

OSHA RESPONSIBILITIES

WHAT MUST BE DONE AND WHERE TO GET HELP

<u>Levels of Responsibility</u>	<u>Required Action</u>	<u>Available Assistance</u>
President and Vice Presidents	Create a climate of compliance, support the ongoing commitment, review accomplishments	OSHA Implementation Committee and OEHS
Deans and Directors	Establish a department program	Safety Management Guidebook
	Select a College, Department, or Administrative Unit OSHA Coordinator	OSHA Advisory Committee, OSHA Coordinator and OEHS
Chairpersons, Department or Administrative Unit Heads, Principal Investigators	Complete OSHA standard questionnaire	Safety Management Guidebook
	Select an OSHA Coordinator	OEHS and OSHA Advisory Committee
	Determine which OSHA standards might apply and identify workplace hazards	Safety Management Guidebook, OEHS and OSHA Advisory Committee
	Train employees in compliance	OEHS - Train the Trainer
	Mitigate operational hazards and report physical hazards	OEHS - Physical Facilities
Lab Managers, Supervisors, Research Associates, Research Scientists	Conduct regular assessment inspections and recordkeeping	OSHA Coordinator

	Identify potential hazards	OSHA Coordinator, OSHA Liaison, Physical Facilities and Safety Management Guidebook
	Train employees	OSHA Coordinator and OEHS
	Annual chemical inventory	OSHA Coordinator and OEHS
All Faculty and Staff	Learn the accepted work practices; follow posted warnings and directions	Supervisor, OSHA Coordinator and OEHS
	Use provided safety equipment	Supervisor
	Report unsafe conditions	Supervisor and OSHA Coordinator
	Participate in safety training	OSHA Coordinator
	Learn about potential hazards	Supervisor and OSHA Coordinator
	Work safely	

Students, Visitors and Guests

In accordance with its obligations under the Occupational Safety and Health Administration, (“OSHA”), The Ohio State University is committed to providing a safe and healthy work environment to its employees. Although OSHA does not require the University to make this same commitment to students, visitors, and guests, the University nonetheless is committed to providing a safe environment to these individuals, and encourages students, visitors and guests to abide by applicable safety guidelines when using campus facilities. However, nothing in this handbook should be construed as extending OSHA coverage to anyone other than employees of The Ohio State University.

OSHA & SAFETY MANAGEMENT GUIDEBOOK

This manual has been developed by The Ohio State University's Office of Environmental Health and Safety (OEHS) and the University Occupational Safety and Health Advisory Committee (UOSHA) to provide assistance with Occupational Safety and Health Administration (OSHA) compliance to administrative units within the University. Due to the dynamic nature of safety regulations, the University cannot guarantee that your work environment will be free of all regulated hazards. However, by following the recommended activities within this manual, administrative units should be in substantial compliance with OSHA standards. It is the intent of The Ohio State University to provide a safe work environment for employees and to comply with OSHA standards. As regulations change, updates to the guidebook will be provided.

The following administrative units and committees can provide assistance with implementation of OSHA standards at The Ohio State University.

THE OHIO STATE UNIVERSITY

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UNIVERSITY OCCUPATIONAL SAFETY AND HEALTH ADVISORY COMMITTEE

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Mr. Robert Barnett
Mr. Tim Govenor
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Dr. John Gaeuman
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Dr. Phil Pendergast
Mr. James E. Stevens

INTRODUCTION: HOW DO I GET STARTED

Primary Objective

The Safety Management Guidebook(SMG) is presented in a step wise, decision tree format so that administrative units can quickly determine:

- which OSHA standards apply to activities within their administrative units,
- what safety services and activities are provided by University service departments,
- what activities are the responsibility of administrative units, and
- what University policies are, regarding OSHA standards.

STEP ONE: Read This Manual

The SMG has been developed to guide the administrative unit through the step by step process of understanding and implementing the standards required by applicable laws and regulations. It sets forth University policies, procedures and practices which are the responsibility of the administrative unit and identifies resources that are available to help with implementation. Underlined entries and acronyms are further defined in the Glossary section.

STEP TWO: Basic OSHA Standard Questionnaire

The “Basic OSHA Standard Questionnaire” is provided to serve as a guide for determining which standards apply to activities within your administrative unit. Each of the questions is based on one standard. You will know that a standard applies to your administrative unit if you answer “Yes” to the pertaining question. Follow the decision tree format to the next step: “Section of Standards.”

STEP THREE: Section of Standards

The second half of the SMG is the “Section of Standards.” For quick and easy reference the standards are separated by tabs. The standards are listed in order of those most applicable to most administrative units, to those less applicable. Each section (with a few exceptions) contains the following information pertaining to the standard:

- a “Self Help Checklist”, which clearly summarizes which requirements are the administrative unit’s responsibility and the steps to take to achieve compliance,
- the “University Health and Safety Policy and Procedure”, as developed by UOSHA and endorsed by the Implementation Committee and the Coordinating Council, and

- the OSHA “Fact Sheet”, as published by the Federal Occupation Safety and Health Administration (OSHA)

STEP FOUR: Select a OSHA Coordinator

In order effectively organize and coordinate safety related activities, each administrative unit must select an individual to serve as the OSHA Coordinator. This person will act as a liaison between the administrative unit and OEHS, while coordinating Safety Management Guidebook activities within their administrative unit. “Guidelines for Selecting an OSHA Coordinator” are included.

STEP FIVE: Send your OSHA Coordinator to OSHA Coordinator Training at OEHS

Call the Education and Communication Department of the Office of Environmental Health and Safety to set up training for your new OSHA Coordinator.

<p>Education and Communication Department of OEHS 292-1284</p>
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SECTION I. INTRODUCTION TO SAFETY MANAGEMENT

A. Basic OSHA Standard Questionnaire

Which Standards Apply to Your Administrative Unit?

Use this questionnaire to quickly determine which of these standards apply to activities within your administrative unit. The questions are set up in a decision tree format. If you answer “Yes” to any question, then “Go to” the pertaining section/standard. The administrative unit is responsible for compliance with all standards which apply to their activities.

1. All administrative units must report their accident experience annually, even to report that no accidents occurred. Go to standard 1

2. Do any of your employees work with chemicals or commercial products in a non-laboratory setting? No Yes Go to standard 2

3. Does the workspace under your administrative control contain laboratories that use hazardous chemicals on a laboratory use and scale? No Yes Go to standard 3

4. Are employees subject to occupational exposure* to human blood or other potentially infectious materials*? No Yes Go to standard 4

5. Are hazards present or likely to be present which necessitate the use of gloves, safety glasses or goggles, steel toe shoes or rubber boots, or hard hats in the workplace? No Yes Go to standard 5

6. Do any of your employees use “dust” masks, air filters, or other respiratory protection? No Yes Go to standard 6

7. Do you have any Physical Hazards?** No Yes Go to standard 7

**Physical Hazards are identified in the Physical Hazard Checklist in section 7.

- | | | | |
|---|-----------------------------|------------------------------|-------------------|
| 8. Does the workspace under your administrative control contain <u>permit-required confined spaces</u> *? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Go to standard 8 |
| 9. Do any of your employees service or maintain equipment or machinery which possesses energy which may injure employees during these activities? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Go to standard 9 |
| 10. Do you have employees who are exposed to loud noises? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Go to standard 10 |
| 11. Does your administrative unit work with construction or contractors? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Go to standard 11 |
| 12. Does your administrative unit require medical surveillance? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Go to standard 12 |
| 13. Do you have hazards that require signage? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Go to standard 13 |
| 14. Do you have employees who are mandated to have training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Go to standard 14 |
| 15. Does your administrative unit engage in scientific diving? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Go to standard 15 |
| 16. Does your administrative unit have minors in work environments that pose chemical, physical, biological or radiological hazards? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Go to standard 16 |

B. Guidelines For Selecting an OSHA Coordinator

Primary Objective

To provide generic criteria for the selection of individuals to coordinate safety related activities within their respective administrative units.

Coordinator Attributes

1. Good communication skills
2. Experienced and dependable individual
3. Knowledge of University policies and the operations of the administrative unit
4. Respected by the personnel of the administrative unit and respectful of others
5. Cooperative individual and a team player
6. Committed to the health and a safety of personnel in the administrative unit

Coordinator Responsibilities

1. Acts as a liaison between the administrative unit and the Office of Environmental Health and Safety
2. Assists in accident investigation and reporting activities
3. Participates in quality assurance activities
4. Coordinates Safety Management Guidebook activities within their administrative unit
5. Facilitates the correction of safety problems within their administrative unit
6. Coordinates OSHA required training activities
7. Maintains the OSHA 200 Log System for tracking and reporting work related injury or illness
8. Maintains the written programs for their administrative unit, as well as related safety and health documents

Position Description

The OSHA Coordinator has an extremely important responsibility within their administrative unit. Although there are several responsibilities associated with the OSHA Coordinator position, they are not meant to overburden the individual selected to perform these tasks. It should be noted that the OSHA Coordinator may delegate all, some, or none of these responsibilities to another individual within the administrative unit, however, the designated OSHA Coordinator is still responsible and accountable for ensuring that these duties are faithfully and accurately completed in a timely manner.

C. Long Term Commitments

Continuous Commitment

The long term commitments include training, recordkeeping, communicating hazards, and minimizing hazards.

Educate and Train All Employees

Ensure that all employees, including new hires, receive appropriate training as required by the OSHA standards which apply to activities within your administrative unit.

There are three levels of training:

1. Initial
2. Periodic / Review
3. Special / Specific

Recordkeeping

Meet requirements for recordkeeping, as required by the OSHA standards which are applicable to your administrative unit, including:

- training records,
- availability of records, and
- transfer of records.

Communicating Hazards

Provide a safe working environment by communicating hazards to employees by labels, signs, information and training.

Minimizing Hazards

Use engineering controls (e.g., guards) and work practice controls (e.g., standard operating procedures) to eliminate or minimize employee exposure. Where exposure remains after the institution of these controls, provide and use approved personal protection equipment.

D. Benefits

- 1. Creation of a Safe Work Environment**
- 2. Compliance with Applicable Laws and Regulations**
- 3. Save Worker's Compensation Costs**
- 4. Facilitate Systematic and Timely Corrective Actions**
- 5. Competitive Advantage for Recruiting Faculty, Students and Research Grants**

E. Glossary

Blood: Human blood, human blood components and products made from human blood

Bloodborne Pathogen: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)

Confined Space: A space that (1) is large enough and so configured that an employee can bodily enter and perform assigned work; and (2) has limited or restricted means for entry or exit (for example, tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry); and (3) is not designed for continuous employee occupancy

Generic: Referring to programs which, regardless of department, will have common elements contained within which apply to all departments. (e.g. Generic Hazard Communication Program)

Hazard Assessment Certification: A process by which the employer determines if workplace hazards are present which necessitate the use of Personal Protective Equipment (PPE) and which generates a document that identifies the workplace evaluated, the person certifying that the evaluation has been performed, the date of the hazard assessment, and which identifies the document as a certification of hazard assessment

Hazardous Energy Sources: Includes mechanical, electrical, hydraulic, pneumatic, chemical and thermal

Laboratory: A facility where the laboratory use of hazardous chemicals occurs. It is a workspace where relatively small quantities of hazardous chemicals are used on a nonproductive basis.

Laboratory Employee: An individual who engages to furnish services in a laboratory setting, is subject to the direction and control of the University and is compensated by the University

Laboratory Scale: Work with substances in which the containers used for reactions, transfers, and other handling of substances are designed to be easily and safely manipulated by one person

Laboratory Use of Hazardous Chemicals: Handling or use of such chemicals in which all of the following conditions are met: (1) chemical manipulations are carried out on a laboratory scale; (2) Multiple chemical procedures or chemicals are used; (3) the procedures involved are not part of a production process nor in any way

simulate a production process; (4) protective laboratory practices and equipment are available and in common use to minimize the potential for employee exposure to hazardous chemicals

MSDS: Material Safety Data Sheet which is available for all chemicals from the manufacturer

Occupational Exposure: “Reasonably anticipated” skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious material that may result from the performance of an employee’s duties

OEHS: Office of Environmental Health and Safety for The Ohio State University

OSHA: Federal Occupational Safety and Health Administration

OSU: The Ohio State University

Permit-Required Confined Space: A confined space that has one or more of the following characteristics: (1) contains or has a potential to contain a hazardous atmosphere; (2) contains a material that has the potential to contain a hazardous atmosphere; (3) contains a material that has the potential for engulfing an entrant; (4) has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downwards and tapers to a smaller cross-section; or (5) contains an other recognized serious safety and health hazard

Personal Protective Equipment (PPE): Hand protection, eye and face protection, foot protection and head protection

Potentially Infectious Materials: Human body fluids, unfixed human tissue or organs, HIV containing tissue or organ cultures, media or solutions containing HIV or HBV. (HIV = human Immunodeficiency virus, AIDS; HBV = hepatitis B virus)

Other Potentially Infectious Materials: (1) human body fluids (e.g., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid or amniotic fluid and or saliva, (2) any unfixed tissue or organ (except skin) from a human, (3) HIV - containing cell or tissue cultures , organ cultures, and HIV or HBV - containing culture medium or other solutions: and blood, organs or other tissues from experimental animals infected with HIV or HBV

Specific: Departmental specific information

UOSHA: University Occupational Safety and Health Advisory Committee for The Ohio State University

University Employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University

Universal Precautions: An approach to infection control in which all human blood and body fluids are treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens

SECTION II. STANDARDS

1. OSHA Recording and Reporting Occupational Injuries and Illnesses Standard

29 Code of Federal Regulations Part 1904

OSHA Recording and Reporting Occupational Injuries and Illness Standard 29 Code of Federal Regulations Part 1904 applies to every administrative unit. Administrative units must report all accidents or that no accidents have occurred on an annual basis.

For a quick look at the requirements, and “what to do” to comply with the standard

Go to a. Self Help Checklist

For the University’s Written Policy and Procedure on the standard

Go to b. University Safety and Health Policy and Procedure

For a brief summary of the standard

Go to c. OSHA Fact Sheet

a. Self Help Checklist

OSHA Recording and Reporting Occupational Injuries and Illnesses Standard 29 Code of Federal Regulations Part 1904



Requirement

What to do...

Report Accidents

Obtain and keep on file at all times Employee Accident Report forms (EAR) and Supervisor's Accident Report forms (SFR) from Stores. (Stores #: 53772)

Obtain completed EAR from injured employee.

Obtain completed SFR from supervisor of injured employee within 48 hours of the accident.

File a copy of the EAR and the SFR in administrative unit files.

Ensure EAR and SFR copies are properly distributed.

Inform Employee Health Service of the accident.

Record Accidents

Obtain a copy of OSHALOG.200 SERIES software at cost from OEHS.

Record accident information in the OSHALOG.200 SERIES software within six days of the accident.

Print and post the OSHALOG.200 SERIES summary form for the previous calendar year in public area every February 1 and leave posted until March 1.

Send a copy of the OSHALOG.200 SERIES file on computer disk to OEHS no later than February 1 labeled with the administrative unit name, year, and OSHALOG Coordinator name.

Training

Train supervisors and employees on accident reporting procedures.

b. University Health and Safety Policy and Procedure

OSHA Recording and Reporting Occupational Injuries and Illnesses Standard 29 Code of Federal Regulations Part 1904

Applies To: All University employees

Policy: To ensure that all University employees report work related accidents and illnesses in a timely manner to meet OSHA recordkeeping and reporting requirements.

Summary

The standard requires that a specific accident summary form OSHA No. 200 (OSHALOG.200 SERIES) and a supplementary accident information record (University accident report forms) be used to report work related illnesses and injuries. It also requires that the summary form covering the previous calendar year shall be posted in a public area no later than February 1, and shall remain in place until March 1.

Definitions

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Make available, through Stores, the appropriate University accident reporting forms: "Employee Accident Report" form (EAR) and "Supervisor Follow-Up Report" form (SFR) (Stores # 53772),
2. Provide at cost (\$90.00) to the department or administrative unit a copy of DOS compatible "OSHALOG.200 SERIES" software for recording information from accident report forms and generating the annual reports,
3. Provide training on recordkeeping requirements, the use of the accident report forms and the use of OSHALOG.200 SERIES software, to your designated OSHA Coordinator or designee, and

4. Provide, during normal working hours, medical care of a non emergency nature at the University Medical Center Employee Health Service located on the second floor of the Clinics Building. Emergency medical care should be sent to an appropriate trauma center during or after normal working hours.

Vice Presidents, Deans and Directors will:

1. Maintain University EAR and SFR forms on file at all times in a central location of the administrative unit,
2. Ensure that supervisors and employees are trained on accident reporting procedures,
3. Provide University EAR forms to injured or ill employees,
4. Provide University EAR and SFR forms to the injured or ill employee's supervisor,
5. Ensure that a completed SFR form is received from the supervisor within 48 hours of the accident,
6. Ensure that information from the accident report form is entered into the OSHALOG.200 SERIES software within six working days of its receipt and that proper copies of the EAR and SFR are distributed to OEHS and Employee Health Services (EHS),
7. Send a copy of the OSHALOG.200 SERIES file on diskette to OEHS by no later than February 1 of each calendar year labeled with the administrative unit name, year, and OSHALOG Coordinator name,
8. Post the OSHALOG.200 SERIES summary form covering the previous calendar year in a public area no later than February 1, and leave posted until March 1,*
9. Determine and correct the cause(s) of the accident, and
10. Assure that discretionary responsibilities for implementation at the department or equivalent administrative unit level are clearly defined.

** Note that the annual summary for the department or equivalent administrative unit must be posted even if there have been no injuries.*

c. OSHA Fact Sheet

GENERAL OSHA RECORDKEEPING REQUIREMENTS Fact Sheet No. OSHA 92-05

INFO. DATE : 19930101

U.S. Department of Labor
Program Highlights
FACT SHEET #: 93-05

ABSTRACT

The Occupational Safety and Health Act of 1970 requires most private sector employers to prepare and maintain records of work related injuries and illnesses. These records include the OSHA Form No. 200, Log and Summary of Occupational Injuries and Illnesses, and the OSHA Form No. 101, Supplementary Record of Occupational Injuries and Illnesses.

EMPLOYERS REQUIRED TO KEEP RECORDS

All employers with 11 or more employees in the following industries, as determined by their Standard Industrial Classification (SIC), must keep injury and illness records: Agriculture, Forestry, and Fishing (SIC's 01-02 and 07-09), Oil and Gas Extraction (SIC 13), Construction (SIC's 15-17), Manufacturing (SIC's 20-39), Transportation, Communications, and Public Utilities (SIC's 41-42 and 44-49), Wholesale Trade (SIC's 50-51), Building Materials, Hardware, Garden Supply and Mobile Home Dealers (SIC 52); General Merchandise Stores (SIC 53); Food Stores (SIC 54); Hotels, Rooming Houses, Camps, and Other Lodging Places (SIC 70); Repair Services (SIC's 75 and 76); Amusement and Recreation Services (SIC 79); and Health Services (SIC 80).

EMPLOYERS NORMALLY EXEMPT, BUT PERIODICALLY REQUIRED TO KEEP RECORDS

The following employers are normally exempt from these recordkeeping requirements unless notified in advance by the Bureau of Labor Statistics (BLS) that they have been selected to participate in the mandatory Annual Survey of Occupational Injuries and Illnesses:

1. employers who had no more than ten employees (full- and part-time) at any time during the previous calendar year; or

2. employers who conduct business primarily in one of the following SIC's, regardless of the number of employees:

MAJOR GROUP TITLE

Retail Trade

- 55 Automotive Dealers and Gasoline Service Stations
- 56 Apparel and Accessory Stores
- 57 Furniture, Home Furnishings and Equipment Stores
- 58 Eating and Drinking Places
- 59 Miscellaneous Retail

**Finance, Insurance and
Real Estate**

- 60 Banking
- 61 Credit Agencies other than Banks
- 62 Security and Commodity Brokers, and Services
- 63 Insurance
- 64 Insurance Agents, Brokers and Services
- 65 Real Estate
- 67 Holding and other Investment Offices

Services

- 72 Personal Services
- 73 Business Services
- 78 Motion Pictures
- 81 Legal Services
- 82 Educational Services
- 83 Social Services
- 84 Museums, Botanical and Zoological Gardens
- 86 Membership Organizations
- 87 Engineering, Accounting, Research, Management, and Related Services
- 88 Private Households
- 89 Miscellaneous Services

These exemptions do not excuse any employer from coverage by OSHA or from compliance with all applicable safety and health standards (which may include other types of recordkeeping requirements).

The recordkeeping exemptions apply to all eligible workplaces under the jurisdiction of Federal OSHA. However, 25 states and territories operate their own OSHA's. Employers in the following areas should contact the state agency to determine if it has or intends to adopt the exemptions: Alaska, Arizona, California, Hawaii, Indiana, Iowa,

Kentucky, Maryland, Michigan, Minnesota, Nevada, New Mexico, North Carolina, Oregon, Puerto Rico, South Carolina, Tennessee, Utah, Vermont, Virginia, Virgin Islands, Washington, and Wyoming. Connecticut and New York cover state and local government employees only.

RECORDS THAT MUST BE KEPT

OSHA requires the use of OSHA Form No. 200, the Log and Summary of Occupational Injuries and Illnesses, or an equivalent form. On the OSHA Log employers provide some brief descriptive information then use a simple check-off procedure to maintain a running total of occupational injuries and illnesses for the year. Authorized Federal and State government officials, employees, and their representatives are guaranteed access, upon request, to the injury and illness log for the establishment.

Employers are required to post an annual summary of occupational injuries and illnesses for the previous calendar year. The summary must be posted no later than February 1 and must remain in place until March 1.

OSHA Form No. 101 is used to supply supplementary information regarding each injury and illness entered on the log. This form names the person and describes the circumstances of his or her injury or illness. Substitute forms (such as workers' compensation reports) may be used if they contain all the specified information. Authorized government officials shall be provided access to these records also.

Injury and illness records shall be maintained at each workplace. In the absence of a regular workplace, records shall be maintained at some central location. The records shall be retained and updated for five years following the calendar year they cover.

Each workplace, regardless of the number of employees or type of business, must:

- display either an OSHA or State poster containing information for employees, and
- report to the nearest OSHA office within 48 hours all accidents which result in a work-related fatality or the hospitalization of five or more employees.

FOR MORE INFORMATION

For official instructions on recording occupational injuries and illnesses please refer to the Recordkeeping Guidelines for Occupational Injuries and Illnesses, 1986. You may obtain copies of the Guidelines and OSHA forms by calling the OSHA Area Office or the State OSHA Office in your jurisdiction.

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This is one of a series of fact sheets highlighting U.S. Department of Labor programs. It is intended as a general description only and does not carry the force of legal opinion. This information will be made available to sensory impaired individuals upon request. Voice phone: (202) 219-8151.

2. OSHA Hazard Communication Standard 29 Code of Federal Regulations Part 1910 Subpart Z §

1910.1200

Since your administrative unit answered “Yes” to the question:

2. Do any of your employees work with chemicals or commercial products in a non-laboratory setting?

The OSHA Hazard Communication Standard 29 Code of Federal Regulations Part 1910 Subpart Z § 1910.1200 applies to your administrative unit.

For a quick look at the requirements, and “what to do” to comply with the standard

Go to a. Self Help Checklist

For the University’s Written Policy and Procedure on the standard

Go to b. University Health and Safety Policy and Procedure

For a brief summary of the standard

Go to c. OSHA Fact Sheet

a. Self Help Checklist

**OSHA Hazard Communication Standard
29 Code of Federal Regulations Part 1910 Subpart Z § 1910.1200**



Requirement**What to do...**

Written Hazard
Communication Program

Obtain generic written program from OEHS,
follow instructions, add sections and fill in
blanks, modify if necessary.

Locate your written HCP in an accessible
location.

Modify as needed on annual basis.

Chemical Inventory

Inventory hazardous chemicals by product
name, manufacturer and address (use form
in generic program).

Maintain MSDS file

Obtain MSDS's for chemicals on inventory.

Locate MSDS file in an accessible location.

Train Employees

Identify and list employees who need
training.

Send employees to OEHS for generic
training.

Train employees on specific chemicals in
their area.

b. University Health and Safety Policy and Procedure

OSHA Hazard Communication Standard 29 Code of Federal Regulations Part 1910 Subpart Z § 1910.1200

Applies To: All University employees

Policy: To ensure that all University employees are protected by a Hazard Communication Program.

Summary

The purpose of the standard is to ensure that the hazards of all chemicals are evaluated and that information concerning their hazards is transmitted to employers and employees. Information is to be transmitted to employees through a written hazard communication program, labels and other forms of warning (e.g., Material Safety Data Sheets--MSDS), information and training.

Definitions

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Develop a written Hazard Communication Plan for the University which may be modified and adopted by Offices, Colleges, Departments or equivalent administrative units,
2. Establish and maintain a MSDS system for use and access by Offices, Colleges, Departments or equivalent administrative units,
3. Provide notice to University external contractors concerning the Hazard Communication Plan, policies and availability of MSDS's, and

4. Develop a Hazard Communication Training Program, system of delivery and work with Offices, Colleges, Departments or equivalent administrative units to train all employees at The Ohio State University in Hazard Communication.

Vice Presidents, Deans and Directors are responsible for a written policy assuring that:

1. All employees are covered by a written Hazard Communication Plan which includes a physical inventory for all hazardous materials as defined by the OSHA Hazard Communication Standard,
2. Every employee has access to the written Hazard Communication plan and access to MSDS's,
3. Notice is provided to external contractors providing services to the University,
4. All faculty, staff, graduate assistants and other employees are available for Hazard Communication training, and
5. Discretionary responsibilities for implementation at the Departmental or equivalent administrative unit level are clearly defined.

c. OSHA Fact Sheet

OSHA'S EXPANDED HAZARD COMMUNICATION STANDARD Fact Sheet No. OSHA 89-26

93-26 - Hazard Communication Standard

INFO. DATE : 19930101

U.S. Department of Labor
Program Highlights
FACT SHEET #: 93-26

SUMMARY

Protection under OSHA's Hazard Communication Standard (HCS) includes all workers exposed to hazardous chemicals in all industrial sectors. This standard is based on a simple concept - that employees have both a need and a right to know the hazards and the identities of the chemicals they are exposed to when working. They also need to know what protective measures are available to prevent adverse effects from occurring.

SCOPE OF COVERAGE

More than 30 million workers are potentially exposed to one or more chemical hazards. There are an estimated 650,000 existing hazardous chemical products, and hundreds of new ones are being introduced annually. This poses a serious problem for exposed workers and their employers.

BENEFITS

The HCS covers both physical hazards (such as flammability or the potential for explosions), and health hazards (including both acute and chronic effects). By making information available to employers and employees about these hazards, and recommended precautions for safe use, proper implementation of the HCS will result in a reduction of illnesses and injuries caused by chemicals. Employers will have the information they need to design an appropriate protective program. Employees will be better able to participate in these programs effectively when they understand the hazards involved, and to take steps to protect themselves. Together, these employer and employee actions will prevent the occurrence of adverse effects caused by the use of chemicals in the workplace.

REQUIREMENTS

The HCS established uniform requirements to make sure that the hazards of all chemicals imported into, produced, or used in U.S. workplaces are evaluated and that this hazard information is transmitted to affected employers and exposed employees.

Chemical manufacturers and importers must convey the hazard information they learn from their evaluations to downstream employers by means of labels on containers and material safety data sheets (MSDS's). In addition, all covered employers must have a hazard communication program to get this information to their employees through labels on containers, MSDS's, and training.

This program ensures that all employers receive the information they need to inform and train their employees properly and to design and put in place employee protection programs. It also provides necessary hazard information to employees so they can participate in, and support, the protective measures in place at their workplaces.

All employers in addition to those in manufacturing and importing are responsible for informing and training workers about the hazards in their workplaces, retaining warning labels, and making available MSDS's with hazardous chemicals.

Some employees deal with chemicals in sealed containers under normal conditions of use (such as in the retail trades, warehousing and truck and marine cargo handling). Employers of these employees must assure that labels affixed to incoming containers of hazardous chemicals are kept in place. They must maintain and provide access to MSDS's received, or obtain MSDS's if requested by an employee. And they must train workers on what to do in the event of a spill or leak. However, written hazard communication programs will not be required for this type of operation.

All workplaces where employees are exposed to hazardous chemicals must have a written plan which describes how the standard will be implemented in that facility. The only work operations which do not have to comply with the written plan requirements are laboratories and work operations where employees only handle chemicals in sealed containers.

The written program must reflect what employees are doing in a particular workplace. For example, the written plan must list the chemicals present at the site, indicate who is responsible for the various aspects of the program in that facility and where written materials will be made available to employees.

The written program must describe how the requirements for labels and other forms of warning, material safety data sheets, and employee information and training are going to be met in the facility.

EFFECT ON STATE RIGHT-TO-KNOW LAWS

The HCS pre-empts all state (in states without OSHA-approved job safety and health programs) or local laws which relate to an issue covered by HCS without regard to whether the state law would conflict with, complement, or supplement the federal standard, and without regard to whether the state law appears to be "at least as effective as" the federal standard.

The only state worker right-to-know laws authorized would be those established in states and jurisdictions that have OSHA-approved state programs.

These states and jurisdictions include: Alaska, Arizona, California, Connecticut (state and municipal employees only), Hawaii, Indiana, Iowa, Kentucky, Maryland, Michigan, Minnesota, Nevada, New Mexico, New York (state and municipal employees only), North Carolina, Oregon, Puerto Rico, South Carolina, Tennessee, Utah, Vermont, Virgin Islands, Virginia, Washington, and Wyoming.

FEDERAL WORKERS

Under the hazard communication standard federal workers are covered by executive order.

This is one of a series of fact sheets highlighting U.S. Department of Labor programs. It is intended as a general description only and does not carry the force of legal opinion. This information will be made available to sensory impaired individuals upon request. Voice phone: (202) 219-8151. TDD message referral phone: 1-800-326-2577.

**3. OSHA Occupational Exposure
to
Hazardous Chemicals in Laboratories
Standard 29 Code of Federal
Regulations
Part 1910 Subpart Z § 1910.1450**

Since your administrative unit answered “Yes” to the question:

3. Does the workspace under your administrative control contain laboratories that use hazardous chemicals on a laboratory use and scale*?

The OSHA Occupational Exposure to Hazardous Chemicals in Laboratories Standard 29 Code of Federal Regulations Part 1910 Subpart Z § 1910.1450 applies to your administrative unit.

For a quick look at the requirements, and “what to do” to comply with the standard

Go to a. Self Help Checklist

For the University’s Written Policy and Procedure on the standard

Go to b. University Safety and Health Policy and Procedure

For a brief summary of the standard

Go to c. OSHA Fact Sheet

For Policy Guidelines of the Principal Investigators

Go to d. Policy Guidelines of the Principal Investigators

a. Self Help Checklist

OSHA Occupational Exposure to Hazardous Chemicals in Laboratories Standard 29 Code of Federal Regulations Part 1910 Subpart Z § 1910.1450



Requirement

What to do...

Written Chemical Hygiene Plan

Obtain generic Chemical Hygiene Plan from OEHS, follow instructions, add sections and fill in blanks, modify if necessary.

Locate your written Chemical Hygiene Plan in a location accessible to employees.

Implement the written Chemical Hygiene Plan.

Chemical Information

Retain MSDS's received by your department.

Provide access to and identify sources of chemical information.

Retain labels on chemicals received.

Training

Identify and list employees required to have training.

Send laboratory supervisors and employees to OEHS for generic lab standard training.

Train employees on special procedures for handling laboratory chemicals.

Maintain training records.

Exposure Monitoring

Contact OEHS when there is reason to believe that employees are exposed to harmful levels of hazardous chemicals.

Medical Consultation

Provide employees access to University Employee Health Service for medical consultations if needed.

b. University Health and Safety Policy and Procedure

OSHA Occupational Exposure to Hazardous Chemicals in Laboratories Standard 29 Code of Federal Regulations Part 1910 Subpart Z § 1910.1450

Applies to: Employees Working in Laboratories

Policy: To ensure that employees who work in laboratories are protected from hazardous chemicals used in the laboratories.

Summary

The purpose of the standard is to afford laboratory employees equivalent protection from hazardous substances as that afforded to workers by other OSHA standards in other industries. However, recognizing the unique characteristics of the laboratory workplace, the other standards are superseded, except in particular circumstances. The obligation is to maintain laboratory exposures at or below the permissible exposure limits (PELs) specified in the air contaminants standard or substance specific standards. This is accomplished through employee exposure determinations, development and implementation of a Chemical Hygiene Plan, employee information and training, medical consultation and examination, hazard identification, personal protective equipment, and recordkeeping.

Definitions

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University

Laboratory: A facility where the laboratory use of hazardous chemicals occurs. It is a workplace where relatively small quantities of hazardous chemicals are used on a nonproductive basis.

Laboratory scale: Work with substances in which the containers used for reactions, transfers, and other handling of substances are designed to be easily and safely manipulated by one person.

Laboratory use of hazardous chemicals: Handling or use of such chemicals in which all of the following conditions are met: 1.) Chemical manipulations are carried out on a laboratory scale, 2.) Multiple chemical procedures or chemicals are used, 3.) The procedures involved are not part of a production process nor in any way simulate a

production process, 4.) Protective laboratory practices and equipment are available and in common use to minimize the potential for employee exposure to hazardous chemicals.

Laboratory employee: An individual who engages to furnish services in a laboratory setting, is subject to the direction and control of the University and is compensated by the University.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Develop a written, generic Chemical Hygiene Plan (CHP) which may be modified and adopted by Offices, Colleges, Departments or equivalent administrative units,
2. Develop and offer a generic laboratory safety training program which will cover information as outlined in the generic CHP,
3. Provide assistance for exposure monitoring,
4. Provide medical surveillance through the University Medical Center Employee Health Service (Clinics),
5. Provide technical assistance and advice, and
6. Audit compliance.

Vice Presidents, Deans, and Directors are responsible for a written policy assuring that:

1. All laboratory employees are covered by a written Chemical Hygiene Plan which includes a physical inventory of hazardous chemicals,
2. Every laboratory employee has access to the written Chemical Hygiene Plan, Material Safety Data Sheets, and other sources of chemical information,
3. All Principal Investigators who supervise laboratory employees receive training as defined in the Departmental or equivalent administrative unit's Chemical Hygiene Plan, and
4. Discretionary responsibilities for implementation at the Departmental or equivalent administrative unit are clearly defined.

c. OSHA Fact Sheet

OCCUPATIONAL EXPOSURE TO HAZARDOUS CHEMICALS IN LABORATORIES Fact Sheet No. OSHA 90-33

INFO. DATE : 19950101

U.S. Department of Labor
Program Highlights
FACT SHEET #: 95-33

SUMMARY

The Occupational Safety and Health Administration, recognizing the unique characteristics of the laboratory workplace, tailored a standard for occupational exposure to hazardous chemicals in laboratories to include approximately 934,000 employees in 34,214 industrial, clinical, and academic laboratories.

SCOPE AND APPLICATION

- Covers all laboratories engaged in the laboratory use of chemicals defined as hazardous by this standard, generally, superseding provisions of all other health standards except in specific instances. The obligation to maintain employee exposures at or below the permissible exposure limits (PELs) specified in the air contaminants standard and in substance specific standards is retained.
- Does not apply to uses of hazardous chemicals which do not meet the definition of laboratory use, and in such cases, the employer must comply with the relevant standard even though use occurs in a laboratory.
- Does not apply for laboratory use of hazardous chemicals which provide no potential for employee exposure such as procedures using chemically-impregnated test media and commercially prepared test kits.

EMPLOYEE EXPOSURE DETERMINATION

The employer must measure the employee's exposure periodically to any substance regulated by a standard which requires monitoring if there is reason to believe that exposure levels for that substance routinely exceed the action level (or in the absence of

an action level, the PEL). The employer must notify the employee of the results within 15 working days after receipt of the monitoring results.

CHEMICAL HYGIENE PLAN

Where hazardous chemicals are used a laboratory covered by this standard the employer must develop and carry out the provisions of a written Chemical Hygiene Plan (CHP). The CHP must include the necessary work practices, procedures and policies to ensure that employees are protected from all potentially hazardous chemicals in use in their work area. The plan must be available to employees, to employee representatives, and to the Assistant Secretary for Occupational Safety and Health.

EMPLOYEE TRAINING AND INFORMATION

The employer must provide employees with information and training to ensure that they are aware of the hazards of the chemicals present in their work area. This information must be provided at the time of an employee's initial assignment to a work area where hazardous chemicals are present and prior to assignments involving new exposure situations.

Employees must be informed of:

- the contents of this standard and its appendices must be made available to them;
- the location and availability of the employer's Chemical Hygiene Plan;
- the permissible exposure limits for OSHA;
- signs and symptoms associated with exposures to hazardous chemicals used in the laboratory; and
- the location and availability of known reference material on the hazards, safe handling, storage and disposal of hazardous chemicals found in the laboratory including, but not limited to Material Safety Data Sheets (MSDS) received from chemical suppliers.

Employee training must include:

- methods and observations that may be used to detect the presence or release of a hazardous chemical;
- the physical and health hazards of chemicals in the work area; and
- the measures they can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from

exposure to hazardous chemicals, such as appropriate work practices, emergency procedures and personal protective equipment to be used.

The employee must be trained on the applicable details of the employer's written Chemical Hygiene Plan.

MEDICAL CONSULTATIONS AND EXAMINATIONS

All employees who work with hazardous chemicals must be given the opportunity to receive medical attention, including any follow-up examinations which the examining licensed physician determines to be necessary under certain circumstances. Medical examinations and consultants must be provided without cost to the employee, without loss of pay and at a reasonable time and place.

The employer must provide certain information to the physician, including the identity of the hazardous chemicals, a description of the conditions under which the exposure occurred, and a description of the signs and symptoms of exposure that the employee is experiencing.

HAZARD IDENTIFICATION

Labels on incoming containers of hazardous chemicals must not be removed or defaced. MSDS's on incoming hazardous chemicals must be retained and made available to lab employees.

RESPIRATOR USE

Where the use of respirators is necessary to maintain exposure below permissible exposure limits, the employer must provide, at no cost to the employee, the proper respirator equipment.

RECORDKEEPING

The employer must establish and maintain for each employee an accurate record of any measurements taken to monitor employee exposure and any medical consultation and examination including tests or written opinions.

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d. Policy Guidelines for the Principal Investigator: Laboratory Standard

OSHA Occupational Exposure to Hazardous Chemical in the Laboratory Standard

Applies to: Those working in laboratories.

Policy Guidelines

The Principal Investigator is responsible for the following:

1. Communicate to those in the laboratory the University's high priority regarding health and safety and concern for the environment; ensure that environmental, health and safety obligations are fulfilled by all personnel in the laboratory;
2. Analyze work procedures for hazard identification and correction; implement measures to eliminate or control workplace hazards; encourage regular self-assessment inspections to review work habits and control deficiencies; encourage prompt reporting of health and safety problems by project personnel (who need not fear reprisal); stop any work posing imminent danger; ensure that prudent practices are employed by those using the laboratory(ies); ensure that Personal Protective Equipment (PPE) appropriate to assign work is in good condition and is utilized; ensure that highly hazardous chemicals are used only in designated areas of the laboratory(ies); ensure that exposure monitoring is completed (as required);
3. Ensure that a written Chemical Hygiene Plan which covers the laboratory(ies) in use exists; ensure that all personnel who use the laboratory(ies) have access to the written Chemical Hygiene Plan; ensure the availability to ALL personnel in the laboratory(ies) of Material Safety Data Sheets (MSDSs) for all hazardous chemicals used in the laboratory(ies);
4. Ensure that training mandated by the standard is completed by faculty, staff and students who use the laboratory(ies); ensure self-training as described in the Chemical Hygiene Plan; ensure that ALL individuals involved in the handling and using of hazardous chemicals are trained in the handling and disposal of the hazardous chemicals being used; ensure that all training records are maintained as directed by the standard;
5. Ensure enrollment of laboratory personnel in appropriate Medical Surveillance Programs; ensure Employee Health Services know what chemicals are used in the laboratory(ies);

6. Understand the discretionary responsibilities for implementation of the standard as defined by the department or administrative unit;
7. Ensure that a protocol covering the use of hazardous chemicals has been submitted to and approved by the Chemical Hygiene Committee before laboratory work commences;
8. Ensure that a current inventory of chemicals in use in the laboratory(ies) exists and is available;
9. Ensure that appropriate signage is used at the entrance to and within the laboratory(ies); ensure that appropriate signage is in place in vivarium before beginning animal experiments (contact University Laboratory Animal Resource (ULAR) staff if it is not); notify ULAR veterinarian in writing at least twenty-four (24) hours before animals under the care by ULAR staff are exposed to or injected with hazardous or carcinogenic chemical(s); ensure that a Human-Animal Interaction Form has been completed for the use of the hazardous agent(s);
10. Submit laboratory to annual inspections by the Chemical Hygiene Committee.

4. OSHA Bloodborne Pathogen Standards

29 Code of Federal Regulations Part 1910.1030

Since your administrative unit answered “Yes” to the question:

4. Are employees subject to occupational exposure* to human blood or other potentially infectious materials*?

The OSHA Bloodborne Pathogen Standard 29 Code of Federal Regulations Part 1910.1030 applies to your administrative unit.

For a quick look at the requirements, and “what to do” to comply with the standard

Go to a. Self Help Checklist

For the University’s Written Policy and Procedure on the standard

Go to b. University Health and Safety Policy and Procedure

For a brief summary of the standard

Go to c. OSHA Fact Sheet

For Policy Guidelines for the Principal Investigator

Go to d.& e. Policies Guidelines for Principal Investigators

a. Self Help Checklist

OSHA Bloodborne Pathogen Standards 29 Code of Federal Regulations Part 1910.1030



Requirement

What to do...

Written Exposure
Control Plan

Obtain generic written program from OEHS,
follow instructions, add sections and fill in
blanks, modify if necessary.

Locate your written ECP in an accessible
location.

Update on an annual basis.

Identify exposures

Inventory tasks, procedures and job
classifications where exposure to blood
occurs.

Implement Universal
Precautions

Provide gloves, gowns, masks, mouthpieces
and resuscitation bags.

Train Employees

Identify and list employees who need
training.

Send employees to OEHS for generic
training.

Train employees on specific exposure
controls in their area.

b. University Health and Safety Policy and Procedure

OSHA Bloodborne Pathogen Standards 29 Code of Federal Regulations Part 1910.1030

Applies to: Employees with occupational exposure to human blood or other potentially infectious materials.

Policy: To ensure that employees are protected from occupational exposures to human blood or other potentially infectious materials.

Summary

The purpose of the standard is to recognize that employees may be exposed to human blood or other potentially infectious materials and to reduce or eliminate exposure. This exposure may present a significant health hazard since human blood or other potentially infectious materials may contain bloodborne pathogens. Bloodborne pathogens (e.g., Hepatitis B Virus or Human Immunodeficiency Virus) are microorganisms in human blood that can cause disease in humans. The standard requires that the employer: perform employee exposure determinations, develop / implement a written Exposure Control Plan, provide medical evaluations and vaccinations, provide information / training and maintain records.

Definitions

Blood: Human blood, human blood components and products made from human blood.

Bloodborne pathogen: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

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: 1.) Human body fluids (e.g., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid or amniotic fluid and or saliva, 2.) any unfixed tissue or organ (except skin) from a human, 3.) HIV - containing cell or tissue cultures, organ cultures, and HIV or HBV - containing culture medium or other solutions: and blood, organs or other tissues from

experimental animals infected with HIV or HBV.

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University

Universal precautions: An approach to infection control in which all human blood and body fluids are treated as if known to be infectious for HIV, HBV or other bloodborne pathogens.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Develop a written, generic Exposure Control Plan which may be modified and adopted by Offices, Colleges, Departments or equivalent administrative units,
2. Develop and offer a generic Bloodborne Pathogen training program which will include information as outlined in the generic Exposure Control Plan,
3. Provide assistance for exposure determinations,
4. Provide medical surveillance through the University Employee Health Service,
5. Provide technical assistance, and
6. Audit compliance.

Vice Presidents, Deans and Directors are responsible for a written policy assuring that:

1. All employees with reasonably anticipated occupational exposure to bloodborne pathogens are covered by a written Exposure Control Plan,
2. Employees have access to the Exposure Control Plan,
3. All employees with reasonably anticipated occupational exposure to bloodborne pathogens receive training as defined in the Departmental or equivalent administrative unit's Exposure Control Plan, and
4. Discretionary responsibilities for implementation at the Departmental or equivalent administrative unit are clearly defined.

c. OSHA Fact Sheet

BLOODBORNE PATHOGENS FINAL STANDARD: SUMMARY OF KEY PROVISIONS Fact Sheet No. OSHA 90-33

INFO. DATE : 19921228

U.S. Department of Labor
Program Highlights
FACT SHEET #: 92-46

PURPOSE

Limits occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens which could lead to disease or death.

SCOPE:

Covers all employees who could be "reasonably anticipated" as the result of performing their job duties to face contact with blood and other potentially infectious materials. OSHA has not attempted to list all occupations where exposures could occur. "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

Infectious materials include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. They also include any unfixed tissue or organ other than intact skin from a human (living or dead) and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures and HIV or hepatitis B (HBV)-containing culture medium or other solutions as well as blood, organs or other tissues from experimental animals infected with HIV or HBV.

EXPOSURE CONTROL PLAN

Requires employers to identify, in writing, tasks and procedures as well as job classifications where occupational exposure to blood occurs--without regard to personal

protective clothing and equipment. It must also set forth the schedule for implementing other provisions of the standard and specify the procedure for evaluating circumstances surrounding exposure incidents. The plan must be accessible to employees and available to OSHA. Employers must review and update it at least annually--more often if necessary to accommodate workplace changes.

METHODS OF COMPLIANCE

Mandates universal precautions, (treating body fluids/materials as if infectious) emphasizing engineering and work practice controls. The standard stresses handwashing and requires employers to provide facilities and ensure that employees use them following exposure to blood. It sets forth procedures to minimize needlesticks, minimize splashing and spraying of blood, ensure appropriate packaging of specimens and regulated wastes and decontaminate equipment or label it as contaminated before shipping to servicing facilities.

Employers must provide, at no cost, and require employees to use appropriate personal protective equipment such as gloves, gowns, masks, mouthpieces and resuscitation bags and must clean, repair and replace these when necessary. Gloves are not necessarily required for routine phlebotomies in volunteer blood donation centers but must be made available to employees who want them.

The standard requires a written schedule for cleaning, identifying the method of decontamination to be used in addition to cleaning following contact with blood or other potentially infectious materials. It specifies methods for disposing of contaminated sharps and sets forth standards for containers for these items and other regulated waste. Further, the standard includes provisions for handling contaminated laundry to minimize exposures.

HIV AND HBV RESEARCH LABORATORIES AND PRODUCTION FACILITIES

Calls for these facilities to follow standard microbiological practices and specifies additional practices intended to minimize exposures of employees working with concentrated viruses and reduce the risk of accidental exposure for other employees at the facility. These facilities must include required containment equipment and an autoclave for decontamination of regulated waste and must be constructed to limit risks and enable easy clean up. Additional training and experience requirements apply to workers in these facilities.

HEPATITIS B VACCINATION

Requires vaccinations to be made available to all employees who have occupational exposure to blood within 10 working days of assignment, at no cost, at a reasonable time and place, under the supervision of licensed physician/licensed healthcare professional

and according to the latest recommendations of the U.S. Public Health Service (USPHS). Prescreening may not be required as a condition of receiving the vaccine. Employees must sign a declination form if they choose not to be vaccinated, but may later opt to receive the vaccine at no cost to the employee. Should booster doses later be recommended by the USPHS, employees must be offered them.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Specifies procedures to be made available to all employees who have had an exposure incident plus any laboratory tests must be conducted by an accredited laboratory at no cost to the employee. Follow-up must include a confidential medical evaluation documenting the circumstances of exposure, identifying and testing the source individual if feasible, testing the exposed employee's blood if he/she consents, post-exposure prophylaxis, counseling and evaluation of reported illnesses. Healthcare professionals must be provided specified information to facilitate the evaluation and their written opinion on the need for hepatitis B vaccination following the exposure. Information such as the employee's ability to receive the hepatitis B vaccine must be supplied to the employer. All diagnoses must remain confidential.

HAZARD COMMUNICATION

Requires warning labels including the orange or orange-red biohazard symbol affixed to containers of regulated waste, refrigerators and freezers and other containers which are used to store or transport blood or other potentially infectious materials. Red bags or containers may be used instead of labeling. When a facility uses universal precautions in its handling of all specimens, labeling is not required within the facility. Likewise, when all laundry is handled with universal precautions, the laundry need not be labeled. Blood which has been tested and found free of HIV or HBV and released for clinical use, and regulated waste which has been decontaminated, need not be labeled. Signs must be used to identify restricted areas in HIV and HBV research laboratories and production facilities.

INFORMATION AND TRAINING

Mandates training within 90 days of effective date, initially upon assignment and annually--employees who have received appropriate training within the past year need only receive additional training in items not previously covered. Training must include making accessible a copy of the regulatory text of the standard and explanation of its contents, general discussion on bloodborne diseases and their transmission, exposure control plan, engineering and work practice controls, personal protective equipment, hepatitis B vaccine, response to emergencies involving blood, how to handle exposure incidents, the post-exposure evaluation and follow-up program, signs/labels/color-coding. There must be opportunity for questions and answers, and the trainer must be knowledgeable in the subject matter. Laboratory and production facility workers must receive additional specialized initial training.

RECORDKEEPING

Calls for medical records to be kept for each employee with occupational exposure for the duration of employment plus 30 years, must be confidential and must include name and social security number; hepatitis B vaccination status (including dates); results of any examinations, medical testing and follow-up procedures; a copy of the healthcare professional's written opinion; and a copy of information provided to the healthcare professional. Training records must be maintained for three years and must include dates, contents of the training program or a summary, trainer's name and qualifications, names and job titles of all persons attending the sessions. Medical records must be made available to the subject employee, anyone with written consent of the employee, OSHA and NIOSH--they are not available to the employer. Disposal of records must be in accord with OSHA's standard covering access to records.

DATES

Effective date: March 6 1992. Exposure control plan: May 5, 1992. Information and training requirements and recordkeeping: June 4, 1992. And the following other provisions take effect on July 6, 1992: engineering and work practice controls, personal protective equipment, housekeeping, special provisions covering HIV and HBV research laboratories and production facilities, hepatitis B vaccination and post-exposure evaluation and follow-up and labels and signs.

This is one of a series of fact sheets highlighting U.S. Department of Labor programs. It is intended as a general description only and does not carry the force of legal opinion. This information will be made available to sensory impaired individuals upon request. Voice phone: (202) 523-8151. TDD message referral phone: 1-800-326-2577.

d. Policy Guidelines for Principal Investigators: OSHA Bloodborne Pathogens Standard

OSHA Bloodborne Pathogens Standard

Applies to: Those working in laboratories exposed to bloodborne pathogens as defined by the OSHA Bloodborne Pathogens Standard.

Policy Guidelines

The Principal Investigator is responsible for the following:

1. Communicate to those in the laboratory the University's high priority regarding health and safety and concern for the environment; ensure that environmental, health and safety obligations are fulfilled by all personnel in the laboratory;
2. Analyze work procedures for hazard identification and correction; implement measures to eliminate or control workplace hazards; encourage regular self-assessment inspections to review work habits and correct deficiencies; encourage prompt reporting of health and safety problems by project personnel (who need not fear reprisal); stop any work posing imminent danger; ensure that prudent practices are employed by those using the laboratory(ies); ensure that Personnel Protective Equipment appropriate to assigned work is in good condition and is utilized;
3. Ensure that a written Exposure Control Plan covering laboratory(ies) exists; ensure that all personnel have access to the Exposure Control Plan; ensure that an exposure determination has been completed;
4. Ensure that all training required under the standard is completed by all individuals who have need of it; ensure that ALL individuals involved in handling infectious agents are trained in the handling and disposal of the infectious agents being used; ensure that appropriate training records are maintained as directed by the standards;
5. Ensure that all personnel are enrolled in a Medical Surveillance Plan; ensure that those working with Hepatitis B Virus (HBV) (or potentially infected materials) have been offered the HBV vaccination series from Employee Health Services; ensure that appropriate post-exposure evaluation and follow-up are completed as directed in the standard;

6. Ensure that the appropriate labels and signage are employed in the laboratory;
7. Understand the discretionary responsibilities for the implementation of the standard as defined by the department or administrative unit;
8. Ensure that for those projects involving voluntary human subjects that a protocol describing the research has been submitted to and approved by the Biomedical Sciences Institutional Review Board;
9. Ensure that a protocol covering the agents involved in the laboratory work has been submitted to and approved by the Etiologic Agents Committee; and
10. Submit laboratory to annual inspections by the Office of Environmental Health and Safety.

IBCC Approval 1/11/96

e. Policy Guidelines for Principal Investigators: Infectious Agents

Infectious Agents

Applies to: Those working in laboratories with infectious agents.

Policy Guidelines

The Principal Investigator is responsible for the following:

1. Communicate to those in the laboratory the University's high priority regarding health and safety and concern for the environment; ensure the environmental, health and safety obligations are fulfilled by all personnel in the laboratory;
2. Analyze work procedures for hazard identification and correction; implement measures to eliminate or control workplace hazards; encourage regular self-assessment inspections to review work habits and correct deficiencies; encourage prompt reporting of health and safety problems by project personnel (who need not fear reprisal); stop any work posing imminent danger; ensure that prudent practices are employed by those using the laboratory(ies); ensure that Personal Protective Equipment appropriate to the infectious agent(s) being used is in good condition and is utilized.
3. Ensure that the University Biosafety Manual is distributed to all individuals in the laboratory(ies) and written acknowledgment of understanding by these individuals is maintained by the principal investigator;
4. Ensure that ALL individuals involved in handling of infectious agents are trained in the handling and disposal of the infectious agents; ensure that all training records are maintained as directed by the standards;
5. Ensure participation of all project personnel in a Medical Surveillance Program and that Employee Health Services knows of all infectious agents used in the laboratory;
6. Understand the discretionary responsibilities for implementation of the standard as defined by the department or administrative unit;
7. Ensure that a protocol covering the use of infectious agents has been submitted to and approved by the Etiologic Agent Committee before laboratory work

commences; submit laboratory to annual inspections by the Etiologic Agents Committee; and

8. Ensure that appropriate signage is used at the entrance to and within the laboratory(ies); ensure that appropriate signage is in place in vivarium before beginning animal experiment (contact University Laboratory Animal Resources (ULAR) staff if it is not); notify ULAR veterinarian in writing at least twenty four hours before animals under care by ULAR staff are infected with infectious agents; ensure that a Human-Animal Interaction Form has been completed for use of the infectious agent(s).

IBCC Approval 1/11/96

5. OSHA Personal Protective Equipment (PPE) Standard 29 Code of Federal Regulations Part 1910 Subpart I

Since your administrative unit answered “Yes” to the question:

5. Are hazards present or likely to be present which necessitate the use of gloves, safety glasses or goggles, steel toe shoes or rubber boots, or hard hats in the workplace?

The OSHA Personal Protective Equipment (PPE) Standard 29 Code of Federal Regulations Part 1910 Subpart I applies to your administrative unit.

For a quick look at the requirements, and “what to do” to comply with the standard

Go to a. Self Help Checklist

For the University’s Written Policy and Procedure on the standard

Go to b. University Health and Safety Policy and Procedure

For a brief summary of the standard

Go to c. OSHA Fact Sheet

a. Self Help Checklist

OSHA Personal Protective Equipment (PPE) Standard 29 Code of Federal Regulations Part 1910 Subpart I



Requirement

What to do...

Written Hazard Assessment Certification	Obtain Hazard Assessment Certification Worksheets from OEHS, modify if necessary
Train Supervisors	Send Supervisors to Hazard Assessment Certification training.
Perform Hazard Assessments	Evaluate job tasks to determine the need for and the types of PPE required to perform the job safely.
Provide appropriate PPE	Provide PPE as identified in the Hazard Assessments to employees.
Train Employees	Train employees on proper use, care and limitations of PPE assigned for their use.
Maintain records	Maintain Hazard Assessment Certifications and training records.
Employee owned PPE	Ensure that any PPE owned by employees for use at the University is appropriate for the hazard based upon the Hazard Assessment.

b. University Health and Safety Policy and Procedure

OSHA Personal Protective Equipment (PPE) Standard 29 Code of Federal Regulations Part 1910 Subpart I

Applies To: All University employees required to wear PPE

Policy: To ensure that all University employees who are required to wear PPE have appropriate PPE to protect them from the recognized hazards.

Summary

The purpose of the standard is to ensure that workplaces are assessed to determine if hazards are present which necessitate the use of PPE, that appropriate PPE is selected for use, that employees understand the selection process, that the PPE properly fits each employee, that written hazard assessments are certified, that damaged or defective equipment is not used, and that employees are trained in all aspects of PPE use.

Definitions

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University

Personal protective equipment (PPE): Hand protection, eye and face protection, foot protection and head protection.

Hazard assessment certification: A process by which the employer determines if workplace hazards are present which necessitate the use of PPE and which generates a document that identifies the workplace evaluated, the person certifying that the evaluation has been performed, the date of the hazard assessment, and which identifies the document as a certification of hazard assessment.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Develop a general Hazard Assessment Certification worksheet for the University which may be modified and adopted by Colleges, Departments and like units,

2. Provide notice to University contractors on the University's PPE policies,
3. Provide generic PPE training materials for use by Colleges, Departments and like units,
4. Provide Hazard Assessment Certification training for supervisors, and
5. Audit the program.

Vice Presidents, Deans and Directors will:

1. Modify, if necessary, and adopt the University written Hazard Assessment Certification form,
2. Ensure that supervisors are available for training in Hazard Assessment Certification,
3. Provide written Hazard Assessment Certifications for job tasks to determine the need for PPE,
4. Provide, at no cost to employees, PPE which is to be used exclusively on the job at the University,
5. Make available for training all affected faculty, staff, graduate assistants and other employees,
6. Assure that discretionary responsibilities for implementation at the Departmental or equivalent administrative unit level are clearly defined,
7. Maintain training records for employees, and
8. Ensure that employee owned PPE used at the University is appropriate for the hazard.

c. OSHA Fact Sheet

PROTECT YOURSELF WITH PERSONAL PROTECTIVE EQUIPMENT

Fact Sheet No. OSHA 92-08

INFO. DATE : 19920708

U.S. Department of Labor
Program Highlights
Fact Sheet No. OSHA 92-08

SCOPE

Hard hats, goggles, face shields, earplugs, steel-toed shoes, respirators. What do all these items have in common? They are all various forms of personal protective equipment.

Yet, data from the Bureau of Labor Statistics show:

- Hard hats were worn by only 16% of those workers who sustained head injuries, although two-fifths were required to wear them for certain tasks at specific locations;(1)
- Only 1% of approximately 770 workers suffering face injuries were wearing face protection;(2)
- Only 23% of the workers with foot injuries wore safety shoes or boots;(3) and
- About 40% of the workers with eye injuries wore eye protective equipment.(4)
- A majority of these workers were injured while performing their normal jobs at regular worksites.

OSHA standards require employers to furnish and require employees to use suitable protective equipment where there is a "reasonable probability" that injury can be prevented by such equipment. The standards also set provisions for specific equipment.

While use of personal protective equipment is important, it is only a supplementary form of protection, necessary where all hazards have not been controlled through other means such as engineering controls. Engineering controls are especially important in hearing and respiratory protection which have specific standards calling for employers to take all feasible steps to control the hazards.

HEAD PROTECTION

Cuts or bruises to the scalp and forehead occurred in 85% of the cases, concussions in 26%. Over a third of the cases resulted from falling objects striking the head.(5)

Protective hats for head protection against impact blows must be able to withstand penetration and absorb the shock of a blow. In some cases hats should also protect against electric shock. Recognized standards for hats have been established by the American National Standards Institute (ANSI).

FOOT AND LEG PROTECTION

Sixty-six percent of injured workers were wearing safety shoes, protective footwear, heavy-duty shoes or boots and 33%, regular street shoes. Of those wearing safety shoes, 85% were injured because the object hit an unprotected part of the shoe or boot.(6)

For protection against falling or rolling objects, sharp objects, molten metal, hot surfaces and wet, slippery surfaces workers should use appropriate footguards, safety shoes or boots and leggings. Safety shoes should be sturdy and have an impact-resistant toe. Shoes must meet ANSI standards.

EYE AND FACE PROTECTION

Injured workers surveyed indicated that eye and face protection was not normally used or practiced in their work areas or it was not required for the type of work performed at the time of the accident.

Almost one-third of face injuries were caused by metal objects, most often blunt and weighing one pound or more. Accidents resulted in cuts, lacerations, or punctures in 48% of the total, and fractures (including broken or lost teeth) in 27%.(7)

Protection should be based on kind and degree of hazard present and should: 1) be reasonably comfortable, 2) fit properly, 3) be durable, 4) be cleanable, 5) be sanitary, and 6) be in good condition.

EAR PROTECTION

Exposure to high noise levels can cause irreversible hearing loss or impairment. It can also create physical and psychological stress.

Preformed or molded ear plugs should be individually fitted by a professional. Waxed cotton, foam or fiberglass wool earplugs are self-forming. Disposable earplugs should be used once and thrown away; non-disposable ones should be cleaned after each use for proper maintenance.

OSHA has promulgated a final rule on requirements for a hearing conservation program. Information on the program is available from the closest OSHA office.

ARM AND HAND PROTECTION

Burns, cuts, electrical shock, amputation and absorption of chemicals are examples of hazards associated with arm and hand injuries. A wide assortment of gloves, hand pads, sleeves and wristlets for protection from these hazards is available.

The devices should be selected to fit the specific task. Rubber is considered the best material for insulating gloves and sleeves and must conform to ANSI standards (copies available from ANSI, 1430 Broadway, New York, NY 10018).

TORSO PROTECTION

Many hazards can threaten the torso: heat, splashes from hot metals and liquids, impacts, cuts, acids, and radiation. A variety of protective clothing is available: vests, jackets, aprons, coveralls, and full body suits.

Fire retardant wool and specially treated cotton clothing items are comfortable, and they adapt well to a variety of workplace temperatures. Other types of protection include leather, rubberized fabrics, and disposable suits.

RESPIRATOR PROTECTION

Information on the requirements for respirators to control of occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, and vapors is available in 29 CFR 1910.134. Proper selection of respirators should be made according to the guidance of ANSI Practices for Respiratory Protection.

REMEMBER!!!

Using personal protective equipment requires hazard awareness and training on the part of the user. Employees must be aware that the equipment alone does not eliminate the hazard. If the equipment fails, exposure will occur.

FOR COPIES OF OSHA STANDARDS OR CLARIFICATION

Check your phone book under the U.S. Department of Labor listing for the OSHA office nearest you.

FOOTNOTES:

(1) U.S. Department of Labor, Bureau of Labor Statistics, Accidents Involving Head Injuries, Report 605, (Washington, D.C., Government Printing Office, July 1980) p. 1.

(2) U.S. Department of Labor, Bureau of Labor Statistics, Accidents Involving Face Injuries, Report 604, (Washington, D.C., GPO, May 1980) p. 10, Table 10.

(3) U.S. Department of Labor, Bureau of Labor Statistics, Accidents Involving Foot Injuries, Report 626, (Washington, D.C., GPO, January 1981) p. 13, Table 11.

(4) U.S. Department of Labor, Bureau of Labor Statistics, Accidents Involving Eye Injuries, Report 597, (Washington, D.C., GPO, April 1980) p. 12, Table 9.

(5) U.S. Department of Labor, Bureau of Labor Statistics, Accidents Involving Head Injuries, Report 605, (Washington, D.C., GPO, July 1980) p. 7, Table 6.

(6) U.S. Department of Labor, Bureau of Labor Statistics, Accidents Involving Foot Injuries, Report 626, (Washington, D.C., GPO, January 1981) p. 13, Table 11, and p. 1.

(7) U.S. Department of Labor, Bureau of Labor Statistics, Accidents Involving Face Injuries, Report 604, (Washington, D.C., May 1980) p. 4, Table 3, and p. 2, Table 2.

This is one of a series of fact sheets highlighting U.S. Department of Labor programs. It is intended as a general description only and does not carry the force of legal opinion. This information will be made available to sensory impaired individuals upon request. Voice phone: (202) 523-8151. TDD message referral phone: 1-800-326-2577.

6. OSHA Respiratory Protection Standard

29 Code of Federal Regulations Part 1910 Subpart I §1910.134

Since your administrative unit answered “Yes” to the question:

6. Do any of your employees use “dust” masks, air filters, or other respiratory protection?

The OSHA Respiratory Protection Standard 29 Code of Federal Regulations Part 1910 Subpart I §1910.134 applies to your administrative unit.

For a quick look at the requirements, and “what to do” to comply with the standard

Go to a. Self Help Checklist

For the University’s Written Policy and Procedure on the standard

Go to b. University Health and Safety Policy and Procedure

a. Self Help Checklist

OSHA Respiratory Protection Standard 29 Code of Federal Regulations Part 1910 Subpart I §1910.134



Requirement	What to do...
Written Respiratory Protection Program	Obtain a copy of the University's written Respiratory Protection Program, modify and adopt for departmental use.
Inventory processes which require respiratory protection	Identify processes, exposures, and harmful vapors, dusts, gases, fumes, or mists which require respiratory protection. Hazards identified must be evaluated and confirmed by OEHS.
Provide respirators	Provide at no cost to employees, respiratory protection appropriate for the hazard involved.
Medical clearance	Send employees who need respiratory protection to University Employee Health Service for a physical exam to determine approval for respirator use. (Only after confirmation of need for respiratory protection from OEHS)
Training and Fit Testing	Send identified employees with medical clearance to OEHS for respirator training and fit testing.
Record keeping	Maintain process inventory, medical releases and respiratory training and fit testing records.

b. University Health and Safety Policy and Procedure

OSHA Respiratory Protection Standard 29 Code of Federal Regulations Part 1910 Subpart I §1910.134

Applies To: All University employees

Policy: To ensure that all University employees who are required to wear respiratory protective devices are covered by a Respiratory Protection Program

Summary

The purpose of the standard is to ensure that in the absence of administrative or engineering controls, employees are protected from occupational diseases caused by breathing air contaminated with harmful dusts, mists, fogs, fumes, gases, smokes, sprays or vapors. The respiratory protection program requires medical evaluations, training, fit testing, written standard operating procedures, hazard assessments, respirator maintenance and surveillance.

Definitions

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Develop a general written Respiratory Protection Program for the University which may be modified and adopted by Colleges, Departments and like units,
2. Provide respirator training and fit testing services,
3. Provide notice to University contractors on The Ohio State University Respiratory Protection Program,
4. Cooperate with the University Employee Health Service, which provides the required medical component of the Respiratory Protection Program, and

5. Perform upon request exposure evaluations and monitoring to determine the need for engineering controls and respiratory protection.

Vice Presidents, Deans and Directors will:

1. Modify, if necessary, and adopt the University written Respiratory Protection Program,
2. Maintain a physical inventory for all processes which require the use of respiratory protective devices by employees performing or servicing these processes,
3. Provide engineering controls, where feasible, to eliminate the need for respiratory protection,
4. Provide, at no cost to employees, appropriate respiratory protection for their assigned tasks,
5. Make available all affected faculty, staff, graduate assistants and other employees for medical evaluations and respiratory fit testing and training,
6. Assure that discretionary responsibilities for implementation at the Departmental or equivalent administrative unit level are clearly defined, and
7. Maintain training records for employees.

7. OSHA Physical Hazard Standards 29 Code of Federal Regulations Part 1910 Subpart D-T § 1910.21-.441

Since your administrative unit answered “Yes” to the question:

7. Do you have any Physical Hazards*? (Physical Hazards are identified in the Physical Hazard Checklist)

The OSHA Physical Hazard Standards 29 Code of Federal Regulations Part 1910 Subpart D-T § 1910.21-.441 applies to your administrative unit.

To determine if there are any physical hazards in your administrative unit

Go to a. Physical Hazard Checklist

For a quick look at the requirements, and “what to do” to comply with the standard

Go to b. Self Help Checklist

For the University’s Written Policy and Procedure on the standard

Go to c. University Health and Safety Policy and Procedure

a. Physical Hazards Master Checklist

Please fill out the checklist as it relates to the administrative unit. Send a copy of the checklist to the Office of Environmental Health and Safety to receive specific information about the requirements for each applicable standard.

Walking -Working Services

Do you have:	guarding floor and wall openings and holes	<input type="checkbox"/> Y	<input type="checkbox"/> N
	fixed industrial stairs	<input type="checkbox"/> Y	<input type="checkbox"/> N
	portable wood ladders	<input type="checkbox"/> Y	<input type="checkbox"/> N
	portable metal ladders	<input type="checkbox"/> Y	<input type="checkbox"/> N
	fixed ladders	<input type="checkbox"/> Y	<input type="checkbox"/> N
	scaffolding	<input type="checkbox"/> Y	<input type="checkbox"/> N
	manually propelled mobile ladder stands and scaffolds(towers)	<input type="checkbox"/> Y	<input type="checkbox"/> N

Means of Egress

Do you have:	means of egress, general	<input type="checkbox"/> Y	<input type="checkbox"/> N
	employee emergency plans and fire prevention plans	<input type="checkbox"/> Y	<input type="checkbox"/> N

Powered Platforms, Manlifts, and Vehicle-Mounted Work Platforms

Do you have:	powered platforms for building maintenance	<input type="checkbox"/> Y	<input type="checkbox"/> N
	vehicle-mounted elevating and rotating work platforms	<input type="checkbox"/> Y	<input type="checkbox"/> N
	manlifts	<input type="checkbox"/> Y	<input type="checkbox"/> N

Occupational Health and Environmental Control

Do you have:	ventilation	<input type="checkbox"/> Y	<input type="checkbox"/> N
	occupational noise exposure	<input type="checkbox"/> Y	<input type="checkbox"/> N
	ionizing radiation	<input type="checkbox"/> Y	<input type="checkbox"/> N
	nonionizing radiation (e.g. UV light, lasers and hot/cold environments)	<input type="checkbox"/> Y	<input type="checkbox"/> N

Hazardous Materials

Do you have:	compressed gases, general	<input type="checkbox"/> Y	<input type="checkbox"/> N
	acetylene	<input type="checkbox"/> Y	<input type="checkbox"/> N
	hydrogen	<input type="checkbox"/> Y	<input type="checkbox"/> N
	oxygen	<input type="checkbox"/> Y	<input type="checkbox"/> N
	nitrous oxide	<input type="checkbox"/> Y	<input type="checkbox"/> N
	flammable and combustible liquids	<input type="checkbox"/> Y	<input type="checkbox"/> N
	spray finishing using flammable and combustible liquids	<input type="checkbox"/> Y	<input type="checkbox"/> N
	dip tanks containing flammable or combustible liquids	<input type="checkbox"/> Y	<input type="checkbox"/> N
	explosives and blasting agents	<input type="checkbox"/> Y	<input type="checkbox"/> N
	storage and handling of liquefied petroleum gases	<input type="checkbox"/> Y	<input type="checkbox"/> N
	storage and handling of anhydrous ammonia	<input type="checkbox"/> Y	<input type="checkbox"/> N

Personal Protective Equipment

Do you have:	eye and face protection	<input type="checkbox"/> Y	<input type="checkbox"/> N
	respiratory protection	<input type="checkbox"/> Y	<input type="checkbox"/> N
	occupational head protection	<input type="checkbox"/> Y	<input type="checkbox"/> N
	occupational foot protection	<input type="checkbox"/> Y	<input type="checkbox"/> N
	electrical protective devices	<input type="checkbox"/> Y	<input type="checkbox"/> N

General Environmental Controls

Do you have:	sanitation	<input type="checkbox"/> Y	<input type="checkbox"/> N
	temporary labor camps	<input type="checkbox"/> Y	<input type="checkbox"/> N
	nonwater carriage disposal systems	<input type="checkbox"/> Y	<input type="checkbox"/> N
	safety color code for marking physical hazards	<input type="checkbox"/> Y	<input type="checkbox"/> N
	accident prevention signs and tags	<input type="checkbox"/> Y	<input type="checkbox"/> N
	permit-required confined spaces	<input type="checkbox"/> Y	<input type="checkbox"/> N
	control of hazardous energy (lock-out/tagout)	<input type="checkbox"/> Y	<input type="checkbox"/> N

Medical and First Aid

Do you have:	medical services and first aid	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Fire Protection

Do you have:	fire brigades	<input type="checkbox"/> Y	<input type="checkbox"/> N
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portable fire extinguishers	__Y	__N
standpipe and hose systems	__Y	__N
automatic sprinkler systems	__Y	__N
fixed extinguisher systems, general	__Y	__N
fixed extinguisher systems, dry chemical	__Y	__N
fixed extinguisher systems, gaseous agent	__Y	__N
fixed extinguisher systems, water and spray foam	__Y	__N
fire detection	__Y	__N

Compressed Gas and Compressed Air Equipment

Do you have:	air receivers	__Y	__N
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Materials Handling and Storage

Do you have:	handling materials, general	__Y	__N
	servicing multi-piece and single piece rim wheels	__Y	__N
	powered industrial trucks	__Y	__N
	overhead and gantry cranes	__Y	__N
	crawler locomotive and truck cranes	__Y	__N
	derricks	__Y	__N
	helicopters	__Y	__N
	slings	__Y	__N

Machinery and Machine Guarding

Do you have:	woodworking machinery	__Y	__N
	cooperage machinery	__Y	__N
	abrasive wheel machinery	__Y	__N
	mills and calendars in the rubber and plastics industries	__Y	__N
	mechanical power presses	__Y	__N
	forging machines	__Y	__N
	mechanical power-transmission apparatus	__Y	__N

Hand and Portable Powered Tools and Other Hand-Held Equipment

Do you have:	hand and portable powered tools and equipment, general	__Y	__N
	portable powered tools	__Y	__N

other portable tools and equipment __Y __N
SPECIFY _____

Welding, Cutting, and Brazing

Do you have: oxygen-fuel gas welding and cutting __Y __N
 arc welding and cutting __Y __N
 resistance welding __Y __N

Special Industries

Do you have: pulp, paper, and paperboard mills __Y __N
 textiles __Y __N
 bakery equipment __Y __N
 laundry machinery and operations __Y __N
 sawmills __Y __N
 pulpwood logging __Y __N
 agricultural operations __Y __N
 telecommunications __Y __N
 grain handling facilities __Y __N

Electrical

Do you have: electric utilization systems __Y __N
 wiring design and protection __Y __N
 wiring methods, components , and equipment
 for general use __Y __N
 specific purpose equipment and installations __Y __N
 hazardous (classified) locations __Y __N
 special systems __Y __N

Commercial Diving Operations

Do you have: scuba diving __Y __N
 surface-supplied air diving __Y __N
 mixed-gas diving __Y __N
 liveboating __Y __N

Does the Administrative Unit have Any Other Items for which there may be a Safety Concern?

SPECIFY _____



b. Self Help Checklist

**OSHA Physical Hazard Standards
29 Code of Federal Regulations Part 1910 Subpart D-T § 1910.21-1910.**



Requirement

What to do...

Determine Physical Hazards

Complete the Physical Hazard Master Checklist to determine if more detailed specific checklists are required for your department.

Inspect physical hazards

Obtain specific hazard checklist(s) from OEHS and complete checklist(s).

Correct hazards found

Repair, replace, control or guard physical hazards to comply with specific OSHA standard.

Periodic inspection

Retain checklist(s) for compliance evaluations on a periodic basis (e.g., annually).

c. University Health and Safety Policy and Procedure

OSHA Physical Hazard Standards 29 Code of Federal Regulations Part 1910 Subpart D-T § 1910.21-1910

Applies To: All University Colleges, Departments and like units

Policy: To ensure that physical hazards as identified in OSHA standards are abated.

Summary

The purpose of the standard is to ensure that workplaces are assessed to determine if physical hazards are present which are not in compliance with OSHA standards. If found, the physical hazards are to be corrected to comply with OSHA standards.

Definitions

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Provide physical hazard checklists for use by Colleges, Departments and like units,
2. Provide consultation for questions regarding physical hazard standards, and
3. Periodically audit facilities for physical hazards.

Administrative units responsible for physical facilities:

1. These departments will be responsible for identifying and correcting physical hazards related to buildings, owned by the University, as originally designed or as renovated by the University for general use, and
2. Ensure that fiscal resources are allocated to correct physical hazards.

Vice Presidents, Deans and Directors will:

1. Be responsible for identifying and correcting physical hazards associated with College, Department and like Unit equipment, owned by the University, and facilities, owned by the University, specifically modified for College, Department and like unit use,
2. Ensure that fiscal resources are allocated to correct physical hazards,
3. Make available for training all affected faculty, staff, graduate assistants and other employees,
4. Assure that discretionary responsibilities for implementation at the Departmental or equivalent administrative unit level are clearly defined, and
5. Maintain inspection and audit records for specific equipment (e.g., cranes) as required by OSHA standards.

8. OSHA Permit-Required Confined Spaces Standard 29 Code of Federal Regulations

Part

1910.146

Since your administrative unit answered “Yes” to the question:

8. Does the workspace under your administrative control contain permit-required confined spaces*?

The OSHA Permit-Required Confined Spaces Standard 29 Code of Federal Regulations Part 1910.146 applies to your administrative unit.

For a quick look at the requirements, and “what to do” to comply with the standard

Go to a. Self Help Checklist

For the University’s Written Policy and Procedure on the standard

Go to b. University Health and Safety Policy and Procedure

For a brief summary of the standard

Go to c. OSHA Summary Sheet

a. Self Help Checklist

OSHA Permit-Required Confined Spaces Standard 29 Code of Federal Regulations Part 1910.146



Requirement	What to do...
Written CSE program	Obtain from OEHS a copy of the University's written Confined Space Entry Program and adapt it for your use.
Inventory Confined Spaces under your administrative control into which your employers may enter.	Identify all confined spaces by building room number and nature of the space.
Prevent unauthorized entry	Post and secure confined spaces from unauthorized entry.
Employee training	Inform all employees, by posting signs or equivalent methods, of the existence, location and dangers of confined spaces. Send employees who may enter the spaces to OEHS for CSE training.
Provide equipment for CSE entry	Obtain or arrange to borrow appropriate CSE equipment for safe entry into Permit Required Confined Spaces.
Record keeping	Maintain confined space inventory, training records, confined space entry permits, and equipment maintenance and calibration records.
Notifications	Notify contractors of your confined space inventory and the University CSE Program.

b. University Health and Safety Policy and Procedure

OSHA Permit-Required Confined Spaces Standard 29 Code of Federal Regulations Part 1910.146

Applies To: All University employees

Policy: To ensure that all The Ohio State University employees are protected by a Confined Space Entry Program.

Summary

The purpose of the standard is to ensure that employees are protected from the hazards of entry into permit-required confined spaces.

Definitions

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University.

Confined space: a space that 1.) is large enough and so configured that an employee can bodily enter and perform assigned work; and 2.) has limited or restricted means for entry or exit (for example, tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry); and 3.) is not designed for continuous employee occupancy.

Permit-required confined space: a confined space that has one or more of the following characteristics 1.) contains or has a potential to contain a hazardous atmosphere; 2.) contains a material that has the potential for engulfing an entrant; 3.) has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section; or 4.) contains any other recognized serious safety or health hazard.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Develop a written Confined Space Entry Program and permit system for the University which may be modified and adopted by Colleges, Departments and like units,
2. Establish and maintain records of completed confined space entry permits,
3. Provide to University contractors the location of confined spaces and University's Confined Space Entry Program, and
4. Develop a Confined Space Entry Training Program for use by Colleges, Departments and like units.

Vice Presidents, Deans and Directors will:

1. Modify, if necessary, and ensure that employees comply with the University's written Confined Space Entry Program,
2. Inform employees, by posting signs or equivalent means, of the existence, location, and dangers of the spaces,
3. Maintain an inventory for all confined spaces as defined by the Permit-Required Confined Space Entry Standard which includes the building, room number, location and nature of the space,
4. Prevent unauthorized entry into the space (this includes contractors),
5. Make available for applicable faculty, staff, graduate assistants and other employees for Confined Space Entry training,
6. Maintain training records for employees,
7. Provide equipment for Confined Space Entry, and
8. Assure that discretionary responsibilities for implementation at the Departmental or equivalent administrative unit level are clearly defined.

c. OSHA Summary

Sheet

INTRO TO 29 CFR PART 1910.146, PERMIT-REQUIRED CONFINED SPACES

DEPARTMENT OF LABOR

Occupational Safety and Health Administration

29 CFR Part 1910

[Docket No. S-019] RIN 1218-AA51

Permit-Required Confined Spaces

AGENCY: Occupational Safety and Health Administration (OSHA), U.S. Department of Labor.

ACTION: Final Rule.

SUMMARY: The Occupational Safety and Health Administration (OSHA) hereby promulgates safety requirements: including a permit system, for entry into those confined spaces, designated as permit-required confined spaces (permit spaces), which pose special dangers for entrants because their configurations hamper efforts to protect entrants from serious hazards, such as toxic, explosive or asphyxiating atmospheres. The new standard provides a comprehensive regulatory framework within which employers can effectively protect employees who work in permit spaces.

Few OSHA standards specifically address permit space hazards. These standards, in turn, provide only limited protection. OSHA has determined, based on its review of the rulemaking record, that the existing standards do not adequately protect workers in confined spaces from atmospheric, mechanical and other hazards. The Agency has also determined that the ongoing need for monitoring, testing and communication at workplaces which contain entry permit confined spaces can be satisfied only through the implementation of a comprehensive confined space entry program. OSHA anticipates that compliance with the provisions of this standard will effectively protect employees who work in permit-required confined spaces from injury or death.

EFFECTIVE DATE: This final rule will become effective on April 15, 1993.

ADDRESS: In compliance with 28 U.S.C. 2112(a), the Agency designates for receipt of petitions for review of the standard, the Associate Solicitor for Occupational Safety and Health, Office of the Solicitor, Room S-4004, U.S. Department of Labor, 200 Constitution Avenue NW., Washington, DC 20210.

FOR FURTHER INFORMATION CONTACT: Mr. James F. Foster, U.S. Department of Labor, Occupational Safety and Health Administration, Office of Information and Consumer Affairs, Room N3647, Washington, DC 20210, (202) 523-8151.

9. OSHA Control of Hazardous Energy Sources (Lock-Out/Tagout) Standard 29 Code of Federal Regulations Part 1910.150

Since your administrative unit answered “Yes” to the question:

9. Do any of your employees service or maintain equipment or machinery which possesses energy which may injure employees during these activities?

The OSHA Control of Hazardous Energy Sources (Lock-Out/Tagout) Standard 29 Code of Federal Regulations Part 1910.150 applies to your administrative unit.

For a quick look at the requirements, and “what to do” to comply with the standard

Go to a. Self Help Checklist

For the University’s Written Policy and Procedure on the standard

Go to b. University Health and Safety Policy and Procedure

For a brief summary of the standard

Go to c. OSHA Fact Sheet

a. Self Help Checklist

OSHA Control of Hazardous Energy Sources (Lock-Out/Tagout) Standard 29 Code of Federal Regulations Part 1910.150



Requirement

What to do...

Written LOTO Program	Obtain a copy of the University's LOTO Program, modify and adopt for departmental use.
Identify equipment that requires a LOTO procedure	Identify equipment and processes that may contain residual energy, such as electrical, chemical, pneumatic, potential (gravity), hydraulic, etc.
Develop equipment process LOTO procedures	For each piece of equipment identified, develop written procedures for de-energizing equipment prior to performing the maintenance protocols.
Train employees	Send employees to OEHS for generic LOTO training.
Provide LOTO devices	Provide necessary lock-out/tagout devices for use by individual employees who will service the equipment. Ensure that equipment will accommodate locking devices.
Record keeping	Maintain lock-out/tagout procedures and employee training records.
Notifications	Provide LOTO protocols to contract employees and notify them of the University's LOTO program.

b. University Health and Safety Policy and Procedure

OSHA Control of Hazardous Energy Sources (Lock-Out/Tagout) Standard 29 Code of Federal Regulations Part 1910.150

Applies To: All University employees

Policy: To ensure that all University employees are protected by a hazardous energy control program.

Summary

The purpose of the standard is to ensure that employees are protected while servicing and maintaining machines and equipment which in the event of unexpected start-up or energization of the machines or equipment could release stored energy and cause injury to employees.

Definitions

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University.

Hazardous energy sources: Machinery or processes which involve mechanical, electrical, hydraulic, pneumatic, chemical and thermal energy.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Develop a general written Lock-out/Tagout program for the University which may be modified and adopted by Colleges, Departments and like units,
2. Provide general Lock-out/Tagout training,
3. Provide notice to University contractors on University's Lock-out/Tagout Program, and
4. Audit the program and procedures.

Vice Presidents, Deans and Directors will:

1. Modify, if necessary, and adopt the University written Lock-out/Tagout program,
2. Assure that discretionary responsibilities for implementation at the Departmental or equivalent administrative unit level are clearly defined,
3. Maintain employee training records,
4. Provide necessary lock-out/tagout devices for use by employees and assure that equipment purchased by units that require lock-out procedures can accommodate locks, and
5. Make available all appropriate faculty, staff, graduate assistants and other employees for Lock-out/Tagout Training.

c. OSHA Fact Sheet

CONTROL OF HAZARDOUS ENERGY SOURCES (LOCK-OUT/TAGOUT) Fact Sheet No. OSHA 89-32

INFO. DATE : 19890613

U.S. Department of Labor
Program Highlights
Fact Sheet No. OSHA 89-32

SCOPE

The standard for the control of hazardous energy sources (lockout-tagout) covers servicing and maintenance of machines and equipment in which the unexpected energization or start up of the machines or equipment or release of stored energy could cause injury to employees.

The rule generally requires that energy sources for equipment be turned off or disconnected and that the switch either be locked or labeled with a warning tag.

About three million workers actually servicing equipment face the greatest risk. These include craft workers, machine operators, and laborers. OSHA data show that packaging and wrapping equipment, printing presses, and conveyors account for a high proportion of the accidents associated with lockout/tagout failures. Typical injuries include fractures, lacerations, contusions, amputations, and puncture wounds with the average lost time for injuries running 24 days.

Agriculture, maritime, and construction employers would be covered under future rulemakings. The generation, transmission, and distribution of electric power by utilities and work on electric conductors and equipment are excluded because lockout/tagout procedures for these specific industries are being included in separate standards under development for them.

GENERAL REQUIREMENTS

Under the ruling employers must:

- Develop an energy control program.

- Use locks when equipment can be locked out.
- Ensure that new equipment or overhauled equipment can accommodate locks.
- Employ additional means to ensure safety when tags rather than locks are used by using an effective tagout program.
- Identify and implement specific procedures (generally in writing) for the control of hazardous energy including preparation for shutdown, shutdown, equipment isolation, lockout/tagout application, release of stored energy, and verification of isolation.
- Institute procedures for release of lockout/tagout including machine inspection, notification and safe positioning of employees, and removal of the lockout/tagout device.
- Obtain standardized locks and tags which indicate the identity of the employee using them and which are of sufficient quality and durability to ensure their effectiveness.
- Require that each lockout/tagout device be removed by the employee who applied the device.
- Conduct inspections of energy control procedures at least annually.
- Train employees in the specific energy control procedures with training reminders as part of the annual inspections of the control procedures.
- Adopt procedures to ensure safety when equipment must be tested during servicing, when outside contractors are working at the site, when a multiple lockout is needed for a crew servicing equipment, and when shifts or personnel change.

EXCLUSIONS

Excluded from coverage are:

- Normal production operations including repetitive, routine minor adjustment which would be covered under OSHA's machine guarding standards.
- Work on cord and plug connected electric equipment when it is unplugged, and the employee working on the equipment has complete control over the plug.
- Hot tap operations involving gas, steam, water, or petroleum products when the employer shows that continuity of service is essential, shutdown is impractical, and documented procedures are followed to provide proven effective protection for employees.

COMPLIANCE COSTS

Estimated costs for the 1.7 million affected establishments-- mostly in manufacturing and service industries many of which are already in compliance--was expected to be \$214 million the first year and approximately \$135 million in subsequent years. Small establishments can expect implementation costs to be approximately \$125 while cost estimates for very large firms are approximately \$28,000.

BENEFITS

OSHA estimates compliance with the standard will prevent about 120 fatalities and approximately 28,000 serious and 32,000 minor injuries each year. About 39 million general industry workers will be protected from accidents during maintenance and servicing of equipment under this ruling.

EFFECTIVE DATE

The final rule was published in the Federal Register Sept. 1, 1989 with implementation effective Oct. 31, 1989.

This is one of a series of fact sheets highlighting U.S. Department of Labor programs. It is intended as a general description only and does not carry the force of legal opinion.

10. OSHA Occupational Noise Exposure Standard 29 Code of Federal Regulations

Part 1910 Subpart G § 1910.95

Since your administrative unit answered “Yes” to the question:

10. Do you have employees who are exposed to loud noises?

The OSHA Occupational Noise Exposure Standard 29 Code of Federal Regulations Part 1910 Subpart G § 1910.95 applies to your administrative unit.

For a quick look at the requirements, and “what to do” to comply with the standard

Go to a. Self Help Checklist

For the University’s Written Policy and Procedure on the standard

Go to b. University Health and Safety Policy and Procedure

For a brief summary of the standard

Go to c. OSHA Compliance Assistance Guideline

a. Self Help Checklist

OSHA Occupational Noise Exposure Standard 29 Code of Federal Regulations Part 1910 Subpart G § 1910.95



Requirement

What to do...

Identify suspected excessive noise areas or processes

Report excessive noise sources to OEHS for evaluation.

Engineering Controls

Eliminate excessive noise exposures through engineering or administrative controls.

If you have employees who may be exposed to noise levels in excess of 85 decibels over an eight hour time weighted average as determined by OEHS...



Requirement

What to do...

Implement a Hearing Conservation Program

Obtain a copy of the University's Hearing Conservation Program and adopt for department use.

Train exposed employees

Provide on an annual basis, Hearing Conservation Training for all affected personnel.

Provide hearing protection devices

Provide, at no cost to employees, hearing protection devices such as ear plugs or muffs.

Audiometric testing

Send affected employees to the University Employee Health Service for baseline audiometric testing. (Only after consultation with OEHS).

Record keeping

Maintain employee exposure records (dosimetry) and training records.

Notifications

Provide notice to contractors regarding noise hazard areas and the University's Hearing Conservation Program.

b. University Health and Safety Policy and Procedure

OSHA Occupational Noise Exposure Standard 29 Code of Federal Regulations Part 1910 Subpart G § 1910.95

Applies To: All University employees

Policy: To ensure that affected University employees are protected by a Hearing Conservation Program.

Summary

The purpose of the standard is to ensure that employees are protected from exposure to excessive noise in the event that engineering or administrative controls are not feasible

Definitions

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Develop a Hearing Conservation Program for the University,
2. Provide noise level determinations and monitoring to determine employees at risk,
3. Provide notice to University contractors on University's Hearing Conservation Program,
4. Develop and provide a Hearing Conservation Training Program, and
5. Provide audiometric testing for employees through the University Employee Health Service.

Vice Presidents, Deans and Directors will:

1. Provide where necessary hearing protection devices to affected employees,
2. Assure that discretionary responsibilities for implementation at the Departmental or equivalent administrative unit level are clearly defined,
3. Provide, where feasible, engineering or administrative controls to minimize or eliminate excessive noise sources,
4. Make available all affected faculty, staff, graduate assistants and other employees for audiometric testing,
5. Make available all affected faculty, staff, graduate assistants and other employees for annual Hearing Conservation Training, and
6. Maintain training and exposure records.

c. OSHA Compliance Assistance

Guideline

OCCUPATIONAL NOISE EXPOSURE COMPLIANCE ASSISTANCE GUIDELINE

GUIDELINE ONLY: THIS OCCUPATIONAL NOISE EXPOSURE COMPLIANCE GUIDELINE IS INTENDED AS A GUIDE TO ASSIST EMPLOYERS IN DEVELOPING AN INITIAL OCCUPATIONAL NOISE EXPOSURE PROGRAM OR FOR EVALUATING AN EXISTING OCCUPATIONAL NOISE EXPOSURE PROGRAM. COMPLETE TEXT OF OCCUPATIONAL NOISE EXPOSURE STANDARD MUST BE CONSULTED FOR COMPLIANCE WITH THE RULE.

OBTAIN A COPY OF OCCUPATIONAL NOISE EXPOSURE STANDARD, 29 CFR 1910.95. READ/REVIEW.

The employer shall protect all workers from occupational noise exposure that exceeds an 8-hour time weighted average (TWA) of 90 decibels (dBA).
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To protect workers the employer shall: (a) monitor noise exposure, (b) institute control measures, and (c) implement a hearing conservation program (HCP) when occupational noise exposure exceeds an 8-hour TWA or 85 dBA.

MONITOR NOISE EXPOSURE

- Monitor noise to determine level of exposure to employees.
- Calibrate all sound measuring equipment before and after each use according to the manufacturer's instructions.
- Measure noise exposure levels with a dosimeter and/or a sound level measuring instrument with a A-weighting network.

CONTROLS

The employer shall institute engineering and/or administrative controls whenever possible. If these controls fail to reduce employee noise exposures to an 8-hour TWA of 90 dBA or less, then the employer shall provide and enforce the use of hearing protectors that attenuate employee exposure to at least an 8-hour TWA of 90 dBA.

ENGINEERING CONTROLS

- Use technology to reduce noise levels.
- Keep machinery in good maintenance repair to reduce noise.
- Erect total or partial barriers to confine noise.

ADMINISTRATIVE CONTROLS

- Limit Employees scheduled work time in a noisy area.
- Limit noisy operations and activities per shift.

PERSONAL PROTECTIVE EQUIPMENT

- Provide at no cost to the employee a selection of hearing protection appropriate for noise levels in the environment.
- Provide training on the selection, fitting, use, and care of hearing protectors.
- Ensure that protectors are worn.

IMPLEMENT A HEARING CONSERVATION PROGRAM

To protect workers whose noise exposure equals or exceeds an 8-hour TWA of 85 dBA the employer shall implement a continuing, effective hearing conservation program (HCP).

MONITORING NOISE EXPOSURE

- Use only measuring instructions that meet the American National Standard Institute (ANSI) specifications.
- Use a sampling strategy that will pick up all continuous, intermittent, and impulsive sound levels from 80-130 dBA, and include all of these sound levels in the total noise measurement.
- Permit employees or their representatives to observe monitoring.
- Notify employees of noise exposure at or above 8-hour TWA of 85 dBA.

HCP COMPONENTS

- Audiometer Calibration
- Test Room Conference
- Audiometric Testing
- Audiogram Evaluation
- Hearing Protection for Employees with an STS
- Training/ Education
- Recordkeeping

AUDIOMETER CALIBRATION

- Perform a biological calibration of the audiometer's functional operation by testing a person with known, stable hearing thresholds and listening to the audiometer's output to determine if there are distorted or unwanted sounds present.

- Acoustical calibration must be done at least annually and whenever a deviation of 10 dBA or greater is found during the biological check.
- An exhaustive calibration must be done at least every two years and whenever there is a 15 dBA change in the acoustic calibration of the audiometer.

TEST ROOM CONFORMANCE

- Audiometric tests shall be administered in a room meeting OSHA requirements for background noise levels (see appendix D in 29 Code of Federal Regulation (CFR) Part 1910.95).

AUDIOMETRIC TESTING

- Provide free of cost to employees with noise exposure equal to or above an 8 hour TWA of 85 dBA.
- Calibrate audiometer to meet ANSI standards.
- Use only a licensed or certified audiologist, otolaryngologist, other physician, or a technician who is certified by the Council of Accreditation in Occupational Hearing Conservation or has demonstrated competence in performing audiometric testing.
- Precede baseline testing by at least 14 hours without workplace noise exposure.
- The use of hearing protectors during work hours may substitute for the 14 hour requirement.
- Establish a baseline within 6 months of first exposure or within one year if using a mobile van to test. Hearing protection must be worn from the sixth month until testing is performed.
- Obtain an audiogram annually from the baseline date.

AUDIOGRAM EVALUATION

- Compare subsequent audiograms to the baseline audiogram to determine if there is a change in hearing threshold of 10 dBA or greater in either ear at 2000, 3000, and 4000 Hertz (known as a standard threshold shift (STS)).
- Notify the employee in writing within 21 days if a determination of a STS is made.
- If an STS exists, the employer may retest the employee within 30 days and use the test results as the annual audiogram.

FOLLOW-UP OF EMPLOYEES WITH AN STS

- Employees not already using hearing protectors shall be fitted with hearing protectors, trained in their use and care, and required to use them.
- Employees already using hearing protectors shall be refitted and retrained in their use and provided with hearing protectors offering greater attenuation if necessary.
- The employee shall be referred for a clinical audiological evaluation or otological examination, as appropriate, if additional testing is necessary or if the employer suspects that a medical pathology of the ear is caused or is aggravated by the wearing of hearing protectors.
- The employee is informed of the need for an otological examination if a medical pathology of the ear that is unrelated to the use of hearing protection is suspected.

TRAINING/EDUCATION

- Implement a training and education program for those employees whose noise exposure equals or exceeds 85 dBA.
- Repeat training/education program annually for employees included in HCP.
- Include in the training program the effects of noise on hearing; the purpose of hearing protectors, their advantages and disadvantages; attenuation of various hearing protectors, and instructions on how to select, fit, use, and care for them; and the purpose of audiometric testing and an explanation of the testing procedure.

RECORDKEEPING

- Audiometric test records shall include: name and job classification of employee, date of the test, examiner's name, date of the last acoustic or exhaustive calibration of the audiometer, and the employees' most recent noise exposure assessment.
- Retain audiometric test records for the duration of the affected employee's employment.
- Retain noise exposure measurement records for two years.
- Record and maintain test room background noise measurements.
- Provide access to audiometric test records and noise exposure measurement records upon request to the employee, former employees, employee's designated representative, or the Assistant Secretary of Labor for Occupational Safety and Health.

DEFINITIONS

ACOUSTICAL CALIBRATION A Procedure by which an audiometer is checked to determine if it is producing the correct intensity level of pure tones, at specified frequencies, and that the signals are free from distortion and unwanted sounds.

ANSI An abbreviation for the American National Standards Institute; a standards making body.

ANNUAL AUDIOGRAM An audiogram performed yearly following a baseline audiogram.

Audiologist A professional specializing in the study and rehabilitation of hearing, who is certified by the American Speech-Language-Hearing Association or licensed by a state board of examiners.

AUDIOMETER An electroacoustical generator of pure tones at selected hearing frequencies and of calibrated output used for the purpose of determining an individual's threshold of hearing.

A-WEIGHTED SOUND LEVEL METER An instrument that measures sound pressure levels in decibels using an A-weighting network which attenuates low frequency sounds in a manner similar to the human ear.

BASELINE AUDIOGRAM An audiogram against which future audiograms are compared.

BIOLOGICAL CALIBRATION An audiometer calibration that tests the audiometer's output using an adult with known normal hearing who has not been exposed to noise and has no history of ear disease.

CALIBRATE To check noise measurement equipment and audiometric testing equipment for accuracy and uniformity.

dB An abbreviation for decibels measured with a sound level measuring instrument with an A-weighting network.

DECIBEL (dB) Unit of measurement of sound pressure level.

EXHAUSTIVE CALIBRATION A procedure by which an audiometer is sent to a laboratory or manufacturer's factory for actual adjustments to conform to the ANSI S.3.6 Standard.

HERTZ (Hz) A unit of frequency; synonymous term for cycles per second.

NOISE DOSIMETER An instrument that integrates a function of sound pressure over a period of time in such a manner that it directly indicates a noise dose.

SOUND LEVEL METER An instrument for the measurement of sound level.

TIME-WEIGHTED AVERAGE SOUND LEVEL That sound level, which if constant over an 8-hour exposure, would result in the same noise dose as is measured.

INFORMATION SOURCES

Title 29, Code for Federal Regulations (CFR) Part 1910.95 (Occupational Noise Exposure).

OSHA-2056 All About OSHA

OSHA-2098 OSHA Inspections

OSHA-3074 Hearing Conservation

OSHA-3077 Personal Protective Equipment

OSHA-3021 OSHA: Employee Workplace Rights

OSHA-3000 Employer Rights & Responsibilities Following an OSHA Inspection

OSHA-3110 Access to Medical and Exposure Records

A single free copy of the above materials can be obtained from the OSHA Publications Office, Room N3101, 200 Constitution Ave. N.W., Washington, DC 20210, (202) 523-9667; or call you local OSHA Area Office (listed under the U.S. Department of Labor in the telephone book).

11. OSHA Construction and Contractors Requirements

Since your administrative unit answered “Yes” to the question:

11. Does your administrative unit work with construction and contractors?

The Construction and Contractors requirements applies to your administrative unit.

For the University’s Written Policy and Procedure on the standard

Go to a. University Health and Safety Policy and Procedure

a. University Health and Safety Policy and Procedure

Construction and Contractors

Applies To: All University Colleges, Departments and like units

Policy: To ensure that contractors and their employees comply with OSHA Standards for the protection of contract employees and for the protection of University faculty, students, staff and visitors.

Summary

The University and its Colleges, Departments and administrative units often rely on contractors to provide a broad range of services from clerical to building construction and renovation. Contractors are obligated by Federal law to comply with OSHA standards. Contractors who disregard their obligation under law to comply with safety standards place their employees at risk as well as University employees. This policy is to assure that the University is not placed at risk due to unsafe work practices by contractors.

Definitions

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University.

Contractors: Companies or individuals whose services are retained by the University on a contractual basis.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Provide contractual language for inclusion in specifications for contract work which can be utilized by Colleges, Departments and like units,
2. Provide specialized training resources for addressing contractor safety issue which can be utilized by Colleges, Departments and like units,
3. Provide protocols for resolution of contractor safety issues, and
4. Authorize shut down of contract work which places contract or University employees in immediate risk of serious physical harm or death.

Vice Presidents, Deans and Directors will:

1. Be responsible for including safety language in contracts and specifications associated with College, Department and like Unit equipment or operations,
2. Ensure that contractors understand their safety responsibilities,
3. Assure that discretionary responsibilities for contractor oversight and coordination at the Departmental or equivalent administrative unit level are clearly defined, and
4. Notify the Office of Environmental Health and Safety of safety issues regarding contract work.

12. OSHA Medical Surveillance Requirements

Since your administrative unit answered “Yes” to the question:

12. Does your administrative unit require medical surveillance?

The OSHA Medical Surveillance Requirements applies to your administrative unit.

For the University’s Written
Policy and Procedure on the
standard

Go to a. University Health
and Safety Policy
and Procedure

a. University Health and Safety Policy and Procedure

OSHA Medical Surveillance Requirements

Applies to: Employees with occupational exposure to physical, chemical, biological or radiological hazards.

Policy: To ensure that employees are protected from occupational exposures through ongoing medical surveillance.

Summary

Numerous OSHA standards mandate that the employer must provide or make available access to a medical surveillance program. The purpose of these standards is to recognize that employees may be exposed to a variety of physical, chemical, biological or radiological hazards in the workplace. Medical surveillance programs provide a means to evaluate the success of workplace intervention strategies (e.g., personal protective equipment or engineering controls) and are successful in significantly reducing the frequency and severity of workplace injury and or illness.

Definition

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Evaluate workplace exposures to physical, chemical, biological and radiological hazards,
2. Identify employees that are subject to OSHA mandated medical surveillance,
3. Provide medical surveillance through the University Employee Health Service,
4. Provide technical assistance, and
5. Audit compliance.

Vice Presidents, Deans and Directors are responsible for a written policy that:

1. Informs employees of their mandatory participation in medical surveillance programs,
2. Assures that employees participate in the medical surveillance program in a timely manner, and
3. Assures that discretionary responsibilities for implementation at the Departmental or equivalent administrative unit are clearly defined.

13. OSHA Accident Prevention Signs Requirement

Since your administrative unit answered “Yes” to the question:

13. Do you have hazards that require signage?

The OSHA Accident Prevention Signs Requirement applies to your administrative unit.

For the University’s Written
Policy and Procedure on the
standard

Go to a. University Health
and Safety Policy
and Procedure

a. University Health and Safety Policy and Procedure

Accident Prevention Signs

Applies To: All University Colleges, Departments and like units

Policy: To ensure that accident prevention signs are consistent in type and format throughout the University and utilized in accordance with OSHA standards.

Summary

The purpose of the standard is to specify the design, application, and use of signs or symbols intended to indicate and, insofar as possible, to define specific hazards of a nature such that failure to designate them may lead to accidental injury to workers or the public, or both, or to property damage. The standard covers danger, caution, biohazard, and safety information signs and slow-moving vehicle emblems.

Definitions

Sign: Refers to a surface prepared for the warning of, or safety instructions of, employees or members of the public who may be exposed to hazards.

Classifications of signs according to use:

Dangersigns indicate immediate danger and that special precautions are necessary
Colors: white background; black panel, red oval, white letters; black letters on white background

Caution signs warn against potential hazards or to caution against unsafe practices
Colors: yellow background; black panel, yellow letters; black letters on yellow background

Safety Instruction signs are used where there is a need for general instructions and suggestions relative to safety measures
Colors: white background; green panel, white letters; black letters on white background

Slow-Moving Vehicle Emblem--a fluorescent yellow orange triangle with a dark red reflective border

Slow-Moving Vehicle a vehicle which by design moves slowly (25 mph or less) over public roads

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Provide consultation for questions regarding signage, and
2. Periodically audit facilities for appropriate signs.

Vice Presidents, Deans and Directors will:

1. Ensure that where applicable or required, the College, Department and like Unit shall obtain and post the appropriate sign or tag to convey safety messages to employees,
2. Ensure that fiscal resources are allocated provide signs,
3. Ensure that employees are instructed in the difference between the message conveyed by danger signs (immediate danger, precautions required) and caution signs (possible harm, precautions should be taken), and
4. Assure that discretionary responsibilities for implementation at the Departmental or equivalent administrative unit level are clearly defined.

14. OSHA Mandated Training

Since your administrative unit answered “Yes” to the question:

14. Do you have employees who are mandated to have training?

The OSHA Mandated Training applies to your administrative unit.

For the University’s Written
Policy and Procedure on the
standard

Go to a. University Health
and Safety Policy
and Procedure

a. University Health and Safety Policy and Procedure

OSHA Mandated Training

Applies To: All University Colleges, Departments and like units

Policy: To ensure that employees receive appropriate training as identified in OSHA standards.

Summary

In the course of their assigned responsibilities, employees may perform tasks or operations which without proper training, may place the employees or bystanders at risk of injury. There are numerous hazardous operations specifically identified in OSHA Standards. These standards recognize the need to train employees on proper operating procedures for hazardous operations.

Definitions

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Provide basic training programs, for hazardous operations with broad application, to employees which can be utilized by Colleges, Departments and like units,
2. Provide specialized training resources, for hazardous operations with limited application, which can be utilized by Colleges, Departments and like units,
3. Maintain training records for programs offered through the Office of Environmental Health and Safety,
4. Provide training schedules of offered programs to Colleges, Departments and like units, and
5. Provide a training requirement matrix for use by Colleges, Departments and like units.

Vice Presidents, Deans and Directors will:

1. Be responsible for identifying employees who require training associated with College, Department and like Unit equipment or operations,
2. Ensure that employees attend required training,
3. Make available for training all affected faculty, staff, graduate assistants and other employees,
4. Assure that discretionary responsibilities for implementation of training at the Departmental or equivalent administrative unit level are clearly defined, and
5. Maintain training records for Colleges, Departments and like units.

15. Scientific Diving Operations

Since your administrative unit answered “Yes” to the question:

15. Does your administrative unit engage in scientific diving?

The OSHA Subpart T regarding scientific diving operations applies to your administrative unit.

For the University’s Written
Policy and Procedure on the
standard

Go to a. University Health
and Safety Policy
and Procedure

a. University Health and Safety Policy and Procedure

Scientific Diving Operations Under OSHA Standards 29 CFR Part 1910 Subpart T

Applies to: All University Colleges, Department and like Units who engage in research diving.

Policy: To assure that physical hazards associated with diving, as identified by OSHA standards, are abated.

Summary

29 CFR 1910.401(a)(2)(iv) and 29 CFR 1910 Subpart T App B define what OSHA expects for scientific diving efforts. The purpose of scientific diving is the advancement of science; thus, information and data resulting from the projects involved are non-proprietary. The tasks of a scientific diver are those of an observer and data gatherer. Construction and trouble-shooting tasks traditionally associated with commercial diving are not included within scientific diving. Scientific divers, based on the nature of their activities, must use scientific expertise in studying the underwater environment and, therefore, are scientists or scientists-in-training.

Commercial diving OSHA Standards do not apply to instructional programs using open-circuit, compressed-air SCUBA which are conducted within the no-decompression limits or to diving operations defined as scientific diving which are under the direction and control of a diving program containing at least the following elements (29 CFR 1910.401 Subpart T):

(1) A Diving Safety Manual which includes at a minimum: Procedures covering all diving operations specific to the programs; procedures for emergency care, including recompression and evacuation; and criteria for diver training and certification.

(2) A Diving Control (Safety) Board, with the majority of its members being active divers, which shall at a minimum have the authority to: Approve and monitor diving projects; review and revise the diving safety manual; assure compliance with the manual; certify the depths to which a diver has been trained; take disciplinary action for unsafe practices; and, assure adherence to the buddy system (a diver is accompanied by and is in continuous contact with another diver in the water) for SCUBA diving.

Definitions

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Develop a written boilerplate of the Diving Safety Manual which may be modified and adopted by Colleges, Departments and like Units, and
2. Develop any training programs deemed necessary by the Diving Control Board.

Vice Presidents, Deans and Directors will:

1. Be responsible for identifying those University units which engage in scientific diving,
2. Ensure that fiscal resources are available to support the program,
3. Make available for training all affected faculty, staff, graduate assistants and other employees,
4. Assure that discretionary responsibilities for implementation at the Department or equivalent administrative unit level are clearly defined, and
5. See to the appointment of a Diving Control Board as directed by the standard.

16. Minors in Hazardous University Occupancies

Since your administrative unit answered “Yes” to the question:

16. Does your administrative unit have minors in work environments that pose chemical, physical, biological or radiological hazards.?

The “Minors in Hazardous University Occupancies” policy applies to your administrative unit.

For the University’s Written
Policy and Procedure on the
standard

Go to a. University Health
and Safety Policy
and Procedure

a. University Health and Safety Policy and Procedure

Minors in Hazardous University Occupancies

Applies to: All University Colleges, Department and like Units

Policy: Unauthorized minors are prohibited in hazardous University occupancies.

Definitions

Hazardous occupancies -- work environments that pose chemical, physical, biological or radiological hazards.

Minor -- any individual under the age of eighteen.

Authorized -- being present by official invitation, contract, enrollment in University classes or activities, or expressed written consent or agreement with the College, Department or like unit's administration.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Disseminate this policy which can be utilized by Colleges, Departments and like units.

Vice Presidents, Deans and Directors will:

1. Be responsible for identifying hazardous occupancies associated with College, Department and like unit equipment or operations,
2. Ensure that this policy is disseminated within the College, Department and like unit,
3. Assure that the policy is enforced within the College, Department and like unit, and
4. Maintain documentation of enforcement of this policy.

17. Employees Engaged in Field Studies Under University Aegis

Since your administrative unit answered “Yes” to the question:

17. Does your administrative unit have employees engaged in field studies under University aegis.?

The “Employees Engaged in Field Studies Under University Aegis” policy applies to your administrative unit.

For the University’s Written Policy and Procedure on the standard

Go to a. University Health and Safety Policy and Procedure

a. University Health and Safety Policy and Procedure

Employees Engaged in Field Studies Under University Aegis

Applies to: Employees taking part in field studies as part of their employment are informed of the specific details of the trip and working conditions, including the physical rigors, political and biological hazards, potential health and safety risks, and emergency plans.

1. Expedition leader (Principal Investigator) prepares a travel document describing the expedition in detail. The travel document should include, at a minimum, the following information:
 - Purpose of the expedition.
 - Travel locations/destinations
 - Notification by any governmental agency (U.S. Department of State or Centers for Disease Control and Prevention) of risks associated with traveling to ultimate destination.
 - Travel plans.
 - Rigors to be encountered and the physical conditioning recommended for expedition members.
 - Anticipated experience or certification of participants.
 - Potential health and safety risks.
 - Expected training by travelers (first aid, CPR, etc.).
 - Training to be supplied to expedition members.
 - Emergency plans (including evacuation)/contingency plans.

This travel document is reviewed by the PI's department and the Office of Environmental Health and Safety.

2. Employees are presented with the travel document and any supplemental information. Employees sign a document stating that (1) they have received this information, (2) they have been given time to review it, and (3) they have been able to ask questions of the expedition leader. Employees should consider the following before signing:
 - All materials issued or recommended by the trip organizer that relate to safety, health, legal, environmental, political, cultural, and religious conditions in the area(s) to be visited.
 - How personal health and safety needs are affected by participating in the expedition.
 - The importance of complying with the terms of participation and codes of conduct.

- How local conditions and laws impact one's conduct.
 - Behaving in a manner that is respectful of the rights and well-being of others.
 - Accepting the consequences of one's own decisions and actions.
3. University Employee Health receives a copy of the document described in Section 1.
 - Employees undergo a pre-expedition physical examination commensurate with the degree of risk of the expedition.
 - Any condition that might result in the employee not being able to successfully complete the expedition disqualifies the employee from taking part in the expedition.
 - Appropriate prophylaxis is given to individuals along with training concerning health risks potentially involved in the expedition.
 - Appropriate physical conditioning for the expedition is required of the employee.
 4. Employees receive training appropriate to that needed for the risks involved in the expedition.
 5. Employees receive a post-expedition physical from University Employee Health commensurate with the potential risks of the trip and the actual rigors encountered (related at time of medical evaluation).
 6. The University Health and Safety Committee strongly recommends that the University require or provide the purchase of travel insurance that provides coverage, at a minimum, for repatriation and medical evacuation.

Policy: To ensure that employees engaged in field studies as part of their employment receive appropriate travel information and medical surveillance based upon the potential exposures involved in the travel.

Definitions

University employee – An individual who engages to furnish services subject to the direction and control of the University and who is compensated by the University.

Field Study – A practical example of didactics usually engaged in, outside the classroom, and/or in natural conditions.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Evaluate travel plans to determine adequacy;

2. Identify employees who may be subject to conditions that would warrant coverage by this policy;
3. Provide technical assistance; and
4. Audit compliance

Vice Presidents, Deans and Directors will:

1. Inform employees of the need to participate in this policy;
2. Ensure that discretionary responsibilities for performing hazard evaluation of employee work activities are clearly communicated at the Department or equivalent Administrative Unit level.

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SECTION III. APPENDIXES

A. First Aid Kits

SECTION III.

APPENDIXES

Appendix A: First Aid Kits

Since your administrative unit answered “Yes” to the question:

Do you supply employees with basic First Aid Kits?

The First Aid Kit Policy applies to your administrative unit.

For the University’s Written
Policy and Procedure on the
standard

Go to a. University Health
and Safety Policy
and Procedure

a. University Health and Safety Policy and Procedure

First Aid Kits

Applies To: All University Colleges, Departments and like units

Policy: On site, employer provided First Aid Kits should require a minimum of supplies that would allow an individual to treat him or herself for basic first aid.

Summary

In the course of their assigned responsibilities, employees may perform tasks or operations which may place the employee at risk of minor injury. The University recognizes the need to provide a minimum of supplies in an employer provided First Aid Kit to allow the employee to treat basic first aid needed by his or herself.

First Aid Kit Supplies:

- 1) Band-Aids of several sizes and shapes, and
- 2) Gauze pads and one inch tape for a wound larger than Band-Aid size.

The most important first aid for minor cuts and abrasions is cleaning the wound thoroughly with soap and water. This should be emphasized in a sentence on the front of the kit.

First Aid Kit Policy:

- 1) Workplace injuries should be formally evaluated by Employee Health Service to assure prompt care, documentation, and follow-up of the accident,
- 2) Coworkers should not be involved in care of an injured worker's wounds because of concerns about exposures to blood and body fluids and requirements for training of workers who are formally expected to render first aid care in the workplace,
- 3) For more serious injuries, the injured worker should be transported to the Employee Health Service Clinic or the Emergency Department. The emergency squad may be called if this is indicated.
- 4) Supplies of medication, such as decongestants, analgesics, antihistamines, are not related to emergencies and are not recommended for First Aid Kits, and
- 5) If more complex first aid equipment is desired, it shall be kept and maintained only by those personnel who have received advanced first aid training.

Definitions

University employee: An individual who engages to furnish services subject to the direction and control of the University and is compensated by the University.

Policy Guidelines and Responsibilities

The Ohio State University, represented by the Office of Environmental Health and Safety, will:

1. Disseminate this policy which can be utilized by Colleges, Departments and like units, and
2. Provide medical assistance and follow-up through the University Employee Health Service.

Vice Presidents, Deans and Directors will:

1. Be responsible for identifying the placement of employer provided First Aid Kits associated with College, Department and like unit equipment or operations,
2. Maintain employer provided First Aid Kits and supplies,
3. Ensure that this policy is disseminated within the College, Department and like unit, and
4. Assure that the policy is enforced within the College, Department and like unit.