



# MIOSHA Forms Packet



DEPARTMENT OF LABOR &  
ECONOMIC OPPORTUNITY

MICHIGAN OCCUPATIONAL SAFETY AND HEALTH

ADMINISTRATION GENERAL RULES

EMERGENCY RULES

CORONAVIRUS DISEASE 2019 (COVID-19)

Filed with the secretary of state on

**These rules take effect upon filing with the  
secretary of state and  
shall remain in effect until  
October 14, 2021.**

(By authority conferred on the director of the department of labor and economic opportunity by sections 19, 21, and 24 of the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1019, 408.1021, and 408.1024, and Executive Reorganization Order Nos. 1996-1, 1996-2, 2003-1, 2008-4, 2011-4, and 2019-3, MCL 330.3101, 445.2001, 445.2011, 445.2025, 445.2030, and 125.1998)

May 21, 2021

## **Rule 1. Scope and application.**

These rules apply to all employers covered in the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1001 to 408.1094, for SARS-CoV-2 coronavirus and COVID-19.

### **Rule 1a. Application of other rules.**

These emergency rules supersede the entirety of the emergency rules filed on October 14, 2020, and the extension of these emergency rules filed on April 13, 2021.

### **Rule 1b. Suspension of previous rule.**

In the event these emergency rules issued on May 24, 2021 are deemed invalid by a court of competent jurisdiction, the previously filed rules will remain effective for the duration of the extension.

As used in these rules:

Rule (a) “Close 2. Definitions. contact means close contact as defined by the latest United States Centers for Disease Control and Prevention (CDC) guidelines at the time of contact.

(b) “COVID-19” means a viral respiratory illness characterized by symptoms defined by the CDC.

(c) “Known cases of COVID-19” means persons who have been confirmed through diagnostic testing to have COVID-19.

(d) “SARS-CoV-2” means the novel coronavirus identified as SARS-CoV-2 or a virus mutating from SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), the virus which is the causative agent of COVID-19.

(e) “Suspected cases of COVID-19” means persons who have symptoms of COVID-19 but have not been confirmed through diagnostic testing or unvaccinated persons who have had close contact with a person who has been confirmed through diagnostic testing to have COVID-19.

(f) “Fully vaccinated persons” means persons for whom at least 2 weeks have passed after receiving the final dose of an FDA-approved or authorized COVID-19 vaccine.

## **Rule 3. COVID-19 preparedness and response plan for all employers.**

(1) The employer shall develop and implement a written COVID-19 preparedness and response plan consistent with these rules and current guidance for COVID-19 from the CDC and the Occupational Health and Safety Administration (OSHA).

(2) The preparedness and response plan shall include the measures the employer will implement to prevent employee exposure, including any applicable:

- (a) Engineering controls.
- (b) Administrative controls.
- (c) Basic infection prevention measures.
- (d) Personal protective equipment.
- (e) Health surveillance.
- (f) Training.

(3) The employer shall make the preparedness and response plan readily available to employees and their representatives, whether via website, internal network, or by hard copy.

**Rule 4. Basic infection prevention measures for all employers.**

(1) The employer shall promote frequent and thorough hand washing, including by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, the employer shall provide antiseptic hand sanitizers or alcohol-based hand towelettes containing at least 60 percent alcohol.

(2) The employer shall require workers who are experiencing symptoms of COVID-19 to not report to work or work in an isolated location.

(3) The employer shall increase facility cleaning and disinfection to limit exposure to SARS-CoV-2, in accordance with the latest CDC guidance.

(4) The employer shall use Environmental Protection Agency (EPA)-approved disinfectants that are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses.

**Rule 5. Health surveillance for all employers.**

(1) The employer shall conduct a daily entry self-screening protocol for all employees or contractors entering the workplace, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19.

(2) The employer shall direct employees to promptly report any signs and symptoms of COVID-19 to the employer before or during the work shift.

(3) The employer shall physically isolate any employees known or suspected to have COVID-19 from the remainder of the workforce, using measures such as, but not limited to:

(a) Not allowing known or suspected cases to report to work.

(b) Sending known or suspected cases away from the workplace.

(c) Assigning known or suspected cases to work alone at a remote location (for example, their home), as their health allows.

(4) When an employer learns of an employee, visitor, or customer with a known case of COVID-19, the employer shall, within 24 hours, notify any co-workers, contractors, or suppliers who may have come into contact with the person with a known case of COVID-19.

(5) The employer shall allow employees with a known or suspected case of COVID-19 to return to the workplace only after they are no longer infectious according to the latest guidelines from the CDC.

**Rule 6. Workplace controls for all employers.**

(1) The employer shall designate 1 or more worksite COVID-19 safety coordinators to implement, monitor, and report on the COVID-19 control strategies developed under these rules.

(2) The employer shall ensure that any employees, except fully vaccinated persons, remain at least 6 feet from one another to the maximum extent feasible while on worksite premises.

(3) The employer shall provide non-medical grade face coverings to their employees at no cost to the employee. Employers are not required to provide non-medical grade face coverings to fully vaccinated persons.

(4) The employer shall require any employee, except fully vaccinated persons, to wear face coverings when employees cannot consistently maintain 6 feet of separation from other individuals indoors in the workplace. However, fully vaccinated persons must continue to wear face coverings when in the healthcare setting where patients may be present and when using airplane or public transportation if required by the latest CDC guidance.

(5) Compliance with subrules (2) and (4) of this rule may be accomplished in a manner deemed effective for the place of employment. This may include:

(a) Keeping records of whether employees are fully vaccinated persons, and exempting them from subrules (2) and (4) of this rule accordingly.

(b) Posting signs in the work area reminding employees that are not fully vaccinated to wear face coverings and maintain appropriate distancing.

(c) Allowing or requiring remote work.

(d) Requiring face coverings and social distancing for all employees regardless of vaccination status.

#### **Rule 7. Training requirements for all employers.**

(1) The employer shall provide training to employees on SARS-CoV-2 and COVID-19.

(2) The employer shall provide any communication and training on COVID-19 infection control practices in the primary languages common in the employee population.

(3) The training shall cover all of the following:

(a) Workplace infection-control practices, including information on vaccinations available for COVID-19.

(b) The proper use of personal protective equipment.

(c) Steps the employee must take to notify the business or operation of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.

(d) How to report unsafe working conditions.

(4) The employer shall provide updated training if it changes its preparedness and response plan, or new information becomes available about the transmission of SARS-CoV-2 or diagnosis of COVID-19.

#### **Rule 8. Recordkeeping requirements for all employers.**

(1) Employers must maintain a record of the following requirements:

(a) Training. The employer shall maintain a record of all COVID-19 employee training.

(b) Health screening protocols. The employer shall maintain a record of health screening for each non-vaccinated employee or contractor entering the workplace.

(c) If proceeding under Rule 6(5)(a), vaccination information sufficient for implementation

(d) Records of required notifications. The employer shall maintain a record of each notification required by Rule 5 of these rules.

(2) Employers must maintain records for 6 months from time of generation.

DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY

05/21/2021

Date



Susan Corbin  
Acting Director

Pursuant to Section 48(1) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.248(1), I hereby concur in the finding of the Department of Labor and Economic Opportunity that circumstances creating an emergency have occurred and the public interest requires the promulgation of the above rules.

5/23/2021

Date



Honorable Gretchen Whitmer  
Governor

# MIOSHA

**MICHIGAN**



**OSHA**

## **COMPLIANCE GUIDELINES**

### **Self-Audit Checklist of Requirements**

## **POST-COVID**

(5) In-depth Audit Lists for  
MIOSHA Compliance

**+ Frequently Asked Questions +**

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## How to Use These MIOSHA Self-Audit Lists

The following packet is designed for the **Michigan dental office** to comply with **MIOSHA Laws** within the dental practice setting. Check with Michigan Board of Dentistry as other alternative resources for help with accomplishing your MIOSHA requirements. This audit list was compiled from evaluating MIOSHA, CDC and Federal OSHA laws and guidelines.\* Use this table to check off all **MIOSHA Requirements** as you accomplish them and get them in place within your dental workplace:

**TAKE ACTION**

### Quick Compliance Self -Audit

If you have HealthFirst Compliance Solutions OSHA Manual follow only the LIGHT GREY AREAS on the audit list below to be in complete compliance for MIOSHA. All other audit points meet MIOSHA & Federal OSHA Standards and are written within your OSHA Manual.

**TAKE ACTION**



Check off as Accomplished	1. MIOSHA General Requirements
<b>Administrative &amp; Operational Occupational Safety Standards</b>	
	Our office is clean, sanitary and safeguarded for carrying out our work duties.
	Our office determines Employee <b>COVID-Risks</b> per anticipated job tasks. We follow MIOSHA guidance for risk-factor categories: Low, Medium, High, Very-High Risk exposure. <i>(per most recent MIOSHA Emergency Rules)</i>
	Our office has a written, customized <b>Pandemic Preparedness Plan + Infection Control Plan</b> (see our Federal OSHA Manual) which outlines Engineering and Administrative Control to include, but not limited to: Hand Hygiene, Environmental Protection, Health Screenings, Proper/Relevant PPE and Training to be monitored by our <b>Pandemic Safety Officer</b> . <i>(MIOSHA Standard Part 451; 33; 433) (per most recent MIOSHA Emergency Rules)</i>
	Our office's <b>Pandemic Safety Officer</b> , established our workplace procedures to include Employee Training on: Safe Environmental Cleaning, Use of Proper/ Relevant PPE, Proper Employee & Patient Health Screening, Employee Sick Policies & Risk Assessment Protocols should Pandemic Exposures occur. <i>(per most recent MIOSHA Emergency Rules)</i>
	Our office's <b>Pandemic Safety Officer</b> , chooses NIOSH N95 Respirators for our clinical employees, in accordance with MIOSHA's mandates. <i>(when allowable, we may purchase FDA EAU listed KN-95s as a substitute for NIOSH N95.) (per most recent MIOSHA Emergency Rules) (Initial Fits tests will be performed and documented ASAP)</i>
	Our office's <b>Pandemic Safety Officer</b> , may allow <b>Employees to provide their own PPD</b> <i>(Personal Protective Device)</i> and we follow the current MIOSHA Guidelines. Documentation of these particular situations will be written and available in the Employee's file. <i>(Per most recent MIOSHA Emergency Rules; Respiratory Protection Standard Part 451, 43, 433)</i>
	Our office walkways and work areas are free of clutter, have easy passage and are accessible.
	All of our work areas contain and safeguard all flammable / hazardous materials properly.
	Our office provides Personal Protective Equipment (PPE) free of charge to all Employees (per MIOSHA Standards) <i>(Full Face Shields, eyewear with side shields, full chest coverage &amp; long sleeve lab coat ,ear plugs, masks for non-clinical; non-aerosol procedures; NI-OSH N-95 Respirators or when permissible FDA EAU Listed KN-95 Respirators; with provisions to change per manufactures directives.)</i>
	Our Office provides Safety Training to include Hazard Exposure, Chemical Exposure, Physical Hazards and Prevention & Accident Reaction Protocols.
	Our office purchases and uses only equipment that meets MIOSHA Standards for safety; We maintain all equipment on a maintenance list, log or schedule within our office.

Check off as  
Accomplished

# 1. MIOSHA General Requirements

	Our office uses all Safety Guards in relation to our operating equipment.
	Our Dental Lathe has a splash guard, is bolted to the countertop and is located in a stable isolated area to ensure safety when operating.
	<b>Poster #2010 MI Safety &amp; Health Protection ON-THE-JOB</b> is displayed. <i>(available on-line to print upon Google search or in back-pocket of MIOSHA Manual.)</i>
<b>Emergency &amp; Safety Protocols</b>	
	Our Workplace has assigned an <b><u>Emergency Action Plan Coordinator</u></b> (Doctor / Office Manager)
	Our Workplace has an <u>Emergency Action Plan</u> that all employees can locate within our OSHA Manual / Employee Manual ( <b>&lt;11 employees = written required &gt; 11 employees = can be oral</b> )
	Our Workplace has an <u>Emergency Action Plan</u> that includes: Natural Disaster, Homeland Disaster, Meeting & Communication Protocols and Medical Emergency Protocols.
	Our Workplace has an <u>Emergency Action Plan</u> that includes: Evacuation Alert (sound / signals), Escape Routes, Meeting Places (before-and-after evacuation) and First Aid Protocols.
	Our Employees are Trained in Emergency Protocols & understand their Role: Upon Hire & Reviewed Annually in our OSHA Employee Training
<b>Employee Training &amp; Policies / CATEGORY A EMPLOYEES</b>	
	Our workplace Training is provided by a trainer <u>conversant in current OSHA, Health &amp; Safety Policies, Understands in detail our offices Exposure Control Plan, including Implementation Policies for our team.</u>
	All Employees are allowed to ask questions on all material presented to them to ensure comprehension.
	Our Office provides " <b><u>CATEGORY A</u></b> " EMPLOYEE TRAINING for our CLINICAL EMPLOYEES. <i>(Completed during work hours, at no cost to employee, within 30 days of hire &amp; when updates are required)</i>
	" <b><u>CATEGORY A</u></b> " Employees will be trained on <b><u>MIOSHA Bloodborne Infectious Disease Laws</u></b> within 90-days of hire and updated annually thereafter <b><i>**Federal OSHA requires that all employees be trained in BBP annually**</i></b>
<b>Employee Training &amp; Policies / ALL EMPLOYEES</b>	
	Our Employees will be instructed in proper donning of Personal Protective Equipment and offered a supervised practice session.
	Our Employees will be given access to <b><u>MIOSHA Bloodborne Infectious Disease Laws</u></b> with focus on Transmission, Symptoms and Prevention of Transmission.
	Our Employees will be given access to our <b><u>Exposure Control Plan</u></b> to include standard operating procedures.

Check off as  
Accomplished

# 1. MIOSHA General Requirements

Our Employees will be given instruction on **Universal Precautions** and proper protocols when handling or exposed to blood or saliva.

Our Employees will be given instruction on **Personal Protective Equipment** to include proper: Types, Location, Donning, Removal, Disposal, Handling, Limitations and an explanation for how our PPE is chosen.

## GENERAL SAFETY of our FACILITY Personal Protective Equipment for Employee Use

Our office will provide **Employee PPE** at no cost to our employees.

Our office will conduct a formal **Hazard Assessment** to evaluate hazards present, need for particular PPE and how/ when to be used.  
**\*\* Reference Injury & Illness Prevention Program Sheet in OSHA Manual / Section #6\*\***

Our office will provide **Employee PPE** training & proof-of-training in proper use of PPE, to include special instructions for clinical employees using Respirators.

Our office's **Pandemic Safety Officer**, will arrange for **Respirator Initial Fit Testing** and documentation of Initial Fit Test for all clinical employees who work in aerosol procedures is located in their employee file.

## Employee First Aid Care & Medical Attention

Our workplace **Employee Medical Attention Policy** includes a known location and contact phone number of a reputable hospital or emergency treatment clinic within 10 minutes of our office location.  
**\*\* Place these phone numbers near your telephones for easy access\*\***

Our workplace **Employee Medical Attention Policy** includes having a working eyewash station, first aid kit and defibrillator on our premises to assist where injury or exposure occurs.

Our workplace **Employee Medical Records** will be kept on file (30 yrs.)  
**Can include:** Mercury, radiation, nitrous monitoring, etc  
**Must keep:** Individuals Employment Record: Occupational Injury, TB Test/Titer Results, Hep B / Vaccine documentation, Exposure Incident Pre & Post Reports  
**Can Destroy:** Medical Records of Employees working at this office < 1 year

Our workplace **Policy regarding access to Employee Medical Records** will be to abide by present law that allows employee access to and copies of their medical and exposure records upon request.

Our workplace will **Report Occupational Injury or Illness** to the **Michigan Department of Labor Bureau of Safety & Regulations** when an incident results in a fatality or when (3)+ employees are hospitalized due to the same incident

Check off as Accomplished	<b>1. MIOSHA General Requirements</b>
	Our workplace will <b>keep MSDS</b> (prior to 2016) as required by law for 30 years & SDS (after 2016) in 2 varying formats.
<b>Fire Exits</b>	
	Our workplace <b>Fire Exits</b> are kept free from obstruction, no combustible materials are adjacent and they lead to the outside.
	Our workplace <b>Fire Exit Door</b> is of a "Quick Release" design. <i>(Prohibited on Fire Exit Door: Deadbolt, slide lock, turn bolt, hook lock)</i>
	Our workplace <b>Fire Exit Pathway</b> is illuminated with at least a minimum of 30-watts of light. <i>(natural or artificial from power company ...Battery-light source is prohibited)</i>
	Our workplace <b>Fire Exit Signs</b> are illuminated with Red / White contrasting colors. <i>(Required: 6" letters with ¼" letter stroke)</i>
	All <b>Non-Exit Passages</b> that might be mistaken as an exit are clearly marked with an overhead sign stating "NOT AN EXIT" or it Specifies specifics of that passage way. ( Storage Room, Treatment Room, Rest Room)
	Our workplace <b>Fire Alarm Boxes</b> are located <200 ft. from any workplace travel way towards an exit. <i>(applicable only if under the employers control)</i>
	Our workplace <b>Fire Alarm Boxes</b> are <i>tested weekly</i> to ensure reliability.
<b>Ionizing Radiation</b>	
	Our workplace <b>Radiation Exposure Policy</b> is in our OSHA Manual / Employee Manual. Clinical Employees are trained in X-ray Safety, Precautions, Exposure Limitations, Equipment Operation & Radiation Regulations.
	Our workplace abides by <b>Michigan Public Health Code</b> requiring that employees taking x-rays <b>attend and be certified in a proper Radiation Training course.</b>
	Our workplace <b>Radiation Exposure Policy</b> limits radiation exposure to be <1.25 REMS exposure / 3-Month period to head, trunk, active blood forming organs, eye-lens and gonads.
	Our workplace <b>Radiation Exposure Policy</b> requires clinicians to stand behind a wall or 6-feet from a patient out of the primary beam range.
	Our workplace <b>Radiation Exposure Policy</b> recognizes that Michigan does not require Dosimetry Radiation Badges unless employees are exposed to <1.25REMS / 3-Month period. <i>(Best Practices may have one badge for child bearing employee and / or limit radiation exposure to any pregnant employees)</i>
<b>Fire Extinguishers</b>	
	Our office <b>Fire Extinguishers</b> are kept in a designated place (within a normal path of travel), known by all employees, maintained, fully charged, operational and ready-to-use. <i>(If visibility is unavoidable, a sign must be posted)</i>
	Our office <b>Fire Extinguishers</b> are labeled according to their class & rating.

Check off as Accomplished	<b>1. MIOSHA General Requirements</b>
	Our office <b><u>Fire Extinguishers</u></b> are <i>inspected monthly</i> to ensure they remain in their <i>designated location</i> , have not been activated, damaged or tampered with. We check to see that the needle remains in the "green zone"; We document this monthly & include the initials of the person inspecting the Fire Extinguisher.
	<p>Portable <b><u>Fire Extinguishers must:</u></b></p> <ul style="list-style-type: none"> <li>● Be inspected Annually</li> <li>● Have a tag of Expiration Date with Initials of Inspector</li> <li>● Have a Hydrostatic Test (5-12 years) depending on Type</li> </ul> <p>Employer provides Employee Training in use of portable fire extinguisher and hazards of small fires.</p>
<b>Stairways</b>	
	<p>Our workplace <b><u>Stairways</u></b> will meet these standards:  Stairway <b>&lt; 44" wide / double side enclosure</b> = handrails must be on right-side descending  Stairway <b>&lt; 44" wide / one side enclosure</b> = handrails must be on open side  Stairway <b>&lt; 44" wide / double side open</b> = handrails must be on both sides  Stairway <b>&gt; 44" wide</b> = handrails must be on both sides  <b><u>Fire Escape Stairs</u></b> must have swing-open door at front of stairs</p>
<b>Gas Cylinders</b>	
	Our Office <b><u>Compressed Gas Cylinders</u></b> , lines and outlets are properly labeled.
	Our Office <b><u>Compressed Gas Cylinders</u></b> are securely fastened by chain or rack to prevent falls and stored securely to prevent tampering with. <i>(Stored also in temperature controlled area away from excessive heat)</i>
	Our Office <b><u>Compressed Gas Cylinders</u></b> have securely fastened Valve Protection Caps on Not-In-Use Cylinders.
	Our Office <b><u>Compressed Gas Cylinders</u></b> are periodically tested by an employee of the practice inspecting for leakage, defective valves, cylinders, hoses or connections.
<b>Nitrous Oxide</b>	
	Our workplace <b><u>N2O concentration</u></b> within a breathing range, will be <25 ppm / 8-hour TWA (time weighted average)
	Our workplace <b><u>N2O System</u></b> will have a <i>scavenging system</i> that is connected to outdoor exhaust from the patients mask at an airflow rate of 45 liter/minute. Exhaust Vents will be set up to control Air Containment according to N2O manufacturer specifications. <i>(All patient N2O air-flow masks will be proper size and have sealed fitting)</i>
	Our workplace <b><u>N2O System</u></b> will be inspected, maintained and replaced regularly to prevent leaks in hoses and fittings.

Check off as  
Accomplished

## 2. MIOSHA Hazard Communication Written Program & Standards

### Hazardous Chemical Written Communication Plan to include:

	Our workplace <b><u>Hazardous Chemical Written Communication Plan</u></b> is on file within our OSHA Manual and accessible to all employees.
	We are trained on this annually.
	We document proof-of-training for ALL employees.
	We specify who has trained us.
	We update the Haz-Com plan periodically and as needed <i>(Training includes: Process by which new employees will be trained in Haz. Com &amp; how existing employees will be trained in changes to Haz. Com)</i>
	Our workplace <b><u>Hazardous Chemical Written Communication Plan</u></b> includes a: Description of our Hazardous Chemical Labeling System.
	Specifies Person(s) responsible for labeling chemicals / products.
<b>MSDS &amp; SDS Sheets</b>	
	Our workplace <b><u>Hazardous Chemical Written Communication Plan</u></b> includes management of <b>MSDS &amp; SDS</b> Sheets: All Professional Products & Chemicals stored at this location have a MSDS / SDS Sheet on file.
	Addresses <b>how</b> our MSDS & SDS are obtained & maintained.
	Addresses <b>where</b> & How MSDS & SDS are stored.
	<b><u>Our MIOSHA Poster #2105 is posted</u></b> to inform Employees where MSDS & SDS are located in the workplace; how to obtain them and where to access after hours. <i>(available on-line to print upon Google search or in back-pocket of MIOSHA Manual.)</i>
	<b><u>Our MIOSHA Poster #2106 is posted:</u></b> Procedure to follow when new MSDS / SDS is received; within 5 days of receiving a new product and for 10 days thereafter for employee awareness. <i>(available on-line to print upon Google search or in back-pocket of MIOSHA Manual.)</i>
	Procedure to follow when new MSDS / SDS is <b>not</b> received.
	Our workplace <b><u>Hazardous Chemical Written Communication Plan</u></b> includes a <b>method management will use to inform:</b>
	Employees of hazards when <u>performing non-routine tasks</u> .
	Inform Employees of hazards in <u>piping-systems</u> .
	Inform <u>multiple-employers</u> of labeling system.
<b>Hazardous Chemicals List &amp; Labeling</b>	
	Our workplace <b><u>Hazardous Chemicals List</u></b> will include each <b><u>hazardous chemical in our workplace</u></b> cross-referenced to the identity on the chemical's MSDS or SDS Sheet.

### 3. HANDLING & DISPOSAL OF HAZARDOUS WASTE

In accordance with the *Michigan Department of Environmental Quality (MDEQ)* pollution prevention goals, it is necessary to reduce the amount of mercury from amalgam particles entering the sewer system or the landfill. Amalgam traps should be changed at least once a week. Disposable traps are recommended over reusable amalgam traps.

There are also Guidelines for disposing of X-ray Fixer & Developer, Chemi-clave Waste and other Hazardous Materials. The following chart provides current MIOSHA guidelines for proper handling and disposal protocols: **\*\*Be sure to check for updates to these guidelines as they are subject to change\*\***

The following is a summary of resource agencies that you can contact to process and haul your dental office hazardous waste:

TYPE of WASTE	<b>RESOURCE TABLE</b> OPTIONS for WASTE MANAGEMENT	NOTES
Developer	Pour down the drain	
Fixer	(1) In-office silver recovery system (2) Contact manufacturer & return (3) Contact medical / photo lab (4) Use licensed hazardous waste hauler.	If you choose to dispose of fixer offsite, store it in a sealed plastic container labeled "Hazardous Waste: Used Fixer."
Combined fixer and developer	Dispose of in the same manner as fixer.	Use an adapter kit to separate fixer and developer
Used Amalgam Traps	Amalgaway: <b>800.267.1467</b>	
Secondary Filters	Non-incinerated waste	
Amalgam	<b>Mercury Refining Company</b> <b>(800) 833-3505</b>  <b>D.F. Goldsmith</b> <b>(708) 869-7800</b>	Store in air-tight sealed container, under water, labeled "Hazardous Waste: Scrap Amalgam"
Empty Amalgam Capsules	Non-incinerated waste	
Used Chemiclave Solutions	Pour down drain	
Unused Chemi-clave Solutions	Use licensed hazardous waste hauler	
Flammable Liquids	Use licensed hazardous waste hauler	
Lead Foil	(1) Contact X-ray film manufacturer (2) Contact a scrap metal dealer	
Chromium X-ray System Cleaner	Use a licensed hazardous waste hauler.	

## 4. MIOSHA Bloodborne Infectious Disease Rules

### Exposure Control Plan

	Our workplace <b><u>Exposure Control Plan</u></b> is in written format, available to all employees and addresses the handling of occupational exposure with regards to blood, saliva and other potentially infectious materials.
	It is updated annually or when Federal / State changes occur and reflect changes in technology and disease status for BBP.
	Employees are taught by a person knowledgeable in these laws.
	It considers the implementation of devices that are designed to eliminate / minimize occupational exposure to BBP for the protection of our employees.
	It will consider the opinions of non-clinical employees seeking protections that may pertain to these occupational exposures.

### Written Exposure Control Plan to include:

	<b><u>Exposure Determination form per Job Title</u></b> , categorized, rated per risk, signed and on file with our OSHA Files.
	Detailed <b><u>Standard Operating Procedures</u></b> section / lists and describes specific tasks / protocols that pertain to dental procedures in treatment designed to minimize blood/saliva exposure. Listed in chronological order from beginning to end in sequence. (i.e.: begin patient care to seat next patient)
	Detailed <b><u>Engineering Controls</u></b> section includes detailed explanation of the barriers in place designed to protect employees from occupational hazards. (splash guards, adhesive barriers, electrical safety reset buttons.)
	A <b><u>Chart for the inspection</u></b> of the <b><u>Engineering Controls</u></b> must be established and followed. A chart is maintained for the replacement and repair of engineering controls (i.e. sharps containers, splash pan shields, etc.) <b>OSHA Manual with Cold Sterile Log</b>

### Work Practice Controls

	Detailed <b><u>Work Practice Controls</u></b> Section ( <i>within our Exposure Control Plan</i> ) details our efforts made to reduce the likelihood of employee exposure to blood or saliva in the course of performing work duties, it will include:
	Hand washing Protocols / Glove Donning Protocols / Hand Gel Protocols.
	Efforts made to reduce splash or spray of BBP in work areas.
	Needle Recapping Device Requirements / No two-handed devices / Bending Needle justification and safety.



Check off as Accomplished	4. MIOSHA Bloodborne Infectious Disease Rules
	Sharps / Broken Glass hand pick up with grabbing device.
	Prohibited use of Cosmetics / Eating, Drinking & Storage of Food while in Dental work area.
	Hard-copy charts / x-rays must not be touched while wearing contaminated gloves.
	Explanation that <b>Universal Precautions</b> are followed; <i>Definition: "all human blood and certain body fluids (including saliva in dental procedures) are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens".</i>
<b>Employee Training Records</b>	
	Our workplace will <u>keep BBP Employee Training Records</u> and related forms for 3 years.
	Our workplace will initially train employees on BBP within 90 days of hire and then annually thereafter. It will include:
	<ul style="list-style-type: none"> <li>• Proof-of-Training Records &amp; contents of training module by a qualified trainer.</li> </ul>
	<ul style="list-style-type: none"> <li>• <u>Employee Hepatitis B Vaccination</u>, documentation, declination (<b>which required a Physician's note in Michigan</b>), exposure protocols and post-exposure medical evaluation, counseling and follow-up forms.</li> </ul>
	<ul style="list-style-type: none"> <li>• Protocols for <u>Sharp Injury Exposures</u>: managing, recording, reporting and treating &amp; Employee Medical Records Maintenance.</li> </ul>
	<ul style="list-style-type: none"> <li>• Explanation of our <u>Biohazard Labeling System</u> including the symbols used.</li> </ul>
<b>Personal Protective Equipment</b>	
	List of <b>Personal Protective Equipment</b> (PPE) made available to our employee & location of PPE in office provided at no cost to the employee; in appropriate sizes; ; hypo-allergenic when necessary. (i.e.: gloves, masks, protective eyewear, lab coats)
	<u>Explanation of PPE Protocols in our Exposure Control Plan include:</u> location, use, donning, maintenance, repair, replacement, and disposal protocols.
	PPE must be used in all situations when exposure to blood or saliva is reasonably anticipated; Protects all areas of skin anticipated to be exposed during work tasks.

Check off as Accomplished	<b>4. MIOSHA Bloodborne Infectious Disease Rules</b>
	PPE will not permit blood / saliva to permeate through to reach other mucous membranes under normal conditions of use. If penetration occurs, the employee will change or replace as soon as noticed.
	PPE shared must be disinfected between employee use.
	<u>Gloves</u> must be worn with mucous membranes contact, blood or saliva contact and when handling contaminated items or surfaces. New pair for each patient and changed when breaking chain of asepsis / not washed. Sterile gloves worn for surgeries; Skin reactions will be discussed in relation to glove wearing and allergic reactions to medical gloves.
	<u>Nails</u> will be kept at a short appropriate length to prevent glove tears and ensure cleanliness: <u>jewelry wearing</u> is prohibited during surgical procedures
	<u>Utility Gloves</u> may be disinfected for reuse. However, they must be discarded if they are cracked, peeling, discolored, torn, punctured, or exhibit other signs of deterioration.
	<u>Masks / Protective Eyewear</u> or chin-length face shields; worn whenever there is anticipated exposure to BBP.
	To minimize the need for emergency mouth-to-mouth resuscitation, resuscitation bags / ventilation devices must be available in convenient location that is accessible in case of emergency.
<b>Housekeeping Procedures</b>	
	<b><u>Housekeeping Procedures</u></b> used in our office to include: Sterilization & Disinfection Protocols. To current CDC Infection Prevention Standards for ensuring sanitation, disinfection and sterilization procedures during & after patient care.
	Our workplace will <u>keep a log of and follow a schedule</u> for maintenance in relation to our treatment rooms and equipment (see OSHA Manual / Section #6)
	Our office will <u>sterilize critical / semi-critical</u> dental instruments, equipment and devices; Wrapped, sealed and placed in a rigid container to sterilize. These will be used only when dry. <u>High-level disinfect / heat-sensitive semi-critical items;</u> <u>Disinfect non-critical clinical items</u> low medical-grade disinfectant. <u>Disinfect clinical surfaces</u> with a medical-grade disinfectant. <u>Non-clinical work surfaces</u> will be cleaned with soapy water, bleach or medical-grade disinfectant. All to the manufacturer's directions.

Check off as Accomplished	<b>4. MIOSHA Bloodborne Infectious Disease Rules</b>
	Lab items (dentures, temps and appliances) will be disinfected with a medical-grade disinfectant, before and after they are manipulated in this area, according to manufacturer's directions.
	Our office instrument processing is separated into at least three steps: clean / package / sterilize.
	Our office uses an automated instrument washer (commercial grade only) to remove debris and protect employees from injury and infection. Employees understand that hand scrubbing instruments is prohibited.
	Our office will <b><u>run weekly spore strip tests / third party monitored</u></b> and keep chronological reports for 3 years; Monitor each heat sterilizer load by mechanical (i.e. time, temperature, pressure) and chemical indicators. (i.e. those that provide change color after heat)
	Our office monitors the performance of our Heat Sterilizer <b><u>per load</u></b> via the use of one of the following: Multi-Parameter Indicator Strip (per load), Thermal Printer or Multi-Parameter Indicator Pouches. <b><u>(all surgical / invasive procedure instrument pouches will contain a multiparameter indicator strip)</u></b>
	If protective covers are used to cover equipment / treatment room areas and the surface will be disinfected first. All covers will be changed, surfaces disinfected, before each new patient.
	Reusable receptacles will be inspected / disinfected regularly.
	Reusable sharps (i.e. contaminated sharp instruments, root canal files) will be handled with forceps, or by emptying contents from ultrasonic receptacles or heat sterilizer onto a flat surface. Direct hand contact is prohibited.
	If using wet radiograph processing, PPE will be donned and chain of asepsis will be followed in this area.
	Digital X-ray Sensors will be disinfected according to manufacturer's directions with appropriate disinfectant and barrier sleeved prior to use on each new patient.
	<u>Single-dose medications</u> are never shared, never combined or saved; Multiple-dose medications will have new disposable tips and the container portion will be disinfected before and after use.
<b>Protocols for Regulated Waste:</b>	
	Protocols for <u>Regulated Waste</u> : containing, handling & disposing of (i.e.: bio medical, amalgam, etc.)
	Proof of Regulated Waste Certificate Required for MIOSHA.

## 4. MIOSHA Bloodborne Infectious Disease Rules

### Labeling Biohazardous Waste

	Labels must identify biologically hazardous conditions and must display the universal biohazard symbol in fluorescent orange or yellow, orange or red in color with lettering in a contrasting color. Red bags / Red Sharps containers can substitute for a label.
	Biohazard Label should be placed at all dental suction traps, x-ray exposure buttons and on the compressor room door.
	Employees must be trained to understand what these labels represent and how to handle bio hazardous / bio medical waste.

### Contaminated Laundry

	<u>Contaminated Laundry</u> : must be stored in a container labeled biomedical waste, in an area away from patient care.
	If transported, it must be bagged at our location first, by employees wearing gloves and PPE. Then placed in a color-coded / biohazard labeled laundry bag or leak-proof container if wet. Exception is only if the laundry service handles exclusively biohazard laundry.
	Employees / Dentist / Owner may not take contaminated clothing home to wash. Non-biohazard laundry service is prohibited. <b>**MIOSHA says un-incorporated dentists may process laundry but Federal OSHA restricts this.**</b>
	Our workplace <u>Employee Tasks</u> are periodically evaluated to determine risk associated with exposure to blood / saliva.
	Our workplace categorizes Clinical Employees ( with exposure to blood or saliva / to include first aid activists) <u>Category A Employees.</u>
	Our workplace categorizes Clinical Employees who decline to be involved in First Aid procedures as <u>Category B Employees.</u>
	Our workplace <b><u>Exposure Control Plan includes Job-Specific Occupational Exposure Form</u></b> : List of tasks performed per Employee's Job Title.

### Hepatitis B Vaccination

	Our office offers Hepatitis B vaccination (within 10-days of hire or anytime thereafter / at employers expense) to all: <b><u>(Category A Employees under MIOSHA; All Employees under Federal OSHA law.)</u></b>
	All Employees must have a written confirmation of having HBV or Physician's Note explaining the reason if declining.
	Employees are trained annually on the availability, efficacy, safety, benefits of and how to obtain HBV via this office.
	Upon being offered the HBV, employees receive information regarding the risks and benefits of getting the vaccine.

Check off as Accomplished	<b>4. MIOSHA Bloodborne Infectious Disease Rules</b>
	Employees who desire HBV antibody testing before deciding to get the HBV series, will be offered this free of charge. <b>**Federal OSHA does not require booster or titers; MIOSHA allows this**</b>
	The healthcare professional who administers HBV must have or be given a copy of: Michigan Bloodborne Infectious Diseases Rules or ensure that they have this document.
	Within 15 days of an employee's HBV, a written medical opinion must be obtained from the health care professional or be provided upon vaccination that HBV was administered / needed. <b>** Copy to Employee + Copy to our office required**</b>
	Employee will provide Vaccination Status Documentation for: Influenza, MMR, CPOX, Tetanus, Meningitis.
<b>Injury Reporting &amp; Post Exposure Evaluation and Follow-Up</b>	
	Employees involved in an Exposure Incident (injured with soiled sharps) will be offered no-cost confidential care and counseling.
<b>Contaminated Laundry</b>	
	Our workplace <b><u>Exposure Incident Protocol</u></b> for accidental blood / saliva exposure includes the following steps:
	1. <b><u>Employee will Report the Exposure Incident:</u></b> to management who will complete a written exposure incident report, to include: Documentation of the Route of Exposure.
	Circumstances of the Incident / Description of PPE used.
	Identification of the Source Individual /Patient (if known).
	2. <b><u>Obtain Employee Consent for Blood Collection</u></b> HBV / HIV serological tests. Employees must seek care from a licensed professional who will provide post exposure evaluation reports. <b>** It is required to have Blood Samples for 90 days if Employee is hesitant to proceed with Testing**</b>
	3. Identify the Source Individual (if possible) and gain consent for their blood testing of HBV / HIV infectivity. <b>** Unnecessary if the source individual's HBV / HIV status is already known**</b>
	The health care professional who performs the post exposure medical evaluation must be provided with:
	A copy of the Michigan Bloodborne Infectious Diseases Rules <b>**multiple copies need not be given to the same health care professional**</b>
	A copy of the written exposure incident report.
	All medical records relevant to the treatment of the employees, which are the employer's responsibility to maintain.
	Within 15 days of the post exposure evaluation, the employer must obtain from the health care professional a written opinion which must include:

Check off as Accomplished	<b>4. MIOSHA Bloodborne Infectious Disease Rules</b>
	The recommendations for Hepatitis B vaccination.
	That Employee has been informed of the results of the evaluation.
	That the employee has been informed about any medical conditions resulting from exposure to blood or saliva that require further evaluation or treatment.
	Recommended limitations upon the employee's use of personal protective equipment.
	One copy of the healthcare professional's written opinion must be given to the employee and another copy should be kept in the employee's medical record.
	Employees who refuse a post exposure medical evaluation and follow-up should sign a Post exposure Incident Medical Evaluation and Follow-up Declination (not required but highly recommended).
	Employee information and training on appropriate steps to take if there is an injury involving sharps in this office. <b>** See <a href="http://DentalEnhancements.com/state/">DentalEnhancements.com/state/</a> Password: MYSTATEOSHA*</b>
<b>Employee Disease Prevention Policies</b>	
	Our office recommends for our employees to keep current with immunizations to the Centers for Disease Control Standards.
	We recommend our Employees follow CDC Personnel Health Guidelines of Suggested Work Restrictions with regards to working in this patient care facility.
<b>Recordkeeping</b>	
	Our Office's Employee Confidential Medical Records are maintained for: Category A employees per MIOSHA and All other Employees per Federal OSHA. <b>** If available should contain: Employee Name / Social Security # **</b>
	Employee Medical Records must be maintained for 30 years past the employment dates.
	Hepatitis B Records of Employees should include: <u>Hep B Vaccine status</u> with dates received from a licensed Health Professional with opinions of status as needed. <u>Hep B Vaccine release</u> written by a Healthcare Professional ( if Employee wishes not to receive or cannot receive HBV). <u>Hep B explanation of risks if declined</u> by Employee. <u>Hep B Vaccine medical testing results</u> + follow-up vaccines.

Check off as Accomplished	5. MIOSHA COMPLIANCE CHECKLIST FOR VARIOUS MEDICAL WASTE
	Post Exposure Reports(from Healthcare Professional) if an employee was exposed to Hep B as a result of a Work Related Injury.
	Copies of Hep B Documents must be made available to Employee upon request.
<b>Training Records</b>	
	Our Office Training Records include: Category A employees must have Proof-of-BBP Training annually for MIOSHA and All other Employees need this for Federal OSHA.
	Training records are maintained for at least 3 years.
	Training records must include: Date, Contents, Name of Qualified Instructor, Name of Employee, Job Title, Signature of Employee.
	Dates of the training sessions.
	Employees can have copies of Proof-of-Training upon request.
<b>REGULATED MEDICAL WASTE</b>	
	<b><u>Red Sharps Containers are Present at the Point-of-Use</u></b> in each treatment area. Dispose of: Needles, scalpels, files, burs, carpules, old instruments, extracted teeth free of amalgam, ect. <i>**mechanical-recap apparatuses can be transported through non-public hallways to a central sharps container**</i>
	<b><u>Red Bag or Sharps</u></b> must also house tissue, teeth or items soaked or covered with blood.
	<b><u>Red Bags / Containers must be:</u></b> red, leak-resistant, closable and contain a biohazard symbol. <i>** Pour-n-Cure Sharps Containers: must be rigid leak-resistant, puncture-resistant containers, secure and ensure no loss of contents** **ISOLIZOR SMS is on MI DEQ approved list**</i>
	<b><u>Blood Collection</u></b> must be in official collection containers, labeled as biohazard / red in color.
	<b><u>Employee Training</u></b> on proper handling of Biomedical Waste is provided in accordance with Michigan Medical Waste Regulatory Act and Bloodborne Infectious Diseases Rules.
	<b><u>Michigan Department of Public Health Medical Waste Regulatory Certificate is required for dental offices:</u></b> Final disposal of medical waste is regulated under the Michigan Medical Waste Regulatory Act, submit application to, MDEQ: <b><u>Initial registration application:</u></b> EQP 1700-2 <b><u>Renewal application:</u></b> EQP 1700 Pay fee by credit card. Processing time is 14 – 28 days. Upon application review for accuracy, MDEQ issues a certificate of registration. Renewal applications mailed to you one month prior to the expiration due date. <i>** Michigan Department of Public Health Medical Waste Regulatory Program: 517/335-9053**</i>

<b>Best Practices for Managing your Medical Waste</b>	
	<b><u>Containment:</u></b> Keep medical waste containers in isolated areas that ensure no spilling or discharge into the healthcare facility.
	<b><u>Separate at Point of Use:</u></b> Into Red Bags / Sharps Containers / Medicine Vials.
	<b><u>Use Official Containers:</u></b> Properly labeled with Biomedical Waste Symbol, Rigid, Leak-resistant, Spill-proof.
	<b><u>Labeling:</u></b> If containers do not have impregnated Biomedical Waste Symbols, or if they have worn labels, create symbol + words "Biomedical Waste" in letters not less than 1" big.
	<b><u>Keep Segregated:</u></b> Do not mix or combine Biomedical waste with other waste materials before disposal.
	If decontaminated medical waste is mixed with other solid waste, clearly label the container to indicate that it contains decontaminated medical waste.
	<b><u>Airtight Storage:</u></b> Required to prevent decay of medical waste. Cannot come in contact with air or persons. <b>** Accomplish this by sealing Small Red Bags, then place these into the Big Red Bags**</b>
	<b><u>Outside Storage:</u></b> Requires secured area or locked container weighing > 500 pounds <b><u>Inside Storage:</u></b> Requires medical-grade Red Bag Frame or Box
	<b><u>Pick Up Schedules:</u></b> Dispose of soft Biomedical Waste = 90 days Dispose of Sharps = 90 days (less than ¾ full)
	<b><u>Transport of Sharps Containers:</u></b> Must be labeled "Sharps" for transport with Date; Transporter must ensure that improper handling will not break the container.
	<b><u>Transport of Red Bags:</u></b> Must be of the thickness grade to resist tearing, or breaking under transport and handling normal conditions. Must be moisture-resistant.
	<b><u>Follow:</u></b> Michigan Medical Waste Regulatory Act and Bloodborne Infectious Diseases Rules.
<b>Written Medical Waste Management Plan Registration</b>	
	Our Office <b><u>written Medical Waste Management Plan</u></b> that includes: <b>** written inside of Biomedical Waste Plan in OSHA Manual**</b>
	The type of infectious medical waste produced and handled at the facility.
	Method of collection, separation, containment, labeling and disposal used.



Check off as Accomplished	5. MIOSHA COMPLIANCE CHECKLIST FOR VARIOUS MEDICAL WASTE
	Methods of on-site / off-site storage and decontamination.
	Name of Contracted Medical Waste Hauler / Landfill Disposal Site.
	Name of Infectious Medical Waste Mgr. / OSHA Resource Mgr.
	Reflected Changes in: Manager, Waste handled, Methods.
	Employee access to the written information and updates to it.
	Complies with Michigan Medical waste Regulatory Act and Bloodborne Infectious Diseases Rules.
	Protocols used to minimize employee exposure to infectious wastes: <ul style="list-style-type: none"> <li>● Standard Operating Procedures</li> <li>● PPE Worn</li> <li>● Containment Devices</li> <li>● Prevention of Bio-Aerosols &amp; Infection Control</li> </ul>
AMALGAM & MERCURY WASTE	
	Our workplace has the <b><u>required Amalgam Separator Unit</u></b> with a <b><u>removal efficiency &gt;95%</u></b> and in accordance with ISO Standard 11143. EPA estimates that nationally 50% of municipal water is contaminated by dental office amalgam. <b><i>**Follow the manufacturer's directions for operations and maintenance of the amalgam separator**</i></b> <b><i>**Follow EPA under section 8001 of the Solid Waste Disposal Act**</i></b> We also follow these guidelines:
	Use an <b><u>Amalgam Recycler &amp; Amalgam Separator</u></b> . <b><i>**Follow recycler and manufacturer directions**</i></b>
	<b><u>Use pre-capsulated amalgam alloy</u></b> / not bulk mercury--alloy.
	<b><u>Wear appropriate PPE when handling or disposing of amalgam.</u></b>
	<b><u>Mercury Spills</u></b> are cleaned-up using a mercury spill kit and PPE.
	<b><u>Chairside Traps &amp; Vacuum Pump Filters</u></b> are disposed of monthly, using a hand glove, turned inside out to contain the used items and placed in the recycle packaging.
	<b><u>Recycle these items:</u></b> scrap / contaminated amalgam, chairside traps, vacuum pump filters, amalgam separators, empty amalgam capsules and extracted teeth with amalgam restorations.
	<b><u>Retain Waste Pick-Up Receipts / Certificates;</u></b> keep for 3 years to prove amalgam was properly handled.
	<b><u>Proper Storage</u></b> of Amalgam Waste: <ul style="list-style-type: none"> <li>● In a silver or gray container</li> <li>● In container labeled "Amalgam Waste for Recycling"</li> </ul>
	<b><u>Extracted Teeth with Amalgam:</u></b> Soak in bleach for 48 hours; Dispose of in Amalgam Recycler only.
	<b><u>Do not use Chlorine Bleach</u></b> in vacuum lines.

Check off as Accomplished	5. MIOSHA COMPLIANCE CHECKLIST FOR VARIOUS MEDICAL WASTE
	<p>Be sure staff is properly trained in the handling, storage and shipping of amalgam waste for recycling.  <b>** Proof-of-Proper-Disposal must be retained by from the handling company for lead waste removal and proper disposal**</b></p>
	<p><b><u>Abide by the GRIT acronym:</u></b>  <b>G:</b> Gray Bag It – Discard amalgam wastes into a gray bag.  <b>R:</b> Recycle It – Select a responsible dental amalgam recycler who can manage your waste amalgam safely from reliable recycler services.  <b>I:</b> Install It — Install an amalgam separator to capture up to 95% of the mercury going down the drain. This is the KEY to success.  <b>T:</b> Teach It – Educate and train staff about the proper management of dental amalgam.</p>
<b>Lead Foil, Shields and Aprons</b>	
	<p><b><u>Lead is disposed of via manufacturer or a recycling company.</u></b>  (lead foil, lead aprons)</p>
<b>X-Ray Processing Solutions &amp; Film</b>	
	<p>Used X-Ray developer will be disposed of per our County &amp; Manufacturer guidelines.</p>
	<p>Collect and dispose of used fixer through the manufacturer, silver recycler or a hazardous waste hauler.</p>
	<p>If used fixer and developer accidentally are mixed together, the mixture must be treated as hazardous waste and disposed of through the manufacturer or a hazardous waste hauler.</p>
	<p>Retain documentation from the company handling the used fixer confirming the waste has been disposed of properly.</p>
	<p>Unexposed (often expired) X-ray film contains silver concentrations in high enough levels to be considered hazardous waste and should be recycled through the manufacturer, silver recycler or a hazardous waste hauler.</p>
	<p>Used X-ray film does not contain enough silver to make it hazardous waste.</p>
	<p>Processed X-rays are considered confidential patient records and should be handled as such. If they are to be disposed of, they should be shredded.</p>
<b>Chemical Agents &amp; Disinfectants</b>	
	<p>Chemi-clave Solution will be diluted with at least four parts water before discharging down the drain.  <b>**Chem-clave solutions are allowable to use by MIOSHA LAW but not by Federal Law, thus disposal is prohibited**</b></p>
	<p><b><u>A Hazardous Waste Hauler is used to dispose of Ignitable Solvents</u></b>  (Alcohol, ether, acetone, xylol, chloroform) are flammable and cannot be discarded down the drain.</p>

Check off as Accomplished	5. MIOSHA COMPLIANCE CHECKLIST FOR VARIOUS MEDICAL WASTE
	<b><u>Manufacturer Label Directions are followed for:</u></b> disinfectants, cleaners, chemicals and sterilants. MSDS /SDS are consulted for more details on disposal.
<b>TREATMENT OF DENTAL UNIT WATERLINES</b>	
	Our workplace <b><u>dental unit water meets</u></b> EPA standards for drinking water (<500 CFU/ml heterotrophic mesophilic bacteria.) <b>** Should ideally meet the ADA's goal for dental treatment water quality (200 CFU/ ml heterotrophic mesophilic bacteria)**</b>
	Our <b><u>Dental Unit Manufacturer</u></b> was consulted regarding recommended protocols, devices, disinfectant agents safe to use and antimicrobial agents appropriate to treat our dental unit water. We implement all recommendations according to their levels and periodic monitoring time-tables.
	<b><u>Our Employees are trained</u></b> on the above manufacturer guidelines and treatment protocols involving dental unit water, PPE to use and risks of exposure to dental unit water both at proper and above proper microbial levels.
	Our workplace <b><u>Water Lines are Flushed for 20-30 seconds</u></b> after each patient.
	<b><u>Handpieces &amp; Air/Water lines Attachments</u></b> are either sterilized or disposed of after each patient.
	Our <b><u>water lines are purged daily</u></b> to clear and decrease the rate of biofilm proliferation; by removing stagnant water in unused lines and after sitting overnight.
	If required, <b><u>Water Anti-Retraction Valves</u></b> are periodically inspected and maintained according to the manufacturer's recommendations.
	<b><u>Only Sterile Water</u></b> is used for all oral surgical procedures. <b><u>Only Sterile Saline / Sterile Water</u></b> is used as a coolant/irrigator.

RESOURCES:

MIOSHA Act, MIOSHA Administrative Rules, MI Bloodborne Infectious Disease Rules, MIOSHA Health Standards, MI Medical Waste Regulatory Act, MI Right-to-Know Rule, MIOSHA Safety Standards, CDC Guidelines, Federal OSHA Standards Comparisons.

# MIOSHA

## Frequently Asked Questions Guide

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### MIOSHA GENERAL QUESTIONS

#### Who should train my team in MIOSHA Standards?

#### Can I use pre-recorded tapes for training?

Choose someone with some MIOSHA expertise. MIOSHA specifies that “the trainer must be knowledgeable in the subject matter elements contained in the training program as it relates to your specific workplace”. Since most employees do not study OSHA law or Michigan Regulations they would not be qualified to meet the many nuances of MIOSHA law. Choose a qualified trainer.

Video-taped training modules alone do not suffice for comprehensive or adequate training. MIOSHA is clear in its requirement that you “must allow the employee interactive questions and answers time after each training session.”

If you use video-recordings for training, make sure a qualified trainer is available to address any concerns of your employees that would watch the tapes. Also make sure all required paperwork and protocols are addressed as well.

Your MIOSHA Officer can use the HealthFirst Compliance Solutions MIOSHA Self-Audit Checklist as an outline to cover MIOSHA requirements.

#### Are we required to provide MIOSHA & BBP Training in Spanish or other languages?

MIOSHA training must be appropriate in content, vocabulary, to the educational level, literacy, and language background of the employee. The employer is responsible to obtain training for each employee in their native language.

#### Do I have to pay my employees to be MIOSHA Trained?

Yes. This training must be provided during regular working hours and must provide training to the employee “at no cost”. This means if you try to alter hourly pay from a regular hourly wage to a training wage, that could be construed as a “cost to your employee”. Better to pay your employees as the law requires.

### MIOSHA COVID-REQUIREMENTS

#### What does MIOSHA require with regards to COVID Management Standards?

MIOSHA has issued **COVID Emergency Standards** & a **MIOSHA Healthcare COVID-19 Safety Fact Sheet**. These can be found via an on-line search or they are also located in the front pocket of this MIOSHA Manual . These should be

reviewed in detail with all employees, displayed for viewing and implemented fully within your office.

## **MIOSHA BLOODBORNE PATHOGENS**

### **What does MIOSHA require with regards to Bloodborne Pathogens Standard?**

MIOSHA requires that Bloodborne Pathogens Standards training be provided in the following situations:

- **At the time of initial hire** for employees who have occupational exposure to blood / saliva (Category A Employees).
- **New employees** need BBP training on or before the first day they begin work.
- **Annual BBP Training Updates** should be provided for employees
- **Sooner Updates** should be provided when there are new procedures or modifications to procedures involving blood or saliva exposure.

MIOSHA requires that "Category A / Clinical Employees" be trained in BBP. Federal OSHA requires that "all employees be trained in BBP". So everyone really needs to be trained.

### **Does my receptionist team need the BBP training as well?**

**Not for MIOSHA. But "yes" for Federal OSHA.**

MIOSHA does not require the additional BBP for clerical workers. They will only need it if they work in the back clinical areas, as a cross-trained employee.

Under MIOSHA, only those employees who have an occupational exposure to blood or saliva will need to be trained.

Federal OSHA requires that all employees (clinical, clerical, full and part-timers) be trained in BBP Standards. So really, everyone needs to be trained to BBP Standard and updated as well.

### **What has to be included in the MIOSHA Employee BBP Standards Training?**

#### **How do I figure it all out?**

The good news is that MIOSHA & Federal OSHA are very similar. Bloodborne Pathogen Standards do have specific training requirements, which should include:

- **A Written Copy** of your office Bloodborne Pathogens Plan, accessible to all employees.
- **Origin** of the BBP Standards (training or written) when it started and why
- **Symptoms & Origin, Modes of transmission of Common Diseases** associated with bloodborne communicable diseases (include: Hepatitis B/ C / D and HIV.)

# This Workplace Covered by the Michigan Right To Know Law



Employers must make available for employees in a readily accessible manner, Safety Data Sheets (SDS)\* for those hazardous chemicals in their workplace.

Employees cannot be discharged or discriminated against for exercising their rights including the request for information on hazardous chemicals.

Employees must be notified and given direction (by employer posting) for locating Safety Data Sheets and the receipt of new or revised SDS(s).

**\*When the employer has not provided a SDS, employees may request assistance in obtaining SDS from the:**

Michigan Department of Licensing and Regulatory Affairs  
Michigan Occupational Safety & Health Administration  
General Industry Safety & Health Division  
(517) 284-7750  
Construction Safety & Health Division  
(517) 284-7680  
[www.michigan.gov/miosha](http://www.michigan.gov/miosha)  
MIOSHA/CET #2105 (Rev. 08/15)



## SDS(s) For This Workplace Are Located At

Location(s)

Location(s)

Person(s) responsible for SDS(s)

Phone

*LARA is an equal opportunity employer/program.*

- **Exposure Control Plan** referenced, discussed and please make known where employees can view this document.
- **Occupational Tasks Involving Exposure** to blood and saliva and how to protect yourself when involved in these tasks.
- **Work Practice Controls, Standard Operating Procedures, Engineering Controls & Personal Protective Equipment** include definition of these and how they help protect the employee.
- **Personal Protective Equipment (PPE)**: Use, limitations, method to don and discard, use to reduce the risk of exposure, which types are available, why they were chosen, location, removal, handling, decontamination and disposal of personal protective equipment; NIOSH N95 Respirators (or equivalent), should be worn by all employees who are involved in aerosol procedures. Voluntary Disclaimers for wearing a respirator should be signed and on file for each of these clinicians. An Initial and Annual Fit Test must be completed and documented for each of these clinicians as well.
- Hepatitis B Vaccine: Employee offering and payment of, benefits of vaccination, need for documentation of when received, or a physician's release form if employee declines Hep B vaccine.
- Employee Vaccination Documentation of: Influenza, MMR, CPOX, Tetanus & Meningitis.
- **Emergency Action Plan** when an emergency involves blood or saliva;
- **Exposure Incident Procedures & Reporting**: Use of reporting forms, Where to locate forms, procedures to follow during and after incident, where medical assistance will be sought, incident follow-up procedures.
- Bio-Medical Waste Signage: Explanation of signs / labels / containers / office coding and systems used in the handling regulated waste or other infectious materials.

## **MIOSHA MANAGING MY EMPLOYEE MEDICAL RECORDS**

### **Do I need to keep a Medical History On file for each Employee?**

Yes. Michigan-Employers are required to have a current medical history and Hepatitis B Vaccination documentation on file for employees. MIOSHA wants this for "Category A / Clinical Employees" but Federal requires it for all employees.

It makes sense to have a Medical History on file for each employee in case they ever have a medical emergency that Management or Employer needs to treat / manage.

MIOSHA requires this for Employee Medical Records:

<b>MIOSHA REQUIREMENT</b>	<b>WHERE TO DOCUMENT</b>	<b>WHY</b>
Employee Name	On Original Application On Employee File On Medical History On OSHA Forms	To identify Employee

Employee Social Security Number	Ditto Above	For the government to track. This becomes a Privacy Concern for many Employees. Use last 4-digits if concerns exist
HEP B Vaccine Status	On HEP B Vaccine Form	Must have the explanation of risks associated with declining. Employee must have physicians note authorizing dates of vaccine or if wanting to decline
Vaccination Documentation	Influenza, MMR, CPOX, Tetanus, Meningitis	Documentation of these vaccinations must be on file for all employees; Employees are not required to get these vaccines, just document their present status.
Personal Protective Equipment Limitations Document	Physicians Note	This applies only if an employee cannot comply with wearing certain PPE

## MIOSHA MANAGING OCCUPATIONAL SHARPS INJURY

### What should I do if we have an Employee Needlestick or Sharps Injury Incident?

Employing Safety Protocols, including Universal Precautions and Infection Control Measures are the primary means to prevent occupationally acquired infectious injury.

If an employee suffers an infectious sharps injury at your location, consult the Exposure Control Section of your OSHA manual for detailed instructions or follow these MIOSHA Protocols:

Employee medical records may be maintained by the employer, or the employer may contract with a licensed healthcare professional to maintain confidential employee medical records off-site, as long as they are kept in a manner that ensures workers have access to their own record. The information within medical records cannot be disclosed without the written consent of the employee. Medical records must be maintained for at least the duration of employment, plus 30 years.

### What are the proper steps to take to record and report a Sharps Injury?

#### Step #1 Management of the Injury / Clean the Wound:

- **Skin Injury**: If skin is broken: immediately wash the wound with soapy water / 5-minutes.

\*\*CDC reports that there is no evidence to prove that expressing fluid from the wound or applying antiseptic further reduces the risk for HIV transmission. It is not recommended to apply bleach or other disinfectants on the wound.\*\*



- **Eye Injury**: Rinse eyes with water / 5-minutes. Try to remove contact lenses if applicable and possible.
- **Mouth Injury**: Rinse the mouth with large amounts of water / 5-minutes.

## **Step #2 Report the Injury**

- **Verbally Report to Management**: Decide if Employee needs to seek medical attention or first aid. Employees have the right to seek medical attention immediately or even after several days from the incident.
- **Use a Checklist**: Many OSHA Manuals have an Injury Reporting Checklist to ensure you are taking all necessary steps in tracking /reporting an injury.  
**\*\*SEE HealthFirst Compliance Solutions OSHA MANUAL: SECTION 6: NEEDLE & EXPOSURE CHECKLIST (AT TIME OF INCIDENT)\*\***
- **Complete Injury Paperwork**: Management should obtain the Exposure Incident Record Form, Consent to from your OSHA Manual. Report to Workman's Compensation if necessary.  
**\*\*SEE HealthFirst Compliance Solutions OSHA MANUAL: SECTION 6: EXPOSURE INCIDENT DOCUMENT A\*\***
- **State & Federal Reporting Considerations**: Keep in mind that there are also State & Federal Posted Logs to fill out. Make sure to do this and send them in to the proper agency at year's end:  
**Federal OSHA Injury Reporting Logs #300 / #300A**  
**MI OSHA State Reporting Logs LARA #300 / #300A** (report **10 days after incident** : Michigan Public Health Code Article 5, Part 56)
- **Identify the Source Individual if possible**: Use this information to document in your reports.

## **Step #3 Contact Source Individual**

- **Reaching out to the Contact Individual**: If you can identify one or a limited number of source individuals, management should contact them to inform them of the incident and request a test of their blood if the employee so desires.
- **Obtaining Consent**: Ask the Contact Individual to have a blood draw test either at their own physician or one you can provide. Test blood for: HBV, HCV and HIV. Your office should pay for any fees.  
**\*\*If the source individual is already known to be infected with HBV, HCV or HIV, testing need not be repeated. (If HIV-infected, inquire about stage of disease, history of antiretroviral therapy and viral load, if known.)\*\***
- **If Consent Cannot be Obtained**: Refusal or not-being-able to contact an individual will still require that you document such.

## **Step# 4 Exposure Incident Evaluation & Injury Follow-Up**

After the employee has been tested / treated a complimentary / confidential follow-up report should be made available, to the employee. It should include:

- **Consent-To-Collect Blood from Employee Form**: Fill-out this form and send a copy with the Employee to the Blood Testing Center to test for HBV, HCV

& HIV serological status, prophylaxis, post-exposure evaluation and follow-up. **\*\*SEE HealthFirst Compliance Solutions OSHA MANUAL:**

**SECTION 6: CONSENT FORM FOR THE COLLECTION OF BLOOD-EMPLOYEE\*\***

- **Provide Testing Physician / Facility with:**
  - A copy of the Exposure Incident Report / Document A Form.
  - A copy of Consent-To-Collect Blood from Employee Form.
  - All medical records relevant to the treatment of the employee (e.g. hepatitis B vaccination records.)
  
- **Employee Declination of Blood Testing:** If consent for a blood test for HBV, HCV and HIV is declined by the Employee, have them state this on the Consent-To-Collect Blood from Employee Form (or a separate Declination Form) and maintain a copy in the employee's confidential file.
  
- 

## Step #5 Recordkeeping

Be sure to fill in all Injury Logs:

- Federal OSHA #300 / 300A  
*(For sharps incidents & COVID +; List as "Private Case"; Do not use Employee name)*
- LARA #300 / 300A
- Report Fatalities Immediately

**\*\*MIOSHA Log 101 (Radiation Incidence) & Log 200 are obsolete as of June 2005\*\***

## Step #6 Obtain Written Opinion Report

- **Treating Physician's Report:** Within 15-days of the employee seeking medical attention for an occupational infectious injury a report must be obtained, from the licensed healthcare professional, to include a written opinion for the post-exposure incident evaluation.
- **Place in Employee Record:** Keep all copies in the employee record, chronologically is best.

## MIOSHA UNIFORMS & LAUNDRY

**I'm confused about what the proper uniform is for the Dental Office?**

**Do I have to wear a lab coat?**

Your uniform is considered to be part of your **Personal Protective Equipment**. Your uniform or work attire must prevent spray or spatter of blood / saliva from passing through to underlying clothing or skin. You may choose: scrub/ uniforms, lab coats, or disposable gowns. **Protective clothing must be long-sleeved and closed at the neckline (this means crew-neck tailoring; v-neck will leave you exposed).** Make sure your choice of uniform meets this requirement.

Keep in mind: Your reception team may have occasion to pass through clinical areas. Please supply clinical lab coats (disposables are fine), for your reception team to wear for the times they may enter clinical areas.

### Can we wear scrubs home from work?

### What are proper protocols for handling soiled uniforms?

### What are proper protocols for laundering uniforms?

Employers are responsible for supplying and maintaining employee personal protective equipment. **There are (3) options to choose from:**

- Laundering-on-Site
- Use a Biomedical Laundering Service
- Disposable Lab coats / Gowns (crew neck style)
- **During COVID, Lab Coats / Gowns should be changed after every Aerosol Procedure.**

When laundering on site, be sure to follow the Centers for Disease Control Guidelines: **CDC suggests the use of hot water** (160° / 25 minutes). Pair this with detergent and bleach suitable for lower-temperature washing to keep clothing protected. Colder water laundering relies more on the soap and bleach to clean. This will not kill microbes. Detergents primarily loosen soil, but do not kill germs.

You should use a laundry service that has expertise in processing Biomedical Laundry. Soiled laundry must be stored in receptacles labeled with a red biohazard label.

A misleading loophole seems to exist for Dentist / Practice Owners" who are not a professional corporation". The "employers," status could be construed to exempt the Doctor and many try to take soiled laundry home or out for regular laundering. Transporting biomedical waste is prohibited, so this is where the loophole fails. Best Practices has you doing one of three things with your soiled laundry: Wash on premises, Send out to a Laundering Service that processes Biomedical Laundry, use Disposable Gowns of the crew neck variety.

### Can we wear any style of Uniforms?

MIOSHA requires long-sleeve and chest coverage. Choose a crew neck style of lab coat and/or wear a crewneck tee-shirt for protection. This is compliant with MIOSHA requirements. Medical-grade fluid resistant garments are not currently required, but changing your outerwear when soiled is required.

Some clinicians wear civilian clothes and a lab coat. This may put you at some risk for being fined, professional scrub uniforms are a better choice but this is a gray area. If you wear civilian attire, an acceptable lab coat or gown must be worn to MIOSHA Standards.

## **MIOSHA HAZARDOUS WASTE GUIDELINES**

## How do I properly dispose of BMW, Amalgam & Pharmaceutical Waste to meet MIOSHA Standards?

MIOSHA requires that BMW Sharps be labeled with the date of initial use; These must be disposed of within 90 days or when  $\frac{3}{4}$  full.

BMW Red Bags must have the offices 24/7 contact information on every bag. (Using stickers makes this process easier). Soft BMW items must be double bagged and sealed for safer containment & transport.

MIOSHA requires you to have an Amalgam Separator as well as Amalgam Recycling Containers.

The Amalgam Separator will filter amalgam filling material out of the drain water as you work with amalgam in the patient's mouth.

The Amalgam Recycling Containers are used for the disposal of amalgam scraps, contaminated amalgam, amalgam traps and amalgam filters. Make sure to place extracted teeth with amalgam fillings in Amalgam Recycling Containers only!

Pharmaceutical Containers must be in place in every operatory and should be used for: Expired Meds, Partially Full Anesthetic Carpules, Fluoride Varnish wrapper & brush disposal.

You need both to be MIOSHA Compliant.

GOT QUESTIONS? Call Us: 941-587-2864

# This Workplace Covered by the Michigan Right To Know Law



Employers must make available for employees in a readily accessible manner, Safety Data Sheets (SDS)\* for those hazardous chemicals in their workplace.

Employees cannot be discharged or discriminated against for exercising their rights including the request for information on hazardous chemicals.

Employees must be notified and given direction (by employer posting) for locating Safety Data Sheets and the receipt of new or revised SDS(s).

**\*When the employer has not provided a SDS, employees may request assistance in obtaining SDS from the:**

Michigan Department of Licensing and Regulatory Affairs  
Michigan Occupational Safety & Health Administration  
General Industry Safety & Health Division  
(517) 284-7750  
Construction Safety & Health Division  
(517) 284-7680  
[www.michigan.gov/miosha](http://www.michigan.gov/miosha)  
MIOSHA/CET #2105 (Rev. 08/15)



## SDS(s) For This Workplace Are Located At

Location(s)

Location(s)

Person(s) responsible for SDS(s)

Phone

*LARA is an equal opportunity employer/program.*

**As Required by the  
Michigan  
Right To  
Know Law**



TO BE POSTED THROUGHOUT THE  
WORKPLACE NEXT TO THE SAFETY DATA SHEETS (SDS)  
LOCATION POSTERS

# New or Revised SDS

New or Revised	Receipt Date	Posting Date	Location of New or Revised SDS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Michigan Department of Licensing and Regulatory Affairs  
Michigan Occupational Safety & Health Administration  
Consultation Education & Training Division  
(517) 284-7720

Paid in part with  
Federal OSHA funds.  
MIOSHA/CET #2106 (Revised 08/15)  
*LARA is an equal opportunity employer/program.*



For further information visit our website at:  
[www.michigan.gov/miosha](http://www.michigan.gov/miosha)

# ATTENTION EMPLOYEES

**The Michigan Whistleblowers' Protection Act (469 P .A. 1980) creates certain protections and obligations for employees and employers under Michigan law.**

## **PROTECTIONS:**

It is illegal for employers in Michigan to discharge, threaten or otherwise discriminate against you regarding your compensation, terms, conditions, location or privileges of employment because you or a person acting on your behalf reports or is about to report a violation or a suspected violation of federal, state or local laws, rules or regulations to a public body.

It is illegal for employers in Michigan to discharge, threaten or otherwise discriminate against you regarding your compensation, terms, conditions, location or privileges of employment because you take part in a public hearing, investigation, inquiry or court action.

## **OBLIGATIONS:**

The Act does not diminish or impair either your rights or the rights of your employer under any collective bargaining agreement.

The Act does not require your employer to compensate you for your participation in a public hearing, investigation, inquiry or court action.

The Act does not protect you from disciplinary action if you make a report to a public body that you know is false.

## **ENFORCEMENT:**

If you believe that your employer has violated this Act you may bring civil action in circuit court within 90 days of the alleged violation of the Act.

## **PENALTIES:**

Persons found in violation of this Act may be subject to a civil fine of up to \$500.00.

If your employer has violated this Act the court can order your reinstatement, the payment of back wages, full reinstatement of fringe benefits and seniority rights, actual damages, or any combination of these remedies. The court may also award all or a portion of the costs of litigation, including reasonable attorney fees and witness fees to the complainant if the court believes such an award is appropriate.

This poster is provided as a courtesy of the Michigan Occupational Safety and Health Administration (MIOSHA). Visit our website at [www.michigan.gov/miosha](http://www.michigan.gov/miosha).

# MICHIGAN SAFETY AND HEALTH PROTECTION ON THE JOB

THE MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ACT, 1974 P.A. 154, AS AMENDED, REQUIRES POSTING OF THIS DOCUMENT IN A CENTRAL AND CONSPICUOUS LOCATION. FAILURE TO DO SO MAY RESULT IN A PENALTY.

The Michigan Occupational Safety and Health Act (MIOSH Act), Act No. 154 of the Public Acts of 1974, as amended, provides job safety and health protection for Michigan employees through the maintenance of safe and healthful working conditions. Under the MIOSH Act and a state plan approved in September 1973 by the U.S. Department of Labor, the Michigan Department of Licensing and Regulatory Affairs is responsible for administering the Act. Department representatives conduct job site inspections and investigations to ensure compliance with the Act and with safety and health standards.

The contents of this poster describe many important provisions of the Act. These provisions apply equally to employers and employees in either private industry or the public sector.

## EMPLOYER REQUIREMENTS:

- MIOSHA requires that each employer:
1. Furnish to each employee employment and a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to the employee.
  2. Comply with promulgated rules and standards and with orders issued pursuant to the Act.
  3. Post this and other notices and use other appropriate measures to keep his or her employees informed of their protection and obligations under the Act, including the provisions of applicable rules and standards.
  4. Notify the Michigan Department of Licensing and Regulatory Affairs within 8 hours of any fatality, or the hospitalization of 3 or more employees suffering injury or illness from the same incident. Notification may be accomplished by calling 1-800-858-0397.
  5. Make available to employees, for inspection and copying, all medical records and health data in the employer's possession pertaining to that employee.
  6. Afford an employee an opportunity with or without compensation to attend all meetings between the Department of Licensing and Regulatory Affairs and the employer relative to any appeal of a citation by the employer.
  7. Give the representative of employees the opportunity to accompany the department during the inspection or investigation of a place of employment and to prohibit the suffering of any loss of wages or fringe benefits or discriminate against the representative of employees for time spent participating in the inspection, investigation, or opening and closing conferences.
  8. Provide personal protective equipment, at the employer's expense, when it is specifically required by a MIOSHA standard.
  9. Not permit an employee, other than an employee whose presence is necessary to avoid, correct or remove an imminent danger, to operate equipment or engage in a process which has been tagged by the Department and which is the subject of an order issued by the Department identifying that an imminent danger exists.
  10. To promptly notify an employee who was or is being exposed to toxic materials or harmful physical agents in concentrations or at levels which exceed those prescribed by a MIOSHA standard.

## EMPLOYEE REQUIREMENTS:

- MIOSHA requires that each employee:
1. Comply with promulgated rules and standards and with orders issued pursuant to the Act.
  2. Not remove, displace, destroy, or carry off a safeguard furnished or provided for use in a place of employment, or interfere in any way with the use thereof by any other person.

**INSPECTIONS/INVESTIGATIONS:** Inspections and investigations are conducted by trained personnel. The Act requires that an employer representative and a representative of employees be given an opportunity to accompany the department representative for the purpose of aiding in the inspection or investigation.

If a representative of employees does not participate, the department representative will consult with a number of employees concerning matters of safety or health in the place of employment.

**COMPLAINTS:** Employees and employee representatives who believe that an unsafe or unhealthful condition exists in their workplace have the right to request an inspection by giving written notice to the Department of Licensing and Regulatory Affairs. If a condition exists which may present an immediate danger, the Department should be notified in the most expedient manner without regard to a written notice. The names of complainants will be kept confidential and not revealed upon the request of the employee. Employees also have the right to bring unsafe or unhealthful conditions to the attention of the department representative during the conduct of an inspection or investigation.

The Act provides that employees may not be discharged or in any manner discriminated against for filing a complaint or exercising any of their rights under the Act. An employee who believes he or she has been discriminated against may file a complaint with the Michigan Department of Licensing and Regulatory Affairs within 30 days of the alleged discrimination.

The U.S. Department of Labor is monitoring the operation of the Michigan Occupational Safety and Health Administration (MIOSHA) to assure the effective administration of the state act. Any person may make a written complaint regarding the state administration of the state act directly to the Regional Office of OSHA, 230 South Dearborn, Chicago, Illinois 60604.

**CITATIONS:** If upon inspection or investigation the Department of Licensing and Regulatory Affairs believes that a requirement of the Act has been violated, a citation alleging such violation and setting a time period for correction will be issued to the employer. The citation must be prominently posted at or near the place of the alleged violation for three days or until the violation is corrected, whichever is later.

The Act provides for first instance penalties of up to \$7,000 for a violation. Penalties of up to \$7,000 per day may be assessed for failure to correct a violation within a proposed abatement period. Any employer who willfully or repeatedly violates the Act may be assessed penalties of up to \$70,000 for each such violation. Employers may appeal the alleged citation, the proposed penalties or the abatement periods to the Department and to the Board of Health and Safety Compliance and Appeals. Employees may appeal the abatement period in a similar manner. Employees also may appeal to the Board of Health and Safety Compliance and Appeals any decision issued by the Department in response to an employer appeal.

Criminal penalties also are provided for in the Act. A person who knowingly makes a false statement or report pursuant to the Act upon conviction is punishable by a fine of up to \$10,000 or may be imprisoned for not more than 6 months or both. Any willful violation resulting in death of an employee, upon conviction, is punishable by a fine of up to \$10,000 or by imprisonment for not more than one year or both. A second conviction doubles the maximum monetary penalty and is punishable by imprisonment for up to three years.

**VOLUNTARY ACTIVITY & COMPLIANCE ASSISTANCE:** The act encourages employers and employees to reduce workplace hazards voluntarily.

The Michigan Department of Licensing and Regulatory Affairs offers limited on-site consultation assistance to employers to assist them in achieving compliance with occupational safety and health standards. Training specialists are available and can give advice on the correction of hazardous conditions and on the development of safety and health systems. Department staff are available to conduct seminars and training relative to occupational safety and health for both employer and employee groups. Requests for service should be addressed to the department at the address shown below.

The U.S. Department of Labor will continue to enforce federal standards governing maritime operations of long shoring, shipbuilding, ship breaking and ship repairing. These issues are not covered by the Michigan Plan for Occupational Safety and Health.

## MORE INFORMATION:

Department of Licensing and Regulatory Affairs  
Michigan Occupational Safety & Health Administration  
7150 Harris Drive, Box 30643  
Lansing, Michigan 48909-8143

## THIS IS AN IMPORTANT DOCUMENT - DO NOT COVER!



MIOSHA Complaint Hotline..... 1-800-866-4674  
Fatality Hotline ..... 1-800-858-0397  
Consultation and Training Assistance ..... 1-517-322-1809

Additional information is available on our website at [www.michigan.gov/miosha](http://www.michigan.gov/miosha)



The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your need known to this agency. (10,000 copies printed at \$705.54 or \$0.07 per copy.)

MIOSHA/CET 2010 (5/11)



# PROTECCIÓN DE SEGURIDAD Y SALUD EN EL TRABAJO DEL ESTADO DE MICHIGAN

LA LEY DE SEGURIDAD Y SALUD EN EL TRABAJO DEL ESTADO DE MICHIGAN, 1974 P.A. 154, SEGÚN REFORMADA, EXIGE LA PUBLICACIÓN DE ESTE DOCUMENTO EN UN SITIO CENTRAL Y VISIBLE. EL NO HACERLO PUEDE DAR COMO RESULTADO UNA SANCIÓN.

La Ley de Seguridad y Salud en el Trabajo del Estado de Michigan (MIOSHA por sus siglas en inglés) -Ley No. 154 de las Leyes Públicas de 1974, según reformada ofrece protección de seguridad y salud para los empleados de Michigan a través del mantenimiento de condiciones de trabajo sanas y seguras. Bajo MIOSHA y el plan estatal aprobado en septiembre de 1974 por el Departamento de Trabajo de EE.UU., el Departamento del Trabajo y el Crecimiento Económico de Michigan es responsable de administrar la Ley. Los representantes del departamento realizan inspecciones e investigaciones en el lugar de trabajo para asegurar la conformidad con la Ley y con las normas de seguridad y salud.

El contenido de este póster describe muchas disposiciones importantes de la Ley. Estas disposiciones corresponden igualmente a los empleadores y a los empleados en la industria del sector público y privado.

**REQUISITOS PARA EL EMPLEADOR:** MIOSHA dispone que todo empleador:

1. Suministre a cada empleado un empleo y un lugar de empleo libre de peligros reconocidos que causen o puedan causar la muerte o lesiones físicas graves al empleado.
2. Cumpla con las reglas y normas promulgadas, así como con las órdenes emitidas de acuerdo a la Ley.
3. Publique éste y otros avisos, y haga uso de medidas adecuadas para mantener a sus empleados informados sobre su protección y obligaciones conforme a la Ley, incluyendo las disposiciones de las reglas y normas correspondientes.
4. Notifique al Departamento de Servicios a la Industria y al Consumidor de Michigan, dentro de las próximas ocho horas, sobre cualquier fatalidad, o la hospitalización de 3 o más empleados que hayan sufrido una lesión o enfermedad del mismo incidente. La notificación puede realizarse llamando al 1-800-858-0397.
5. Ponga a disposición de los empleados, para su inspección y copia todos los expedientes médicos y datos de salud en posesión del empleador referentes a ese empleado.
6. Proporcione al empleado la oportunidad, con sin compensación, de asistir a todas las reuniones entre el Departamento de Servicios a la Industria y al Consumidor y el empleador referentes a cualquier apelación de una citación por el empleador.
7. Dé a un representante de empleados la oportunidad de acompañar al departamento durante la inspección o investigación de un lugar de empleo y prohibir la pérdida de salario o beneficios complementarios, o discriminar contra el representante de los empleados por el tiempo dedicado a participar en la inspección, investigación o conferencias de apertura y cierre.
8. Proporcione equipo de protección personal, a cargo del empleador, cuando una norma de MIOSHA requiera específicamente que se suministre a cargo del empleador.
9. No permita a un empleado, siempre y cuando no sea un empleado cuya presencia sea necesaria para evitar, corregir o eliminar un peligro inminente, operar el equipo o realizar un proceso que el Departamento haya marcado y que sea el objeto de una orden emitida por el Departamento identificando que existe un peligro inminente.
10. Notifique lo más pronto posible a un empleado que se expuso o está expuesto a materiales tóxicos o agentes físicos dañinos en concentraciones o niveles que sobrepasan los prescritos por una norma de MIOSHA.

**REQUISITOS PARA EL EMPLEADO:** MIOSHA dispone que todo empleado:

1. Cumpla con las reglas y normas promulgadas, y con las órdenes emitidas referentes a la Ley.
2. No quite, retire, destruya o se lleve a otro lugar un resguardo de seguridad suministrado o provisto para el uso en un lugar de empleo, ni interfiera de ninguna manera con el uso del mismo por otra persona.

**INSPECCIONES / INVESTIGACIONES:** Las inspecciones e investigaciones las realiza personal capacitado. La Ley dispone que se dé la oportunidad a un representante del empleador y a un representante de los empleados de acompañar al representante del departamento para el propósito de auxiliar en la inspección o investigación.

Si un representante de empleados no participa, el representante del departamento consultará con un número de empleados sobre asuntos de seguridad o salud en el lugar de empleo.

**QUEJAS:** Los empleados y los representantes de los empleados que piensen que existe una condición mediante el aviso por escrito al Departamento del Trabajo y el Crecimiento Económico. Si existe una condición que pueda presentar un peligro inmediato, se deberá notificar al Departamento de la manera más oportuna sin considerar un aviso por escrito. Los nombres de los querrelantes se mantendrán confidenciales y no se revalarán si el empleado así lo solicita. Los empleados también tienen el derecho de informar al representante del departamento sobre condiciones inseguras o no sana durante la realización de una inspección o investigación.

La Ley estipula que los empleados no pueden ser despedidos no discriminados de ninguna manera por presentar una queja o ejercer alguno de sus derechos que dicta la Ley. Un empleado que piensa que se le está discriminando puede presentar una queja al Departamento del Trabajo y el Crecimiento Económico de Michigan en los siguientes treinta días de la presunta discriminación.

El Departamento de Trabajo de EE.UU. supervisa la operación del programa de seguridad y salud en el trabajo de Michigan para asegurar la administración efectiva de la ley estatal. Cualquier persona puede presentar una queja por escrito referente a la administración del estado de la ley estatal directamente a la Regional Office of OSHA, 230 South Dearborn, Chicago, Illinois 60604.

**CITACIONES:** Si con la inspección del Departamento del Trabajo y el Crecimiento Económico se cree que se ha violado un requisito de la Ley, se emitirá al empleado una citación alegando dicha violación. La citación debe publicarse prominentemente en el lugar o cerca del lugar de la violación citada durante tres días o hasta que se corrija la violación, cualquiera que ocurra al último.

La Ley proporciona penas de primera instancia de un máximo de \$7,000 dólares por una violación. Las penas de un máximo de \$7,000 dólares al día se pueden enjuiciar por no corregir una violación dentro de un período de supresión propuesto. A cualquier empleador que viole la Ley deliberada o repetidamente se le podrán iniciar penas hasta de \$70,000 dólares por cada violación. Los empleadores pueden apelar la presunta citación, las penas propuestas o los períodos de supresión al Departamento y al Consejo de Cumplimiento y Apelaciones de Salud y Seguridad. Los

empleados pueden apelar la supresión al Consejo de Cumplimiento y Apelaciones de Salud y Seguridad de una manera similar. Los empleados también pueden apelar al Consejo de Cumplimiento y Apelaciones de Salud y Seguridad cualquier decisión emitida por el Departamento en respuesta a una apelación del empleador.

**ACTIVIDAD VOLUNTARIA Y ASISTENCIA CON EL CUMPLIMIENTO:** La ley fomenta a los empleadores y empleados recibir voluntariamente los peligros del lugar de trabajo.

El Departamento del Trabajo y el Crecimiento Económico de Michigan ofrece asistencia limitada de consulta en el lugar de trabajo a los empleadores para ayudarlos a lograr el cumplimiento de las normas de seguridad y salud en el trabajo. Se tienen disponibles especialistas en capacitación y ellos pueden brindar consejo en lo referente a la corrección de condiciones peligrosas y al desarrollo de programas de seguridad y salud. El personal del departamento está disponible para condicionar seminarios y capacitación relativos a la seguridad y salud en el trabajo tanto para el empleador como para grupos de empleados. Las solicitudes del servicio se deben dirigir al departamento a la dirección citada más adelante.

El Departamento de Trabajo de EE.UU. continuará haciendo cumplir las normas federales que gobiernan las operaciones marítimas portuarias, construcción, descompostura y reparación de buques. Estos asuntos no los abarca el Plan para Seguridad y salud en el Trabajo del Estado de Michigan.

## MÁS INFORMACIÓN:

Departamento del Trabajo y el Crecimiento Económico  
MIOSHA  
State Secondary Complex  
7150 Harris Drive • Box 30643  
Lansing, Michigan 48909-8143



Línea de queja de MIOSHA.....1-800-866-4676  
Línea de Fatalidades.....1-800-858-0397  
Línea de Ayuda de Consulta y Instrucción.....1-571-322-1809

Información adicional está disponible en nuestro sitio web en [www.michigan.gov/miosha](http://www.michigan.gov/miosha)



**ESTE ES UN DOCUMENTO IMPORTANTE — NO LO CUBRE!**

MIOSHA/CET 2010-S (1/07)  
Impreso bajo autoridad de la Ley de Seguridad y Salud en el Trabajo de Michigan, PA 154 de 1974, según reformada.  
Pagado con fondos de CET y fondos federales de la OSHA.



GRETCHEN WHITMER  
GOVERNOR

**Michigan Department of Labor and Economic Opportunity**

**Wage and Hour Division  
PO Box 30476  
Lansing, MI 48909-7976**



SUSAN CORBIN  
DIRECTOR

**REQUIRED POSTER  
GENERAL REQUIREMENTS - MINIMUM WAGE and OVERTIME**

**Coverage**

The Improved Workforce Opportunity Wage Act (IWOWA), Public Act 337 of 2018, as amended, covers employers who employ 2 or more employees 16 years of age and older.

**Minimum Hourly Wage Rate**

Employees must be paid at least:

Effective Date	Minimum Hourly Wage Rate	Tipped Employee		85%** Rate
		Minimum Hourly Rate	Reported Average Hourly Tips	
January 1, 2021	\$9.65*	\$3.67	\$5.98	\$8.20
January 1, 2022	\$9.87*	\$3.75	\$6.12	\$8.39
January 1, 2023	\$10.10*	\$3.84	\$6.26	\$8.59

\*An increase in the minimum hourly wage rate as prescribed in subsection (1) does not take effect if the unemployment rate for this state, as determined by the Bureau of Labor Statistics, United States Department of Labor, is 8.5% or greater for the calendar year preceding the calendar year of the prescribed increase. An increase in the minimum hourly wage rate as prescribed in subsection (1) that does not take effect pursuant to this subsection takes effect in the first calendar year following a calendar year for which the unemployment rate for this state, as determined by the Bureau of Labor Statistics, United States Department of Labor, is less than 8.5%.

▶ \*\*Minors 16-17 years of age may be paid 85% of the minimum hourly wage rate.

**Training Wage**

A training wage of \$4.25 per hour may be paid to employees 16 to 19 years of age for the first 90 calendar days of employment.

**Overtime**

Employees covered by the IWOWA must be paid 1-1/2 times their regular rate of pay for hours worked over 40 in a workweek. The following are exempt from overtime requirements: employees exempt from the minimum wage provisions of the Fair Labor Standards Act of 1938, 29 USC 201 to 219 (except certain domestic service employees), professional, administrative, or executive employees; elected officials and political appointees; employees of amusement and recreational establishments operating less than 7 months of the year; agricultural employees, and any employee not subject to the minimum wage provisions of the act.

**Compensatory Time**

If an employer meets certain conditions, employees may agree to receive compensatory time of 1-1/2 hours for each hour of overtime worked. The agreement must be voluntary, in writing, and obtained before the compensatory time is earned. All compensatory time earned must be paid to an employee. Accrued compensatory time may not exceed 240 hours. Employers must keep a record of compensatory time earned and paid. Contact the Wage and Hour Division for information on the conditions an employer must meet in order to offer compensatory time off in lieu of overtime compensation.

**Equal Pay**

An employer shall not discriminate on the basis of sex by paying employees a rate which is less than the rate paid to employees of the opposite sex for equal work on jobs requiring equal skill, effort, and responsibility performed under similar working conditions - except where payment is pursuant to a seniority system, merit system or system measuring earnings on the basis of quantity or quality of production or a differential other than sex.

**Enforcement**

An employee may either file civil action for recovery of unpaid minimum wages or overtime, or they may file a complaint with the Department of Labor and Economic Opportunity. The department may investigate a complaint and file civil action to collect unpaid wages or overtime due the employee and all employees of an establishment. Recovery under this act can include unpaid minimum wages or overtime, plus an equal additional amount as liquidated damages, costs, and reasonable attorney fees. A civil fine of \$1,000 can be assessed to an employer who does not pay minimum wage or overtime.

LEO is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available, upon request, to individuals with disabilities.

[www.michigan.gov/wagehour](http://www.michigan.gov/wagehour) • Toll Free 1-855-4MI-WAGE (1-855-464-9243)

WHD 9904 (Revised • 12/2021)



LOG OF WORK RELATED INJURIES AND ILLNESSES

Year 20

Michigan Department of Licensing and Regulatory Affairs
Michigan Occupational Safety and Health Administration (MIOSHA)

ATTENTION: This form contains information relating to employee 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.

Form Approved OMB No. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (MIOSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local MIOSHA office for help. You may be fined for failure to comply.

ESTABLISHMENT NAME
CITY STATE

Table with columns: IDENTIFY THE PERSON (A-F), DESCRIBE THE CASE, CLASSIFY THE CASE (G-L), and injury types (M). Includes a 'Page totals' row at the bottom.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact:

Michigan Department of Licensing and Regulatory Affairs, MIOSHA, MWHTSD, 7150 Harris Dr. P.O. Box 30643, Lansing MI 48909-8143. (517) 322-1848. Do not send the completed forms to this office.

Hearing Standard Threshold Shifts must be recorded under Column 5

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.



# SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

Year 20 \_\_\_\_\_

**Michigan Department of Licensing and Regulatory Affairs  
Michigan Occupational Safety and Health Administration (MIOSHA)**

Form Approved OMB No. 1218-0176

All establishments covered by Public Law of 1970 (P.O. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. You may be fined for failure to comply.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the MIOSHA Form 300 in its entirety. They also have limited access to the MIOSHA Form 301 or its equivalent. See Part 11, R408.22135 Rule 1135, in MIOSHA's Recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

### Injury and Illness Types

Total number of... (M)			
(1) Injury	0	(4) Poisonings	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Conditions	0	(6) All Other Illnesses	0

### Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: Michigan Department of Licensing and Regulatory Affairs, MIOSHA, MWHTSD, 7150 Harris Dr. P.O. Box 30643, Lansing MI 48909-8143. (517) 322-1848. Do not send the completed forms to this office.

MIOSHA-300A (Rev. 06/13) Effective 01/01/2004

**Establishment information**

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Industry description (e.g., Manufacture of motor truck trailers)  
\_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
\_\_\_\_\_

OR North American Industrial Classification (NAICS), if known (e.g., 336212)  
\_\_\_\_\_

**Employment information**

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

**Sign here**

**Knowingly falsifying this document may result in a fine.**

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

\_\_\_\_\_  
Company Executive

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date