Occupational Exposure to Bloodborne Pathogens in Healthcare

Johns Hopkins Bloomberg School of Public Health

Presented by
The International Safety Center

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Modules

- Module I: Current BBP Prevalence & Incidents/Injuries
  - Changing trends and emerging bloodborne diseases, and patterns of incidents and prevalence of exposures in healthcare settings
- Module II: General OSHA Compliance
  - Key elements of the Bloodborne Pathogens Standard, including recording and reporting requirements
- Module III: Applied OSHA Compliance
  - OSHA inspection protocols, and occupational health professional responsibilities regarding privacy and compliance
- Module IV: Motivating Change
  - Strategies to overcome barriers to change at the organizational and personal level

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Learning Objectives

1. Explain why transmission of bloodborne pathogens is still a critical occupational health issue
2. Provide recent sharps injury and mucocutaneous exposure data
3. Review OSHA Bloodborne Pathogens Standard requirements
    I. General Requirements
    II. Applied Requirements, including Recordkeeping and Medical Records
4. Describe why sharps injury protection (SIP) devices and PPE are critical to preventing sharps injuries and BBP exposures
5. Provide a framework for implementing change and motivators of change
6. Provide useful resources for compliance

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Why is Occupational Exposure to Blood Still a Problem?

How have risks changed?

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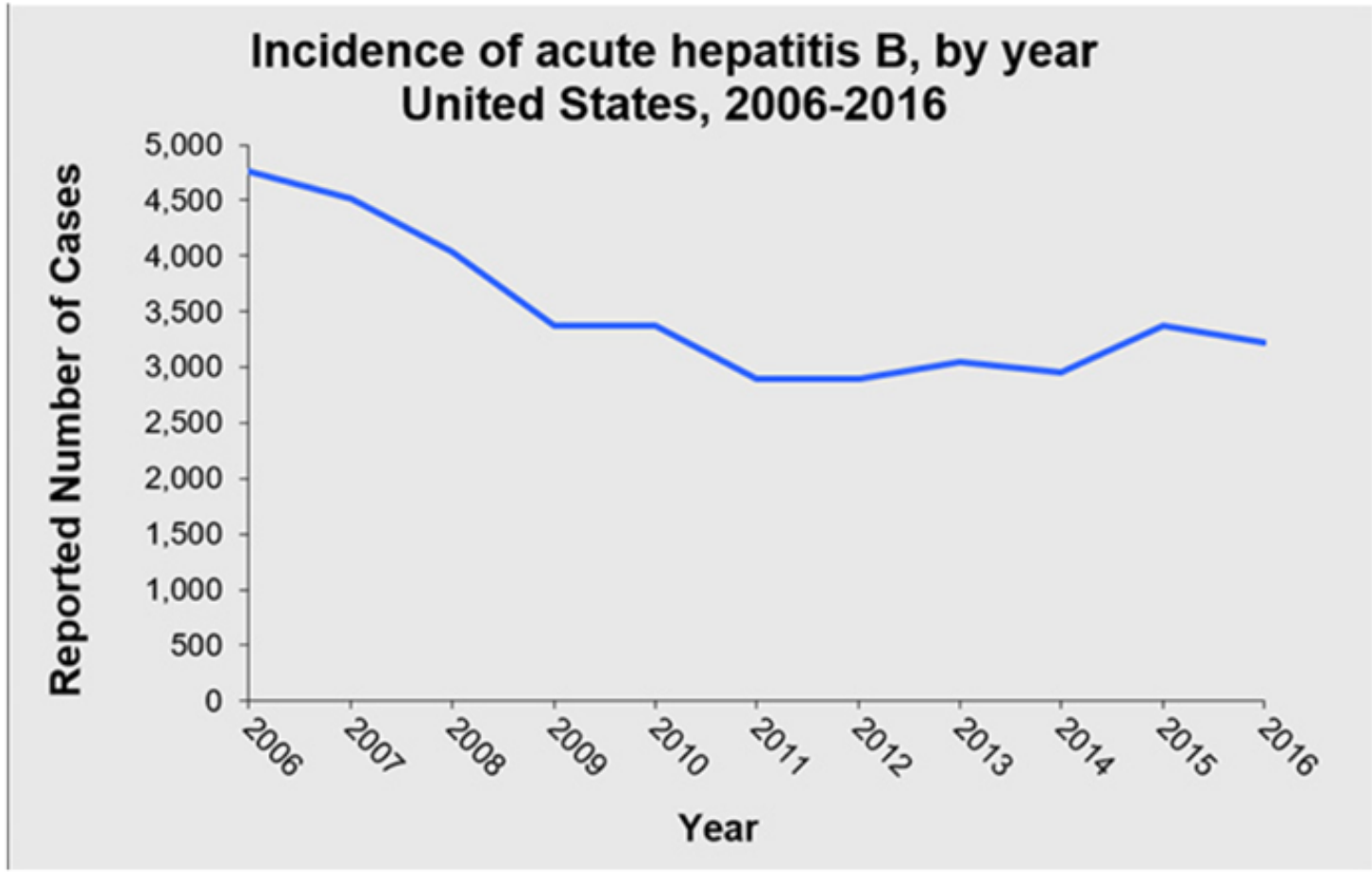
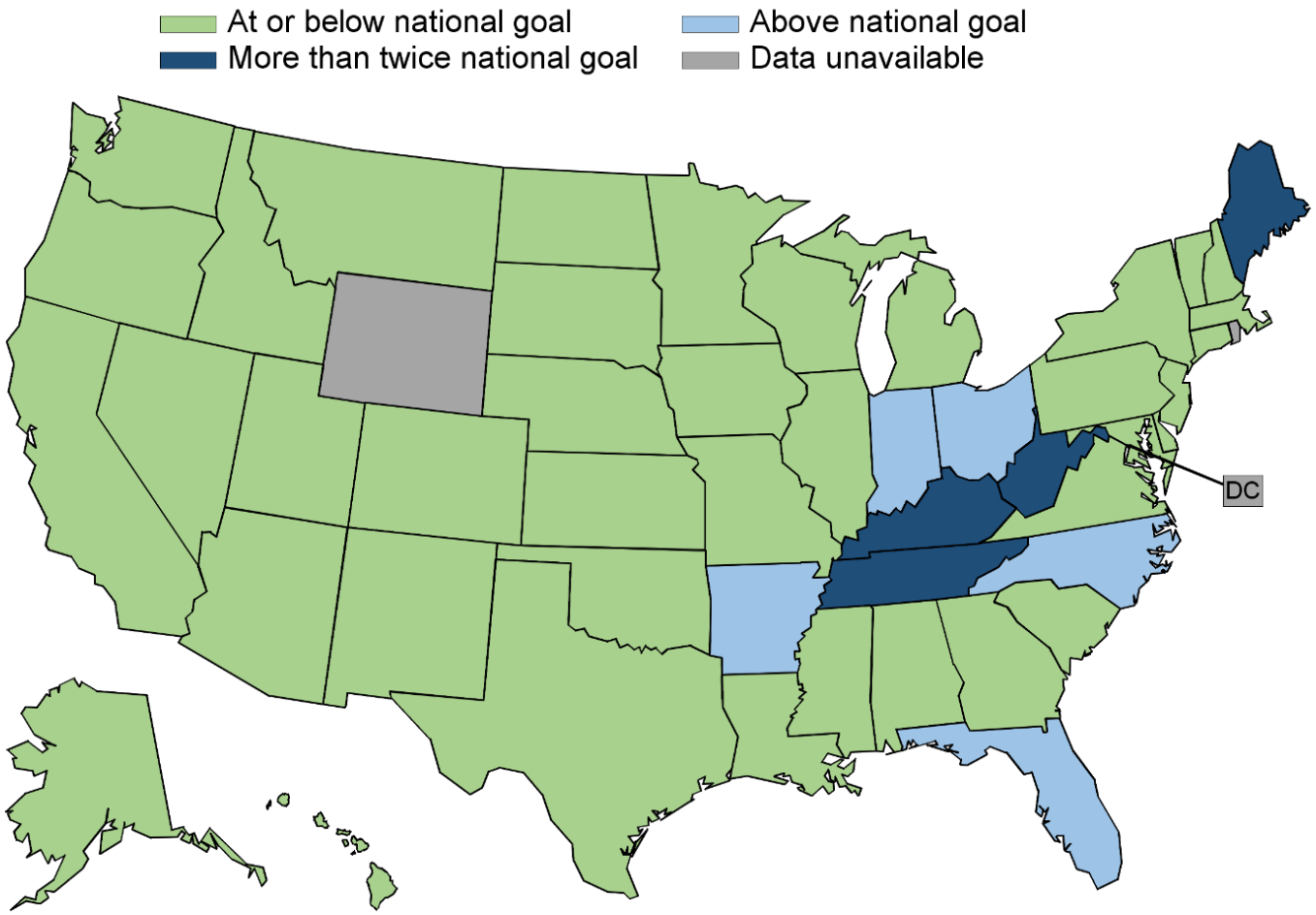


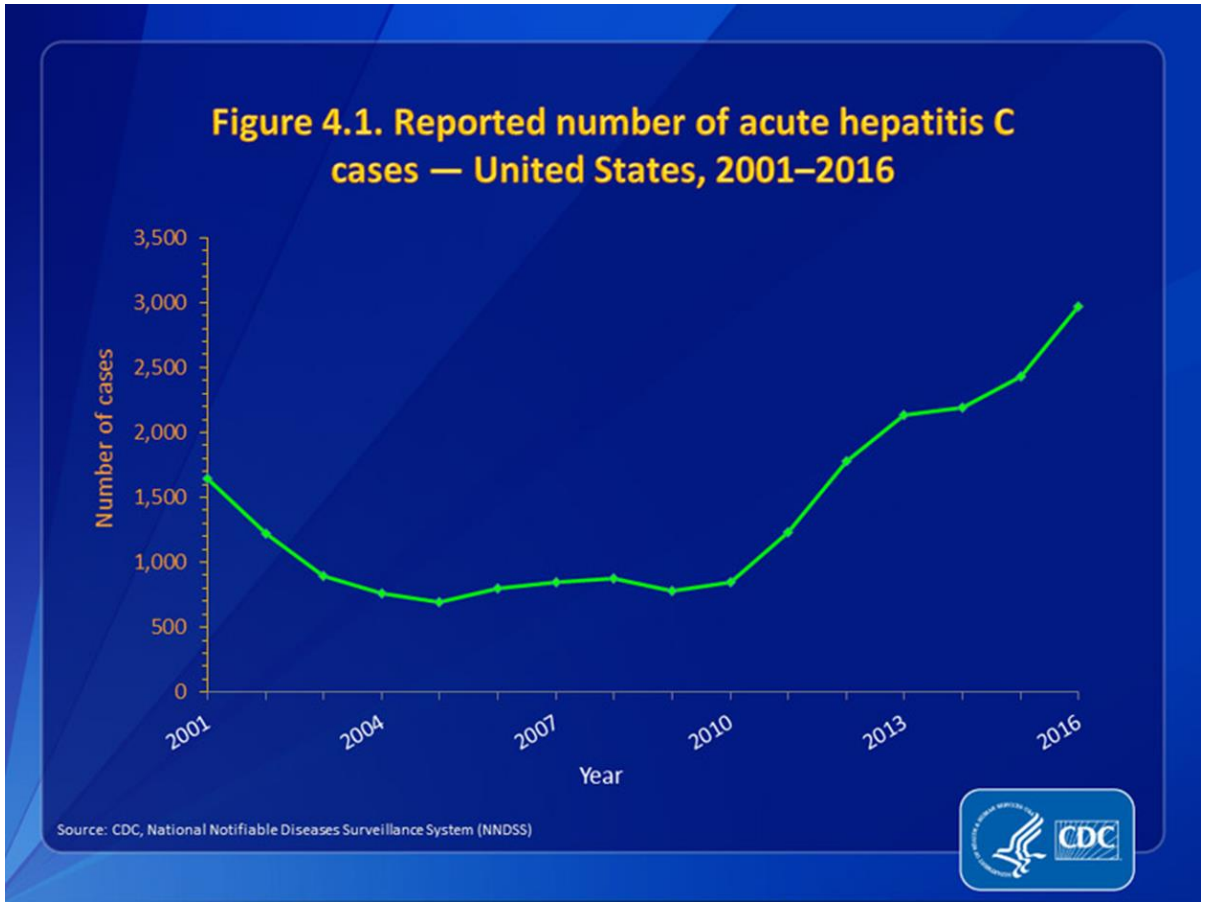
https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm

Map 3.1 State Acute Hepatitis B Incidence Compared to Healthy People 2020 National Goal*
United States, 2016



Source: CDC, National Notifiable Diseases Surveillance System (NNDSS)

*National goal: 1.5 cases/100,000 population

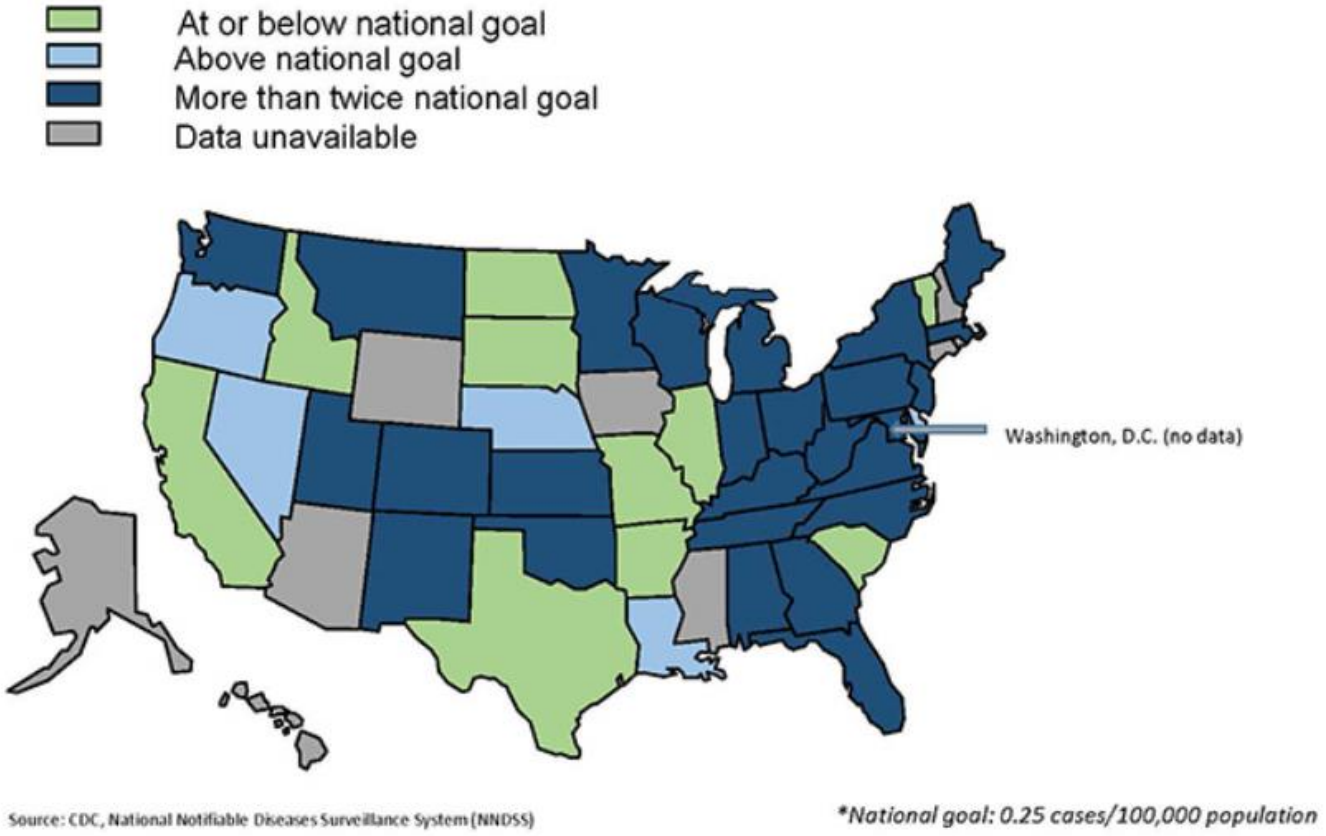


In the US, 3 in 4 people with hepatitis C were born from 1945–1965.

More Americans died from hepatitis C than from 60 other infectious diseases combined, including HIV and TB, with ‘baby boomers’ at greatest risk.

HCV Rates Compared to National Goals

Map 4.1. 2015 State Acute Hepatitis C Incidence Compared to Healthy People 2020 National Goal*



REF: https://www.cdc.gov/hepatitis/statistics/2015surveillance/index.htm

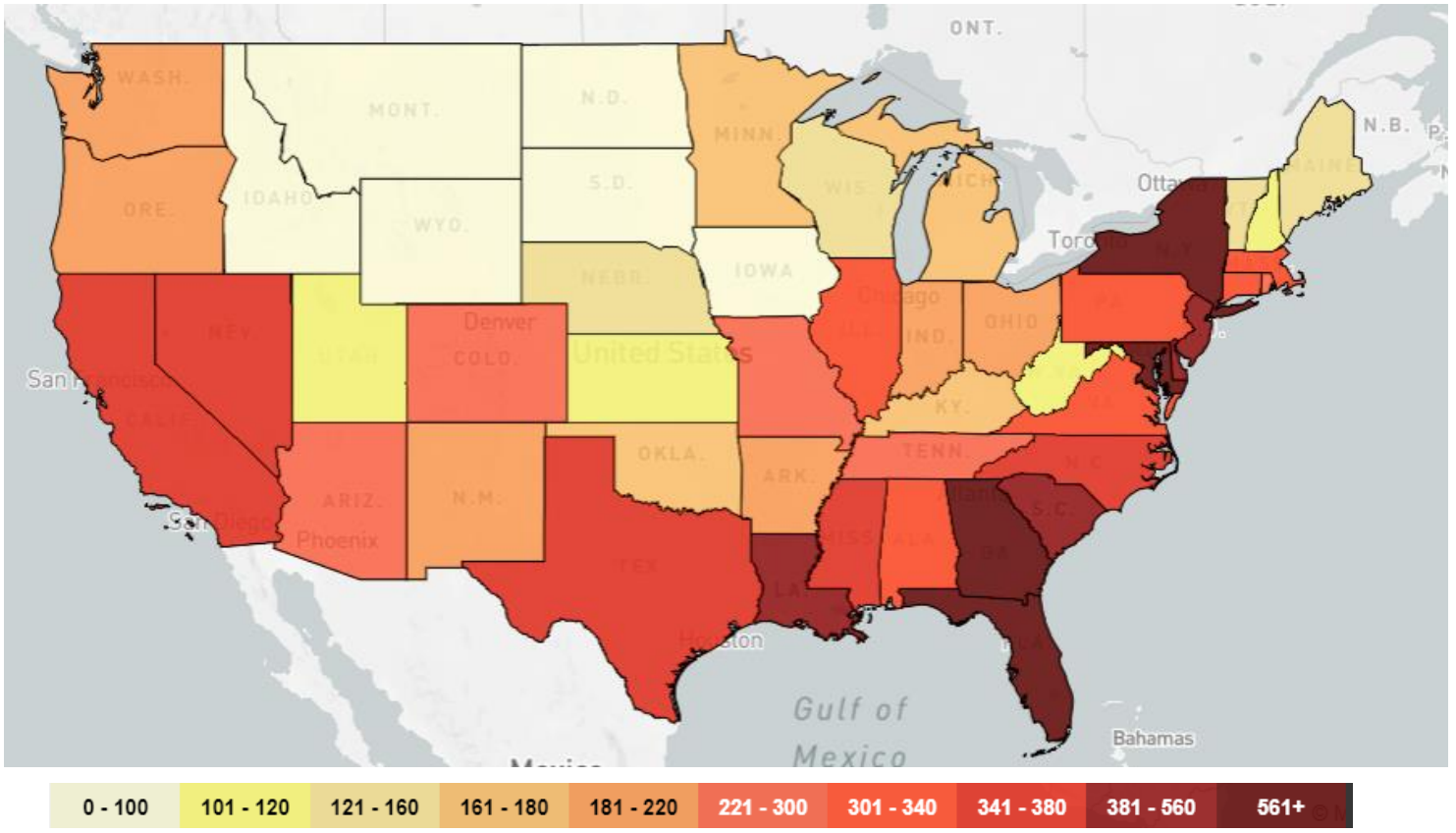
Human Immunodeficiency Virus (HIV)

Today, **1.1 MILLION PEOPLE** in the US are living with HIV.

1 in 7 **Don’t know they are infected** and can pass the virus to others.

REF: CDC https://www.cdc.gov/hiv/statistics/overview/ataglance.html

Rates of Persons Living with HIV; 2015



REF: https://aidsvu.org/

Risk of **Co-Infection**

- People with HIV infection are often affected by:
  - HBV and/or HCV, and
  - Co-infection with a multi-drug resistant organism
    - MRSA and TB
  - Increasing prevalence of diabetes

REF: CDC HIV and Viral Hepatitis Factsheet, 2016

Additional Pathogens Transmitted Through **Blood** and Body Fluid Exposure

- *Brucellosis abortus*
- *Corynebacterium diphteriae*
- Creutzfeldt-Jakob disease
- *Cryptococcosis neoformans*
- Dengue virus
- **Ebola Virus**
- Herpes
- Malaria
- *Rickettsia rickettsii*
- *Sporotrichum schenkii*
- *Streptococcus pyogenes*
- *Staphylococcus aureus*
- Syphilis
- *Toxoplasma gondii*
- Tuberculosis
- **Zika Virus**

Preventing blood and body fluid exposure for

EVERY patient/sample during

EVERY procedure

EVERY time

is critical

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Injury & Exposure Data

EPINet Summary Incident Reports:

Needlestick & Sharp Object Injuries

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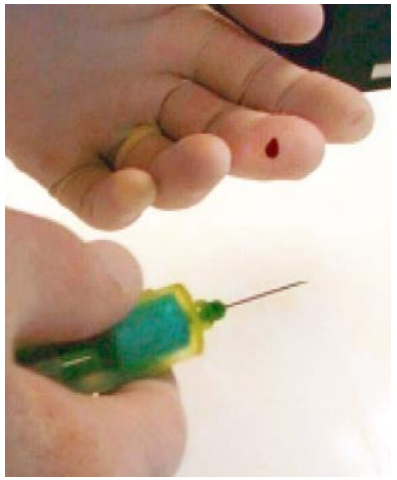
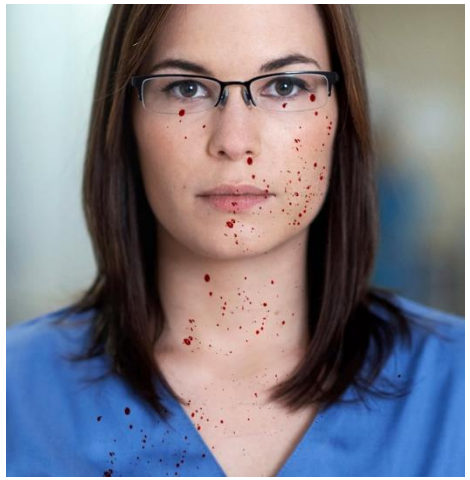
Injury & Exposure Data



Most common: Needlesticks

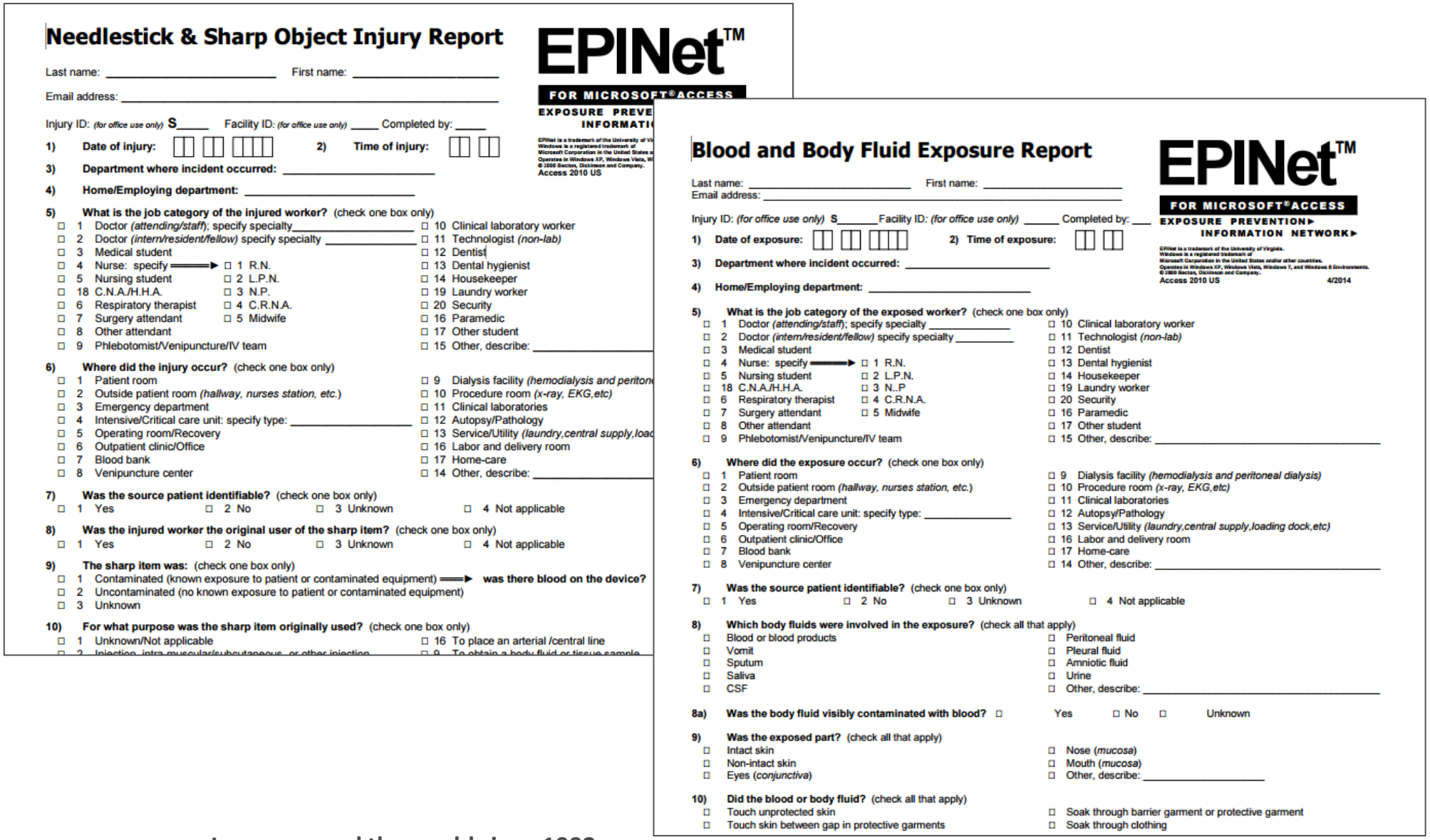
Cuts from contaminated sharps

(e.g., blades, scalpels, broken glass, metal, bone)



Blood and body fluid splash and splatters

(e.g., eyes, nose, mouth, or non-intact skin)



Needlestick & Sharp Object Injury Report

EPINet™ FOR MICROSOFT® ACCESS
EXPOSURE PREVE
INFORMATI

Last name: _____ First name: _____

Email address: _____

Injury ID: *(for office use only)* S_____ Facility ID: *(for office use only)* ____ Completed by: ____

1) **Date of injury:** ☐☐ ☐☐ ☐☐☐☐ 2) **Time of injury:** ☐☐

3) **Department where incident occurred:** _____

4) **Home/Employing department:** _____

5) **What is the job category of the injured worker?** (check one box only)

- ☐ 1 Doctor *(attending/staff)*; specify specialty_____
- ☐ 2 Doctor *(intern/resident/fellow)* specify specialty _____
- ☐ 3 Medical student
- ☐ 4 Nurse: specify ⟹ ☐ 1 R.N. ☐ 2 L.P.N. ☐ 3 N.P. ☐ 4 C.R.N.A. ☐ 5 Midwife
- ☐ 5 Nursing student
- ☐ 18 C.N.A./H.H.A.
- ☐ 6 Respiratory therapist
- ☐ 7 Surgery attendant
- ☐ 8 Other attendant
- ☐ 9 Phlebotomist/Venipuncture/IV team
- ☐ 10 Clinical laboratory worker
- ☐ 11 Technologist *(non-lab)*
- ☐ 12 Dentist
- ☐ 13 Dental hygienist
- ☐ 14 Housekeeper
- ☐ 19 Laundry worker
- ☐ 20 Security
- ☐ 16 Paramedic
- ☐ 17 Other student
- ☐ 15 Other, describe: _____

6) **Where did the injury occur?** (check one box only)

- ☐ 1 Patient room
- ☐ 2 Outside patient room *(hallway, nurses station, etc.)*
- ☐ 3 Emergency department
- ☐ 4 Intensive/Critical care unit: specify type: _____
- ☐ 5 Operating room/Recovery
- ☐ 6 Outpatient clinic/Office
- ☐ 7 Blood bank
- ☐ 8 Venipuncture center
- ☐ 9 Dialysis facility *(hemodialysis and periton*
- ☐ 10 Procedure room *(x-ray, EKG,etc)*
- ☐ 11 Clinical laboratories
- ☐ 12 Autopsy/Pathology
- ☐ 13 Service/Utility *(laundry,central supply,loac*
- ☐ 16 Labor and delivery room
- ☐ 17 Home-care
- ☐ 14 Other, describe: _____

7) **Was the source patient identifiable?** (check one box only)
☐ 1 Yes ☐ 2 No ☐ 3 Unknown ☐ 4 Not applicable

8) **Was the injured worker the original user of the sharp item?** (check one box only)
☐ 1 Yes ☐ 2 No ☐ 3 Unknown ☐ 4 Not applicable

9) **The sharp item was:** (check one box only)

- ☐ 1 Contaminated (known exposure to patient or contaminated equipment) ⟹ **was there blood on the device?**
- ☐ 2 Uncontaminated (no known exposure to patient or contaminated equipment)
- ☐ 3 Unknown

10) **For what purpose was the sharp item originally used?** (check one box only)

- ☐ 1 Unknown/Not applicable
- ☐ 16 To place an arterial /central line

Blood and Body Fluid Exposure Report

EPINet™ FOR MICROSOFT® ACCESS
EXPOSURE PREVENTION ▸
INFORMATION NETWORK ▸

Access 2010 US 4/2014

Last name: _____ First name: _____
Email address: _____

Injury ID: *(for office use only)* S_____ Facility ID: *(for office use only)* _____ Completed by: ___

1) **Date of exposure:** ☐☐ ☐☐ ☐☐☐☐ 2) **Time of exposure:** ☐☐

3) **Department where incident occurred:** _____

4) **Home/Employing department:** _____

5) **What is the job category of the exposed worker?** (check one box only)

- ☐ 1 Doctor *(attending/staff)*; specify specialty _____
- ☐ 2 Doctor *(intern/resident/fellow)* specify specialty _____
- ☐ 3 Medical student
- ☐ 4 Nurse: specify ⟹ ☐ 1 R.N. ☐ 2 L.P.N. ☐ 3 N..P ☐ 4 C.R.N.A. ☐ 5 Midwife
- ☐ 5 Nursing student
- ☐ 18 C.N.A./H.H.A.
- ☐ 6 Respiratory therapist
- ☐ 7 Surgery attendant
- ☐ 8 Other attendant
- ☐ 9 Phlebotomist/Venipuncture/IV team
- ☐ 10 Clinical laboratory worker
- ☐ 11 Technologist *(non-lab)*
- ☐ 12 Dentist
- ☐ 13 Dental hygienist
- ☐ 14 Housekeeper
- ☐ 19 Laundry worker
- ☐ 20 Security
- ☐ 16 Paramedic
- ☐ 17 Other student
- ☐ 15 Other, describe: _____

6) **Where did the exposure occur?** (check one box only)

- ☐ 1 Patient room
- ☐ 2 Outside patient room *(hallway, nurses station, etc.)*
- ☐ 3 Emergency department
- ☐ 4 Intensive/Critical care unit: specify type: _____
- ☐ 5 Operating room/Recovery
- ☐ 6 Outpatient clinic/Office
- ☐ 7 Blood bank
- ☐ 8 Venipuncture center
- ☐ 9 Dialysis facility *(hemodialysis and peritoneal dialysis)*
- ☐ 10 Procedure room *(x-ray, EKG,etc)*
- ☐ 11 Clinical laboratories
- ☐ 12 Autopsy/Pathology
- ☐ 13 Service/Utility *(laundry,central supply,loading dock,etc)*
- ☐ 16 Labor and delivery room
- ☐ 17 Home-care
- ☐ 14 Other, describe: _____

7) **Was the source patient identifiable?** (check one box only)
☐ 1 Yes ☐ 2 No ☐ 3 Unknown ☐ 4 Not applicable

8) **Which body fluids were involved in the exposure?** (check all that apply)

- ☐ Blood or blood products
- ☐ Vomit
- ☐ Sputum
- ☐ Saliva
- ☐ CSF
- ☐ Peritoneal fluid
- ☐ Pleural fluid
- ☐ Amniotic fluid
- ☐ Urine
- ☐ Other, describe: _____

8a) **Was the body fluid visibly contaminated with blood?** ☐ Yes ☐ No ☐ Unknown

9) **Was the exposed part?** (check all that apply)

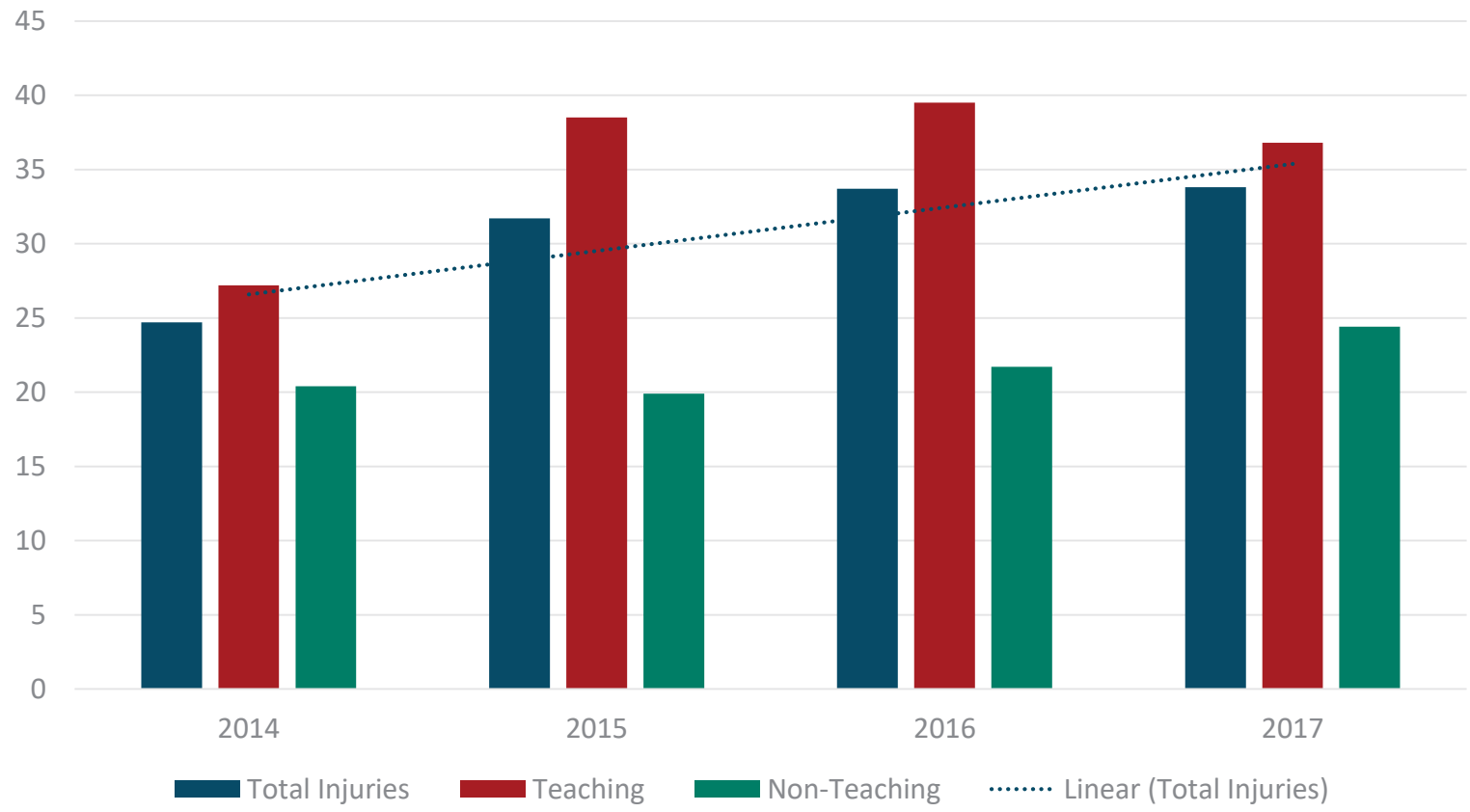
- ☐ Intact skin
- ☐ Non-intact skin
- ☐ Eyes *(conjunctiva)*
- ☐ Nose *(mucosa)*
- ☐ Mouth *(mucosa)*
- ☐ Other, describe: _____

10) **Did the blood or body fluid?** (check all that apply)

- ☐ Touch unprotected skin
- ☐ Touch skin between gap in protective garments
- ☐ Soak through barrier garment or protective garment
- ☐ Soak through clothing

In use around the world since 1992.
FREE: https://internationalsafetycenter.org/use-epinet/

Summary of Needlesticks and Sharp Object Injuries (SOI) per 100 ADC; EPINet



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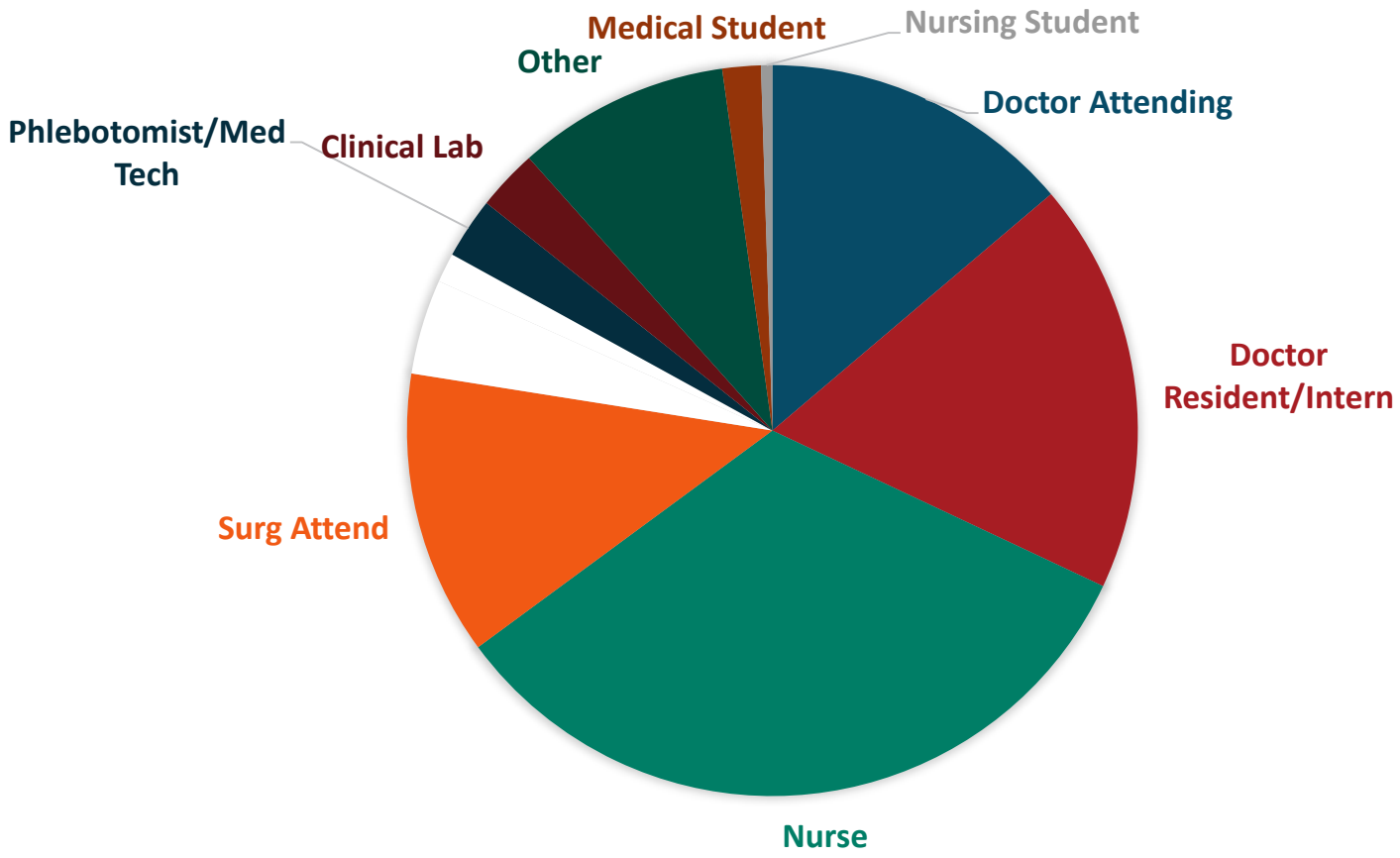
Sharp Object Injury & Needlestick Summary Data; N=31 US Health Systems, EPINet 2017



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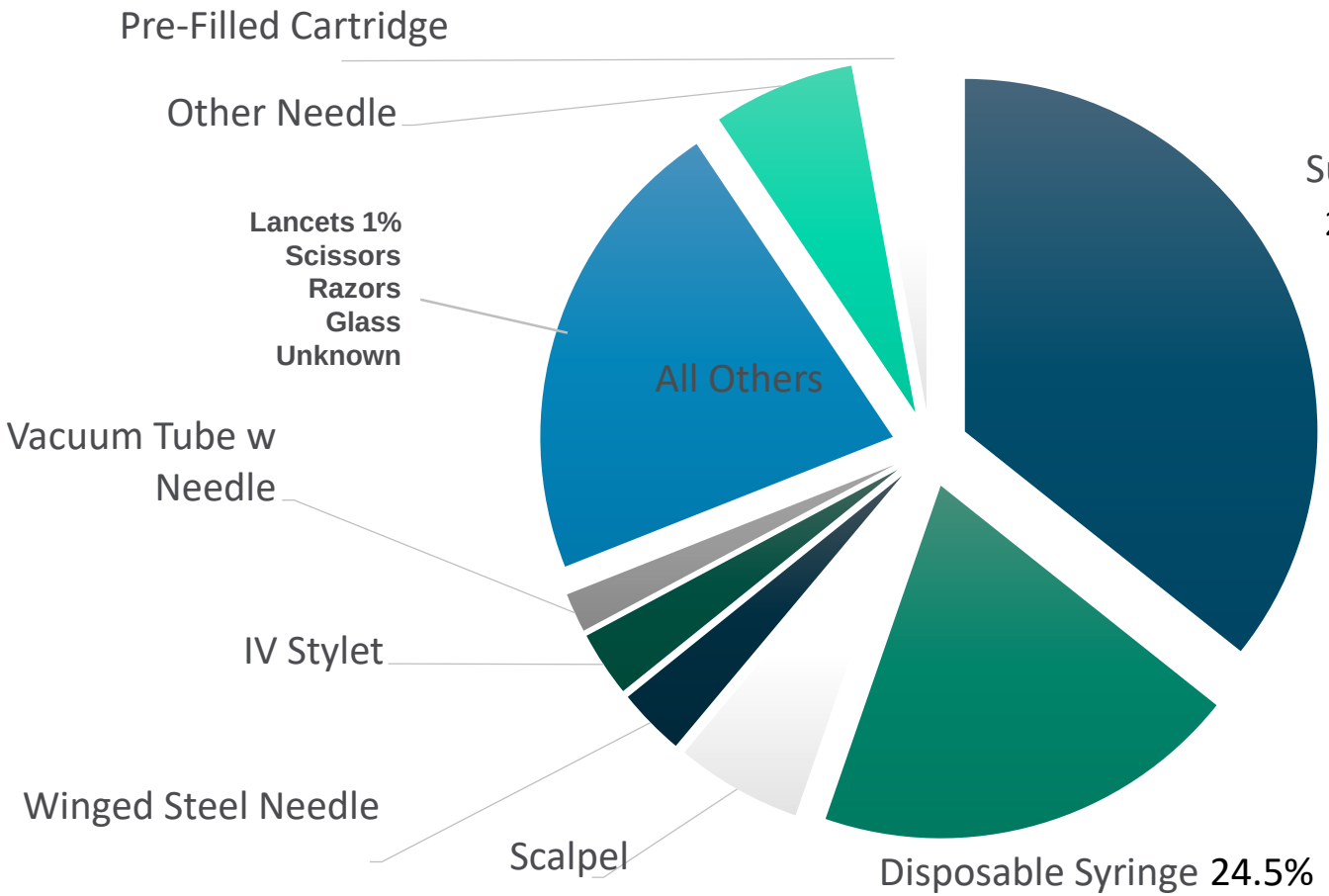

Only 31.4% indicate they were using a sharp with injury protection (engineering control)

27.2% Insulin Syringes

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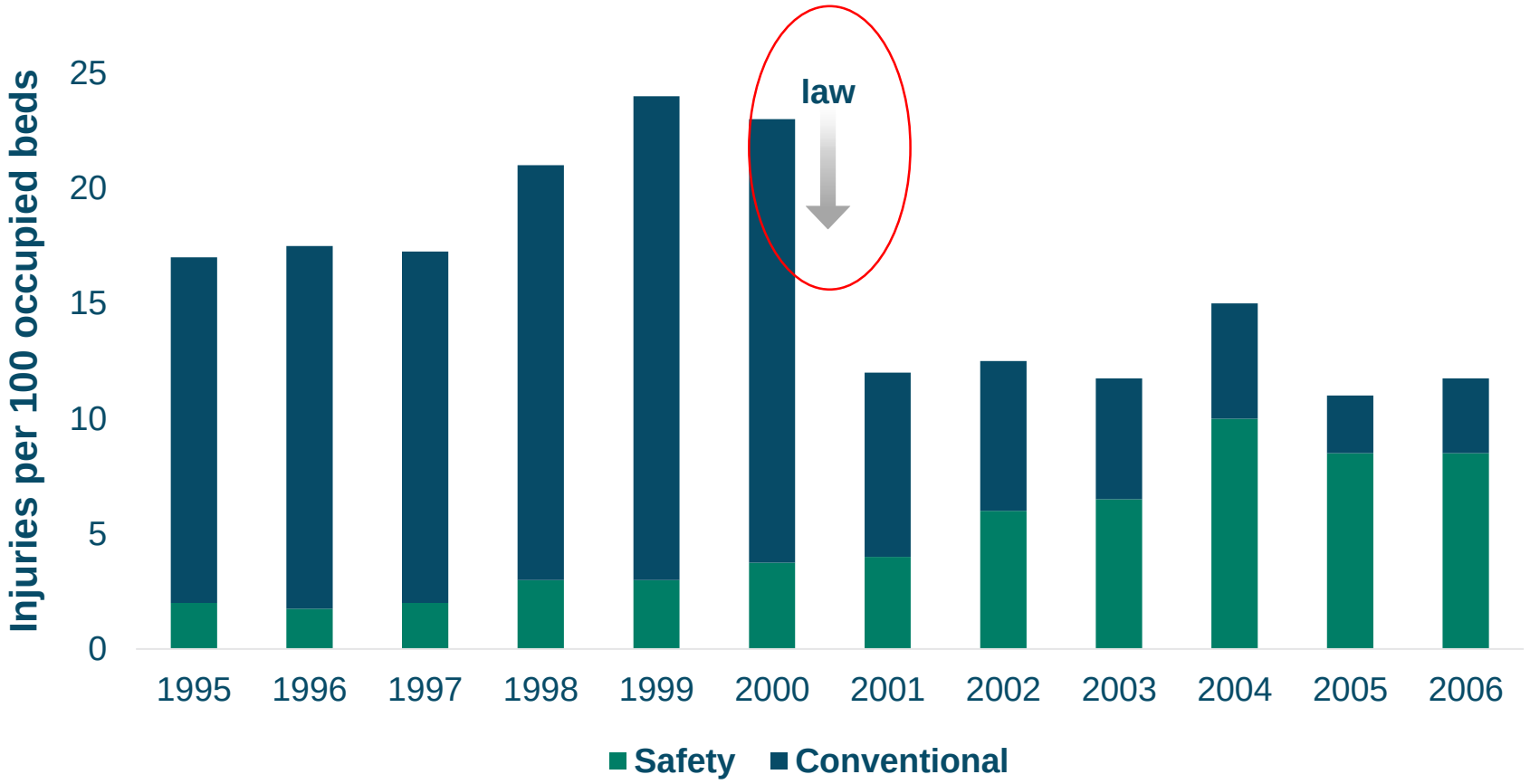
Injury Rates from Contaminated Hollow-bore Needles: Safety versus Conventional, U.S. EPINet 1995-2006; 87 Hospitals; Total Injuries = 24,440



Examples

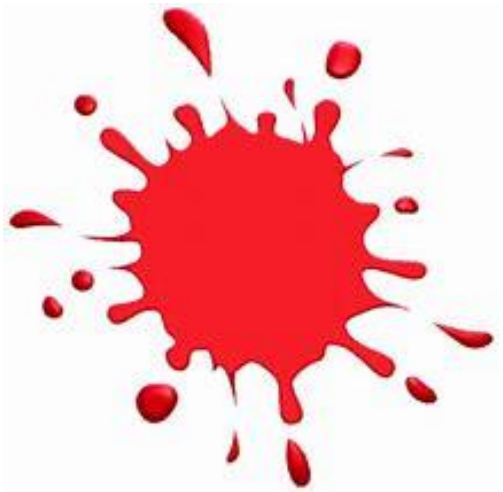







Blood & Body Fluid Exposure (BBFE) Incidents

Non-Sharps



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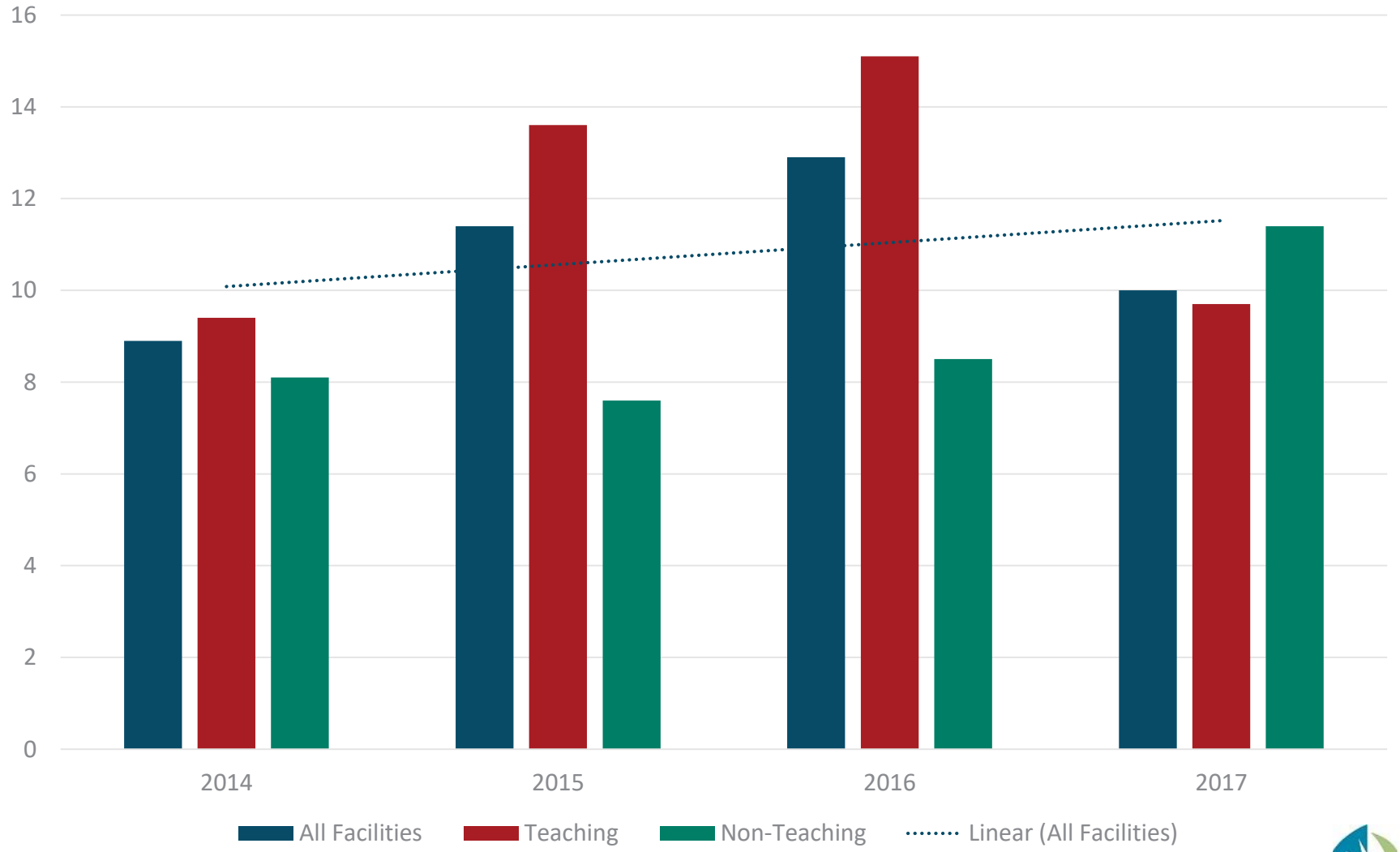
Blood & Body Fluid Exposure Incidents per 100 ADC; EPINet



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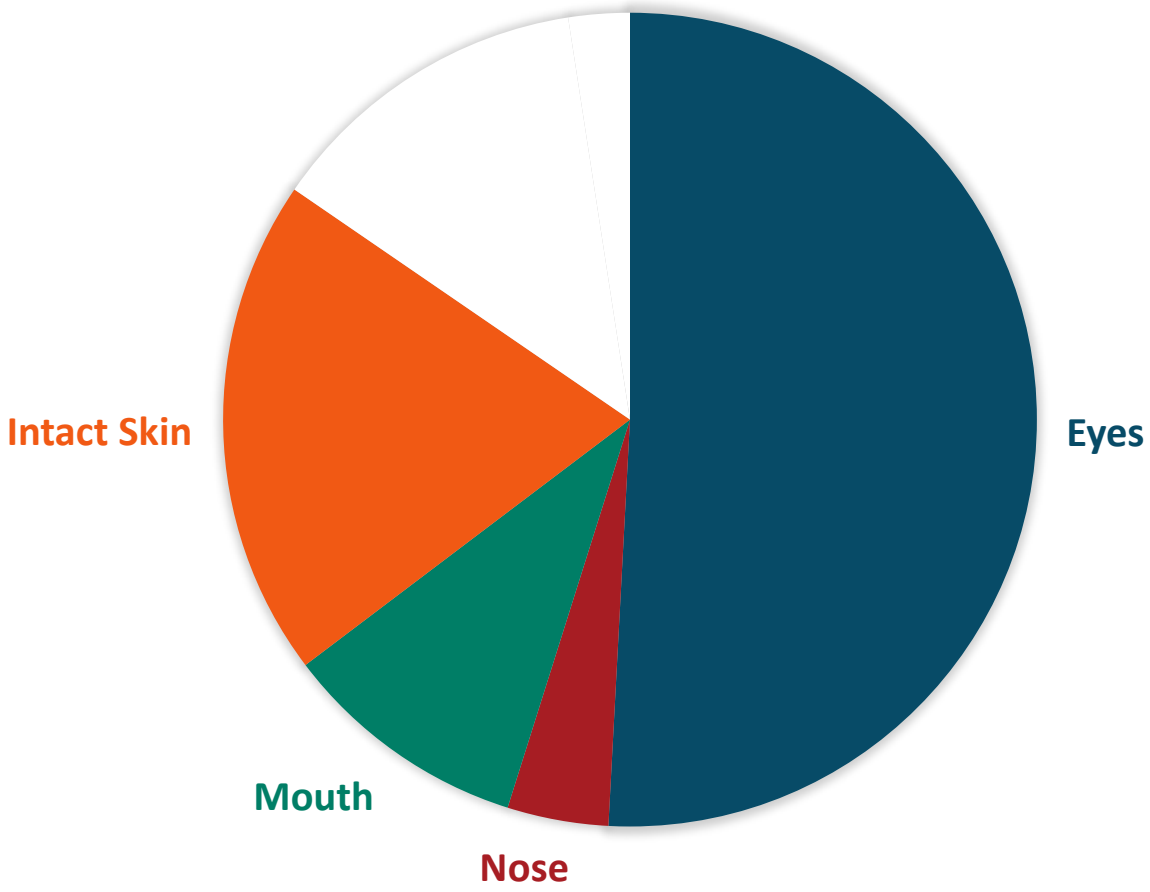
Blood & Body Fluid Exposure Incident Summary Data; N=31 facilities, EPINet 2017



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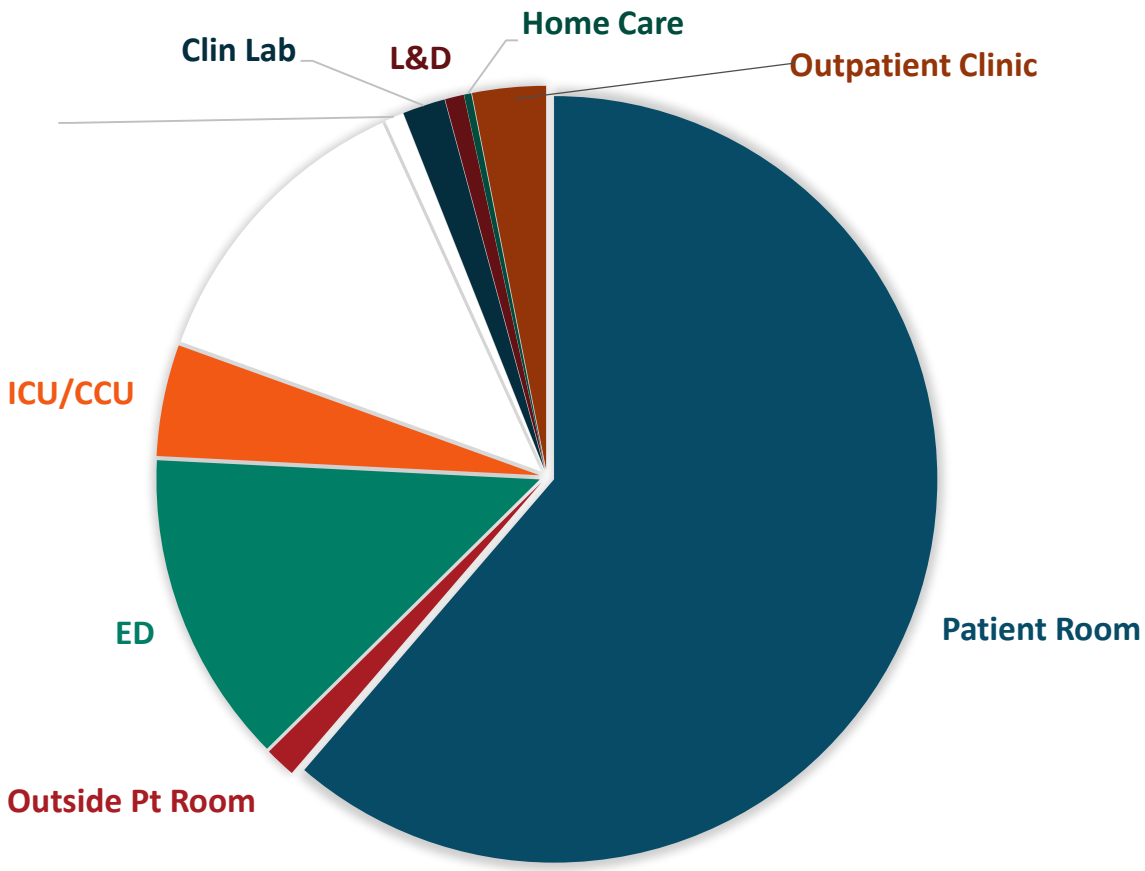
Blood & Body Fluid Exposure Incident Summary Data; N=31 Facilities, EPINet 2017,



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Total PPE & Barrier Garment Worn; 2017

Which barrier garments were worn at the time of exposure?	% of Total Records
Single pair of gloves	28.3%
Double pair of gloves	2%
Protective Eyewear / Goggles	0.5%
Eyeglasses (not protective)	5.8%
Eyeglasses with sideshields	0.5%
Faceshield	2.0%
Surgical mask	2.5%
Surgical gown	3.0%
Plastic apron	0.5%
Labcoat / Scrub Jacket, cloth, (not protective)	0%
Respirator	0.0%
Other	1.8%

3.0%
Wearing appropriate eye protection

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To Summarize

- Global Prevalence of Bloodborne Disease Impacts Public and Occupational Health
- Sharps Injuries and Needlesticks are INCREASING
- Blood and Body Fluid Exposures are INCREASING
- PPE Use is Poor
- The majority of injuries and exposures are occurring in patient / exam rooms where healthcare personnel are not protected
  - Inaccessibility and/or non-use of sharps with injury protection and PPE

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Resources


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PPE compliance is crucial.
We may not be doing enough to protect our healthcare workers. Our data, used in new studies on worker safety – including a study published by the Center's Dr. Mitchell – illustrates that PPE compliance rates are
Welcome to the International Safety Center.
We are committed to improving occupational safety in healthcare by minimizing exposure to blood and body fluids.

EPINet Sharp Object Injury and Blood and Body Fluid Exposure Reports by Year

The following data are intended to provide a picture of sharp object injury and blood and body fluid exposure patterns in healthcare settings for you to use as comparison data to measure progress in your facility.

Sharp Object Injury Reports

- 2017 Sharp object injury report
- 2016 Sharp object injury report
- 2015 Sharp object injury report
- 2014 Sharp object injury report
- 2013 Sharp object injury report
- 2012 Sharp object injury report
- 2011 Sharp object injury report
- 2010 Sharp object injury report

Blood and Body Fluid Exposure Reports

- 2017 Blood and body fluid exposure report
- 2016 Blood and body fluid exposure report
- 2015 Blood and body fluid exposure report
- 2014 Blood and body fluid exposure report
- 2013 Blood and body fluid exposure report
- 2012 Blood and body fluid exposure report
- 2011 Blood and body fluid exposure report
- 2010 Blood and body fluid exposure report

https://www.cdc.gov/hepatitis/statistics/SurveillanceRpts.htm

AIDSVu

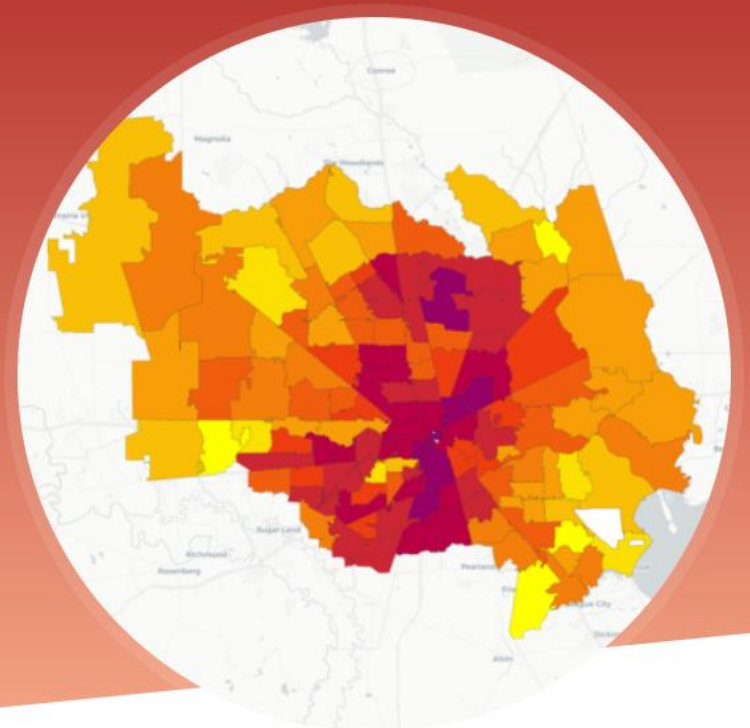
VIEW THE MAP | LOCAL DATA | FIND SERVICES | NEWS & UPDATES | TOOLS & RESOURCES

Understanding HIV in Houston

AIDSVu is an interactive online mapping tool that visualizes the impact of the HIV epidemic on communities across the United States.

There are approximately 25,831 people living with diagnosed HIV in Houston

- **Local Data for Houston**
- **Find Services in Houston**
- **View Houston Map**



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OSHA Bloodborne Pathogens Standard (BPS)

With Updates from The Needlestick Safety and Prevention Act

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Bloodborne Pathogens

Requirements

- Exposure Control Plan
- Engineering & Work Practice Controls
  - Safety Engineered Device Use, Activation
  - Immediate Disposal
  - Frontline Employee Evaluation & Selection
  - PPE Availability and Use

Bloodborne Pathogens

Requirements

- Training
  - Prior to Initial Placement
  - Annually
  - New Procedures, Practices, Devices
- HBV Vaccine and Post-Exposure Procedures
- Recordkeeping and Sharps Injury Log

APPENDIX D
MODEL EXPOSURE CONTROL PLAN

The Model Exposure Control Plan is intended to serve employers as an example exposure control plan which is required by the Bloodborne Pathogens Standard. A central component of the requirements of the standard is the development of an exposure control plan (ECP).

The intent of this model is to provide small employers with an easy-to-use format for developing a written exposure control plan. Each employer will need to adjust or adapt the model for their specific use.

The information contained in this publication is not considered a substitute for the OSH Act or any provisions of OSHA standards. It provides general guidance on a particular standard-related topic but should not be considered a definitive interpretation for compliance with OSHA requirements. The reader should consult the OSHA standard in its entirety for specific compliance requirements.

POLICY

The __(*Facility Name*)__ is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our firm in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

* Determination of employee exposure
* Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
* Hepatitis B vaccination
* Post-exposure evaluation and follow-up
* Communication of hazards to employees and training
* Recordkeeping
* Procedures for evaluating circumstances surrounding an exposure incident

The following is a list of job classifications in which **some** employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

JOB TITLE	DEPARTMENT/LOCATION	TASK/PROCEDURE
(Example: Housekeeper	*Environmental Services*	*Handling Regulated Waste)*
_____	_____	_____

Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting _(*Name of responsible person or department)*_. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

___(*Name of responsible person or department)*_____ is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

* _(*For example: non-glass capillary tubes, SESIPs, needleless systems)*
* _____
* _____

https://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf

- Personal Protective Equipment (PPE)
  - Gloves, Gowns, Face Masks, Eye Protection
- Employer must:
  - Provide appropriate PPE (latex-alternatives)
  - Ensure the use of PPE
  - Launder/Clean PPE
    - … at no cost to the employee

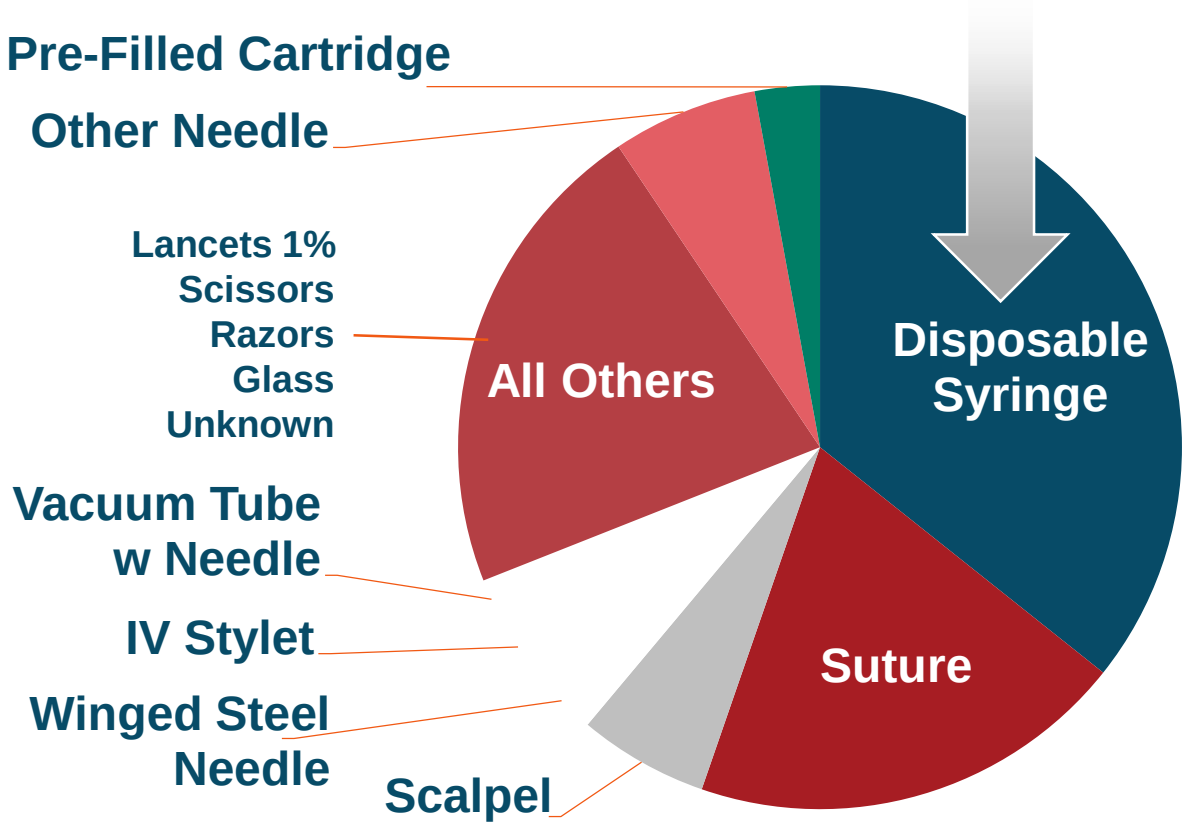
- Housekeeping (Environmental Services)
  - Disinfection (FDA, EPA)
  - Contaminated work surfaces
- Laundry & Contaminated Linen

- Training
- Regulated Medical Waste
- Signage and Labels

Importance of Frontline Employees

- Safety devices are evaluated and selected by non-managerial **frontline** employees
- Improve use of safety devices
- Improve activation of safety feature
- Decrease downstream, non-user injuries
- Create culture and climate of safety

Injuries and Devices Used



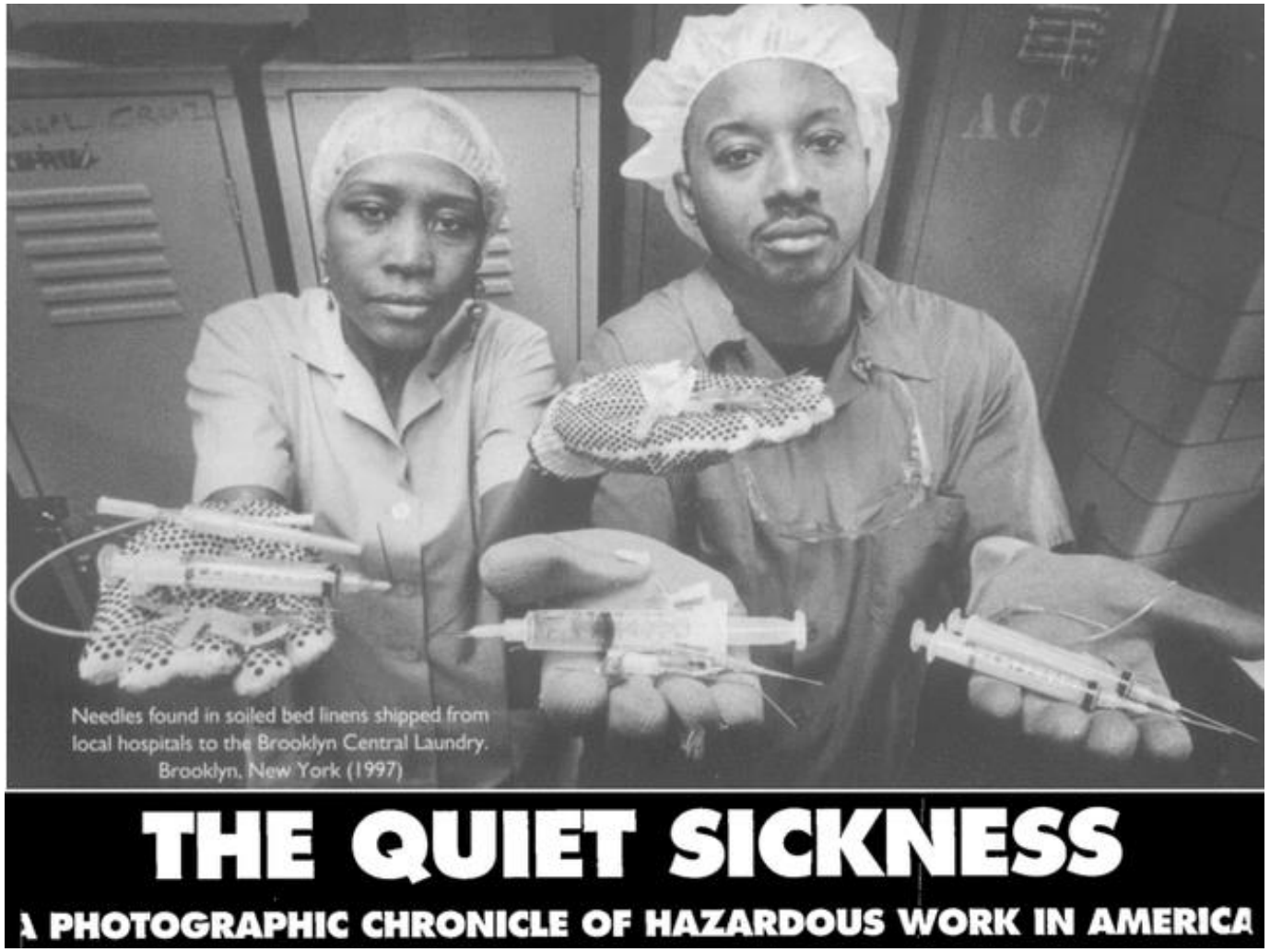
31.4%
Safety Device Used

66.5%
Safety Feature Not Activated

EPINet®

Exposure Prevention Information Network “EPINet” 2017 Data

Safety Extends through Use & Life Cycle of Device



7. Was the injured worker the original user of the sharp item?

1	Yes	65.1%
2	No	29.8%
3	Unknown	2.9%
4	N/A	2.2%

Total records: 1,210

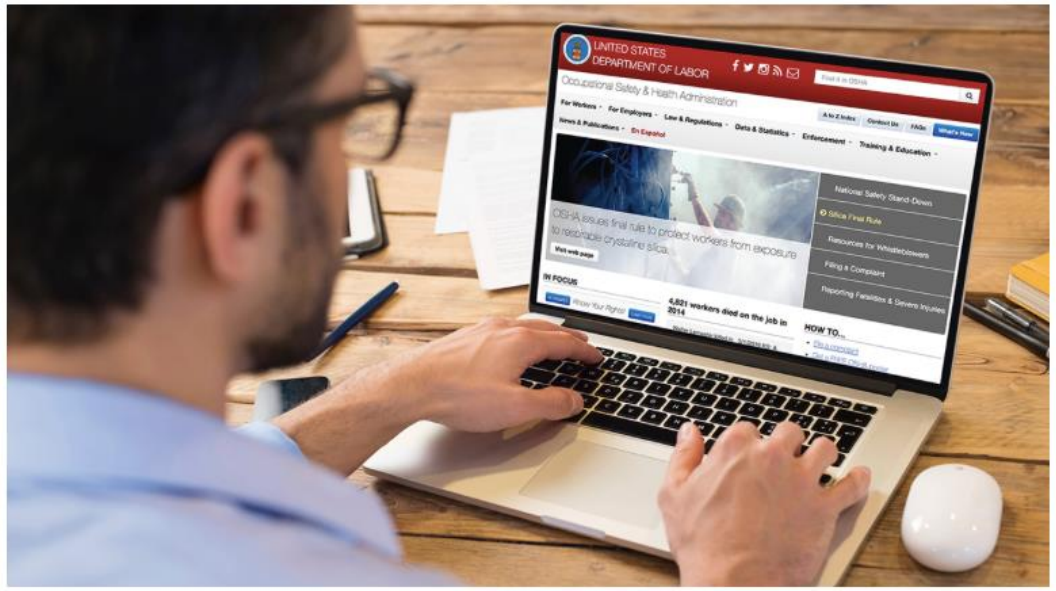
OSHA Recordkeeping Requirements

What's New!

INTERNATIONAL SAFETY CENTER

New Requirement for Electronic Submission

Final Rule Issued to Improve Tracking of Workplace Injuries and Illnesses



Provisions call for employers to electronically submit injury and illness data that they already record

About

Read the Rule

Regulatory Text for Recordkeeping Standard - Part 1904 - [Amended]

Corrected Text

NEW Employee Involvement (Employee's right to report injuries and illnesses free from retaliation) (1904.35)

Fact Sheet

Frequently Asked Questions

Blog by Paul O'Neill

Related Links

Recordkeeping Webpage

Recordkeeping Forms

Examples of Rate-Based Incentive Programs Submitted to OSHA Regulatory Docket

Injury Tracking Application

REF: https://www.osha.gov/recordkeeping/finalrule/

OSHA® FactSheet

Final Rule to Improve Tracking of Workplace Injuries and Illnesses

"…public disclosure of the data will 'nudge' employers to reduce work-related injuries and illnesses in order to demonstrate…. safe and healthy work environments for their employees."

Unique Recordkeeping Requirement; OSHA BPS (2001 Revision)

Establishment/Facility Name: _____

Sample Sharps Injury Log Year 2____

Date	**Case/ Report No.**	**Type of Device** (e.g., syringe, suture needle)	**Brand Name of Device**	**Work Area where injury occurred** [e.g., Geriatrics, Lab]	**Brief description of how the incident occurred** [i.e., procedure being done, action being performed (disposal, injection, etc.), body part injured]

Unique Requirements for Sharp Injury, Exposure Testing & Seroconversion

Under what circumstances should you NOT enter the employee's name on the OSHA Form 300?

You must consider the following types of injuries or illnesses to be privacy concern cases:

- an injury or illness to an intimate body part or to the reproductive system,
- an injury or illness resulting from a sexual assault,
- a mental illness,
- a case of HIV infection, hepatitis, or tuberculosis,
- a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part 1904.8 for definition), and
- other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

You must not enter the employee's name on the OSHA 300 *Log* for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

OSHA Recordkeeping 300, 300A Instructions Available:

https://www.osha.gov/recordkeeping/new-osha300form1-1-04.pdf

Privacy Information:

Access to Employee Exposure and Medical Records Standard

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10027

OSHA BPS Compliance Recap

- Exposure Control Plan
- Methods of Control
  - Engineering Controls
  - Work Practices
  - PPE
- Training
- HBV Vaccination
- Post-Exposure Protocols
- Recordkeeping

Resources

- **CDC Workbook: Sharps Injury Prevention**
  https://www.cdc.gov/sharpssafety/pdf/sharpsworkbook_2008.pdf
- **NIOSH Stop Sticks Campaign**
  https://www.cdc.gov/niosh/stopsticks/default.html
- **Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens & Needlestick Prevention**
  https://www.osha.gov/SLTC/bloodbornepathogens/gen_guidance.html
- **OSHA Injury and Illness Recordkeeping and Reporting Requirements**
  https://www.osha.gov/recordkeeping
- **TDICT (Training for Development of Innovative Control Technologies Project)** www.tdict.org

https://www.osha.gov/SLTC/etools/hospital/index.html

Worker Safety in Hospitals

Caring for our Caregivers

Did you know that a hospital is one of the most hazardous places to work? In 2011, U.S. hospitals recorded 253,700 work-related injuries and illnesses, a rate of 6.8 work-related injuries and illnesses for every 100 full-time employees. This is almost twice the rate for private industry as a whole.

OSHA created a suite of resources to help hospitals assess workplace safety needs, implement safety and health management systems, and enhance their safe patient handling programs. Preventing worker injuries not only helps workers—it also helps patients and will save resources for hospitals. Download the overview and explore the links below to learn more about the resources available.

Understanding the Problem

Hospitals are hazardous workplaces and face unique challenges that contribute to the risk of injury and illness.

Safety & Health Management Systems

A safety and health management system can help build a culture of safety, reduce injuries, and

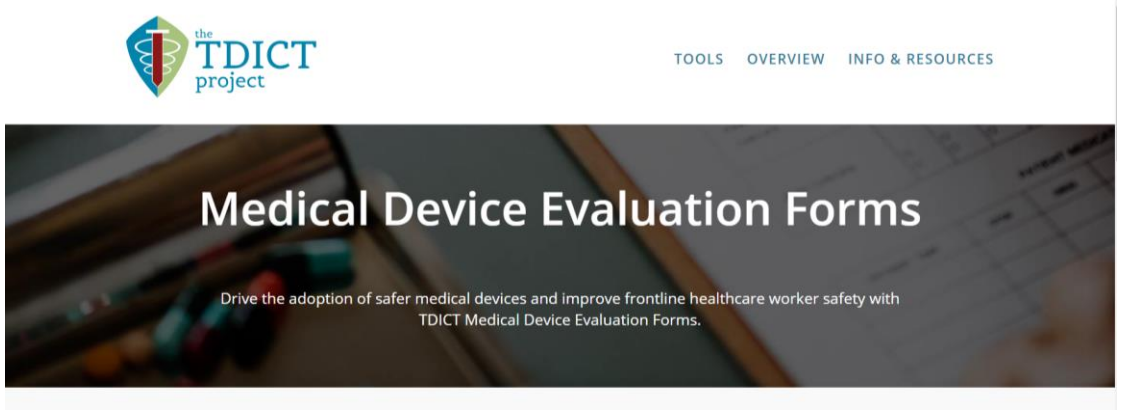
Safe Patient Handling

Safe patient handling programs, policies, and equipment can help cost-effectively reduce the biggest cause of workplace

Preventing Workplace Violence

A comprehensive prevention program can help address the problem of workplace violence in healthcare facilities.

https://www.osha.gov/dsg/hospitals/



Design Criteria and Evaluation Forms for Healthcare Facilities & Hospitals

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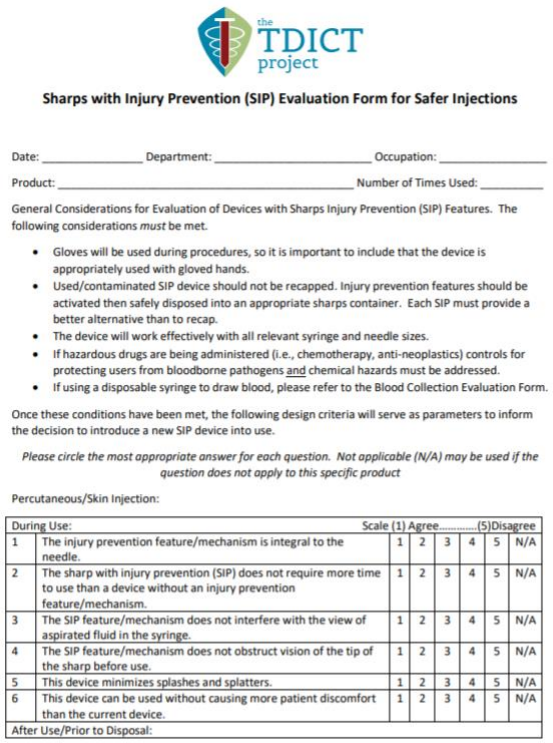
https://tdict.org/

Simplifying the Selection Process



the TDICT project

Sharps with Injury Prevention (SIP) Evaluation Form for Safer Injections

Date: _____ Department: _____ Occupation: _____

Product: _____ Number of Times Used: _____

General Considerations for Evaluation of Devices with Sharps Injury Prevention (SIP) Features. The following considerations *must* be met.

- Gloves will be used during procedures, so it is important to include that the device is appropriately used with gloved hands.
- Used/contaminated SIP device should not be recapped. Injury prevention features should be activated then safely disposed into an appropriate sharps container. Each SIP must provide a better alternative than to recap.
- The device will work effectively with all relevant syringe and needle sizes.
- If hazardous drugs are being administered (i.e., chemotherapy, anti-neoplastics) controls for protecting users from bloodborne pathogens and chemical hazards must be addressed.
- If using a disposable syringe to draw blood, please refer to the Blood Collection Evaluation Form.

Once these conditions have been met, the following design criteria will serve as parameters to inform the decision to introduce a new SIP device into use.

Please circle the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this specific product

Percutaneous/Skin Injection:

During Use:		Scale (1) Agree.....(5)Disagree					
1	The injury prevention feature/mechanism is integral to the needle.	1	2	3	4	5	N/A
2	The sharp with injury prevention (SIP) does not require more time to use than a device without an injury prevention feature/mechanism.	1	2	3	4	5	N/A
3	The SIP feature/mechanism does not interfere with the view of aspirated fluid in the syringe.	1	2	3	4	5	N/A
4	The SIP feature/mechanism does not obstruct vision of the tip of the sharp before use.	1	2	3	4	5	N/A
5	This device minimizes splashes and splatters.	1	2	3	4	5	N/A
6	This device can be used without causing more patient discomfort than the current device.	1	2	3	4	5	N/A
After Use/Prior to Disposal:							

SAFER INJECTION

Evaluate sharps devices and help reduce sharps injuries for healthcare workers.

ONLINE & DOWNLOAD FORMS

SHARPS CONTAINERS

Evaluate sharps containers and ensure your sharps are disposed of safely.

ONLINE & DOWNLOAD FORMS

EYE PROTECTION

Evaluate protective eyewear and help reduce blood and body fluid exposures.

ONLINE & DOWNLOAD FORMS

EVALUATION FORM LIBRARY

View all TDICT online and downloadable evaluation forms.

VIEW ALL EVALUATION FORMS

http://tdict.org/

Modules

- Module I: Current BBP Prevalence & Incidents/Injuries
  - Changing trends and emerging bloodborne diseases, and patterns of incidents and prevalence of exposures in healthcare settings
- Module II: General OSHA Compliance
  - Key elements of the Bloodborne Pathogens Standard, including recording and reporting requirements
- Module III: Applied OSHA Compliance
  - OSHA inspection protocols, and occupational health professional responsibilities regarding privacy and compliance
- Module IV: Motivating Change
  - Strategies to overcome barriers to change at the organizational and personal level

OSHA Act

1970

OSHA requires employers to …

- Furnish employment and a place of employment that are free from recognized hazards.
- Comply with OSHA standards.

OSHA is headed your

You get a call from the Executive Officer that there is an OSHA Compliance Officer on the premises. OSHA has received a complaint from a current employee regarding exposure to blood. The Compliance Officer plans to come to the occupational health clinic as part of their inspection.

What records are you responsible for providing to them?

OSHA Fines

Penalty amounts adjusted for inflation as of January 2019

Type of Violation	Penalty
• Serious • Other-Than-Serious • Posting Requirements	$13,260 per violation
Failure to Abate	$13,260 per day beyond the abatement date
Willful or Repeated	$132,598.00 per violation

OSHA Inspections

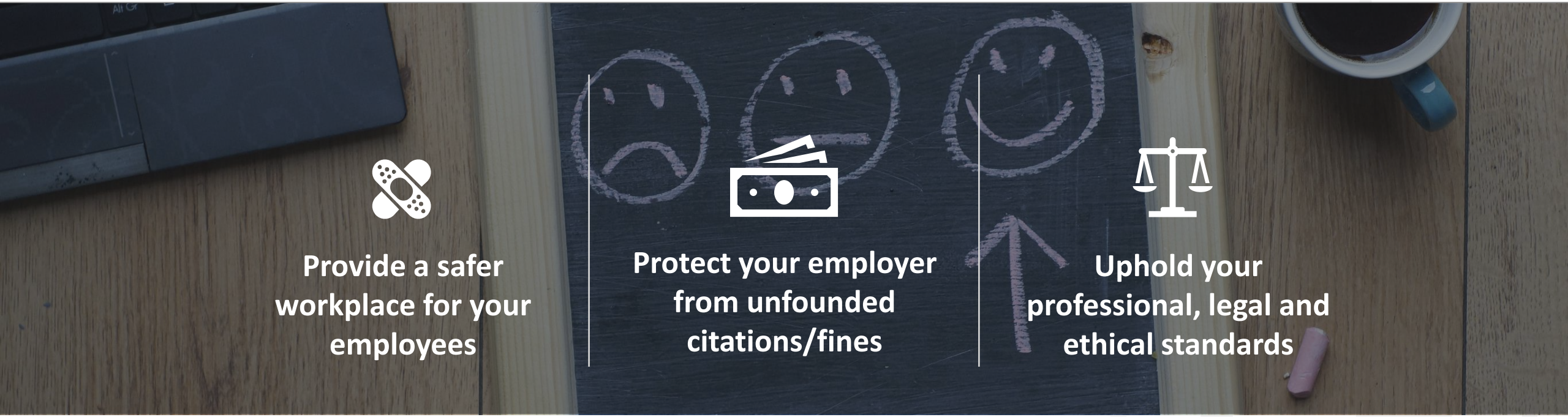
Enforcement Considerations during an OSHA inspection

- Inspections are always unannounced.
- The highest executive is notified.
- The specific “complaint” is explained.
- Complaints are always anonymous—strictly!!
- Access to the facility is required (warrant if needed).
- Access to certain records is required.
- Access to certain personal employee records is prohibited.

Suggested OSHA inspection protocols

- Be cooperative.
- Ask for specifics.
  - What is the complaint?
  - What records are they requesting?
- Consult legal as needed.
- Comply within 15 days.

What You Have to Gain



Rules of agency practice and procedure

Concerning OSHA access to employee medical records

OSHA is required to:

- Protect “personally identifiable information” about employees during an OSHA inspection.
- Use records solely to verify compliance with standards requiring surveillance.
- Request aggregate data if needed.
- View records on-site and not remove or copy records, UNLESS:
  - OSHA Medical Access Order.
  - Written consent from the employee.
  - Litigation situations.

Two OSHA Standards to Consult

Regarding Medical Records

- Access to employee exposure and medical records (29 CFR 1910.1020)
- OSHA Access to employee medical records (29 CFR 1910.1013)
- [Recording and Reporting Occupational Injuries and Illnesses (29CFR 1904)]

Access to employee exposure and medical records

(1910.1020)

Employee (or their representative) have access to:

- Medical surveillance for a specific employee
- Exposure records – surveillance
- First Aid records
- OSHA recordkeeping forms (29 CFR 1904)
- 15 days to provide copies

Does NOT include (among others):

- Records prepared for litigation
- Personal medical records
- Records on voluntary employee assistance programs (substance abuse, counseling, etc.)

Except as expressly provided, nothing in this section is intended to affect existing legal and ethical obligations concerning the maintenance and confidentiality of employee medical information, the duty to disclose information to a patient/employee or any other aspect of the medical-care relationship, or affect existing legal obligations concerning the protection of trade secret information.

***Health Professional** means a physician, occupational health nurse, industrial hygienist, toxicologist, or epidemiologist, providing medical or other occupational health services to exposed employees.*

Rules of agency practice and procedure

Concerning OSHA access to employee medical records

OSHA Medical Access Orders:

- Designate a Medical Records Officers.
- Approve or deny the Principle OSHA Investigator's request for records.
- Secure the records:
  - Remove personal identifiers and provide a unique number for each employees' record.
  - No public access to the records.
- Can share records with NIOSH, DOJ (criminal investigations).

Summary

- How to enhance your benefits during an inspection
- Professional responsibilities during an OSHA inspection
- OSHA Act (1970)

Summary:
Why Prevent Exposures to **Blood** ?

It Could Save Your Life!!!
(…Or That of Someone Around You)

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Resources

- Access to employee exposure and medical records

https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1020

- OSHA Access to employee medical records

https://www.osha.gov/SLTC/medicalaccessorder/index.html

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Changing Course seems easy…..

…but you may feel you have entered a shark tank !

Motivators for **Change**

- Co$t Analysis
- Simplifying the Selection
- Overcoming Resistance to **Change**

Motivators for **Change**

- Co$t Analysis

Direct Financial Burden

Initial Treatment of Needlesticks:

$800 - $6,000 each[1]

Initial cost of medications for HCV can be

> $25,000[2]

OSHA fines more than

$13,260

per violation[3]

REF: 1. AOHP, 2014 | 2. HealthDay, 11/6/18 | 3. OSHA, 2018

“Indirect” Associated Costs

- **Personal:** Emotional Toll, Anxiety, Fear, Loss of Wages/Shifts, Disability, Potential for Chronic Disease
- **Professional:** Staffing, Re-staffing, Limited Work Duty, Public Perception, Staff Recruitment/Retention
- **Societal:** Burden on Workers Compensation, Insurance, Public Health

OSHA says:

"Remember, selecting a safer device based solely on the lowest cost is not appropriate.

Selection must be based on ***employee feedback*** *and* ***device effectiveness***."

Motivators for **Change**

- Co$t Analysis
- Simplifying the Selection

Confused about the selection process?

Dilemma for Doris

Your safety director notes that there have been repeated injuries with a particular type of phlebotomy device being used in your out-patient clinic. He wants you to recommend a change in products.

You ask:
Where do I begin?

Examples

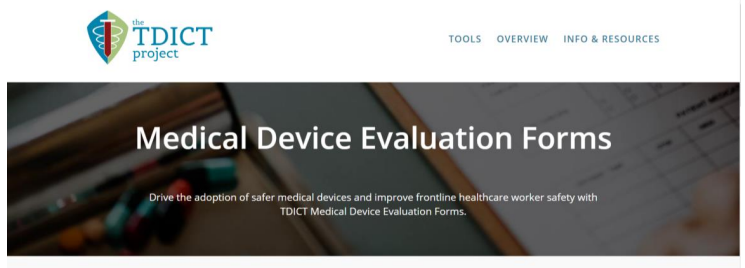







Simplifying the Selection **Process**

- Safety for the user/worker
- Ease of use
- Patient safety and comfort



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Institutional

- The use of safety-engineered devices is required
- Economically sound decision
- Remain competitive in recruitment and retention
- Enhance marketability of the practice

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Motivators for **Change**

Personal

- Enhanced Perception of Risk
- Provide Cues to Action
- Clarify the Perceived Benefit

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INTERNATIONAL SAFETY CENTER

Resources on Motivating Change

Search “Motivating Change”

INTERNATIONAL SAFETY CENTER

Overview of Primary Resources

All at NO COST!

INTERNATIONAL SAFETY CENTER

- **CDC Workbook: Sharps Injury Prevention** https://www.cdc.gov/sharpssafety/pdf/sharpsworkbook_2008.pdf
- **International Safety Center (EPINet data)** https://internationalsafetycenter.org/exposure-reports/
- **Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens & Needlestick Prevention** https://www.osha.gov/SLTC/bloodbornepathogens/gen_guidance.html
- **OSHA Injury and Illness Recordkeeping and Reporting Requirements** https://www.osha.gov/recordkeeping
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