An Ounce of Prevention

How to Use

An Ounce of Prevention

In the early 1990s, we developed An Ounce of Prevention as a response to concerns and confusion veterinarians had regarding the maze of OSHA regulations. We have since revised the user-friendly manual and converted our educational videotape to a DVD – both for the purpose of helping you and your veterinary team better understand your responsibilities and comply with the regulations.

THE DVD

The DVD is separated into two modules: Module 1, which is directed toward the employer, and Module 2, which is for the veterinary team. Both modules run about 16 minutes each. (Note: Although the footage depicts a companion animal practice setting, the information covers regulations that are equally pertinent to equine, exotic and food animal practices. Also, because of the prohibitive cost to update the DVD, it is not as comprehensive as the manual but remains a good educational tool.)

Module 1 helps the veterinary practice owner identify hazards in the workplace and highlights the employer’s responsibilities in meeting OR-OSHA regulations. Module 2 addresses the right of employees under provisions of OR-OSHA standards, and presents staff with an overview of veterinary practice hazards as well as preventive and protective measures.

THE MANUAL

The accompanying manual is a guide for the veterinary practice’s safety and health program. It includes a summation of OR-OSHA’s principle requirements, as well as a variety of checklists and forms to assist you in developing a comprehensive program. You’ll want to make copies of the original checklists and forms. The manual is divided into sections covering the principle areas of safety and health standards. OR-OSHA requires all businesses in the state to meet specific safety and health regulations. To comply, you must:

- Keep proper records and report serious injuries.
- Maintain proper safety and health practices as well as accident/evacuation plans. (Establish a safety committee if your practice has more than 10 employees or a high workers’ comp incidence rate.)
- Provide first aid and access to medical services.
- Comply with Medical Waste Laws.
- Comply with Hazard Communication Standard (the “Right to Know” law.)

In the manual these requirements are covered in the order listed above in Sections 1-4. Compliance with the Hazard Communication Standard (Section 5) will require the most preparation and is extensively addressed. Keep in mind that the manual is more comprehensive than the educational/training DVD.

Glenn

Glenn M. Kolb
Executive Director, OVMA

DISCLAIMER: This program was developed by the Oregon Veterinary Medical Association with the original material made possible by a grant from OR-OSHA. Significant effort has been made to provide accurate and complete information. However, the OVMA cannot be held responsible for any errors and omissions nor any agency’s interpretations, applications, enforcement, and changes of the regulations.
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Introduction

In 1970, concerned that there were no uniform and comprehensive provisions to protect American Workers against safety and health hazards on the job, the United States Congress passed the Occupational Safety and Health Act. The purpose for this sweeping legislation was to assure so far as possible that every working man and woman in the nation has safe and healthful working conditions.

The Oregon legislature followed the federal government’s lead by providing similar protection to the state’s workforce when it enacted the Oregon Safe Employment Act (OSE Act) in 1973. In 1987 the Oregon legislature adopted new laws to increase employee protection, and to define additional areas of responsibility for employers and insurance companies. A principle component of this legislation is the Hazard Communication Standard, which was extended to include businesses of all sizes.

Veterinary practices are subject to this broad range of safety and health regulations. (Only solo practitioners with no employees are exempt from the rules). Although the rules may seem to be overwhelming, they are based on common sense. So you are probably already following many of the guidelines to achieve compliance. Comprehensive compliance includes:

- Knowing what is required to comply with OR-OSHA rules, including the Hazard Communication Standard.
- Modifying procedures in your practice that do not meet the requirements.
- Compiling the documentation necessary in event your practice is inspected.
- Training your employees on safety and health hazards.

By nature the veterinary profession is health conscious and well-trained on safety measures. The result is relatively few injuries and illnesses compared to many other professions. Nonetheless, the diversity of activities and the number of hazardous materials present in veterinary practices results in exposure to potential hazards.

Some of the more obvious risks to employees and employers include exposure to pesticides, photochemicals, hazardous gasses, cleaners and disinfectants, and radiation. You are also vulnerable to physical injuries from needles and scalpels, heavy lifting, animal bites and scratches. In combination, these associated risks have resulted in the practice of veterinary medicine being identified as a high-hazard profession. Compliance with OR-OSHA requirements is mandatory. But it is not just the law, it also makes good practice management to follow these safety and health regulations.

As you can imagine, consequences of an ineffective safety and health program can be disastrous for employers, employees and the practice. First and foremost is the human cost of an illness or injury – a burden nobody wants to shoulder. In addition, a work related illness or injury can result in loss of work time as well as a long-standing claim which will drive up workers’ compensation rates.

You can also face monetary penalties for non-compliance of the regulations. Fines may run from $100 to $1,500. Penalties for willful violations, meaning you were aware of the requirement and the potential dangers but did not act on the information, can be more severe. Potential costs of penalties can be
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intimidating. However, fines are not assessed for every infraction that is discovered. OR-OSHA wants to work with the business community, and shares a common goal of occupational safety and health. The benefits of implementing an effective safety and health program are many: a lower injury rate leading to fewer missed work days, fewer workers’ compensation claims, lower insurance premiums, and a staff that is knowledgeable of risks and able to take proper precautions.

About OR-OSHA

The Oregon Occupational Safety and Health Division (commonly referred to as OR-OSHA) operates under the Department of Consumer and Business Services and provides several programs designed to ensure a safe and healthful environment for Oregon’s one million plus workforce. OR-OSHA administers the Oregon Safe Employment Act (OSE Act) and enforces the state’s occupational safety and health rules. These rules set minimum standards which apply to virtually all business in Oregon, regardless of size. (Oregon is one of 25 states that runs its own program that is equal to or more comprehensive than the federal mandate.)

Administration

This section of OR-OSHA establishes policy and directs Oregon’s occupational safety and health programs. Its functions include setting goals and strategies to help reduce on-the-job injuries, illnesses, and fatalities.

The Administration Section also provides a Grant Program that awards state funds to groups so they can develop training materials for Oregon employers and employees. Funding for An Ounce of Prevention was made possible through the Grant Program. OR-OSHA administration also coordinates the division’s four major programs: Consultation Services, Enforcement, Standards and Technical Resources and Training.

Consultation Services

OR-OSHA Consultation Services is an advisory program that helps employers identify occupational hazards and comply with the regulations. These services are designed to help lower work-related injuries, illnesses, and fatalities and are provided at no cost. To arrange for a consultant to visit your practice, refer to page five for a Consultation Service telephone number in your area. Principle services available through the program include:

What are OR-OSHA consultation services?

A consultation provides veterinary practices with many no-cost, confidential services, including:

- Safety, health, and ergonomic hazard assessments
- Recommendations to control and eliminate hazards
- Written program evaluation
- Industrial hygiene services, such as noise monitoring and air sampling
- Hands-on training on health and safety topics
- Safety and health program assistance

OR-OSHA consultants WILL NOT:

- Issue citations or propose penalties for violations of OSHA standards
• Provide other businesses with information about your participation in a consultation, hazards, or other business processes
• Guarantee that your workplace will “pass” an OR-OSHA inspection

The Consultation Process
Consultants in the fields of workplace safety, industrial hygiene, and ergonomics can help you reduce lost-time accidents and show you how to make your workplace safer by developing a comprehensive program to manage safety and health.

How to request a consultation
To schedule a confidential, no-cost safety, health, or ergonomic consultation for your practice, all you have to do is ask. OR-OSHA consultants are available throughout the state. You may request a consultation to review your entire safety and health program, or only to address specific questions. Select one of the following convenient ways to request assistance:

• Online: http://www.cbs.state.or.us/osha/forms/consufrm.html
• Call toll-free, (800) 922-2689
• Send an e-mail to: consult.web@state.or.us
• Contact one of OR-OSHA’s field offices

After OR-OSHA receives your request, a consultant will contact you to schedule an on-site visit. The state agency strongly encourages employee representatives to participate in the consultation.

The on-site visit
A comprehensive visit will take between one and two hours to complete. Use of the consultative services will not result in a compliance inspection or other enforcement action. The routine inspection generally includes the following:

• Opening meeting: The consultant explains his or her role, your responsibilities as an employer, and clarifies the scope of your request.

• Walk-through: You and the consultant examine conditions in your practice, including appraisal of mechanical and environmental hazards as well as physical work practices.

• Employee participation: OR-OSHA encourages as much employee participation as possible.

• Research and analysis: If requested, OR-OSHA will conduct relevant research or hazard analysis. Examples might include a noise survey, or other tests, depending on the practice. They also will conduct an assessment of your safety and health program to make sure required written programs are in place.

• Closing meeting: During the closing meeting, the consultant will review with you what you are doing right, and where improvements could be made. At that time, you can discuss problems and possible solutions to eliminate any control hazards identified.

Findings and recommendations
After the consultation, all gathered information is evaluated and included in a detailed written report, which will include findings and recommendations.
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Hazard correction and follow through
It is up to you to correct hazards, but OR-OSHA is ready and willing to help you. Eliminating hazards is necessary so that each consultation visit achieves its objective – improved workplace safety and health.

Enforcement
A compliance officer can enter and inspect your practice without delay during regular working hours. Inspections are conducted without advance notice and often occur when OR-OSHA receives a complaint and determines that it is probably valid.

While a complaint lodged by an employee may be acted upon by OR-OSHA, it is not the only factor that initiates an inspection. An unfavorable workers’ compensation record may also trigger an unannounced inspection. Regardless of what precipitates an inspection, we recommend that the employer or a designated representative accompany the compliance officer to facilitate the inspection.

In a routine inspection, the compliance officer will ask to review records and documentation of the practice’s health and safety program. This includes checking to see that your OSHA Safety and Health Protection on the Job poster is prominently displayed, reviewing your OSHA Form 300 as well as your written Hazard Communication Program, lists of MSDSs and employee training manual.

After a review of your paperwork, the compliance officer will conduct a walk through of your practice. At any time during the inspection the compliance officer may privately consult with your employees about health and safety conditions in the practice. In the course of an inspection, the compliance officer will also point out any unsafe or unhealthful conditions. At the same time, he or she will discuss possible corrective action.

At the end of the inspection, the compliance officer will hold a closing conference with you or your representative. The purpose of this meeting is to inform you of any unsafe or unhealthful conditions and indicate apparent violations for which a citation may be issued. The closing conference also gives you the opportunity to clarify your health and safety program.

OR-OSHA will determine what citations, if any, and what penalties, if any, will be assessed after the compliance officer files a report. Penalties are established according to the probability and/or severity of an injury or illness occurring on the job. All employers have the right to contest a citation and/or penalty. The compliance officer should inform you about the appeals process during the closing conference.

Standards and Technical Resources
Standards and Technical Resources adopt and amend the rules of Oregon’s occupational safety and health program. Technical assistance is also available to help you understand new codes, interpret existing codes or provide guidance for your safety committee.

Technical Resources includes a Resource Center with a technical library, an occupational health and safety audiovisual lending library, and a workplace health and safety research assistance. A variety of periodicals and books are available on all aspects of occupational safety and health, along with access to computer databases and chemical hazard information.

The Technical Resources Section also maintains an extensive technical and film library. Films, slides and other training materials are available to borrow free of charge. Call the Film Library to obtain an AV catalog and additional information. The telephone number is listed on page five.
If you have questions about OR-OSHA rules, call Standards and Technical Resources and they will provide you with the appropriate information. Their telephone number is listed below.

**Training**

OR-OSHA’s Training Section conducts workshops and educational courses on occupational safety and health across the state. These programs can be tailored to a special group, and staff members are available to help you access your training needs.

**OR-OSHA Directory**

**Administrative Offices**
Labor and Industries Bldg., Room 430, 350 Winter St. NE, Salem, OR 97310 Phone: (503) 378-3272
- Administration
- Standards and Technical Resources
- Training
- Accident Investigation
- Appeals
- Resource Library
- Video Library

**Field Offices**

- **Bend**
  1230 NE Third St, Suite A-115, 97701 Phone: (541) 388-6066
- **Eugene**
  1140 Willagillespie, Suite 42, 97401 Phone: (541) 686-7562
- **Medford**
  1840 Barnett Rd., Suite D, 97504 Phone: (541) 776-6030
- **Pendleton**
  721 SE Third, Suite 306, 97801 Phone: (541) 276-9175
- **Portland**
  1750 NW Naito Parkway, Suite 112, 97209 Phone: (503) 229-5910
- **Salem**
  1340 Tandem Ave., Suite 160, 97303 Phone: (503) 378-3274

**Consultation Services**

- **Bend** (541) 388-6068
- **Eugene** (541) 686-7913
- **Medford** (541) 776-6030
- **Pendleton** (541) 276-9175
- **Portland** (503) 229-6193
- **Salem** (503) 373-7819
Notes
1. Records and Reporting

- Posting Requirements
- Recordkeeping
- Reporting Requirements

This section also contains:
- Self-inspection Checklist
- OSHA Form 300 (Exhibit A)
- First Report of Injury, Form 801 (Exhibit B)

Records and Reporting

Recordkeeping requirements for injuries and illnesses under OR-OSHA rules calls for a minimum amount of paperwork. Records of accidents, work-related injuries, and illnesses enable you to learn from past experiences and give you one measure for evaluating the success of your safety and health program.

The posting of required forms provides your employees with important information, and explains their rights and responsibilities for on-the-job safety. The following explains the requirements. A checklist is at the end of this section.

Posting Requirements

All businesses are required to display the Safety and Health Protection on the Job poster in a prominent location where employees are likely to see it. A good visible place is the employee break room or the rest room. Printed in English on one side and Spanish on the other, this red, white and blue poster explains the rights and responsibilities of both employers and employees under the OSE Act. It also reviews methods of complaints and employer penalties for violations of the Act.

You are also obligated to post emergency telephone numbers, signs relating to exits from buildings and exposure to hazardous materials, and minutes of safety committee meetings. These specific requirements are covered at the end of this section.

Recordkeeping

As part of an effective recordkeeping system, OR-OSHA rules include:

- A report to be taken on every injury or illness requiring medical treatment.
Employers with 11 or more employees (FT or PT) at any one time during the calendar year must record each injury or illness on **OR-OSHA Form 300** and keep it on file. (Log and Summary of Occupational Injuries and Illnesses.) Recordable injuries or illnesses are those requiring medical treatment beyond general first aid, hospitalization, use of prescription drugs, or lost work time.

Each year you must write a summary report of each injury or illness for the prior calendar year on **OR-OSHA Form 300**. The form must be posted from February 1 until March 1 and placed where your employees can see it.

Prepare and file **First Report of Injury, Form 801**, for any occupational injury or illness that may result in a compensable claim. (Your workers’ compensation carrier should include these forms with your policy.)

Maintain the above records in your files for five years. You are required to maintain a copy of your practice’s hazardous chemicals list and MSDSs for pesticides for 30 years. Employee training and accident records should be retained for five years. Minutes of safety committee meetings must be on file for three years.

**Reporting Requirements**

In order to facilitate the investigation of accidents and fatalities, all employers shall notify OR-OSHA of any **death or catastrophe within eight hours**. Failure to report a fatality or catastrophe within the designated time frame can result in a $1,000 penalty.

Serious injuries such as amputations, fractures of major bones, or hospitalization for medical treatment other than first aid require **24-hour** notification.

**Self-Inspection Checklist**

**Records and Reporting**

**Employer Posting Requirements**

- Safety and Health Protection on the Job poster is prominently displayed.
- OSHA Form 300 is summarized and posted every February.
-Minutes of Safety Committee Meetings are posted.
-Emergency telephone numbers are posted.
- Warning signs, i.e., for biohazards, microwave, radiation are displayed.
- Workers’ compensation insurance notice is posted.
-Copy of any OSHA violation is prominently displayed.
- Where employees may be exposed to toxic substances or harmful chemical agents, appropriate information concerning access to medical and exposure records and MSDSs are readily available.
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O Signs for exits, room capacity, and exposure to X-ray, microwave or other harmful radiation or substances are posted as required.

**Recordkeeping**

O Occupational injuries/illnesses are recorded on OSHA Form 300.

O OSHA Forms 300 and First Report of Injury, Form 801, are filed for five years.

O Current hazardous chemicals list is filed for 30 years.

O MSDSs for pesticides are filed for 30 years.

O Employees safety training is documented.

O Safety Committee meeting minutes are maintained for three years.

O Safety inspections and corrections are documented and maintained.

O Employee medical and exposure records are maintained.

**Reporting Requirements**

O A death or catastrophic accident on the job is reported to OR-OSHA within eight hours.

O Serious injuries that require overnight hospitalization or medical treatment other than general first aid are reported to OR-OSHA within 24 hours.
First Report of Injury, Form 801

**EXHIBIT B**

###-worker's compensation claim

To make a claim for a work-related injury or illness, fill out the worker portion of this form and give to your employer. Do not intend to file a workers' compensation claim with SAIF Corporation, do not sign the signature line. Your employer will give you a copy.

#### CLAIM NO.

<table>
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<th>CLAIM NO.</th>
<th>SUBJECT DATE</th>
<th>CLASS</th>
<th>DEFAULT DATE</th>
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#### EMPLOYER'S ACCOUNT NO.

400 High Street, S.E., Salem, OR 97312-1801

**Toll Free Phone:** 1-800-285-8525  **Toll Free FAX:** 1-800-475-7785

#### Employer

**Complete the rest of this form and give a copy of the form to the worker. Notify SAIF Corporation within five days of knowledge of the claim.**

**Even if the worker does not wish to file a claim, maintain a copy of this form.**

#### Employer legal business name

**Phone:**

**FEIN:**

#### Address of principal place of business (not P.O. box):

**Street address:**

**ZIP:**

#### Nature of business in which worker is/was supervised:

#### Worker

To fill out the worker portion of this form and give to your employer:

1. **Date of injury or illness:**

2. **Date you left work:**

3. **Shift on day of injury:**

4. **Regularly scheduled days of work:**

5. **Time of injury or illness:**

6. **Time you left work:**

7. **Check here if you are employed by more than one employer:**

8. **What is your illness or injury? What part of the body? Which side?**

9. **Worker's language preference other than English:**

10. **What caused it? What were you doing? Include vehicle, machinery, or tool used:**

11. **Name of witnesses:**

12. **Have you previously injured this body part?**

13. **Your legal name:**

14. **Birthdate:**

15. **Gender:**

16. **Mailing address, city, state and zip:**

17. **Home phone:**

18. **SSN (See #25 below):**

19. **Occupation:**

20. **Work phone:**

21. **Name of physician or health-care professional:**

22. **If medical treatment was given away from the worksite, print name and address of facility:**

23. **Were you hospitalized overnight as an inpatient?**

24. **Were you treated in the emergency room?**

25. **By my signature, I am giving notice of a claim for workers' compensation benefits. The above information is true to the best of my knowledge.**

26. **Worker signature:**

27. **Completed by (please print):**

28. **Date:**

### OSHA requirements

On the job fatalities and catastrophes must be reported to OR-OSHA within eight hours. Report any accident that results in overnight hospitalization within 24 hours to OR-OSHA. Call (800) 922-2689, (503) 378-3272, or Oregon Emergency Response (800) 452-0311, on nights and weekends.
2. Safety

• Behavior
• Electrical & Equipment
• Fire Protection
  o Extinguisher inspection
  o Emergency action plan
  o Fire prevention plan
  o Emergency exit requirements
• Hazardous Spills
• Housekeeping & General Work Environment
• Model Infection Control Plan
• Occupational Noise Exposure
• Occupational Risks for Pregnant Workers
• Personal Protective Equipment (PPE)
• Personal Safety/Violence Prevention
• Safety Committee

This section also contains:
• Self-inspection Checklists
• Safety Committee Charter (Exhibit C)
• Safety Policy Statement (Exhibit D)

Safety -- General

Compliance with OR-OSHA guidelines seems to be the talk of times among veterinarians, especially requirements on hazardous chemicals. But potential exposure to chemicals is not the only occupational risk in which veterinary employees can be injured. They can just as easily suffer an injury slipping on a wet floor, tripping over a box left in a narrow hallway, or improperly using a piece of equipment. This section addresses general safety in these other areas where your staff can become injured.

Establishing policies and procedures on safety will help you reduce the costs and risks associated with general safety hazards. They will also let your staff know that you are committed to providing a safe and healthy work environment.
To determine any hazards that may cause an accident in the practice, conduct a safety analysis of each work station and job. Steps for assessing job safety should include:

- Select those jobs with the highest incidences of accidents/injuries.
- Involve your staff when determining general safety hazards in their work areas.
- Examine conditions such as housekeeping, lighting, ventilation, etc. Break each job down and analyze safety, keeping the steps as brief as possible. Scrutinize each step with your staff and possibly note them on a worksheet.
- Check the worksheet and decide what action, if any, you can implement to eliminate or minimize each potential hazard.
- Review the above four steps to determine the general safety hazards in your practice before making any changes in your safety and health program.

**Behavior**

Conduct is important in a veterinary practice. All employees should maintain proper standards of behavior and follow instructions of the employer or supervisor. Improper behavior includes practical jokes, scuffling, horseplay and any other activity of a similar nature, and should not be accepted.

**Electrical Safety & Equipment**

According to the Department of Labor’s Bureau of Labor Statistics’ Annual Survey (2004), approximately 10% of all occupational fatalities in the United States are due to electrocutions. In addition, most electrical fires result from overheated circuits or overloaded equipment. When abused or overloaded, insulation may melt or burn exposing live wires. Electrical fires can also occur when equipment is driven beyond capacity, or accumulated oil and dirt overheat a motor, or sparks ignite scraps, dirt, dust, or flammable liquid.

- Electrical cords and electrical equipment should be kept away from all water sources to prevent a potentially serious injury or death. Use grounded plugs on all appliances and refrain from using multi-plug adapters. Frayed electrical cords need to be tagged for repair and replaced as soon as possible.
- Equipment should be operated only when it is in good working condition. Never use defective equipment. No employee should use equipment for any purpose for which it is not suited, and they should wear protective clothing and equipment as required for the job. All defective equipment should be reported immediately to the employer or supervisor.

**Fire Protection**

Under OR-OSHA regulations, Fire Protection covers several areas, including inspection, maintenance, and testing of portable fire extinguishers in the workplace; training of employees in the use of fire extinguishers; development of an emergency action plan; and development of a fire prevention plan.
Employers with more than 10 employees must develop written emergency-action and fire-prevention plans (when required) and instruct employees about workplace fire hazards. If you have fewer than 10 employees, then you may use oral plans. (The key is to make sure that employees know what to do and how to respond in case of a fire or other emergency at the veterinary practice.

According to OR-OSHA documents, employers can choose to do one of the following:

- Evacuate all employees from the workplace upon the sounding of a fire alarm.
- Evacuate all employees except those designated and trained to use fire extinguishers.
- Train and allow all employees to use fire extinguishers.

**Extinguisher inspection, maintenance, and testing**

Employers must ensure that fire extinguishers are fully charged, operable, and kept in their designated place at all times. You also must provide equivalent protection when extinguishers are removed for maintenance or recharging.

**Employee training**

For employees who are designated to use fire extinguishers in the practice, employers must provide training upon initial assignment and at least annually. Training needs to familiarize the employees with the general principles of fire extinguisher use, fire hazards, and the use of appropriate equipment. Employees should be taught to sound the alarm, if one exists in the practice, and when to evacuate and call the fire department.

**Emergency action plan**

OR-OSHA rules also require employers to develop an evacuation plan for the practice in case of emergencies. If you have 10 or more employees at any one time during the calendar year, the emergency plan must be written and available for review by all employees. Otherwise, you may verbally convey this information to your staff.

The best escape route(s) during an emergency should be posted. You will also want to designate an outside assembly point where you can count heads.

As part of the evacuation plan, your system should include procedures for notifying appropriate emergency services, i.e. fire department, local hazard containment agency. It is also recommended that you determine which employee(s) will remain behind to close down your practice after the emergency is under control.

**Fire prevention plan**

Provide access to the fire prevention plan in the work area. Inform employees about fire hazards when they are first assigned to the job.

**Emergency exit requirements**

Every workplace must have enough exits suitably located to enable everyone to evacuate the facility safely during an emergency. Considerations include the type of structure, the number of persons exposed, the fire protection available, etc. Fire doors must not be blocked or locked when employees are inside. Exit routes from buildings must be free of obstruction, have adequate lighting, and be properly marked with exit signs.
Hazardous Spills

There are not any specific OR-OSHA rules on the containment of hazardous spills. The following guidelines, however, may help you assess and clean up hazardous substances in the event of a spill.

Put together a “spill kit” and make sure the staff knows where it is located. The kit might contain:

- Two pairs of thick nitrile or latex gloves
- Two disposable surgical masks
- A disposable gown or lab coat
- A pair of protective eye wear
- Four red bio-hazardous bags
- One dust pan with a broom.

IF A SPILL OCCURS:

- Know what you are up against. For example, is the spilled substance a caustic chemical, flammable or toxic liquid?
- Notify coworkers of the spill to prevent exposure.
- Put on disposable gloves and other personal protective clothing for the type of spill.
- Clean up the spill as soon as possible. Refer to the MSDS of the chemical for the proper decontamination of the area.
- Wash skin and clothing. If eyes have been irritated by exposure, flush for 15 minutes. Seek medical attention if you come in contact with an extremely toxic substance.
- Disinfect re-usable supplies and restock disposable ones.

Housekeeping & General Work Environment

A regular schedule for cleaning, to include daily, weekly and monthly tasks is important for keeping a veterinary practice clean and sanitary. While OR-OSHA rules do not require a “Housekeeping” plan, this may be something you want to consider. If you choose to go this route, any plan should include the specific task to be performed, the frequency of the task and the person responsible for completing the task. It’s not enough to just have a list of things that need to be cleaned or straightened because the practice administrator’s definition of clean may very well be different than, say, a kennel attendant’s definition.

- Halls and floorways should be uncluttered to allow easy movement and minimize falling, tripping or collisions. Make sure boxes and other objects are not in the way or removed quickly if they are temporarily placed.
- Floors should be in good repair with drains covered. All wet spots and spills should be cleaned quickly. Any material that might cause a worker to slip or fall should be removed from floors. If floors are wet for a prolonged period of time, provide a treded mat or put out a “Wet Floor” sign.
• Stairways should be free of objects to provide a safe traffic pattern. Fixed industrial stairways require railing on open sides and closed stairways call for a railing on at least one side. Stair treads must have ample clearance.

• All work areas should be properly lighted to prevent eye-strain. Employees should let the employer or supervisor know if they need more light (or less light to reduce glare) in their work areas.

• Ventilation should be appropriate for the work being performed. For example, work areas in which employees mix formaldehyde or other toxic chemicals or shampoo a dog with a dip require adequate flow of air for performing these duties. (If proper ventilation is not in place and the practice is inspected by OR-OSHA, the compliance officer likely will conduct an air monitor exposure test.)

• Exhaust ventilation systems should be designed and operated properly for their specific application. Air ducts should be free of obstructions, and drive belts checked for slippage.

Model Infection Control Plan
This model plan was developed by the National Association of Public Health Veterinarians and the Veterinary Infection Control Committee. A modifiable electronic version is available on the website of the National Association of State Public Health Veterinarians at www.nasphv.org. Please refer the corresponding sections in the full Compendium of Veterinary Standard Precautions for complete information and guidance (also available at www.nasphv.org).

Clinic: ______________________________________________________

Date of Plan Adoption: _________________________________________

Date of Next Review: __________________________________________

Infection Control Officer: _______________________________________

This plan will be followed as part of our clinic’s routine practices. The plan will be reviewed at least annually and as part of new employee training.

PERSONAL PROTECTIVE ACTIONS AND EQUIPMENT
Hand Hygiene: Wash hands before and after each patient encounter and after contact with blood, body fluids, secretions, excretions or articles contaminated by these fluids. Wash hands before eating, drinking or smoking; after using the toilet; after cleaning animal cages or animal care areas; and whenever hands are visibly soiled. Alcohol-based gels may be used if hands are not visibly soiled, but handwashing with soap and running water is preferred. Keep fingernails short. Keep handwashing supplies stocked at all times. Staff responsible ____________________________________________.

Correct handwashing procedure:
• Wet hands with running water
• Place soap in palms
• Rub hands together to make a lather
• Scrub hands vigorously for 20 seconds
Dry hands with a disposable towel
Turn off faucet handle using the disposable towel

Use of Gloves and Sleeves: Wear gloves or sleeves when touching blood, body fluids, secretions, excretions, mucous membranes, and non-intact skin. Wear gloves for dentistry, resuscitations, necropsies, and obstetrical procedures; when cleaning cages and contaminated environmental surfaces and equipment; when handling dirty laundry; when handling diagnostic specimens (e.g., urine, feces, aspirates, swabs); and when handling an animal with a suspected infectious disease. Change gloves between examination of individual animals or animal groups (e.g., a litter of puppies) and between dirty and clean procedures on the same patient. Gloves should be removed promptly and disposed of after use. Disposable gloves should not be washed and reused. Hands should be washed immediately after glove removal. (Note: Gloves are not necessary when examining or handling normal, healthy animals.)

Facial Protection: Wear facial protection whenever exposure to splashes or sprays is likely to occur. Facial protection should include a mask worn with either goggles or a face shield. Wear facial protection for the following procedures: dentistry, resuscitation, nebulization, suctioning, bronchoscopy, wound irrigation, obstetrical procedures, and necropsies. Use a surgical mask when cleaning with high-pressure sprayers.

Respiratory Protection: Wear a disposable N-95 respirator or other particulate respirator when investigating abortions in small ruminants or significant poultry mortality, when handling ill psittacine birds, and in any other circumstance where there is concern about aerosol transmission.

Protective Outerwear: Wear a protective outer garment such as a lab coat, smock, non-sterile gown, or coveralls when attending animals and when conducting cleaning chores. These should be changed whenever soiled, after handling an animal with a known or suspected infectious disease, after working in the isolation room, and after performing a necropsy or other high-risk procedure. Shoes or boots should have thick soles and closed toes, and be water resistant and easily cleanable. Disposable shoe covers should be worn when heavy quantities of infectious materials are present or expected. Impermeable outerwear should be worn during obstetrical procedures and necropsies and whenever substantial splashes or large quantities of body fluids may be encountered. Keep clean outer garments available at all times. Staff responsible __________________________.

Bite and Other Animal-Related Injury Prevention: Take precautions to prevent bites and other injuries. Use physical restraints, muzzles, bite-resistant gloves, and sedation or anesthesia as needed. Plan an escape route when handling large animals. Do not rely on owners or untrained staff for animal restraint. Notify _____________________ if there is concern for personal safety. When bites or scratches occur, wash the site with soap and water immediately. Report all bites and other injuries to __________________ (Infection Control Officer) who will also maintain the incident report log. Consult a physician whenever the skin is broken. An evaluation of the need for medical attention, tetanus immunization, antibiotics, and rabies post-exposure prophylaxis will be made by a physician. Bite incidents will be reported to ________________________ (public health agency) as required by law. Telephone number: _______________________

PROTECTIVE ACTION DURING VETERINARY PROCEDURES

Intake: Avoid bringing aggressive or potentially infectious animals in through the reception area. If they must come through the main entrance, carry the animal or place it on a gurney so that it can be taken directly into an exam room.
Examination of Animals: Wear appropriate protective outwear and wash hands before and after examination of individual animals or animal groups (e.g., a litter of puppies). Potentially infectious animals will be examined in a dedicated exam room and remain there until diagnostic procedures and treatments have been performed.

Injections, Venipuncture, and Aspirations: Wear gloves while performing venipuncture on animals suspected of having an infectious disease and when performing soft tissue aspirations. Currently, there is no data indicating that venipuncture on healthy animals carries a significant risk of infection.

Needlestick Injury Prevention: Do not recap needles except in rare instances when required as part of a medical procedure or protocol. Dispose of all sharps in designated puncture-proof sharps containers. Dispose of the used syringe with attached needle in the sharps container when injecting live vaccines or aspirating body fluids. For most other veterinary procedures, use the needle removal device on the sharps container and dispose of the syringe in the regular trash. Sharps containers are located in every area of the clinic where sharps are used. Do not transfer sharps from one container to another.

Dental Procedures: Wear protective outerwear, gloves, mask, and a face shield or goggles when performing dental procedures or working nearby (such as when monitoring anesthesia).

Resuscitation: Wear gloves, mask, and a face shield or goggles.

Obstetrics: Wear gloves and/or shoulder-length sleeves, mask or respirator, face shield or goggles, and impermeable outerwear.

Necropsy: Wear cut-resistant gloves, mask, face shield or goggles, and impermeable outerwear. Only necessary personnel are allowed in the vicinity of the procedure. Wear a respirator when using a bandsaw or other power equipment. If an animal is suspected of having a notifiable infectious or a foreign animal disease, consult with the State Veterinarian before proceeding with a necropsy. Contact information for State Veterinarian’s office ________________________________.

Diagnostic Specimen Handling: Wear protective outerwear and gloves. Discard gloves and wash hands before touching clean items (e.g., microscope, telephone). Eating and drinking are not allowed in the laboratory.

Environmental Infection Control
Isolation of Infectious Animals: Animals with a contagious or zoonotic disease will be housed in isolation as soon as possible. Clearly mark the room or cage to indicate the patient’s status and describe additional precautions. Only equipment needed for the care and treatment of the patient should be kept in the isolation room, and there should also be dedicated cleaning supplies. Disassemble and thoroughly clean and disinfect any equipment that must be taken out of the room. Discard gloves after use. Leave other personal protective equipment (e.g., gown, mask) in the isolation room for reuse. Clean and disinfect protective equipment between patients and whenever contaminated by body fluids. Bag potentially contaminated materials before removal from the isolation room. Use disinfectant footbath before entering and leaving the room. Access to the isolation room is limited. Keep a sign-in log of all people (including owners or other non-employees) having contact with a patient in isolation. Monitor air pressure daily while the room is in use.

Staff responsible ________________________________________________________

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Cleaning and Disinfection of Equipment and Environmental Surfaces: Clean surfaces and equipment first to remove organic matter, and then use an EPA-registered hospital disinfectant, applied according to manufacturer’s instructions. Minimize dust and aerosols when cleaning. Clean and disinfect animal cages, toys, and food and water bowls between animals and whenever visibly soiled. Clean litter boxes once a day. Wear gloves when cleaning, and wash hands afterwards. There is a written checklist for each area of the facility (e.g., waiting room, exam rooms, treatment area, kennels) specifying the frequency of cleaning, disinfection procedures, products to be used, and staff responsible.

Handling Laundry: Wear gloves when handling soiled laundry. Wash animal bedding and other laundry with standard laundry detergent and machine dry. Use separate storage and transport bins for clean and dirty laundry.

Decontamination and Spill Response: Immediately spray a spill or splash of blood or body fluids with disinfectant and contain it with absorbent material (e.g., paper towels, sawdust, cat litter). Don gloves, mask, and protective clothing (including shoe covers if the spill is on the floor and may be stepped in) before beginning the clean-up. Pick up the material then seal in leak-proof plastic bags. Clean the area, and disinfect according to manufacturer’s instructions. Keep clients, patients and employees away from the spill area until disinfection is completed.

Veterinary Medical Waste: Handle and dispose of veterinary medical waste appropriately and in accordance with OR-OSHA rules.

Rodent and Vector Control: Keep the facility free of wild rodents and mosquitoes and other arthropods by sealing entry portals, eliminating clutter and sources of standing water, keeping animal food in closed metal or thick plastic containers, and disposing of food waste properly.

Other Environmental Controls: There are designated areas for eating, drinking, smoking, applying make-up and similar activities. These activities should never be done in animal care areas or in the laboratory area. Human food or drink should not be kept in the same refrigerator as animal food, biologics, or laboratory specimens. Dishes for human use should be cleaned and stored away from animal care and animal food preparation areas.

EMPLOYEE HEALTH

The following personnel are responsible for developing and maintaining the practice’s infection control policies, keeping records, and managing workplace exposure and injury incidents.

Staff Responsible:

Employee Immunization Policies and Record Keeping:

**Record Keeping:** Current emergency contact information will be maintained for each employee. Records will be maintained on immunizations, rabies titer, and exposure and injury incidents. Report and record changes in health status (e.g. pregnancy) that may affect work duties.

**Rabies Preexposure Vaccination:** All staff with animal contact must be vaccinated against rabies, followed by periodic titer checks and rabies boosters, in accordance with the recommendations of the Advisory Committee on Immunization Practices (CDC, 1999).

**Tetanus Vaccination:** Tetanus immunizations must be up to date. Report and record puncture wounds and other possible exposures to tetanus. Consult a health care provider regarding the need for a tetanus booster.
Seasonal Influenza Vaccination: Unless contraindicated, veterinary personnel are encouraged to receive the current seasonal influenza vaccine. Check with CDC for updated recommendations at www.cdc.gov.

Staff Training and Education: Infection control training and education will be documented in the employee health record.

Documenting and Reporting Exposure Incidents: Report incidents that result in injury or potential exposure to an infectious agent to _______________________________. The following information will be collected for each exposure incident: date, time, location, person(s) injured or exposed, other persons present, description of the incident, the status of any animals involved (e.g., vaccination history, clinical condition, diagnostic information), and plans for follow-up. If consultation with a health care provider is necessary, be sure to inform them of the exposure to the animal(s).

Pregnant and Immunocompromised Personnel: Pregnant and immunocompromised employees are at increased risk from zoonotic diseases. Inform ___________________ if you are concerned about your work responsibilities, so that accommodations may be made. Consultation between the supervising veterinarian and a health care provider may be needed.

The following information is attached to the Infection Control Plan:

- List of reportable/notifiable veterinary diseases and where to report
- State and local public health contacts for consultation on zoonotic diseases
- Public Health Laboratory services and contact information
  - Emergency services telephone numbers – fire, police, sheriff, animal control, poison control, etc
  - List of EPA-registered disinfectants
  - OSHA regulations
  - State Department of Agriculture or Board of Animal Health contact information and regulations
  - Local animal waste disposal and biohazard regulations
  - Local rabies regulations
  - Local animal control and exotic animal regulations
  - Useful resources

Occupational Noise Exposure
OSHA’s noise standards likely do not apply to most veterinary practices. However, one area where it might apply is in the kennel area. Continual exposure to noise greater than 85 decibels (one barking dog can achieve this) over an eight-hour period can damage hearing. This length of exposure is not likely in a veterinary practice. However, as noise levels rise above 85 decibels, the safe exposure time for unprotected ears falls dramatically. For example, 110-decibel noise can impair hearing after just 15 minutes of exposure.

It is not uncommon for the decibel level to reach between 95 and 100 in kennels or runs, which could cause hearing loss over a prolonged period of time.

People differ in their sensitivity to sound, and there is no way to determine who is most at risk for hearing damage. Factors such as sound pressure, frequency, and length of exposure all play roles in determining
whether what is heard is harmful or just annoying. However, the following are warning signs that the workplace noise is too loud:

- Employees have to shout to make themselves heard during work.
- Employees have ringing in their ears for several hours after they leave the practice.
- Employees have difficulty hearing normal sounds for several hours after they leave work.

To mitigate the risk of hearing loss among employees, consider the following administrative and work-practice controls:

- If kennels need a lot of attention (more than 15 minutes at a time), consider rotating two or more employees in this area.
- Provide hearing protection in kennels and require employees to use it. (Both earplugs and ear muffs reduce the pressure of sound. Better earplugs and muffs are about equal in sound reduction, though earplugs are more effective for reducing low-frequency noise and earmuffs for reducing high-frequency noise. Using them in combination increases protection against higher noise levels (above 105 decibels) than either used alone.
- Place a sign above the entrance to the kennel or run that says: “Caution: Ear Protection Required for Extended Exposure of 15 Minutes or More.”

**Occupational Risks for Pregnant Workers**

The following reflects the American Veterinary Medical Association’s position on “Veterinary Facility Occupational Risks for Pregnant Workers” and is a good model for addressing the issue in practices. Although scientific data concerning the reproductive health effects of many occupational exposures is limited, the goal of creating a safe work environment for pregnant workers can be facilitated by awareness of inherent risks and then adopting procedures to minimize risk exposure.

This information, along with all safety guidelines and procedures, should be communicated to all workers, regardless of their gender or reproductive status. The key to a safe working environment is communication, planning ahead, and educating your workers on how to use protective equipment properly, and avoiding unnecessary risks.

Any pregnant workers or workers planning to become pregnant should consult with their health care provider to determine what, if any, additional precautions are needed based on their individual situation. It is the responsibility of the worker to communicate their needs to their manager as soon as possible in order for risk reduction to begin when it can be most effective, and also to determine if additional reasonable accommodations are necessary and if they can be made.

Areas requiring special attention to risk reduction include:

- **Radiological** - X-ray exposure presents a significant risk to the pregnant worker. Ideally, all exposure should be avoided. If this is not possible, the pregnant worker must, as all workers should, wear appropriate shielding protection and wear a monitoring badge. Pregnant workers should never, under any circumstances, hold film cassettes in place during radiographic procedures.
• **Biological**

1. Rabies and tetanus are preventable through vaccination and all workers should have vaccinations as recommended by the worker’s healthcare provider in conjunction with current CDC Advisory Committee on Immunization Practices recommendations.

2. Diseases such as salmonellosis, brucellosis, leptospirosis, and chlamydiosis present hazards associated with fever and the drugs used in treatment. Diseases such as Venezuelan equine encephalitis and listeriosis have direct harmful effects on the developing fetus. Awareness of the agents and exposure avoidance is very important, when possible.

3. Toxoplasmosis is known to cause damage to the developing fetus. Exposure to cat feces should be avoided by pregnant workers. If this is not possible, then protective gloves and thorough hand washing must be employed. Since *Toxoplasma* oocysts are not infectious for the first 24 hours after shedding, litter boxes should be cleaned and feces removed completely every 24 hours.

4. The hazards associated with animal bites, wound infections and cat scratch disease are proportional to the severity of the wound and the resultant treatment. The use of protective gloves, thorough hand washing and chemical restraint of fractious and aggressive animals reduce these risks.

• **Chemical**

1. Care should be used when handling any pesticide, hormone or chemotherapeutic agent. Read and understand the warnings on the label and circular. Pregnant workers should not apply pesticides. If this is not possible, adequate ventilation of the area is essential and absorption through the skin should be minimized through the use of protective gloves, aprons and coveralls. Handling of hormones and chemotherapeutic agents require the same precautions.

2. Exposure to high levels of anesthetic gases by pregnant workers is known to increase the incidence of miscarriages and congenital abnormalities in newborns. Ideally, pregnant workers should not be exposed to anesthetic gases. If this is not possible, special attention should be paid to the maintenance of anesthetic machines to assure leak free operation and efficient scavenger systems used to remove waste gases.

3. A Material Safety Data Sheets (MSDS) manual should be readily available for reference by all workers. Additional information on MSDS can be found on the Occupational Safety and Health Administration (OSHA) Web site at www.osha.gov.

**Personal Protection Equipment**

Personal Protective Equipment (PPE) is designed to protect employees from serious workplace injury or illness resulting from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards that cannot be eliminated. PPE is a supplementary form of protection when hazards have not been controlled through engineering or administrative controls. PPE includes a variety of garments and equipment such as goggles, coveralls, vests, earplugs, and respirators.
When OSHA revised the PPE Standard a number of years ago, the changes were pretty dramatic for most veterinary practices. For instance, it is no longer acceptable to just purchase any kind of gloves and an apron and make everyone wear the same one regardless of whether it fits them or not. OSHA now requires that any PPE required to do the job safely must be appropriate for BOTH the hazard and the user. In most veterinary practices, this usually means having several available sizes for the variety of staff members present. (Keep in mind that proper maintenance and sanitation of PPE items is important to the effectiveness of the devices, from a performance perspective as well as compliance by the employee; no one wants to wear something that smells like someone else’s tennis shoes.)

Furthermore, the PPE standard now requires the practice leadership to enforce rules through all means possible when PPE is required. This includes disciplinary action when necessary. It is not a sufficient defense for the practice to simply purchase the equipment – the PPE, when appropriate, must be used.

**Employer responsibility**

Conduct an assessment to identify the hazards in the practice and determine if employees need PPE. General OR-OSHA rules require that you develop a written document that certifies the workplace has been evaluated. You also need to note the date(s) of the hazard assessment, and who performed the evaluation.

As an example, two areas in a practice that you want to assess would include a bathing area and an X-ray room. What are potential hazards for employees in these areas, and what PPE might be necessary to help mitigate these hazards? Once the selection of PPE begins, the basic factors to consider are:

- The chemicals used in that area
- The frequency of exposure to a staff member
- The degree to which the exposure is likely to occur
- The personal preference of the staff member

**Train employees**

Keep a record of employees who received PPE training. The record should document the worker’s name, the type of training, and the training date. Employees must receive the following training:

- What PPE is necessary
- When PPE must be worn
- How to put on, adjust, wear, and remove PPE
- The limitations of the PPE
- Proper care, maintenance, and useful life PPE
- When to replace worn-out PPE
- How to discard contaminated PPE

Employees must demonstrate an understanding of the training topics and the ability to use PPE before being allowed to perform work requiring the use of the equipment. When an employee does not demonstrate an understanding or exhibit an adequate skill level, the employer is responsible for retraining. Retrain when changes in the workplace or PPE make previous training obsolete.

**Personal Safety/Violence Protection**

Between 2001 and 2005, assaults and other violent acts injured 1,338 Oregonians in their workplace. That’s about 268 incidents each year in which workers are unable to do their jobs when they become
victims of workplace violence. (The medical and time-loss costs for the injured workers during this time period averaged more than $12,000 per worker.)

OR-OSHA can cite employers who do not protect their employees from violent acts under provisions of the state’s Safe Employment Act that requires workplaces to be safe and healthful.

Oregon courts have also ruled that employers may be liable if they do not adequately protect their employees from aggressive or violent acts. Typically, courts weigh their decisions on employees’ answers to questions about whether they knew about the acts and what steps they had taken to prevent them. Key questions for employers:

- Do you have a written violence prevention policy?
- Have you established a plan to control aggressive behavior at your workplace?
- Have your employees been trained to recognize, respond to, and report acts of workplace aggression?

**Commit to safety**
Safety starts with commitment from the top. Managers must show that they will not tolerate behavior that could lead to violence in the workplace. Employees will not step forward with their concerns if they think management will ignore them.

**Involve employees**
Your safety committee should be involved creating a written policy, evaluating risks, and establishing safety procedures. If your practice doesn’t have a safety committee, ask for volunteers. And if nobody volunteers? Consider the risk of doing nothing? Employees need to feel that they can tell their managers or supervisors about their concerns without fear of retaliation. They need to know that supervisors will listen to their concerns and respond to them promptly.

**Evaluate your risks**
You probably know the likely sources of aggression in your practice – but do you know how to control them? Acts of aggression in the workplace are preventable; the challenge is determining precisely why they’re happening. An effective risk assessment will help you to uncover the root causes of hostile acts and decide how to respond to them appropriately. A risk assessment should also identify weaknesses in your physical facilities that could increase the risk of a hostile act.

**Develop a policy**
A brief, written policy should tell employees that aggressive or violent behavior will not be tolerated and that all incidents will be taken seriously and dealt with appropriately. Key points of an effective policy:
- All employees are responsible for maintaining a safe workplace.
- Management will respond appropriately to all reports of workplace aggression or violence.
- Management will stop inappropriate behavior.
- Management will support employees and supervisors in their efforts to prevent hostile acts at work.

**Establish safety procedures**
If you know the types of hostile acts that could occur in your practice and where they are likely to occur, you can establish procedures that tell your employees how to respond to them.
**Train employees**

All employees must understand the practice’s policy, recognize situations that may become hostile, and know how to respond to them. Managers and supervisors should also know best practices for dealing with layoffs and terminations, disciplining employees, and resolving conflict.

**Evaluate your effort**

At least once a year take stock of your effort to control the risk of violence. Review all acts of aggression: determine why existing procedures did not prevent them and what needs to be done to prevent them from happening again. Also, consider new risks that may require an update to an existing policy, safety procedures, or required employee training.

**Safety Committee**

Safety committees provide employers and employees a forum in which to discuss safety and health issues in the practice. Committee meetings are also an excellent opportunity to review the introduction of new hazards to the workplace.

According to OR-OSHA rules, safety committees are required if any of the following criteria are met:

- You employed 11 or more employees during the calendar year.
- Your number of lost work day cases in the previous calendar year equaled or exceeded the number list for the profession’s sector (2).
- The employer is rated in the top 25% of all classifications of the National Council of Compensation Insurers (NCCI) classification for workers’ compensation premiums.

If your practice does not meet the above requirements, it is still recommended that you conduct monthly safety committee meetings. A safety committee is sound business management, and can be a viable, positive element in reducing workers’ compensation claims, increasing employee participation in your practice’s loss control efforts, and preventing problems and hazards before they cause injuries or illnesses.

The duties and functions of the safety committee is to assist the employer in developing and maintaining the essential elements of a loss prevention effort. This should include a written agenda for holding safety meetings, an evaluation of current policies and procedures, and the establishment of a reasonable time limit for the employer to respond in writing to all committee recommendations.

It is important to clearly define the scope of the committee’s responsibility and authority. Make it clear from the beginning that the safety committee does not make the practice policy, but is responsible to make recommendations on safety and health issues. Your role as the employer or supervisor is to consider each recommendation and let the committee know what action, if any, you will take.

As outlined in OR-OSHA regulations, the safety committee shall adhere to the following:

- Have equal representation of employer and employee representatives, and the chairperson elected by the committee members.
An Ounce of Prevention

- Develop a written agenda for safety committee meetings, which should be held at least once a month.
- Solicit safety-related suggestions from the employees.
- Assist the employer in evaluating the employer’s accident and illness prevention program.
- Establish protocols for the review of all safety and health inspection reports for the purpose of making recommendations for improvement of the employer’s accident and illness program.
- Evaluate the employer’s accountability system for supervisors and employees.
- Establish procedures for investigating all safety-related incidents.
- Keep minutes of each meeting. Minutes must be maintained for three years for inspection by OR-OSHA, with copies posted or made available for all employees.

Self-Inspection Checklist

Electrical Safety & Equipment

- Electrical cords and electrical equipment are kept away from all water sources to prevent a potentially serious injury or death.
- Grounded plugs on all appliances are used (refrain from using multi-plug adapters.)
- Frayed electrical cords are tagged for repair and replaced as soon as possible.
- Equipment is only operated when in good working order and defective equipment is never used.
- Equipment is not used for any purpose other for which it is intended and protective clothing and equipment are used as required for the job.
- Defective electrical outlets and equipment are reported immediately to the supervisor or employer.
- A lock-out/tag-out program needs to be implemented when a piece of equipment that cannot be unplugged needs servicing.
Self-Inspection Checklist

Fire Protection

*Extinguisher Inspection, Maintenance and Training*

1. Ensure annual maintenance checks are conducted by a person trained to recognize problems.
2. Record annual maintenance date. Retain records for one year after the last entry or for the extinguisher shelf life.
3. Conduct external visual inspections monthly. Portable fire extinguishers must be provided in adequate numbers and types.
4. Fire extinguishers must be mounted in readily accessible locations.
5. Fire extinguishers also need to be recharged regularly, with dates noted on the inspection tags.
6. If employees are expected to use fire extinguishers and fire protection procedures, they need to be trained.
7. If employees are not trained to use fire extinguishers, they must be trained to immediately evacuate the practice in a fire emergency.
8. Periodically review your fire prevention procedures to make sure they are appropriate. Be sure the fire equipment is in proper working order.

**IN CASE OF A FIRE**

Employees should notify you or the office manager, and the fire department should be called (or 911). For small fires, trained employees should douse the flames using the correct extinguisher for the materials they are attempting to control:

- **CLASS A:** Ordinary combustible materials fires
- **CLASS B:** Flammable liquid, gas or grease fires.
- **CLASS C:** Energized-electrical equipment fires.

If the fire spreads and becomes bigger or if noxious chemicals can be detected evacuate the building immediately and wait for the fire department to arrive.

*Emergency Action Plan*

1. An emergency evacuation plan has been developed with escape procedures and routes communicated to all employees.
2. All employees have been instructed as to their individual responsibilities during emergency evacuation.
3. Written procedures for reporting a fire or other emergency are in place.
An Ounce of Prevention

- Alarm systems (if installed) are maintained and regularly tested.
- The emergency evacuation plan is reviewed and revised periodically, as necessary.
- Exits are marked with an “EXIT” sign and illuminated by a reliable light source.
- Directions to exits, if not immediately apparent, are marked with visible signs.
- Doors, passageways or stairways that are not exits or access to exits, and which could be mistaken for exits, are marked “Not an Exit,” “Basement,” or “Storage.”
- Exits are free of obstruction and unlocked.
- Panic bars on exits work freely when doors are locked.
- Names and job titles of employees to contact for more information about employee duties are clearly identified and understood.

Fire Prevention Plan

All businesses in Oregon are required to develop a fire prevention plan. This information must be conveyed to all employees. If the practice has fewer than 10 employees, OR-OSHA allows the plan to be verbal instead of written.

- All work places with 10 or more employees must have a written fire-protection plan.
- Determine potential fire hazard and describe the practice’s fire equipment and/or systems.
- Identify potential ignition source and establish procedures to control the fire hazards.
- Clean and store combustible waste in covered receptacles and promptly dispose of the materials in the dumpster. Flammable liquids should be kept in closed containers when not in use and stored in a cool, dry area.
- Inform your employees about the practice’s fire prevention plan and train them in the use of extinguishers and fire protection procedures.
- All employees have been instructed on the practice’s fire protection plan, and are familiar with proper use of extinguishers and emergency exits.
- A “No Smoking” sign is posted in areas where flammable or combustible materials are used or stored.
- Spills of flammable or combustible liquids are cleaned up promptly.
- The local fire department is familiar with the practice, its location and specific hazards, i.e., ethylene oxide, compressed gas cylinders.
Names or job titles of persons responsible for maintaining equipment to prevent or control source of ignition are documented in the Fire Prevention Plan.

Self-Inspection Checklist

Hazardous Spills

A spill kit for the cleanup and containment of spilled hazardous substances i.e., pesticides, has been put together.

Employees have been informed as to the location of the spill kit and how to respond to hazardous spills.

Self-Inspection Checklist

Housekeeping & General Work Environment

Electrical

All employees are instructed to report any obvious hazard to life or property observed in connection with electrical equipment or lines.

All portable hand-held electrical tools and equipment, and electrical appliances such as vacuum cleaners and polishers, are grounded or double-insulated.

Extension cords are grounded and multiple plug adaptors are prohibited.

Frayed or exposed wiring or cords are tagged and promptly replaced.

In wet or damp locations, electrical tools and equipment are protected from moisture and are listed for those conditions.

Sufficient access and working space are provided and maintained around all electrical equipment.

Electrical disconnecting means are clearly identified.

Equipment

All hand-operated and power-operated tools and equipment are in good working condition.

Employees have been instructed about hazards as a result of faulty or improperly used tools or equipment.

All electrical cords of tools and equipment are grounded.
Floors and Walkways

- Floors are clean, dry and slip resistant.
- Spills and wet floors are quickly cleaned and dried.
- Wet surfaces are covered with non-slip materials or identified by “Wet Floor” sign.
- Openings or holes in the floor are covered and guarded.
- Aisles and passageways are unobstructed and at least 22” wide.
- Passageways that do not lead to an exit are marked appropriately, for example, “Storage,” “Basement,” or “Not an Exit.”

Stairs and Stairways

- All stairways are a minimum of 22” wide.
- Stairs have at least a 6 feet, 6 inches overhead clearance.
- Standard stair rails and handrails are present.
- Stairway handrails have a minimum 1.5 inches clearance between handrails and the wall or mounted surface.
- Step risers on stairs are uniform, with no riser spacing greater than 7.5 inches.
- Stairs and stairways are slip resistant.
- Stairways should be free of objects to provide for a safe traffic pattern.

Work Areas

- All work areas are properly lighted to prevent eyestrain. Your employees should let you know if they need more light (or less light to reduce glare) in their work areas.
- Ventilation should be appropriate for the work being performed. For example, work areas in which employees mix formaldehyde or shampoo a dog require adequate flow of area. (When handling such chemicals, employees should wear the necessary protective equipment and clothing.)
- Exhaust ventilation systems should be designed and operated properly for their specific application. Air ducts should be free of obstructions, and drive belts checked for slippage.
- Work stations are clean and orderly.
- Waste and debris are safely stored and regularly removed.
- Toilets and washing facilities are cleaned and sanitary.
Self-Inspection Checklist

**Occupational Noise Exposure**

O This likely does not apply to most veterinary practices, but if an employee is in a kennel for more than 15 minutes where the noise reaches 95 to 110 decibels, the employee is required to wear hearing protection.

O A sign is posted above the kennel entrance that says: “Caution: Ear Protection Require for Exposure of 15 Minutes or More.”

**Self-Inspection Checklist**

**Personal Protective Equipment (PPE)**

O Workplace hazards that might require PPE have been assessed, and related injuries have been reviewed.

O The assessment has been documented, and the documentation identifies the workplace that has been evaluated.

O Training has been provided to each employee who is required to wear PPE. Training has been documented.

O Protective goggles or face shields are provided to employees and worn when there may be danger of flying material or caustic or corrosive materials.

O ANSI-approved safety glasses are worn at all times in areas where there is risk of eye injury.

O Protective gloves, aprons, or shields are provided to employees for protection against cuts, corrosive liquids, and chemicals.

O Appropriate respirators are provided for regular or emergency use when they are necessary.

O There is a written respirator program.

O Respirators are inspected before and after each use.

O A written record is kept of all inspection dates and findings.

O All employees have been trained in work procedures, and proper use and maintenance of protective clothing and equipment for cleaning up spilled toxic or other hazardous materials or liquids.

O A spill kit is available for employees to clean up spilled toxic or hazardous materials.
O Protective equipment is sanitary and ready to use.

O Employees have a lunch area where there is no exposure to toxic materials.

Self-Inspection Checklist

Personal Safety/Violence Protection

O Managers are committed to preventing aggression and violence in the workplace.

O Employees feel that managers will respond to their concerns about possible aggressive or violent acts in the workplace.

O Managers and supervisors know best practices for resolving conflict.

O The safety committee – or other volunteers – helps to create policy, evaluate risks, and develop procedures for responding to hostile acts.

O There is a written policy that tells employees that hostile acts will not be tolerated and will be dealt with appropriately.

O There is a written plan to control aggressive or violent behavior in the workplace.

O The potential for violence and security threats was identified with a written risk assessment.

O There is a written procedure that tells employees how to respond to violent acts and a set of follow-up procedures for evaluating incidents and preventing them from recurring.

O Employees have been trained to recognize, respond to, and report potentially violent acts.

O All violent acts and reports of aggression are evaluated at least once a year.
Safety Committee Charter

Below is a sample of a Safety Committee Charter that you can adopt or modify for your practice. This document conveys the purpose and value of the Safety Committee to management, staff and committee members.

**Purpose**
The intent of the Safety Committee is to maintain the interest of both employers and employees in occupational safety and health matters. The purpose is also expected to achieve the following:

- Provide an opportunity for open discussion of problems that result or could result in an injury or illness.
- Assist management in the evaluation of recommendations for an improvement in the work environment.
- Improve the cooperative spirit between all employees of the practice.

**Organization**
There shall be ______ employee members and management members of the Safety Committee.

Employee members may be elected or volunteer or they shall be appointed. Management members shall be designated.

Members of the committee must have an interest in accident prevention, occupational safety and health, and a willingness to work for improvement in this important endeavor.

**Objectives**
The Safety Committee shall strive to meet the following objectives:

- Assist management in the development of job-site safety.
- Assist in the communication and promotion of safety and health matters in the workplace.
- Recognize trends of injury and illness in the practice and recommend corrective action.

Each recommendation should be clearly and concisely written. They should be justifiable and include the costs of implementation and list of derived benefits.

**Extent of Authority**
It must be clearly understood that committees are expected to make recommendations. Management’s responsibility is to establish policies and consider all recommendations.

The committee or individual members should not interrupt the work of employees or challenge supervisory authority. The committee serves in an advisory capacity to management.

**Procedures**
The committee’s plan of action requires procedures by which it may effectively fulfill its role. These procedures should include:

- Setting the meeting date, time and location.
- Selecting a chairperson and a permanent secretary.
• Establishing the order of business and outline the duties of each member.
• Completing assignments relative to the committee’s function.
• Observing how the practice’s safety and health policy is enforced.
• Advising supervisors about situations in the practice which could lead to injury or illness.
• Recommending safeguards and warning supervisors of potential hazards.
• Educating and training employees on safety and health issues.

It is imperative that management and committee members work together in managing safety and health for all employees.
Safety Policy Statement

Statement
It is the policy of ___________ to protect the safety and health of our employees. Injuries and property loss from accidents are needless, costly, and preventable. Our practice has established a safety and health program that will help us to prevent injury and loss due to recognized hazards.

Management
Management is dedicated to the prevention of accidents and injuries. As part of this practice’s safety program, management will provide direction and full support of safety procedures, job training and the elimination of hazardous practices. We must keep fully informed on health and safety areas in the practice and periodically review the effectiveness of our program.

Safety Committee
The Safety Committee consists of management and staff representatives that share an interest in the general promotion of safety and health. The committee is responsible for making recommendations of improving safety and health in the workplace. The committee is charged with the responsibility of defining problems and obstacles to loss prevention; identifying hazards and suggesting corrective actions; helping to identify training needs and developing accident investigation procedures. (Management is responsible for actual investigations).

Employees
Each employee, regardless of position within the practice, is expected to cooperate in all aspects of our safety and health program. Some major points of our safety program require that:

- Accidents must be reported immediately to your supervisor.
- Required personal protective equipment will be worn by all employees. There are no exceptions.
- Equipment that is not in good operating condition should not be used. Report defective equipment to your supervisor.

Hazardous conditions or other safety concerns should be immediately reported to your supervisor.

Each employee accepts personal responsibility for their own safety as well as the safety of co-workers. Employers who do not comply with safety rules will be subject to disciplinary action.
3. First Aid and Medical Services

- First Aid
- Bloodborne Pathogens
- Eyewash Fountains
- Emergency Medical Services
- Emergency Medical Plan

This section also contains:
- Self-inspection Checklists

First Aid and Medical Services
Under rules adopted by OR-OSHA in February 1993, veterinary hospitals can rely on the same system of emergency medical services that all citizens in their communities access. However, employees must ensure the ready availability of outside services and have a plan to identify and contact such services in case of an emergency.

If services are not available near your practice a qualified, trained first-aid person must be available on site. First aid supplies must also be on hand and readily accessible to all employees in case of need.

First Aid
As part of the first aid rules, the requirement for first aid and supplies is based on expected need within the practice. Evaluate potential hazards and the injury history of your practice to determine the appropriate supplies which must be available in close proximity to your employees. Determine whether bulk pack or supplies in a First Aid kit are acceptable.

Recommended first aid supplies include:
- Eight individually wrapped gauze pads (3” x 3”)
- Two large gauze pads which are or can be folded to about 10”
- One box of adhesive bandages
- One package of gauze roller bandage at least 2” wide
- Two triangular bandages
- Wound-cleaning agent, such as sealed, moistened towelettes or soap and water
- Scissors
- One blanket
**Bloodborne Pathogens**
The Bloodborne Pathogens Standard details what employers must do to protect workers whose jobs put them at risk of coming in contact with human blood and other potentially infectious materials that can cause serious illness or death.

Except for animal research facilities, the provision of the Bloodborne Pathogens Standard generally does not apply to veterinary medicine. Since there is no reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood (human blood) the standard does not cover most practice activities.

However, there is ONE EXCEPTION. According to OR-OSHA, if rendering first aid services is an assigned duty of an employee in the practice, then that person comes under the BPS and must meet the general requirements.

**Collateral Duty**
This said, employers may choose to train employees in first aid and CPR. Their role in the emergency medical plan may be to assist coworkers if a workplace incident occurs. Under this scenario, their potential exposure to bloodborne pathogens is limited, most likely resulting from an exposure incident while providing assistance. This role is characterized as a collateral duty.

Incidental clean-up of human blood may also fall under collateral duty. The employer’s responsibility is to offer the hepatitis B vaccination to the employee after this type of response and provide post-exposure follow-up immediately if an exposure incident occurs.

**Good Samaritan Acts**
A Good Samaritan is someone who renders emergency care or first aid at the scene of an accident. This may also apply in a veterinary practice if an employee comes to the assistance of a co-worker who happens to cut him or herself on the job. Employees trained in first aid but who are not expected to render aid as part of their practice duties are Good Samaritans. In this instance, employers are not required to provide post-exposure follow-up and are exempt from the BPS.

**Eyewash Fountains**
All veterinary practices where hazardous, toxic or corrosive materials are handled must install an eyewash fountain. If your practice has several fixed work stations where such materials are handled, then you must supply an eyewash fountain for each area.

According to OR-OSHA standards, the eyewash station(s) must provide a continuous flow of clean, tepid water under pressure for 15 minutes. The stations must also be a hands free operation: one in which a free hand can turn on the fountain. Make sure that the eyewash station is not hooked up to the hot water supply to prevent an employee from inadvertently scalding his or her eyes.

Other more expensive plumbed units can be connected where they swing over a sink and tap into the cold water supply. Again, the purpose for providing a flow of cool, tepid water is to prevent an accidental face scalding.

Also, note that some veterinary practices may need several eyewash fountains, depending on the layout of the building. In an emergency, an employee should not have to go through swinging doors or climb stairs in search of an eyewash station.
Emergency Medical Services
Employers are responsible for ensuring the ready availability of emergency medical services for employees who require treatment other than general first aid. For most veterinary practices, such service can be provided by the local ambulance company or hospital and accessed by dialing “911.”

However, where emergency services are not in proximity to your practice, a person with current first aid training by the American Red Cross (or equivalent organization) must be available on the premises at all times during open hours. This means that if your designated employee is unavailable, another employee with first aid training must cover.

Emergency Medical Plan
In order to ensure rapid medical services to employees with major injuries or illnesses, employers are required to develop an emergency medical plan. In some instances, the plan may simply be calling “911.”

If your practice has ready access to a physician or an ambulance with Emergency Medical Technicians, then your emergency plan must only contain the telephone number of the ambulance service. The most convenient location for posting this number is on the telephone itself. For those veterinary practices in areas with designated “911” telephone number, the “911” service can be used instead of posting the specific ambulance telephone number.

Veterinary practices that are not able to ensure prompt emergency medical service when needed must have a definite plan of action in the event of a serious injury or illness to an employee. The plan of action must consist of the arrangements for:

- Communication: Two-way radio, telephone, or provision for emergency communication to contact the emergency medical services.
- Transportation: Availability of transportation to a point where an ambulance can be met or to the nearest suitable medical facility. The vehicle should be equipped to provide sufficient care and comfort to the injured employee.
- Qualified medical personnel at the point of destination.
- All employees shall know who the qualified first aid employees are, and understand the first aid requirements and your emergency medical plan.

Self-Inspection Checklist

First Aid and Medical Services

- First-aid supplies are readily accessible in each work area. Materials are periodically inspected and replenished as needed.
- Emergency telephone numbers are posted.
Eyewash fountains are available and in good working condition where caustic or corrosive liquids or hazardous materials are handled.

**Self-Inspection Checklist**

**Bloodborne Pathogens**

- The Bloodborne Pathogen Standard applies **ONLY** if rendering first aid in the practice is an assigned duty of an employee; otherwise, the practice is exempt from the BPS.

- If applicable, conduct an exposure-control plan to eliminate or minimize employee exposures. Additional Oregon rules for bloodborne pathogens require an annual evaluation involving front-line employees to identify and select engineering and work-practice controls, including safer medical devices.

- Controls that remove the bloodborne pathogen hazard from the practice include sharps disposal containers, self-sheathing needles, and safer medical devices such as sharps with engineered sharps-injury protection and needleless systems.

- Enforce work-practice controls that reduce the likelihood of exposure by changing the way a task is performed. They include appropriate procedures for hand washing, sharps disposal, specimen packaging, laundry handling, and cleaning contaminated material.

- Select and provide personal protective equipment (PPE) such as gloves, gowns, and mask and ensure its use. Clean, repair, and replace equipment as needed.

- Make hepatitis B vaccinations available to all employees with occupational exposure to bloodborne pathogens within 10 days of assignment and at no cost to the employee.

- Provide post-exposure follow-up at no cost to the employee who experiences an exposure incident. This includes providing a confidential medical evaluation; identifying and testing the source individual, if feasible; testing the exposed employee’s blood upon consent, performing post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. Seek medical treatment and follow-up immediately for timely administration of post-exposure prophylaxis. All diagnoses must remain confidential.

- Provide information and training to employees on initial assignment, then at least annually. Ensure that training covers the dangers of bloodborne pathogens, preventive practices, and post-exposure procedures. Keep training records, containing the training date, training content, name and qualification of the trainer, and the name and job title of trainee, for three years.

- Maintain medical records for the duration of employment, plus 30 years, in accordance with OR-OSHA rules. Maintain sharps injury log for five years.
Notes
4. Medical Waste

- What is Medical Waste?
- Medical Waste Disposal
- METRO’s Waste Acceptance Policy

This section also contains:

- Self-inspection Checklist
- Infectious Waste Treatment Methods (Exhibit E)
- Registered Medical Waste Haulers (Exhibit F)

Medical Waste
In the interest of public health and safety, the Oregon legislature established regulations for collection, storage, transportation, treatment and disposal of infectious medical waste. House Bill 2865, which was enacted in 1990, requires all veterinary practices to contain, label and dispose of sharps according to set guidelines. However, veterinary clinics are exempt from having to control infectious materials such as biological and pathological wastes, cultures and stocks. (Note: The latter no longer applies to Portland metropolitan area.)

What is Infectious Medical Waste?
As defined by the Department of Health Services, infectious medical waste means:

- **Sharps**: Includes needles, IV tubing with needles attached, scalpel blades, lancets, glass tubes that could break during handling, and syringes that have been removed from their original sterile containers.

- **Biological Waste**: Includes blood and blood products, excretions, a variety of other body fluids. It also covers waste materials that are saturated - to the point of dripping - with blood or body fluids. Articles contaminated with fully absorbed or dried blood, i.e., gauze and paper towels, are not considered biological waste.

- **Pathological Waste**: Includes body parts, tissues, organs, and biopsy materials. It also encompasses animal carcasses exposed to pathogens in a research setting, along with waste and bedding from such animals. This does not include teeth or formaldehyde and other preservatives.

- **Cultures and Stocks**: Includes etiologic agents and associated biologicals, covering specimen cultures and dishes used to transfer, inoculate and mix cultures. It also covers waste from the
production of biologicals, serums, and live and attenuated vaccines. Throat and urinary cultures are exempt.

Medical Waste Disposal

Liquid and Semi-solid Waste: Liquid or soluble semi-solid biological waste may be discharged into a sewage treatment system that provides secondary treatment of waste. This type of waste can also be disposed of into a septic tank system.

Sharps: Sharps must be contained in leak-proof, rigid, puncture-resistant red containers that are taped closed or tightly lidded to prevent spillage or loss of contents. Sharps containers must also be clearly identified as holding infectious waste and cannot be compacted. The containers may be stored indefinitely.

Sharps may be disposed of in a permitted land disposal site (METRO facilities in the Portland area excluded), provided that they are properly contained, separated from the clinic’s regular trash, and placed in a segregated area of the landfill. Call your local landfill to check on its policy for accepting and disposing of sharps.

Veterinary practices may transport sharps containers to a sanitary landfill. You can also make arrangements for a registered medical waste hauler to pick up and deliver your sharps containers to the designated facility. NOTE: Disposal methods are discussed at the end of this section.

METRO’s Waste Acceptance Policy

Although veterinary wastes (except sharps) are exempt from the state’s definition of biological and pathological wastes, and cultures and stocks, METRO has adopted more stringent standards for its operated landfills.

Handlers at METRO facilities recycle as much refuse as possible. To the on-line handlers, veterinary materials and other wastes of animal origin are generally indistinguishable from human medical wastes. Thus, METRO treats all body parts and materials dripping with body fluids similarly, and requires that sharps or other infectious medical waste be treated before disposal (steam sterilized, autoclaved or incinerated.)

With regard to infectious medical waste, conditions for acceptance at METRO facilities include:

- **Sharps**: METRO has revised its original policy and will no longer accept sharps containers from commercial enterprises. As a service to the public, it will only accept sharps from people with medical conditions such as diabetes.

- **Pathological Waste**: Incineration of such waste is mandatory before it can be deposited at the METRO landfill.

- **Biological Waste/Cultures and Stocks**: This type of veterinary waste is acceptable only if it is autoclaved or steam sterilized. The waste must be identified as infectious and contained in disposable red plastic bags or containers made of materials impervious to moisture and strong enough to prevent ripping, tearing or bursting under normal conditions. The bags or containers shall be closed to prevent leakage or spillage of waste during storage, collection or transportation.
• The majority of veterinary practices are not equipped to incinerate or autoclave the amount of generated infectious medical waste. Therefore, it is likely more practical to contact a registered medical waste hauler to pick up and transport the waste to the appropriate landfill.

• If your practice is in the tri-county area and the medical waste hauler removes more than 50 pounds of infectious waste, the hauler should provide you with documentation that shows: the point of origin, date, and place of final disposal of the collected waste. Maintain these records in your files for three years.

• METRO regularly conducts spot checks of waste loads to ensure that infectious waste (including sharps) is not included. If METRO finds red medical waste bags, sharps containers or loose materials that appear to be infectious waste, it will attempt to determine where the waste was generated. This might include questioning the hauler about customers or the location where the load was picked up, or looking for signs of origin.

• If METRO determines where the waste came from it will contact the veterinary clinic and ask that they do the required cleanup themselves. Should the practice refuse, the facility operator will segregate the waste and submit a bill to the generator. If the generator of the waste is not found, then METRO must decide how to carry out the cleanup.

Self-Inspection Checklist

Medical Waste

O Sharps are placed in leak-proof, rigid, puncture-resistant red containers.

O Sharps containers are taped closed or tightly-lidded to prevent spillage or loss of contents.

O Containers are clearly identified by a label (Sharps Waste) or the international bio-hazardous symbol.

O Sharps Containers are not compacted and are not disposed of with other office trash.

O The sharps containers are transported to a sanitary landfill in accordance with state law.

Biological and Pathological Waste, Cultures and Stocks

O For veterinary practices in Clackamas, Multnomah and Washington counties, sharps containers and other infectious medical waste are disposed of according to policies established by the Metropolitan Service District (METRO).
Medical Waste Treatment Methods

The following processes have been approved by the Oregon Health Division for the treatment and disposal of infectious medical waste in the state.

- **Medical Waste Pick-up Service**
  A registered medical waste hauler can pick up and deliver your sharps containers (and other infectious wastes) to a disposal site that has been issued a permit by the State of Oregon.

- **Autoclaving**
  Sharps, biological waste, cultures and stocks may be steam sterilized provided the method follows procedures as outlined by the Oregon Health Division.

- **Incineration**
  Incineration on the premises is an acceptable treatment method, provided it is in compliance with all rules established by the Environmental Quality Commission.

- **Infectious Waste Disposal System - Medical SafeTEC**
  This unit renders (chemically and mechanically) medical waste non-infectious and unrecognizable. Once transformed, the waste may be disposed of as regular trash.

- **Electro-Thermal Deactivation - Stericycle, Inc.**
  This unit uses low frequency radiowaves to heat the waste and render it non-infectious.
5. Hazard Communication

- Develop a Written Plan
- Identify Hazards
- Maintain MSDSs
- Check Containers for Proper Labeling
- Train Employees

This section also contains:
- Self-inspection Checklist
- Written Hazard Communication Program (Exhibit F)
- MSDS Request Letter (Exhibit G)
- Sample MSDS (Exhibit H)
- List of Hazardous Substances (Exhibit I)
- Employee Training Documentation (Exhibit J)

Hazard Communication Employee Training Program

This section also contains:
- Sample MSDS (Exhibit K)
- List of Hazardous Substances (Exhibit L)

Hazard Communication

The Hazard Communication Standard is the heart of the Oregon Occupational Safety and Health Administration (OR-OSHA) program. Expanded in 1988 to include businesses of all sizes in the state, this standard or “Right to Know” law was enacted to help ensure a safe and healthy work environment for those employees who may be exposed to hazardous substances in the workplace. If your practice is incorporated, you are considered an employee of the corporation and subject to OR-OSHA regulations. If you are a sole proprietor or partnership, you are not considered an employee and are not personally subject to these rules.
As part of this program, the regulations require the following:

- Development of a written program.
- The identification of all hazardous materials in your veterinary practice.
- The maintenance of a list of Materials Safety Data Sheets (MSDS) that is readily accessible should an accident occur.
- The proper labeling of all hazardous materials.
- The training of all employees about the hazardous substances in your practice.

### Develop a Written Program

One of the most often overlooked aspects of the Hazard Communication Standard is the written program. Yet it is perhaps the easiest requirement with which to comply.

The written program is a general policy statement that explains how you will fulfill your obligations of the standard. It does not have to be in-depth but should be clear and concise and contain the following elements:

- A statement outlining how you will meet obligations in the rules concerning labeling, MSDSs, and employee information and training.
- A list of hazardous chemicals in your practice. This list can serve as a check point to ensure that all chemicals have the appropriate information. The list can be developed for each individual work area, or the entire practice.
- Means by which your employees will be informed of hazards they might encounter while performing tasks.
- Methods of informing employees of the pipe labeling system, if appropriate.
- How you will inform contractors in your practice of any hazards to which they may be exposed. (This also applies to relief veterinarians.)
- The program should also include suggestions for appropriate protective measures, and methods by which the contractor will inform you of chemicals they plan to use.

The written program you develop will serve as a useful reference for employees, and must be made available to any employee upon request.

### Identify Hazards in the Workplace

By definition, hazardous substances are those materials which can affect a person’s health, cause injury or death, or may damage the environment.
As mentioned in the DVD module, *An Ounce of Prevention*, the quickest and easiest way to recognize and evaluate hazards in your practice is to conduct an inspection of the premises. Since you are likely to have a busy schedule during open hours, select a slow time – lunch or after hours – to develop the list. Be sure to look in all the cabinets and drawers, under counters and sinks and on all shelves. Also, do not forget to check storage closets and sheds or other facilities on the property.

As part of the inspection process, you may want to categorize all job classifications and group as many together as are applicable in your practice.

In most practices, you need to consider pesticides, surgical and disinfecting gasses, photochemicals, disinfectants and cleaners, exposure to radiation, drugs, and physical hazards such as needles and scalpels as well as lifting. With products, pay particular attention to those with labels containing words such as *Caution*, *Danger* or *Warning*. You also want to list products that refer to characteristics as *Toxic*, *Flammable*, *Reactive* or *Corrosive*.

Any household or office product that is routinely used in your practice should be included on your list. A general guideline is if the product is used more than under normal household circumstances, then it is likely to be considered hazardous.

Notable *exceptions* include:

- Any consumer product used in the same manner as normal consumer use. (For the typical practice, this eliminates most products.)
- Any drug in solid form (i.e., tablets, capsules or pills) for direct administration to the patient.
- Liquids and powders, which may result in hazardous exposures while mixed or dispensed, must be listed and included in employee training. Radioactive materials and biologicals are exempt from the hazard communication, unless they are a component of another hazardous material.

**Maintain Material Safety Data Sheets (MSDS)**

The MSDS is the primary written means of conveying information about a chemical hazard to employers and employees. MSDSs contain similar information but do vary in detail according to the degree of hazard of each chemical.

All MSDSs include the following items of information:

- The identity or trade name of the hazardous material.
- Physical and chemical characteristics, such as vapor pressure, flash point and chemical solubility.
- Fire and explosion hazards.
- Health hazards, including signs and symptom of illness, and medical conditions which might be aggressive by exposure.
- Primary routes of chemical entry into the body.
- Permissible exposure limits.
- Whether the chemical is listed as a carcinogen.
- Precautions for safe use.
An Ounce of Prevention

- Control measures, i.e., protective equipment necessary to protect against the hazards.
- Emergency and first-aid procedures.
- Date of the MSDS preparation.
- Name, address and phone number of the chemical manufacturer.

The chemical manufacturer or distributor must provide an MSDS with each initial product shipment, and with the first shipment after any MSDS update. If you have identified a hazardous substance in your practice and do not have an MSDS on file, you must request a copy from the manufacturer or distributor.

Place all requests for MSDSs in writing, and keep a photocopy of the request for your records. Should your practice be inspected and an OSHA compliance officer asks about a missing MSDS, you can provide the officer with documentation that every effort has been made to obtain the required sheet. If you do not receive a complete MSDS within 30 days, mail a second request and a copy of your original letter to the manufacturer. Should you still not receive the appropriate MSDS, contact OR-OSHA and they will follow up on your behalf.

The American Veterinary Distributors Association (AVDA) has published a directory of MSDSs for your convenience. This compilation covers more than 4,000 products from over 400 manufacturers. The AVDA has also produced addendums to its original directory. However, please note that not all veterinary manufacturers and distributors are members of the AVDA. Other products that may require an MSDS and are purchased at a local store are not in the directory either. Thus, while the directory is a valuable resource, it is not comprehensive. As the employer you are ultimately responsible for collecting the MSDS for each hazardous material.

After you have collected the MSDSs for your practice, keep them together in a binder or folder. The MSDSs should be indexed for quick reference and readily accessible to all employees. Employees must be trained to know what an MSDS is, the information it contains, and how to find specific MSDSs in your practice.

Generally, OSHA likes to see MSDSs listed alphabetically and in a binder. Also, alphabetize according to what your practice calls the product. (In an emergency, you want to ensure that employees can readily access the pertinent information, and they might not know the chemical name.) If you call a product “soap,” for example, list the MSDS under “S” and in parentheses write the chemical name.

If you have a mobile veterinary practice or make house or farm calls, you are required to carry with you at all times a current list of the hazardous materials in the vehicle. MSDSs may be kept at a central facility — in this instance, the veterinary hospital. However, the MSDS information must be available by telephone.

Check Containers for Proper Labeling

All containers that hold hazardous substances must be labeled. Container labels are visual reminders of information and should provide employees with an immediate warning about hazards of a material.

Most manufacturers’ labels are acceptable, provided they remain legible and are attached to the containers. It is the employer’s responsibility to ensure that labels are readable and understandable. While there is not a required uniform style for labels, they must include the product name, name and address of the manufacturer, hazardous ingredients and handling precautions. OR-OSHA also requires noting the target organs of a particular chemical.
Secondary or portable containers (i.e., alcohol bottles in the exam room) have to be labeled if more than one person has access to the secondary container during a single shift. The label must have the name of the material, a hazard warning and name of the manufacturer (the same is for containers that are used outside of the stand-alone facility.)

**Train Employees**

Implementing an employee safety training program is the final step in complying with requirements of the Hazard Communication Standard. Though it will take effort to develop, a comprehensive training program will ensure a safer work environment and can control your liability of workers’ compensation claims.

While various forms of training are important, the test of an acceptable program is whether employees absorbed the training, not whether they attended training. Training must also be part of your orientation program for new employees. Although the rules require training when a new hazard is introduced to the work area, follow-up training is advisable. Initial training should cover the following topics:

- Employee rights. This includes requesting and receiving information about hazardous materials without fear of reprisal.
- Hazardous chemicals in their work areas.
- The availability and location of the written program, your list of hazardous chemicals and MSDSs, and how to use this information.
- How to recognize the release and exposure of chemicals in the practice and how to use personal protective measures to reduce exposure.
- How to respond to emergencies.

The following are suggested guidelines to help you develop a comprehensive training program.

**Prepare Objectives for Training**

Review your responsibilities as outlined in the Hazard Communication Standard, and identify what you want to achieve through the training program. Keep in mind that the level of training may depend on the position and potential hazards in the job. Your training objectives might cover the following points:

- Develop safety attitudes to raise employees’ awareness of hazardous materials.
- Motivate employees to protect themselves by preventing exposure to hazards. Lead by example.
- Make sure the employees know how to read and understand labels and MSDSs.
- Make employees aware of the hazard communication rules.
Design the Training Program

Once training objectives are developed, consider what areas of the Hazard Communication Standard must be addressed. This might include the following points:

- Evaluate the work area and the position of all employees and identify whether they involve potential hazards.
- Identify which materials in the practice are hazardous.
- Assist employees in recognizing hazardous areas and chemicals.
- Discuss detection or monitoring devices, including location and proper use.
- Discuss personal protective equipment, including location and proper use.
- Review all hazard communication rules.

Compile Training Program Materials

There are many training materials at your disposal for use in carrying out an effective training program. Keep in mind that you want a comprehensive, well-rounded program. People learn and retain information best if they see it, read/discuss it and implement it. Training tools might include the following:

**Audio Visuals**

Module 2 on the DVD presents new employees with an overview of safety and health issues common to veterinary medicine. It can also be used as a refresher course for your current staff. (Note: the manual is more comprehensive than the DVD and contains new information on Personal Protective Equipment and Personal Protection/Workplace Violence, among other topics.)

**Handout Material**

This manual complements both the employer and employee DVD modules.

**Discussion**

Safety committees can be useful in discussing new hazards that enter the practice or reviewing topics that involve all employees, such as emergency evacuation plans. They also provide employees a forum in which to ask questions about safety and health issues. Review how to interpret the valuable information on labels and MSDSs.

**Demonstrations**

Demonstrate protective equipment, what it is, how to use it, and where it is located. Demonstrate proper handling and lifting procedures.

**Review/Test**

Periodic written or demonstration tests are two ways of spot checking whether your employees understand safety and health issues and are acting in accordance with your policies.
Assess Your Training Program
Evaluating your training program’s effectiveness will let you know if you should modify the approach. Points to consider include:

- Were training objectives met?
- What material was confusing? What part of the program was already understood and therefore unnecessary?
- What did the employees learn and/or fail to learn?
- What part of the training program needs revision?
- How often should training be repeated?

Document Your Efforts
Make sure your employees sign a document after the training session which says they understand the training you provided. This documentation shows good faith effort in training your employees should your practice be inspected by a compliance officer.

Self-Inspection Checklist

Hazard Communication

O A written hazard communication program has been developed, addressing MSDSs, labeling, and employee training.
O A list of hazardous materials in the workplace has been compiled.
O Potentially hazardous chemicals are properly labeled and stored.
O MSDSs have been collected and are readily available for each hazardous substance.
O Employees have been informed of hazardous substances in the practice.
O Employees are informed when they are exposed to hazards of non-routine tasks.
O All employees have been provided with an orientation training session on safety and health issues. Periodic refresher courses are given as necessary.
O Personal protective equipment and clothing (i.e., safety goggles, arm-length gloves) are provided and available to all employees.
As part of their training, employees are instructed about personal protective equipment and clothing they can use when handling hazardous substances.

Protective equipment and clothing are periodically checked to ensure they are in proper working order.
Hazard Communication Program

The written program has been established by __________________________ in order to comply with Oregon Occupational Health and Safety Code (OAR Chapter 437) Division 155, Hazard Communication, to protect the health and safety of our employees.

This Hazard Communication Program provides information about the hazardous materials present in our practice. The program will be available in ________________ for review by any of our employees.

_______________________________ will meet the requirements of this rule as follows.

1. Hazardous Chemicals List
   A list of all known hazardous chemicals used in this practice is compiled in the back of our Hazard Communication Program. More information on each listed chemical can be found on container labels and the Material Safety Data Sheets which are located in ________________.

2. Material Safety Data Sheets (MSDSs)
   Copies of MSDSs for all hazardous chemicals in the practice to which employees may be exposed are maintained in ____________________________.

   ______________________________ will determine which products require an MSDS, review the sheets for important safety and health information, and convey this information to the appropriate employees.

   If MSDSs are not available or new chemical hazards do not have MSDSs, notify ________________.

3. Container Labeling
   ______________________________ will verify that all containers of hazardous materials will:
   
   • Be clearly labeled as to the contents.
   • Note the appropriate hazard warning.
   • List the manufacturer’s name and address.
It is our policy that all secondary containers will be labeled in the same manner for cross-reference to the MSDSs. For help with labeling, see ________________________.

4. **Employee Information and Training**

Prior to starting work, each new employee will attend a safety and health orientation program. Training will also be updated when there is a change in assignments or whenever a new hazardous chemical is introduced.

As an employee of ________________________, you will receive information and training on the following:

- MSDSs and container labels.
- Handling of hazardous chemicals.
- Storage and mixing of hazardous chemicals.
- Exposure and first aid procedures.

After attending the training session(s), each employee will sign a form to verify that they participated in a training program, received our written materials, and understood our practice’s policies on hazard communication.

5. **Informing Contractors**

It is the responsibility of _________________ to provide contractors with the following information:

- The number of hazardous chemicals to which they may be exposed while on the job site, and our procedure for obtaining MSDSs.

- Precautions employees of contractors may take to minimize the possibility of exposure by using appropriate protective measures, and an explanation of our labeling system.

Also, it is the responsibility of _________________ to identify and obtain MSDSs for the chemicals the contractor is bringing into the workplace.
Example Letter Requesting MSDSs

Date
Distributor or Manufacturer
Address

To Whom It May Concern:

Oregon Occupational Health and Safety Code (OAR Chapter 437) Division 155, Hazard Communication, requires us to maintain a Material Safety Data Sheet (MSDS) for each hazardous material we use.

Our office has purchased hazardous products manufactured or distributed by your company, but we have not yet received the required MSDS(s). Please send us a copy of the MSDS for the products listed below.

Product Name:

1. ______________________________________________

2. ______________________________________________

If any of the products do not require an MSDS, please notify us in writing. Should you have any questions regarding our request, contact ____________________________.

Sincerely,

NOTE:
A copy of the same letter may be used for a second request. “Second request” should be prominently displayed and the date adjusted accordingly.
Material Data Safety Sheet

SECTION 1: IDENTIFICATION OF PRODUCT

Manufacturer's Name: DVM Pharmaceuticals
8785 NW 13 Terrace
Miami, FL 33172

Product Name: SynerKyl Pet Shampoo

EPA REG. NO. 41835-9
EPA EST. NO. 62478-FL-01

Chemical Name: See Section 6
CAS Name: See Section 6
CAS NO: See Section 6
Chemical Formula: NA
Molecular Weight: NA
Chemical Family: Mixture
DOT Hazard Class: NA
DOT Shipping Name: NA

SECTION 2: PHYSICAL DATA

Odor: Perfume Odor
Appearance: NE
Lbs/Gal: 8.61
Color (G-H): Blue/green liquid
Boiling Point: NE
Vapor Pressure: NA
Vapor Density: NA
Bulk Density: NE
(Flushed): NA
Refractive Index: NA
Solubility (Oil): Insoluble
Solubility (Water): Insoluble

Melting Point: NE
Particle Size: NA
Cloud Point: NE
Percent Volatile: NE
Evaporating Rate: NE
Flash Point: NA
Specific Gravity: 1.08
Bulk Density (Settled): NA

SECTION 3: FIRE AND EXPLOSION HAZARD DATA

Flash Point (Method Used): NA
Flammable Limit (Lower): NE
Flammable Limit (Upper): NE
Fire Extinguishing Media: Foam, carbon dioxide, dry chemical, water
Special Procedures: None required
Unusual Fire/Explosion Hazards: NE
MSDS
SynerKyl Pet Shampoo
Page 2

SECTION 4: HEALTH HAZARD DATA

Toxicity Category: III
Old LD50: 5.0g/kg
Dermal LD50: 2.0g/kg
Inhalation LD50: 5.33mg/L (4 hour)
Eye Effects: Corneal involvement and irritation.
Skin Effects: Moderate irritation at 72 hours.
Threshold Limit Value: NA
Additional Comments: None

SECTION 5: SPECIAL PROTECTION

Eye Protection: Safety glasses or goggles.
Skin Protection: Avoid prolonged contact with skin.
Respiratory Protection: None.
Other Precautions: May cause eye injury. Do not get in eyes or in clothing. Wear safety glasses during use. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse. Harmful if absorbed through skin. Avoid contact with skin. Do not spray on humans. Do not spray where food or drink is exposed.

SECTION 6: HAZARDOUS COMPONENTS OF MIXTURES

<table>
<thead>
<tr>
<th>Material</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Permethrin (3-Phenoxphenyl) methyl (-)</td>
<td>0.100%</td>
</tr>
<tr>
<td>cis-trans-3-2.2 di-chloroethenyl-2.2-dimethyl-</td>
<td></td>
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<tr>
<td>cyclopropanecarboxylate</td>
<td></td>
</tr>
<tr>
<td>Pyrethrins</td>
<td>0.050%</td>
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<tr>
<td>N-Octyl bicycloheptene dicarboximide</td>
<td>0.500%</td>
</tr>
<tr>
<td>Related compounds</td>
<td>0.225%</td>
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</table>
SynerKyl Pet Shampoo
Page 3

SECTION 7: EMERGENCY & FIRST AID PROCEDURES

If Swallowed: Drink one or two glasses of water and induce vomiting. Get medical help.
If On Skin: Wash with soap and water. If irritation develops, get medical attention.
If In Eyes: Flush with plenty of water and seek medical attention. If irritation persists, get medical attention.

SECTION 8: EFFECTS OF OVER-EXPOSURE

NE

SECTION 9: SPILLAGE OR LEAKAGE PROCEDURES

Pesticide Storage & Spill Procedures: Store upright at room temperature. Avoid exposure to extreme temperatures. In case of spill or leakage, soak up with absorbent material such as sand, sawdust, earth fuller’s earth etc. Dispose of with chemical waste.

SECTION 10: WASTE DISPOSAL METHODS

Do not contaminate water, food or feed by storage or disposal.

Pesticide Disposal: Pesticide, spray mixture or rinse water that cannot be used according to label directions must be disposed of at or by an approved waste disposal facility.

Container Disposal: Triple rinse (or equivalent) then offer for recycling or reconditioning or puncture and dispose of in a sanitary landfill or by other approved state and local procedures.

SECTION 11: ADDITIONAL PRECAUTIONS

NA

SECTION 12: COMMENTS

The information is believed to be accurate whether originated with DVM Inc. or not. DVM Inc. provides no warranties, either expressed or implied and assumes no responsibility of the accuracy or completeness of the data. Recipients are advised to confirm any data, in advance of need, that is current, applicable and suitable to their circumstances.
## Hazardous Chemicals List

The following list of hazardous chemicals is commonly used in veterinary practices. Highlight (i.e. with a yellow marker) the hazardous chemicals you have identified in your practice. **Note:** This list is not inclusive. If you use other chemicals/substances that are not included in this list, add them on the next page.

<p>| Acetic acid | Coal tar pitch volatiles | Isoamyl alcohol |
| Acetic anhydride | Collodion | Isopropyl alcohol |
| Acetone | Copper | Kaolin |
| Acetyl/salicylic acid (aspirin) | Cresol / all isomers | Lead arsenate as Pb |
| Aldrin | Cyanide | Limestone |
| Alumina | Cyanogen | Lindane |
| Aluminum alkyls | Cyclohexane | m-Cresol |
| Aluminum metal oxide | Cyclohexanone | Magnesium oxide fume |
| Aluminum soluble salts | Cyclopentane | Malathion |
| Ammonia | Cyclophosphamide | Medroxyprogesterone acetate |
| Ammonium chloride fume | Dacarbazine | Megesterol acetate |
| Aniline | Dapsone | Mercury / alkyl compounds |
| Aniline hydrochloride | Daunomycin | Mercury / aryl / inorganic cpds |
| Antimony and compounds | Diazinon | Methoxychol |
| Arsenic/certain compounds | Dichlorvos | Methyl alcohol |
| Arsenic trioxide production | Diethylamine | Methyl chloroform |
| Asbestos (dusts) | Diethyldithistestrol | Methyl mercaptan |
| Auramine | Diphenylamine | Methyl parathion |
| Azathioprine | Disulfiram | Mitomycin C |
| Bacitracin | Dithranol | Molybdenum / soluble compounds |
| Barium/soluble compounds | Ethanol | N-Nitrosodithiocarboxamine |
| Benomyl | Ethyl acetate | N-Nitrosodimethylamine |
| Benzene | Ethyl alcohol | N-Nitrosodimethylamine |
| Benzidine and its salts | Ethyl ether | N-Nitrosodimethylamine |
| Benzoyl peroxide | Ethylamine | Naphtha |
| Biphenyl | Ethylene oxide | Naphthalene |
| Bis (chloroethyl) ether | Ethylenediamine | 1,5-Naphthalenediamine |
| Bismuth telluride | Folin-Ciocalteu phenol reagent | 2-Naphthylamine |
| Butane | Formaldehyde | Nickel / nickel compound |
| Cadmium chloride | Gasoline | Nickel / soluble compounds |
| Calcium carbonate/ marble | Glutaraldehyde | Nicotine |
| Calcium hydroxide | Graphite | Nitric acid |
| Camphor/synthetic | Heptachlor | Nitroliatracic acid |
| Captan | Hydralazine / hydrochloride | p-Nitroanilene |
| Carbaryl | Hydrazine | Niroglycerin |
| Caron black | Hydrazine sulfate | o-Xylene |
| Carbon dioxide | Hydrogen chloride | Oxalic acid |
| Carbon disulfide | Hydrogen fluoride, as F | Oxymetholone |
| Carbon monoxide | Hydrogen peroxide | p-Cresol |
| Carbon tetrachloride | Iodine | p-Nitrodiphenylamine |
| Cellulose/paper fiber | Iodoacetamide | p-Xylene |
| Chlorambucil | Iodoform | Parathion |
| Chlordane | Iron salts | Phenacetin |
| Chlorine | Iron-dextran complex | Phenobarbital / sodium salts |
| Chlorine dioxide | | Phenol |
| Chloroform | | Phenoybenzamine hydrochloride |
| Chloromethyl methyl ether | | Phenyltoin |
| Chlorpyrifos | | Phosphoric acid |
| Chromium | | Picric acid |
| Chromium / calcium chromate | | Piperazine dihydrochloride |
| Cisplatin | | Plaster of Paris |
| | | Platinum / soluble salts |</p>
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<tr>
<th>An Ounce of Prevention</th>
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<tbody>
<tr>
<td>Portland cement</td>
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<td>Potassium cyanide</td>
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<td>Potassium hydroxide</td>
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<td>Progesterone</td>
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<td>Propane</td>
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<td>Propyl alcohol</td>
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<td>Propylene oxide</td>
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<td>Propylthiouricil</td>
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<td>Resorcinol</td>
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<td>Rifampicin</td>
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<td>Ronnel</td>
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<td>Rotenone (commercial)</td>
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## Chemical List

<table>
<thead>
<tr>
<th>Other chemicals</th>
<th>Product / Brand name</th>
<th>Company</th>
<th>Principle Ingredient</th>
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Employee Training Documentation

Date ____________________

Training conducted by ______________________________________

Summary of training (Attached reference material used):
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________________________________________________________

I hereby acknowledge that I received training on safety and health issues as summarized above. I understand this training information as it relates to my position. I also agree to become familiar with the practice’s hazard communication program and follow sound safety and health procedures.

Employee(s) attending
(Print name) (Signatures/Date)

________________________________ ________________________________________________
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Oregon Veterinary Medical Association
6. Employee Training

Employees in a veterinary practice perform a variety of routine and non-routine tasks where occupational hazards exist. In a typical workday, for example, you might take a radiograph of a fractured femur in a dog, bathe a cat to control fleas, or restrain a stubborn horse during treatment. Each situation has inherent risks: exposure to radiation in the X-ray room, direct contact with insecticides in the shampoo, or an unwelcome kick to the thigh by a horse. These are but a few situations where you encounter safety and health risks in veterinary medicine.

Although dangers from such hazards are relatively low in veterinary medicine when compared to other professions, caution must still be given when performing these duties. With proper training and a dose of common sense, such potential risks can be prevented. Or in the very least significantly reduced. That is what this section is all about.

An Ounce of Prevention provides veterinary practices with general and specific information for use in their safety and health programs as mandated by OR-OSHA regulations. This section (and the Module 2 DVD) is oriented toward veterinary employees, addressing your rights and responsibilities in accordance with the law.

In 1988, the Occupational Safety and Health Administration (OSHA) extended the Hazard Communication Standard to include businesses of all sizes in the United States. Also referred to as the “Right to Know” law, the Standard is intended to ensure safe and healthful working conditions for all employees. These provisions require employers to establish an information and training program for employees exposed to chemical hazards in their work environment.

Information: At a minimum, topics for discussion must include the following:

- Requirements of the Hazard Communication Standard
- Operations in work areas where hazardous chemicals are present.
- Location of the practice’s written hazard communication program, list of hazardous chemicals, and the required Material Safety Data Sheets (MSDSs.)

Training: The employee training program must consist of the following elements:

- How the hazard communication program is to be implemented, how to read and interpret information on labels and MSDSs, and how employees can access and use the available hazard information.
- The hazards of the chemicals in each work area.
- Measures employees can take to protect themselves from the hazards.
- Procedures the employer has adopted to prevent or reduce exposure to hazardous chemicals.
• Methods and observations - such as visual appearance or smell - employees can use to detect the presence of hazardous chemicals to which they might be exposed.

• Safety emergency procedures to follow if employees are exposed to hazardous substances.

As an employee, you have a right to know of any hazards you may face on the job. You should also be informed how to protect yourself against such hazards. At the same time, you are responsible for following the procedures and safeguards your employer has established for your health and safety.

**The Written Hazard Communication Program**

The employer’s written program documents the practice’s policies and procedures as they relate to OR-OSHA rules. It also emphasizes the importance of educating and training you about safety and health hazards on the job.

In general, the written program outline the hospital’s policy on labeling containers, maintaining a list of MSDSs, and performing tasks that may be hazardous. Read and become familiar with the written program. If you have any questions, contact your employer or supervisor.

**Chemical Hazards**

In the course of your job, you may come in contact with an array of hazardous materials that can cause illness or injury. By definition, hazardous chemicals are those materials which can affect a person’s health, cause injury or death, or damage the environment.

The best defense to protect yourself from exposure to such hazards is to become familiar with materials in the practice that are potentially harmful.

**Identify Hazardous Chemicals**

To help you identify chemical hazards, your employer has compiled a list of all such substances. While this inventory is a helpful reference, it is only one component of identifying and understanding health risks of hazardous materials. Container labels and MSDSs also provide you with valuable information on hazardous substances. It is important that you know how to read labels and recognize appropriate warning symbols and how to access and evaluate information contained on MSDSs.

**Read Container Labels**

Under the Hazard Communication Standard, all containers of hazardous materials must be labeled with the following information:

- Chemical name of the product
- Hazard warnings
- Hazardous ingredients
- The manufacturer’s name and address
- Special handling instructions
• The manufacturer’s label should contain all of the appropriate information. This data must be legible and remain attached to the container. If you find a label that does not include all of the information noted above, or a label that is illegible, notify your employer or the practice’s safety coordinator.

• Labels should also show appropriate hazard warnings for your protection. The warning can be in words, pictures or symbols which effectively convey hazards identified on the MSDS. The label should be an immediate warning and summary of the more detailed information available on the MSDSs. Target organs of a particular chemical must also be included on the label.

• When working around or with chemical hazards, pay particular attention to labels with messages such as Caution, Danger, or Warning. You also want to recognize products that refer to characteristics such as Toxic, Flammable, Reactive or Corrosive.

• Secondary containers do not require a label, provided that only one person uses the product and its contents are completely used up during that work shift. However, this person is responsible for ensuring that nobody else has access to the secondary container.

Know How to Locate and Read MSDSs

The Material Safety Data Sheet (MSDS) is the primary means of conveying relevant information concerning hazardous chemicals in the practice. The manufacturer who introduces a product into the marketplace is required to prepare an MSDS for any chemical hazard, and your employer is responsible for compiling a list of MSDSs for each hazard in the practice.

• Know where your practice’s MSDSs are located and how to read this important information. For more specific details on the MSDS, refer to examples at the end of Section 5.

Use Personal Protective Measures

MSDSs should list the necessary personal protective equipment and precautions for handling hazardous materials. Although your employer has provided you with appropriate equipment and guidelines on safety, you are responsible for following the practice’s health and safety rules and wearing or using prescribed protective equipment. This includes reporting hazardous conditions to your employer or supervisor.

The remainder of this section addresses precautions you can take when working with caustic and hazardous materials. These include materials you routinely encounter on the job such as pesticides, photochemicals, laboratory chemicals, hazardous gasses, cleaners and disinfectants, and radiation.

Pesticides

Pesticides are among the most commonly used hazardous chemicals in a veterinary practice and take many forms: animal dips, shampoos, flea and tick products, sprays, etc.

If properly used, pesticides can be an effective and safe method of treating animals. However, when appropriate protective measures and safeguards are not practiced, both acute and chronic risks from pesticide exposure increases.
Always carefully read labels of pesticides and use the products with caution. Labels and information contained on MSDSs will provide you with warning precautions and first aid procedures and lets you know how to apply the product.

There are several ways in which you can be exposed to pesticides: through the skin, by ingestion and from vapors. Exposure through the skin is the most common route and can occur when a pesticide is accidentally spilled or sprayed directly on your skin or clothing. To reduce the risk of exposure, observe all recommended protective measures. Wear rubber gloves when using pesticides. If you are dipping or shampooing a dog, be sure to wear an apron and protective goggles to keep these materials off your skin and clothes. If a pesticide splashes into your eyes, immediately flush your eyes under cool, tepid water for 15 minutes.

You may also inadvertently ingest pesticides by putting your hands to your mouth. To minimize this exposure, thoroughly wash your hands before eating or drinking.

Exposure to vapors can also pose a risk to your health. When handling or applying pesticides such as carbamates or organophosphates, always wear the appropriate respirator to protect against inhaling the chemicals. You also want to use such products in well ventilated areas.

**Photochemicals**

Fixatives and X-ray developers are other chemical hazards routinely used in a veterinary practice. As with any chemical substance, know what you are handling.

- Read labels and use the appropriate gloves, aprons and/or goggles to protect your skin and clothes from exposure.
- When mixing chemicals, always add concentrates to water.
- Proper storage of these chemicals is also important. Keep such products in a cool, dry, ventilated area and away from open flames, heat and sparks.

**Formalin/Formaldehyde**

Formalin and formaldehyde are fixatives used to preserve tissue specimens. Formalin is also used as an occasional disinfectant. Formalin, which is 35% to 50% formaldehyde, is a skin irritant. Formaldehyde is also an irritant and sensitizer. And it is a potential carcinogen. Contact to the skin with either chemical can cause an irritation and/or allergic reaction. Exposure to formaldehyde vapors can irritate nasal and airway passages.

- To minimize risk to exposure, use these chemicals in a well ventilated area. Wear rubber gloves and a rubberized apron when handling formalin or formaldehyde. If splashing can occur, you are required to wear appropriate eye protection. (For more specific handling instructions, refer to the MSDS).
- If your skin comes in direct contact with either chemical, wash thoroughly with mild soap and water. Should the solutions be splashed in your eyes, flush with cool, tepid water for 15 minutes. Get medical attention immediately.
• In case of a spill use an absorbent material (kitty litter or clay) to soak up the chemical. Place the waste in a leak proof container, label it hazardous, and dispose of it as you would a biohazard. Remove soiled clothing and properly disinfect and clean. Consult with the label or MSDS for specific information on containing a spill.

Hazardous Gasses
Surgical and sterilization gas exposure can be controlled by maintaining safe work practices. Regardless of how familiar and comfortable you become working with and around such gasses, it is essential that you recognize their potential hazards and strictly follow safety measures outlined by your employer. Also, it is imperative that you wear the necessary and required protective equipment and clothing when working around hazardous gasses.

Anesthetic Gasses: Some procedures and exposures that are routine in a veterinary practice are associated with adverse health and reproductive effects. Exposure to waste anesthetic gasses, for example, can occur when proper precautions and scavenging systems are unenforced or malfunctioning. Possible effects of chronic exposure to excessive waste anesthetic gasses include: abortion, birth defects, cancer, suppression of the immune system, liver disease, kidney disease and neurological disorders.

Never rely on identifying gasses by their odor. You can be exposed to these hazards from vapors and contact with your skin. Symptoms of exposure include dizziness, light headedness, and eye irritation. Contact your employer or supervisor immediately if you experience any of these symptoms when working with or near anesthetic gasses.

Compressed Gasses: Gas cylinders and aerosol containers are other forms of gasses that are considered potentially harmful. As with anesthetic gasses, know where these gasses are located in the workplace and understand proper handling procedures.

If you work around compressed gas cylinders, observe the following storage guidelines:

• Do not roll or bump the cylinders. Transport large cylinders by using a cylinder hand truck.

• Store in a cool, dry, ventilated area and keep away from open flames, heat and sparks.

• Cylinders should be firmly secured to prevent tipping or falling.

• Refrain from using a cylinder that is not identified.

• Do not smoke near compressed gas cylinders.

Aerosol cans contain disinfectants, pesticides and deodorizers. Chemicals from the spray can be absorbed into the bloodstream through the lungs, damage the ozone and explode when exposed to high heat. Store in a cool, well ventilated area. Never dispose of partially filled containers with the regular trash.

Sterilization Gasses: Ethylene oxide is an effective sterilizing agent. It also is extremely dangerous and must be handled carefully to prevent exposure. Ethylene oxide is flammable and will irritate your lungs or may burn (chemical) your skin under exposure. Evidence has also linked exposure to cancer, chromosome damage and adverse reproductive effects. Follow the manufacturer’s recommendations for working with this product.
Cleaners and Disinfectants

Some common household and other products are routinely used in hospital or clinic to clean and disinfect exam tables, cages, runs and floors. Because such products are used more frequently than normal consumer use, they require careful handling.

Chlorine bleach is one of the more common cleaners used. As with other hazardous chemicals, wear gloves and other protective equipment when using cleaners and disinfectants.

Be sure the area in which you use these materials is well ventilated. Always know what materials may be mixed. For example, never mix chlorine bleach with ammonia, as this will produce a deadly gas.

Medical Waste

Public outcry over used needles and syringes washing ashore on the New Jersey coastline in 1988 precipitated the passage of national legislation to regulate the disposal of sharps and other medical wastes. In 1990 the Oregon legislature adopted similar laws to monitor the disposal of sharps and special infectious wastes.

Infectious wastes include biological waste, cultures and stocks, pathological waste, and sharps. In Oregon, veterinary practices are only required to separate sharps under the law, unless the generated waste is disposed of in the metropolitan landfills in Portland. If your practice’s waste is deposited in these facilities, refer to page 42 of the manual for further instruction.

Oregon Administrative Rules classify sharps as the following:

- Surgical needles that will not be re-used
- Hypodermic needles that are used only once
- Used scalpel blades
- IV tubing with needles attached
- Lancets
- Broken glass - slides, thermometers, pipettes, vials, etc.
- Syringes that have been removed from their original sterile containers

Handling of Sharps

Sharps can cause physical injuries and transmit disease through an accidental injection and should be handled with extreme care.

Disposable needles and syringes, scalpel blades and other identified sharps should be discarded in a leakproof, puncture-resistant container. Label all containers which should also be tightly lidded or taped closed to prevent spillage.

To prevent an unintentional injury, do not recap disposable needles by hand. Use appropriate tools such as pliers or hemostats to remove them from syringes.

Disposal of Sharps

Sharps are considered biohazardous and must be disposed of in a special container and removed by a licensed medical waste hauler. Sharps that are properly contained may be stored indefinitely.
Radiation Control

Radiographic machines are important “tools” in the treatment process of animals. At the same time, exposure from X-ray machines pose an occupational hazard to veterinary owners and their employees.

Risks exist when taking X-rays or using radioactive implants or iodine. However, the risks associated with radiation exposure can be minimized by practicing simple precautions. You can reduce exposure to radiation on the job by adopting the following measures.

- Only trained personnel should use radiographic equipment. Oregon law requires radiation safety certification of all employees who take X-rays.
- Wear protective equipment including leaded aprons, gloves, shields and thyroid collars. To assure reliability and integrity, protective equipment should be checked annually for defects such as holes, cracks and tears.
- Film badges or TLDs are required to monitor exposure. Film badges must be replaced at least monthly and TLDs at least quarterly. Both monitoring devices must be properly processed.
- Collimators should be used to reduce scatter radiation. This will also give you better quality radiographs.
- Use Rare Earth high speed cassettes to reduce MAS.
- Stand well away from the radiographic machine and animal during exposures.
- No individuals other than the operator should be in the X-ray room while exposures are being made, unless such an individual’s assistance is needed.
- When an animal must be held in position during radiography, use mechanical or chemical restraints.
- Know proper techniques in taking radiographs the first time. Retakes cost money and double the amount of radiation exposure.
- Place a radiation sticker on the X-ray room door to remind co-workers to knock before entering. Always close the door when operating radiographic machines.
- Pregnant employees should not take X-rays, but if this cannot be avoided, then they should never hold the cassette in place.

Lifting Heavy Objects

Second to the common cold, back injuries are the most cited reason for missing work. Not only is back pain discomfoting to the victim, but it has repercussions for employers as well. For every worker out with a back injury, the business has to pay workers’ compensation and increased medical benefits premiums. They also may have to hire and train a temporary replacement and make up for decreased productivity.
In Oregon, compensable back injury claims make up a third of the state’s workers’ compensation claims and nearly half the cost of all claims involving time-loss. Nationwide, employers spend $16 billion per year on time-loss benefits and medical treatments for back problems.

While there still isn’t a cure for the common cold, there are ways to reduce the number of back injuries when you put bags of food in the storage room, lift a dog onto an exam table and place trash in the dumpster. The following guidelines are proper lifting techniques that can help you avoid hurting your back:

- Size up the load before lifting. If you have any doubt about picking up the object or load, get a co-worker to help you. Also, don’t hesitate to use a hand truck or dolly when appropriate.

- Know where you will place the load once you lift it.

- Keep the object or load close to you, instead of reaching for it. This reduces pressure on your back.

- Check your footing. To broaden your base of support, keep your feet apart -- one foot slightly forward for balance.

- Always keep your feet and shoulders in alignment. Straighten your back, and bend slightly at the knees and hips.

- With both hands, grip the object. The palm of your hand is the strongest part. Divide the weight evenly between both hands.

- Keeping your back straight, tighten your stomach, and let your legs and arms do the work. Your leg muscles are much stronger than any other muscle in your body.

- Bring the weight against your body and lift smoothly. If you are lifting an object or animal with a co-worker, it’s a good idea to count 1-2-3 with the person who is helping you.

### Animal Restraint

When handling or restraining animals, you can expect an occasional bruise, bite or scratch. For nearly every person who treats patients in a veterinary practice, such injuries are common.

People have developed many different methods in approaching animals, based on their own physical size, experiences and training. Although there is no one best way to handle or restrain animals, the following tips may help you to avoid injury. These safeguards for veterinarians were written by Ron Stone, DVM and are reprinted with permission of Trends Magazine, the monthly publication of the American Animal Hospital Association.

- Be aware of the threat. Any animal is capable of biting, given the right set of conditions.

- Stop and look. Before approaching the patient, stand back and observe both the animal and owner. Learn to recognize signs of fear or aggression.
• Learn how to lift heavy animals. Do not hesitate to ask a co-worker for help.

• Use the exam table. Examining small patients on the ground is not only undignified but dangerous. There is a tendency to avoid lifting large breed dogs onto the exam table; however, this is the scenario that often set up dog bites. Animals frequently are more aggressive when on the ground and handlers will have a harder time restraining them. Putting patients on the exam table usually subdues them and facilitates the ability of the handler to hold these animals that are aggressive.

• Learn how to restrain animals. Start by using your own slip tight leashes on every patient. Do not trust strap type collars; even the trusted chain choke collar may not have been put on correctly by the owner. Once on the table, the dog’s legs should face away from the handler so it cannot push the handler away. The dog cannot spring up at you if its legs are out from under it. You may also consider hobbling the animal’s legs with adhesive tape.

• Lose the macho image. Police use bullet-proof vests, firefighters wear oxygen masks, and construction workers wear helmets. Where does it say that veterinarians and technicians can't use muzzles, handlers or sedation?

• Never rush a caged or cornered animal. When dealing with this situation, step back, pause, and carefully evaluate. Perhaps a catch pole, towel, or sedation might be wiser. Never make unexpected movements around stressed animals. If all else fails while trying to remove an intractable animal from a cage, try squirting some acepromazine or ketamine in the mouth with a syringe. Sometimes a swallow or two will calm the animal down.

• With the large selection of tranquilizers, sedatives, analgesics, and mood-altering drugs available to give an aggressive animal, there should no longer be any justification for extended struggles. Remember not to overdose animals who are overly excited and don’t allow your own adrenaline levels to influence medical decisions.

• Maintain an assortment of quality muzzles. Make sure you have a variety of sizes as well.

• Identify aggressive animals. Start by evaluating the pet’s behavior both in the presence and absence of the owner. Some dogs are very protective or frightened around nervous owners and may be more safely treated alone. Other dogs will revert to passive behavior only with the owner present. The medical record and cage card should reflect, in large red letters, those animals who have either bitten or attempted to bite someone.

• Ask a competent dog trainer or behaviorist to instruct the staff on animal aggression.

• Encourage all clients to enroll their dogs in obedience training classes. An educated pet is a pleasure to deal with, so why not politely suggest or show clients how to train their dogs.

• Remain calm, collected and compassionate. An attitude of “nothing to worry about” will soothe the animal. Do not make unexpected gestures toward the client.

• Encourage non-traumatic visits to the practice. Asking the owner to stop by and simply weigh or bathe the pet should help educate the pet that not every visit is accompanied by pain. Also avoid traumatizing puppies on their first visit, since initial impressions are hard to overcome.
• Beware of injured animals. Educate your clients in principles of first aid and do not hesitate to muzzle injured animals.

• Advise clients and co-workers when painful procedures are about to be performed. The surest way to get bitten is to jab a needle or thermometer without warning. Furthermore, refrain from injecting animals that are already struggling (unless the injection contains a sedative).

• Use caution around partially anesthetized animals. That last look at the mouth of a dental patient who is awakening can cost you a finger, and trying to force an endotracheal tube down the throat of a cat not totally anesthetized can be a painful lesson to learn.

• Beware of mood-altering drugs. Certain compounds can create violent mood swings in canines. For instance, xylazine may cause breeds such as Rottweiler or the Samoyed to attack.

• Learn how to open a dog’s mouth. Do not pry the mouth open from the front, but rather curl the lips inward from behind the canine incisors. Slide the thumb behind the canines. There is a small papilla on the roof of the mouth behind the upper incisors. When the thumb is pressed upward on this papilla, the dog cannot close its mouth. Even if it were to slip and the dog bites down, the thumb is protected in the gap behind the canines. Once opened, the mouth can be kept open by pressing with the fingers of the other hand behind the lower incisors. In fact, pressure applied from the front of the area of the gum line also will keep a dog from closing its mouth. This lower grip is more difficult to maintain alone, and if lost, is more likely to result in a bite. However, when the two techniques are used in combination, even the strongest dog will not be able to close its mouth.

• Admit mistakes. How can the rest of your co-workers learn from your experiences if you don’t admit mistakes in handling an animal. Share your experience.

• In the event you are attacked, don’t struggle or scream. Go limp, relax, and protect your vital organs. Close your hands if possible (never offer an open-fingered hand to a dog) and curl into a ball.
# Material Data Safety Sheet

## SECTION 1: IDENTIFICATION OF PRODUCT

| Manufacturer's Name: | DVM Pharmaceuticals  
|----------------------|---------------------|
|                      | 8785 NW 13 Terrace  
|                      | Miami, FL 33172      |
| Product Name:        | SynerKyl Pet Shampoo|
| EPA REG. NO.:        | 41835-9             |
| EPA EST. NO.:        | 62478-FL-01         |

| Chemical Name:       | See Section 6       |
| CAS Name:            | See Section 6       |
| CAS NO:              | See Section 6       |
| Chemical Formula:    | NA                  |
| Molecular Weight:    | NA                  |
| Chemical Family:     | Mixture             |
| DOT Hazard Class:    | NA                  |
| DOT Shipping Name:   | NA                  |

## SECTION 2: PHYSICAL DATA

<table>
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<tr>
<th>Odor:</th>
<th>Perfume Odor</th>
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<tbody>
<tr>
<td>Appearance:</td>
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</tr>
<tr>
<td>Lbs/Gal:</td>
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<tr>
<td>Color (G-H):</td>
<td>Blue/green liquid</td>
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<td>Vapor Pressure:</td>
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</tr>
<tr>
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<tr>
<td>Bulk Density: (Fluffed):</td>
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<tr>
<td>Refractive Index:</td>
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<tr>
<td>Solubility (Oil):</td>
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<tr>
<td>Solubility (Water):</td>
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<tr>
<td>Melting Point:</td>
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<td>Particle Size:</td>
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</tr>
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<td>Specific Gravity:</td>
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</tr>
<tr>
<td>Bulk Density (Settled):</td>
<td>NA</td>
</tr>
</tbody>
</table>

## SECTION 3: FIRE AND EXPLOSION HAZARD DATA

| Flash Point (Method Used): | NA |
| Flammable Limit (Lower):   | NE |
| Flammable Limit (Upper):   | NE |
| Fire Extinguishing Media:  | Foam, carbon dioxide, dry chemical, water |
| Special Procedures:        | None required       |
| Unusual Fire/Explosion Hazards: | NE |
SECTION 4: HEALTH HAZARD DATA

Toxicity Category: III
Old LD50: 5.0g/kg
De mal LD50: 2.0g/kg
Inhalation LD50: 5.33mg/L (4 hour)
Eye Effects: Corneal involvement and irritation.
Skin Effects: Moderate irritation at 72 hours.
Threshold Limit Value: NA
Additional Comments: None

SECTION 5: SPECIAL PROTECTION

Eye Protection: Safety glasses or goggles.
Skin Protection: Avoid prolonged contact with skin.
Respiratory Protection: None.
Other Precautions: May cause eye injury. Do not get in eyes or in clothing. Wear safety glasses during use. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse. Harmful if absorbed through skin. Avoid contact with skin. Do not spray on humans. Do not spray where food or drink is exposed.

SECTION 6: HAZARDOUS COMPONENTS OF MIXTURES

<table>
<thead>
<tr>
<th>Material</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permethrin (3-Phenoxphenyl) methyl (±) cis-trans-3-2.2 di-chloroethenyl-2.2-dimethyl-cyclopropanecarboxylate</td>
<td>0.100%</td>
</tr>
<tr>
<td>Pyrethins</td>
<td>0.050%</td>
</tr>
<tr>
<td>N-Octyl bicycloheptene dicarboximide</td>
<td>0.500%</td>
</tr>
<tr>
<td>Related compounds</td>
<td>0.225%</td>
</tr>
</tbody>
</table>
SECTION 7: EMERGENCY & FIRST AID PROCEDURES

If Swallowed: Drink one or two glasses of water and induce vomiting. Get medical help.
If On Skin: Wash with soap and water. If irritation develops, get medical attention.
If In Eyes: Flush with plenty of water and seek medical attention. If irritation persists, get medical attention.

SECTION 8: EFFECTS OF OVER-EXPOSURE

NE

SECTION 9: SPILLAGE OR LEAKAGE PROCEDURES

Pesticide Storage & Spill Procedures: Store upright at room temperature. Avoid exposure to extreme temperatures. In case of spill or leakage, soak up with absorbent material such as sand, sawdust, earth fuller's earth etc. Dispose of with chemical waste.

SECTION 10: WASTE DISPOSAL METHODS

Do not contaminate water, food or feed by storage or disposal.
Pesticide Disposal: Pesticide, spray mixture or rinse water that cannot be used according to label directions must be disposed of at or by an approved waste disposal facility.
Container Disposal: Triple rinse (or equivalent) then offer for recycling or reconditioning or puncture and dispose of in a sanitary landfill or by other approved state and local procedures.

SECTION 11: ADDITIONAL PRECAUTIONS

NA

SECTION 12: COMMENTS

The information is believed to be accurate whether originated with DVM Inc. or not. DVM Inc. provides no warranties, either expressed or implied and assumes no responsibility of the accuracy or completeness of the data. Recipients are advised to confirm any data, in advance of need, that is current, applicable and suitable to their circumstances.
### Hazardous Chemicals List

The following list of hazardous chemicals are commonly used in veterinary practices. Highlight (i.e. with a yellow marker) the hazardous chemicals you have identified in your practice. **Note:** This list is not inclusive. If you use other chemicals/substances that are not included in this list, add them on the next page.

<table>
<thead>
<tr>
<th>Chemical Name</th>
<th>Chemical Name</th>
<th>Chemical Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetic acid</td>
<td>Cisplatin</td>
<td>Iodoform</td>
</tr>
<tr>
<td>acetic anhydride</td>
<td>Coal tar pitch volatiles</td>
<td>Iron salts</td>
</tr>
<tr>
<td>Acetone</td>
<td>Collodion</td>
<td>Iron-dextran complex</td>
</tr>
<tr>
<td>Acetylsalicyclic acid(aspirin)</td>
<td>Copper</td>
<td>Isoamyl alcohol</td>
</tr>
<tr>
<td>Aldrin</td>
<td>Cresol / all isomers</td>
<td>Isopropyl alcohol</td>
</tr>
<tr>
<td>Alumina</td>
<td>Cyanide</td>
<td>Kaolin</td>
</tr>
<tr>
<td>Aluminum alkyls</td>
<td>Cyanogen</td>
<td>Lead arsenate as Pb</td>
</tr>
<tr>
<td>Aluminum metal oxide</td>
<td>Cyclohexane</td>
<td>Limestone</td>
</tr>
<tr>
<td>Aluminum soluble salts</td>
<td>Cyclohexanone</td>
<td>Lindane</td>
</tr>
<tr>
<td>Ammonia</td>
<td>Cyclopentane</td>
<td>m-Cresol</td>
</tr>
<tr>
<td>Ammonium chloride fume</td>
<td>Cyclophosphamide</td>
<td>Magnesium oxide fume</td>
</tr>
<tr>
<td>Aniline</td>
<td>Dacarbazine</td>
<td>Malathion</td>
</tr>
<tr>
<td>Aniline hydrochloride</td>
<td>Dapsone</td>
<td>Medroxyprogesterone acetate</td>
</tr>
<tr>
<td>Antimony and compounds</td>
<td>Daunomycin</td>
<td>Megesterol acetate</td>
</tr>
<tr>
<td>Arsenic/certain compounds</td>
<td>Diazinon</td>
<td>Mercury / alkyl compounds</td>
</tr>
<tr>
<td>Arsenic trioxide production</td>
<td>Dichlorvos</td>
<td>Mercury / aryl / inorganic cpds</td>
</tr>
<tr>
<td>Asbestos (dusts)</td>
<td>Dieldrin</td>
<td>Methoxychlor</td>
</tr>
<tr>
<td>Auramine</td>
<td>Diethylamine</td>
<td>Methyl alcohol</td>
</tr>
<tr>
<td>Azathiozine</td>
<td>Diethylstilbestrol</td>
<td>Methyl chloroform</td>
</tr>
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<td>Bacitracin</td>
<td>Diethylstilbestrolpropionate</td>
<td>Methyl mercaptan</td>
</tr>
<tr>
<td>Barium/soluble compounds</td>
<td>Dimethyldibenzothiophene</td>
<td>Methyl parathion</td>
</tr>
<tr>
<td>Benomyl</td>
<td>Dimethylnaphthalene</td>
<td>Mitomycin C</td>
</tr>
<tr>
<td>Benzene</td>
<td>Dimethylbenzene</td>
<td>Molybdenum / soluble compounds</td>
</tr>
<tr>
<td>Benzidine and its salts</td>
<td>Dimethylaniline</td>
<td>N-Nitrosodiethanolamine</td>
</tr>
<tr>
<td>Benzoyl peroxide</td>
<td>Dimethylnitrobenzenone</td>
<td>N-Nitrodiethylamine</td>
</tr>
<tr>
<td>Bisphenyl</td>
<td>Dimethylbenzenes</td>
<td>N-Nitrosodemethylamine</td>
</tr>
<tr>
<td>Bis (chloroethyl) ether</td>
<td>Dinitrolamide</td>
<td>N-Phenyl-beta-naphthylamine</td>
</tr>
<tr>
<td>Bismuth telluride</td>
<td>Diphenylamine</td>
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</tr>
<tr>
<td>Butane</td>
<td>Disulfiram</td>
<td>Naphthalene</td>
</tr>
<tr>
<td>Cadmium chloride</td>
<td>Ethanol</td>
<td>1,5-Naphthalenediamine</td>
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<tr>
<td>Calcium carbonate/marble</td>
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<td>Calcium hydroxide</td>
<td>Ethyl alcohol</td>
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<td>Camphor/synthetic</td>
<td>Ethyl ether</td>
<td>Nickel / soluble compounds</td>
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<td>Captan</td>
<td>Ethylamine</td>
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</tr>
<tr>
<td>Carbaryl</td>
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<td>Caron black</td>
<td>Ethylenediamine</td>
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<td>Carbon dioxide</td>
<td>Folin-Ciocalteu phenol reagent</td>
<td>p-Nitroaniline</td>
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<td>Hydrogen fluorine, as F</td>
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<td>Chromium</td>
<td>Iodine</td>
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<td>Iodoacetamide</td>
<td>Phenytion</td>
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<td>Sulfuric acid</td>
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<td>Ronnel</td>
<td>Testosterone / compunds</td>
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<td>Piperazine dihydrochloride</td>
<td>Rotenone (commercial)</td>
<td>Thioacetamide</td>
</tr>
<tr>
<td>Plaster of Paris</td>
<td>Saccharin</td>
<td>Toluene</td>
</tr>
<tr>
<td>Platinum / soluble salts</td>
<td>Selenium</td>
<td>Toxaphene</td>
</tr>
<tr>
<td>Portland cement</td>
<td>Selenium sulfide</td>
<td>Trichloroacetic acid</td>
</tr>
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<td>Potassium cyanide</td>
<td>Silicon</td>
<td>Trichloroethylene</td>
</tr>
<tr>
<td>Potassium hydroxide</td>
<td>Silver / metal</td>
<td>Tryptan Blue</td>
</tr>
<tr>
<td>Progesterone</td>
<td>Silver / soluble compounds</td>
<td>Turpentine</td>
</tr>
<tr>
<td>Propane</td>
<td>Sodium azide</td>
<td>Uranium (natural) / compounds</td>
</tr>
<tr>
<td>Propionic acid</td>
<td>Sodium hydroxide</td>
<td>Urethane</td>
</tr>
<tr>
<td>Propyl alcohol</td>
<td>Sodium metabisulfite</td>
<td>Vincristine sulfate</td>
</tr>
<tr>
<td>Propylene oxide</td>
<td>Spironolactone</td>
<td>Warfarin</td>
</tr>
<tr>
<td>Propylthiourcil</td>
<td>Starch</td>
<td>Xylene (o-,m-,p-isomers)</td>
</tr>
<tr>
<td>Pyrethrum</td>
<td>Strychnine</td>
<td>Zearalenone</td>
</tr>
<tr>
<td>Reserpine</td>
<td>Sucrose</td>
<td>Zinc oxide, fume</td>
</tr>
<tr>
<td>Resorcinol</td>
<td>Sulfamethoxazole</td>
<td>Zinc sterate</td>
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## Chemical List

<table>
<thead>
<tr>
<th>Other chemicals</th>
<th>Product / Brand name</th>
<th>Company</th>
<th>Principle Ingredient</th>
</tr>
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7. Answers to Questions About OSHA

The following contains answers to common questions on OSHA regulations. The responses first appeared in a booklet developed by the American Dental Association and are reprinted with permission. Some of the answers have been revised to reflect Oregon regulations. The information is not intended as legal advice and cannot serve as a substitute for consultation with one’s own attorney.

**OSHA’s Involvement**

1. **What is OSHA?**
   
   OSHA stands for Occupational Safety and Health Administration. A federal agency, it was created by Congress in 1970 to protect workers from hazards in the workplace.

   Oregon is at least one of 25 states that conducts its own OSHA-approved program. This program operates under the Department of Consumer and Business Affairs.

2. **Why is OR-OSHA interested in veterinary medicine?**
   
   OR-OSHA is concerned about the health and safety of all employees whose workplace contains hazardous materials. Although the veterinary profession by nature is health conscious and trained on safety measures, employees may be exposed to hazardous chemicals that exist in a practice.

   As noted in the manual, “An Ounce of Prevention,” some of the more obvious risks to veterinary employees include exposure to pesticides, photochemicals, hazardous gasses, cleaners and disinfectants, and radiation. You are also vulnerable to physical injuries from needles and scalpels, heavy lifting, animal bites and scratches.

**Who is Covered?**

3. **What right does OR-OSHA have to inspect a veterinary practice?**
   
   Congress gave OSHA the power to adopt safety and health standards and to enforce them with inspections and fines. OR-OSHA has jurisdiction over every employer who has an employee.

4. **Is part-time help considered employees by OSHA?**
   
   Yes. OR-OSHA defines “employees” broadly to include part-time, temporary and probationary employees. Also, veterinarians who have personal corporations are considered to be employees.

5. **What about receptionists? How about bookkeepers?**
   
   They also are classified as employees. However, your obligations to a receptionist or bookkeeper are probably different than your responsibilities to a technician. You must evaluate the risks involved in each job to determine the extent of your responsibility. Also, don’t be misled by the job title. If your receptionist is exposed to hazardous chemicals, the hazard communication standard would apply.

6. **I have student interns working in my practice. Are they considered employees?**
   
   Because you don’t pay them wages they aren’t employees. However, OR-OSHA might argue that they should be treated as employees if you receive the benefit of their work.

7. **What responsibilities do I have to relief veterinarians?**
   
   For practical purposes, consider relief veterinarians as employees. They should be informed of any
An Ounce of Prevention

potential hazard that exists in the practice, just as you would inform your other practice team.

8. I maintain office space with another veterinarian and we share some office staff. But we are not partners or associates. Can we each be cited for the same violation?

OR-OSHA might interpret this as a joint venture and attempt to cite and fine each of the veterinarians separately for violations relating to the employees they share.

Inspections

9. How likely is it that I will be inspected by OR-OSHA?

To date, OR-OSHA has inspected about five percent of the veterinary practices in Oregon. While OR-OSHA has jurisdiction over businesses in the state, it can’t inspect them all. So it has established the following inspection priorities:

A. When there is imminent danger of death or serious bodily harm.
B. Where a fatality has occurred.
C. Based on a complaint from an employee.
D. Random or “programmed” inspections.

Please note that the review of a workers’ compensation claim may also trigger an inspection of your practice.

10. What happens if an employee files a complaint?

If OR-OSHA believes the complaint provides probable cause that a violation exists, it probably will conduct an inspection. This is true whether the complaint is from a current or former employee.

If OR-OSHA does not believe an inspection is warranted, it may send you a letter instead. This is more likely to happen in the case of a complaint generated by an ex-employee. The letter will state the substance of the complaint, and you will be asked to respond in writing to the alleged violation and to describe the steps you will take to correct it.

This could end the inquiry, or OR-OSHA might follow up with an inspection if it is not satisfied with your response or if the response indicated other problem areas. Care should be taken when responding to a letter from OR-OSHA. For example, you should not admit to violations you don’t believe exist or agree to abate them. The response might be used as evidence against you at a later time.

11. How will OR-OSHA treat a complaint from a client?

OR-OSHA is authorized to protect the safety and health of employees — not clients. However, a client complaint could give OR-OSHA probable cause to believe the safety and health of an employee is at risk. In that event, OR-OSHA, in all likelihood, would conduct in inspection or send a letter as described above.

12. Can I find out who filed a complaint against me?

No. Complainants are guaranteed anonymity. Also, you may be penalized for taking retaliatory action against an employee who you suspect filed the complaint.

13. Will I have advance warning of an inspection?

Probably not. You have no right to an advance warning.

14. What are my rights if an inspector comes to my practice?

You do have rights. First and foremost is your right under the Fourth Amendment to be free from unreasonable searches and seizures. The U.S. Supreme Court has interpreted the Fourth Amendment as giving employers the right to demand a warrant from an OSHA inspector.

There are advantages and disadvantages to exercising this right. The advantages are that it will give you time to prepare for an inspection — perhaps to rearrange your patient schedule or contact your attorney. A warrant also might help to limit the scope of the inspection. If you waive your right to a warrant, essentially everything in your practice becomes fair game for the inspector.

The primary disadvantage of demanding a warrant is that the compliance officer will almost certainly obtain one and may be more assertive when he or she returns. In addition, the warrant may be worded broadly to cover almost everything in the veterinary clinic anyway.

You also have the right to a copy of the complaint against you, the right to be present during the inspection, and the right to accompany the compliance officer.
15. What could happen if I simply refuse to let the compliance officer inspect my practice?

If the compliance officer does not already have a warrant, he or she likely will get one. You have the right to challenge the application for a warrant. If you refuse to let the inspector in with a proper warrant, OR-OSHA most likely will ask the court for a contempt order against you. You also are entitled to challenge this request.

If a contempt order were granted, you have two options: 1) Let the inspector in, or 2) Appeal to a higher court. However, in order to appeal you must continue to resist the inspection, and, unless the contempt order is stayed, you are subject to fines for each day of your visit.

16. How do I know if someone who comes to my practice is in fact an OR-OSHA compliance officer?

Compliance officers carry a badge and card that identifies them as OR-OSHA inspectors. Persons who falsely represent themselves as an inspector are guilty of a crime.

17. Can I limit where the inspector goes and what he or she looks at in my practice?

To some extent, yes. If you demand a warrant, the inspection should be limited to what is stated in the warrant, and the warrant should be limited to what is stated in the complaint. Compare the complaint with the warrant to make sure they are consistent. For example, if the complaint alleges that you did not provide hazard communication training, the warrant should be limited to things bearing on that charge. If you think the warrant is too broad, or if the inspector tries to go beyond what is stated in the warrant, you have the option of calling off the inspection. Refer to Q&A #14 for what would happen in that instance.

Once in the practice, the compliance officer may investigate any other violation that he or she has probable cause to believe may exist. Probable cause may be based on something the compliance officer learns during an interview with an employee or on something he or she observes in plain sight.

18. Can I tell my employees and associates not to let the inspector in if I am away from the practice?

Yes. Your legal rights are at stake and you are entitled to be present to protect them. If you allow an employee or associate to act on your behalf, he or she may be considered your agent with your authority to waive your legal rights and make statements that may later be used against you.

19. Do I have the right to be present during the entire inspection?

Yes, except during interviews with your employees. OR-OSHA takes the position that employee interviews may be conducted in private. However, the employee is entitled to ask that you be present during an interview.

20. Can OSHA interview all my employees?

Probably not. OR-OSHA has the right to interview a reasonable sampling of your employees. Of course, what is considered reasonable may depend on the facts and the circumstances of each inspection. If you feel the compliance officer has gone too far, you may consider objecting.

21. Can I select the employees the compliance officer can interview?

No.

22. Can I insist that the compliance officer come back at a more convenient time?

Possibly. The law authorizes a reasonable intrusion at reasonable times. It could be argued that an inspection is unreasonable if it would disrupt patient care or prevent you from being present during the inspection. You can always ask the compliance officer to reschedule the inspection at a more convenient time or when you can be present. He or she might agree if a warrant is not involved.

23. What if the compliance officer refuses to reschedule the inspection?

Your options would be to admit the inspector (and thereby waive any objection you may have to the unreasonable nature of the inspection) or refuse to allow the inspector on to the premises. See Q&A #14 for what would happen in that case.

24. Is there any limit on how long an inspector can take to inspect a veterinary practice?

There is no set length of time, although inspections of some practice have lasted between one and three hours. The law emphasizes the reasonableness
An Ounce of Prevention

of the inspection. You always have the right to object when you feel that the inspection has gone beyond the bounds of reason. However, care should be taken not to give the inspector the impression that you have something to hide.

25. Will the inspector tell me what violations are discovered before leaving my practice?

Usually, the compliance officer will conduct what is known as an “exit interview” or “closing conference.” In this conference, the inspector will explain any violation he or she believes exists and the maximum penalty. The compliance officer may also attempt to persuade you to correct these violations.

Be careful about accepting the inspector’s conclusions of the existence of violations. Some of the conclusions may be challenged. Others may be incorrect. Just because an inspector says something is a violation doesn’t necessarily make it so. Also, be careful about consenting — even conditionally — to correct something you don’t believe is a violation. This could be interpreted as an admission of a violation. Listen carefully and ask questions, but it probably is a good idea to tell the inspector that you will take any recommendation under advisement.

Citations and Penalties

26. Let’s say I’m inspected by OR-OSHA. What happens next?

As part of your practice’s inspection, the compliance officer determines whether any violation exists and recommends penalties where appropriate. In taking this into consideration the officer looks at the probability of an accident or illness. Factors considered include:

OSHA Inspections

Below are real examples of the types of violations found at veterinary practices in Oregon. This is by no means a comprehensive report. Of these violations, that majority of practice inspected had incurred employee time loss as a result of an accident or injury. We believe that a check of workers’ compensation records may trigger an OSHA inspection.

<table>
<thead>
<tr>
<th>Identified Hazard</th>
<th>Total Violations</th>
<th>Serious</th>
<th>Initial Penalties</th>
<th>Contested Cases</th>
<th>Adjusted Penalties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete MSDSs</td>
<td>1</td>
<td>1</td>
<td>$180</td>
<td>0</td>
<td>$180</td>
</tr>
<tr>
<td>Inadequate Training</td>
<td>8</td>
<td>5</td>
<td>$540</td>
<td>4</td>
<td>$340</td>
</tr>
<tr>
<td>Incomplete Inventory</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>-- List of Chemicals</td>
<td>7</td>
<td>3</td>
<td>$590</td>
<td>4</td>
<td>$490</td>
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<tr>
<td>No Spill Provisions</td>
<td>2</td>
<td>2</td>
<td>$450</td>
<td>2</td>
<td>$360</td>
</tr>
<tr>
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<td>4</td>
<td>4</td>
<td>$900</td>
<td>4</td>
<td>$540</td>
</tr>
<tr>
<td>No Protective Equipment</td>
<td>5</td>
<td>4</td>
<td>$900</td>
<td>4</td>
<td>$720</td>
</tr>
<tr>
<td>General</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- Fire Extinguishers</td>
<td>4</td>
<td>0</td>
<td>$0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>-- Investigate Injury</td>
<td>1</td>
<td>0</td>
<td>$0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>-- Miscellaneous</td>
<td>2</td>
<td>0</td>
<td>$200</td>
<td>0</td>
<td>$100</td>
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<tr>
<td>-- No Exit Signs</td>
<td>4</td>
<td>0</td>
<td>$0</td>
<td>1</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35</strong></td>
<td><strong>19</strong></td>
<td><strong>$3,760</strong></td>
<td><strong>19</strong></td>
<td><strong>$2,730</strong></td>
</tr>
</tbody>
</table>
27. **Who has the final say in determining whether violations exist and penalties are called for?**

After completing an inspection report of the practice, the compliance officer submits the information to the OR-OSHA office. If OR-OSHA concludes from a review of the report that a rule or order was violated, you will be issued a citation. This document will be delivered by certified mail or in person and will inform you of:

A. What violations were found
B. What you must do to correct them
C. A deadline for correction violations
D. The amount of any penalties

After receiving the document, you are required to promptly post the citation for three days where employees can review it or until the violation is corrected. You must also assure that any amendments or withdrawals to a citation are conspicuously posted with the original citation — again, for three days or until the violation is abated. Violations must be corrected by the ascribed date.

**28. What if I disagree with the citation?**

You have the right to contest a citation and/or proposed penalty as long as you file the notice of contest within 20 working days after you receive notice of the citation. Failure to file within the specific period constitutes forfeiture of your right to contest the citation and/or proposed penalty. In that case, you are required to pay the fine and take whatever steps are necessary to correct the violation.

OR-OSHA information enclosed with the citation should explain how to file the notice of contest. It also should outline any other rights you have as well as your responsibilities under the process. These include your responsibility to post the citation where it can be seen by employees and your right to participate in an informal conference. Employees also have the right to participate in an informal conference.

As the employer, you are obligated to correct any violation, except when a general violation has been appealed; a stay of the correction date has been ordered by the OR-OSHA Hearings Division; or you have been granted an extension to correct a violation. You may apply for an extension by writing to OR-OSHA, Labor & Industries Building, Salem, OR 97310. The application for extension must include:

A. The name and address of the employer
B. The location of the business
C. The citation number
D. The item number of the violation for which the extension is being sought
E. The reason for the request
F. Facts that show the employer has made an effort to correct the violation by the established date but was unable to do so because of factor’s beyond the employer’s control
G. All available interim steps that are being taken to safeguard employees against the cited hazard
H. The date by which the employer proposed to complete the correction

As required by OR-OSHA regulations, the application must also include a statement that a copy of the extension request has been posted for review by employees for at least 10 days (the application shall be postmarked or received by OR-OSHA no later than the correction date of the violation.)
29. How does the informal conference work?
You are entitled to request an informal conference with the OR-OSHA director who issued the citation. The purpose for the conference would be to discuss the citation and proposed penalty and to attempt to reach a settlement. The request for an informal conference also must be posted where employees can review it. The conference must be held during the 20-day period for filing the notice of contest.

The area director is authorized, within limits, to adjust the citation or penalty at the informal conference. Generally, informal conferences only result in penalty reductions, but some veterinarians have been able to negotiate sizable reductions. This is the primary advantage of the informal conference.

However, there are some disadvantages. The conference will be recorded. It is easy to make statements that could jeopardize your ability to contest the citation later. These might include admission the existence of a violation or an agreement to abate which might be used to infer the existence of a violation. Also, you must abide by any settlement reached at the conference. If the settlement requires you to abate a condition and you fail to do so, you will be subject to far heavier penalties the next time around.

30. Can OR-OSHA cite me for a past violation?
The rule is that you may be cited for a violation that occurred up to six months before the citation was issued. You cannot be cited for a violation that occurred more than six months ago, unless the violation can be characterized as continuing in nature.

However, remember that OR-OSHA can conduct an inspection of your practice at any reasonable time. In one case that came to our attention, a three-year-old workers’ compensation claim (with minimal time loss) triggered an inspection of the practice. After the facility was inspected, the practice was cited and assessed a penalty for violations.

31. What kind of penalties can OR-OSHA assess?
With one exception, OR-OSHA penalties are limited to fines. The exception is a willful violation that results in the death of an employee, for which the employer can be sentenced up to six month’s imprisonment.

OR-OSHA fines can be quite stiff. In 1990, Congress raised the maximum penalties seven-fold for inspections. The maximum penalty is $7,000.

Willful violations are subject to a minimum penalty of $5,000 and a maximum of $70,000. Fortunately, willful violations are rare. Failure to abate can result in a penalty of up to $7,000 per day. Repeated violations are subject to penalties up to $70,000.

32. These penalties seem unfair for a small business. Does OSHA give any consideration for this?
OR-OSHA may adjust penalties based on the gravity of the violation, the size of the business, and the good faith of the employer’s history or previous violations. These factors can result in substantial penalty reductions when they are applied to veterinarians.

Challenges to Citations and Penalties

33. How do I challenge citations and penalties?
By filing a notice of contest within 20 working days of the date you receive the Notice of Citation and Proposed Penalty. The notice of contest is filed with the director of the OR-OSHA office that issued the citation. You must post the notice of contest and a form telling employees they have the right to participate in the contest. This requirement is important, as failure to inform employees could result in the case being dismissed.

34. Isn’t it pretty expensive to challenge OR-OSHA?
It can be. Employers usually retain attorneys familiar with OSHA regulations to represent them in a contest. However, it is possible for someone who is willing to invest the necessary time and effort to represent himself or herself.

A little-known law might help with the expenses. The Equal Access to Justice Act, 28 USC-2412, allows a small employer who prevails in an action against OSHA to petition OSHRC within 30 days after judgment is entered for the costs and expenses, including attorney’s fees. OSHRC may grant the petition if it finds that OSHA’s position was not “substantially justified.”

Unfortunately, a party cannot know until after the case is over and hefty costs have been incurred.
whether he or she is entitled to an award. The “substantial justification” test gives OSHRC great leeway to determine when an award is justified.

Miscellaneous

35. I have heard that OR-OSHA will inspect my practice on a consultative basis, with no penalties attached. Is this a good idea?

OR-OSHA does provide consultative services. The services that are provided are addressed in the OSHA manual, “An Ounce of Prevention.” The telephone number for consultative services is also listed.

There are positives and negatives to requesting a consultation. Essentially, a consultation is conducted like a compliance inspection. The consultant looks for violations of OR-OSHA regulations.

The consultant will advise you of any violations that pose an imminent danger or serious hazard. You will not be fined for these violations, but you will be required to correct them. You will be given a deadline to adjust the problem, and the consultant may return to your practice to find out if this has been addressed. Failure to abate can lead to a referral to OR-OSHA for a compliance inspection.

If you accept the consultant’s recommendations, any relapse could be considered a willful violation by OR-OSHA, resulting in a penalty up to $70,000.

However, if you correct the violation in accordance with the advice of the consultant, you will be exempt from a random compliance inspection for one year. If you later are cited for something that passed inspection by the consultant, you will be able to use this in your defense.

Some insurance companies (SAIF Corp. is an example) also provide consultative services on OSHA standards. Check with your insurance carrier to learn more about this possible service.

You may want to take advantage of this service, if your carrier provides it. However, please note that this will not preclude OR-OSHA from inspecting your practice at any given time.

36. Can employees refuse to comply with OR-OSHA requirements?

OR-OSHA will not penalize the employee with refusing to comply, and they may penalize you if you haven’t taken measures to ensure compliance. OR-OSHA expects you to communicate Hazard Communication rules to your employees, as well as provide sufficient training. Employee compliance should be a condition of employment.
OSHA Resources: Who has Them and Where to Get Them

There are many available “tools” on the market that complement your OSHA program and meet specific needs. Below we have provided you with a list of some of these businesses that offer various products and services.

Amboy Associates
620 Venture Street, Suite A, Escondido, CA 9029
Phone: 800-448-4023 E-mail: help@OSHAstuff.com
— Comprehensive material includes MSDS binders, container labels and labeling system, inventory reference chart, radiation chart, etc. Amboy Associates developed material for the American Animal Hospital Association and was one of the first companies to focus on material for the veterinary profession.

Lab Safety Supply, Inc.
PO Box 1368, Janesville, WI 53547-1368
Phone: 800-356-0783 E-mail: custsvc@labsafety.com (request free catalog)
— More comprehensive OSHA materials that can help you meet your needs. Includes container labels, eyewash fountains, safety gloves and goggles, aprons — anything and everything to do with safety.

Personnel Concepts Limited
2865 Metropolitan Place, Pomona, CA 91767
Phone: 800-333-3795 E-mail: custserv@personnelconcepts.com
— Material includes OSHA compliance safety program, American with Disabilities Act compliance system, and regulatory posters.

3M Health Information System
3M Corporate Headquarters, 3M Center, St. Paul, MN 55144-1000
Phone: 888-364-3577
— Material includes training guides, MSDS binders, reference charts, personal protection equipment and more.

Safety Vet
1550 Athens Rd., Calhoun, TN 37309-3035
Phone: 423-336-1925 Web site: www.safetyvet.com
— Phil Seibert Jr. is one of the leading authorities on OSHA topics and speaks nationally at veterinary meetings and consults for practitioners. His bi-monthly publication, The Veterinary Safety & Health Digest, is practical and complete with discussions on OSHA regulations. Subscriptions are available for $34.50 per year.