This is Suzanne Metz, Safety Department Manager for Washington Hospital Services. Welcome to the first of a podcast session about one of the most important safety projects of 2013, the Hazard Communication Program and GHS. This session is targeted for our designated safety contacts, safety officers, employee health nurses, lab managers, environmental services management, facilities management, human resources and operations. Our goal in this podcast is to lay the foundation for the project.

The revised Washington Hazard Communication rule, 296-901 WAC, was released in April 2013, by the Department of L&I. We have been waiting for L&I to tell us how they will interpret and enforce the rule. In August, L&I posted an e-Lesson with some resources. At the August, L&I provided initial enforcement guidance. If you have been wondering about what to do and how to comply with the Globally Harmonized System and the newly revised Washington rules and make the June 1, 2014 deadline, don’t worry. You are at the right place at the right time.
Assign someone or a committee to be the project lead! Let’s focus on the implementation dates set for us by the Washington Department of Labor and Industries. Several weeks ago, the Department of Labor and Industries put some limited resources on their website, including an e-Lesson. On 8-30-13, we received a more in-depth discussion from the Department of L&I about the implementation. Here are the L&I deadline dates:

- June 1, 2014: Train employees on Safety Data Sheet (SDS), format and new label elements.
- June 1, 2015: Manufacturers & importers comply with new SDS and label requirements.
- December 1, 2015: Distributors not to ship unless container has GHS label.
- June 1, 2016: Employers must make the updates to labels, employee training and the Hazard Communication Program.

During the transition period, there is the option to comply with the applicable requirements in the existing rules, or the requirements in the new rule, or both. Because healthcare employers need a more comprehensive approach, WHS is creating a program with more depth and extensive resources for its members. We are recommending that you start with the Hazard Communication Program as your foundation, identify the hazards and then train employees.

Now, let’s talk about who should be the lead on this project.
Who should oversee this project?

**PICK ONE PERSON OR A CREATE A TEAM**

- Manager of Director of Environmental Services
- Employee Health Nurse
- Facility Manager or Director
- Safety Officer
- Lab Manager or Chemical Hygiene Officer
- Purchasing Manager
- Chair of Hazardous Materials and Waste sub-committee for the Environment of Care Committee.

On this project, you need people who have a working understanding of chemical hazards and who can take a leadership role. Here is a list of possible job titles who could take the lead for this project:

Manager of Director of Environmental Services
Employee Health Nurse
Facility Manager or Director
Safety Officer
Lab Manager or Chemical Hygiene Officer
Purchasing Manager or Director.

Why should the purchasing director be involved? The Purchasing Manager is an important ally! Purchasing is involved with the New Product Committee, the selection of new products and new vendors. Purchasing has power! Chemical manufacturers and distributors need to comply with the new SDS and label requirements by June 1, 2015. Some companies have already changed their labels. Your purchasing department will need to be involved to help you have a smooth transition.

If your facility distributes, or sends chemicals out to other locations, like lab samples in Formalin cups, your compliance deadline is December 1, 2015. Other examples of transporting chemicals would be packaging hazardous waste chemicals for transport from your environment of care.
### OUR PLAN TO GET IT DONE!

Six basics...step-by-step

1. Revised Hazard Communication Program
2. Chemical Inventory & SDS Management
3. Supervisor’s Hazard Assessment & PPE Cert
4. Carcinogens
5. Emergency Spill Response Plan
6. Employee & Department Specific Training

After you assign the point person for guiding the new program through implementation, you are ready to get started! We are recommending getting this project be completed in six steps. We will be delivering the resources to organize the project over the next month. Let’s briefly look at each step.
First, revise your current plan or, if starting from scratch, create a draft of a new Hazard Communication Program. Make sure that it contains the required elements and the language of 296-901 WAC. For instance, Material Safety Data Sheet is now changed to Safety Data Sheet. Right to Know is now Right to Understand. There are other new rule elements that your hospital must consider. An example is providing SDS and hazard information to other employers who have their employees working for your organization and providing training for their employees. They have a right to understand the chemical hazards in your organization. Examples are agency employees, independent contractors or the employees of contractors who work on your premises.
Second, do a Hazardous Chemical Inventory. This is the time to clear out the old, unused and expired chemicals. Be sure to continue saving the MSDS sheets for 30 years in your current archiving system. If you do not have an effective archiving system, this is the time to fix it – before you retire all that old MSDS information.

By doing “housecleaning” first, you will only have to manage the current chemical hazards and train employees on the currently used chemicals. Use the chemical inventory as an opportunity to read the MSDS (Material Safety Data Sheets), read the warning on the labels, evaluate the hazards and start reconsidering and researching less toxic or dangerous chemicals.
The third step, Supervisor’s Hazard Assessment and PPE certification, is the basis for your employee training and protection. These need to be done and now updated, based on the new classifications of hazards. During a programmed inspection, or surprise inspection, or employee injury investigation, the first thing the L&I inspector will ask for is your Accident Prevention Program and the Supervisor’s Hazard Assessment and PPE certification for each department.

Completing the Supervisor’s Hazard Assessment and PPE Certification requires supervisors to read labels, look for hazard warnings and determine the required personal protective equipment for their employees. Supervisors are the best people to work with Purchasing or your New Product Committee to find safer chemicals. From their findings, supervisors also need to provide the names of their employees who need to be entered into the Respiratory Protection Program or who should be placed on the list of employees who are exposed to carcinogens for monitoring.
Fourth, the Carcinogen list for your facility needs to be completed, reviewed and updated. Here you will see the new pictogram for carcinogens. This is an important hazard for employees to understand.

Supervisors need to include special emphasis for chemicals that are carcinogens in their department safety plan. The supervisor is the ideal person to set up department rules for handling carcinogens, including limiting exposure times, enforcing PPE, and setting up exposure control areas, like biological safety cabinets and fume hoods for handling hazardous drugs. The supervisor should provide the names of any employees who could be exposed to carcinogens to the Employee Health Nurse. Employees who are pregnant and working with hazardous chemicals or materials need special consideration and counseling by Employee Health.
Fifth, the Emergency Spill Response Plan and training need to be reviewed, along with procedures for using the Spill Response Cart. The pictogram labels will need to be stocked in your Spill Response kit or cart. SDS for hazardous spills response made available to the responders along with updated HazWoper training for first responders for chemical or hazardous spills.

If you do not have an Emergency Response Plan, Hazardous Spill Log, investigation procedures and corrective action processes set up – this is the time to set up these required and best practice steps in place.
Sixth, department specific training needs to be done, starting with the supervisors. Supervisors need to be able to provide instructions and on-going coaching to their assigned employees and check that they understand enough to perform the basics to stay safe:

- Donning and doffing personal protective equipment.
- Use of spill kits and proper disposal of chemical waste and soiled PPE for incidental spills.
- How to call codes.
- How to evacuate in case of a hazardous spill – that includes themselves, co-workers, patients and visitors
- Who to call for help when the scope of the chemical handling or spill response is beyond employee capability.

Computer programs like Health Stream are great for general training, record keeping and general training management. However, employees need specific directions for the chemical hazards in their work area. Computer based training can’t always effectively determine if employees are competent in using spill kits or if they are using the right PPE correctly in a real exposure. This is why supervisors need to conduct spill drills in their departments and check that employees understand the importance of being safe.
Update policies, procedures and training materials!

To get you started, we have provided a sample Hazard Communication Plan and a Chemical Hygiene Plan for Labs that include the new elements of GHS.

What does all this mean? The purpose, or focus, of the revised 2013 Hazard Communication Plan is to accomplish the following:

• Reduce risks involved in working with hazardous chemicals and materials.
• Provide information to employees about real and potential hazards of substances in the workplace.
• Reduce the incidence and cost of illness and injury resulting from hazardous substances.
• To go beyond “right to know” and promote the deeper level of “right to understand”.
• Educate and encourage reduction in the volume and toxicity of hazardous substances in your environment of care.

To review your plan, use the provided sample plans as a guide. Check to make sure all the bold headings, which are essential elements, are in your plan.
Our WHS plan is simple....

• We have set up a schedule of webcasts and tools means you will have a comprehensive plan for implement by October 2, 2013.

• Checklists, directions, tools, templates and samples will be provided for each step.

• We will help you each step of the way.

Plan, do, check, act

We have a simple and easy to follow plan for our members. We will forward directions, tools and templates plus samples, when needed, to the person who is in charge of your hospital's Hazardous Communication Program. I will be helping you each step of the way. If you want to get through the process more quickly, call when you are ready for the next step.
After this podcast, we would like you to start the review of your Hazard Communication Program, if you have not already done so. Make sure it is a thorough review to check your claims, OSHA Log and Spill Log to understand what needs to be done. Discuss and share any proposed changes with your Employee Safety Committee or Environment of Care Committee. Be sure to keep your senior leadership, like the Operations Officer, informed of your progress and provide any requested briefing or progress report.
We have provided resources for you on the website and on a CD that Janie will be sending to each of our member locations. You may also send us a copy of your Hazard Communication Plan for review.
When you are ready, go to the recap of Project #2. If you have questions, send an E-mail or call.