

Cal/OSHA & Infection Control Risk Assessment

General Workplace Safety

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have written plans that clearly define actions to take in case of fire? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have written plans that clearly define actions to take in case of natural disasters (earthquake, flood, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has staff been trained on your emergency plans? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do employees know location of fire extinguishers and how to use them? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the location readily accessible and identified with a sign? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the extinguishers checked by a licensed service on an annual basis as required by Cal/OSHA? |
| <input type="checkbox"/> | <input type="checkbox"/> | If compressed gas tanks are kept on-site are they securely fastened upright by stands, chains or other device? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are empty or unused compressed gas tanks capped and properly labeled as required by Cal/OSHA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all employee work areas (including hallways and storage areas) adequately lighted? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does ventilation adequately eliminate dust, fumes, etc. in employee work areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all exits and paths to exits properly marked with exit signs and arrows? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all doors which could be mistaken for exits properly marked with signs as required by Cal/OSHA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are exit doors and passageways to exits clear of any and all obstructions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the areas outside exit doors safe? (dangers include steps with no railings, high-traffic area, obstructions, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all exit doors unlocked so emergency egress does not require a key? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is an emergency eye wash station located in the facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the location readily accessible and does a sign designate its location? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is it in good working order, capable of flushing both eyes simultaneously for 15 minutes as required by Cal/OSHA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the eye wash equipped with a hot water eliminator? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all storage areas clean and orderly, including areas under sink and where trash is stored? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are items, including files, stored on shelves in such a way that they can't fall on employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | If employees have to access items that are stored overhead, is an acceptable stepstool or ladder provided/ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are file cabinets secured or used in a manner that tipping does not present a danger? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all machines and equipment in good working order with adequate guards if required by manufacture? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are Cal/OSHA required posters in place and up to date? Other state and federal posters? <ul style="list-style-type: none">○ Industrial Welfare Commission Wage Orders○ Minimum wage for California○ Payday notice○ Safety and health protection on the job○ Emergency phone numbers○ Access to medical and exposure records○ Notice to employees-injuries caused by work○ Notice of workers' compensation carrier and coverage○ Whistleblower protections○ No smoking signage○ Cal/OSHA 300 log (medical/dental offices exempt, others if >11 employees)○ Harassment or discrimination in employment is prohibited by law○ Pregnancy disability leave (5 to 49 employees)○ Family care and medical leave (CFRA leave) and pregnancy disability leave (50 or more employees) |

- Notice to employees from EDD
- Notice to employees: unemployment insurance benefits
- Notice to employees: time off to vote
- Equal employment opportunity is the law
- Notice: Employee Polygraph Protection Act
- FMLA (50 or more employees)
- Your Rights Under USERRA (The Uniformed Services Employment and Reemployment Rights Act)

note: List may not include all required postings for your setting

Hazard Communication

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a written plan that states how your facility complies with Cal/OSHA's requirements for Hazard Communications? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have employees been trained on you Hazard Communications plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have Material Safety Data Sheets (MSDS) for all products used in the facility, including pharmaceuticals like lidocaine/ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the MSDS filed and kept in a location that is readily accessible to employees during working hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do all employees know how to use an MSDS? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all employees aware of the location of MSDS? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the Cal/OSHA mandated "master list" of hazardous chemicals complete and up-to-date? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your plan include provisions for obtaining and updating Material Safety Data Sheets? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ensured that all original containers are labeled by the manufacturer so contents and chemical hazards are adequately identified? |
| <input type="checkbox"/> | <input type="checkbox"/> | When a chemical product (like Cidex, Betadine, etc.) is transferred from its original container to a "secondary container," is that secondary container labeled appropriately according to Cal/OSHA regulations? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all chemicals stored properly? (capped tightly, away from heat source if flammable, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all employees aware of the Hazard Rating labeling system you use? |

Bloodborne Pathogens

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an up-to-date written plan that states how your facility complies with Cal/OSHA's requirement for Bloodborne Pathogen Exposure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does it clearly state your policy on provision of Hepatitis B vaccinations? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the vaccination available to all "at risk" employees within 10 working days as required by Cal/OSHA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your plan designate "at-risk" tasks and specify appropriate Personal Protective Equipment (PPE)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is appropriate PPE provided to employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your laundry policy forbid employees to take garments used as PPE home to launder? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are employees forbidden to wear contaminated PPE outside designated "work areas"? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your written plan define these "work areas"? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have employees been trained on Bloodborne pathogens and informed of work practices designed to reduce the risk of exposure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a housekeeping plan that states how and when work areas are cleaned and disinfected? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the work areas orderly and easy to clean and disinfect when necessary/ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you use a product for surface disinfecting that is registered by the EPA as a "hospital-grade" disinfectant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are instruments sterilized or disinfected according to the recommendations of the Centers for Disease Control and Prevention? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are nitrile gloves used when processing instruments (glut) |

- If an autoclave or other mechanical sterilizer is used, is biological monitoring performed to ensure that it is functioning properly?
- Have employees been trained on modes of transmission of Bloodborne pathogens as well as the epidemiology and symptoms of HIV and hepatitis B and C?
- Does your written plan state your policy on post-exposure evaluation and follow-up of Bloodborne exposure incidents?
- Have all employees been informed of your policy on Bloodborne exposure incidents?
- Are food and beverages consumed or stored in an area where contamination cannot occur?
- Do you use sharps with engineered sharps injury prevention (ESIP)?
- Does your plan state the process for review and selection of ESIP devices?

Biohazardous (biomedical) Waste Management

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a written biomedical waste management plan bases on current Cal/OSHA and state regulations? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is biomedical waste disposed of at point-of-use locations? (or as close as feasible to the area of use?) |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your written plan clearly define and list all biomedical waste items generated in hour facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all biomedical waste bags and/or containers properly identified as "Biohazardous" as required by Cal/OSHA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the contents of all sharps containers kept below the "fill line"? (approximately 1" from the top) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the sharps containers visually checked on a daily basis for problems like leakage, over-filling, etc.? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your on-site storage area for biomedical waste located in an area that is out of the general traffic flow, preferably in a restricted, employees only area? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the storage area marked with an appropriate Biohazardous sign or label? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the surface under the storage box non-absorbent so if the container should leak the surface can be easily disinfected? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the biomedical waste storage area maintained in a clean and orderly manner with an unobstructed pathway to the storage container? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your facility have a contingency plan in case there is a blood spill or accident involving a spill of other infectious materials? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the staff been trained on your biomedical waste plan? |

Tuberculosis Infection Control

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a written plan based on the risks of tuberculosis infection in your facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a risk assessment been performed based o the prevalence of TB in the community served? |
| <input type="checkbox"/> | <input type="checkbox"/> | If applicable, have jobs, tasks or employee workgroups been evaluated and assigned a risk factor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have specific administrative controls that address TB infection control as it applies to your facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | If respiratory equipment is required, have employees been trained and fit-tested properly? |
| <input type="checkbox"/> | <input type="checkbox"/> | If determined by your risk assessment, have all employees received the PPD Tuberculin skin test? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have employees been trained on the symptoms of TB, how it is spread and your administrative measures implemented to reduce the risk of TB infection? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are patients questioned re TB symptoms w/ each visit? |

Infection Control for Dental Health-Care Settings

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is staff familiar with the 2003 CDC guidelines? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are masks changed between patients or when wet? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are instruments cleaned and sterilized according the guidelines? (i.e., heat sterilized packages dry before handling, proper storage?) |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your instrument processing areas divided into the recommended four areas (1. receiving, cleaning, & decontamination; 2. preparation & packaging; 3. sterilization; and 4. storage)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the use of flash (unwrapped sterilization) reserved for instruments that will be used immediately and handled so as not to contaminate before use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are chemical and mechanical indicators utilized with all sterilizer loads? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is biological monitoring done and recorded at least weekly? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are surface barriers used to protect clinical contact surfaces? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are these changed between patients? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are non protected clinical contact surfaces disinfected between patients? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is water quality monitored according to equipment manufacturer guidelines? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is water and air discharged for the minimum time indicated between patients (20-30 seconds)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are single use or disposable items used as such? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are items received in the lab disinfected according to guidelines? |
| <input type="checkbox"/> | <input type="checkbox"/> | |

Miscellaneous Requirements

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have first aid kit(s) chosen based on the needs of your facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are they "readily available" and restocked as needed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have employees been trained to perform CPR? |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, are safety devices provided and readily available? |

Disclaimer: this is not intended to be an all inclusive list nor does positive answers to all questions guarantee that you will not be cited by a regulatory body. For more information contact us at info@solutions4safetycompliance.com