

## REVISED OSHA HAZCOM STANDARD

[www.osha.gov/dsg/hazcom/index.html](http://www.osha.gov/dsg/hazcom/index.html)

OSHA revised its Hazard Communication Standard (HCS - 29 CFR 1910.1200) in order to bring the U.S. in alignment with the Globally Harmonized System of Classification and Labeling of Chemicals (GHS). In 1983 the HCS gave employees the “right to know” about any chemical hazards in the workplace, and the new GHS gives employees the “right to understand” about the chemical hazards. As a result of the changes, workers will have better information available on the safe handling and use of hazardous chemicals. The modifications are expected to prevent over 500 workplace injuries and illnesses and 43 fatalities annually.

### Major Benefits of the revised Hazard Communication Standard

- Enhance employee comprehension of hazards, especially for low and limited-literacy employees, reduce confusion in the workplace, facilitate safety training, and result in safer handling and use of chemicals;
- Provide employees quicker and more efficient access to information on the safety data sheets;
- Result in cost savings to American businesses of more than \$475 million in productivity improvements, fewer safety data sheet (SDS – formerly call Material Safety Data Sheet (MSDS)) and label updates and simpler new hazard communication training; and
- Reduce trade barriers by harmonizing with systems around the world.

### Major Changes to the Hazard Communication Standard

- **Hazard Classification:** Chemical manufacturers and importers are required to determine the hazards of the chemicals they produce or import. Hazard classification under the new, updated standard provides specific criteria to address health and physical hazards as well as classification of chemical mixtures
- **Labels:** Chemical manufacturers and importers must provide a label that includes A signal work, pictogram, hazard statement, and precautionary statement for each Hazard class and category.
- **Safety Data Sheets:** The new format requires 16 specific sections, ensuring Consistency in presentation of important protection information.
- **Information and Training:** To facilitate understanding of the new system, the new standard requires that workers by trained by December 1, 2013 on the new label elements and safety data format, in addition to current training requirements.

### Special Points of interest:

- The modifications are expected to prevent over 500 workplace injuries and illnesses and 43 fatalities annually.
- To facilitate understanding of the new system, the new standard requires that workers be trained by December 1, 2013 on the new label elements and safety data format, in addition to current training requirements.

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## Revised OSHA Hazcom Standard—Continued

### Rulemaking Background

OSHA published a Notice of Proposed Rulemaking to update the Hazard Communication Standard in September 2009 and held public hearings in March 2010.

Effective Completion Date	Requirement(s)	Who
December 1, 2013	Train employees on the new label elements and SDS format.	Employers
June 1, 2015  December 1, 2015	Compliance with all modified provisions of this final rule, except:  The Distributor shall not ship containers labeled by the chemical manufacturer or importer unless it has a GHS label.	Chemical manufacturers, importers, distributors and employers
June 1, 2016	Update alternative workplace labeling and hazard communication program as necessary, and provide additional employee training for newly identified physical or health hazards.	Employers
Transition Period to the effective completion dates noted above.	May comply with either 29 CFR 1910.1200 (the final standard), or the current standard, or both	Chemical manufacturers, importers, distributors and employers



#### December 1<sup>st</sup>, 2013 Training Requirements for the Revised Hazard Communication Standard

OSHA revised its Hazard Communication Standard (HCS) to align with the United Nations' Globally Harmonized System of Classification and Labeling of Chemicals (GHS) and published it in the Federal Register in March 2012 (77 FR 17574). Two significant changes contained in the revised standard require the use of new labeling elements and a standardized format for Safety Data Sheets (SDS). Formerly known as Material Safety Data Sheets (MSDS). The new label elements and SDS requirements will improve worker understanding of the hazards associated with the chemicals in their workplaces. To help companies comply with the revised standard, OSHA is phasing in the specific requirements over several years (December 1, 2013 to June 1, 2016).

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#### Training Required by December 1, 2013

Training on label elements must include information on:

1. Type of information the employee would expect to see on the new labels, to include:

**Product Identifier** – This can be the chemical name, code number or batch number. The same product identifier must be on the label and in Section 1 of the SDS.

**Signal Word** – This is used to indicate the severity of the hazard. There are only two signal words that can be used, “Danger” and “Warning”. There can only be ONE signal word on the label so if two apply the more severe word should be chosen.

**Pictogram** - OSHA’s eight required pictograms must be in the shape of a square set at a point and include a black hazard symbol on a white background with a red frame sufficiently wide enough to be clearly visible. The GHS uses a total of nine pictograms. OSHA will only enforce the use of eight. The “environmental” pictogram is not mandatory but may be used to provide additional information.

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

## Revised OSHA Hazcom Standard—Continued

**Hazard statement(s)** - Describe the nature of the hazard(s) of a chemical, including the degree of the hazard. The hazard statements are specific to the hazard classification categories, and employees should always see the same statement for the same hazards, no matter what the chemical is or who produces it.

**Precautionary Statement(s)** - A phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling.

Name, address and phone number of the chemical manufacturer, distributor or importer.

2. How an employee might use the labels in the workplace. Explain how information on the label can be used to ensure proper storage of the chemical. Also how information on the label can be used for first aid emergencies.
3. General understanding of how the elements work together on a label. Explain how pictograms and hazard class work together to provide information to employees and will always indicate the most protective information on the label.
4. Training on the format of the Safety Data Sheet (SDS) must include a review of the 16 required sections.
5. How the information on the label is related to the SDS.

OSHA's Hazard Communication website (<http://www.osha.gov/dgs/hazcom/index.html>) has the following QuickCards and OSHA Briefs to assist with the required training. These are all available in English or Spanish.

- Label QuickCard
- Pictogram QuickCard
- Safety Data Sheet QuickCard
- Safety Data Sheet OSHA Brief
- Label/Pictogram OSHA Brief



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## Respect The Needle

When inserting a needle into a patient, don't anchor the vein by placing an index finger above the intended puncture site. Only stretch the skin from below. Positioning any finger in front of the needle risks a needlestick.

- Always use needles with safety features and activate the safety feature immediately after use. The more time you let pass between removing the needle from the vein and activating the safety feature, the more likely you are to sustain a needlestick. Activation after removal should take less than a second, unless your device activates passively or while the needle is still in the vein.
- Wear gloves!!! True, gloves can reduce the tactile sensitivity of one's hands, but in most cases you don't need to don them until after you've located the vein. And don't tear the tip of the finger off. Gloves by definition have fingers.
- Never transfer blood from a syringe without using a transfer device. Discard the entire assembly after use.
- Make sure sharps containers are not allowed to overflow. They should be sealed and discarded when they reach the 75% fill mark.

## SYRINGE REUSE IS STILL A PROBLEM

Believe it or not, syringe reuse is a worldwide problem even in the US. If all syringes were truly and effectively safety-engineered and designed to preclude reuse, syringe needlesticks could be eliminated. Reuse can occur when there is a lack of resources, when there is a lack of knowledge, and when a syringe's design permits reuse – even if labeled “for single use only”. Needlestick injury can occur when syringes without engineered safety features are used, when ineffectively designed safety syringes are used and when effectively designed safety syringes are used incorrectly.

In developing countries, syringe reuse has been identified as a vector for the spread of disease. The World Health Organization (WHO) estimates that 40% of the more than 16 billion injections administered worldwide annually involve reused, unsterilized syringes and needles, with rates of unsafe injections climbing to 70% in some countries. The reuse of injection equipment is responsible worldwide for 33% of new HBV infections, 42% of HCV infections, and 2% of all new HIV infections. In developing countries, used medical equipment is often reused, sold, or recycled because of its commercial value, frequently with no attempts, or ineffective attempts, to clean or sterilize those items.

Syringe reuse also occurs in the US. Studies in 1995 found that 39% of anesthesiologists reported having used the same syringe on different patients. In a 2002 survey reported that 1 in 100 healthcare providers admitted that they reused the same needle and/or syringe on multiple patients. Since then there have been reports of syringe reuse in different states throughout the country.

The typical rationale in developing countries for syringe reuse is lack of resources (syringes or money for syringes). In the US and other developed countries, however, reuse cannot reasonably be attributed to a lack of resources.

A knowledge deficit is another reason given for syringe reuse. In developing countries reuse could be linked to insufficient knowledge or training and people in the US have also used that as an excuse. Technicians have removed needles from syringes following use and replaced a contaminated needle with a sterile needle, under the erroneous belief that this somehow made the syringe safe for reuse. Disease risk from this practice is amplified when contaminated syringes are used to access medications in multidose vials.

**Reference: MLO December 2012**

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Chronic Fatigue Syndrome	HIPAA Security Rules	Introduction to Tuberculosis
Seasonal Flu	Atrial Fibrillation	Biological & Chemical Terrorism
Basics of HPV	Hand Hygiene	Workplace Violence