MIOSHA Rule Changes Impacting Healthcare Industry

Presented by

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Regulatory Changes – Relatonship to Federal OSHA

- State Plan Agreement
- 6 Months allowance to implement
- Compliance Instructions
- Interpretations

Regulatory Changes – Office of Regulatory Reinvention

The mission of the ORR is to ensure that Michigan's regulatory environment is:

- simple
- fair
- efficient
- · conducive to business growth
- job creation.

The purpose of the Workplace Safety Advisory Rules Committee (ARC) was to produce advisory recommendations to the Office of Regulatory Reinvention (ORR) for changes to Michigan's existing workplace safety regulations.

Recommended elimination of >600 MIOSHA rules

Bloodborne Infectious Diseases

Revised Rules Effective October 2014.

The following are changes to the MIOSHA BID Standard as recommended by the Michigan Office of Regulatory Reinvention.

Rule 3. Exposure Determination

An employer shall:

- Evaluate routine and reasonably anticipated tasks and procedures to determine:
 - Actual or reasonably anticipated employee exposure to blood or OPIM
 - Category A or B
- Make determination without regard to PPE
- Document rationale for determination (10/2014 revision)
- Maintain a list of all Category A job classes

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Rule 7. Work Practices

 Rule 7. (1) After implementing appropriate engineering controls, an employer shall further reduce the likelihood of exposure to blood and other potentially infectious material by developing and implementing work practices for each task.

MIOSHA Compliance will be citing under Exposure Control Plan:

- Rule 4. (a) If an employee is determined to be in category A, then an
 employer shall establish a written exposure control plan to minimize or
 eliminate employee exposure.
- (b) An exposure control plan shall contain all of the following information:
 - (v) Task-specific standard operating procedures (SOPs) that address all of the following areas:
 - (A) Employee recognition of reasonably anticipated exposure to blood and other potentially infectious material.
 - (B) Appropriate selection, use, maintenance, and disposal of personal protective equipment.
 - (C) Contingency plans for foreseeable circumstances that prevent following the recommended SOPs.

Rule 7. Work Practices

- Handwashing:
- immediately after removing gloves or other protective clothing
- after contact with blood or OPIM
- upon leaving the work area (10/2014 revision)
- as soon as feasible after use of antiseptic hand cleansers when washing facilities were not available

Rule 8 Protective Clothing and Equipment

(f) (g) Gloves shall be worn by an **An** employee shall wear gloves if there is a reasonable anticipation of direct skin contact with blood, other potentially infectious material, mucous membranes, or nonintact skin of patients.....

Gloves shall be changed between patient contacts.

(I) To minimize the need for direct mouth-to-mouth resuscitation, pocket masks, resuscitation bags, or other ventilation devices shall be provided in strategic locations and to trained personnel where the need for resuscitation is likely.

Rule 9. Housekeeping

(2)(g) 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. Reusable items, including reusable sharps, that have been contaminated with blood or other potentially infectious material shall be washed and decontaminated before reprocessing. The order in which washing and decontamination shall be performed shall be chosen so as to minimize exposure to blood or other potentially infectious material. Reusable sharps shall not be stored or processed in a manner that requires reaching by hand into containers where sharps have been placed.

For reusable items/equipment, MIOSHA Compliance may cite under Rule 9 (2) "All equipment...shall be maintained in a sanitary condition"

(2)(c) (c) Equipment that may become contaminated with blood or other potentially infectious material shall be examined before servicing or shipping and shall be decontaminated as necessary unless the employer can demonstrate that decontamination is not feasible.

Rule 11. Laundry

- Laundry workers in health care settings are usually category A and must be supplied and use PPE when handling contaminated laundry.
- Follow universal precautions.
- Laundry cleaned in a way that inactivates or destroys bloodborne pathogens.



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Rule 13. Vaccinations and post exposure follow-up

- Within 10 days of initial assignment each category A employee must be offered:
 - HBV vaccination
 - HBV titer for employees who request it
 - If an employee declines vaccination the employer must have a signed declination form



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Rule 13. Vaccinations and post exposure follow-up

Employer information limited to:

- Any limitation on employee use of PPE
- HBV vaccine information
- Statement that employee has been informed of test results and medical conditions that may have resulted from exposure

Note: The employer does not have the right to know employee's HIV, HBV or HCV status

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Rule 16 Information and Training

(7)(c) The training shall include opportunities for supervised practice with personal protective equipment and other equipment which is designed to reduce the likelihood for exposure and which will be used in the employee's work.

MIOSHA compliance may cite under Rule 16 (5)(f) An explanation of the use and limitations of practices that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment.

MIOSHA RECORDKEEPING

Part II. Recording and Reporting Occupational Injuries and Illnesses

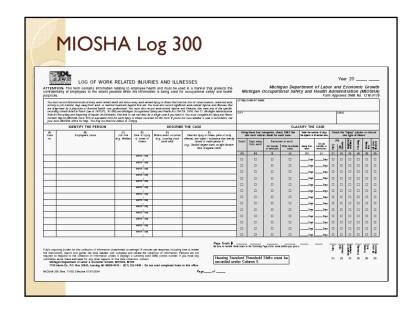


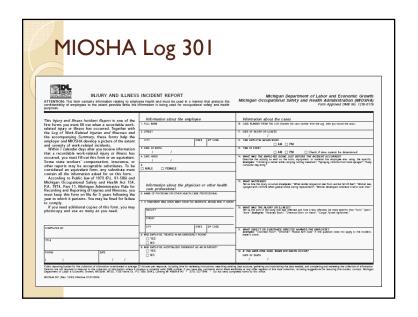
Who Must Keep MIOSHA Records?

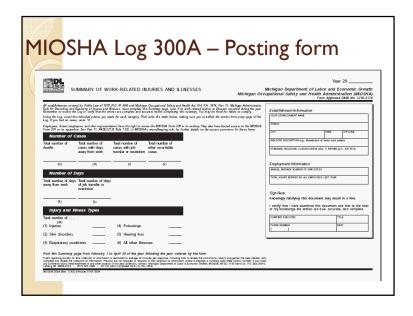
- All employers with more than 10 employees at any give time during the previous calendar year.
- Employers notified in advance that they have been selected to participate in the mandatory Bureau of Labor Statistics (BLS) annual survey.
- Partially Exempt employers:
 - Employer who had <10 employees during the previous calendar year.
 - Employers who conduct business in exempted NAICS codes (e.g. doctor and dentist offices)

What Records Must Be Kept?

- Forms
 - MIOSHA Form 300
 - · Log of work related injuries and illnesses
- MIOSHA Form 301
 - · Injury and illness incident report
- MIOSHA Form 300A
 - Summary of work-related injuries and illnesses



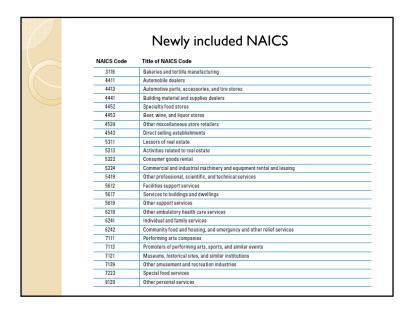




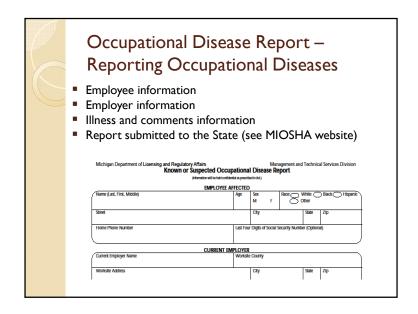
Expanded Reporting Requirements

Starting **January 1, 2015**, all covered employers **must report** the following (OSHA states; MIOSHA rules to come soon):

- All work-related fatalities within 8 hours (same as current requirement)
- All work-related in-patient hospitalizations of one or more employees within 24 hours
- All work-related amputations within 24 hours
- All work-related losses of an eye within 24 hours







Recordkeeping Questions? - General Assistance - Forms - Posters - Information www.michigan.gov/recordkeeping Management Information Systems Section 7150 Harris Drive Lansing, MI 48909 (517) 322-1848

MIOSHA Hazard Communication

- Implementation Dates:
 - June 1,2015 New SDS and Labels (manufacturers)
 - December 1, 2015 Labels (distributers)
 - June 1, 2016 Employer implementation
 - Written program
 - Secondary container label changes
 - · Training on new hazards identified by manufacturers
 - · Chemical specific labeling (i.e. asbestos, lead, ETO)



Ethylene Oxide Prior to June 1, 2016 June 1, 2016 DANGER DANGER ETHYLENE OXIDE ETHYLENE OXIDE CANCER HAZARD AND MAY CAUSE CANCER REPRODUCTIVE HAZARD MAY DAMAGE FERTILITY OR THE AUTHORIZED PERSONNEL ONLY **UNBORN CHILD** RESPIRATORS AND PROTECTIVE RESPIRATORY PROTECTION AND CLOTHING MAY BE REQUIRED TO PROTECTIVE CLOTHING MAY BE BEWORN IN THIS AREA REQUIRED IN THIS AREA **AUTHORIZED PERSONNEL ONLY**

Instruction for Emergency Eyewash

- MIOSHA Agency Compliance Instruction
- American National Standards Institute (ANSI) reference
- Current compliance citations
- Review and revision anticipated 2015