Is Your Practice Safe?

What's New in OSHA and Infection Control

Disclaimer

- Karen Gregory is an employee of Total Medical Compliance, Hu-Friedy Key Opinion Leader, and on the Board of Directors for OSAP.
- No commercial support has been provided for this activity. Any reference to a commercial product is for example purposes only and does not reflect endorsement

Objectives

- Discuss the basic requirements listed in the Bloodborne Pathogen Standard which creates protections for workers against exposure to blood and body fluids.
- Recall the required training as a result of the update to the Hazard Communication Plan on labeling, which will include the use of pictograms, and Safety Data Sheets.
- Discuss basic infection control principles applicable to a medical practice including proper disinfection process for environmental surfaces, sterilization of patient equipment and prevention of respiratory illness.

True or False

- The use of PPE is optional. False
- Each employee should know where to find MSDS/SDS. True
- Immediate reporting of a blood exposure is in the best interest of the worker. True
- In order to save costs, sharps containers should be discarded only when filled to the top of the container. False

OSHA Inspection Process – Are You Prepared?

OSHA Program – Mixed Model

- Private sector employees covered under OSHA.
- The New York Public Employee Safety and Health (PESH) is part of the New York Department of Labor.
- New York PESH covers all public sector workplaces in the state.
- The ***Enforcement*** branch conducts unannounced inspections.
  - "Notice of Violation and Order to Comply"
  - Abatement period for the employers to come into compliance.
  - If the employer does not comply during the abatement period may impose a penalty (not to exceed $200 per calendar day).

OSHA Inspection Triggers

- Imminent danger – Condition that can be expected to cause death or serious physical harm.
- Catastrophes and fatal accidents – death of an employee or 3 or more employees hospitalized.
- Complaints and Referrals - Either an employee or from another agency.
- Programmed inspections – Target high-hazard industries.
- Follow-up inspections – Corrected the problem? Failure to abate could impose additional penalties of $7,000 per day until corrected.

The Process….

- Inspector arrives, usually without notice.
  - Inspector should provide credentials. NCDOL.
  - Great the inspector and begin the process ASAP.
- Opening Conference – Purpose for the visit explained and what to expect.
- Walk-through - Facility walk-through to inspect for safety/health hazards.
- Closing Conference – Discussion of findings.

Citation Examples

- Protective equipment was not provided when necessary whenever hazards capable of causing injury and impairment were encountered.
  - Apron not provided when mixing/preparing Clorox which contains a corrosive, for use during root canals.
- Protective eye and face equipment was not required where there was a reasonable probability of injury that could be prevented by such equipment.
  - Face shield and splash goggle were not provided who were mixing/preparing as above.

Citation Examples

- Regulated waste (other than contaminated sharps) was placed in containers which were not closable.
  - Must have a LID on a regulated waste container.
- Labels were not affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
  - Plastic container used to transport contaminated dental equipment had a biohazard label which was defaced.

Citation Examples

- EXIT signage – Must include direction of travel (arrow) if not apparent to the exit or exit discharge.
- Evacuation plan – EXIT route maps/plans placed on walls must have primary/secondary routes.
- Electrical
  - Holes in face plates.
  - Electrical panels missing screws.

Bloodborne Pathogen Standard of 1991

Fast Facts: HIV, Hepatitis B, Hepatitis C

- HIV
  - More than 1 million people are living with HIV.
  - 1 out of 5 do not know they are infected and can unknowingly pass the virus on to others.
- Hepatitis B
  - Over 1 million people living with chronic HBV infection.
  - No indication per CDC for Hep B "boosters".
  - Can survive outside the body for up to 7 days.
- Hepatitis C
  - Over 3 million people living with chronic HCV infection.
  - 80% of persons are unaware of their illness as they have **no signs or symptoms**.

Bloodborne Pathogen Standard - 1991

- Enacted to protect employees from serious illness or death as a result of exposure to infectious material in the blood, especially HIV, hepatitis B, and hepatitis C.
- Specifically defines what employers must do to protect employees at risk of exposure through job functions.
- Each practice must have written plan in place to outline safeguards against exposure to blood and body fluids.
  - A copy of the Bloodborne Pathogen Rule must be in the written plan.
  - If asked you must provide a written copy of the Exposure Control Plan to employees.

Requirements of the Standard

- Written Exposure Control Plan
- Hep B vaccination at no cost to the employee
- Labels and signs to communicate hazards
- PPE
- Enforcement of work practice controls
- Use of engineering controls
- Post exposure follow-up
- Record keeping
  - Employee training
  - Employee medical records
  - OSHA 300 and OSHA300A

Exposure Control Plan

- Written plan on how employer will provide protection for employees:
  - Exposure determination of employees.
  - Engineering controls
  - Work practice controls
  - PPE
  - Post exposure follow-up
- Must be accessible to employees.
- Must be updated annually to reflect:
  - Any change in processes
  - Annual consideration and implementation of safer medical devices designed to eliminate or minimize occupational exposure

Exposure Determination

- List of job classifications in which all or some employees have occupational exposure.
- List of all tasks and/or procedures in which occupational exposure occur.
- Exposure determination made without regard to the use of PPE.

Hepatitis B Vaccination

- Employer must make Hepatitis B vaccination available to employees who are occupationally exposed:
  - Free of charge at a reasonable time and place
  - Within 10 working days of initial assignment
- If providing the vaccine, titers are now required 1-2 months after vaccination series ends.
- Must have proof of series or declination on file.
- Exception:
  - Employee has been vaccinated
  - Antibody testing reveals immunity

Hepatitis B Vaccine Exemption

- Paragraph (f)(2)(i) states the circumstances under which an employer is exempted from making the vaccination available.

(a) the complete hepatitis B vaccination series was previously received (three vaccine shots or in the case of a non-responder, six)

(b) antibody testing shows the employee to be

(c) the vaccine cannot be given for medical reasons

- If the employer claims one of these exemptions, it must be documented in the employee's medical record in accordance with paragraph **(h)(1)(ii)(B)**.

Post-Vaccination Anti-HBs Testing

- All HCP recently vaccinated or recently completing HepB vaccination who are at risk for occupational blood or body fluid exposure should undergo anti-HBs testing.
- Anti-HBs testing should be performed 1–2 months after administration of the last dose of the vaccine series when possible.
- Testing should use a quantitative method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL) (e.g., enzyme-linked immunosorbent assay [ELISA]).

Anti-HBs Testing Results

- Completely vaccinated HCP with anti-HBs <10 mIU/mL should receive an additional dose of HepB vaccine, followed by anti-HBs testing 1–2 months later.
  - HCP whose anti-HBs remains <10 mIU/mL should receive 2 additional vaccine doses (usually 6 doses total), followed by repeat anti-HBs testing 1–2 months after the last dose.
  - Alternatively, it might be more practical for very recently vaccinated HCP with anti-HBs <10 mIU/mL to receive 3 consecutive additional doses of HepB vaccine (usually 6 doses total), followed by anti-HBs testing 1–2 months after the last dose.

Hepatitis B Booster

Because the USPHS does not recommend routine booster doses of hepatitis B vaccine, they are not required by the Bloodborne Pathogens Standard at this time. The CDC has said that vaccine-induced antibodies to HBV decline gradually over time, and less than or equal to 60 percent of persons who initially respond to vaccination will lose detectable antibodies over 12 years. Studies among adults have demonstrated that, despite declining serum levels of antibody, vaccine-induced immunity continues to prevent clinical disease or detectable viremic HBV infection.

Therefore, booster doses are not considered necessary. Periodic serologic testing to monitor antibody concentrations after completion of the three-dose series is not recommended.

A Safe Workplace – Prevention Strategies

Five Measures to Protect Against Exposure

- Standard Precautions
  - Everyone has the potential to spread infection
- Use of PPE
  - Masks, face shields, goggles, gloves, gowns
- Surface/instrument decontamination
  - Reduce the likelihood of patient to patient transfer of disease
- Engineering Controls
  - Pieces of equipment to reduce the likelihood of exposure
- Work Practice Controls
  - Employee behaviors to protect against exposure to blood or body fluid

PPE – Employer Responsiblity

- The employer must provide appropriate PPE when there is occupational exposure, at no cost to the employee
- The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use the PPE (rare and extraordinary circumstances).
- The employer shall clean, launder, and dispose of personal protective equipment.

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Personal Protective Equipment

- Training must occur on initial assignment and reviewed on an annual basis.
- Use based on task being performed.
- Must be accessible, properly cleaned, laundered, repaired, and disposed of at no cost to employees.
- Should be removed when leaving area or upon contamination.

Gloves

- Expected contact with blood or other potentially infectious materials (OPIM).
- When touching contaminated surfaces.
- Remove after patient care and if torn.
- New pair for EACH patient.
- Cannot be washed for reuse.

Heavy Duty Utility Gloves

- Handling contaminated sharp items during post procedure clean-up and in sterilization area.
- Puncture and chemical resistant.
- Sizable.
- May wash or surface disinfect.
- Some gloves can be sterilized.
- Discard when cracked, peeling, torn, punctured or when ability to protect is compromised.

Gowns

- Reusable or disposable gowns, lab coats when clothing or uniform is likely to be soiled with blood or OPIM.
- Change gowns at least daily or as soon as it becomes visibly soiled.
- Remove barrier protection before leaving patient care areas.
- Employer must launder contaminated protective clothing.

Eye Protection

- Goggles
- Prescription glasses may be used as protective eyewear as long as they are equipped with solid side shields.
- If protective eyewear is chosen over the use of a face shield, the eyewear must be worn in combination with a mask to protect the nose and mouth.
- Clean after use; clean and disinfect if visibly soiled.

Masks

- Required when contamination of mucous membranes with body fluids may occur through splashes or aerosolization.
- Change masks between patients.
- Change mask during procedure if it becomes moist.

Are people appropriately utilizing PPE in your practice?

You Make the Call

- We always double glove when we have a hepatitis C patient. Shouldn't we wear double gloves for any of our patients with hep c or HIV.

- OSHA - Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- CDC - Standard Precautions.

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What's Wrong With These Pictures?

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Work Practice Controls

- Alter the way a task is performed.
- Based on employee behavior instead of equipment.
  - One handed recapping of needles.
  - Only pass needles which are recapped.
  - Placing contaminated sharps immediately or as soon as possible in a sharps container.
  - Do not reach by hand into container where contaminated sharps are stored.
  - No eating, drinking, applying lipstick or contact lenses in areas where there is likelihood of exposure to blood or body fluids.

Identify These Work Practices Controls

Safe transport of sharps

Prevention of reaching into a container of sharps

Contaminated Reusable Sharps

Bloodborne pathogens standard - 1910.1030

- (viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
- (A) Puncture resistant;
- (B) Labeled or color-coded in accordance with this standard;
- (C) Leakproof on the sides and bottom; and
- (D) In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps. – *Employees must not reach their hands into the container of sharps.*

Transport of Contaminated Reusable Sharps

- Bloodborne Pathogens Standard 1910.1030 (3)
- When **moving containers of contaminated sharps from the area of use**, the containers shall be:
  - (i) **Closed** immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping;

Contaminated Sharps Containers

- Closable
- Puncture resistant
- Leak proof on sides and bottom
- Label or color-coded
- Maintained upright through-out use
- Easily accessible; located as close as feasible to the immediate area of use
- Replaced routinely – not overfilled

Needlestick Safety and Prevention Act

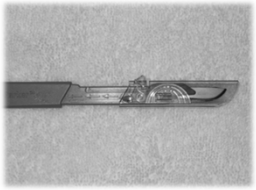
- Requires employee input on safe practices to reduce the likelihood of a sharps injury or an exposure to blood or body fluids.
- Law requires new safety devices to be evaluated by the employees who will utilize the devices.
- If using safety devices always activate the device.
- Discard the device into the sharps container in the immediate area of use.

1910.1030 (c)(1)(v)

- Solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

Engineering Controls – Safety Devices

- Devices or equipment controls that eliminate, isolate or remove the bloodborne pathogens hazard from the workplace.
- Engineering controls protect the workers permanently.
- Comprehensive program of devices to reduce the likelihood of a sharps exposure.

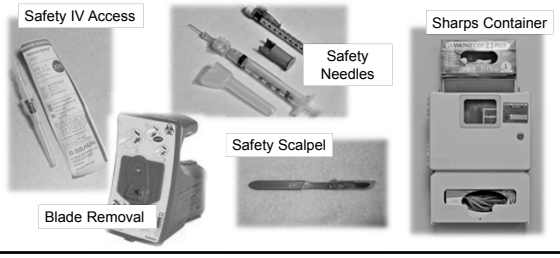


Sharp Items

- Instruments
  - Forceps
  - Scissors
- Needles
  - IV access
  - Injections
- Punch biopsy
- Suture Material

Engineering Controls

Devices or equipment controls that eliminate, isolate or remove the bloodborne pathogens hazard from the workplace



Must Use Safety Devices Unless…

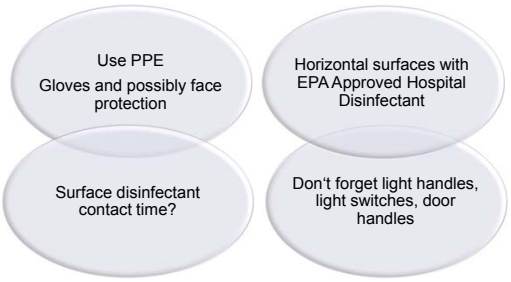
Three accepted reasons why safety devices are not used:

- ☒ No product on the market
- ☒ It would jeopardize safety of patient or employee or the success of the procedure
- ☒ Is not more effective in preventing exposure incidents

Written Cleaning Schedule

- Cleaning and decontamination.
- Location within the facility.
- Type of surface to be cleaned.
- Type of soil present.
- Tasks or procedures being performed.
- May use barriers.
- Surfaces must be appropriately disinfected after completion of procedures with splash or splatter blood or OPIM.

Surface Disinfection



Employee Training – BBP

- At no cost to the employee and during work hours.
- At the time of initial assignment to tasks where exposure may occur and annually thereafter.
- Annual training for all employees must be provided within one year of their previous training.
- Within 90 days after the effective date of any change in a standard.
- An opportunity for interactive questions and answers with the person conducting the training.

Employee Training Records

- Dates of training sessions.
- Contents or a summary of the sessions.
- Names and job titles of attendees.
- Names and qualifications of person(s) conducting the training.
- Retained for three years.

Medical Record

- Required for all employees at risk of exposure to BBP.
- Employee name and social security number.
- Copy of HBV vaccination status.
- Copy of results of examinations, medical testing, follow-up procedures.
- Employer's copy of healthcare professional's written opinion which is provided in an exposure incident.
- Copy of information provided to healthcare provider.
- All incident reports.
- Retained for duration of employment plus 30 years.
- If records requested provide a copy:
  - To the employee or anyone with the employee's written consent
  - Director of NIOSH or HHS and/or Assistant Secretary of Labor

Record of Injuries

- Forms:
  - OSHA 300
  - OSHA 300A
- Exemptions:
  - Less than 10 employees in the company.
  - Certain business categories - physician and dental practices and medical/dental laboratories.
- Exception if randomly selected an individual practice will need to fill out these forms

An Exposure Has Occurred

How Do Exposures Occur?

- Stick with contaminated needle
- Cuts from sharp objects that are contaminated with an infected patient's blood
- Splash to mucous membranes of the eyes, nose, mouth or to non-intact skin

Possible Acquired HIV Infection by Occupation, 1981-2010

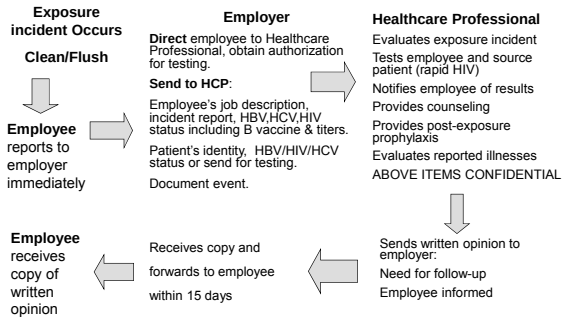
Occupation	Documented	Possible
Nurse	24	36
Laboratory worker, clinical	16	17
Physician, nonsurgical	6	13
Laboratory technician, nonclinical	3	-
Housekeeper/maintenance worker	2	14
Technician, surgical	2	2
Embalmer/morgue technician	1	2
Health aide/attendant	1	15
Respiratory therapist	1	2
Technician, dialysis	1	3
Dental worker, including dentist	-	6
Emergency medical technician/paramedic	-	12
Physician, surgical	-	6
Other technician/therapist	-	9
Other healthcare occupation	-	6
Total	**57**	**143**

CDC

Items to Consider

- Who will mange the post exposure process?
  - Employee Health
  - Occupational Medicine
  - Emergency Departments
  - Urgent Care
- Difficulty in locating a care partner?
  - Contact local dental society
  - Worker's Compensation provider
- Establish the relationship in advance.
  - Payment of services
  - Availability of post exposure medication
  - Wait times to be evaluated
  - Current with most recent guidance on bloodborne exposures

Occupational Exposure Flow Chart



- New York State (NYS) guidelines for Post Exposure Prophylaxis Following an Occupational Exposure state: Rapid HIV testing is strongly recommended for the source patient.
- For organizations subject to OSHA regulations, rapid testing is mandated for the source patient for occupational exposures (AIII) (ww.hivguidelines.org).
- Rapid HIV test consent may be obtained orally and must be noted by the ordering clinician in the patient's medical chart.
  - Can include language around occupational exposure testing and disclosure in its general consent form.

http://www.health.ny.gov/diseases/aids/providers/forms/docs/source_patient_memo.pdf

You Make the Call

- We can't figure out how to provide a rapid HIV test for the source patient so we are just going to put the exposed worker on HIV post exposure medication until we get the HIV test results back.
- OSHA Guidance
- 1910.1030(f)(3)(ii)(A)] The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity.

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Provide the Following:

- Copy of the Bloodborne Pathogen Standard.
- Description of the exposed worker's duties as they relate to the exposure.
- Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing if available.
- All medical records relevant to the appropriate treatment of the worker, including vaccination status.

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Availability of Rapid HIV Test

As you may know, the bloodborne pathogens standard provides that "the source individual's blood shall be tested as soon as feasible" after an exposure incident and after consent is obtained [29 CFR 1910.1030(f)(3)(ii)(A)]. At the current time there are at least four FDA-approved tests available for "rapid HIV antibody testing," which usually can confirm negative HIV status in less than an hour after blood is drawn from a source individual. They are widely available, easy to use, and inexpensive.

Therefore, an employer's failure to use rapid HIV antibody testing when testing as required by paragraph 1910.1030(f)(3)(ii)(A) would usually be considered a violation of that provision.

Medical Waste

Biohazard Warning Labels

- Red bags or containers may be substituted for labels.
- Containers used to store, transport, or ship blood or other potentially infectious materials.
- Outside of specimen containers.
- Containers of regulated waste.

USE PPE

OSHA - Regulated Waste – 1910.1030

- Placed in an appropriately labeled container: red bag or container with biohazard label.
  - Pathological and microbiological wastes containing blood or OPIM.
  - Liquid or semi-liquid blood or other potentially infectious materials.
  - Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed.
  - Items that are caked with blood or OPIM and are capable of releasing these materials during handling.
  - Contaminated sharps.

Hazard Communication and GHS

The Challenge

Effective Haz Com Program

- Hazard Communication Plan
- Employees Right to Know and Right to Understand
- Employee training
- Maintain an inventory of hazardous elements, chemical compounds or mixture of elements/compounds
  - Must review at least annually
- Material Safety Data Sheets or Safety Data Sheets (MSDS/SDS)
  - Where are they located?
- Secondary container labels
  - Name of chemical and hazards
- Appropriate PPE based on chemical in use

Pulling the Program Together

- Hazard assessment
  - Know what chemicals are utilized in the facility.
  - Keep the list of chemicals current.
- Hazards abatement
  - Communication of risk/safety measures.
  - Training, SDS, labels, PPE, work practice controls, engineering controls.
- Hazard containment
  - Establishment of emergency response procedures.

Employee Training

- GHS updates
- Safety related to the specific chemicals used in the work environment
  - Location of Plan and SDS/MSDS
  - Train on chemicals specific to employee work processes
  - SDS and chemical label
  - Risk associated with use, appropriate PPE, spill clean up measures, first aid

Hazard Communication and GHS

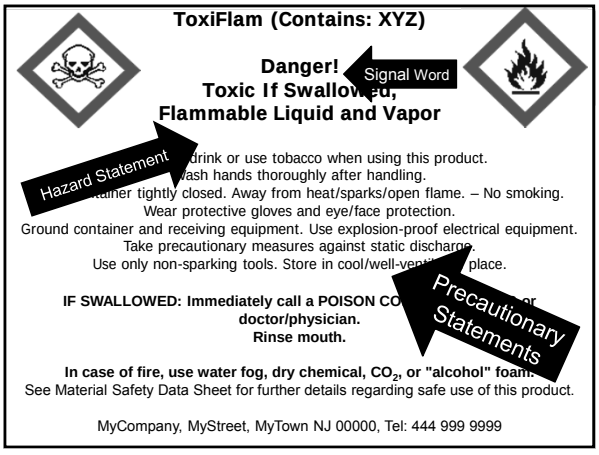
- Globally Harmonized System of Classification and Labeling (GHS) is a collection of best practices by the United Nations.
- Process of communicating severity of hazards of chemicals consistently worldwide.
  - Classification – Type of risk associated with use/exposure
  - Labeling – Include pictograms, signal words, hazard statement
  - Safety Data Sheets – Specified 16 section format
- OSHA modified the Hazard Communication Standard to reflect these changes – March 26, 2012
- Final compliance date June 1, 2016.

First Steps

- Chemical manufacturers are comparing chemicals against a list of criteria to determine the hazard of the chemicals.
- Main categories of hazards:
  - Health Hazard
    - Significant evidence based on at least one study that acute or chronic health effects may occur in exposed employees.
  - Physical Hazard
    - Likely to burn or support fire
    - May explode or release high pressures that can inflict bodily injury
    - Can spontaneously react on its own or when exposed to water.

Labels are Created

- **Symbols - Pictograms:** Convey health and physical hazard information,
- **Signal Words:** "Danger" or "Warning" are used to emphasize hazards. Only one signal word will be utilized on a label.
- **Hazard Statements**: Standard phrases that describe the nature of the hazard.
- **Precautionary Statements:** Measures to be taken to minimize or prevent adverse effects from exposure, improper handling or storage. First aid measures.



Understanding Pictograms

- Symbol and other elements such as border, background or pattern, or color used to relate specific chemical hazard information.
- Eight (8) pictograms have been included in the updated standard.

Pictograms

Skull and Crossbones

Chloroform

Health Hazard

Formaldehyde

Pictograms

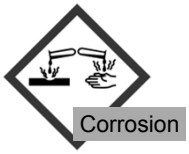
Exclamation Mark

Isopropyl Alcohol
Acetic Acid

Flame

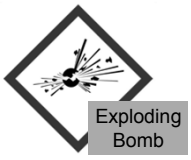
Ethyl Alcohol
Ammonia

Pictograms



Corrosion

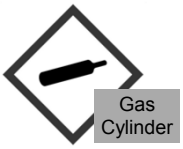
Sodium hypochlorite
"Bleach"



Exploding Bomb

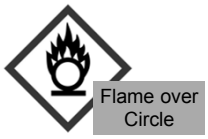
TNT

Pictograms



Gas Cylinder

Compressed Air
Nitrogen



Flame over Circle

Oxygen
Hydrogen Peroxide

Safety Data Sheets

- SDSs must be in a uniform format
  - 16 sections
  - Provide specific direction/information
- Sections of interest
  - **Section 2 - Hazard(s) identification – may see pictogram**
  - **Section 4 - First-aid measures**
  - **Section 6 - Accidental release measures – spill clean-up**
  - **Section 8 - Exposure controls/personal protection**

MSDS/SDS

- Accessible at all times to employees.
- Employees should review MSDS/SDS for products they are working with.
- If utilizing a fax on demand or internet service, all employees must understand how to access the information.
- Complete list of all hazardous substances should be kept and updated on a yearly basis.
- Do you know where your MSDS/SDS are kept?

Secondary Labels

- Should be utilized when any chemical is poured out of the original container.
- Include the following information:
  - Name of product
  - General information about the hazards of the chemicals
- Used in conjunction with chemical labels and MSDS/SDS to communicate hazard information.

Compliance Dates

- Employees should have been trained by December 2013 on SDS, and label elements including pictograms.
- Manufacturers/distributors/importers by June 2015
  - Except after December 2015 no containers may be shipped without updated labeling.
- Final compliance June 1, 2016
  - Labels must be updated – this includes secondary labeling
  - Hazard Communication plan must be updated
  - All MSDS must be replaced with SDS
  - Appropriate training for all employees on any changes in physical or health hazards of chemicals in use.

Worker Protection - Review

- Training on specific chemicals including specific ways to identify chemicals.
  - Smell or visual appearance
- Appropriate use of PPE.
- Use of work practice controls and engineering controls to include proper storage of chemicals.

Eye Wash Stations

- Flush for 15 minutes.
- Must have straight path to unit when pouring or mixing corrosives such as XRAY chemicals or bleach.
- Squeeze bottles may be used to support plumbed units, not as a substitutes.
- Activate weekly to flush the line and verify proper operation.

Other Safety Matters

- TB
- Fire
- Electrical
- Workplace Violence
- Patient Safety
  - Hand Hygiene
  - Sterilization
  - Safe Injection Practices
  - Single Use Items

Patient Management – Suspected TB

- All patients should be screened.
- Patients with fever, night sweats, weight loss, cough should be suspect.
- Provide the patient with a mask and remove from lobby.
- Physician should evaluate for active TB and if suspicious should contact the local health department.
- Room should be cleaned and closed for about an hour if possible.
- Workers exposed to active TB should receive a tuberculin skin test.
- Patient should not receive care in the practice until deemed “non-contagious”.

Fire Response

- Must be in writing if over 10 employees.
- Must document employees will only evacuate patients, not fight fire.
- Recommend annual fire drill.
- Do all employees know their responsibilities?
- What are the escape routes?
- Where is your meeting place outside practice.
- How will you account for everyone after evacuation?
- Who is responsible for monthly extinguisher checks?

Inspection Points for Electrical and Gas

Plugs and Sockets grounded	Breaker boxes
G.F.B. sockets near sinks	Breaker boxes labeled
No overload Plugs	Boxes-3' clearance
No extension cords	No flammables

Gas Cylinder Inspection Points
Must be secured to wall or in a holder
Must be inspected monthly for leakage & corrosion

Workplace Violence

Workplace Violence Fast Facts

- Defined by NIOSH as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.
- Over 3,000 homicide victims and 15,000 non-fatal injuries were reported from 2006-2010. Leading cause of death in the workplace for women.
- In September 2011, OSHA published a directive, *Enforcement Procedures for Investigating or Inspecting Incidents of Workplace Violence*, which establishes uniform procedures for inspectors when investigating incidences.
- Healthcare workers are considered to be at high risk.
- Why?
  - Narcotics and cash in the office.
  - Unrestricted visitor access.
  - Patients or family members dealing with stressful situations.

Start With Prevention

- Zero-tolerance policy – employees, vendors, patients, family members.
- Staff training to recognize unusual behavior and know how to protect themselves.
- Properly lit parking areas? What times to employees enter or leave the building?
- Limit the amount of cash and controlled substances on hand to reduce the chance of robbery.
- Building with deadbolt locks, alarms.
- Panic buttons or emergency phrase in order for Front Desk Staff to alert others.
- Reporting of any situation which may have the potential to lead to violence which spills into the workplace (domestic violence).

Infection Control – A Safe Patient Environment

Questions to Ask

- Is there an appointed individual to oversee all infection control standards?
- Can you locate the manufacturer's directions for all equipment, including instruments utilized?
- Are written policies in place for instrument cleaning, disinfection, sterilization?
- Have workers been trained?
- Is there written proof of workers competency and training?

Confirm Immunization Status

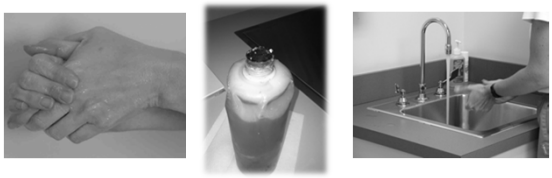
- Hepatitis B
- Influenza
- MMR – For persons born after 1957 without serologic evidence of immunity or prior vaccination.
- Varicella – No proof of immunity, prior vaccination or history of disease.
- Tetanus, diphtheria, pertussis – All HCW need Td booster every 10 years. Workers under the age of 65 with direct patient contact should receive a 1 time dose of Tdap, given IM.

Recommendations from CDC for Health Care Workers

Hand Hygiene

To Wash or Not to Wash?

- When hands are visibly dirty, contaminated, or soiled, wash with non-antimicrobial or antimicrobial soap and water.
- If hands are not visibly soiled, use an alcohol-based handrub (60% - 95%) for routinely decontaminating hands.



Instrument Processing

Sterilization: Are Patients Safe?

How to Proceed

- Regulations/Recommendations
  - State law
  - CDC
  - Spaulding System
  - Manufacturer's guidance

EH Spaulding System

- How an object is processed depends on the object's intended use:
  - CRITICAL - objects which enter normally sterile tissue or the vascular system or through which blood flows should be **sterile.**
  - SEMI-CRITICAL - objects that touch mucous membranes or skin that is not intact require a disinfection process (**high-level disinfection HLD**) that kills most microorganisms except for high numbers of bacterial spores.
  - NONCRITICAL -objects that touch only intact skin require **low-level disinfection**.

Instrument Processing Area

- Use a designated processing area to control quality and ensure safety.
- Divide processing area into work areas:
  - Receiving, cleaning, and decontamination
  - Preparation and packaging
  - Sterilization and monitoring
  - Storage

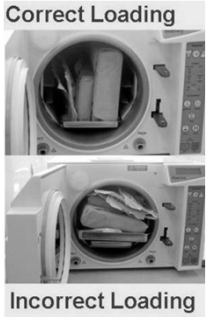
Cleaning - First Step

- Must utilize PPE.
- Eyes/face protection, heavy duty utility gloves.
- Limit hand-washing of instruments.
- Cleaning equipment must be regulated by FDA.
- Rinse and DRY instruments prior to packaging.

What is Wrong With This Picture?

Steam Sterilizers

- Loading
  - Allow for circulation
  - Dry non-porous containers must be positioned so that water will run out
  - Non-perforated trays on edge
  - All peel packs on edge
  - All instruments open
  - Maintain dedicated loads



Sterilization Monitoring

- Physical - cycle time, temperature, pressure
- Chemical - heat or chemical sensitive inks that change color when germicidal-related parameters reached
- Biological - *Bacillus* spores that directly measure sterilization

Storage of Sterile Items

- Well ventilated to protect against dust and moisture.
- Consistent temperature and humidity.
- Packaging should include load number, sterilization date, and expiration date if indicated.
- Shelf life
  - Time related – Remains sterile for an assigned period of time based on packaging type.
  - Event related – If stored appropriately and packaging intact safe for use indefinitely OR as stated by manufacturer.

Safe Injection Practices – Why the Concern?

- 48 recognized outbreaks
  - Viral hepatitis
  - Bacterial infections
  - 90% (n=43) occurred in outpatient settings
- >150,000 patients potentially exposed

12/31/2014

Safe Injection Practices

- Prepare medications in a dedicated clean area.
- Never:
  - administer meds from the same syringe to multiple patients.
  - administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
  - use bags or bottles of intravenous solution as a common source of supply for multiple patients.
- Use single-dose vials for parenteral meds when possible.
- Use fluid infusion and administration sets (intravenous bags, tubing and connectors) for one patient only.
- .

Single Use Items

Worker Awareness

- Culture of Safety
- Standards – policies and procedures
- Worker orientation
- Training – OSHA and infection control
- Competency Documentation
  - Surface disinfection
  - Instrument processing
- Worker exposure/health issues

Resources

- Occupational Safety and Health Administration. Bloodborne Pathogen Standard. http://1.usa.gov/15EdFNU
- Occupational Safety and Health Administration. Hazard Communication Standard. https://www.osha.gov/dsg/hazcom/
- CDC. Updated U.S. Public Health Service guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis. *MMWR* 2001;50(No.RR-11).
- Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis. September 2013.
- CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management. MMWR. December 20, 2013. http://www.cdc.gov/mmwr/pdf/rr/rr6210.pdf

12/31/2014

Thank you!

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POST EXPOSURE PROTOCOL

Source Patient Testing and Counseling:

The source patient will be immediately sent for blood tests to _____.

The following tests will be ordered for the source patient unless they are already known to be positive for infection:

1. Obtain patient consent based on state law.
2. HIV Antibody. Rapid HIV test will be used if available. If rapid HIV is not available, expedite the HIV test.
3. Hepatitis B Surface Antigen (HBsAG).
   → Source patient testing is not indicated if **exposed worker** has documented serologic evidence of hepatitis B immunity.
4. Anti-Hepatitis C virus (Anti-HCV).

The results of the source patient tests will be forwarded to _____, the physician providing treatment to the exposed employee. Additionally, forward the results to any physician as requested by the source patient.

Exposed Employee Treatment and Counseling:

The exposed employee will immediately be offered a confidential medical evaluation by:

_____ *(Physician/Practice providing care)*

The following information will be forwarded to the treating provider:

- ✓ Medical records relevant to the appropriate treatment of the employee including the information on Hepatitis B vaccinations and titers.
- ✓ A description of the employee's duties as they relate to the exposure incident.
- ✓ Documentation of the exposure incident. May use form **OSHA 301.**
- ✓ A copy of the OSHA 1910.1030- Bloodborne Pathogen Standard.

Baseline bloodwork - Employee:

- Obtain consent or declination from the exposed employee for treatment and blood tests. If exposed employee declines HIV testing, offer the option to draw and hold blood for 90 days.
- If source patient test results are negative for infection, no further testing of employee will be indicated.
- Conduct baseline testing of employee
  - ☐ For all bloodborne exposures with either known or unknown source patient:
    - HIV Antibody
    - Hepatitis B Surface Antigen (HBsAG)
      - Testing of employee is not indicated, if documented serologic evidence indicates immunity to hepatitis B.

- Anti-Hepatitis C Virus (Anti-HCV)

☐ Test only if source patient testing indicates disease:

- HIV Antibody
- Hepatitis B Surface Antigen (HBsAG)
  - Testing of employee is not indicated, if documented serologic evidence indicates immunity to hepatitis B.
- Anti-Hepatitis C Virus (Anti-HCV)

Provide counseling to employee

On counseling for HBV and HCV, the CDC guidelines say; "HCP exposed to HBV or HCV infected blood do not need to take any special precautions to prevent secondary transmission during the follow up period."

On counseling for HIV, the guidelines say; "Exposed HCP should be advised to use precautions to prevent secondary transmission during the follow up period. For exposure for which PEP is prescribed, the HCP should be informed about possible drug toxicities and the need for monitoring and possible drug interactions."

Forward the bill for services for source patient and employee to:

_____

_____

Treating Physician Written Opinion to Employer

As required by OSHA 1910.1030(f)(5), a letter must be sent to the employer of the exposed employee within 15 days of the initial treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report to the employer.

Additional Resources for Post Exposure Management

PEP Hotline – National Clinicians Postexposure Prophylaxis Hotline

888-448-4911

NYS PEP Line:
1-888-448-4911

Post exposure website:

https://www.health.ny.gov/diseases/aids/providers/standards/post_exposure_prophylaxis.htm

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

October, 2012

Dear Colleague,

The purpose of this letter is to inform you that form DOH-4054, "Informed Consent to Perform HIV Testing and Authorization for Release of HIV-related Information for Purposes of Providing Post-exposure Care to a Health Care Worker Exposed to a Patient's Blood for Body Fluids," is discontinued.

Amendments to Public Health Law Article 27-F made by the Laws of 2010, Chapter 308, are intended to streamline the process of HIV testing. Changes in the law for HIV testing, effective September 1, 2010, allow for oral consent for rapid testing and the ability to share source patient information with the medical provider of an exposed person without consent.

When an exposure occurs, occupational or non-occupational, the source patient should be approached and the situation explained including the benefits of knowing HIV status for the treatment of the healthcare worker. Consent for testing should be obtained.

New York State (NYS) guidelines for Post Exposure Prophylaxis Following an Occupational Exposure state: Rapid HIV testing is strongly recommended for the source patient. For organizations subject to OSHA regulations, rapid testing is mandated for the source patient for occupational exposures (AIII) (ww.hivguidelines.org).

Rapid HIV test consent may be obtained orally and must be noted by the ordering clinician in the patient's medical chart.

A facility can include language around occupational exposure testing and disclosure in its general consent form. If a patient consents and later becomes the source of an occupational exposure, it would be the responsibility of the facility to inform the patient or his surrogate before the testing was conducted or as soon after as practical that the testing took place and to note the test and the result in the patient's medical record.

Situations may occur in an instance of occupational exposure where a source patient is unable to provide consent for HIV testing. The Family Health Care Decisions Act stipulates who is able to consent for care in circumstances like this. In cases of occupational exposures which create a significant risk of contracting or transmitting HIV infection, an anonymous test may be ordered without any consent at all if all of the following conditions are met:

- the source person is deceased, comatose or is determined by his or her attending professional to lack mental capacity to consent, and
- the source person is not expected to recover in time for the exposed person to receive appropriate medical treatment, and

- there is no person immediately available who has legal authority to consent in time for the exposed person to receive appropriate medical treatment, and
- the exposed person will benefit medically by knowing the source person's HIV test results.

Since treatment decisions for the exposed person need to be made expeditiously, with therapy ideally beginning within two hours post exposure, under the health regulations in 10 NYCRR §§ 63.3(d)(7) and 63.8(n), *the decision to perform an anonymous test on the source patient may be made immediately if there is no surrogate present to provide consent.*

If the test is not a rapid test, or if your agency prefers written consent in the case of occupational exposure, you may create your own consent form, as long it is it is consistent with one of the Department of Health's model forms (DOH-2556 or DOH-5019). The Department of Health has also developed model forms for authorizations to disclose HIV-related information (DOH-2557 or DOH-5032). http://www.health.ny.gov/diseases/aids/forms/informedconsent.htm

Contact Lyn Stevens, MS, NP, ACRN at lcs02@health.state.ny.us or call 518-473-8815 if you have any questions.

Sincerely,

Lyn C. Stevens, MS, NP, ACRN
Deputy Director, Office of the Medical Director
New York State Department of Health
AIDS Institute