

Mark Crootof  
Implementing a Safety Plan  
Final Draft  
1576 Words

## **BASICS**

### **Overview**

- \$ Having a viable safety plan states that the practice is concerned about staff safety in the workplace.
- \$ Not only will it reduce financial liability and save time and money, having a safety plan is the right thing to do.
- \$ The first step is to choose a Safety Supervisor (SS), who will then work on and implement the hospital's safety plan.
- \$ Implementation should take place in four steps: Setup, Information, Delegation and Preparation, Training and Implementation.

### **Terms Defined**

- \$ Hazard Materials Identification Guide (HMIG). A resource that uses colored bars to identify substances.
- \$ Material Safety Data Sheets (MSDS). Detailed explanations about each drug or chemical providing all important information regarding use of the substance.
- \$ National Fire Protection Association (NFPA). Their guide uses colored diamonds to identify the nature of possible hazards.
- \$ Personal Protective Equipment (PPE). These are the various pieces of equipment that need to be purchased and brought into the facility for the safety and protection of the staff. Examples include eyewash stations, safety goggles, and lead aprons for radiology.
- \$ Safety Supervisor (SS). Person who is in charge of defining and implementing the safety plan.

## **ISSUES AND OPTIONS**

- \$ Implementing a safety plan is time consuming and important: don't try to do it too quickly, or the staff will be overwhelmed. Instead, break it up into stages.

### **Stage One: Setup**

- \$ Choose a SS. There is a large amount of responsibility in this position, so be sure to pick a staff member who is thorough, conscientious, and can act as a leader.
- \$ SS responsibilities include administrative tasks, like looking over paperwork to make sure everything is in order, then filling it in correctly and sending it out on time: is the x-ray machine registered? Does the local state agency need to be checked for DEA registration?
- \$ SSs also are in charge of researching all necessary licenses, ordering and conspicuously

hanging the Job Safety and Health poster, and keeping a log of employee occupational injuries and illness (only required for practices with 11-plus people).

- \$ The first decision that needs to be considered is whether or not an outside agency will be used, or if the entire project will be handled by the practice's staff. These organizations bring a great deal of experience, and should be seriously considered as a viable option.
- \$ Check with the local veterinary society to see what options there are for outside agency assistance. Sometimes, it can be helpful to also speak with other local veterinarians and/or veterinary consultants about the pros and cons of hiring such a company and their experiences with various firms.
- \$ Once a decision has been reached about hiring an outside agency to help with some, all, or none of the project, implementation can proceed.
- \$ The rest of this chapter will assume that you have decided to handle the job on your own.
- \$ The SS, along with any other designated staff, should thoroughly evaluate the entire facility and make a list of any item or situation that could act as a hazard, either in the present or future.
- \$ This list should include things directly related to the facility (slippery floors, sharp corners, radiology shielding) and those that are related to items used in the facility (chemicals, radiology processor chemicals, sharps).

### **Stage Two: Information**

- \$ Hold a general staff meeting to discuss the safety plan. The purpose of this gathering is to explain the importance of correct safety procedures, what OSHA is, and how it affects them (what OSHA's guidelines are, the staff's rights and responsibilities, and the employer's rights and responsibilities).
- \$ By the end of the meeting, the staff should understand just how important their safety is to the practice owners.
- \$ The Right to Know Rule is the most important aspect for the staff to understand. This is the basis of OSHA's program; thus, if employees don't fully understand it, the rest of the information is relatively worthless.
- \$ Finally, review the rights of the practice and what needs to happen if someone from OSHA arrives for an inspection.
- \$ It is easy to think that these subjects can be covered quickly, but this information is vital. You must allow adequate time for clear explanations and lengthy question and answer sessions.
- \$ At the following meeting, the SS should briefly review the material to cement it in the staff members' minds, and then he or she should lead a general discussion on some of the larger, more obvious hazards. At this point, the staff can discuss the breakdown of who will be delegated to prepare what material.

### **Stage Three: Delegation and Preparation**

- \$ Different hazards can be given different section names, and then the sections can be assigned to different staff members. It will be their job to help stick to the SS's timetable for implementation.
- \$ Examples of such sections: Section A - hazards related to the laboratory; Section B -

- hazards related to radiology; Section C - hazards related to surgery; et cetera.  
\$ Each of these sections would then be separated into different tasks. (see Examples)

#### **Stage Four: Training and Implementation**

- \$ Review the different sections in a series of weekly staff meetings, as it is impossible to train everyone on everything at once. Remember, you want your workers to remember what to do in moments of crisis: if you don't bombard them with information, they will have a much better chance of remembering what you teach.
- \$ It is not always necessary to train every staff member on every piece of PPE or with every hazard: whether or not training is required depends on if that staff member will ever contact that hazard. For example, receptionists will never take radiographs, so they can miss staff meetings focused on information regarding radiology.
- \$ Because many veterinary hospitals are not large, however, cross-training is common. Many employees will need to be trained in subjects outside of their area of expertise.
- \$ Make a schedule, noting what subjects will be covered at what meetings, and stick to it. Try to post the topic in advance, and make sure there are plenty of examples.
- \$ OSHA requires records of all training sessions. On this record, it is a good idea to include a description of material discussed and to have all attending employees sign the record.
- \$ Videotape each session, as anyone who misses one should make it up and be quizzed on the information.
- \$ Staff must be paid for time spent in staff meetings.
- \$ Statistically, new employees are at a higher risk of injury than veterans. Whenever a new employee is hired, it is advisable that they spend a good amount of their first week on safety training (either with the SS or by watching taped videos of previous staff meetings) and reviewing the hospital safety manual. Before he or she goes on the floor, the SS should test the new hire on some of the finer points of safety at the hospital.

#### **EXAMPLES**

**Example of how sections (covering different hazards) would be broken down into tasks. These tasks, and unlisted others, will be necessary for each hazard.**

- \$ Section A: Hazards: Laboratory
- \$ Task 1: Primary and Secondary Container Labeling. All secondary containers that have drugs or chemicals in them need special labels, which explain what substance is inside and its level of danger. The HMIG uses colored bars and the NFPA uses colored diamonds to identify the nature of the hazard. A number is in each colored area, which represents the severity of the hazard: the higher the number, the more dangerous it is.
- \$ Task 2: Obtaining PPE. Go through the hazard listing and determine what PPE is necessary for each of the hazards, then make a list and order them.
- \$ Task 3: PPE Education. Upon the PPE's arrival, schedule a staff meeting to review each piece individually. Make sure that all employees know that these items exist and have everyone practice using them. Keep a record of everyone who attended the meeting.

**Possible timetables for implementation that demonstrate how it can be approached in different ways.**

**Schedule #1**

- \$ Jan: Emergency Plans for Fire and Natural Disasters
- \$ Feb: PPE - What is Needed and How to Use It
- \$ Mar: Hazardous Chemicals and Labeling
- \$ Apl: Staff Safety, Methods of Restraint
- \$ May: Radiation and Related Hazards
- \$ Jun: Noise and Electrical Hazards
- \$ Jul: Anesthesia and Misc. Compressed Gas Cylinders Hazards
- \$ Aug: Ethylene Oxide and Formaldehyde
- \$ Sept: Zoonosis - Which Ones Are Important, and How to Minimize Risk
- \$ Oct: Personal Safety and Violence Prevention
- \$ Nov: Hospital Safety Manuel
- \$ Dec: Medical Waste and Sharps - Regulations, Collection, and Disposal

**Schedule #2**

- \$ Jan: OSHA and Right to Know
- \$ Feb: Hazards - Laboratory
- \$ Mar: Hazards - Bathing and Grooming
- \$ Apl: Hazards - Pharmacy
- \$ May: Hazards - Surgery
- \$ Jun: Hazards - Chemotherapy
- \$ Jul: Hazards related to handling animals
- \$ Aug: Hazards related to sharps and medical waste
- \$ Sept: Hazards - Radiology
- \$ Oct: Emergency Evacuation, Fire, and Natural Disasters
- \$ Nov: Sharps and Medical Wastes
- \$ Dec: Human Resources (issues and information)

**MISCELLANEOUS**

**Abbreviations**

- \$ DEA: Drug Enforcement Agency.
- \$ HMIG: Hazard Materials Identification Guide.
- \$ NFPA: National Fire Protection Association.
- \$ OSHA. Occupational Safety and Hazard Association.
- \$ PPE: Personal Protective Equipment.
- \$ SS: Safety Supervisor.

**Recommended Reading**

- \$ AAHA Homepage. 2004. Available at [www.aahanet.org](http://www.aahanet.org). Accessed July 6, 2004.
- \$ OSHA Homepage. 2004. Available at [www.osha.gov](http://www.osha.gov). Accessed June 28, 2004.
- \$ Peterson, RP, Cohen, JM. The Complete Guide to OSHA Compliance. Lewis Publishers, Inc., 1995.
- \$ Seibert, P. The Complete Veterinary Practice Regulatory Compliance Manual, Fourth Edition. Calhoun: Self-Published, 1999.
- \$ Seibert, P. Safety Issues for the Veterinary Hospital Staff, Fourth Edition. Calhoun: Self-Published, 1999.

**Author**

Mark Crootof DVM  
608 Rt. 29  
Middle Grove, NY 12850