Public Employees Occupational Safety and Health Alert

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Bloodborne Pathogens Standard Frequently Asked Questions

1. What is the Needlestick Safety and Prevention Act?

The federal Needlestick Safety and Prevention Act (the Act) (Pub. L. 106-430) was signed into law on November 6, 2000. Because occupational exposure to bloodborne pathogens from accidental sharps injuries in healthcare and other occupational settings continues to be a serious problem, Congress felt that a modification to OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030) was appropriate to set forth in greater detail (and make more specific) OSHA's requirement for employers to identify, evaluate, and implement safer medical devices. The Act also mandated additional requirements for maintaining a sharps injury log* and for the involvement of non-managerial healthcare workers in evaluating and choosing devices.

2. How does the "Needlestick Act" impact the PEOSH (Public Employees Occupational Safety and Health) Program's Bloodborne Pathogens Standard?

The Act directed OSHA to revise its Bloodborne Pathogens Standard (29 CFR 1910.1030). OSHA published the revised standard in the Federal Register on January 18, 2001; it took effect on April 18, 2001. The agency implemented a 90-day outreach and education effort for both OSHA staff and the regulated public before beginning enforcement of the new requirements. Accordingly, OSHA did not enforce the new provisions of the standard until July 17, 2001. ***The PEOSH Program then adopted the revised OSHA Bloodborne Pathogens Standard with an effective date of September 4, 2001.*** The revisions to the standard include: additional definitions (e.g., engineering controls); new requirements in the Exposure Control Plan; solicitation of input from non-managerial employees; and maintaining a sharps injury log*.

3. Does the "Needlestick Act" apply to me?

The PEOSH/OSHA Bloodborne Pathogens Standard, including its 2001 revisions, applies to all employers who have employees with reasonably anticipated occupational exposure to blood or other potentially infectious materials (OPIM). These employers must implement the applicable requirements set forth in the standard. Some of the new and clarified provisions in the standard apply only to healthcare activities, but some of the provisions, particularly the requirements to update the Exposure Control Plan and to maintain a sharps injury log*, will apply to non-healthcare as well as healthcare activities.

4. By what date do we have to implement safer medical devices?

The requirement to implement safer medical devices is not new. However, the revised standard further clarifies what is meant by "engineering controls" in the original 1991 OSHA Bloodborne Pathogens Standard by adding language to the definition section of the standard that reflects the development and availability of new, safer medical devices over the last decade. The 1991 standard states, ". . .engineering and work practice controls shall be used to eliminate or minimize employee exposure." The revision defines engineering controls as ". . . controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace." Consequently, you should already have safer devices in place. If you have not already evaluated and implemented appropriate and available engineering controls, you must do so now, and continue to do so annually. Also, employees with occupational exposure to blood and OPIM must be trained regarding the proper use of all engineering and work practice controls.

5. What if I've never had an employee experience a needlestick, do I still need to use safer devices?

Yes. OSHA and PEOSH standards are intended to be implemented as a means to prevent occupational injuries and illnesses. In order to most effectively

avoid percutaneous injuries from contaminated sharps, employees must use engineering controls, including safer medical devices.

6. **How many non-managerial employees do I need to include in the process of choosing safer medical devices?**

   Small medical facilities may want to seek input from all employees when making their decisions. Larger facilities are not required to request input from all exposed employees; however, the employees selected should represent the range of exposure situations encountered in the workplace (e.g., pediatrics, emergency department, etc.). The solicitation of employees who have been involved in the input and evaluation process must be documented in the Exposure Control Plan.

7. **Does PEOSH have a list of available safer medical devices?**

   No. PEOSH does not approve or endorse any product. It is your responsibility as an employer to determine which engineering controls are appropriate for specific hazards, based on what is appropriate to the specific medical procedures being conducted, what is feasible, and what is commercially available.

8. **What if a safer option is not available for the medical device that I use?**

   A key element in choosing a safer medical device, other than its appropriateness to the procedure and effectiveness, is its availability on the market. If there is no safer option for a particular medical device used where there is exposure to blood or OPIM, you are not required to use something other than the device that is normally used. During your annual review of devices, you must inquire about new or prospective safer options and document your efforts in your written Exposure Control Plan. With increasing medical technology, more devices are becoming available for different procedures. If no engineering control is available or feasible, work practice controls shall be used and, if the potential for occupational exposure still remains, personal protective equipment must also be used.

9. **What if the safer device that I choose is on back order?**

   Safety equipment must be available at all times. If for some reason an engineering control is not available (due to supply shortages, back orders, shipping delays, etc.), this must be documented in your Exposure Control Plan (ECP). You would then be responsible to implement the chosen control(s) as soon as it becomes available and adjust your ECP to illustrate such. In the meantime, work practice controls must be used and, if the potential for occupational exposure still remains, personal protective equipment must also be used.

10. **What new information do I need to include in my written Exposure Control Plan? How often do I need to update it?**

    In addition to what is already required by the 1991 OSHA standard, the revised standard requires the documentation of (1) **annual** consideration and implementation of appropriate engineering controls, and (2) solicitation of non-managerial healthcare workers in evaluating and choosing devices. The Plan must be reviewed and updated at least annually.

11. **Where can I get information about what is expected of me?**

    There are several resources available for employers and employees with regard to occupational exposures to blood and OPIM. First, of course, is the PEOSH Bloodborne Pathogens Standard (29 CFR 1910.1030) which can be accessed at: www.state.nj.us/health/eoh/peoshweb.

    Also available are CPL 2-2.69 (November 2001), *Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens,* and many other related documents. You may access this information at www.osha.gov. The National Institute for Occupational Safety and Health (NIOSH) and the Centers for Disease Control and Prevention (CDC) also have several documents related to the prevention of occupational exposure to blood and OPIM.

UPDATE:

*OSHA's revised Recordkeeping Rule (29 CFR 1904) was published in the Federal Register on January 19, 2001. It became effective January 1, 2002 for the private sector, as well as the public sector in New Jersey.

The revised Rule requires employers to record all injuries from contaminated needles and other sharps on the OSHA Log 300 form. For further information, contact the NJDOL PEOSH Program at (609) 292-0767 or NJDHSS PEOSH Program at (609) 984-1863.

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Bloodborne Pathogens Standard
Frequently Asked Questions

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