



Environment

INFORMATION FROM KODAK

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Injury and Illness Management for Photographic Processing Facilities



While a photographic processing facility is typically a low hazard workplace, you must be prepared to handle unexpected medical situations. Understanding the potential for occupational injuries, illnesses, and exposures and how to manage them is an important element of your photographic processing facility's overall health and safety program. This publication provides information to help you establish appropriate management practices for the following federal Occupational Safety and Health Administration (OSHA) standards:

- Recording and Reporting Occupational Injuries and Illnesses

- Access to Employee Exposure and Medical Records
- Bloodborne Pathogens
- Medical Services and First Aid

The Occupational Safety and Health Act presents a framework of federal regulations and guidelines that govern workplace safety. The four standards listed above pertain to managing workplace injuries and illnesses and establishing effective programs for protecting the health and safety of your employees. This publication is intended to help you implement the requirements of these OSHA standards in your workplace.

Kodak's health, safety, and environmental publications are available to help you manage your photographic processing operations in a safe, environmentally sound and cost-effective manner. This publication is part of a series of publications on health and safety issues affecting photographic processing facilities.

This publication is meant to assist others with their compliance programs. However, this is not a comprehensive treatment of the issues. We cannot identify all possible situations and ultimately it is the reader's obligation to decide on the appropriateness of this information to his/her operation.



The key requirements of the four OSHA standards for injury and illness management are shown in the following chart:

OSHA Standard	Citation from the Code of Federal Regulations (CFR)	Key Requirements
Recording and Reporting Occupational Injuries and Illnesses	29 CFR 1904	Record workplace injuries or illnesses
Access to Employee Exposure and Medical Records	29 CFR 1910.1020	Allow employees access to their exposure and medical records
Bloodborne Pathogens	29 CFR 1910.1030	Train those involved in emergency medical response, janitorial services, or other occupations where there is a possible exposure to blood and other potentially infectious substances and materials
Medical Services and First Aid	29 CFR 1910.151	Provide adequate first-aid supplies and ensure medical facilities are available

State Plan States

Rather than rely on the federal Occupational Safety and Health Administration, some states have their own occupational health and safety regulatory agency. These states, called State Plan States, often have requirements that exceed those of the federal agency. You should contact your local OSHA office if you have specific questions pertaining to the standards discussed in this publication. You can find a list of OSHA offices and telephone numbers on the Internet at www.osha.gov/html/oshdir.html.

RECORDING AND REPORTING OCCUPATIONAL INJURIES AND ILLNESSES

The purpose of OSHA's Occupational Injury and Illness Recording and Reporting rule (29 CFR 1904) is to require employers to record and report work-related fatalities, injuries and illnesses. Injury and illness records can help you identify any high-incident areas in your facility. With that information, you can implement preventive measures to correct hazardous workplace conditions. The records are also useful tools for evaluating the success of your health and safety programs.

Employees can use records to help them understand the hazards they may face in their workplace. The overall safety and health of employees improves when they participate in identifying and controlling workplace hazards.

To determine how the recordkeeping standard may apply to your facility, you must first determine the regulatory status of your facility. While *all* employers are required to follow certain provisions of the standard, there are partial exemptions for low-hazard industries and for small businesses.

FACILITY REGULATORY STATUS

OSHA uses the number of employees in a firm and a facility's Standard Industrial Classification (SIC code) to differentiate between industries that are **partially exempt** and those that are **non-exempt** under this rule.

Facility Size

If you have 10 or fewer employees you are not required to keep OSHA injury and illness records routinely, and are considered **partially exempt**. This size determination is based on the number of employees for the entire company, at all times, during the last calendar year. Even if your business is partially exempt, you must keep records if you are notified in writing by OSHA or another authorized agency. In addition, if you have 10 or fewer employees you must report any workplace incident that results in a fatality or the hospitalization of three or more employees.

Compliance Review

Partially exempt workplaces have 10 or fewer employees. Employers in Partially exempt workplaces must do the following:

- Report fatalities or hospitalizations of three or more employees.
- Submit special reports or surveys when requested in writing by OSHA or authorized agency

If you have more than 10 employees you are **non-exempt** under the rule, and are required to complete and maintain the appropriate records as discussed in the following sections of this publication.

Standard Industrial Classification (SIC)

The Standard Industrial Classification (SIC) code was devised to place establishments in groups or categories based on their primary activity. The major SIC divisions encompass every aspect of business, industry and commerce, including manufacturing and service industries.

The SIC Manual is the primary reference source for SIC codes. Your local OSHA office or state agency can help you determine the SIC code for your business. In addition, you can access the SIC Manual on the Internet at <http://www.osha.gov/oshstats/sicser.html>.

Determining Your Facility's SIC Code

The table of contents in the SIC Manual includes a list of SIC divisions and major group codes. To determine your SIC code, select the two-digit, major group that most closely describes your firm's primary activity. Next, under the appropriate major group code, select the subcategory that further describes the activities performed in your facility. For example, some photographic processing activities are listed under major group code 73, and are further categorized as follows:

- 7335 Photographic studios, commercial
- 7384 Photofinishing laboratories, except for the motion picture industry
- 7384 Photograph developing and retouching

OSHA considers activities in SIC major group codes 52 to 89 to be low hazard and, therefore, partially exempt. Workplaces that fall within these SIC codes are generally not required to keep OSHA injury and illness records routinely. Table 1 is referenced from the OSHA Injury and Illness rule. Industries listed in this table are categorized as **partially exempt** according to the guidelines in the rule.

Table 1: Low-Hazard (Partially exempt) Industries by SIC Code

SIC Code	Industry Description	SIC Code	Industry Description
525	Hardware Stores	725	Shoe Repair and Shoeshine Parlors
542	Mean and Fish Markets	726	Funeral Services and Crematories
544	Candy, Nut, and Confectionery Stores	729	Miscellaneous Personal Services
545	Dairy Product Stores	731	Advertising Services
546	Retail Bakeries	732	Credit Reporting and Collection Services
549	Miscellaneous Food Stores	733	Mailing, Reproduction, & Stenographic Services
551	New and Use Car Dealers	737	Computer and Data Processing Services
552	Used Car Dealers	738	Miscellaneous Business Services
554	Gasoline Service Stations	764	Reupholstery and Furniture Repair
557	Motorcycle Dealers	78	Motion Picture
56	Apparel and Accessory Stores	791	Dance Studios, Schools, & Halls
573	Radio, Television, & Computer Stores	792	Producers, Orchestras, Entertainers
58	Eating and Drinking places	793	Bowling Centers
591	Drug Stores and Proprietary Stores	801	Offices and Clinics of Medial Doctors
592	Liquor Stores	802	Offices and Clinics of Dentists
594	Miscellaneous Shopping Goods Stores	803	Office of Osteopathic
599	Retail Stores, Not Elsewhere Classified	804	Offices of Other Health Practitioners
60	Depository Institutions (banks & savings institutions)	807	Medical and Dental Laboratories
61	Nondepository	809	Health and Allied Services, Not Elsewhere Classified
62	Security and Commodity Brokers	81	Legal Services
63	Insurance Carriers	82	Educational Services (schools, colleges, universities and libraries)
64	Insurance Agents, Brokers & Services	832	Individual and Family Services
653	Real Estate Agents and Managers	835	Child Day Care Services
654	Title Abstract Offices	839	Social Services, Not Elsewhere Classified
67	Holding and Other Investment Offices	841	Museums and Art Galleries
722	Photographic Studios, Portrait	86	Membership Organizations
723	Beauty Shops	87	Engineering, Accounting, Research, Management, and Related Services
724	Barber Shops	899	Services, Not Elsewhere Classified

Multiple Locations. If your company has multiple locations, you must determine the SIC code for each location and maintain the appropriate records. It is possible that some locations may be partially exempt while others are non-exempt, depending upon the activities conducted at each facility. While you must keep separate records for each facility, the files can be maintained at a central location. Records from a satellite facility must be transmitted to the company's central location within seven business days or within the appropriate time frame necessary for OSHA special requests. The central location can send records to the satellite facility as well.

Compliance Review

Your business is **partially exempt** if:

- It is listed in Table 1, indicating that it is a low-hazard industry, OR
- You have 10 or fewer employees.

Your business is **non-exempt** if:

- It is not listed in Table 1, AND
- You have more than 10 employees.

FATALITIES OR HOSPITALIZATIONS

Whether your photographic processing facility is partially exempt or non-exempt, section 1904.39 of the rule requires that you report verbally any work-related incident in which a fatality occurs or that requires the in-patient hospitalization of three or more employees. You must call OSHA within eight hours, or within eight hours of being informed of either of these two outcomes. The report should be made to either the nearest area OSHA office during business hours or to the emergency central number (1-800-321-OSHA) during non-business hours. You must also record these incidents on OSHA Form 300 (discussed below).

The reporting requirement applies for each fatality or hospitalization that occurs within 30 days of an incident. Once you become aware that the incident is reportable, you must submit the report within eight hours. Each incident report must include the following information:

- Name and location of your facility
- Location of the incident
- Time of the incident
- Number of fatalities or hospitalized employees
- The names of any injured employees
- Name and telephone number of facility contact person
- Brief description of the incident

REQUEST FOR SPECIAL REPORTS OR SURVEYS

Sections 1904.40, 41 and 42 of the OSHA rule outline the requirements for submitting injury and illness data as a result of a special request from OSHA or other authorized agency. Agencies use this information to compile statistical information and analyze the causes and prevention of occupational accidents and illnesses. If your facility receives a special request for information, *regardless of your SIC code or employee partial exemption*, you must complete and submit all forms.

The following table is a list of individuals who are authorized to request copies of reports or special survey information, and the time you are allowed for submitting information.

Table 2: Individuals Who are Authorized to Request Reports

Authorized Individuals	Timeframe
Any authorized representative of the Secretary of Labor or Secretary of Health and Human Services or any representative of a state that is responsible for implementing a state plan	- When the request is made in person, copies of the documents must be made available within four hours. - When the request is made in writing, copies of the documents must be made available within 21 days.
An employee, former employee and/or his/her designated representative	- Upon request, forms must be made available for viewing by the end of the next business day. Employees, former employees and or his/her designated representative are entitled to see all of the 300 log. However, they are only entitled to see the 301 forms for themselves or the individual who they are representing. - The employee may have access to both his/her illness and injury forms as well as those for the entire facility. - Upon request, copies of the forms must be made available within seven calendar days. - Copies shall be provided at no cost to the individual making the request.

NON-EXEMPT INDUSTRIES

In general, if your facility's SIC code falls in the 01 to 51 code group, your business is considered non-exempt from occupational recording and reporting, unless it falls under the small business category (10 or fewer employees).

Non-exempt industries are required to comply with the following reporting requirements:

- Report any fatality or hospitalizations of three or more employees
- Maintain OSHA Form 300—*Log of Work-Related Injuries and Illnesses*
- Maintain OSHA Form 301—*Injury and Illness Incident Report*
- Maintain OSHA Form 301A—*Summary of Work-Related Injuries and Illnesses*

Once you have determined your facility's regulatory status, either partially exempt or non-exempt, you can begin to record and report occupational injuries and illnesses using the appropriate forms.

RECORDING CRITERIA

Before recording an injury, illness or fatality, you need to determine if the incident is work-related. Generally, injuries and illnesses that result from an event or exposure on the employer's premises are presumed to be work related. The employer's premises extend to other locations where employees are engaged in work-related activities that are a condition of their employment (e.g., off-site training and company travel).

Additionally, only new injuries and illness are recordable. If the injury or illness is the continuation of a previously recorded case, simply update the original record.

General Recording Criteria

An injury or illness is recordable when it meets any of the following criteria:

- Days away from work
- Restricted work or transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- A significant injury or illness diagnosed by a health care provider
- Death

Specific Cases

The standard also lists certain types of injuries and illness that OSHA calls specific cases. Specific cases, listed below, must be recorded:

- Needlestick and sharps injuries
- Medical removal
- Tuberculosis (TB)

Two additional types of injuries, considered to be specific cases, are listed below. However, OSHA has delayed the effective date of these cases, pending further investigation.

- Noise-induced hearing loss
- Musculoskeletal disorders

Contract Employees

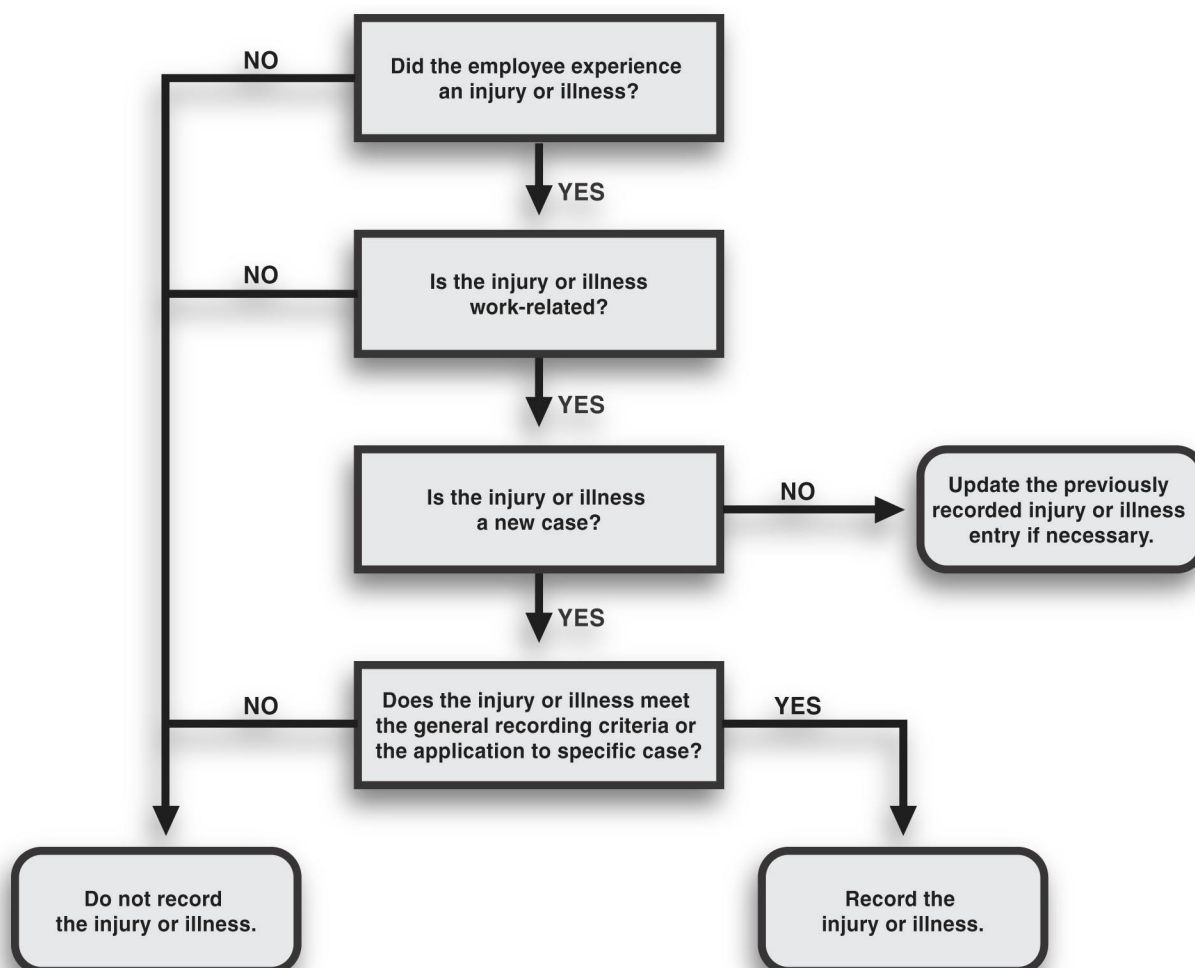
If you have contract or temporary employees, you are considered the *using firm* and are required to enter that employee's injuries and illnesses on your records. Section 1904.31 of the rule states that injuries or illnesses are to be recorded once, by the employer who supervises the

contractor or temporary employee's day-to-day activities. Supervision on a day-to-day basis is the determining criteria for reporting, not who issues the paycheck.

Reporting Guidance

In a publication entitled *OSHA Forms for Recording Work-Related Injuries and Illnesses*, OSHA provides detailed guidance for determining recording criteria. This publication is available from OSHA by calling your local branch office, downloading from the OSHA web site at <http://www.osha-slc.gov/recordkeeping/RKforms.html> or contacting Kodak Environmental Services at 1 (585) 477-3194.

Use the following OSHA flowchart to help you determine whether an incident is recordable.



INFORMATION TO RECORD

You must record the following criteria, where applicable, for all work-related injuries and illnesses:

- Death
- Days away from work
- Restricted work or transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- A significant injury or illness diagnosed by a physician or other licensed health care professional
- Certain needlestick and sharps injuries, 1904.8
- Certain cases involving medical removal under OSHA standards, 1904.9
- Recording criteria for work-related tuberculosis cases, 1904.11

OSHA FORMS FOR RECORDING AND REPORTING

OSHA's Form 300
Log of Work-Related Injuries and Illnesses

Year 20__

U.S. Department of Labor
Occupational Safety and Health Administration

Instructions: This form contains information relating to workplace health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Identify the person: (A) Case number, (B) Employee's name, (C) Job title, (D) Date of injury or illness, (E) Date of report, (F) Date of recording.

Describe the case: (1) Where the case occurred, (2) Description of the case, (3) Date of injury or illness, (4) Date of report, (5) Date of recording.

Classify the injury or illness: (6) Injury or illness type, (7) Severity of injury or illness, (8) Date of injury or illness, (9) Date of report, (10) Date of recording.

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The OSHA Form 300, called the *Log of Work-Related Injuries and Illnesses*, is used to classify work-related injuries and illnesses and to note the extent and severity of each case. For each work-related incident, use the 300 log to record the specific details about what happened and how it happened.

OSHA's Form 301
Injury and Illness Incident Report

Year 20__

U.S. Department of Labor
Occupational Safety and Health Administration

Instructions: This form contains information relating to workplace health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Information about the employee: (1) Full name, (2) Job title, (3) Date of injury or illness, (4) Date of report, (5) Date of recording.

Information about the case: (6) Case number, (7) Description of the case, (8) Date of injury or illness, (9) Date of report, (10) Date of recording.

Information about the physician or other health care professional: (11) Name of physician or other health care professional, (12) Date of examination, (13) Date of report, (14) Date of recording.

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Form 301, called the *Injury and Illness Incident Report*, is one of the first forms you must complete when a recordable work-related incident has occurred. This form is intended to provide detailed information on the extent and severity of work-related incidents. You must complete a 301 form for each entry on the 300 log.

OSHA's Form 300-A
Summary of Work-Related Injuries and Illnesses

Year 20__

U.S. Department of Labor
Occupational Safety and Health Administration

Instructions: This form contains information relating to workplace health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Establishment information: (1) Name of establishment, (2) Address, (3) City, (4) State, (5) Zip, (6) Industry description, (7) Standard Industrial Classification (SIC) code, (8) Phone number, (9) Fax number.

Number of cases: (10) Total number of cases with days away from work, (11) Total number of cases with job transfer or restriction, (12) Total number of cases with medical treatment beyond first aid, (13) Total number of cases with loss of consciousness, (14) Total number of cases with significant injury or illness, (15) Total number of cases with death.

Number of days: (16) Total number of days away from work, (17) Total number of days with job transfer or restriction, (18) Total number of days with medical treatment beyond first aid, (19) Total number of days with loss of consciousness, (20) Total number of days with significant injury or illness, (21) Total number of days with death.

Injury and Illness Types: (22) Injury or illness type, (23) Severity of injury or illness, (24) Date of injury or illness, (25) Date of report, (26) Date of recording.

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Form 300-A, called the *Summary of Work-Related Injuries and Illnesses*, is used to summarize the information on the 300 form. The summary contains the total numbers for all work-related injuries and illnesses. The summary is the only form that you must display. It must be posted at the end of the year, from February 1 to April 30.

Compliance Review

All photographic processing facilities must implement the requirements of the Recording and Reporting Occupational Injuries and Illnesses Standard that apply to them:

- Determine your facility's status—partially exempt or non-exempt.
- Implement the requirements of the standard based on your facility's status.
- Report all fatalities or hospitalizations to OSHA within 8 hours of learning of the incident.

ADDITIONAL HELP

Local OSHA offices are equipped to answer your questions about this rule and to assist in the transition from the previous reporting requirements to the revised guidelines. If you have any questions, you can contact your local OSHA office or access the OSHA web site for detailed information about this rule at <http://www.osha-slc.gov/recordkeeping/index.html>.

This Internet site offers guidance, recordkeeping forms, and the text of the regulation.

Kodak Environmental Services (KES) can also assist you with questions. Contact KES at (585) 477-3194 or access our web site at www.kodak.com/go/kes.

SELF-ASSESSMENT CHECKLIST FOR ILLNESS AND INJURY RECORDKEEPING AND REPORTING

Use this checklist as an aid for assessing your compliance and identifying areas for improvement within your photographic processing facility's overall illness and injury management program.

	Yes	No
1. Your facility employs 10 or fewer employees, OR is listed by OSHA as a low-hazard industry.		
• Responsibility has been assigned for verbal reporting of fatalities or hospitalization of three or more employees.	☐	☐
• A procedure for verbal reporting to OSHA within 8 hours of an accident that results in fatalities or hospitalization of 3 or more employees has been implemented.	☐	☐
• Responsibility has been assigned for written reporting requests from OSHA or other authorized individuals.	☐	☐
2. Your facility employs more than 10 employees AND is not listed by OSHA as a low hazard industry.		
• Responsibility has been assigned for verbal reporting of fatalities or hospitalization of three or more employees.	☐	☐
• A procedure for verbal reporting to OSHA within 8 hours of an accident that results in fatalities or hospitalization of 3 or more employees has been implemented.	☐	☐
• Responsibility has been assigned for completing OSHA Form 300, <i>Log of Work-Related Injuries and Illnesses</i> .	☐	☐
• A procedure for completing the OSHA Form 300 has been implemented.	☐	☐
• OSHA Form 300-A, <i>Summary of Work-Related Injuries and Illnesses</i> , is posted from February 1 to April 30 annually.	☐	☐
• Responsibility has been assigned for completing OSHA Form 301, <i>Injury and Illness Incident Report</i> .	☐	☐
• A procedure for completing the OSHA Form 301 has been implemented.	☐	☐

ACCESS TO EMPLOYEE EXPOSURE AND MEDICAL RECORDS

The OSHA Access to Employee Exposure and Medical Records (29 CFR 1910.1020) applies to your photographic processing facility if your employees come into contact with, or are exposed to, toxic substances or harmful physical chemical hazards in the workplace. If your facility maintains occupational medical and exposure records, the standard requires that you allow employees to access those records.

Access means the right and opportunity of an employee to examine and copy his or her medical and exposure records. The standard addresses both exposure records and medical records and contains separate access requirements for each type of record. Therefore, we recommend that you keep these records separate within your employee files. The requirements for both types of these records are discussed below.

The OSHA Access to Employee Exposure and Medical Records standard supplements the OSHA Hazard Communication standard (see KODAK Publication J-311, *Hazard Communication for Photographic Processing Facilities*).

COMMUNICATING TO EMPLOYEES ABOUT RECORDS



You must make a copy of the Access to Employee Exposure and Medical Records standard available to all employees. In addition, at the time of initial employment, and at least annually thereafter, the standard requires that you inform employees of the following items:

- The existence and location of employee medical and exposure records
- Procedures for accessing those records
- The name of the individual(s) responsible for maintaining medical and exposure records

PROVIDING ACCESS TO EXPOSURE AND MEDICAL RECORDS

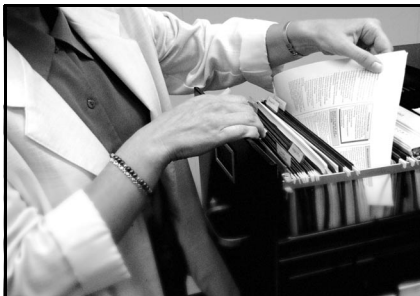
Upon request, you must provide an employee or his/her designated representative, access to the employee's complete exposure records or medical records. The designated representative must have the employee's written consent unless the representative is a collective bargaining agent.

Employee exposure records may include the following:

- Summary of workplace monitoring data, including descriptions of sampling, analysis, and methodologies (e.g., air sampling)
- Biological monitoring results that directly assess chemical absorption
- Chemical identification, that must be retained for 30 years
- Where directly relevant records do not exist, records of other employees whose exposures to toxic substances would be similar

Employee medical records may include the following:

- Medical and employment questionnaires or histories, including job descriptions
- Medical examination results
- Medical opinions, diagnoses, and recommendations
- First-aid records
- Descriptions of treatments and prescriptions
- Employee medical complaints



If a **medical record** contains information from sources who wish to remain confidential, a nurse, physician, or other responsible health care representative may remove the names of those persons prior to employee access. Where appropriate, a physician representing the employer can also elect to disclose information on specific diagnoses of terminal illness or psychiatric conditions only to an employee's designated representative rather than to the employee directly.

You must give a copy of all pertinent records (or allow access to photocopy equipment, or provide equipment) at no cost to any employee who has requested access to his/her exposure records or medical records.

Upon receipt of a request for employee access to exposure records or medical records, you must respond within 15 working days. If you are unable to comply with this request within the specified timeframe, you must state, in writing, the reason for the delay and the earliest date that the records will be made available.

RETENTION AND TRANSFER OF RECORDS

You must keep **exposure records** and data analyses based on such records for 30 years for any person employed longer than one year. **Medical records** must be kept for at least the duration of employment plus 30 years. You do not need to retain records of employees who have worked for less than one year, but you must provide the records to the employee upon termination of employment.

Should you sell or close a facility, you are responsible for transferring all exposure records and medical records to any succeeding employer. If there is no new employer, you must notify employees of their access right at least three months prior to the close of business. Additionally, you must advise the Director of the National Institute of Occupational Safety and Health (NIOSH) in writing at least three months prior to the disposal of any records.

Compliance Review

All photographic processing facilities must meet the following requirements:

- Inform employees of their right to see the Exposure and Medical Records standard and the procedures for reviewing their employee medical and exposure records.
- Provide an employee's records to him/her or his/her representative.
- Retain exposure records for at least 30 years.
- Retain medical records for at least the duration of employment plus 30 years.

OSHA GUIDANCE

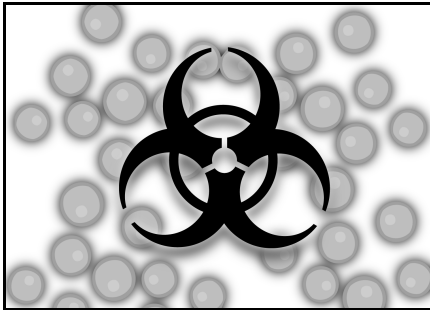
To review the Access to Employee Exposure and Medical Records standard or to receive guidance on complying with the standard, access the OSHA Internet site at <http://www.osha-slc.gov/SLTC/medicalaccessorder/index.html>.

SELF-ASSESSMENT CHECKLIST FOR ACCESS TO EMPLOYEE EXPOSURE AND MEDICAL RECORDS

Use this checklist as an aid for assessing your compliance and identifying areas for improvement within your photographic processing facility's overall illness and injury management program.

	Yes	No
• A copy of the Access to Employee Exposure and Medical Records standard is available to your employees.	☐	☐
• Employees are informed annually of the existence of exposure and medical records, procedures for accessing their records, and the name of the person who is responsible for maintaining the records.	☐	☐
• Responsibility has been assigned for maintaining exposure and medical records.	☐	☐
• Written copies of exposure records or medical records are available to employees at no cost within 15 days.	☐	☐
• Exposure records are maintained for 30 years for employees who are employed more than one year.	☐	☐
• Medical records are maintained for the duration of employment plus 30 years for employees who are employed more than one year.	☐	☐
• Employees who are employed for less than one year are provided copies of medical and exposure records at the time of departure.	☐	☐
• The director of NIOSH is notified in writing three months prior to the disposal of any records.	☐	☐
• A procedure is in place for transferring records if the facility is closed or sold.	☐	☐

BLOODBORNE PATHOGENS



OSHA's Bloodborne Pathogen Standard (29 CFR 1910.1030) outlines practices that are intended to limit occupational exposure to blood and other potentially infectious materials. Bloodborne pathogens are microorganisms in human blood that can cause disease in humans. The standard requires you to implement a Bloodborne Pathogens Program if there are workplace activities or duties performed at your photographic processing facility in which employees may be exposed to blood or other potentially infectious materials. If no employees have the potential for exposure, you are not required to have a Bloodborne Pathogens Program.

Elements of a Bloodborne Pathogens Program include the following:

- Exposure determination
- Exposure control plan
- Employee training
- Preventive measures
- Exposure control measures
- Procedures for responding to an exposure incident
- Recordkeeping

EXPOSURE DETERMINATION

The standard covers all employees who, as a result of performing their job duties, may be exposed to blood or other potentially infectious material. A Good Samaritan act, such as a co-worker giving aid to an injured employee (when not required to do so), is *not* considered exposure and is *not* covered by this standard. Exposure determination is based on occupational exposure without regard to personal protective clothing and equipment.

On-the-job activities in a photographic processing facility that could require compliance with this standard include:

- Emergency medical/first-aid teams (first-aid response is discussed in the next section of this publication)
- Janitorial services

If you contract out any of the above services, you should ensure that the employer of the contractor workers is aware of the Bloodborne Pathogen Standard.

EXPOSURE CONTROL PLAN

If you determine that your facility is required to comply with the Bloodborne Pathogen Standard, you must develop and implement a written exposure control plan. The exposure control plan must include the following elements:

- Who has occupational exposure (a list by employee name or job classification)
- Procedures to be used for evaluating the circumstances of an exposure incident
- The schedule and method for implementing each of the requirements of the OSHA Bloodborne Pathogen standard

You must update the exposure control plan at least annually or whenever new tasks and procedures affecting occupational exposure are introduced into the workplace. This plan must be made accessible to employees.

Compliance Review

- Develop and implement a written exposure control plan if you have employees whose work-related duties may expose them to blood and other potentially infectious materials. (*Note: If you rely on outside first-aid and medical assistance providers, or an outside janitorial service, rather than internal company employees, you do not need a written exposure control plan.*)

TRAINING PROGRAM AND COMMUNICATING HAZARDS TO EMPLOYEES

You must provide information and training on exposure and response to blood or other potentially infectious materials to all employees with occupational exposure. The training must be conducted during work hours by an individual who is knowledgeable in the subject matter, and at no cost to the employee. You must provide training at the time of initial assignment and at least once a year thereafter.

The training program should include, at a minimum, the following elements:

- How to obtain a copy of the Bloodborne Pathogen standard and an explanation of its contents
- A general explanation of the source, cause, and symptoms of bloodborne diseases
- An explanation of how bloodborne pathogens may be transmitted
- An explanation of the exposure control plan and how to obtain a copy
- Information on recognizing tasks that may result in occupational exposure
- An explanation of the use and limitations of engineering controls and work practices
- An explanation of the use, limitations, and disposal of personal protective equipment
- Information on the types, selection, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment
- Information on the Hepatitis B vaccination, including its efficacy, safety, benefits and availability, and the methods of administration

- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- An explanation of how to report an exposure incident and post-exposure evaluation and follow-up
- An explanation of signs, warning labels, and color coding systems
- An opportunity for interactive questions and answers

You must maintain training records for at least three years. These records must include the following information: dates of training, summary of training sessions, name and qualifications of trainer, and names and titles of all persons who attended the training.

Compliance Review

- Train all employees who may have an occupational exposure to blood and other potentially infectious materials.

PREVENTIVE MEASURES

Hepatitis B Vaccination—You are required to make the Hepatitis B vaccine (HBV) and vaccination series available, at no cost, to all employees with a potential for an occupational exposure. The vaccinations must be made available at a reasonable time and place after initial job training and within 10 working days of initial assignment.

Prescreening may not be required as a condition of receiving the vaccine. Employees must sign a declination form if they choose not to be vaccinated. Employees may opt to receive the vaccine at a later time, again at no cost to them.

Universal Precautions—All employees must follow universal precautions while on the job. The term universal precautions refers to a method of infection control in which all human blood and other potentially infectious body fluids are treated as if they are known to be infectious for HIV (Human Immunodeficiency Virus) and HBV.

Compliance Review

- Provide the HBV vaccine to all employees who have a potential for an occupational exposure
- Treat all human blood and other potentially infectious body fluids as if they are known to be infectious for HIV or HBV.

METHODS TO CONTROL EXPOSURE

You are required to *control* the risks of occupational exposure to blood and other potentially infectious materials. Types of controls include feasible engineering controls, good work practices, personal protective equipment (PPE), good housekeeping and labeling.

Engineering Controls and Good Work Practices

Engineering controls are the most desirable because they are permanent, thereby greatly minimizing the possibility of human error. Good work practices are effective when employees receive proper training and the practices are enforced. Examples of engineering controls and good work practices include the following items:

- Ensure that employees use required equipment, including any special tools, containers or labels.
- Ensure that employees follow required work practices, including covering cuts, handling sharp objects carefully, minimizing the splashing of fluids, and not eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in work areas. Other required work practices include storing food and beverages away from blood or other potentially infectious materials.
- Ensure that employees wash their skin with soap and water immediately after contact with blood or other potentially infectious materials.

Personal Protective Equipment (PPE)



PPE must be used if potential occupational exposure remains after engineering controls and work practices have been implemented. PPE includes gloves, gowns, face shields, and eye protection. This equipment prevents blood and other potentially infectious materials from reaching employees' clothes, skin, eyes, mouth or other mucous membranes. You must meet the following PPE requirements:

- Provide PPE at no cost to employees.
- Ensure the PPE is accessible.
- Ensure the PPE is properly used, cleaned, laundered, repaired, replaced as needed or discarded (if damaged).
- Develop and implement a PPE plan that complies with the requirements of 29 CFR 1910.132. (For more information about PPE, see KODAK Publication J-312, *Personal Protective Equipment Requirements in Photographic Processing Facilities*.)



Housekeeping

Good housekeeping is critical in controlling occupational exposure to blood and other potentially infectious materials. Implement the following housekeeping controls:

- Ensure the workplace is clean and sanitary.
- Develop and implement a written cleaning schedule that outlines how equipment and working surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- Use only regulated waste containers that meet the following requirements:
 - Capable of being closed
 - Constructed to contain all contents and prevent leakage
 - Red in color or have prominently displayed orange biohazard warning labels
 - Closed prior to removal to prevent spillage
 - Placed in a second container if potential for leakage occurs
 - Contents disposed of in accordance with applicable regulations

Labeling

You must use fluorescent orange or orange-red warning labels on containers of regulated waste, on refrigerators and freezers containing blood and other potentially infectious materials, and on any containers used to store, transport, or ship blood or other potentially infectious materials.

Compliance Review

Implement control measures in the workplace to reduce or eliminate the possibility of occupational exposure to blood and other potentially infectious body fluids. Control measures include the following:

- Engineering controls
- Work practices
- Personal protective equipment (PPE)
- Good housekeeping
- Container labeling

WHAT TO DO IF AN EXPOSURE INCIDENT OCCURS

Following an exposure incident, you are required to provide a confidential post-exposure medical evaluation and follow-up to all employees exposed. At a minimum, the confidential medical evaluation and follow-up must include the following:

- Documentation of the circumstances of the exposure
- Identification and testing of the source individual
- Testing of the exposed employee's blood (if he/she consents)
- Post-exposure preventive measures
- Counseling
- Evaluation of reported illnesses

You are required to provide a copy of the written opinion of the healthcare provider to the employee within 15 days of when the evaluation is completed.

Compliance Review

If an employee is exposed to blood or other potentially infectious body fluids, you must document the incident and have the exposed employees undergo a medical evaluation and follow-up.

RECORDKEEPING

You must maintain and preserve an accurate record of occupational exposure for each employee who has been exposed. Medical records must include the following information:

- Employee name and social security number
- Employee Hepatitis B vaccination status, including vaccination dates and medical records relative to the employee's ability to receive vaccinations
- Results of examinations, medical testing, post-exposure evaluation, and follow-up procedures
- Healthcare professional's written opinion
- A copy of information provided to the healthcare professional

Medical records are to be kept confidential and maintained for the duration of employment plus 30 years. You may not disclose or report an employee's medical records without the employee's written consent.

Compliance Review

All medical records must remain confidential. (For more information about medical records, refer to the Access to Employee Exposure and Medical Records section of this publication.)

OSHA GUIDANCE

To review the Bloodborne Pathogens standard or to receive guidance on complying with the standard, access the OSHA Internet site at <http://www.osha-slc.gov/SLTC/bloodbornepathogens/index.html>.

SELF-ASSESSMENT CHECKLIST FOR BLOODBORNE PATHOGENS

Use this checklist as an aid for assessing your compliance and identifying areas for improvement within your photographic processing facility's overall illness and injury management program.

	Yes	No
1. Your facility has a written exposure control plan in place.	☐	☐
2. The exposure control plan has the following elements:	☐	☐
• A list of employees who are responsible for the various elements of the plan.	☐	☐
• A list of employees who are potentially exposed to blood and other body fluids.	☐	☐
• A procedure for the use of PPE when employees are exposed to blood or other body fluids.	☐	☐
• A procedure for handling and disposing of contaminated waste including PPE (containers must have biohazard label or use a red bag).	☐	☐
• A procedure for handling and laundering contaminated clothing (at no cost to employees; employees may not take contaminated clothing home).	☐	☐
• A procedure for post-exposure evaluation and follow-up.	☐	☐
3. The exposure control plan is updated annually, and whenever there are workplace changes that affect exposure to blood or other body fluids.	☐	☐
4. The exposure control plan is available to employees.	☐	☐
5. Training is provided on initial assignment and annually thereafter.	☐	☐
6. Training covers the elements specified in the exposure control plan.	☐	☐
7. Training records are maintained for three years.	☐	☐
8. Hepatitis B vaccination is available for potentially-exposed employees at no cost within 10 days of initial assignment.	☐	☐
9. Potentially-exposed employees who refuse the hepatitis B vaccination have signed a declination form.	☐	☐
10. Feasible engineering and work practice controls, PPE, housekeeping, and labeling have been implemented, including the following:	☐	☐
• Handwashing facilities are available in the work areas or antiseptic towelettes are provided.	☐	☐
• The workplace is maintained in a sanitary condition. All traces of human blood or other body fluids are cleaned from equipment and work surfaces.	☐	☐
• Appropriate PPE is provided and available in the workplace at no cost to employees.	☐	☐
• Contaminated materials are in containers and labeled with a biohazard sign or placed in a red bag.	☐	☐
• Potentially-exposed employees take universal precautions.	☐	☐
11. A confidential post-exposure medical evaluation and follow-up are provided to employees.	☐	☐
12. Exposure records are maintained for each employee for the duration of employment plus 30 years.	☐	☐

MEDICAL SERVICES AND FIRST AID

OSHA's Medical Services and First-Aid standard (29 CFR 1910.151) requires employers to ensure medical treatment is readily available for employees. If there is an infirmary, clinic, or hospital sufficiently close to the work facility that may be used to treat injured employees, you may rely on these services rather than designating employees as first-aid providers.

If local medical assistance is not reasonably close or you choose not to rely on it, you must have trained first-aid personnel and adequate first-aid supplies readily available on all shifts.

While the Medical Services and First-Aid standard does not define how close the medical assistance provider must be in order for you to rely on its services, OSHA has provided some guidance:

- For life threatening injuries (including severe bleeding) or permanently-disabling injury or illness, first aid should be provided within three (3) to four (4) minutes.
- Where the injury is not life-threatening, a response time up to about 15 minutes is acceptable.

FIRST-AID SUPPLIES



If you choose not to rely on outside medical assistance, you must make adequate first-aid supplies readily available. American National Standard (ANSI) Z308.1-1998,

Minimum Requirements for Industrial Unit-Type First-Aid Kit, describes the minimum first-aid supplies that would be adequate for a small facility. These contents are listed below in Table 3. For larger operations or multiple operations at the same location, you should determine what additional first-aid kits, supplies, and equipment you need.

Table 3: Minimum Requirements for First-Aid Kits, ANSI Z308.1-1998

Item and Minimum Size or Volume	Minimum Quantity
Absorbent compress, 32 sq. in., with no side smaller than 4 in. (81.3 sq. cm, with no side smaller than 10 cm)	1
Adhesive bandages, 1 x 3 in. (2.5 x 7.5 cm)	16
Adhesive tape, 5 yd. (457.2 cm) total	1
Antiseptic, 0.5g (0.14 fl. oz.) application	10
Burn treatment, 0.5g (0.14 fl. oz.) application	6
Medical exam gloves	2 pairs
Sterile pad, 3 x 3 in. (7.5 x 7.5 cm)	4
Triangular bandage, 40 x 40 x 56 in. (101 x 101 x 142 cm)	1

Note: It is reasonable to assume that employees who are required to provide first-aid services will be exposed to blood or other potentially infectious materials. Therefore, if you train employees to provide first aid and expect them to offer first aid as necessary, you must comply with the requirements of the Bloodborne Pathogen standard (refer to the previous section in this publications). Compliance includes providing training and PPE to all employees who you have identified as first-aid providers. Required PPE may include gloves, gowns, face shields, masks, and eye protection.

EMERGENCY EYEWASH AND SHOWER



All photographic processors must have an emergency eyewash in every area where there is a potential for a chemical eye splash. Typically, these areas include chemical mix and near processors where racks are pulled for cleaning and maintenance.

Generally, emergency showers are required only in facilities that mix large quantities of chemicals. The shower is typically located in the chemical mix area.

Compliance Review

- Ensure first-aid and medical services are readily available to employees on all shifts.
- Provide an emergency eyewash in all areas where employees are exposed to eye splashes of corrosive chemicals.
- Provide a quick-drenching shower in areas where employees are exposed to large volumes of corrosive chemicals.

OSHA GUIDANCE

To review the Medical Services and First-Aid standard or to receive guidance on complying with the standard, access the OSHA Internet site at <http://www.osha-slc.gov/SLTC/medicalfirstaid/index.html>.

SELF-ASSESSMENT CHECKLIST FOR MEDICAL SERVICES AND FIRST AID

Use this checklist as an aid for assessing your compliance and identifying areas for improvement within your photographic processing facility's overall illness and injury management program.

1. A medical facility is available nearby to treat injured employees.	Yes	No
• For a life-threatening injury, a local medical facility can provide first-aid services within four minutes.	☐	☐
• For less serious injuries, a local medical facility can provide first-aid services within 15 minutes.	☐	☐
• Eyewash stations are available in areas where corrosive materials are used.	☐	☐
• Emergency showers are available in areas where large volumes of corrosive materials are used.	☐	☐
2. No medical facility is available nearby to treat injured employees.	Yes	No
• Adequate first-aid supplies are available to treat injured employees.	☐	☐
• A trained first-aid provider is available on all shifts to treat injured employees.	☐	☐
• Eyewash stations are available in areas where corrosive materials are used.	☐	☐
• Emergency showers are available in areas where corrosive materials are used.	☐	☐



MORE INFORMATION

For more information about Kodak Environmental Services, visit Kodak online at	www.kodak.com/go/kes
For environmental or safety questions about Kodak products, services, or publications, call	1-585-477-3194
For questions about the safe handling of photographic chemicals or health-related information about Kodak products, call our 24-hour hotline at	1-585-722-5151
For questions concerning the safe transportation of Kodak products, call Kodak Transportation Services at	1-585-722-2400
If you have questions about Kodak products, call Kodak.	
In the U.S.A., call	1-800-242-2424, Ext. 19, Monday–Friday 9 a.m.–7 p.m. (Eastern time)
In Canada, call	1-800-465-6325, Monday–Friday 8 a.m.–5 p.m. (Eastern time)
In countries other than the U.S. and Canada,	contact your local Kodak representative, or your usual supplier of Kodak products.

- J-98A *Safe Handling of Photographic Processing Chemicals*
- J-110 *Formaldehyde Use in Photographic Processing Facilities*
- J-111 *Determining Workplace Exposure to Formaldehyde*
- J-112 *Formaldehyde Emergencies*
- J-113 *About the OSHA Formaldehyde Standard*
- J-311 *Hazard Communication for Photographic Processing Facilities*
- J-312 *Personal Protective Equipment Requirements for Photographic Processing Facilities*
- J-313 *Occupational Noise Exposure Requirements for Photographic Processing Facilities*
- J-314 *Indoor Air Quality and Ventilation in Photographic Processing Facilities*
- J-315 *Special Materials Management in Photographic Processing Facilities*
- J-316 *Emergency Preparedness for Photographic Processing Facilities*

This publication is a guide to the Federal Health and Safety Regulations that apply to a typical photographic processing facility. Local or state requirements may also apply. Verify the specific requirements for your facility with your legal counsel.



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