The materials enclosed in this manual are not intended to be a source of legal advice. This manual is intended to assist you in becoming more knowledgeable about the US Department of Labor’s Occupational Safety and Health Administration (OSHA) and its current regulations. This manual is not a substitute for the Federal Code of Regulations that deal with occupational safety and health, but it is an informational aid meant to help clarify the process of becoming compliant with OSHA Regulations. *Please note that sentences or phrases placed in quotation marks throughout this manual are quoted from the specified section of 29 CFR.
# A Podiatric Physician’s Checklist of Items Necessary for OSHA Compliance

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*Check OSHA’s website annually for updates on regulations. [http://www.osha.gov](http://www.osha.gov)
WHAT IS OSHA?
The Occupational Safety and Health Administration was created by the passage of the Occupational Safety and Health Act in 1970. OSHA’s mission is to prevent work-related injuries, illnesses, and deaths.

THE OCCUPATIONAL SAFETY AND HEALTH ACT OF 1970 WAS PASSED AS A MEANS TO:
• Reduce workplace hazards,
• Improve or establish workplace safety and health programs,
• Establish employer and employee responsibilities and rights,
• Monitor workplace injuries and illnesses through recordkeeping requirements,
• Create and enforce mandatory standards,
• Monitor and approve state occupational safety and health programs.

OSHA ENCOURAGES EMPLOYEES TO:
• File grievances if their employer is violating an OSHA standard,
• Report safety hazards,
• Be actively involved in the employer's plans to maintain a safe workplace environment.

OSHA REQUIRES EMPLOYERS TO:
• Establish safety plans that comply with all applicable safety and health standards,
• Identify and take precautions to protect employees from all hazards in the workplace.

APPROXIMATELY HALF OF THE STATES OPERATE THEIR OWN PLANS:
• OSHA requires state programs to be at least as effective as the federal program,
• Contact your state for specific requirements,
• See Appendix for specifics.
WORKPLACE INSPECTIONS

OSHA conducts workplace inspections to ensure employers are complying.

THE FIVE INSPECTION EVENTS
1. When OSHA is notified of a situation that places employees in immediate danger.
2. When there is a workplace accident that caused an employee's death.
3. When an employee files a complaint.
4. When your practice is randomly chosen by OSHA for a programmed inspection.
5. When OSHA has conducted an initial inspection and is following up on the requested course of action.

OSHA’S INFORMAL COMPLAINT PROCESS
1. OSHA informs the employer that a complaint has been filed.
2. OSHA follows-up with the employer regarding the allegation.
3. The employer investigates the complaint and provides OSHA with a response.
4. The employee that filed the complaint is informed of the employer's response.
5. OSHA declares the complaint closed when the employer provides a satisfactory response to the complaint.

PREPARE YOUR EMPLOYEES TO MEET OSHA’S EXPECTATIONS.
• Quiz employees about the facility’s health and safety plans.
• Conduct periodic checks to make sure that employees are wearing required PPE.
• Conduct periodic checks to make sure that employees are retaining training.
VIOLATION PENALTIES

It is imperative that podiatric physicians are compliant with OSHA’s regulations because a violation of these regulations can cost up to $70,000.

Note: State OSHA plan violations and penalties can be more stringent!

TOP 2 VIOLATIONS IN MEDICAL FACILITIES

1. **Bloodborne Pathogens**  
   General Requirements Violations  
   1910.1030

2. **Hazard Communication**  
   General Requirements Violations  
   1910.1200
OSHA’S STANDARDS FOR THE HEALTHCARE INDUSTRY

OSHA IS RESPONSIBLE FOR PROMULGATING SAFETY STANDARDS IN THE CODE OF FEDERAL REGULATIONS:
• 29 CFR 1910 contains the standards for the healthcare industry.
• If healthcare facilities are altering, decorating, painting, or repairing their facility, they must also abide by the regulations in 29 CFR 1926.

YOU MAY ACCESS COPIES OF THE STANDARDS FROM THE FOLLOWING PLACES:
• OSHA’s website: http://www.osha.gov
• U.S. Department of Labor
  Occupational Safety & Health Administration
  200 Constitution Avenue
  Washington, D.C. 20210
  (800) 321-OSHA (6742)
KEEPING EMPLOYEES INFORMED
OSHA’s Workplace Posting Requirements:

Mandatory Posting:
OSHA Job Safety and Health Poster [Publication 3165]

Suggested Postings:
Hazard Communication Information
Copies of Standards
Emergency Escape Routes
How to Access Information
EEOC Poster
Minimum Wage Poster
Family and Medical Leave Notice

Publications
Publications or forms can be ordered or downloaded free-of-charge at http://www.osha.gov or by writing, faxing, or calling OSHA at:
U.S. Department of Labor/OSHA
OSHA Publications
P.O. Box 37535
Washington, DC 20013-7535
(202) 693-1888
Fax: (202) 693-2498

Create a Right-to-Know Information Center Employees Can Rely On
• Make sure to update your safety and health programs on an annual basis,
• Create your information center in a location that is easily accessed by all employees.
RECORDKEEPING

INJURY AND ILLNESS LOGS (29 CFR 1904):
• Podiatric physicians are partially exempt from OSHA’s recordkeeping regulations. This partially exempt status is due to podiatrists' Standard Industrial Classification (SIC) code of 8043 which falls under the umbrella of the 804 series entitled Offices of Other Health Practitioners. (See the Appendix for more details)
• This means that podiatrists are not required to keep OSHA injury and illness records or a sharps injury log unless they are asked in writing to do so by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or the BLS.
• Podiatric physicians are only partially exempt from OSHA’s recordkeeping regulations because they are still required to report to OSHA any workplace incident that results in a fatality or the hospitalization of three or more employees.
• Although podiatric physicians are not required by OSHA regulation to maintain a sharps injury log, it is recommended that they record all sharps injuries on OSHA’s Form 300. A copy of this form is included in the appendix.

SHARPS INJURY LOG:
• For information on the Sharps Injury Log, please see page 20 under Bloodborne Pathogens.

MEDICAL RECORDS:
• For information on what medical records podiatric physicians need to keep for employees, please see page 20 under Bloodborne Pathogens.

ACCESS TO MEDICAL RECORDS (1910.1020):
Definition of Employee Medical Records:
“A record concerning the health status of an employee which is made or maintained by a physician, nurse, or other health care personnel or technician including:
A) Medical and employment questionnaires or histories (including job descriptions and occupational exposures),
B) The results of medical examinations (pre-employment, pre-assignment, periodic or episodic) and laboratory tests (including chest and other X-ray examinations taken for the purpose of establishing a base-line or detecting occupational illnesses and all biological monitoring not defined as an “employee exposure record”),
C) Medical opinions, diagnoses, progress notes, and recommendations,
D) First aid records,
E) Descriptions of treatments and prescriptions, and
F) Employee medical complaints.”

“Whenever an employee or designated representative requests access to a record, the employer shall assure that access is provided at no cost to the employee in a reasonable time, place, and manner.”
RECORDKEEPING (CONTINUED)

TRAINING RECORDS:
Training records shall include the following information:
• dates of training sessions,
• content or summary of the training sessions,
• names and qualifications of the persons conducting the training,
• names and job titles of all persons attending the training;
Training records shall be maintained for three years from the date on which the training occurred.
PERSONAL PROTECTIVE EQUIPMENT (PPE):
GENERAL GUIDELINES (1910.132)

DETERMINE IF PPE IS NECESSARY:
• **Conduct Hazard Assessment:**
  “The employer shall assess the workplace to determine if hazards are present or are likely
to be present which necessitate the use of PPE.” For help in conducting the hazard
assessment, please consult 1910 Subpart I App B - the Non-Mandatory Compliance
Guidelines for Hazard Assessment and Personal Protective Equipment Selection
• **Select Equipment:**
  “Select, and have each affected employee use, the types of PPE that will protect the
affected employee from the hazards identified in the hazard assessment.”
• **Communicate Hazard Assessment Results to Employees:**
  Inform each affected employee of the potential hazards of their responsibilities and of
what types of PPE they are required to wear.

DEVELOP A WRITTEN CERTIFICATION INCLUDING:
• Identification of the workplace evaluated,
• The name of the person certifying that the evaluation has been performed,
• The date of the hazard assessment,
• A statement identifying the document as a certification of hazard assessment.

PROVIDE PPE TRAINING THAT COVERS:
• “When PPE is necessary,
• What PPE is necessary,
• How to don, doff, adjust, and wear PPE,
• The limitations of PPE,
• The proper care, maintenance, useful life, and disposal of PPE.”

TRAINING CERTIFICATION:
Podiatric physicians must verify that each employee has received and understands the required
training through a written certification that contains the following:
• The name of each employee trained;
• The date of training;
• The subject of certification.
**BLOODBORNE PATHOGENS (BBPs): EXPOSURE CONTROL PLAN (1910.1030)**

**DEFINITIONS:**
- **OSHA-Recognized Bloodborne Pathogens:** “Human blood, blood products, or blood components.”
- **Occupational Exposure:** “Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.”
- **Other Potentially Infectious Materials (OPIMs):** “Any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.”

**PODIATRIC PHYSICIANS MUST HAVE A WRITTEN EXPOSURE CONTROL PLAN THAT INCLUDES:**

1) **THE EXPOSURE DETERMINATION:**
The exposure determination shall be made without regard to personal protective equipment.
- A list of the job classifications in which all employees have occupational exposure,
- A list of the job classifications in which some employees have occupational exposure,
- A list of the procedures that have the potential for exposure.

2) **THE SCHEDULE AND METHODS OF IMPLEMENTATION FOR THE FOLLOWING:**
I. Methods of Compliance:
   A. Engineering and Work Practice Controls
   B. Personal Protective Equipment
   C. Housekeeping
II. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up
III. Communication of Hazards to Employees
IV. Recordkeeping

3) **THE EXPOSURE CONTROL PLAN MUST:**
- Be reviewed and updated annually or whenever any changes are made to tasks, procedures, or personnel who have occupational exposure,
- Be updated to reflect new technologies that reduce exposure to bloodborne pathogens,
- Document annually the consideration and implementation of safer medical devices that minimize occupational exposure to bloodborne pathogens,
- Include documentation that the employer has solicited input from non-managerial employees who are responsible for direct patient care and have occupational exposure in the identification, evaluation, and selection of effective engineering and work practice controls,
- Be made available to the designated OSHA representative upon request for copying and examination.
BLOODBORNE PATHOGENS (BBPs):

I. METHODS OF COMPLIANCE

“Engineering and work practice controls should be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used.”

A. ENGINEERING AND WORK PRACTICE CONTROLS

- Engineering and work practice controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

DEFINITIONS

- **Engineering controls**: “controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.”

- **Work practice controls**: “controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).”

HAND WASHING

- Podiatric physicians must provide employees with easily accessible hand washing facilities.

- Podiatric physicians must require employees to wash their hands immediately after the removal of gloves or other personal protective equipment.

SHARPS

- “Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

- Such bending, recapping, or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

- Contaminated reusable sharps shall be placed in appropriate containers as soon as possible after use until properly reprocessed.

- These containers shall be:
  1) puncture resistant,
  2) labeled or color-coded in accordance with this standard,
  3) leakproof on the sides and bottom, and
  4) stored in a manner that does not require employees to reach by hand into the containers where the sharps have been placed.”
BLOODBORNE PATHOGENS (BBPs):
I. METHODS OF COMPLIANCE (CONTINUED)

OCCUPATIONAL EXPOSURE

• “All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
• Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
• The container for storage, transport, or shipping shall be labeled or color-coded according to this standard and closed prior to being stored, transported, or shipped.
• If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.”

B. PERSONAL PROTECTIVE EQUIPMENT (PPE)

• If employees have a reasonably anticipated risk of occupational exposure, Podiatric Physicians must provide appropriate personal protective equipment at no charge.
• Examples of personal protective equipment include: gloves, gowns, laboratory coats, face shields, face masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.
• “PPE will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes.”
• Hypoallergenic alternatives must be available to employees.
• Podiatric physicians must take measures to ensure that all employees use appropriate PPE.
• Podiatric physicians must make sure PPE is properly cleaned, laundered, repaired, replaced, or disposed of as needed with no cost to the employee.
• Gloves: These shall be worn if employees may have hand contact with blood or other potentially infectious materials, when performing vascular access procedures, and when handling or touching contaminated items or surfaces.
• Masks, Eye Protection, and Face Shields: These shall be worn whenever any eye, nose, or mouth contamination can be reasonably anticipated.
• Gowns, Aprons, and Other Protective Body Clothing: These shall be worn in occupational exposure situations. The type of PPE needed should be determined based on the task and the degree of anticipated exposure.
• Surgical Caps, Hoods, and Shoe or Boot Covers: “These shall be worn in instances when gross contamination can reasonably be anticipated (e.g. autopsies, orthopaedic surgery).”
**BLOODBORNE PATHOGENS (BBPs):**

**I. METHODS OF COMPLIANCE (CONTINUED)**

**C. HOUSEKEEPING**

Podiatric Physicians must formulate a written housekeeping plan that outlines the cleaning and decontamination schedules. The goal of this plan is to safely dispose of or clean contaminated sharps, laundry, and medical waste.

**THE FREQUENCY OF CLEANING AND METHOD OF DECONTAMINATION SHOULD PRIMARILY BE BASED ON THE:**

- “Location within the facility,
- Type of surface to be cleaned,
- Type of soil present, and
- Tasks or procedures being performed in the area.”

**CONTAMINATED WORK SURFACES MUST BE CLEANED AND DECONTAMINATED:**

- “After completion of procedures,
- Immediately or as soon as feasible when surfaces are overtly contaminated,
- After any spill of blood or other potentially infectious materials,
- At the end of the work shift if the surface may have become contaminated since the last cleaning.”

**BINS, PAILS, CANS, AND SIMILAR RECEPTACLES SHOULD BE CLEANED AND DECONTAMINATED:**

- If they are reused and could be contaminated with blood or other potentially infectious materials,
- On a regularly scheduled basis,
- Or as soon as feasible upon visible contamination.

**REUSABLE SHARPS THAT ARE CONTAMINATED WITH BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS:**

- “Shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.”

“**CONTAMINATED SHARPS SHALL BE DISCARDED IMMEDIATELY OR AS SOON AS FEASIBLE IN CONTAINERS THAT ARE:**

- Closable,
- Puncture resistant,”
- Leakproof on the sides and bottom,
- Labeled or color-coded as a biohazard,
- Easily accessible,
- Maintained upright throughout use,
- Replaced routinely,
- Not allowed to overfill.
BLOODBORNE PATHOGENS (BBPs):
I. METHODS OF COMPLIANCE (CONTINUED)

CONTAMINATED LAUNDRY MUST BE:
• “Handled as little as possible with a minimum of agitation,
• Bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use,”
• Placed or transported in bags or containers labeled as a Biohazard,
• Placed or transported in bags or containers that prevent wet laundry from soaking through,
• Handled while wearing appropriate PPE.
BLOODBORNE PATHOGENS (BBPs):
II. HEPATITIS B VACCINATION AND POST-EXPOSURE FOLLOW-UP

HEPATITIS B VACCINATION

PODIATRIC PHYSICIANS MUST:
• Make the hepatitis B vaccine and vaccination series available to all employees who have occupational exposure at no cost and at a reasonable time and place,
• Make the post-exposure evaluation and follow-up available to all employees who have had an exposure incident at no cost and at a reasonable time and place,
• Ensure that vaccinations and post-exposure evaluations and follow-ups are “performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional and provided according to recommendations of the U.S. Public Health Service current at the time,”
• Provide the healthcare professional with a copy of the Bloodborne pathogens regulation (29 CFR 1910.1030),
• Ensure that an accredited laboratory conducts all necessary tests at no cost to the employee,
• Provide training on the hepatitis B vaccine which includes “information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge,”
• Provide the vaccination to all employees with occupational exposure after they have received training on the hepatitis B vaccine, but within 10 working days of initial assignment, unless:
  • “the employee has previously received the complete hepatitis B vaccination series,
  • antibody testing has revealed that the employee is immune,
  • or the vaccine is contraindicated for medical reasons,”
• Provide the vaccination at a later date even if an employee initially declines the offer,
• Ensure that employees who decline to accept the hepatitis B vaccination sign the declination form in the Appendix.
**BLOODBORNE PATHOGENS (BBPs):**

**II. HEPATITIS B VACCINATION AND POST-EXPOSURE FOLLOW-UP (CONTINUED)**

**POST-EXPOSURE EVALUATION AND FOLLOW-UP**

**IN THE EVENT OF AN EXPOSURE INCIDENT, THE PODIATRIC PHYSICIAN SHALL:**

- “Make immediately available to the exposed employee a confidential medical evaluation and follow-up.”
- This evaluation and follow-up shall include at least the following:
  - documentation of the route of exposure,
  - documentation of the circumstances under which the exposure incident occurred,
  - identification and documentation of the source individual, unless the podiatric physician is prohibited by law from providing that information,
  - documentation of the source individual’s blood tests unless the podiatric physician is prohibited by law from performing these tests,
  - “results of the source individual’s blood tests shall be made available to the exposed employee and the employee shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual,”
  - the exposed employee’s blood shall be collected and tested with the employee’s consent as soon as possible.

**PODIATRIC PHYSICIANS MUST PROVIDE THE FOLLOWING TO THE HEALTHCARE PROFESSIONAL WHO WILL BE CONDUCTING THE EVALUATION:**

- A copy of the bloodborne pathogens standard,
- A description of the employee’s incident-related job duties,
- A report of the specific exposure, including route of exposure,
- Results of the source individual’s blood testing, if available,
- The employee’s medical records, including vaccination status.

**WITHIN 15 DAYS OF THE POST-EXPOSURE EVALUATION:**

- The healthcare professional will provide the employer with a written opinion of the evaluation, and
- The employer must provide the employee with a copy.

**THE WRITTEN POST-EXPOSURE EVALUATION MUST INCLUDE:**

- Documentation that the employee has been informed of the results of the examination,
- Documentation that the employee has been told about any medical conditions that resulted from the exposure incident which require further evaluation or treatment,
- “All other findings or diagnoses shall remain confidential and shall not be included in the written report.”
**BLOODBORNE PATHOGENS (BBPs):**

**III. COMMUNICATION OF HAZARDS TO EMPLOYEES**

**LABELS**

Warning labels must be affixed to:
- “Containers of regulated waste,
- Refrigerators and freezers containing blood or other potentially infectious materials (OPIMs),
- Other containers used to store, transport or ship blood or OPIMs.”

Labels required by this section must:
- Include the biohazard legend,
- Be predominantly fluorescent orange or orange-red with lettering and symbols in a contrasting color,
- Be affixed as close as feasible to the container in a method that prevents their unintentional removal.

Labels are not required in the following circumstances:
- When red bags or containers are used for regulated waste,
- When individual containers of blood or OPIMs are placed in a labeled container during storage, transport, shipment, or disposal,
- When regulated waste has already been decontaminated.

**INFORMATION AND TRAINING**

Podiatric physicians shall ensure that all employees with occupational exposure participate in a training program which is:
- Provided at no cost to the employee,
- During working hours,
- Provided at the time of initial assignment to tasks that may cause occupational exposure,
- At least annually after the initial training,
- Appropriate in content and vocabulary to the educational level, literacy, and language of the employees,
- Provided by a person who is knowledgeable in the subject matter covered by the training program.

**Bloodborne Pathogen Training Must Include:**
- A copy of this standard and an explanation of its contents,
- An explanation of the epidemiology and symptoms of BBP,
- An explanation of the modes of transmission of BBP,
- An explanation of the podiatric physician’s exposure control plan,
- An explanation of the ways to recognize exposure events,
- Information on PPE selection, use, and limitations,
- An explanation of the limitations of work practices, engineering controls, and PPE,
- Information on the hepatitis B vaccine,
BLOODBORNE PATHOGENS (BBPs):
III. COMMUNICATION OF HAZARDS TO EMPLOYEES
(CONTINUED)

- Information on the what to do in the event of an exposure to blood or other potentially infectious materials including where to report the incident and that a medical follow-up will be provided,
- An explanation of the post-exposure evaluation and follow-up,
- An explanation of warning signs and labels,
- A question and answer session.
BLOODBORNE PATHOGENS (BBPs):

IV. RECORDKEEPING

The podiatric physician shall maintain confidential medical records for each employee with occupational exposure in accordance with 29 CFR 1910.1020 (see Recordkeeping on page 8).

**MEDICAL RECORDS**

Medical records must include:
- Employee’s name and social security number,
- Employee’s hepatitis B vaccination status including the dates of the vaccination,
- The results of examinations, medical testing, and follow-up procedures due to any post-exposure evaluations,
- A copy of the healthcare professional’s written opinion,
- A copy of any information provided to the healthcare professional.

Medical records must:
- Remain confidential, unless the employee gives express written consent,
- Be maintained for the duration of employment plus 30 years.

**SHARPS INJURY LOG**

- Podiatric physicians may “establish and maintain a sharps injury log (using OSHA Form 300) for the recording of percutaneous injuries from contaminated sharps,”
- Information recorded in the sharps injury log should protect the confidentiality of the injured employee,
- The log should contain the following:
  - “the type and brand of device involved in the incident,
  - the department or work area where the exposure incident occurred,
  - an explanation of how the incident occurred.”

**TRAINING RECORDS**

Training records must include:
- “The dates of the training sessions,
- The contents or a summary of the training sessions,
- The names and qualifications of persons conducting the training: and
- The names and job titles of all persons attending the training sessions.”

**Training records must be maintained for three years from the date of the training.**

**AVAILABILITY**

- The podiatric physician shall ensure that all records required to be maintained by this standard are available upon request of the designated OSHA representative for examination and copying.
- Employee medical records shall be provided upon request for examination and copying to the subject employee, anyone having that employee’s consent, and to the designated OSHA representative.
HAZARD COMMUNICATION:
HAZARD COMMUNICATION PROGRAM (1910.1200)

Podiatrists are not required to evaluate the hazards of chemicals. Hazard determination is the responsibility of the producers and importers of chemicals. Producers and importers are also responsible for providing the hazard determination to podiatric physicians that purchase their products.

DEFINITIONS:
• **Physical Hazard**: “means a chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water-reactive.”

• **Health Hazard**: “means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term “health hazard” includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic system, and agents which damage the lungs, skin, eyes, or mucous membranes.”

• **Identity**: “means any chemical or common name which is indicated on the material safety data sheet (MSDS) for the chemical. The identity used shall permit cross-references to be made among the required list of hazardous chemicals, the label, and the MSDS.”

• **Exposure or Exposed**: “means that an employee is subjected in the course of employment to a chemical that is a physical or health hazard, and includes potential (e.g. accidental or possible) exposure. “Subjected” in terms of health hazards includes any route of entry (e.g. inhalation, ingestion, skin contact or absorption).”
A Podiatric Physician’s Checklist for Compliance with the Hazard Communication Standard:

<table>
<thead>
<tr>
<th>Obtained a copy of the rule (1910.1200):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Read and understood the requirements:</td>
<td></td>
</tr>
<tr>
<td>Assigned responsibility for tasks:</td>
<td></td>
</tr>
<tr>
<td>Prepared an inventory of chemicals:</td>
<td></td>
</tr>
<tr>
<td>Ensured containers are labeled:</td>
<td></td>
</tr>
<tr>
<td>Obtained Material Safety Data Sheet (MSDS) for each chemical:</td>
<td></td>
</tr>
<tr>
<td>Prepared written program:</td>
<td></td>
</tr>
<tr>
<td>Made MSDSs available to workers:</td>
<td></td>
</tr>
<tr>
<td>Conducted training of workers:</td>
<td></td>
</tr>
<tr>
<td>Established procedures to maintain current program:</td>
<td></td>
</tr>
<tr>
<td>Established procedures to evaluate effectiveness of program:</td>
<td></td>
</tr>
</tbody>
</table>

Podiatric Physicians Must Develop, Implement, and Maintain a Written Hazard Communication Program That Includes:

I. A List of Hazardous Chemicals:
   - This list should use the identity or name for each chemical that is referenced on the appropriate material safety data sheet.
   - The best way to prepare a comprehensive list is to survey the workplace or to go through purchasing records.
   - Make sure to think of “chemicals” as being liquids, solids, gases, vapors, fumes, and mists.
   - Note, on the list, the location(s) of the products within the workplace and an indication of the hazards as found on the label.
   - After compiling a list, consult 1910.1200.b to see if any of the chemicals fall under the exemptions listed.
II. An Explanation of How the Material Safety Data Sheet (MSDS) Requirements Are Being Met:

- When your list of hazardous chemicals is complete, check and see if you have received material safety data sheets for every item on your list.
- If you are missing any MSDSs or if the MSDSs are missing information, contact the supplier and request new ones.
- Document your request for an MSDS by keeping a copy of your request letter or a note detailing your phone call.
- Podiatric physicians must keep their MSDSs so that they are readily accessible to employees when they are in their work areas during their work shifts.
- When you receive a material safety data sheet from a manufacturer or importer, check to make sure that it is in English and that it lists the following information:
  1. the identity of the chemical (as used on the label),
  2. the physical and health hazards of the chemical,
  3. the primary route(s) of entry,
  4. the exposure limit recommended by the manufacturer or importer,
  5. whether it is a carcinogen,
  6. precautions for safe handling and use,
  7. emergency and first-aid procedures,
  8. any applicable work practices, engineering controls, or personal protective equipment recommendations,
  9. date of the preparation or of the last revision to the MSDS,
  10. name, address, and telephone number of the manufacturer, importer, or other responsible party.

III. Documentation of Employee Responsibility Assignments:

- It is important to assign responsibility to employees for the activities required by this standard including:
  1. maintaining the hazard communication program,
  2. maintaining the list of hazardous chemicals,
  3. maintaining labels,
  4. maintaining the MSDSs.

IV. Location of Written Materials

- Podiatric physicians must ensure that the Hazard Communication Program lists where the material safety data sheets are located.

V. Explanation of the Labeling System

- Chemical manufacturers, and importers are required to ensure that every container of hazardous chemicals they ship is appropriately labeled with the identity of the material and the appropriate hazard warnings.
HAZARD COMMUNICATION:
HAZARD COMMUNICATION PROGRAM (CONTINUED)

• Though podiatric physicians can rely on the labels of the manufacturers and importers, they must ensure that all containers of chemicals are labeled at all times and that the labels include the necessary information.
• When you receive a hazardous chemical in the office, check to make sure that it has a label that contains the following information:
  1. “the identity of the hazardous chemical,
  2. appropriate hazard warnings,
  3. the name and address of the chemical manufacturer, importer, or other responsible party.”
• If a podiatric physician chooses to use the manufacturer’s label, he must make sure that the employees understand the system.
• If chemicals are transferred to other containers for multiple shift work, they must be labeled.

VI. EMPLOYEE INFORMATION AND TRAINING
• Podiatric physicians must “provide employees with effective information and training that covers the hazardous chemicals in their work area at the time of their initial assignment and whenever a new physical or health hazard is introduced into their work area that was not previously covered by the training.”

Employees shall be informed of:
• The requirements of this standard,
• “Any operations in their work area where hazardous chemicals are present,
• The location and availability of the written hazard communication program including the required list of hazardous chemicals and material safety data sheets.”

Employee training shall include:
• “Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area,
• The physical and health hazards of the chemical in the work area,
• The measures employees can take to protect themselves from these hazards, including... work practices, emergency procedures, and personal protective equipment to be used,
• The details of the hazard communication program including an explanation of the labeling system and the material safety data sheets, and how employees can obtain and use the appropriate hazard information.”

Additional information on training:
• Employee training may be categorized by individual chemical or by hazards.
• This training must be interactive, and it must include a question and answer session.
HAZARD COMMUNICATION:
HAZARD COMMUNICATION PROGRAM (CONTINUED)

• In the written hazard communication program, include:
  1) the designation of the person responsible for conducting training,
  2) the format of the program (audiovisuals, classroom instruction, etc),
  3) elements of the training program / syllabus,
  4) details concerning when employees will be trained: a) at the time of their initial assignment to work with a hazardous chemical or b) when a new hazard is introduced into the workplace.

• Though OSHA does not require podiatric physicians to maintain records of this training, they do suggest it.
ELECTRICAL SAFETY STANDARD (1910.305)

General Electrical Safety Requirements:
• “Lamps for general illumination shall be protected from accidental contact or breakage. Protection shall be provided by elevation of at least 7 feet from normal working surface or by a suitable fixture or lampholder with a guard.”
• “Flexible cords and cables [extension cords] shall be protected from accidental damage. Sharp corners and projections shall be avoided. Where passing through doorways or other pinch points, flexible cords and cables shall be provided with protection to avoid damage.”
• “Flexible cords and cables shall be used only for: pendants, wiring of fixtures, connection of portable lamps or appliances…”
• “Flexible cords and cables may not be used: as a substitute for the fixed wiring of a structure; where run through holes in walls, ceilings or floors; where run through doorways, windows, or similar openings.”

Ionized Radiation Standards
• Check with your state Bureau of Radiological Health for regulations concerning the testing of radiation emissions from X-Ray Machines.
THE EMERGENCY ACTION PLAN (1910.38) AND THE FIRE PREVENTION PLAN (1910.39)

All employers must develop an Emergency Action Plan (1910.38) and a Fire Prevention Plan (1910.39).

YOUR EMERGENCY ACTION PLAN AND FIRE PREVENTION PLAN MUST BE:

- In writing,
- Kept in the workplace,
- Available to employees for review.

EMERGENCY ACTION PLAN

“In buildings with several places of employment... a building-wide or standardized plan for the whole building is acceptable provided that the employers inform their employees of their duties and responsibilities under the plan.”

YOUR EMERGENCY ACTION PLAN MUST INCLUDE, AT A MINIMUM, THE FOLLOWING:

- Procedures for reporting a fire or other emergency,
- Procedures for emergency evacuation, including type of evacuation and exit route assignments (this should include floor plans or workplace maps which clearly show the emergency escape routes),
- Procedures to account for all employees after evacuation,
- Procedures to be followed by employees performing rescue or medical duties,
- The name or job title of every employee who may be contacted by employees who need more information about the plan or an explanation of their duties under the plan.”

PODIATRIC PHYSICIANS MUST:

- Have and maintain an employee alarm system that uses a distinctive signal for each purpose,
- Designate and train employees to assist in a safe and orderly evacuation of other employees,
- Review the emergency action plan with each employee covered by the plan when the plan is developed, when the employee is initially assigned to a job, when the employee’s responsibilities under the plan change, or when the plan is changed.”

GENERAL REQUIREMENTS FOR EMERGENCY ALARMS (1910.165)

- The employee alarm system shall provide warning for necessary emergency action as called for in the emergency action plan, or for reaction time for safe escape of employees from the workplace or the immediate work area, or both.
- The employee alarm shall be capable of being perceived above ambient noise.
- The employee alarm shall be distinctive and recognizable as a signal to evacuate the work area or to perform actions designated under the emergency action plan.
- The employer shall assure that a test of the reliability and adequacy of non-supervised employee alarm systems is made every two months.
- The employer shall assure that all employee alarm systems are restored to normal operating condition as promptly as possible after each test or alarm.”
THE EMERGENCY ACTION PLAN
AND THE FIRE PREVENTION PLAN (CONTINUED)

FIRE PREVENTION PLAN

YOUR FIRE PREVENTION PLAN MUST INCLUDE:

- “A list of all major fire hazards,
- Proper handling and storage procedures for hazardous materials,
- Potential ignition sources and their control,
- And the type of fire protection equipment necessary to control each major hazard,
- Procedures to control accumulations of flammable and combustible waste materials,
- Procedures for regular maintenance of safeguards installed on heat producing equipment to prevent the accidental ignition of combustible materials,
- The name or job title of employees responsible for maintaining equipment to prevent or control sources of ignition or fires.”

PODIATRIC PHYSICIANS MUST:

- “Inform employees, upon initial assignment to a job, of the fire hazards to which they are exposed,”
- “Review with each employee those parts of the fire prevention plan that are necessary for self-protection,”
- Train employees if they are required or allowed to operate fire extinguishers in accordance with 1910.157.

If a podiatric physician has a fire prevention plan that stipulates that professional firefighters will be called in the event of an emergency, then employees do not need to be required or allowed to operate fire extinguishers. In this case, podiatric physicians are merely required to perform periodic checks of the fire extinguishers. The required frequency of these checks depends on the type of extinguisher (see 1910.157).
APPENDIX:
STATE OCCUPATIONAL SAFETY AND HEALTH PLANS

STATE REGULATIONS
• In addition to the federal government’s safety and health regulations, 26 states have their own occupational safety and health guidelines.
• State plans must be at least as effective as the federal standards. Most of the states have plans that are similar or identical to the federal regulations, but some states go beyond OSHA’s guidelines with stricter regulations.
• Consult the following list of states with their own occupational safety and health plans. If your practice is in one of the following states, contact your state office to determine whether or not your state has more stringent regulations. You can find contact information for your state office at http://www.osha.gov.

STATES WITH THEIR OWN OCCUPATIONAL SAFETY AND HEALTH PLANS:

<table>
<thead>
<tr>
<th>Alaska</th>
<th>Arizona</th>
<th>California</th>
<th>Connecticut</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaii</td>
<td>Indiana</td>
<td>Iowa</td>
<td>Kentucky</td>
</tr>
<tr>
<td>Maryland</td>
<td>Michigan</td>
<td>Minnesota</td>
<td>Nevada</td>
</tr>
<tr>
<td>New Jersey</td>
<td>New Mexico</td>
<td>New York</td>
<td>North Carolina</td>
</tr>
<tr>
<td>Oregon</td>
<td>Puerto Rico</td>
<td>South Carolina</td>
<td>Tennessee</td>
</tr>
<tr>
<td>Utah</td>
<td>Vermont</td>
<td>Virgin Islands</td>
<td>Virginia</td>
</tr>
<tr>
<td>Washington</td>
<td>Wyoming</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: The Connecticut, New Jersey, and New York plans only cover public sector (State & local government) employment.
APPENDIX:
HEPATITIS B VACCINE DECLINATION (1910.1030 App A)

“I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.”

Signed:

____________________________
Employee

____________________________
Date
APPENDIX:
PARTIALLY EXEMPT INDUSTRIES
29 CFR 1904 NON-MANDATORY APPENDIX A TO SUBPART B

“Employers are not required to keep OSHA injury and illness records for any establishment classified in the following Standard Industrial Classification (SIC) codes, unless they are asked in writing to do so by OSHA, the Bureau of Labor Statistics (BLS), or a state agency operating under the authority of OSHA or the BLS. All employers, including those partially exempted by reason of company size or industry classification, must report to OSHA any workplace incident that results in a fatality or the hospitalization of three or more employees (see §1904.39).”

<table>
<thead>
<tr>
<th>SIC Code</th>
<th>Industry Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>801</td>
<td>Offices &amp; Clinics Of Medical Doctors</td>
</tr>
<tr>
<td>802</td>
<td>Offices and Clinics Of Dentists</td>
</tr>
<tr>
<td>803</td>
<td>Offices Of Osteopathic Physicians</td>
</tr>
<tr>
<td><strong>804</strong></td>
<td><strong>Offices Of Other Health Practitioners</strong> (Podiatric Physicians SIC Code = 8043)</td>
</tr>
<tr>
<td>807</td>
<td>Medical and Dental Laboratories</td>
</tr>
<tr>
<td>809</td>
<td>Health and Allied Services, Not Elsewhere Classified</td>
</tr>
</tbody>
</table>
## OSHA's Form 300

### Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

### Identify the person

<table>
<thead>
<tr>
<th>(A) Case no.</th>
<th>(B) Employee's name</th>
<th>(C) Job title (e.g., Welder)</th>
<th>(D) Date of injury or onset of illness</th>
<th>(E) Where the event occurred (e.g., Loading dock, work area)</th>
<th>(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burn on right forearm from acetylene torch)</th>
</tr>
</thead>
</table>

### Classify the case

Using these four categories, check ONLY the most serious result for each case:

#### Death

- (G) Days away from work
- (H) Job transfer or restriction
- (I) Other recordable case

#### Days away from work

- (J) Days
- (K) Fully
- (L) Partial

#### Injured worker was:

- (M) On job transfer or restriction
- (N) Away from work

### Enter the number of days

- (O) Days
- (P) Days

Check the "Injury" column or choose one type of illness:

<table>
<thead>
<tr>
<th>Injury</th>
<th>Respiratory condition</th>
<th>All other conditions</th>
</tr>
</thead>
</table>

### Page totals

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.