

Why Use San Diego Healthcare Compliance?

Cal/OSHA Training Benefits Everyone

You have invested your time, money, and energy in your business. Here's how our training will help you protect your precious investment.

Result #1. Your employees will be well trained in the best practices for safe work habits, minimizing exposures to bloodborne and aerosol transmitted diseases, dangerous chemicals, and more.

Result #2. Your office will project a high level of competence and professionalism that will be obvious to and appreciated by your patients.

Result #3: Your facility will be compliant with **both** California and Federal OSHA regulations, and you will receive a certificate to that effect to display in your facility.

Result #4: Your practice can avoid substantial financial and judicial penalties imposed by California and Federal OSHA in the event of an inspection.

Compliance with regulations can be a daunting task, especially when you're striving to build your practice. We are here to help you!

Our goal is to set your mind at ease so that you can focus on your practice.

Our compliance program begins with an inspection of your facility. We identify issues that require remediation and outline a plan to address them. We then provide the customized training necessary for your office to meet the current California and Federal OSHA requirements for healthcare facilities. We will schedule your training session at a convenient time for you and your employees.

After implementing our training, you will have a knowledgeable staff and a compliant facility. We will ensure that all required written documentation, including your comprehensive practice-specific OSHA manual, is properly filled out. For qualified dental personnel, we provide **2.0** CE units in California Infection Control. We take pride in making your training experience as interesting, actionable, and enjoyable as possible.



About San Diego Healthcare Training & Support Services

San Diego Healthcare Compliance's comprehensive services include the following:

- **Providing OSHA-Required On-Site Annual Training for Your Employees**
 - **Bloodborne Pathogens Exposure Control Plan (T8-CCR-5193)**
 - **Exposure Incident Evaluation and Follow-up Procedures**
 - **Aerosol Transmissible Disease Exposure Control Plan (T8-CCR-5199)**
 - **Hazard Communication Plan (T8-CCR-5194)**
 - **Globally Harmonized System of Classification and Labeling of Chemicals**
 - **Injury and Illness Prevention Program (Cal/OSHA Standard T8-CCR-3203)**
 - **Emergency, Earthquake, Fire Safety, and Prevention Plans**
 - **Biomedical Waste Plan & Decontamination Protocols**
 - **Hepatitis B Immunization and Other Required Vaccine Programs**
- **Covering the Personal Protective Equipment (PPE) Utilization Plans**
- **Covering Hazardous Chemical and Biohazardous Material Labeling Requirements**
- **Providing the OSHA & Safety Manual for Your Practice**
- **Providing Monitoring Logs (e.g., Eye Wash Station Testing, Refrigerator Temps)**

We provide you continuous support at no charge throughout the year. These services include:

- **Notifying you on important OSHA & Safety compliance law changes**
- **Counseling throughout the year to assist with needlesticks, OSHA inspections, etc.**
- **Answering OSHA and other safety-related questions that arise in your facility**

Dr. Jonathan Rudin, the San Diego Healthcare Compliance Trainer

Jonathan Rudin, DDS, MS, MPH is the Vice President of training at San Diego Healthcare Compliance. He has worked in a wide variety of settings, including private practices, community dental clinics, as a civilian contractor for the US Navy, at Southwestern Community College's Dental Hygiene Program and at United Education Institute's Dental Assisting Program.

Dr. Rudin is passionate about providing the comprehensive training needed for safety in the workplace, including California OSHA regulations and the Dental Board of California's Minimum Standards for Infection Control. In providing this training, Dr. Rudin combines his enthusiasm for safety with his unique background and depth of experience as a clinician, epidemiologist, and teacher.

A graduate of Virginia Commonwealth University School of Dentistry, Dr. Rudin's post-doctoral education includes a general practice residency at the University of Illinois Hospital, Chicago. He holds an MPH degree in Epidemiology and an MS degree in Health Informatics – both from the University of Minnesota. Prior to starting San Diego Healthcare Compliance, Dr. Rudin was as a research dentist for the National Institutes of Health - Study of Latinos (Project SOL). He has been a regularly featured speaker on OSHA and California Infection Control at the San Diego Dental Convention, the San Diego County Medical Society, and the San Diego Advanced Study Group (part of the Seattle Study Club network). He has been authorized by the U.S. Department of Labor as an OSHA Outreach Trainer in General Industry and selected to lecture on Bloodborne Pathogens for UCSD's OSHA Institute.



Compliance Check List - Selected Items

Cal/OSHA BLOODBORNE PATHOGEN STANDARD (T8-CCR-5193)

Yes No

- SDHC or OSHA Manual present in office, Site Specific ____, Up to date ____, Generic ____, California ____
- Practice-specific written "Exposure Control Plan," Documented annual review of ECP ____ Years ____
- Bloodborne Pathogens Standard offered and accessible to employees. Records on file ____.
- Medical and Personnel files established.
- Medical Records under lock and key.
- Annual training documented for at risk employees, number of years ____.
- Written documentation of all topics covered during annual Cal/OSHA training session
- Hepatitis B Vaccine offered. If declined, Hepatitis B Declination Form obtained _____.
- Hepatitis B Vaccination Record Physician Statement present in all employee medical records.
- Hepatitis B Antibody Titer Record present in all employee medical records.
- Approved Sharps Containers in required areas, comments: _____.
- Sharps containers mounted at proper height and location _____.
- Annual documentation evaluating the use of needleless systems and sharps with engineered sharps injury protection.
- Approved biomedical waste bag(s) in required areas (Double Red Bags are required in San Diego County).
- Current OSHA posters, labels, and signs posted in accordance with regulations.
- Personal Protective Equipment Policy. Signed by all employees ____.

Cal/OSHA INJURY & ILLNESS PREVENTION PROGRAM (T8-CCR-3203) - IIRP

- Written practice-specific Injury and Illness Prevention Program (IIRP)
- Employees trained on procedures to notify employer regarding safety issues.

Cal/OSHA AEROSOL TRANSMISSIBLE DISEASE STANDARD (T8-CCR-5199)

- Employees trained in screening and referring of airborne infectious patients.
- N95 masks available to all employees.
- Documentation employees were offered and accepted/declined vaccinations (flu, TDAP) and TB test.

Cal/OSHA HAZARD COMMUNICATION STANDARD (T8-CCR-5194)

- Written practice-specific Hazard Communication Plan. Most recent update: _____.
- Current copy of Hazard Communication Standard (the T8-CCR-5194 regulation) present
- Employees trained on Globally Harmonized System.
- Hazardous chemicals, including secondary containers, labeled according to OSHA standards.
- Current Safety Data Sheet (SDS) Book _____. Master Hazardous Chemical List of **Current** Inventory _____.
- MSDS/SDS or other record maintained for 30 years for chemicals no longer in use.
- Emergency Fire Prevention, Bomb Threat, Earthquake Plans implemented.
- Fire Extinguishers mounted. Annual inspection tags current.
- Emergency Eye Wash Station in place. Accessible within 10 seconds ____, 15 minute flow capacity ____
- Eye Wash Station Sign Posted. Station tested & logged ____, In working condition ____, Temperature is tepid ____
- Employees prohibited from taking contaminated laundry home.
- Change of clothing available _____.
- Compressed Gas Cylinders secure (Empty & Full)
- Appropriate Spill Kits available _____.

CALIFORNIA MEDICAL WASTE MANAGEMENT ACT, HEALTH & SAFETY CODE SECTIONS 117600-118360

- Current copy of California Medical Waste Management Act - Section 117600-118360.
- Written practice-specific Biomedical Waste Plan. Latest update: _____.
- Annual employee training. Number of years _____.
- Biohazard waste properly stored and labeled, comments _____.
- Biomedical waste hauler _____ Contract in manual ____.
- Biohazard Labeling. Biohazard and Trash receptacles covered ____.
- Autoclave Spore Testing. Frequency of testing _____.
- Refrigerator Log. Logged daily if vaccines are in refrigerator ____.
- Disinfection & Decontamination Policy. Signed by all employees and posted ____.

OSHA Violation Penalty Structure

The computation of base penalties for the various violations is based on guidelines following the OSHA standard for inspections, citations, and penalties at 1903.15.

Type of Violation	Current Maximum Penalty
Serious Other-Than-Serious Posting Requirements	\$12,934 per violation
Failure to Abate	\$12,934 per day beyond the abatement date
Willful or Repeated	\$129,336 per violation

Serious Violations

A serious violation is one where there is a substantial probability that death or serious physical harm could result, and the employer knew or should have known of the hazard. The severity of the violation and the probability of an injury or illness occurring are then considered in order to determine the dollar amount of the proposed penalty.

Other-Than-Serious Violations

This is a violation that has a direct relationship to job safety and health, but probably would not cause death or serious physical harm.

Willful Violations

A willful violation is one that the employer intentionally and knowingly commits.

Repeat Violations

A repeat violation is a violation of any standard, regulation, rule, or order where, upon re-inspection, a substantially similar violation is found and the original citation has become a final order.

Failure to Abate

Failure to correct a prior violation within the prescribed abatement period could result in a penalty for each day the violation continues beyond the abatement date. The daily penalty is usually equal to the amount of the initial penalty with an adjustment for size only.

All penalty amounts issued with a citation are proposed. Employers may contest the penalty amount as well as the citation within the 15-day contest period. After that, the penalty may be adjudicated by the Occupational Safety and Health Review Commission or OSHA may negotiate with the employer to settle for a reduced penalty amount if this will lead to speedy abatement of the hazard.

Additional violations for which citations and proposed penalties may be issued are as follows:

Falsifying records, reports or applications can bring a fine of \$10,000 or up to six months in jail, or both.

Assaulting a compliance officer, or otherwise resisting, opposing, intimidating or interfering with a compliance officer in the performance of his or her duties is a criminal offense and is subject to a fine of not more than \$5,000 and imprisonment for not more than three years.

Citation and penalty procedures may differ somewhat in states that operate their own occupational safety and health programs.



California Code of Regulations, Title 8. Subchapter 7. General Industry Safety Orders Group 16. Control of Hazardous Substances Article 109. Hazardous Substances & Processes §5193. Bloodborne Pathogens: Excerpt

(g) Communication of Hazards to Employees.

(2) Information and Training.

(A) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(B) Training shall be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place;

2. At least annually thereafter.

(C) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(D) Annual training for all employees shall be provided within one year of their previous training.

(E) Employers shall provide additional training when changes, such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(F) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(G) The training program shall contain at a minimum the following elements:

1. Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;
2. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
6. Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;
7. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;
9. Hepatitis B Vaccination. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;
12. Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
13. Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g) (1); and
- 14. Interactive Questions & Answers. An opportunity for interactive questions and answers with person conducting the training session.**

(H) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.