

2007 HEALTH INTERPRETATIONS

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NOISE EXPOSURE STANDARD AND HEARING PROTECTION

VOSH has adopted the federal OSHA identical 1910.95 Occupational noise exposure standard, which is applicable to all private and public sector workplaces, including places of entertainment and educational institutions. Employers must take appropriate measures to protect their employees who are exposed to excessive noise levels. To learn more, see the OSHA website: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=19093.

The requirement for hearing protection is based on the level of noise to which employees are exposed, but it is not based solely on whether an employee has a standard threshold shift. To determine employees' noise exposure while using any type of equipment, measurements must be taken with a sound level meter. If sound level readings indicate that employees' noise exposure exceeds the permissible noise exposure levels in Table D-2 of the standard, and there are no feasible administrative or engineering controls to reduce the employees' noise exposure below these levels, then hearing protection must be provided. 1910.95(b)(1) requires that whenever feasible administrative or engineering controls fail to reduce sound to levels specified in Table G-16 of the standard, all exposed employees must be given, and must use, hearing protection to reduce the sound to permissible exposure levels. This applies to all employees in work areas where noise exposure exceeds the levels in Table G-16. In addition, employees exposed to an eight-hour Time Weighted Average (TWA) noise level of 85 dBA or greater, who have experienced a standard threshold shift, must be given, and must use, hearing protectors with sufficient attenuation to reduce noise levels below 85 dBA. See 1910.95(b)(1) and 1910.95(i)(2). See the OSHA website: <http://www.osha.gov/SLTC/noisehearingconservation/index.html>.

If a physician determines that a standard threshold shift is work-related or further aggravated by an employee's noise exposure in the workplace, the employer must pay for any referrals that are for the purpose of further identifying the effects of occupational noise exposure. For more information, see the OSHA website: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=22593.

FIRE DEPARTMENTS AND HAZWOPER

The training requirements of 1910.120 depend on the duties to be performed by an employee during an emergency. Paragraph (q) of 1910.120 requires different levels of training based on an employee's assigned role. The required training and competencies for each level of emergency response are described in detail in paragraph (q)(6) of the final rule: (http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9765).

The training curriculum guidelines are found in Appendix E of the standard: (http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9770). If the Virginia Department of Fire Programs' training courses cover the suggested training curriculum guidelines for the particular response level, they meet the HAZWOPER training requirements. A list of training courses offered by the Virginia Department of Fire Programs is included on their web site: <http://www.vdfp.state.va.us/training.htm>.

HAZARDOUS WASTE AND EMERGENCY RESPONSE

HAZWOPER and Updates

VOSH has adopted the OSHA identical 1910.120 HAZWOPER standard. To view the OSHA interpretation which addresses lapsed training, see their website:

www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=21062.

The duration of a HAZWOPER training class can be adjusted. A full 40 hour course may not be necessary if the employee can demonstrate competency in the required topics. The individual's retention of the information must be considered. A pre-test may help to make this assessment. The person's prior work experience in the hazardous waste industry should also be considered. If the employee is assigned to a new site, at a minimum, the employer would be required to have training specific to that site.

Minimum Number of Haz-Mat Technicians

The 1910.120 HAZWOPER standard does not have a requirement for a minimum number of Haz-Mat technicians who must be on the scene of a Haz-Mat incident. However, there is a requirement in the 1910.134 respiratory protection standard, under paragraph (g)(3), that at least one standby employee must be located outside when employees enter an IDLH atmosphere.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

The OSHA/VOSH standards for Personal Protective Equipment (PPE) are found in 1910.132 through 138. Section 1910.132(d) requires employers to select PPE for their employees based on an assessment of the hazards in the workplace and the hazards the employees are likely to encounter. The standard does not list specific qualifications for the individual who conducts the hazard assessment. However, it would be expected that the individual conducting the assessment would be familiar with the unique work operations and hazards present at that particular work site. Furthermore, that individual should be knowledgeable in the selection of the appropriate PPE that would protect employees from the hazards identified in the hazard assessment. Employers are required to provide appropriate personal protective equipment (PPE's), such as gloves, to employees. For information on enforcement of the Bloodborne Pathogens standard, see section XI.C. Multi-Employer and Related Worksites in OSHA's compliance directive entitled "Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens:"

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=2570#XI.

The U.S. General Accounting Office (GAO) recommends hospitals have a three day supply of PPE. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) may have requirements for PPE's. For more information, see their website: www.jointcommission.org/.

Contaminated Personal Protective Equipment (PPE)

Contaminated personal protective equipment (PPE) is addressed in Section 1910.1030 (d)(3)(iv) of the Bloodborne Pathogen Standard. Home laundering by employees is not permitted since the

standard requires the laundering to be performed by the employer at no cost to the employee. Other types of contaminated laundry, i.e. linens and non-PPE items, are addressed in Section 1910.1030(d)(4)(iv). The standard allows on-site laundry of linens if the requirements in this section of the standard are met. For more on the Bloodborne Pathogens standard, see OSHA's directive, "Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens:" http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=2570 For further information, see also: <http://www.osha.gov/SLTC/bloodbornepathogens/index.html> .

PPE and Eyewear

Employers are required by 1910.133 to ensure that employees use appropriate eye protection when exposed to eye hazards such as flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation. The design, construction, testing, and use of devices for eye protection must comply with the American National Standard for Occupational and Education Eye and Face Protection, Z87.1-1968. To view a copy of this standard, see the OSHA website:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9778 . Additional information about eye protection can be found at this OSHA Safety and Health Topics web page: <http://www.osha.gov/SLTC/eyefaceprotection/index.html> .

OSHA's Eye and face protection standard, 1910.133, requires protective eye devices purchased after July 5, 1994 to comply with ANSI Z87.1-1989, "American National Standard Practice for Occupational and Educational Eye and Face Protection." The Eye and face protection standard can be found on OSHA's website:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9778.

Any replacement lenses or frames for safety glasses marketed as ANSI approved must comply with the ANSI standard. If another type of lens is used, the ANSI approval becomes void.

Respirators and Facial Hair

The standard states that employers cannot permit respirators with tight-fitting facepieces to be worn by employees whose facial hair comes between the sealing surface of the facepiece and the face (where the respirator seal contacts the face). Facial hair must not protrude under the respirator seal, or extend far enough to interfere with the device's function (such as interference with valve function). For Federal OSHA's interpretation of this issue, see their website:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=19355.

Medical Evaluations

The OSHA Respiratory Protection standard 1910.134, under paragraph (e)(2) requires employers to utilize a physician or other licensed health care professional (PLHCP) to perform medical evaluations to determine an employee's ability to use a respirator. The PLHCP may use the medical questionnaire in Appendix C of the standard (or an equivalent) or an initial medical examination. The standard defines a PLHCP as "...an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide,

or be delegated the responsibility to provide, some or all of the health care services required by paragraph (e) of this section." This certification is made by the Board of Medicine. Medical doctors and nurse practitioners are the only PLHCPs allowed by the Board to perform such medical evaluations. To view this standard, see the OSHA website:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12716.

CONFINED SPACES (HEADBOX PITS)

A confined space must meet three criteria. First, the space must have limited or restricted means of egress. Second, it must be large enough and so configured that an employee can bodily enter to perform assigned work. Third, it must not be designed for continuous employee occupancy. A Headbox Pit can be a "confined space" (as defined in 1910.146) if it is accessed by ladder, but installation of fixed industrial stairs (if they are compliant with 1910.24) makes the Headbox Pit no longer a "confined space," because it no longer meets the criteria of limited or restricted means of egress. Also, a space cannot be a "permit space" unless it is also a "confined space."

However, even for a "confined space," the inherent hazards of the material flowing through any pipes passing through the space do not have to be considered in the permit space determination if the pipes do not terminate at end use equipment, and there is no reason to believe there is a reasonable probability of a rupture or leak where the contents of the piping would cause a serious safety or health hazard.

EYEWASH STATIONS

The OSHA/VOSH standard, 1910.268(b)(2)(i), is specific for those operations which involve measuring storage battery specific gravity or handling electrolyte. All other operations where an employee's eyes or body could be exposed to injurious corrosive materials would be covered under 1910.151(c). Please also see 1910.268(a)(3).

The relevant source for guidance in protecting employees who may be exposed to injurious corrosive materials is the American National Standard for Emergency Eyewash and Shower Equipment, ANSI Z358.1, specifically the ANSI Standard Z358.1-1998 "Emergency Eyewash and Shower Equipment," which provides guidance for eyewash stations. Plumbed units should be activated weekly to flush the line and verify operation. These units must be tested annually to verify conformance with the ANSI Z358.1 compliance. For self-contained systems, users should refer to the manufacturer's instructions.

The OSHA/VOSH standards are silent on required water temperature for eyewash and shower stations. In addition, 1910.151(c) does not provide specific instruction regarding the frequency of inspecting eyewash stations. However, the 1998 version of ANSI Z358.1 recommends the water be "tepid" but does not give a specific temperature range. In general, water temperatures in the range 27°-35°C (about 80°-95°F) are considered suitable with temperatures in the higher part of the range if extended periods of eye irrigation or showering are required. Tepid water must not exceed 38° C (100° F). A chemical splash should be rinsed for at least 15 minutes but, rinsing time can be up to 60 minutes. The water temperature should be one that can be tolerated for the required length of time. Water that is too cold or too hot will inhibit workers from rinsing or showering as long as they should. In addition, water that is too hot worsen skin or eye damage

caused by the accidental exposure to the chemical. In some cases, the heat of the water may also cause a chemical reaction. Employers may want to consult with a physician for further advice. Copies of ANSI standards may be obtained by contacting ANSI at:

American National Standards Institute, Inc.
11 West 42nd Street
New York, New York 10036
Phone: (212) 642-4900

SULFURIC ACID SPILLS

For information on procedures for cleaning up sulfuric acid spills, first refer to the manufacturer's material safety data sheet (MSDS) for the product. The MSDS should have a section on the how to clean up spills. Disposal of sulfuric acid and other hazardous substances is regulated by the Virginia Department of Environmental Quality (DEQ). For more information, see the DEQ website: <http://www.deq.state.va.us/waste/>.

BLOODBORNE PATHOGENS

The 1910.1200 Hazard communication standard (HCS) requires employers to inform employees about chemical hazards in the workplace, and instruct employees on appropriate protective measures to take when working with hazardous chemicals. In addition, VOSH has adopted the Federal OSHA 1910.1030 Bloodborne Pathogens standard, which is designed to protect employees, including health care workers and home health services workers, from occupational exposure to (1) blood or other potentially infectious materials (OPIM), HBV and HIV, (2) contact with skin, eye mucous, membrane, or parenteral contact with other potentially infectious materials, (3) pathogenic microorganisms present in human blood or OPIM which can infect and cause disease in persons exposed to blood containing the pathogen. Pathogenic microorganisms can cause diseases such as hepatitis C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, arboviral infections, relapsing fever, Creutzfeldt-Jakob disease, adult T-cell leukemia/lymphoma (caused by HTLV-I), HTLV-I associated myelopathy, diseases associated with HTLV-II, and viral hemorrhagic fever. The 1910.1030 Bloodborne pathogen standard also has training requirements designed to protect employees from exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens. This standard is designed to protect health care workers who are exposed to blood/other potentially infectious materials. For more information about this standard, see the OSHA website: www.osha.gov/SLTC/bloodbornepathogens/index.html.

Bloodborne Pathogens and Training for Courier Services

Courier services are regulated under the 1910 General Industry Standards. Some of the most frequently cited 1910 standards in the Standard Industrial Classification (SIC) code for courier services can be found on the OSHA web site: http://www.osha.gov/pls/imis/citedstandard.sic?p_esize=&p_state=FEFederal&p_sic=4215.

The 1910 Hazard communication standard (HCS) has training requirements that may apply to courier services. This standard requires employers to inform employees about chemical hazards in the workplace, and instruct employees on appropriate protective measures to take when

working with hazardous chemicals. If employees are transporting hazardous substances/materials and there is a container leak or spill, this standard may be applicable. For employees who transport biological specimens and/or sharps contaminated with blood or potentially infectious materials, the employer may be required to comply with portions of this standard. Specifically, employees should be trained on the hazards of the chemical substances and protective measures needed to handle such spills. For more information on this standard, see the OSHA website: www.osha.gov/SLTC/hazardcommunications/index.html.

Exposure Incidents

The employee is responsible for reporting any exposure incidents to the employer. Reporting procedures must be included in the employer's exposure control plan and addressed during the employee's training. If the employee does not report an exposure incident, but the employer receives the report from another source, the employer is responsible for investigating the incident and taking appropriate action. Requirements for post-exposure evaluation and follow-up can be found in 1910.1030(f)(3).

Home Health Services

For home health services in private homes, the employer is not held responsible for the following site-specific conditions: housekeeping requirements, such as maintenance of a clean and sanitary worksite and handling and disposal of regulated waste; ensuring the use of personal protective equipment; and ensuring that specific work practices are followed (e.g., handwashing with running water) and ensuring the use of engineering controls.

Contaminated Laundry

Requirements for handling contaminated laundry are found at 1910.1030(d)(4)(iv)[A] - [C]. OSHA's Compliance Directive CPL 2-2.69, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, makes reference to the CDC publication "Guidelines for Laundry in Health Care Facilities." (See section D. Methods of Compliance, items 37. - 41.) For more information, see OSHA's website: <http://www.cdc.gov/od/ohs/biosfty/laundry.htm>.

Urine

Urine is not automatically covered by the 1910.1030 Bloodborne pathogens standard. For urine to be classified as potentially infectious, blood must be visibly present or the presence of blood reasonably anticipated due to the client having a medical condition that would lead to blood in the urine. Worker exposure to urine contaminated with blood requires full compliance with the standard, if employees are required to perform tests and/or dispose of the urine. Compliance includes employee training on the standard's requirements for provision of personal protective equipment as well as proper handling and disposal of regulated waste. The standard does not address where urine testing should be done, and only requires the employer to protect employees from occupational exposure to blood and OPIM when the urine specimen is handled. The 1910.141 Sanitation standard requires that washing facilities be maintained in a sanitary condition. VOSH has no regulations other than these two standards which address urine testing.

Mattresses and Mattress Pads

There are no OSHA/VOSH standards that require a mattress pad to be sold with a mattress. Furthermore, OSHA/VOSH has no authority over the merchant/customer relationship.

Contaminated Needles, Sharps, Sponges, and Laps

The 1910.1030 Bloodborne Pathogen standard has requirements for disposal of contaminated sharps. Healthcare facilities and other places of employment are required to place contaminated sharps in closable, puncture resistant, leakproof containers. These containers must be labeled or color-coded to indicate that the contents are bloodborne pathogenic materials. If an employer is found in violation of this requirement, VOSH will issue citations which may have monetary penalties. Once the contaminated sharps and other types of regulated waste have left the facility, the handling of this waste falls under the domain of the Virginia Department of Environmental Quality (DEQ). DEQ's regulations regarding the disposal of medical waste may be viewed on their web site: <http://www.deq.virginia.gov/waste/medical.html>.

The bloodborne pathogens standard defines regulated waste as liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM. The requirements for the handling and disposal of regulated waste are found in paragraph (d)(4)(iii) of this standard. To view the 1910.1030 Bloodborne pathogen standard, see the OSHA website: www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051.

In addition, the Virginia State Police <http://www.vsp.state.va.us/> and local police departments may have reporting requirements for the discovery of improperly discarded sharps and needles.

Maintenance, Janitorial, or Housekeeping Staff

VOSH does not generally consider maintenance/janitorial/housekeeping staff employed in non-health care facilities to have occupational exposure. However, it is the employer's responsibility to determine which job classifications or specific tasks and procedures involve occupational exposure. If VOSH determines, on a case-by-case basis, that sufficient evidence exists of reasonably anticipated exposure, the employer will be held responsible for providing the protections of 1910.1030 to the employees who come in contact with regulated waste. VOSH does not have jurisdiction over federal employers, such as NASA.

For staff whose jobs involve cleaning up discarded feminine hygiene products, OSHA does not generally consider such items to be regulated waste. The products are designed to contain blood. They are made of absorbent material which, in most instances, prevents release of liquid/semi-liquid blood or the flaking off of dried blood. However, the waste containers into which these products are discarded must be lined with a plastic or wax paper bag to protect employees from physical contact with the contents. Employers must provide suitable gloves for employees who handle the contents. Employers are also responsible for determining the existence of regulated waste. The determination cannot be based on actual volume of blood, but on the potential to release blood, e.g. when compacted in the waste container. OSHA determines, on a case-by-case

basis, if sufficient evidence of regulated waste exists, e.g., through such visual factors as a pool of liquid in the bottom of a container or dried blood flaking off during handling, or based on employee interviews. Further, if an employee under age 18 is employed in a position involving cleaning up such items, the workplace conditions may violate Virginia's child labor laws. In such a case, it would be advisable to contact the Department's Labor and Employment Law Division.

Nursing Homes

The Bloodborne pathogen standard, 1910.1030, requires source individuals to be tested for HBV or HIV when an employee experiences an exposure incident, i.e. a needle stick or blood splash to the eyes or mucous membranes. Employees should also be advised when they enter rooms in which patients with known or suspected infectious TB are being isolated to ensure that proper respiratory protection is worn. Outside these two scenarios, there are no federal OSHA or VOSH policy or guidelines which require that employers supply patient information to health care staff.

The Bloodborne Pathogens standard, 1910.1030 requires use of engineering controls and personal protective equipment to prevent employee exposure to bloodborne pathogens and other potentially infectious materials when providing patient care in nursing homes. This standard requires the use of universal precautions to control infection. The term "Universal Precautions" refers to a concept of bloodborne disease control which requires all human blood and certain human body fluids to be treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens. Blood and tissue must be handled in the same manner regardless of a patient's perceived or known risk. Employers must use sharps with built-in safety features or mechanisms that reduce the risk of a needle stick or percutaneous injury. The employer must select and provide for employees appropriate personal protective equipment, such as gloves, gowns, laboratory coats, face shields or masks and eye protection, when they are performing tasks which would expose them to blood and other potentially infectious materials. Employers should make the hepatitis B vaccine available to employees who have occupational exposure. For more information, see OSHA's website: <http://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

In regard to TB exposure, OSHA's compliance directive, CPL 2.106, Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis, focuses on worksites identified by the Centers for Disease Control and Prevention (CDC) as those where risk was considered the highest. This instruction is not a "mandate," nor is it a final OSHA standard applicable to any particular segment of the health care industry. Rather, it is a directive to clarify the application of the General Duty Clause when inspecting facilities identified as belonging in these high hazard groups. The directive focuses on workplaces, such as long-term care facilities, where risk was considered the highest. For more information on occupational exposure to TB, see the OSHA website: <http://www.osha.gov/SLTC/tuberculosis/standards.html> .

Funeral Homes, Construction and Operation

There are no specific OSHA or VOSH standards for the funeral home industry that govern the type of flooring material used in embalming prep rooms. The funeral home industry is regulated under the 1910 General industry standards. Section (d)(4)(ii)[A] of the 1910.1030 Bloodborne pathogens standard requires that surfaces be cleaned and disinfected as soon as possible after any spill with blood or other potentially infectious materials and at the end of the work shift if the surface has been contaminated since the last cleaning. The selection process should consider

flooring that is easy to clean and decontaminate. Some of the most frequently cited 1910 General industry standards in the Standard Industrial Classification (SIC) code for the funeral service industry can be found on the OSHA web site:

www.osha.gov/pls/imis/citedstandard.sic?p_esize=&p_state=FEFederal&p_sic=7261.

Some of the applicable general industry standards for the funeral services industry include the 1910.1030 Bloodborne pathogens standard, the 1910.1048 Formaldehyde standard, the 1910.134 Respiratory protection standard, and the 1910.1200 Hazard communication standard. To view safety and health topics regarding these standards, see OSHA's website at www.osha.gov.

The US Department of Health and Human Services (DHHS), National Institute for Occupational Safety and Health (NIOSH) Publication No. 98-149, (1998, October) describes a local exhaust ventilation system for controlling formaldehyde exposures during embalming. To view that document, see the following website: www.cdc.gov/niosh/hc26.html.

Conducting Bloodborne Pathogens Training

The 1910.1030 Bloodborne pathogens standard has no certification requirement for the person conducting training. Section (g)(2)(viii) of the standard requires the trainer to be knowledgeable in the subject matter covered by the elements in the training program as it relates to the workplace the training will address. Section (g)(2)(vii) lists the elements that must be included in the training program, including explanations of symptoms and modes of transmission of bloodborne diseases, location and handling of personal protective equipment, information on the hepatitis B vaccine, and follow-up procedures to be taken in the event of an exposure incident.

Showers/Handwashing Facilities

The 1910.1030 Bloodborne pathogen standard does not have a specific requirement for showers. However, under paragraph (d)(2)(iii), the employer is required to provide handwashing facilities which are readily accessible to employees. To view this standard, see the OSHA website: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051 .

ORGANIC SOLVENTS AND LOWER EXPLOSIVE LIMIT (LEL'S)

VOSH has adopted the federal identical standard 1910.106, which explains the requirements for handling, storage and use of flammable and combustible materials. To view this standard, see the OSHA website:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9752 .

VOSH has also adopted the federal identical 1910.107, Spray finishing using flammable and combustible standard, which applies to LEL coatings used in spray operations. To view this standard, see the OSHA website:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9753 .

Mechanical ventilation is the primary means of keeping flammable/combustible materials below their LEL's during spray operations. The vapor concentration of the organic solvent in the spray area must be maintained at a level below 25 percent of its LEL. A power-ventilated structure,

such as a spray booth, should be used to enclose or accommodate spraying operations when spraying flammable and combustible materials. The ventilation system must confine and remove vapors and mists to a safe location and also confine and control combustible residues, dusts, and deposits. See the OSHA website: <http://www.osha.gov/SLTC/sprayoperations/index.html> .

CONCENTRATIONS OF LEAD, CHROMIUM AND CADMIUM IN PAINT

VOSH has adopted the federal identical OSHA standards for concentrations of lead, chromium and cadmium in paint. These standards apply to all occupational exposures to these substances. Compliance with these standards is required at any detectable concentration and when there is a potential that they could be released in airborne concentrations which would exceed their respective permissible exposure limits. (The concentration of lead defined by the Consumer Products Safety Commission as non-lead containing is 0.06% and below.)

VOSH primarily relies on airborne measurements to determine employee exposure. VOSH does not consider any method that relies solely on the analysis of bulk materials or surface content of lead, chromium and cadmium (or other toxic material) to be acceptable for safely predicting employee exposure to airborne contaminants. Without air monitoring results or without the benefit of historical or objective data (including air sampling which clearly demonstrates that the employee cannot be exposed above the action level during any process, operation, or activity), the analysis of bulk or surface samples cannot be used to determine employee airborne exposure.

ASBESTOS

Asbestos: General

VOSH has adopted the federal identical OSHA 1926.1101 Asbestos construction standard. An inspection in compliance with the AHERA regulations (40 CFR 763) satisfies the requirements under 1926.1101(k)(1) and (k)(2) for a building owner to determine and inform employers of the presence, location, and quantity of ACM or PACM at work sites in their buildings. Under 1926.1101(k)(5)(ii)[A], a building owner may use an AHERA inspection to demonstrate that PACM does not contain more than one percent asbestos. Paragraph (k)(5)(ii)[B] of 1926.1101 also allows the building owner to rebut the designation of installed material as PACM. The test must include an analysis of bulk samples collected in the manner described in the AHERA regulation, 40 CFR Part 763.86. The AHERA regulation bases its sampling requirements on homogeneous areas, i.e. surfacing, thermal, or miscellaneous material that is uniform in color and texture. The AHERA inspector should apply his or her knowledge and experience and consider all relevant factors pertaining to a particular situation in determining the appropriate number of samples "sufficient to determine" the presence of ACM.

The EPA Asbestos NESHAP requires that, before demolition or renovation activities, a thorough inspection be conducted to determine the presence of asbestos. If the AHERA inspector collected only one sample of a PACM that was alike in color and texture (a homogeneous area), and the analysis was negative, that one sample may not be sufficient to accurately determine whether asbestos is present in the area subject to demolition or renovation, even though it appears to be the same color and texture. Therefore, the EPA and VOSH recommend that additional samples be collected, such as described in the 3-5-7 sampling rule.

Asbestos Physicals

Both the 1910.1001 general industry and the 1926.1101 construction industry standards for asbestos require that medical exams be made available at least annually, when such are required by the standard. Under the 1910.1001 general industry standard, the scope of medical exam is found in paragraph (l)(2)(ii), except that the frequency of chest roentgenogram shall be conducted in accordance with Table-2 at 1910.1001(l)(3)(ii). The 1926 construction standard, in paragraph (m)(2)(i)[D], leaves the frequency of additional examinations to the discretion of the examining physician. To download copies of these standards, see the OSHA website:

1910.1001:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9995

1926.1101:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10862

Asbestos disposal in large facility components

Under the National Emission Standards for Hazardous Air Pollutants, or NESHAP, Section 61.145(c)(5) states that, for large facility components such as reactor vessels, large tanks and steam generators, but not beams, regulated asbestos containing material (RACM) is not required to be stripped if the following requirements are met:

1. The component is removed, transported, stored, disposed of, or reused without disturbing or damaging the RACM;
2. The component is encased in a leak-tight wrapping; and
3. The leak-tight wrapping is labeled according to Section 61.149(d) (1) (i), (ii), and (iii) during all loading and unloading operations and during storage.

Pursuant to Section 61.150(a), the standard for waste disposal requires there be no discharge of visible emissions to the outside air during collection, processing, packaging, or transporting of any asbestos-containing waste material. In addition (see Section 61.150(a)(1)(ii)), the asbestos-containing waste must be made adequately wet without discharging visible emissions to the outside air from collection, mixing, wetting, and handling operations and must be sealed in "leak-tight" containers while wet. The regulations do not define what a "leak-tight" container is, but stipulate that no visible emissions may occur during the disposal process. The regulations allow the use of various types of containers which can be accurately described as "leak-tight" if they are designed to prevent visible emissions or leaks.

Collectively, the regulations require that asbestos-containing material be disposed of in a manner which prevents visible emissions to outside air at any time during the disposal process, including collection, handling and packaging at the abatement site, transportation from the abatement site to the disposal facility, and during unloading and processing operations at the disposal site.

Asbestos and Air Monitoring

The Construction Industry Asbestos Standard, 1926.1101, requires that employers conduct air

monitoring to determine employee exposure levels when they perform work operations where asbestos-containing material is being disturbed or removed. Monitoring is done by collecting air samples in the employee's breathing zone as close as possible to the employee's nose and mouth. Air monitoring should be done during work operations which may disturb asbestos-containing material. Unfortunately, after the construction activity has been completed, it is not possible to make an assessment of what airborne concentrations of asbestos existed during construction. However, air monitoring and/or surface contamination testing could be done to determine if the building or any facility components are still contaminated with asbestos.

In regards to asbestos, facilities such as schools are required to have Asbestos Management Plans that detail where asbestos is located and how it will be managed. This requirement is in the Asbestos Hazard Emergency Response Act (AHERA), which is enforced by the Environmental Protection Agency (EPA). This law also requires that employees be given access to this information. The Virginia Department of Labor and Industry does not enforce this law.

Homeowners Removing Asbestos

Category II nonfriable asbestos material is not considered regulated asbestos-containing material if the material is not crumbled, pulverized or reduced to powder during the demolition or renovation. VOSH regulations do not apply to homeowners who do work on their own property and are not compensating other individuals to assist them in this work. These regulations only cover work sites where there is an employer/employee relationship. For more information, see the OSHA website: <http://www.osha.gov/SLTC/constructionasbestos/index.html>.

However, it is recommended that major repair/renovation work be done only by a professional trained in methods of safely handling asbestos. When homeowners choose to handle asbestos containing material in their own homes, it is highly recommended that they follow the work practices and controls that a trained abatement contractor would use when handling this material. For more information, see the EPA website: <http://www.epa.gov/asbestos/pubs/ashome.html>.

The Virginia Department of Environmental Quality (DEQ) regulates Disposal of asbestos containing material. For information on proper disposal of such material, contact DEQ: <http://www.deq.state.va.us/regions/homepage.html>.

In addition, there may be local ordinances which may apply to this situation.

Asbestos NESHAP and Buildings to be Demolished

For situations where the asbestos NESHAP does not apply but asbestos is present in the building(s) to be demolished, it would be prudent to handle asbestos containing material as if the situation were regulated. All asbestos containing material should be kept wet at all times, asbestos material should be separated where safe to do so, and disposed of in a facility approved to accept asbestos waste. Although not required by regulation, these steps are practical measures to protect workers and nearby residents from inadvertent asbestos exposure.

SHOWERS

There are OSHA/VOSH standards which require showers. For example, 1910.151(c) states that

"where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use." Other standards which require showers include, but are not limited to the 1910.1001 Asbestos standard, the 1910.1025 Lead standard, and the 1910.1048 Formaldehyde standard. Shower requirements in these standards are triggered when employees are exposed to levels above established permissible exposure limits (PELs) for these substances, or if there is potential for employees' skin to be splashed with these chemicals. When showers are required by an OSHA/VOSH standard, they must meet the requirements of the general industry sanitation standard, 1910.141(d)(3), which may be viewed on the OSHA website: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9790.

VETERINARIANS

There are no VOSH/OSHA standards specific to veterinary medicine. The practice of veterinary medicine is covered by the 1910 General Industry standards. The 1910 standards that would be applicable depend on hazards specific to each worksite. Some hazards frequently found in veterinary services are covered by the following regulations: Formaldehyde (1910.1048), Hazard Communication (1910.1200), Personal Protective Equipment (1910.132), and Electrical (1910.305). OSHA's website lists the most frequently cited standards for veterinary services: http://www.osha.gov/pls/imis/citedstandard.sic?p_esize=&p_state=FEFederal&p_sic=0742.

For more information, see:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=21470.

In addition, to view the 1910 General Industry standards, see OSHA's web site: www.osha.gov.

MATERIAL SAFETY DATA SHEETS (MSDS)

Maintenance of material safety data sheets (MSDS) is governed by the federal identical Hazard Communication standard, 1910.1200. The MSDS must be resubmitted if the MSDS is updated or changed to contain new or significant information about a chemical's hazards. These provisions are detailed in section (g)(7) of the Hazard Communication Standard. OSHA has interpreted the MSDS availability requirement to allow the use of computers, telefax or any other means, as long as a readable copy of the MSDS is available to workers while they are in their work areas, during each workshift. Employees must have access to hard copies of the MSDSs. In the event of medical emergencies, employers must be able to immediately provide copies of MSDSs to medical personnel. For more information, see the OSHA website:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=22627

and

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=20004.

Information regarding the requirements for an MSDS sheet can be found on the Federal OSHA web site: <http://www.osha.gov/SLTC/hazardcommunications/index.html>.

HAZARDOUS SUBSTANCES AND HAZARD COMMUNICATION

A hazardous chemical, as defined by the OSHA 1910.1200 Hazard Communication Standard (HCS), is any chemical which can cause a physical or health hazard. VOSH has adopted the federal identical HCS, which defines "Health hazard" as a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with scientific principles, that acute or chronic health effects may occur in exposed employees. The term "health hazard" includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic system, and agents which damage the lungs, skin, eyes or mucous membranes. To determine if a chemical used in the workplace is hazardous, first obtain a copy of the material safety data sheet (MSDS) from the manufacturer of that particular chemical. The standard requires chemical manufacturers to prepare an MSDS to ensure that employers and employees are informed about the physical and health hazards of workplace chemicals. The MSDS provides information on essentially everything known about the chemical, including detailed information on potential hazardous effects, physical and chemical characteristics, and recommendations for appropriate protective measures. For more information, see the OSHA website: www.osha.gov/SLTC/hazardcommunications/index.html.

If the hazardous chemicals are transferred into unmarked containers, these containers must be labeled with the required information, unless the container into which the chemical is transferred is intended for immediate use by the employee who performed the transfer. If a hazardous chemical from a labeled container is transferred into another container and the chemical is not intended for immediate use by the employee who performs the transfer, then the employer must ensure the new container is labeled properly. The hazard communication standard allows the employer to use an alternative labeling method as long as the written Hazard Communication Program adequately addresses the issue. The purpose of the identity label is to provide a link back to the manufacturer of the hazardous substance and the MSDS. The employer is not only required to comply with the standard's labeling requirements, but an MSDS must be maintained for the hazardous chemicals used in the workplace. To view a federal OSHA interpretation letter which addresses these issues, see the OSHA website: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=21155.

The web site link to OSHA's compliance directive Inspection Procedures for the Hazard Communication Standard, (CPL 2-2.38C) includes a discussion of other issues regarding the hazard communication standard: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=1551

Employers who buy a consumer product for workplace use are not required to have an MSDS for the product if their employee's workplace use of the chemical is or will be as a consumer would use it. If the workplace use is of greater frequency or duration than normal consumer use, the employer must obtain an MSDS for the chemical and make it available to the employees.

AIR CONTAMINANTS AND AIR QUALITY

VOSH has adopted the federal OSHA identical Subpart Z -Toxic and Hazardous Substances, 1910.1000 Air contaminants standard. The VOSH unique standards may be viewed on the

Department's website: www.doli.virginia.gov/infocenter/publications/vaunique_p2.html .

OSHA/VOSH regulations that specifically address indoor air quality as it relates to exposure to regulated air contaminants are addressed in specific general industry standards. However, there are currently no specific OSHA/VOSH regulations or directives specific to workplace indoor air quality in general. On December 17, 2001 federal OSHA withdrew its Indoor Air Quality (IAQ) proposal and terminated the rulemaking proceeding. For information on indoor air quality, see the OSHA website: <http://www.osha.gov/SLTC/indoorairquality/index.html>.

An employee who suspects that there is an exposure to a regulated carcinogenic agent in the workplace, may report this condition to the Department's Regional Office that is nearest to the workplace. Employees can also request a Health Hazard Evaluation by the National Institute for Occupational Safety and Health (NIOSH) when there is an exposure to an agent not regulated by OSHA or when employees have an illness from an unknown cause. For information about the NIOSH Health Hazard Evaluation Program, see their website: <http://www.cdc.gov/niosh/hhe/HHEprogram.html>.

In the absence of Federal and/or state regulations addressing general indoor air quality in the workplace, VOSH does respond to such concerns through our non-formal complaint process, a phone/fax investigation. The complaint is handled by letter. We encourage the employer to evaluate the workplace environment and make necessary corrections or modifications.

MOLD

There are currently no specific OSHA/VOSH regulations/directives for mold in the workplace. Exposure to regulated air contaminants are addressed in specific standards for general industry. For more information about indoor air quality, see the OSHA website: <http://www.osha.gov/SLTC/indoorairquality/index.html>.

Additional information on mold in general can be found on the Mold and Fungi Technical Links page on federal OSHA's website: <http://www.osha.gov/SLTC/molds/index.html>.

In the absence of federal and/or state regulations addressing mold in the workplace, VOSH does respond to such concerns through our non-formal complaint process, a phone/fax investigation. The complaint is handled by letter. We encourage the employer to evaluate the workplace and make necessary corrections or modifications.

GASOLINE VAPORS IN THE AIR

Sampling media, such as detector tubes, can be used to measure the concentration of gasoline vapors in the air. Combustible gas meters can also be used to test for the presence of gasoline vapors to alert employees of a potential hazard due to flammability/explosion. For occupational safety and health information on gasoline, see the OSHA website at: http://www.osha.gov/dts/chemicalsampling/data/CH_243100.html .

SMOKING IN THE WORKPLACE

There are currently no federal OSHA or Virginia Occupational Safety and Health (VOSH) regulations concerning smoking in the workplace, except for instances where a fire or explosion

could result from their improper use, e.g. use of flammable solvents. There are some state laws regulating smoking under some conditions. For information on these rules, see the following website: <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+TOC1502000002800000000000>.

The Virginia Safety and Health Codes Board adopts regulations under instruction from the Virginia General Assembly. The Board has not, at this time, been instructed by the General Assembly to adopt a regulation regarding secondhand smoke. In the 2005 General Assembly Session legislation was proposed, Senate Bill 1191, to prohibit smoking in most buildings or enclosed areas frequented by the public. However, this bill was defeated. Information on this bill is available via the following URL link:

<http://leg1.state.va.us/cgi-bin/legp504.exe?ses=051&typ=bil&val=sb1191>.

TOILET FACILITIES AT BUILDING SITES (PORTABLE TOILETS)

The Virginia Occupational Safety and Health (VOSH) Construction Standard for Sanitation requires employers to provide toilet and handwashing facilities for employee use. A copy of this standard is available on the Department's website:

http://www.doli.virginia.gov/infocenter/publications/va_unique/16vac25-160.pdf.

To report conditions which impact employee safety and health at the workplace, contact the Department's Regional Office which is nearest to the worksite.

The use of portable toilets is acceptable in the following circumstances: (1) the lack of water or temporary nature of the installation makes water carriage systems impracticable; (2) the portable toilets are readily accessible by employees; (3) the portable toilets have adequate lighting, are secure, and have heating as necessary; and (4) they are well-maintained and properly serviced. Hand-washing facilities must be provided in all situations.

FOOD SANITATION

The Virginia Occupational Safety and Health (VOSH) program does not have jurisdiction over matters involving food sanitation. For matters involving food sanitation, contact the Virginia Department of Health regarding the interpretation of the State's Health Department regulations.

(<http://www.vdh.state.va.us/oehs/food/index.htm>)

HEAT STRESS

OSHA/VOSH has no specific regulations regarding heat stress, but we recognize the importance of protecting employees from exposure to weather/extreme temperatures when these are health or safety hazards. OSHA provides guidance (which VOSH endorses) on recognition, evaluation, and control of heat stress hazards, and appropriate compliance actions. For information on heat stress, see the OSHA website: <http://www.osha.gov/SLTC/heatstress/index.html>. Information about heat and sun hazards can also be found on websites of the Centers for Disease Control and Prevention: <http://www.bt.cdc.gov/disasters/extremeheat/index.asp> and the National Institute for Occupational Safety and Health:

<http://www.cdc.gov/niosh/topics/heatstress/>

<http://www.osha.gov/SLTC/heatstress/standards.html>.

Although VOSH has no specific regulations on heat stress hazards, the General Duty Clause requires each employer to, "furnish to each of his employees safe employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm." VOSH uses the General Duty Clause to cite employers who expose employees to potential serious physical harm from excessively hot work environments. Citations for General Duty Clause violations are issued only if there is no specific OSHA/VOSH standard that addresses the recognized hazard and if the four components of the provision are present. The four components are: 1) the employer failed to keep the workplace free of a "hazard;" 2) the hazard was "recognized," by the cited employer or by the employer's industry generally; 3) the recognized hazard was causing or likely to cause death or serious physical harm; and 4) there was a feasible means available to eliminate or materially reduce the hazard.

OCCUPATIONAL SAFETY AND HEALTH IN HEALTH CARE FACILITIES

Healthcare facilities are regulated under the 1910 General Industry standards. For the most part, the Virginia Occupational Safety and Health (VOSH) Program has adopted the federal identical OSHA 1910 General Industry standards. For information on occupational safety and health care in health care facilities, see the OSHA website:

<http://www.osha.gov/SLTC/healthcarefacilities/index.html>.

There are a few Virginia unique standards which are explained on the Department's web site:

http://www.doli.state.va.us/infocenter/publications/vaunique_p1.htm.

CONTAGIOUS DISEASES

There are no federal OSHA or Virginia Occupational Safety and Health (VOSH) regulations which address employee to employee transmission of communicable diseases in the workplace. However, the Virginia Department of Health's Office of Epidemiology has regulations which require the reporting and isolation of individuals with certain communicable diseases that may pose a public health hazard. This standard protects both co-workers and members of the public with whom that individual may have contact. Local health departments may also have quarantine requirements for individuals who have been diagnosed with some types of contagious diseases. The Virginia Department of Health and/or your local health department would be able to determine if an individual's diagnosis requires a quarantine protocol. The Virginia Department of Health's Office of Epidemiology may be contacted at 804-864-8141. For more information, see their website: <http://www.vdh.state.va.us/epi/newhome.asp>. It may also be helpful for an individual to contact his or her physician for additional information.

SAFETY AND HEALTH REGULATIONS FOR NURSING STAFF AGENCY

There are numerous Virginia Occupational Safety and Health (VOSH) standards which may apply to nursing staff. Some of the more common standards include Bloodborne Pathogens (1910.1030), Hazard Communication (1910.1200), and the VOSH Safety and Health Poster. For more information, see the Department's website:

http://www.doli.state.va.us/infocenter/publications/regposters_p1.html). Additional information on safety and health standards in the health care field is posted on the federal OSHA web site:

<http://www.osha.gov/SLTC/healthcarefacilities/index.html>. Also, the VOSH Program does offer consultation services to help employers better understand and voluntarily comply with the VOSH standards. For more information on VOSH's consultation services, see the Department's website

at: http://www.doli.state.va.us/whatwedo/coop_prog/consultation.html.

OCCUPATIONAL SAFETY AND HEALTH REGULATIONS FOR PHYSICIANS AND MEDICAL EQUIPMENT

Although there are no OSHA regulations specific to medical equipment, there are some OSHA 1910 General Industry standards that address safety requirements to safeguard employees. These include: 1910.146, The control of hazardous energy (lockout/tagout), 1910.212, Machine guarding, and 1910.301 to 1910.399, Electrical. To view these regulations, see Federal OSHA's web site: www.osha.gov. See also OSHA's publication, *Medical & Dental Offices: A Guide to Compliance with OSHA Standards*: <http://www.osha.gov/Publications/osha3187.pdf>.

Typically, the Food and Drug Administration (FDA) evaluates whether medical equipment meets purported treatment objectives in a way that does not endanger patients, while OSHA is responsible for ensuring that medical equipment is safe for use by employees in the workplace.

WATER PURIFICATION – SEWAGE TREATMENT PLANTS

There are two VOSH standards which address non-potable water. The sanitation standard for general industry, 1910.141(b)(1), requires employers to provide potable water in the workplace for drinking, washing of the person, cooking, washing of foods, washing of cooking or eating utensils, washing of food preparation or processing premises, and personal service rooms. The sections in the 1910.141 sanitation standard do not imply that a chlorine residual is to be maintained in a NPW system at a sewage treatment plant. The requirements of sections (b)(2)(i)-(b)(2)(iii) are intended to ensure that employees are aware that water from such sources is not suitable for the purposes stated above.

The only potential basis is in the VOSH regulations under the VOSH sanitation standard for general industry (1910.141(b)(2)), quoted below:

"Nonpotable water. 1910.141(b)(2)(i)

Outlets for nonpotable water, such as water for industrial or firefighting purposes, shall be posted or otherwise marked in a manner that will indicate clearly that the water is unsafe and is not to be used for drinking, washing of the person, cooking, washing of food, washing of cooking or eating utensils, washing of food preparation or processing premises, or personal service rooms, or for washing clothes.

1910.141(b)(2)(ii)

Construction of nonpotable water systems or systems carrying any other nonpotable substance shall be such as to prevent backflow or backsiphonage into a potable water system.

1910.141(b)(2)(iii)

Nonpotable water shall not be used for washing any portion of the person,

cooking or eating utensils, or clothing. Nonpotable water may be used for cleaning work premises, other than food processing and preparation premises and personal service rooms: Provided, That this nonpotable water does not contain concentrations of chemicals, fecal coliform, or other substances which could create unsanitary conditions or be harmful to employees.

VOSH has adopted the federal OSHA identical 1910.141 Sanitation standard, which may be viewed or downloaded at the OSHA web site:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9790.

The VOSH construction industry standard for sanitation (16VAC25-160-10), which is a Virginia unique standard, may viewed or downloaded at the following DOLI web site: http://www.doli.virginia.gov/infocenter/publications/va_unique/16vac25-160.pdf.

This standard states:

"(b) Nonpotable water

(1) Outlets for nonpotable water, such as water for industrial or firefighting purposes only, shall be identified by signs meeting the requirements of Subpart G of this part (16VAC25-175-1926.200 et seq.), to indicate clearly that the water is unsafe and is not to be used for drinking, washing, or cooking purposes.

(2) There shall be no cross-connection, open or potential, between a system furnishing potable water and a system furnishing nonpotable water."

Outside of these requirements, there are no other VOSH standards which regulate non-potable water.

FIRST AID

The Virginia Occupational Safety and Health (VOSH) Program's jurisdiction only extends to matters regarding occupational safety and health in the workplace. VOSH requirements for first aid training only apply in situations when first aid is administered to employees who suffer an injury or illness at the workplace. The OSHA website lists the Guidelines for First Aid Training Programs that are used to evaluate first aid training in the context of workplace inspections: www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=1568.

Although they may be similar, the VOSH first aid training requirements do not apply in situations when first aid is administered to non-employees, such as children in day care facilities. Children in day care facilities are not employees and are not covered by VOSH regulations. To learn about specific training requirement criteria for administering first aid to children in day care facilities, contact the Virginia Department of Social Services' Child Care Licensing Section at 1-800-543-7545 or visit their web site at www.dss.virginia.gov.

ERGONOMIC RULES

Neither federal OSHA nor the Virginia Occupational Safety and Health (VOSH) Program has a

specific ergonomic standard. The VOSH Program may cite employers for ergonomic hazards under the General Duty Clause and/or issue ergonomic hazard alert letters where appropriate. For more information, see the OSHA website: <http://www.osha.gov/SLTC/ergonomics/index.html>.

MICROWAVE OVENS

Neither OSHA nor the VOSH Program has specific standards that regulate microwave ovens. OSHA regulates exposure to nonionizing radiation in its General Industry standard, 29 CFR 1910.97. This standard specifies that worker exposure to nonionizing radiation not exceed 10 mW/cm^2 in the frequency range 10 MHz to 100 GHz (defined in the standard as radio frequency/microwave radiation). The VOSH Program has adopted the same requirement under its State plan. When applicable, the VOSH Program would address compliance with the 1910.97 Nonionizing radiation standard during the course of these inspections.

All new microwave ovens produced for sale in the United States must meet the Food and Drug Administration/Center for Devices and Radiological Health (FDA/CDRH) performance requirements in Title 21, CFR, Part 1030.10. This requirement states that new ovens may not leak microwave radiation in excess of 1 mW cm^2 at 5 cm from the oven surface. It also states that ovens, once placed into service, may not leak microwave radiation in excess of 5 mW cm^2 at 5 cm from the oven surface. The "Procedure for Field Testing Microwave Ovens" (HEW Publication (FDA) 77-8037) is the standard method for verifying that these oven performance criteria are met. Various nonionizing radiation survey meters are used to evaluate microwave exposure. The frequency ranges covered by OSHA's instruments are: 10 Hz to 300 kHz, 0.5 MHz to 6000 MHz, 6 GHz to 40 GHz, and the 2.45 GHz microwave oven frequency. These instruments are capable of measuring the electric field strength (E-field), magnetic field strength (H-field), or both depending on the instrument. If an employer is not found in compliance with the 1910.97 Nonionizing radiation standard, that employer could be subject to VOSH citations which may carry monetary penalties. For more information, contact the FDA/CDRH at the following address:

Food and Drug Administration
Center for Devices and Radiological Health
5600 Fishers Lane
Rockville, Maryland 20857-001
Telephone: 1-888-INFO-FDA (1-888-463-6332)
www.fda.gov/default.htm