

JOINT COMMISSION UPDATE 2013

Susan B. McLaughlin

MSL HEALTHCARE CONSULTING



NO NEW STANDARDS...
BUT – NEW INTERPRETATIONS!



MANIFESTS

- EC.02.02.01 EP 11: “For managing hazardous materials & waste, the hospital has the permits, licenses, manifests, and material safety data sheets required by law and regulation.”
 - DOT training for those signing
 - JC will be looking at this
 - Most frequent DOT finding



REGULATIONS

- Hazardous materials regulated under the Department of Transportation (DOT)
 - Title 49 CFR
- Pipeline and Hazardous Materials Safety Administration (PHMSA)
- www.phmsa.dot.gov



EMPLOYER RESPONSIBILITY

- Comply with applicable regulations
- Train and test employees
- Provide certification of training
- Retain records for each hazmat employee
 - Period of employment + 90 days thereafter



INITIAL TRAINING

- Upon new hire or job change
- Completion required within 90 days of hire or assignment
- Until completion, must work under supervision of a hazmat employee who has been properly trained



RECURRENT TRAINING

- Every 3 years from date of first training



TOPICS

- General awareness
- Function-specific training
- Safety
- Security awareness
- Driver training – if motor vehicle operator
- OSHA, EPA, etc. training



TRAINING SOURCES

- Hazmat employer
- Public or private sources
- DOT CD @ \$25
- https://hazmatonline.phmsa.dot.gov/services/Pub_Sale.aspx
- Hazardous waste haulers
- In-house, based on regulations



MEDICAL GAS CYLINDERS

- EC.02.03.01 EP 1 (Fire Risk)
 - Storage in appropriate area
 - >12 E cylinders open to egress corridor
 - Empty & full must be racked separately



MEDICAL GAS CYLINDERS

- EC.02.06.01 EP 1 (Unsafe Condition)
 - Unsecured cylinders
 - Improper locations for transfilling



MEDICAL EQUIPMENT

- DEPARTMENT LEADER

- Inventory creation
- Maintenance strategies
- Evaluate process
- Evaluate effectiveness

- MAINTAINERS

- Understanding of maintenance process & strategies
- Competencies, based on repeat work orders
- Work scheduled vs. work completed



MEDICAL EQUIPMENT

- STAFF INTERVIEW

- Evaluate equipment reliability
- Evaluate response process & time
- Appropriate staff training on equipment use
- Customer satisfaction with department

- CONTRACT SERVICES

- Evaluate reliability of equipment serviced
- Evaluate integration of the process



MONITORING, REPORTING & INVESTIGATING

- EC.04.01.01 EP 1-11
 - Surveyors will be trained on this in January
 - Look at reports into EOC
 - Injuries to patients or others
 - Occupational illness & injuries
 - Security incidents
 - Hazmat spills & exposures
 - Fire safety problems, deficiencies, failures
 - Medical equipment problems, failures, user errors
 - Utilities problems, failures, user errors



EMERGENCY MANAGEMENT

- Discuss recent exercise or event
- Identify lessons learned
- Trace identified opportunities for improvement
- EOP adjustments
- Most frequent findings: emergency credentialing



INTRACYCLE MONITORING (formerly PPR)



ICM

- Improve PPR process
- Identify and proactively manage risk
- In pilot studies:
 - 100% improvement over PPR
 - 100% easy to use
- Will begin January 2013
- Same reporting options as PPR



R RISK ICON

- Notes EP in three risk-focused categories
 - NPSG
 - Accreditation program specific risks
 - Selected direct & indirect EP's
- On focused survey assessment tool will also identify previous RFI's in current cycle



R

EC

- EC.01.01.01
 - 1: Safety Officer
 - 2: Intervention Authority
 - 3: Safety Mgmt. Plan
 - 5: Hazmat Mgmt. Plan
 - 7: Med Equipt. Mgmt. Plan
 - 8: Utility Mgmt. Plan
- EC.02.01.01
 - 3: Action on risks
 - 8: Security sensitive areas
- EC.02.02.01
 - 4: Spills & exposures
 - 7: Hazardous energy sources
 - 10: Monitoring gases & vapors



R

EC

- EC.02.03.01
 - 1: Potential for harm
- EC.02.03.05
 - 4: Visual & audible alarms
 - 11: Fire pumps under flow
 - 19: AHU shutdown by smoke detection
- EC.02.04.01
 - 1: Input from operators & servicers
 - 2: Med equipment inventory
 - 3: Written maintenance procedures
 - 4: Written frequencies
 - 5: SMDA
 - 6: Written failure procedures & emergency clinical interventions

R

EC

- EC.02.04.03
 - 1: Performance & safety checks
 - 2: Life support
 - 3: Non-life support
 - 4: Sterilizers
 - 5: Dialysis water testing
- EC.02.05.01
 - 6: Airborne contaminants

- EC.02.05.03
 - 6: Areas where loss of power could result in patient harm
- EC.02.05.05
 - 3: Life support
 - 4: Infection Control
 - 5: Non-life support



R

EC

- EC.02.05.07
 - 4: Generator testing
 - 5: Nameplate/load bank
 - 6: ATS testing
 - 7: Triennial 4 hour test
 - 8: 30% on triennial
- EC.02.05.09
 - 1: Testing med gas

- EC.02.06.01
 - 20: No offensive odors
- EC.02.06.05:
 - 3: Action based on PCRA
- EC.04.01.01
 - 1: Monitoring, reporting, investigating
 - 15: Annual evaluations

R

EM

- EM.01.01.01
8: Implement procedures in response to emergencies
- EM.02.02.13
5: Identification of volunteer LIPs
- EM.02.02.15
5: Identification of volunteer non-LIPs



R

- LS.01.01.01
 - 2: e-SOC
 - 3: PFI time frames
- LS.01.02.01
 - 1: Fire watch & FD notification
 - 3: ILSM policy
 - 4: Exit inspections daily
 - 5: Temporary alarm & detection

LS

- LS.02.01.20
 - 22: Patient sleeping room doors not locked
- LS.02.01.34
 - 1: Fire alarm transmission
- LS.02.01.35
 - 1: Approved sprinkler system
 - 2: Fire alarm connected to water flows

INTEGRATED SURVEY PROCESS



PROCESS

- Surveyors have blended expertise – JC & ISO
- Evaluate JC standards compliance
- Evaluate ISO 9001:2008 conformance
- Will include
 - Intracycle monitoring FSA for JC standards
 - Intracycle surveillance audit for ISO
 - Triennial survey JC & ISO
- May be available in 2013 (TBD)



HOT TOPICS



EYE WASH STATIONS

- OSHA recommended locations:
 - Medical services and first aid – caustic & corrosive
 - Formaldehyde (as low as 0.1%)
 - Battery charging or changing
 - Opening caps
- Staff must know location & use
- Risk assessment



SURGICAL SITE FIRES

- LS surveyors gown & survey
 - Surgical site fire plan
 - Surgical site fire drills
 - Alarm procedures
 - Rescue techniques
 - Shut off locations
 - Staff training
- Observation of best practice
 - Include surgical site fire response in time out



CLINICAL ALARMS

- Formerly a NPSG; could return
- Silenced alarms
- Inadequate staffing to monitor/respond
- “Alarm fatigue”
- Patient deaths



CLINICAL ALARM CITATIONS

- EC.02.04.01: Equipment Management
 - EP 2: Inventory
 - EP 3: Maintenance, inspection, testing
- EC.02.04.03: Equipment Reliability
 - EP 2: Life support
 - EP 3: Non-life support
- EC.04.01.01: Monitoring & Reporting
 - EP 1: Monitoring problems & failures



PROPOSED 2014 NPSG

- Improve the safety of clinical alarm systems
 - Individual alarms difficult to detect
 - Numerous alarms
 - Staff desensitization
 - Disabling alarms
 - Defaults not at actionable level
 - Alarm limits too narrow
- Focus on alarms with most direct impact on patient safety



PROPOSED 2014 NPSG EPs

1. Leadership establishment of alarm safety as priority
2. Annual inventory of alarms and identification of default settings
3. Identify most important alarms to manage



PROPOSED 2014 NPSG EPs

4. Policies and procedures for alarm management:
 - Necessity of specific alarms
 - When disabling alarms is appropriate
 - When parameters can be changed
 - Authority for these changes
 - Monitoring & response to alarms
 - Checking for settings, operation, detectability
5. Staff Education



RISK ASSESSMENT

- EC.02.01.01 EP 1
 - Category A
 - Risk Assessment process
 - Quality of the process
- EC.02.01.01 EP 3
 - Response to identified risk
- *EC News*, March 2013



RISK ASSESSMENT PROCESS

1. Identify the issue
 - Frame as yes/no question
2. Develop supporting arguments
3. Develop opposing arguments
4. Evaluate with all stakeholders
5. Reach a conclusion
 - Accept or mitigate risk



RISK ASSESSMENT PROCESS

6. Document the process
 - e.g. report to EOC Committee
 - Policy change(s)
7. Monitor and reassess
 - Define monitoring strategy
 - Set follow-up date

Either terminate process or reassess if necessary



LIFE SAFETY DRAWINGS

- Must be current
- Suite designations
- Suite sizes
- Patient rooms used for storage
- Surveyors assess as shown on drawings
- Legend identifies features
- Areas fully sprinkled (if partial)



LIFE SAFETY DRAWINGS

- Hazardous storage areas
- Fire-rated barriers
- Smoke barriers
- Smoke compartments
- Chutes and shafts
- Extinguishers & exit signs
- Location of equivalencies or waivers



SPECIAL LOCKING ARRANGEMENTS

- Clinical needs of the patients
- Delayed Egress NFPA 101 (2000):
7.2.1.6.1
 - Alarm & release in (15-30) seconds
 - Must be manually reset
- Access-Controlled Egress: 7.2.1.6.2
 - Sensor detects approach
 - Manual release within 5 feet



MOTHER/BABY UNITS

- SOME, BUT NOT ALL AHJ'S WILL PERMIT:
- Management process
 - Master release at nurse station
 - “Push to exit” buttons
 - Key or badge control
 - All staff have keys or badges



PRESSURE DIFFERENTIALS

- POSITIVE
 - ORs and C-section delivery rooms
 - Sterile Processing clean workroom & sterile storage
 - All sterile storage areas (OR sterile core & any other areas for storage of sterile supplies)
 - Protective Isolation rooms
 - Cardiac Cath Lab
 - Interventional Radiology



PRESSURE DIFFERENTIALS

- NEGATIVE
 - Sterile Processing decontamination room
 - Endoscopy scope cleaning room
 - Bronchoscopy room
 - Airborne infectious isolation rooms



PRESSURE DIFFERENTIALS

- DEBATABLE
 - Endoscopy procedure rooms
 - 2001 vs. 2010 FGI Guidelines
 - Rooms with GUS stations for ultrasound probe cleaning
 - Should be in a dirty area
 - Watch for Joint Commission FAQ



RECOMMENDATION (NOT regulation)

- Measure pressure differentials AT LEAST annually
- Verify AT LEAST quarterly
- Surveyor will check with tissue test



INFECTION PREVENTION

- Food carts in soiled utility rooms
 - Do they go through cart wash before reuse?



JOINT COMMISSION'S TOP 10 LIST

MSL HEALTHCARE CONSULTING



2012 (FIRST 1/2) TOP 10:

HOSPITAL

2. LS.02.01.20: Integrity of means of egress (52%)
3. LS.02.01.10: Maintenance of building & fire safety features (47%)
4. EC.02.03.05: Maintenance of fire safety equipment & building features (40%)
(#1 IN CRITICAL ACCESS HOSPITALS)
5. IC.02.02.01: Reducing risk of infections associated with medical equipment, devices, supplies (39%)



2012 (FIRST 1/2) TOP 10: HOSPITAL

7. LS.02.01.30: Protection from hazards of fire & smoke (36%)
8. LS.02.01.35: Fire extinguishing systems (35%)
9. EC.02.06.01: Safe, functional environment (32%)
10. EC.02.02.01: Hazardous materials & waste (29%)



LS.02.01.20: INTEGRITY OF MEANS OF EGRESS

2. LS.02.01.20: Maintaining integrity of means of egress (52%)

- Corridor Clutter
- Suite boundaries and size on LS drawings



CORRIDOR CLUTTER

Corridor Clutter
is NOT a PFI issue!



LS.02.01.10:

BUILDING & FIRE PROTECTION

3. LS.02.01.10: Building & fire protection features designed to minimize effects of fire, smoke, & heat (47%)

- Building Type
- Door Issues
- Penetrations



EC.02.03.05

FEATURES OF FIRE PROTECTION

4. EC.02.03.05: Maintenance, testing, inspection of features of fire protection (40%)



COMMON PROBLEMS

- EP 1: Supervisory signals
 - Fire pump
 - Kitchen system
 - Etc.
- EP 3: Electromechanical releasing devices
 - Door magnet
 - Electronic access control, if tied to fire alarm



COMMON PROBLEMS

- EP 19: Every 12 months test automatic smoke detection shutdown devices for air handling equipment
 - DOCUMENT THAT AIR HANDLERS ACTUALLY SHUT DOWN!



IC.02.02.01

5. Reducing risk of infections associated with medical equipment, devices, supplies (39%)

LS.02.01.30: PROTECTION FROM FIRE & SMOKE

7. LS.02.01.30: Maintenance of building features to protect from fire & smoke (36%)

- Hazardous areas
- Smoke barriers



LS.02.01.35

FIRE EXTINGUISHING SYSTEMS

8. LS.02.01.35: Provision & Maintenance of Fire Extinguishing Systems (35%)

- Cables & wires
- Sprinkler Clearance
- K extinguishers



EC.02.06.01

SAFE, FUNCTIONAL ENVIRONMENT

9. Maintenance of safe, functional environment (32%)

- Unsecured gas cylinders
- Outdoor safety
- Ventilation
- Temperature
- Humidity

EC.02.02.01

HAZMAT

10. Managing risks related to hazmat & waste (29%)

- Spills & exposures
 - Eye wash stations
- Hazardous energy sources
 - Receipt of radionuclides



2012 LIFE SAFETY CODE®

MSL HEALTHCARE CONSULTING



2012 *LIFE SAFETY CODE*®

- Anticipated adoption
- CMS waivers
- Use for new construction



CMS WAIVERS

- Specific 2012 LSC changes:
 - Previously restricted items in exit corridors
 - Carts in use, patient transport, certain fixed furniture
 - Kitchen may be able to open to exit corridor
 - Direct-vent gas & solid fuel burning fireplaces
 - Combustible decorations in some areas



CMS WAIVERS

- No need to show unreasonable hardship for these issues only
- Will evaluate waiver requests individually
- References:
 - ASHE Issue Brief 3/9/12
 - CMS Certification Memo S&C-12-21-LSC



CHANGES IN CHAPTER 18 (NEW) 2012

- Basement is not counted as floor
- Roof coverings must meet ASTM, ANSI, or UL
- Patient Sleeping Suites $\leq 7,500$ SF or $\leq 10,000$ SF when direct visual supervision AND smoke detection in common areas
- Vision panels shall NOT be wire glass (i.e. rated panels)

CHANGES IN CHAPTER 18 (NEW) 2012

- Wall Projections $\leq 6''$
 - Non-continuous when $> 38''$ above finished floor
- Residential sprinklers permitted in patient sleeping rooms even though they are not “listed” for that use



CHANGES IN CHAPTER 18 (NEW) 2012

- Fixed Furniture
 - <50 square feet/grouping
 - Groups at least 10 feet apart
 - Clear corridor width \geq 6 feet
 - All on one side
 - Not blocking emergency equipment
 - Smoke compartment fully sprinkled
 - Smoke detection if not directly supervised



CHANGES IN CHAPTER 18 (NEW) 2012

- ABHR in Patient Rooms not included in 10 Gallon limit (read carefully!)
- Residential Cooking Equipment (LTC)
- Fireplaces, gas and solid fuel (CO monitoring)



CHANGES IN CHAPTER 19 (EXIST) 2012

- Very Similar to Chapter 18
- Patient Sleeping Suites $\leq 5,000$ SF or $\leq 7,500$ SF when direct visual supervision AND smoke detection in common areas
- Same use of Fixed Furniture
- Exit signs NOT required at outside gates
- Labs comply with NFPA 99 (2006) Medical Gas Storage comply with NFPA 99 (2006)

USE OF NEWER THAN 2000 LSC

- May be approved by TJC
 - ALL provisions of the newer code must be met
- CMS has only offered waivers regarding the items previously discussed



CMS

MSL HEALTHCARE CONSULTING



SURVEYS

- Validation Surveys (about 2%)
 - Random, unannounced
 - 60 days of triennial survey
 - Comprehensive or focused
- Complaint Investigations
 - Unannounced
 - Initially focused, based on allegations
- Condition-level deficiency: full survey



CMS DEFICIENCIES

- Standard Level:
 - Single requirement or several requirements within an individual standard
 - Does not limit provision of adequate care
 - Does not adversely affect patient health & safety
- Condition Level:
 - Based on severity and magnitude of non-compliance
- Reflected on JC survey report



CONDITION LEVEL

- Joint Commission will conduct on-site, unannounced follow up
 - If not cleared after second follow up, no longer recommended for Medicare certification
 - Contingent accreditation
- CMS will conduct full survey



SURVEY COMPARISON

- Joint Commission
 - 1 LS Specialist
 - 2 Days
 - More in larger hospitals
 - Spot Check
 - More document review
- CMS
 - Many surveyors
 - As long as it takes
 - Top-to-bottom
 - Wall-to-wall
 - More field testing



OSHA'S TOP TEN

MSL HEALTHCARE CONSULTING



ORGANIZATIONS INCLUDED

- Based on SIC code
 - Physician, dental, chiropractic, podiatric offices
 - Skilled nursing facilities
 - Psychiatric and other specialty hospitals
 - Medical and dental laboratories
 - Home health care services
 - Kidney dialysis centers
 - Specialty outpatient facilities



DATA

- Provided in 3 ways:
 - Number of citations per standard
 - Number of inspections on which standard is cited
 - Dollar amount of fines
- This presentation will be based on number of inspections on which standard is cited
- Summary information only



#1: BLOODBORNE PATHOGENS

1910.1030

- Implemented 1991; revised 2001
- Administrative, engineering, work practice controls
- Exposure control plan; annual review
- Safer devices
- Sharps injury log
- Supervisory enforcement
- PPE



#2: HAZARD COMMUNICATION

1910.1200

- Hazard Communication Plan
- Chemical inventory
 - Format and control
 - “Current”
- MSDS
 - Electronic or paper
- 2012 Revision



#3: FORMS

1904.29

- OSHA 300: Log of Work Related Injuries and Illnesses
- OSHA 300A: year end summary of OSHA 300
- OSHA 301: Incident Report, or equivalent form
- Recordable illnesses or injuries



#4: GENERAL REQUIREMENTS (ELECTRICAL) 1910.303

- Safety & security of electrical equipment for use in healthcare
- Listed or labeled
- No short circuits or non-permitted grounds
- Firmly secured to mounting surface
- Appropriate air circulation
- Guarding of parts



#5: WIRING METHODS, COMPONENTS, EQUIPMENT 1910.305

- Raceways, cable trays, enclosures
- Temporary lighting during construction, maintenance repair
- Holiday decorations <90 days
- No extension cords instead of fixed wiring
- GFI in wet spaces



#6: ANNUAL SUMMARY

1904.32

- More information about OSHA 300A summary of reportable illnesses & injuries
- Instructions for completion of annual summary



#7: MEDICAL SERVICES & FIRST AID 1910.151

- Availability of medical personnel
- Prompt treatment or first aid
- Requirement for eye wash stations and drenching showers



#8: EXIT ROUTES

1910.37

- Requirements contained in LSC
 - Free and unobstructed exits
 - No exiting through hazardous areas
 - Working features of fire protection, such as alarms, sprinklers, doors, etc.
 - Lighting and marking of exit routes
 - Available exits during construction



#9: GENERAL REQUIREMENTS (PPE) 1910.132

- Made available by employer as needed
- Maintained in sanitary condition
- Written workplace hazard assessment
 - Used to select PPE
 - Outcomes available to employees
- Training
- Enforced use



#10: GENERAL RECORDING CRITERIA 1904.7

- Criteria for entry on OSHA 300 log
 - Death
 - Days away from work
 - Restricted work or job transfer
 - Medical treatment beyond first aid
 - Loss of consciousness
 - Significant injury or illness diagnosed by a physician or other licensed healthcare professional



OSHA HAZARD COMMUNICATION STANDARD 2012

MSL HEALTHCARE CONSULTING



CURRENT STATUS

- 1994 OSHA Hazard Communication Standard
 - 29CFR 1910.1200
- Joint Commission EC.02.02.01
 - EP 1: Chemical Inventory
 - EP 11: MSDS
 - EP 12: Chemical Labeling



RATIONALE

- Globally Harmonized System (GHS)
- International Requirements
- Uniformity
- Right to Understand vs. Right to Know



DISCLAIMER

- This program provides summary information
- For compliance information see the complete standard at www.osha.gov/dsg/hazcom/index.html
- Side-by-side comparison of 1994 & 2012 at www.osha.gov/dsg/hazcom/side-by-side.html












MAJOR CHANGES: LABELING

- Information to be included on each label:
 - PRODUCT IDENTIFIER: Name or number that can be cross-referenced to chemical inventory
 - SIGNAL WORD: Severity of hazard
 - DANGER: more severe
 - WARNING: less severe
 - HAZARD STATEMENT(S): Hazard description
 - PICTOGRAM(S): Symbol to convey specific information



PICTOGRAMS

<p style="text-align: center;">Health Hazard</p>  <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity 	<p style="text-align: center;">Flame</p>  <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides 	<p style="text-align: center;">Exclamation Mark</p>  <ul style="list-style-type: none"> • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non Mandatory)
<p style="text-align: center;">Gas Cylinder</p>  <ul style="list-style-type: none"> • Gases under Pressure 	<p style="text-align: center;">Corrosion</p>  <ul style="list-style-type: none"> • Skin Corrosion/ burns • Eye Damage • Corrosive to Metals 	<p style="text-align: center;">Exploding Bomb</p>  <ul style="list-style-type: none"> • Explosives • Self-Reactives • Organic Peroxides
<p style="text-align: center;">Flame over Circle</p>  <ul style="list-style-type: none"> • Oxidizers 	<p style="text-align: center;">Environment (Non Mandatory)</p>  <ul style="list-style-type: none"> • Aquatic Toxicity 	<p style="text-align: center;">Skull and Crossbones</p>  <ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic)

MAJOR CHANGES: LABELING

- Information to be included on each label:
 - PRECAUTIONARY STATEMENTS:
Recommended method to avoid adverse effects
 - MANUFACTURER/IMPORTER
INFORMATION: Name, address,
telephone number



WORKPLACE LABELS

- Same as manufacturer labels OR
- Product identifier AND
- Words, pictures, and/or symbols to provide general hazard information to be used in conjunction with other available information
- EXEMPTION: Immediate use of employee performing the transfer from labeled container



OTHER LABELING REQUIREMENTS

- Must be in English
- Can add other languages as needed
- Legible
- Prominently displayed



SAMPLE LABEL

PRODUCT IDENTIFIER

CODE _____
Product Name _____

SUPPLIER IDENTIFICATION

Company Name _____
Street Address _____
City _____ State _____
Postal Code _____ Country _____
Emergency Phone Number _____

PRECAUTIONARY STATEMENTS

Keep container tightly closed. Store in cool, well ventilated place that is locked.
Keep away from heat/sparks/open flame. No smoking. Only use non-sparking tools.
Use explosion-proof electrical equipment.
Take precautionary measure against static discharge. Ground and bond container and receiving equipment.
Do not breathe vapors.
Wear Protective gloves.
Do not eat, drink or smoke when using this product.
Wash hands thoroughly after handling.
Dispoae of in accordance with local, regional, national, international regulations as specified.

In Case of Fire: use dry chemical (BC) or Carbon dioxide (CO₂) fire extinguisher to extinguish.

First Aid

If exposed call Poison Center.
If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.

HAZARD PICTOGRAMS



SIGNAL WORD

Danger

HAZARD STATEMENT

**Highly flammable liquid and vapor.
May cause liver and kidney damage.**

SUPPLEMENTAL INFORMATION

Directions for use

Fill weight: _____ Lot Number _____
Gross weight: _____ Fill Date: _____
Expiration Date: _____

MAJOR CHANGES: SDS

- Safety Data Sheets vs. Material Safety Data Sheets
- MSDS required specific information but no specific format so difficult to read and follow
- SDS comply with ANSI standards
 - Common format
 - Specified section headings



SDS SECTIONS

- 
1. Identification
 2. Hazard
 3. Composition
 4. First Aid
 5. Fire Fighting
 6. Accidental Release
 7. Handling/Storage
 8. Exposure Controls
 9. Properties
 10. Stability/Reactivity
 11. Toxicology
 12. Ecological
 13. Disposal
 14. Transport
 15. Regulatory
 16. Other

SDS NOTES

- All headings listed as stated and in same order
- Indicate “not applicable” under heading if appropriate
- Sections 12-15 enforced by other agencies
- SDS must be in English
 - Can add other languages as needed



HAZARD COMMUNICATION PLAN

- No content changes
 - Written program
 - Same elements as 1994
 - Terminology & program changes
 - Labels
 - SDS
 - Product Identifier
 - Etc.
 - Editing, but no major changes



IMPORTANT DATES

- DECEMBER 1, 2013
 - Employees must be trained on on new labels & SDS format
- JUNE 1, 2016
 - Final compliance date
 - New labels & SDS
 - Hazard Communication Program



NOTES

- Manufacturers' shipments must have new labels by 12/1/15
- During the phase in period, compliance with either 1994 or 2012 is acceptable



ACTION PLAN

- Review information on OSHA website
- Electronic MSDS
 - Contact vendor to determine their conversion plan
- Hard Copy MSDS
 - Process to replace with SDS format
 - New shipments
 - Request SDS from vendors
 - Consider moving to electronic



ACTION PLAN

- LABELS
 - Employer not responsible for updating labels unless
 - Defaced
 - Newly identified hazards
- HAZARD COMMUNICATION PROGRAM
 - Update to 2012 program with information on SDS and labeling



ACTION PLAN

- TRAINING
 - All staff working with chemicals need update by 12/1/13
 - Modify existing new employee orientation & annual updates



QUESTIONS?

smclaughlin@mslhealthcare.com

847-420-3229

