to chest high for safe lifting.
- Secure storage above 6 feet high to prevent falling.
- Whenever items are stored above 6 feet, use safety ladders to access.
- Supply boxes must not be left in passageways or extend into aisles. Maintain an 18 inch vertical sprinkler clearance where required.

Trash and Debris

- Frequent, orderly, and safe disposal of trash is required.
- All forms of waste materials must be kept contained and clear of treatment and office areas, including passageways, stairs, exits, and emergency evacuation routes.
- All solvent waste and combustible trash will be stored in fire resistant, covered containers until removed from the office.
- Store liquid containers labeled “Flammable” only in cabinets, rooms, or buildings labeled and rated as “Flammable Storage”.

PART 4 SAFETY RELATED TO PRIMARY SERVICES

GENERAL SAFETY RULES

General Equipment and Electrical Safety

- Equipment must be arranged in an orderly, uniform manner at all times. Do not place equipment in aisles or blocking exits.
- Never operate any piece of equipment unless you have been trained and authorized.
- Maintain all equipment (e.g., radiograph, laser) according to prescribed preventative maintenance.

Equipment Rooms (Electrical, Mechanical)

- Do not store materials or trash in electrical/mechanical rooms.
- All guards and covers must be in place.
- Maintain 36 inches of free access around electrical panel boards.

Compressed Gas Safety

Compressed gas cylinders (Oxygen, NO₂, etc.) can be extremely dangerous if mishandled.

To prevent the chance of injury, the following provisions must be adhered to at all times:

- Only use compatible systems with gases. Follow manufacturer's instructions.
- Gas cylinders must have valve protection caps on when not in use.
- Do not store compressed gas cylinders in areas where they can encounter corrosives or in a warm environment.
- Always store compressed gas cylinders in an upright position, secured by tying or blocking into position.
- Always ensure that the hose connection is properly mated before turning the gas cylinder valve to the open position.
- Always close the valves on cylinders before moving them.
- Never transport a cylinder with a regulator connected. Cylinders must be capped and secured when transported.
- Never use a valve protection cap to hoist or lift a cylinder.
- Use a dolly or similar material handling cart when transporting cylinders and secure them in a standing position.

Ladder Safety

Ladders and stepstools are simple devices, but can cause accidents. Refer to Attachment A when ladders or stepstools are used.

First Aid Provision

A fully stocked, ANSI-compliant medical first aid kit (ANSI Z308.1-2003 Minimum Requirements for Workplace First Aid Kits) must be readily accessible in the practice.

The first aid kits should be inspected on a regular basis per the facility inspection program, and re-stocked as needed.

PART 4 SAFETY RELATED TO PRIMARY SERVICES

GENERAL SAFETY RULES

Inspections

(RESPONSIBLE PERSON'S TITLE) will be responsible for complying with required inspections as specified in individual plans and taking immediate action to correct any unsafe physical conditions, poor housekeeping or other unsafe practices.

Employee Training

As part of our General Safety Rules, (CLINIC/SITE NAME) will train our employees:

- At the time of hire and annually thereafter
- Whenever an employee's responsibility changes

Recordkeeping

The clinic/office/practice will maintain the following records on file:

- A copy of all inspections, results, and corrective actions – retain for three years following the inspection
- Written training records for each employee detailing the extent of training received and the date it was received (retention requirements: duration of employment)

ROLES / RESPONSIBILITIES

(RESPONSIBLE PERSON'S TITLE) is responsible for assuring that the clinic completes the following activities, required to meet the OSHA standards, within the OSHA required timeframes, and in conformance with the specific requirements, including documentation:

- Development of safety rules appropriate to this clinic's operation
- Inspections of the facility
- Training employees
- Recordkeeping

Specific tasks may be performed by (RESPONSIBLE PERSON'S TITLE) or delegated.

USEFUL FORMS

The following forms and supplementary information assist with the implementation and maintenance of this program:

Attachment A Ladder/Stepstool Safety Procedures

Attachment A

LADDER/STEPSTOOL SAFETY PROCEDURES

The following are some general tips for ladder/step stool safety:

Proper Selection

- Ladders and stepstools must be strong enough for intended use. Ladders should have an OSHA duty rating of a 1 (250 LB) or a 1A (300 lb.).
- Do not use portable metal ladders near energized electrical circuits.

Proper Use

- Ladders must be inspected BEFORE EACH USE. All defective ladders (weakened, broken, or missing steps, broken side rails, etc.) must be tagged, removed from service and reported to the supervisor immediately.
- Ladders must not be placed in front of doors that open toward the ladder unless the door is open, locked, or guarded.
- In placing an extension ladder, the distance between the bottom of the ladder and the supporting point is to be approximately one-fourth (4 to 1 rule) of the ladder length.
- Portable ladders when in use must be firmly placed, held, tied, or otherwise secured to prevent slipping or falling.
- Do not use chairs, boxes, etc. as ladders. Do not use ladders as scaffold platforms. Do not use portable straight ladders without a non-skid base. Only company employees should be authorized to use company ladders.
- Do not place a ladder against an unsafe support. Never put spliced ladders together to make a longer ladder. When using stepladders, be certain the legs are fully spread.
- Do not use stepladders as extension ladders.
- When using a stepladder higher than ten feet, another person must hold the ladder (except a platform ladder, if available).
- Do not use stepladders as straight ladders.
- Use both hands and face the ladder when ascending and descending the ladder.
- Maintain three points of contact at all times (two hands/one foot or two feet/one hand)
- Do not climb to the top two steps of a stepladder, or the top four steps of an extension ladder.
- Only one employee is to use the ladder at a time. If two employees are needed, use another ladder.
- When using an extension ladder, be certain the side rails extend at least three feet above the dismount position.

PART 4 SAFETY RELATED TO PRIMARY SERVICES

HAZARD RECOGNITION AND CONTROL

HAZARD RECOGNITION AND CONTROL

PURPOSE

The purpose of this Hazard Recognition and Control Plan is to provide (CLINIC/SITE NAME) with information and resources that will help identify and eliminate actual and potential hazards, as well as monitor accepted safety standards, procedures, and equipment. This plan provides a basic framework for a workplace inspection program, including sample checklists and an inspection tracking report.

POLICY STATEMENT

(CLINIC/SITE NAME) will comply with all provisions of OSHA's inspection standards and industry leading practices by assuring that inspections are conducted in the facility, sharing the results of those inspections with affected clinic staff members, and taking the measures necessary to eliminate/minimize the hazards that are identified through the inspections.

PROCEDURES

Four types of activities are required to meet the OSHA standards:

- Complete inspections of the facility
- Follow-up on non-conformities
- Employee training
- Recordkeeping

These activities are explained in the further detail below.

Complete Inspections of Facility

Regular effective inspections are necessary to identify, evaluate, report, and control workplace hazards and to maintain managers' and employees' awareness of them. The goals of inspections are to review procedures in action and identify:

- Actual and potential hazards
- Equipment deficiencies
- Unsafe employee behaviors.
- Corrective measures

There are two categories of inspections that will be completed at (CLINIC/SITE NAME):

- **Informal inspections** – occur every time an employee walks through the practice, notice a problem and takes corrective action.
- **Planned inspections** – are done on a regular schedule. Frequency will be determined based on the particular work setting. For example, an office may be inspected annually, and a laboratory monthly. Equipment inspections should be done in accordance with the vendor-specified requirements.

PART 4 SAFETY RELATED TO PRIMARY SERVICES

HAZARD RECOGNITION AND CONTROL

The (RESPONSIBLE PERSONS TITLE) who is knowledgeable about safe work practices, proper use of the equipment, and safety program requirements will lead planned inspections. Attachment A is a sample checklist to assist in this process. NOTE: Checklists should be reviewed and revised as necessary, for example, as new equipment is purchased, new procedures are instituted, or when injuries reveal previously unsuspected hazards.

Preparation for Inspection

The following guidelines will assist in preparing to conduct a workplace inspection.

- Establish an inspection team of two or three employees from the department or from other departments.
- Review the floor plans and decide the specific area to be inspected.
- Review the previous inspection reports for outstanding items.
- Review any incident/injury reports and the preventative action taken.
- Review the inventory of equipment and hazardous materials.
- Review any safety-related complaints.
- Notify relevant faculty and staff of the inspection.

Conducting Inspections

The following guidelines will assist in conducting a workplace inspection.

- A successful inspection is a fact-finding exercise, not a fault-finding exercise.
- Use the provided checklists or customized checklists as a guide to provide the structure for the inspection. Add additional items as necessary.
- Look for what is right, as well as for what is wrong and comment on good practices, as well as bad practices.
- Talk to employees about their concerns, but avoid long discussions.
- Look outside the usual eye level – look up, look down, look into closed rooms, look into cupboards, look behind, look around.
- Point out immediate dangers for correction on the spot and not other items on the *Workplace Inspection Report Form*.
- Record all questionable items. Attachment B can be utilized to record and track the results of the inspections, as well as corrective actions taken.

Results of the inspection are to be shared with other staff members to make them aware of the hazards identified and to solicit immediate feedback.

Follow-up on Non-Conformities

In order for the inspection to contribute to risk reduction, (RESPONSIBLE PERSON'S TITLE) will review the information and assure that corrective action is taken as soon as possible.

A timely response to the person(s) doing the inspection is important to validate the activity. If no action on recommendations is planned, reasons should be given.

In some cases immediate action should be taken such as halting operations (i.e., in situations where physical harm is likely), in other cases action will be recommended to the next level of supervision, and in other cases review may be required prior to any action being taken. In all cases it is important to correct the underlying cause of the hazard.

PART 4 SAFETY RELATED TO PRIMARY SERVICES

HAZARD RECOGNITION AND CONTROL

Review of inspection reports over a period of time will assist (CLINIC/SITE NAME) to identify needs and establish priorities, improve safe work practices, identify areas that require more in-depth analysis and highlight the need for training.

Attachment B can be utilized to record and track the results of the inspections, as well as the corrective actions taken.

Employee Training

As part of our Hazard Recognition and Control Plan, (CLINIC/SITE NAME) will train our employees who are performing physical inspections:

- Prior to undertaking an inspection, and annually thereafter
- Whenever new equipment or hazards are introduced into their work area

Recordkeeping

The facility will maintain the following records on file:

- This Hazard Recognition and Control Plan document
- A copy of all inspections, results, and corrective actions (retention requirement: 3 years)
- Written training records for each employee detailing the extent of training received and the date it was received (retention requirements: duration of employment)

ROLES / RESPONSIBILITIES

(RESPONSIBLE PERSON'S TITLE) is responsible for assuring that the clinic accomplishes the following activities, required to meet the OSHA standards, within the OSHA required timeframes, and in conformance with the specific requirements, including documentation:

- Complete inspections of the facility
- Follow-up on non-conformities
- Employee Training
- Recordkeeping

Specific tasks may be performed by (RESPONSIBLE PERSON'S TITLE) or delegated.

USEFUL FORMS

The following forms and supplementary information can be utilized in the implementation and maintenance of this plan:

Attachment A	Clinic Inspection Form
Attachment B	Workplace Inspection Report Form

Attachment A

CLINIC INSPECTION REPORT FORM

Area:

Date:

Conducted by:

Tel:

HOUSEKEEPING

YES

NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are all passageways clear? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the floors clear of tripping hazards? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the floors clear of slipping hazards (water, urine)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are floors swept? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do stored goods obstruct exits, overhead lights or sprinklers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are suitable containers available for trash and waste materials? |

EGRESS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are exits clear and visible? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do all exits have signs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all exit sign lights working properly? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the emergency lighting operational? |

LADDERS

- | | | |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Do ladders have non-slip safety feet? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are ladders in good condition? |

EQUIPMENT

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is equipment in good working order (autoclave, anesthesia, radiation, laser)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are cylinders of compressed gas (oxygen) firmly secured? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are unused cylinders of compressed gas secured and stored with protective cap? |

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has a PPE evaluation been conducted for all jobs and workers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is PPE available to employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is PPE in good condition and stored properly? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are required employees wearing appropriate PPE? |

FIRE PREVENTION PROTECTION

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are flammables/combustibles properly contained, labeled and stored? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have fire extinguishers been inspected and are they operational? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are fire extinguishers readily accessible? |

VENTILATION

- | | | |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is ventilation adequate for the area? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are filters replaced as needed? |

MISCELLANEOUS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are there trip hazards in the parking lot or sidewalks? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the eyewash station in good condition? |