



OSHA SELF-ASSESSMENT

The federal Occupational Safety and Health Administration (OSHA) requires that your medical practice have precautionary practices and procedures for minimizing occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens.

This COLA Fast Facts provides basic information and a list of questions to help you assess how well you are meeting OSHA requirements. It will also assist you in determining whether your practices comply with the federal OSHA regulations for bloodborne pathogens.

For more comprehensive information, consider purchasing the *OSHA Self-Assessment: The COLA Guide to Complying with the OSHA Bloodborne Pathogens Regulations*. It includes precise information about how to meet OSHA requirements. In addition, the on-line course *OSHA Safety Requirements for the Medical Laboratory* is also available from COLA. For information about either of these products, you may visit our COLA Web site at www.cola.org, or call our Information Resource Center at (800) 981-9883.

OSHA Inspections

There are several circumstances under which you might be inspected by state or federal authorities to determine compliance with OSHA standards for bloodborne pathogens. COLA does not directly enforce federal OSHA standards. The questions in this COLA Fast Facts address the specific requirements of federal OSHA standards only and are intended to be educational in their approach.

Don't be alarmed if you do not meet all of these requirements! Rather, take enough time while answer-

ing the questions to understand the requirements and make plans to correct those deficiencies you identify so you'll be prepared should you be inspected by OSHA in the future. More importantly, you can be assured of minimizing the risk of occupational exposure in your office.

Federal OSHA Bloodborne Pathogen Standard

The goal behind the OSHA bloodborne pathogen standard is to protect healthcare professionals who have occupational exposure to bloodborne pathogens.

Occupational exposure as defined by the law means a "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee's duties."

State and federal regulators have determined that a combination of effective engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, hepatitis vaccination, signs, and labels can minimize or eliminate the risk of occupational exposure in your office.

The Needlestick Safety and Prevention Act of 2000 was enacted to update the Bloodborne Pathogens Standard to clarify the need for employers to select safer needle devices as they become available and to involve employees in identifying and choosing the devices.

The updated standard also requires employers who must maintain OSHA injury and illness records to maintain a log of injuries from contaminated sharps. Physician's offices and medical laboratories are partially exempt from keeping OSHA injury and illness records, but keeping a sharps injury log is useful and

highly recommended. This log is a helpful way to verify that the safest possible sharps are in use and to quickly identify problem areas for needlestick safety in the facility. For the latest information on needlestick safety, visit: www.osha.gov/SLTC/bloodborne pathogens/index.html.

There are several key requirements to the bloodborne pathogen standard:

1. Develop and make available to your employees an **exposure control plan (ECP)**. The ECP identifies, in writing, job classifications, tasks, and procedures where there is a risk of occupational exposure. The ECP also lists your timeline for complying with all parts of the OSHA bloodborne pathogen standard. Finally, ensure your ECP specifies the procedure for evaluating circumstances surrounding exposure incidents.
2. **Exercise universal precautions**—that is, treat all body fluids or materials as if infectious.
3. **Institute engineering** (e.g., sharps disposal containers, self-sheathing needles) and **work practice controls** (e.g., prohibiting recapping of needles by a two-handed technique) to eliminate or minimize employee exposure. Such precautions include handwashing following exposure to blood, procedures for reducing the risk of needlesticks, and identifying ways of disposing of sharps and other potentially infectious materials. Where occupational exposure remains after instituting these controls, use personal protective equipment.
4. Requires all employers to **make the hepatitis vaccination available** to all employees with occupational exposure within 10 days of employment.
5. Requires employers to **conduct post-exposure evaluations and follow-up** for all employees who have had an exposure incident. For example, identifying and testing the source individual, if possible; documenting the circumstances of the exposure; and providing follow-up counseling.
6. Requires you to use specific **warning labels** on containers of regulated waste, refrigerators, freezers, and other containers of blood or other potentially infectious materials.
7. Provide **training to employees** with occupational exposure on how to reduce or eliminate exposure to potentially infectious materials.
8. **Retain medical records** for each of your employees with occupational exposure.

State-Approved Plans for Bloodborne Pathogens

As of August 2004, nearly half of the states in the country have OSHA-approved plans, including: Alaska, Arizona, California, Connecticut, Hawaii, Indiana, Iowa, Kentucky, Maryland, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, North Carolina, Oregon, Puerto Rico, South Carolina, Tennessee, Utah, Vermont, Virgin Islands, Virginia, Washington, and Wyoming.

States have considerable flexibility when designing their own programs, but they must have standards and enforcement programs that are at least as effective as federal OSHA standards. States with approved plans must keep pace with the federal OSHA activities.

Whenever the federal OSHA adopts new standards to encourage employers and employees to reduce workplace hazards and to implement new safety programs, the states must develop a similar program for addressing those issues.

Several approved states have simply adopted the federal OSHA standards for bloodborne pathogens. Other states may have different standards. You should contact your state officials to find out what standards apply to you. Most state-approved programs are enforced by a state's Department of Labor or Department of Industrial Relations. Most of the state-approved programs have prepared informational materials to assist you in complying with OSHA standards for bloodborne pathogens.

The following list of OSHA questions is applicable to the federal standards only. By and large, the standards for bloodborne pathogens in State-approved OSHA programs are comparable to federal requirements. Given that, this self-assessment will effectively assist you in complying with standards in states with approved programs.

Exposure Control Plan

1. Do you have a written bloodborne disease exposure control plan?
2. Do you identify in the exposure control plan job classifications and/or tasks where there is occupational exposure by grouping them in the three required areas (this part of the exposure control plan is referred to as "exposure determination")?
3. Does your exposure control plan summarize the overall goals of the plan and reference the separate policies that comprise the plan (e.g., policies pertaining to universal precautions, personal protective equipment, house keeping, handwashing, handling of sharps, decontamination, and labeling)?

4. Does your written exposure control plan show that you have evaluated new medical safety devices and considered their use in your office?
5. Do you regularly examine, repair or replace engineering controls as often as possible to ensure that they are doing their job of controlling occupational exposure?
6. Is your exposure control plan available to employees?
7. Do you, as the employer, review your exposure control plan annually and document that review?

General/Specific OSHA Requirements

8. Are universal precautions observed in your office?

Restricted Activities

9. Are eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses prohibited in work areas where there is a reasonable likelihood of occupational exposure?
10. Is food prohibited in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present?
11. Are all procedures involving blood or other potentially infectious materials performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances?
12. Is mouth pipetting/suctioning of blood or other potentially infectious materials prohibited in your office?

Requirements for Handwashing

13. Can you answer yes to **AT LEAST ONE** of the following statements: 1) handwashing facilities are readily-accessible to employees; or 2) a readily, accessible handwashing facility is not feasible but antiseptic hand cleanser with clean cloths/paper towels or antiseptic towelettes are available?
14. Have your employees at risk of occupational exposure been adequately trained in handwashing procedures?

Handling of Contaminated Needles and Sharps (e.g., scalpels, saws, and large bore needles)

15. Are each of your employees trained not to shear or break any contaminated needles?

16. Do your employees dispose of--immediately or as soon as possible after use--contaminated needles or sharps in puncture-resistant, easily-accessible, leakproof containers that are colored red or labeled with a bio-hazard symbol?
17. Do your employees properly handle needles and sharps?

Handling/Containment of Blood and Other Potentially Infectious Materials

18. Are all specimens of blood or other potentially infectious materials properly contained for collection, handling, processing, storage, transport, or shipping?
19. Are containers used for shipping, storage, or transport properly labeled?

Decontamination of Equipment/Other Housekeeping Items

20. Are equipment, work surfaces, and other reusable items (which may be contaminated with blood or other potentially infectious materials) properly decontaminated?
21. Do you have a written schedule for cleaning each area in the office where exposures occur?
22. Are your employees instructed to properly handle any contaminated laundry?
23. Do your employees wear gloves and other appropriate personal protective equipment when handling contaminated laundry?

Personal Protective Equipment

24. Are protective clothing, gloves, masks, eye protection devices, and face shields available to your employees performing tasks that require the use of such articles?
25. Are all employees trained to use proper personal protective equipment?
26. Do you and your employees properly dispose of and handle all personal protective equipment?

Hepatitis B Vaccination

27. Have you offered the hepatitis B vaccination to your employees who have job classifications or tasks that result in occupational exposure?
28. Do you make the vaccination available to new employees with occupational exposure within 10 days of their employment?

29. Do you, as the employer, pay for the cost of the vaccine?
30. For all employees with occupational exposure, do you have **ONE** of the following:
 - 1) a written opinion from a healthcare professional whether a vaccine is indicated for an employee and, if so, whether it was received;
 - or
 - 2) the following signed statement for each employee who declines the vaccine?

Exposure Reporting, Evaluation, and Follow-Up

31. Do you have a procedure in place for reporting an exposure incident?
32. Does the employer provide a free, confidential medical evaluation and any needed treatment to an employee who experiences an exposure?
33. Do you have a procedure for receiving a written opinion from the attending healthcare professional regarding the evaluation?
34. Do you provide the employee with a copy of the written opinion of the licensed healthcare professional?
35. Do you provide the healthcare professional with the information necessary to complete the evaluation?
36. Does the employer make the results of the source individual's testing available to the exposed employee?
37. Do you keep all the medical records for employees for the duration of employment and for 30 years thereafter?
38. Do you have a system for keeping the medical records of an employee who experiences an exposure confidential?

39. Do you have a procedure for obtaining consent to test the source individual or to document that consent could not be obtained?

Labeling

40. Are containers, refrigerators, and freezers used to store blood or other potentially infectious materials properly labeled?

Employee Training

41. Are employees properly trained to comply with the engineering and work practice controls and universal precautions designed by your office to eliminate or reduce the risk of occupational exposure to bloodborne pathogens?
42. Do you have a policy for providing training regarding exposure to bloodborne pathogens annually to all employees with occupational exposure?
43. Does your training program cover all the necessary policies, procedures, issues, and precautions?

Recordkeeping

44. Do you keep records for each employee covered by the OSHA standards addressing their training, medical evaluations, treatment, and/or follow-up?
45. Do you retain training records for three years?
46. Do your medical records for those employees who experience occupational exposure include the necessary information?
47. Do you retain medical records for employees with occupational exposure for 30 years?