SHEA Position Paper to OSHA

Recently, SHEA submitted written comments and oral testimony to the Occupational Safety and Health Administration (OSHA) regarding the proposed Bloodborne Hazards Standard. Excerpts from these comments follow (the full text of the comments can be obtained by writing Michael Decker, MD, Saint Thomas Hospital, PO Box 380, Nashville, TN 37202).

DEFINITIONS

"Blood": references to blood should set a minimum.

"Universal Precautions": add "as defined by the CDC."

The words "potential for" create considerable uncertainty. There is no place in the hospital where there is not a "potential for" exposure.

Used needles should be defined to mean "used in a way that creates a potential for contamination,"

INFECTION CONTROL PLAN

These requirements will be staggeringly burdensome for hospitals for no evident benefit. It is not reasonable to "identify and document those tasks and procedures where occupational exposures may take place." There are dozens of classes of employees potentially exposed to blood. For each of these classes, there are hundreds or even thousands of tasks and procedures that involve the risk of exposure to blood. There is no point in listing each of these; it is enough to know that one or more of the employee's tasks potentially involve blood exposure. Structuring the infection control plan by route or nature of exposure would be straightforward, clinically pertinent and corresponding with available protective interventions. It should be clarified that the required changes can be made to existing infection control manuals, rather than devising entirely new documents.

SHARPS

OSHA is clearly correct to focus the greatest concern on sharps exposures. However, it is counterproductive to flatly prohibit the recapping of needles. There are occasions when the failure to recap poses a much greater risk than does recapping (for example, it is reckless to take an uncapped, used needle through a bustling crowd). Sharps containers should be closable for the protection of downstream workers.

SIGNS AND LABELS

This section would require that every individual specimen tube bear the biohazard label, inflating costs and diluting the impact of the warning.

OSHA should neither require nor prohibit traditional signs or labels. Some regulations require that waste from isolation rooms be treated as infectious waste. Absent specific identification of isolation rooms, some regulators have argued that all rooms are isolation rooms and therefore all waste is isolation waste.

INFECTIOUS WASTE

It would be best if OSHA left regulation of infectious waste to the regulatory bodies already active in this area. It should be explicitly permitted to remove labelling from waste that has been rendered non-infectious through an adequate process of decontamination, disinfection and/or sterilization.

LAUNDRY

The laundry regulations do not apply well to hospitals. There is no evidence of any risk to hospital workers associated with contaminated laundry, apart from the risk of hidden sharps. On the other hand, hidden sharps are a real and unacceptable hazard. Because any laundry "may contain" sharps, the standard should require separate labelling and handling only for laundry that is grossly contaminated or that is wet with blood or other potentially infectious materials. More restrictive regulations could be applied to employers whose laundry services do not conform to hospital industry standards.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Simple cloth garb, such as lab coats or scrub suits, are commonly used for convenience, appearance and prevention of routine soiling of street clothes rather than for personal protection from the risk of bloodborne infection. It should be made clear that use in this manner is not required and does not impose a duty on the employer to supply or clean the garments. It should be clarified that there is no duty to make "readily accessible" forms of PPE that are not needed in the specific work area.

HOUSEKEEPING

The current language seems to say that all work surfaces (regardless of their use and even if never contaminated) are to be decontaminated at the end of every shift. This is inappropriate. Similarly, the language seems to say that any covered work surface has to be recovered three times a day. There is no reason to strip and replace an impervious cover that is intact and uncontaminated.

It is bad practice to posit "decontamination" as a process performed prior to washing and/or reprocessing. In most cases, all three processes are performed a the same time and place. The sequence of steps varies with the material being managed, and "washing" is generally recognized as a necessary prior step to "decontamination." Most disinfectants require a previously washed surface in order to be effective.

HEPATITIS B IMMUNIZATION

If the provision of hepatitis B virus (HBV) vaccination is to be predicated on average frequency of exposure to risk, setting a threshold of one exposure per month is not unreasonable. However, there are alternative approaches that offer more worker protection with less employer paperwork. Within hospitals, for example, the determination of the mean monthly exposure rate for each class of employee would be a burdensome and relatively useless activity. It would be preferable to simply require the provision of vaccine to any employee with direct clinical patient contact or with responsibility for the processing of blood or other potentially hazardous materials or items likely to be contaminated with such materials.

EMPLOYEE MEDICAL CARE

The phrase "standard recommendations for medical practice" should be changed to "acceptable standards of medical practice." Evolution in "standard recommendations" flows out of innovation that would never occur if each program was prohibited from deviating from the existing "standard recommendations."

The employee's right to refuse any specific component of the medical care, without affecting the right to receive other components of the care, should be made clear. OSHA ought not intrude in the relationship between the hospital, the physician and the patient by setting requirements regarding patient permission of consent for testing. Regulation of this relationship is outside the scope of OSHA's authority. Rephrase this to read "If possible, the source patient's blood should be tested to determine the presence of HIV or HBV infection." Note also that the pertinent source patient test for HBV is the antigen test, not the antibody test.

A requirement to maintain serum banks of employee specimens to allow the employee to postpone testing in burdensome and counterproductive. Prophylaxis, to be effective, must be begun immediately; provision of prophylaxis that is unnecessary (because of prior seropositivity) is both wasteful and potentially dangerous (AZT, for example). Furthermore, the inability to demonstrate susceptibility may impede the effectiveness of counseling.

CONFIDENTIALITY

Section (h)(1)(iii)(B) states that employee medical data may not be disclosed to "any person within or outside the workplace.. ." Because every employee of the employer is "a person within or outside the workplace," to which agents or employees of the employer can the evaluating physician report his or her findings? Who is permitted to take action on the findings? For example, can the employee health nurse advise the hospital epidemiologist that an employee is hepatitis antigen-positive, so that proper precautions against nosocomial infection can be taken?

We would suggest that OSHA divide its regulation into two portions, one applicable to healthcare institutions and one to all other employers. Healthcare institutions have an enormous body of expertise in these areas that other employers do not possess. The level of detail in the draft regulations is more appropriately applied to employers without the experience and trained professional cadre found in hospital. The regulations applicable to hospitals reasonable could specify results rather than specifying the procedures that must be followed to attain those results. For example, require an infection control plan that adequately describes the pertinent issues; do not dictate it form or content.

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