OSHA BPS interpretations issued

By Amber Hogan Mitchell, MPH

In light of the current global occupational and public-health challenges and policies in healthcare, the Occupational Safety and Health Administration (OSHA) has issued some new and important letters of interpretation regarding the requirements promulgated in the Bloodborne Pathogens Standard (BPS) (29 CFR 1910.1030). These challenges include occupational safety and health application to the preparation and preparedness for potential global pandemics, and the fundamentals of the sharps-injury log and employee evaluation. This brief article summarizes these newly issued interpretations and provides some additional compliance guidance.

To begin, it is important to understand the relevance of the OSHA BPS in context to all of healthcare. It continues to be the top cited standard in the "health services" industry classification codes (80XX). In fiscal year 2007-2008, out of 1985 total citations issued in "health services" in federal OSHA states, there were 754 citations (284 inspections) that included the BPS. The BPS is cited almost five times more often than the next most frequently cited standard: Hazard Communication (occupational exposure to hazardous chemicals) with 157 citations. Even in difficult economic times, healthcare is booming — resulting in major expansion of existing and new healthcare facilities and services. Since healthcare facilities are designed and modeled after miniature cities with free-standing operational needs in the face of potential disasters, the occupational safety and health results are hazards that include construction, power generation, hazardous waste, ergonomics, laboratory safety, maintenance, pharmacy, warehousing, and radiation, among many others. The fact that the BPS is continuing to achieve top ranks in OSHA inspections despite the growing prevalence of other hazards means that employers still have a long way to go with regard to instituting controls for preventing occupational exposure to blood and other potentially infectious materials.

OSHA responds to public compliance inquiries in the form of "letters of interpretation." These letters serve as both regulatory guidance and compliance assistance. Often, new or important interpretations are published on OSHA's website at *www.osha.gov* and serve as resource tools for all employers and employees. In the past two years, several important letters have been issued — two major ones are explored here.

First, with regard to public preparedness for a potential influenza pandemic, both OSHA and the Department of Health and Human Services (DHHS) recommend greater healthcare and public-health focus on pre-pandemic preparations to include stockpiling a wide range of medical supplies. Once DHHS has a plan in place for vaccine stockpile and distribution, OSHA reminds employers who will be administering vaccines that they must evaluate, select, and use sharps with engineered sharps-injury protections (SESIPs) per 29 CFR 1910.1030 (d)(2)(i) including either syringes (to be used with vials of vaccine) or safety needles (to attach to syringes already pre-filled with vaccine). Another important consideration is planning for a plentiful supply of sharps collectors. This letter of interpretation (Callison 2007) is available online: *www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=25744*.

Second, OSHA issued a valuable letter of interpretation (Hyman 2006) on the new requirements of the sharps-injury log published in the revised 2001 standard with changes mandated by the Needle stick Safety and Prevention Act: *www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=25340*. Section (h)(5) of the standard — the requirement for employers to establish and maintain a sharps-injury log — is designed to aid employers in the evaluation of devices being used in the workplace and to "quickly identify problem areas in the facility." The log requires documentation of the type and brand of device involved in the incident, the department or work area where the exposure occurred, and an explanation of how the incident occurred.

OSHA adds that "entries on the sharps log need to be complete enough for evaluators to determine accurately which particular product (device) was actually being used when incidents occurred." This means that "brand" should include manufacturer's name and product name. It may also be useful to include information about not only where the incident occurred but also during what type of procedure (e.g., blood collection, IV insertion, injection, suturing, and so on). Selecting a safety device with design and features appropriate for each clinical procedure is paramount for ensuring safety as well.

Another requirement of the revised 2001 standard is the inclusion of solicitation from "non-managerial" employees in evaluating safer medical deviceS in SESIPs (29 CFR 1910.1030 [c][i][5]). OSHA offers useful compliance assistance and acknowledges that "simple open request(s) for input (are) adequate." OSHA continues to offer that "(m)ethods for soliciting employee input may include joint labor-management safety committees; involvement of informal problem-solving groups; participation in safety meetings and audits, employee surveys, worksite inspections, or exposure-incident investigations; using a suggestion box or other effective methods for obtaining written employee comments; and participation in the evaluation of devices through pilot testing." In interpreting the requirement in such a broad-sweeping and comprehensive manner, OSHA allows employers the opportunity to engage in a variety of feedback media best suited to their needs and capabilities.

Keep updated and informed by logging on to OSHA's Bloodborne Pathogens Safety and Health Topics Webpage at *www.osha.gov/SLTC/bloodbornepathogens/index.html*. Another resource for general compliance in healthcare settings is OSHA's Hospital and Nursing Home eTools also available online free of charge at *www.osha.gov/SLTC/etools/hospital/engineering/engineering.html*. □

Amber Hogan Mitchell is a full-time doctoral student in occupational injury prevention at the University of Texas School of Public Health in Houston. Before returning to school fulltime, she was the Manager of Health Affairs for BD. Prior to BD, she was a senior industrial hygienist and the National Bloodborne Pathogens Coordinator for the OSHA National Office in Washington, DC.