

# **OSHA Compliance Basics for the Urgent Care Operator**

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# OSHA Compliance Basics

- Urgent care centers operate as “doctors offices” without the degree of hazard in a more complex operation with slip and fall risk; crane, forklift and hoisting risk; hazardous chemicals risk; large machinery; and complex escape routes.
- Few urgent care operators have a full picture of OSHA but instead know bits and pieces (i.e. blood-borne pathogens training).
- Urgent care centers still contain a number of potential hazards where lax compliance can lead to injury, citations and fines.

# OSHA Background

- Occupational Safety and Health Administration
- Founded in 1970
- Promotes and ensures safe and healthful workplaces
- Develops standards and guidelines for reducing workplace hazards
- Applies to every workplace with one or more employees
- 28 states have their own OSHA programs, some (i.e. California) with stricter regulations than the federal program

# OSHA General Duty Clause

- Section 5(a)(1) of the Occupational Safety and Health Act
- Blanket provision for when no specific OSHA standard is in place.
- Requires every employer to furnish each of its employees a workplace free from recognized hazards likely to cause death or serious physical harm.
- Employers are responsible for identifying all risks, creating policies for working safely, and training employees on those policies.

# Employers Escape Liability Only When...

- Employer did not create the hazard
- Employer does not bear responsibility to have the hazard corrected or removed
- Employer notified employees of the hazard and how to avoid the dangers associated with it
- Employer took alternative means to avoid the hazard and/or removed employees from the job setting to avoid the hazard

***Otherwise the employer, not the employee, is deemed “at fault” for any violation.***

# OSHA Guidelines Relevant to Urgent Care

- Bloodborne Pathogens
- Ionizing Radiation
- Hazard Communication
- Emergency Exit Routes
- Electrical Hazards
- Fire Prevention
- Personal Protective Equipment
- Signage
- Record Keeping
- OSHA Inspections
- Reporting to OSHA

# Bloodborne Pathogens (BBP)

- HIV and Hepatitis A/B/C exposure from bodily fluid contact in the eyes, nose or mouth; needlesticks; and cuts from contaminated sharps (scalpels and lancets) and broken glass.
- Most frequently cited violation in medical offices
  - Failure to implement and maintain a BBP standard
  - Poor housekeeping under the BBP standard
  - Failure to train under the BBP standard
  - Failure to engineer out hazards/ensure handwashing under the BBP standard
  - Failure to make the Hepatitis B vaccine available under the BBP standard
  - Failure to keep BBP training records and a sharps injury log
  - Failure to use personal protective equipment under the BBP standard

# Exposure Control Plan








- Required for every employer with just one employee who has occupational exposure to blood or bodily fluids.
- Must be in writing
- Must be reviewed and updated annually to reflect any relevant changes
- Must include workplace changes, modified job duties, or new technology to reduce exposure to blood or bodily fluids
- Must be readily available and accessible for all employees to view



# Universal precautions assume all bodily fluids are infected and require staff to act accordingly.

## BLOODBORNE PATHOGENS

**UNIVERSAL PRECAUTIONS FOR THOSE OCCUPATIONALLY EXPOSED TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS** OSHA 29 CFR 1910.1030

<p><b>BE AWARE</b> Treat All Blood and Body Fluid as if They Were Infected With:</p> <ol style="list-style-type: none"> <li>1) HIV (Human Immunodeficiency Virus) Which Frequently Leads to <b>AIDS</b>.</li> <li>2) HBV (<b>HEPATITIS B</b> Virus).</li> <li>3) Other Bloodborne Pathogens (Microorganisms Found in Human Blood Which Can Cause Disease).</li> </ol>	<p><b>READ</b> Your Organization's Exposure Control Plan.</p>  <p><b>KNOW</b> Procedures, Practices, Vaccination Requirements, and Appropriate Reporting for Incidents of Exposure.</p>	<p><b>KNOW</b> Color Codings:</p> <ol style="list-style-type: none"> <li>1) Labels and Signs are Fluorescent Orange-Red with the Lettering or Symbol in a Contrasting Color.</li> <li>2) Red Bags or Containers Don't Have to Be Labeled Since Their Red Color Indicates They May Contain Biohazards.</li> </ol>  <p><b>READ</b> All Signs and Labels Carefully.</p>	<p><b>USE</b> Appropriate Personal Protective Equipment</p>  <p>Gloves, Lab Coats, Aprons, Gowns, Shoe Covers, Splash Goggles, Face Masks, Face Shields</p>
<b>GOAL: REDUCE TO ZERO YOUR RISK OF INFECTION</b>			
<p><b>ALWAYS</b> Wash Hands.</p>  <p><b>FOLLOW</b> Safe Hygiene and Work Practices.</p>	<p><b>NEVER</b> Recap, Bend, or Break Needles.</p>  <p><b>ALWAYS</b> Dispose of Needles in Appropriate Containers.</p>	<p><b>DISPOSE</b> of Personal Protective Equipment and Contaminated Laundry Properly in Designated Areas.</p> 	<p><b>CLEAN</b> Worksite and Decontaminate Equipment. Follow All Safe Handling Requirements.</p>  <p><b>REMEMBER</b> Consider All Body Fluids as Potentially Infectious</p> <p style="text-align: right;">© 1999 Prinzing Enterprises</p>



# Exposure Control Plan Elements

- Identify jobs and tasks where exposure to infectious material can occur
- Implement universal precautions including use of personal protective equipment
- Evaluate safer medical devices and work practices (i.e. safety needles)
- Hepatitis B vaccination (or titer) at no cost to at-risk employees
- Protocol for post-exposure evaluation and follow-up
- Communication of hazards including signs and labels (i.e. no food/drink/make-up application in areas containing infectious material)
- Procedure for managing medical waste
- Sharps injury log
- Training on bloodborne pathogen hazards and precautions

# Ionizing Radiation

- OSHA's basic requirements for x-ray:
  - Survey of the types of radiation in use
  - X-ray machinery and doors to room with x-ray equipment labeled with signs
  - Restricted access to areas with x-ray equipment
  - Personal radiation monitors (dosimetry badge) for RT's
- Compliance with all regulations, safety standards and guidelines (outside of OSHA) for safe operation of x-ray equipment.

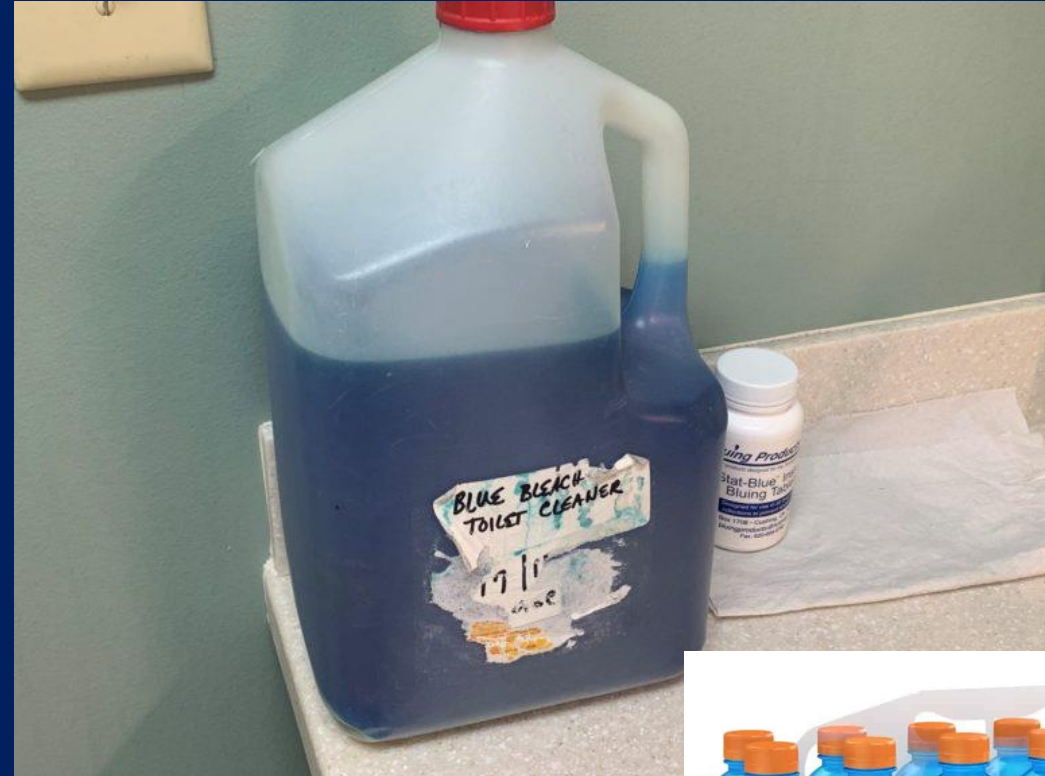
# Hazard Communication

- Employee “right to know” standard— employees must always have access to hazard information
- Onus falls on urgent care operator to identify the hazard, determine if it’s covered under and existing plan, or write a new policy and train all employees on it.
- Medical waste:
  - Contained in special red bag or sealed plastic bin indicating it’s a “biohazard”
  - Stored in a segregated area labelled with “biohazard sign”
  - Removed by an authorized contractor



# Hazardous Materials and Substances

- Safety Data Sheet required for all chemicals.
  - Lists chemical properties and hazards
  - Safe handling, storage and transporting of the chemical
  - New SDS required for every batch manufactured
  - SDS kept on file for 30 years if risk of long-term exposure
- “Walmart Rule of Thumb”
  - If they sell it at Walmart, an SDS is not required
  - Do not alter original manufacturing labelling on the container
  - Do not mix chemicals or change containers
  - Segregate chemicals from other storage



# Electrical/Fire Hazards

- Regular maintenance and inspection of all equipment
  - Assure training on proper usage of all equipment
  - Watch for damage to outlets, cords, and connectors (including trip hazard)
  - Tag equipment that is “out of service”
  - Only authorized personnel to repair equipment
- Fire prevention plan
  - Required by most municipalities
  - Plan for fire reporting (911) and evacuation
  - Communicate fire plan and exit route in writing if >10 employees
- Emergency exit routing – labelled and unobstructed path

# Common Fire Offenses in Urgent Care

- Insufficient, non-functional or expired fire extinguishers
- Storage of paper goods in HVAC room or near water heater (pilot light)
- Accumulation of flammable and combustible materials



*Is there a catalyst to use this paper, equipment, supplies, etc. in the future?*

*If so, maintain and organize it for use.  
If not...discard or donate it.*

# Personal Protective Equipment

- Worn to minimize exposure to workplace hazards
- Focus on lab, CPR and procedures
- Dress code/uniform policy
  - Scrubs and white lab coats
  - Grooming standards (hair, nails, beards, piercings)
- Rubber gloves, gowns, face shields, eye protection, mouthpieces
- CPR masks and resuscitation devices
- Eye wash and first aid kit accessible



*Street clothes and costumes have porous fibers that can trap strep, staph, and other bacteria...spread to family members when washed with other clothes in cold water.*



# Required Safety Signage

- Security camera in use
- No firearms allowed (or state-specific verbiage for concealed carry)
- No food or drink allowed (refrigerators for vaccines and lab specimens; lab and medical station)
- Food only (employee fridge)
- Authorized personnel only (electrical/cleaning/IT closets)
- Oxygen in use (or stored)
- X-ray in use
- Biohazards



# OSHA Mandated Recordkeeping

- OSHA Form 300 Log of Work Related Injury and Illness
  - Must be completed within 7 days of recordable illness/injury.
  - Recordable includes medical treatment beyond first aid.
  - Must be retained for five years.
  - Summary OSHA Form 300 posted from February 1 to April 30.
- OSHA Form 301 Injury and Illness Incident Report
  - Further details on injury and illness recorded on the Form 300 log.
- Training Records
  - Bloodborne pathogen annual training (retain records 3 years)
  - Emergency action plan and fire prevention plan training

# OSHA Mandated Recordkeeping, cont'd.

- Hepatitis B vaccination records or exemptions
- Sharps Injury Log
  - Date
  - Type and brand of device (i.e. syringe, suture needle)
  - Work area where injury occurred
  - Brief description on how incident occurred
- Safety Committee Minutes
  - Not required by OSHA but can lead to reduced workers comp premiums and/or reduced citations if fined by OSHA

# New and Evolving Standards

- Active Shooter
- Workplace Bullying
- Workplace Ergonomics

# Summary Points

- Every urgent care center should have a written Exposure Control Plan, available to all employees, reviewed and updated on an annual basis.
- The Exposure Control plan should include the following elements:
  - Universal Precautions (treatment of all bodily fluids as an infection risk)
  - Engineering and Work Practice Controls
    - Hygiene Protocols (i.e. guidelines for washing hands/skin, eyewash station to flush eyes upon any exposure)
    - Sharps Injury Prevention Devices (i.e. “safer” needles that retract or destruct)
    - Antimicrobial Soap/Cleaning Supplies (for disinfection of surfaces and supplies)
  - Personal Protective Equipment
    - Employee dress code including scrubs for back office staff, white lab coats for providers, a requirement of closed-toe shoes, and a prohibition on “street clothes” (including Halloween costumes) when in contact with patients or patient specimens.
    - Employees should be offered, and if appropriate the employer should pay for, personal protective equipment like eye shields, rubber gloves, and resuscitation guards.
  - Post-Exposure Medical Actions and Follow-up
- Every urgent care center should have a written Bloodborne Pathogens Training Plan, with orientation and training for all new employees, and annual refresher training conducted and documented.
- Every staff member should be offered a Hepatitis B vaccine at no charge, paid for by the employer (employees who refuse need to sign a “Vaccine Declination Form” which informs they may receive the vaccine if they change their mind in the future).

# Summary Points, cont'd.

- Biohazardous waste must be identified by a sign or label indicating the hazard including sharps disposal containers, segregation of soiled laundry and waste in to a specially-labelled closet or storage area, and pick-up by a certified disposal vendor.
- Every urgent care center should maintain a log of sharps and needlestick injuries, which is analyzed for root cause and continual improvement opportunities.
- Every urgent care center should identify any toxic substances requiring an SDS (generally not required since the quantity of any chemicals is small and in a vendor-labelled container), and assure all cleaning supplies and other substances are in their original labelled containers.
- Every urgent care center must display the OSHA Form 300A summarizing workplace injuries between February 1 and April 30 of each year. Additionally centers must display OSHA Form 3165 (“It’s the Law” poster) or state equivalent in the breakroom or other prominent area.

# For More Information...



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