Occupational Exposure to Bloodborne Pathogens in Healthcare

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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
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?
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*

- At or below national goal
- Above national goal
- More than twice national goal
- Data unavailable

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

*National goal: 0.25 cases/100,000 population

Human Immunodeficiency Virus (HIV)

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

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
Injury & Exposure Data

EPINet Summary Incident Reports: Needlestick & Sharp Object Injuries
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)
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

![Graph showing needlesticks and sharp object injuries over years 2014 to 2017. The graph displays the total injuries, teaching injuries, non-teaching injuries, and a linear trend for total injuries.]
Sharp Object Injury & Needlestick Summary Data; N=31 US Health Systems, EPINet 2017
Sharp Object Injury & Needlestick Summary Data; N=31 US Health Systems, EPINet 2017

- Suture (26.1%)
- Disposable Syringe (24.5%)
- All Others
- Pre-Filled Cartridge
- Other Needle
- Lancets 1%
- Scissors
- Razors
- Glass
- Unknown
- Vacuum Tube w Needle
- IV Stylet
- Winged Steel Needle
- Scalpel

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

27.2% Insulin Syringes
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
Blood & Body Fluid Exposure Incidents per 100 ADC; EPINet

- All Facilities
- Teaching
- Non-Teaching
- Linear (All Facilities)
Blood & Body Fluid Exposure Incident Summary Data;
N=31 facilities, EPINet 2017
Blood & Body Fluid Exposure Incident Summary Data; N=31 Facilities, EPINet 2017,
## Total PPE & Barrier Garment Worn; 2017

<table>
<thead>
<tr>
<th>Which barrier garments were worn at the time of exposure?</th>
<th>% of Total Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single pair of gloves</td>
<td>28.3%</td>
</tr>
<tr>
<td>Double pair of gloves</td>
<td>2%</td>
</tr>
<tr>
<td>Protective Eyewear / Goggles</td>
<td>0.5%</td>
</tr>
<tr>
<td>Eyeglasses (not protective)</td>
<td>5.0%</td>
</tr>
<tr>
<td>Eyeglasses with sideshields</td>
<td>0.5%</td>
</tr>
<tr>
<td>Faceshield</td>
<td>2.0%</td>
</tr>
<tr>
<td>Surgical mask</td>
<td>2.5%</td>
</tr>
<tr>
<td>Surgical gown</td>
<td>3.0%</td>
</tr>
<tr>
<td>Plastic apron</td>
<td>0.5%</td>
</tr>
<tr>
<td>Labcoat / Scrub Jacket, cloth, (not protective)</td>
<td>0%</td>
</tr>
<tr>
<td>Respirator</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

3.0% Wearing appropriate eye protection
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
Welcome to the International Safety Center.

We are committed to improving occupational safety in healthcare by minimizing exposure to blood and body fluids.

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...
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.

*These reports may not be duplicated in full without the express permission of the International Safety Center.*

### 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
Viral Hepatitis Surveillance – United States

- Viral Hepatitis Surveillance – United States, 2016
- Viral Hepatitis Surveillance – United States, 2015
- Viral Hepatitis Surveillance – United States, 2014
- Viral Hepatitis Surveillance – United States, 2013
- Viral Hepatitis Surveillance – United States, 2012
- Viral Hepatitis Surveillance – United States, 2011
- Viral Hepatitis Surveillance – United States, 2010
- Viral Hepatitis Surveillance – United States, 2009
- Surveillance Data for Acute Viral Hepatitis – United States, 2008
- Surveillance for Acute Viral Hepatitis — United States, 2007 [PDF – 32 pages]

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
Requirements

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

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>DEPARTMENT/LOCATION</th>
<th>TASK/PROCEDURE</th>
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<tbody>
<tr>
<td></td>
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<td>Handling Regulated Waste</td>
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</tbody>
</table>

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, SISPs, needleless systems)
* *
* *
• 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

Exposure Prevention Information Network “EPINet” 2017 Data

Safety Device Used
31.4%

Safety Feature Not Activated
66.5%

Disposable Syringe

Scalpel

Winged Steel Needle

IV Stylet

Vacuum Tube w Needle

Scissors

Razors

Glass

Unknown

Pre-Filled Cartridge

Other Needle

Lancets 1%

All Others

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?

- Yes: 65.1%
- No: 29.8%
- Unknown: 2.9%
- N/A: 2.2%

Total records: 1,210
OSHA Recordkeeping Requirements

What’s New!
New Requirement for Electronic Submission

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

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

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


Privacy Information:

Access to Employee Exposure and Medical Records Standard

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

• NIOSH Stop Sticks Campaign
  https://www.cdc.gov/niosh/stopsticks/default.html

• Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens & Needlestick Prevention

• 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
The OSH Act of 1970 strives to "assure safe and healthful working conditions" for today's workers, and mandates that employers provide a safe work environment for employees. Hospitals and personal care facilities employ approximately 1.6 million workers at 21,000 work sites. There are many occupational health and safety hazards
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.
### Design Criteria and Evaluation Forms for Healthcare Facilities & Hospitals

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Download Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safier Injection</strong></td>
<td>This evaluation form is for users who prepare medications and provide skin injections with syringes or pens as part of their assigned duties.</td>
<td>Online &amp; Download forms</td>
</tr>
<tr>
<td><strong>Vascular Access Devices (Venous, Arterial)</strong></td>
<td>This evaluation form is for users of vascular access devices, including professionals and teams that perform vascular access, infusion therapy, and cardiovascular procedures using catheters.</td>
<td>Download form</td>
</tr>
<tr>
<td><strong>Needless I.V. Connectors</strong></td>
<td>This evaluation form is for any user who is responsible for administering medications, fluids, or other therapeutics through administration in a catheter.</td>
<td>Download form</td>
</tr>
<tr>
<td><strong>Blood Collection Systems</strong></td>
<td>This evaluation form is for those responsible for drawing blood using syringes, vacuum tubes, lancets, or blood gas devices and/or equipment.</td>
<td>Download form</td>
</tr>
<tr>
<td><strong>Protective Eyewear</strong></td>
<td>This evaluation form is for the assessment of any type of eyewear that qualifies as personal protective equipment, including goggles, eye shields, face shields, and hoods.</td>
<td>Online &amp; Download forms</td>
</tr>
<tr>
<td><strong>Disposable Gloves</strong></td>
<td>This evaluation form is for the assessment of any type of disposable protective glove, including latex, nitrile, or vinyl.</td>
<td>Download form</td>
</tr>
<tr>
<td><strong>Sharps Containers</strong></td>
<td>This evaluation form is for assessment of puncture resistant and leakproof containers.</td>
<td></td>
</tr>
</tbody>
</table>

[https://tdict.org/](https://tdict.org/)
Simplifying the Selection Process

http://tdict.org/
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OSHA Act
1970

OSHA requires employers to ...

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

<table>
<thead>
<tr>
<th>Type of Violation</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Serious</td>
<td>$13,260 per violation</td>
</tr>
<tr>
<td>• Other-Than-Serious</td>
<td></td>
</tr>
<tr>
<td>• Posting Requirements</td>
<td></td>
</tr>
<tr>
<td>Failure to Abate</td>
<td>$13,260 per day beyond the abatement date</td>
</tr>
<tr>
<td>Willful or Repeated</td>
<td>$132,598.00 per violation</td>
</tr>
</tbody>
</table>
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.
• Be cooperative.
• Ask for specifics.
  • What is the complaint?
  • What records are they requesting?
• Consult legal as needed.
• Comply within 15 days.

Suggested OSHA inspection protocols
What You Have to Gain

- Provide a safer workplace for your employees
- Protect your employer from unfounded citations/fines
- Uphold your professional, legal and ethical standards
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)
Resources

➢ Access to employee exposure and medical records


➢ OSHA Access to employee medical records

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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\(^3\)

“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
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
Simplifying the Selection Process

• Safety for the user/worker
• Ease of use
• Patient safety and comfort
Design Criteria and Evaluation Forms for Healthcare Facilities & Hospitals

SAFER INJECTION
This evaluation form is for users who prepare medications and provide skin injections with syringes or pens as part of their assigned duties.

VASCULAR ACCESS DEVICES (VENOUS, ARTERIAL)
This evaluation form is for users of vascular access devices, including professionals and teams that perform vascular access, infusion therapy, and cardiovascular procedures using catheters.

NEEDLELESS I.V. CONNECTORS
This evaluation form is for any user who's responsible for administering medications, fluids, or other therapeutics through administration in a catheter.

BLOOD COLLECTION SYSTEMS
This evaluation form is for those responsible for drawing blood using syringes, vacuum tubes, lancets, or blood gas devices and/or equipment.

PROTECTIVE EYEWEAR
This evaluation form is for the assessment of any type of eyewear that qualifies as personal protective equipment, including goggles, eye shields, face shields, side shields, and hoods.

DISPOSABLE GLOVES
This evaluation form is for the assessment of any type of disposable protective glove, including latex, nitrile, or vinyl.

SHARPS CONTAINERS
This evaluation form is for assessment of puncture resistant and leakproof containers.
Motivators for Change

• Co$t Analysis
• Simplifying the Selection
• Overcoming Resistance to Change
Motivators for **Change**

**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
Motivators for **Change**

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Summary:
Why Prevent Exposures to Blood?

It Could Save Your Life!!!
(...Or That of Someone Around You)
Resources on Motivating Change

Search “Motivation Change”
Overview of Primary Resources

All at NO COST!
• CDC Workbook: Sharps Injury Prevention

• International Safety Center (EPINet data)
  https://internationalsafetycenter.org/exposure-reports/

• Occupational Safety and Health Administration (OSHA)
  Bloodborne Pathogens & Needlestick Prevention

• 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