



Staying in Good Stead with OSHA Starts with Maintaining Proper Records

Urgent message: Urgent care operators have a multitiered relationship with the Occupational Health and Safety Administration: as an employer required to provide a safe workplace for employees; in the context of helping occupational medicine clients maintain compliance with relevant OSHA regulations; and in maintaining thorough and accurate records of occ med employee cases.

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When an urgent care operator opts to offer occupational medicine services, they're taking on more than the responsibility for helping their client's workers get back on the job as efficiently and safely as possible. They're also, even if they don't state it directly, assuring their clients that they'll be compliant with relevant regulations imposed by the Occupational Health and Safety Administration.

Compliance with OSHA regulations must be assured not only to the client, but also to OSHA itself—which can be achieved only through an understanding of and meticulous adherence to strict record-keeping standards. Here, we identify the most relevant to the urgent care occ med provider and offer guidance on how to remain compliant.

OSHA Mandatory Record Keeping

According to OSHA: Most employers are required to maintain an accurate record of work-related injury or illness. This information allows employers, workers, and OSHA to evaluate the safety of a workplace, identify industry hazards, and develop better worker protections.



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Relevance to urgent care: For OSHA compliance, an urgent care operation will have a number of records and logs to maintain pertaining to workplace hazards, injury and illness, bloodborne pathogen training, hepatitis B vaccinations and exemptions, and additional training logs.

How violations occur: Not maintaining accurate and thorough records and for the required length of time. Not having written plans in place where required. In the event of an OSHA inspection, inspectors could levy citations and/or fines if they deem that the urgent care center has been negligent in its record-keeping.

Steps toward compliance: The following forms, logs, and written plans are relevant to the urgent care setting:

- **OSHA's Form 300** – Log of Work-Related Injury and Illness
 - Log for identifying the employee, job title, date of injury, location of injury, and description of injury
 - Must be completed within 7 days of recordable illness/injury
 - Required for any work-related fatality
 - Required for any work-related injury or illness that results in loss of consciousness, days away from work, restricted work, or transfer to another job
 - Required for any work-related injury or illness requiring medical treatment beyond first aid
 - Required for any work-related diagnosed case of can-

cer, chronic irreversible diseases, fractured or cracked bones or teeth, and punctured eardrums.

- Must be retained for 5 years
 - If bloodborne pathogen exposure, retain for 30 years
 - Employers must prepare in January, then post an annual summary of OSHA Form 300 in their workplaces from February 1 until April 30 of each year. The summary must be certified by the CEO and retained for 5 years
- **OSHA's Form 301** – Injury and Illness Incident Report
- OSHA Form 301 is used to further describe the severity and extent of a workplace injury or illness that is recorded in OSHA Form 300. Each injury or illness recorded on OSHA Form 300 or its equivalent must also be recorded on a Form 301 or its equivalent
- **Training Records**
- Bloodborne pathogen annual training (must retain training records for 3 years)
 - Emergency action plan training
 - Fire prevention plan training
- **Hepatitis B Vaccinations Records and/or Exemptions**
- All employees who either received a hepatitis B vaccination, were/are exempt, or declined vaccination
 - If declined or exempt, requires waiver form
- **Sharps Injury Log**
- Bloodborne Pathogen Policy (BPP) requires the establishment and maintenance of a Sharps Injury Log to record all contaminated sharps injuries in a medical facility
 - Date and case/report number
 - Type of device (eg, syringe, suture needle)
 - Brand name of device
 - Work area where injury occurred
 - Brief description of how the incident occurred (ie, procedure being done, action being performed)

Safety Committees

Federal OSHA guidelines do not require urgent care/occ med operators to institute a Safety Committee. Creating one is recommended, however, and is a factor in reducing a fine if a citation occurs. Additionally, having a Safety Committee can lead to discounts on Workers Compensation insurance rates. Following are factors to keep in mind when devising and implementing a Safety Committee.

- **Safety Committee Meeting Minutes**
- Employer and employee representatives
 - Recommended to meet every 4 months

■ **Safety Committee Topics**

- Assessing and controlling hazards
- Assessing safety training and awareness topics
- Communication with employees regarding safety committee activities
- Developing safety rules, policies, and procedures
- Educating employees on safety-related topics
- Evaluating the safety program on a regular basis
- Inspecting the workplace
- Keeping job-specific training current
- Motivating employees to create a safety culture in the workplace
- Reviewing incidents of workplace accidents, injuries and illnesses

■ **Emergency Action Plan (Written)**

- Escape routes posted per fire code
- Procedure to account for all employees evacuated
- Rescue and medical duties by employees
- Responsibility for calling 911
- Train all employees then retrain annually

■ **Fire Prevention Plan (Written)**

- List of known fire hazards
- Fire extinguisher locations (and when last checked to ensure proper function)
- Evacuation procedures
- Annual fire inspection requirements under local municipal laws
- Training and annual retraining of employees designated to operate fire extinguishers

■ **Active Shooter Plan (Written)**

- Crime or unwanted individuals (recent situations: domestic abuse, threatening patient)
- Security alarm panic button location and proper usage

■ **Exposure Control Plan (Written)**

- Comprehensive plan for protecting against bloodborne pathogen exposure and other potential infectious materials (OPIM)

■ **Protective Equipment (Log)**

- Catalogue of scrubs/lab coats, gloves, face shields, eye protection, mouthpieces (resuscitation devices) in use
- Review annually as a leadership team for updates

■ **Facility Checklist** (independent of OSHA regulations)

- Urgent care centers should always have a “facility checklist” to assure the physical plant is clean, neat, and in good repair—primarily to eliminate facility

issues as a detractor to achieving good customer service survey scores. The facility checklist also has value in regard to OSHA as it helps to ensure any hazards are identified and addressed, and that “compliance” measures are active.

There should also be one master log that lists every training that occurred in a given year. These records must be retained for at least 3 years. However, it is advisable that they be maintained for the duration of employment.

OSHA Inspections

According to OSHA: To support and enforce the safety and health requirements of America’s workplaces, OSHA can and will conduct an inspection—without advance notice—of any of the 7 million workplaces over which it has jurisdiction. OSHA inspectors ensure compliance with OSHA requirements and assist employers and workers in reducing workplace hazards, injuries, illnesses, and deaths.

Relevance to Urgent Care: Given that an OSHA inspection will be unscheduled and unannounced, an urgent care should make sure that it’s always compliant with OSHA standards and guidelines. The following circumstances can trigger an OSHA inspection:

- **Imminent danger situations** – hazards that can cause death or serious physical harm
- **Severe injuries and illnesses** – fatalities, hospitalizations, amputations, or loss of an eye (must be reported to OSHA within 8 hours)
- **Worker complaints** – allegations of hazards or violations receive high priority. Employees are granted anonymity if requested when a complaint is filed. An employee concerned about any safety hazard can report it using the OSHA hotline (1-800-321-6742)
- **Referrals** – from federal, state or local agencies, individuals, organizations or the media receive consideration for inspection
- **Targeted inspections** – inspections targeted toward high-hazard industries or individual workplaces with a history of high rates of injuries and illnesses
- **Follow-up inspections** – to check if citations and violations cited during previous inspections have been corrected

What to know: If an OSHA inspector arrives onsite, your urgent care staff can “buy time” by verifying the inspector’s ID and calling the inspector’s office to verify their presence. This is perfectly legal and recommended for security purposes. Meanwhile, while the inspectors are waiting, the staff can quickly run through the facility checklist to ensure no hazards are present.

The OSHA inspection is typically comprised of two parts:

- The inspector will review all training records, the OSHA

300 log, and the file of incident reports

- The inspector will tour the facility to identify and evaluate hazards. The inspector may also interview employees privately

If an OSHA inspector takes pictures or video (or uses an instrument to take environmental readings), employers are allowed to take photo/video of the exact same things so to visually document and record what OSHA was focused on.

“To strengthen your center’s OSHA compliance, start with a thorough assessment of your facility, logs, records, and written plans to identify areas for improvement.”

Post Inspection

- The inspector will conduct a closing conference to discuss all unhealthy conditions observed and any violations found, or citations recommended
- Any proposed settlement can be appealed within 15 days

During an OSHA inspection, the urgent care operator should not be confrontational or defensive. Cooperate by producing records to demonstrate compliance efforts and offer a plan for remediation. If the inspection is regarding a specific incident, then the onus falls on the employer to prove to OSHA there was absolutely nothing reasonable the urgent care could have done to prevent the incident.

New and Evolving OSHA Standards (Active Shooters, Workplace Bullying, Workplace Ergonomics)

According to OSHA: While OSHA does not currently have regulations or guidelines concerning active shooters, workplace bullying, or workplace ergonomics, they can cite them under the General Duty Clause of the Occupational Safety and Health Act, Section 5(a)(1). All employees are covered by OSHA under this section.

Active Shooters: “Enforcement Procedures and Scheduling for Occupational Exposure to Workplace Violence” is the directive OSHA released to its inspectors in 2017 to begin workplace training for violent events. In the absence of a defined OSHA standard, OSHA recommends that all employers consult the Department of Homeland Security’s Active Shooter Emergency Preparedness: Getting Started page (https://www.osha.gov/SLTC/emergencypreparedness/gettingstarted_evacuation.html) which is focused on the planning and evacuation stages of a violent incident.

Workplace Bullying: There remains a spirited debate as to whether workplace bullying is a violation of OSHA. Those who contend that bullying is indeed a violation point back to the OSHA

OSHA Compliance Checklist for Urgent Care Operators

Urgent care operators should be cognizant of the following in order to assure employee safety and compliance with OSHA standards:

- Every urgent care center should have a written Exposure Control Plan, available to all employees, reviewed and updated on an annual basis. That plan should include the following elements:
 - Universal precautions (treatment of all bodily fluids as an infection risk)
 - Engineering and work practice controls
 - Hygiene protocols (ie, guidelines for washing hands/skin, eyewash station to flush eyes upon any exposure)
 - Sharps injury prevention devices (ie, “safer” needles that retract or destruct)
 - Antimicrobial soap/cleaning supplies (for disinfection of surfaces and supplies)
 - Personal protective equipment
 - Employee dress code including scrubs for back office staff, white lab coats for providers, a requirement of closed-toe shoes, and a prohibition on “street clothes” (including Halloween costumes) when in contact with patients or patient specimens
 - Employees should be offered, and if appropriate the employer should pay for, personal protective equipment like eye shields, rubber gloves, and resuscitation guards
 - Postexposure medical actions and follow-up

- Every urgent care center should have a written Bloodborne Pathogens Training Plan, with orientation and training for all new employees, and annual refresher training conducted and documented
- Every staff member should be offered a hepatitis B vaccine at no charge, paid for by the employer (employees who refuse need to sign a Vaccine Declination Form which informs them that they may receive the vaccine if they change their mind in the future)
- Biohazardous waste must be identified by a sign or label indicating the hazard, including sharps disposal containers, segregation of soiled laundry and waste into a specially labelled closet or storage area, and pick-up by a certified disposal vendor
- Every urgent care center should maintain a log of sharps and needlestick injuries, to be analyzed for root cause and continual improvement opportunities
- Every urgent care center should identify any toxic substances requiring an SDS (generally not required since the quantity of any chemicals is small and in a vendor-labelled container), and assure all cleaning supplies and other substances are in their original labelled containers
- Every urgent care center must display the OSHA Form 300A summarizing workplace injuries between February 1 and April 30 of each year. Additionally centers must display OSHA Form 3165 (“It’s the Law” poster) or state equivalent in the breakroom or other prominent area.

General Duty Clause charging employers with providing a safe workplace free from harm—making the argument that bullying, intimidation, and verbal abuse can result in emotional, psychological, or even physical harm. OSHA even adopted its own antibullying policy in 2011 that protect its employees. Regardless of OSHA regulations, though, workplace bullying is a serious and growing issue that employers have begun to take more seriously in recent years; hence, urgent care should follow suit.

Workplace Ergonomics: Although there are no specific ergonomic regulations, OSHA will continue to cite ergonomic injuries under the General Duty Clause. Therefore, it’s the responsibility of the employer to ensure work areas and tools are in place to reduce work-related musculoskeletal disorders (MSDs), toward helping workers stay healthy.

MSDs are the result of prolonged exposure to ergonomic risk factors such as:

- Excessive repetitive movements
- Unsupported positions and awkward postures that can compress nerves and irritate tendons
- Static postures that impede blood flow and strain muscles

Even as there are no specific training requirements for ergonomics, employees trained to identify and avoid ergonomic hazards fare much better at avoiding them, resulting in fewer injuries and a safer workplace.

Reporting to OSHA

According to OSHA: All employers must report all work-related

fatalities, work-related inpatient hospitalizations of employees, work-related amputations and work-related loss of an eye to OSHA. Fatalities must be reported within 8 hours of discovery. All other work-related incidents must be reported within 30 days. Reporting mechanisms include:

- By telephone to the local OSHA office
- By telephone to the 24-hour OSHA hotline (800) 321-OSHA (6742)
- Electronic form on the OSHA website www.osha.gov

Additionally, when cultivating a “culture of compliance,” consider creating an anonymous reporting mechanism. This can be a third-party hotline reached anonymously by phone or email or it can be a simple “safety box” anywhere employees can make anonymous reports and suggestions. Presence of this feedback mechanism has been shown to lower an employer’s chance of receiving an OSHA violation by 25%.

Conclusion

The importance of OSHA compliance for urgent care, although not a topic that’s broached often, cannot be overstated. This holds especially true for bloodborne pathogen exposure, the greatest single safety risk in urgent care. To begin strengthening your center’s OSHA compliance, start with a thorough assessment of your facility, logs, records, and written plans to identify areas for improvement. OSHA provides free consultative services your center can access to help identify gaps and help provide recommendations for compliance. OSHA cannot give a citation when on-site in a consultative function, so there’s no

Select OSHA Requirements Regarding Recordkeeping and Reporting

OSHA spells out specific requirements of their recordkeeping policies on their website. Some are more directly applicable to employers than occ med providers, but in the interest of having a broad understanding of those requirements—which in turn may inform the services you're able to offer—we present highlights adapted directly from *OSHA Injury and Illness Recordkeeping and Reporting Requirements*. The complete version is available at: <https://www.osha.gov/recordkeeping/index.html>.)

OSHA published a Final Rule to amend its recordkeeping regulation to remove the requirement to electronically submit to OSHA information from the OSHA Form 300 (Log of Work-Related Injuries and Illnesses) and OSHA Form 301 (Injury and Illness Incident Report) for establishments with 250 or more employees that are required to routinely keep injury and illness records. Covered establishments are only required to electronically submit information from the OSHA Form 300A (Summary of Work-Related Injuries and Illnesses). The requirement to keep and maintain OSHA Forms 300, 300A, and 301 for 5 years is not changed by this Final Rule. *OSHA views the 300a form data as confidential commercial information, and will not release it to the public.*

Recordkeeping Requirements

Many employers with more than 10 employees are required to keep a

record of serious work-related injuries and illnesses. (Certain low-risk industries are exempted.) Minor injuries requiring first aid only do not need to be recorded.

This information helps employers, workers and OSHA evaluate the safety of a workplace, understand industry hazards, and implement worker protections to reduce and eliminate hazards -preventing future workplace injuries and illnesses.

Maintaining and Posting Records

The records must be maintained at the worksite for at least 5 years. Each February through April, employers must post a summary of the injuries and illnesses recorded the previous year. Also, if requested, copies of the records must be provided to current and former employees, or their representatives.

Electronic Submission of Records

The Injury Tracking Application (ITA) is accessible from the ITA launch page, where you can provide the Agency your OSHA Form 300A information. The date by which certain employers are required to submit to OSHA the information from their completed Form 300A is March 2 of the year after the calendar year covered by the form.

need for undue concern when calling upon their representatives to inspect your workplace. Beyond OSHA, an urgent care centers Worker's Comp carrier can also provide free advice.

In short, cultivating a "culture of compliance" requires a team effort which, when undertaken with earnest, will result in a workplace that's safe and healthful for everyone. ■



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