Compliance with OSHA Regulation

Impact on Infection Prevention Programs

Infection Prevention Conference
Bismarck, North Dakota
August 17-18, 2011

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Basic Infection Prevention Practices

- Hand Hygiene
  - Resident microorganisms
    - Hands of health care workers
  - Transient microorganisms
    - Colonized clients
    - Contaminated client care equipment
- Soap and water/alcohol hand antisepsis
- CDC – October 2002: *The Guideline for Hand Hygiene in Health-Care Settings (*located at www.cdc.gov)

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Personal Protective Equipment (PPE)

- OSHA –Occupational Exposure to Bloodborne Pathogen regulations (OSHA 1991)
  - Bloodborne Pathogen Exposure Control Plan
  - Use of PPE
- Needlestick Safety and Prevention Act
  - Prevent sharps and needlestick injuries
  - Nonmanagement input for identification, evaluation and selection of safer medical devices

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Annual Needle Safety Evaluation

Form4_1_NeedleSafety.pdf - Adobe Acrobat Professional

ANNUAL NEEDLE SAFETY EVALUATION

INSTRUCTIONS:

1. The facility should list all of the current needle safety devices in column two (2). This information should include the name of the safety device and the manufacturer.
2. This form should then be distributed to nonmanagement personnel for evaluation of the needle safety device.
3. After receiving the completed survey, the facility should tally the results and evaluate new products if necessary. The results of this survey should be documented in your quality improvement (QI) meeting minutes at least annually.
4. If at any time during the year, the facility looks at different needle safety devices, documentation should be included in your QI meeting minutes.

ITEM #	SHARP DEVICE NAME	YES	NO	COMMENTS What problem are you having with this safety device?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

NOTE:
YES = This sharp device is working fine and I'm comfortable with it. I do not see a reason to make any changes.
NO = I am not comfortable with this safety device, and I would like another product to be evaluated.

EMPLOYEE COMPLETING THIS FORM:

NAME _____ DATE _____

TITLE _____

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PPE-Gloves

- Gloves should be worn when:
  - Handling blood and other potentially infectious materials that are visibly contaminated with blood
  - When having contact with mucus membranes
  - Handling or touching contaminated items or surfaces
  - Performing any invasive procedure, including venous access procedures and heelsticks or fingersticks
  - Performing wound care
  - Staff members “hands are chapped, cut, scratched, or abraded”
  - Contamination is likely with uncooperative or combative clients
  - Touching the client’s abraded or nonintact skin
  - Providing care for a client with active bleeding
  - Handling any drainage collection appliance
  - Take a rectal temperature
  - Obtaining or handling laboratory specimens
  - There is the possibility of exposure to blood or body fluids

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PPE-Gloves

- Gloves should be changed
  - Between tasks and procedures on the same client
  - After contact with material that may contain a high concentration of microorganisms
  - After contact with infective material that may have high concentrations of bacteria or virus
  - When the integrity of the gloves is in doubt
  - Between client care procedures as soon as safety permits
- Gloves should be removed as soon after the task is completed
  - Disposable, single use gloves should not be washed or decontaminated for reuse
- Hands should be washed before touching the environment

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PPE-Masks, Respiratory Protection, Eye Protection, and Face Shields

- Type of mask depends on the purpose of the mask
  - Prevent exposure to mucus membranes, mouth, nose, eyes
  - Droplet spread
- Respirators
  - NIOSH approved N95
    - TB
    - SARS
    - Smallpox

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PPE-Gowns

- Impervious to fluids
- Worn when splashing of clothing or skin with blood or other infectious material is likely

- OSHA requires all employees are trained on how to put on and remove PPE. Posters for staff training can be obtain at www.cdc.gov (search Donning Personal Protective Equipment)

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Occupational Health

- Initial health assessment at the time of hire
  - General health assessment and functional status evaluation
    - Infectious disease history including childhood diseases and HBV
    - History of any condition that may increase risk for acquiring or transmitting infections
    - Selected laboratory testing
    - History of infection with TB
    - Administration of PPD
  - Additional requirements related to state licensure

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Occupational Health-Work Restrictions

- Work restrictions
  - www.cdc.gov search summary of suggested work restrictions for health care personnel exposed to or infected with Infectious Diseases of Importance in Health Care Settings
- Hepatitis B vaccination and post-exposure follow-up
  - Made available at no cost to the employee
  - Made available to the employee at a reasonable time and place
  - Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional
- Initial and annual PPD testing/TB risk assessment for individuals with history of a positive PPD

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Hepatitis B Tracking

Form4_2_HepatitisBTrack.pdf - Adobe Acrobat Professional

File Edit View Document Comments Forms Tools Advanced Window Help

Create PDF · Combine Files · Export · Start Meeting · Secure · Sign · Forms · Review & Comment

1 (1 of 1) 66.7% Find

HEPATITIS B VACCINATION TRACKING

Employee's Name: _____

Job Title: _____ Date of Hire _____

- Is employee pregnant? ..... ❑ Yes ❑ No
- Is employee a nursing mother? ..... ❑ Yes ❑ No
- Is employee allergic to yeast? ..... ❑ Yes ❑ No
- If yes to above, is M.D. note on file? ..... ❑ Yes ❑ No
- Employee has received and reviewed the Hepatitis B Information Sheet? ... ❑ Yes ❑ No
- This employee is cleared by a medical or professional to receive the Hepatitis B vaccine? ..... ❑ Yes ❑ No

Signature of Medical Professional: _____

- Side effects of the vaccine have been reviewed with employee by:

Name _____ Date _____

- 1st injection given (date) _____ Site _____

Manufacturer of vaccine & lot # _____

Signature of Health Care Professional _____

Signature of Employee _____

2nd injection due _____ (1 month after initial dose)

- 2nd injection given (date) _____ Site _____

Manufacturer of vaccine & lot # _____

Signature of Health Care Professional _____

Signature of Employee _____

3rd injection due _____ (5 months after 2nd dose)

- 3rd injection given (date) _____ Site _____

Manufacturer of vaccine & lot # _____

Signature of Health Care Professional _____

Signature of Employee _____

Postimmunization Titer Due: _____

Results of Titer: _____ (Titer to be checked 2 months after 3rd shot)

NOTE: If the employee does not receive his/her vaccine on time, do not restart vaccination. Give the remaining vaccinations that are due. If the first titer is negative, give another series of Hepatitis B vaccine and recheck the titer. If the second titer is negative, there is no further vaccine given.

Inbox - Microsoft O... | Power Point Present... | HOK | Microsoft PowerPoi... | Form4_2_HepatitisB... | 5:03 AM

Post-exposure Evaluation and Follow-up

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish the legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- When the source individual is already known to be infected with HBV,HCV or HIV testing, testing for the source individual's known HBV, HCV or HIV status need not be repeated.

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Post-exposure Evaluation and Follow-up

- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- Collection and testing of blood for HBV, HCV, and HIV serological status
  - The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
  - If the employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
  - Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service
  - Counseling
  - Evaluation of reported illnesses

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Information Provided to the Healthcare Professional – Post-Exposure

- The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis b vaccination is provided a copy of the OSHA Bloodborne pathogen regulation.
- Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
- Results of the source individual's blood testing, if available.
- Healthcare Professional's Written Opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
- The healthcare professional's written opinion for post-exposure evaluation and follow up shall be limited to the following information:
  - That the employee has been informed of the results of the evaluation.
  - That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- Reference: OSHA, Bloodborne Pathogens Standards, 1910.1030 www.osha.gov

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Occupational Exposure Resources

OCCUPATIONAL EXPOSURE MANAGEMENT RESOURCES Appendix 8.C.pdf - Adobe Acrobat Professional

OCCUPATIONAL EXPOSURE MANAGEMENT RESOURCES

National Clinicians; Postexposure Prophylaxis Hotline (PEPline)

Run by University of California-San Francisco/San Francisco General Hospital staff supported by the Health Resources and Services Administration Ryan White CARE Act, HIV/AIDS Bureau, AIDS Education and training Centers, and the CDC

- 1-888-448-4911
- www.ucsf.edu/hivcntr

Needlestick!

A Web site to help clinicians manage and document occupational blood and body fluid exposures. Developed and maintained by the University of California, Los Angeles (UCLA), Emergency Medicine Center, UCLA School of Medicine, and funded in part by the CDC and the Agency for Healthcare Research and Quality.

- www.needlestick.mednet.ucla.edu

Hepatitis Hotline

- 1-888-443-7232
- www.cdc.gov/hepatitis

Reporting to CDC

Occupationally acquired HIV infections and failures of PEP

- 1-800-893-0485

HIV Antiretroviral Pregnancy Registry

1410 Commonwealth Dr., Ste. 215, Wilmington, NC 28405

- 1-800-258-4263
- Fax: 1-800-800-1052
- www.glaxowellcome.com/preg_reg/antiretrovial

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IC Orientation Program – OSHA Requirement

- An accessible copy of the Bloodborne Pathogens Regulatory Text and an explanation of its contents have been provided.
- A general explanation of the epidemiology and symptoms of bloodborne diseases HBV, HCV, and HIV.
- An explanation of the modes of transmission of bloodborne pathogens.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- An explanation of the basis for selection of personal protective equipment.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the signs and labels or color coding for biohazard waste.
- An opportunity for interactive questions and answers with the person conducting the training.
- Offered the Hepatitis B Vaccine
- Information related to TB

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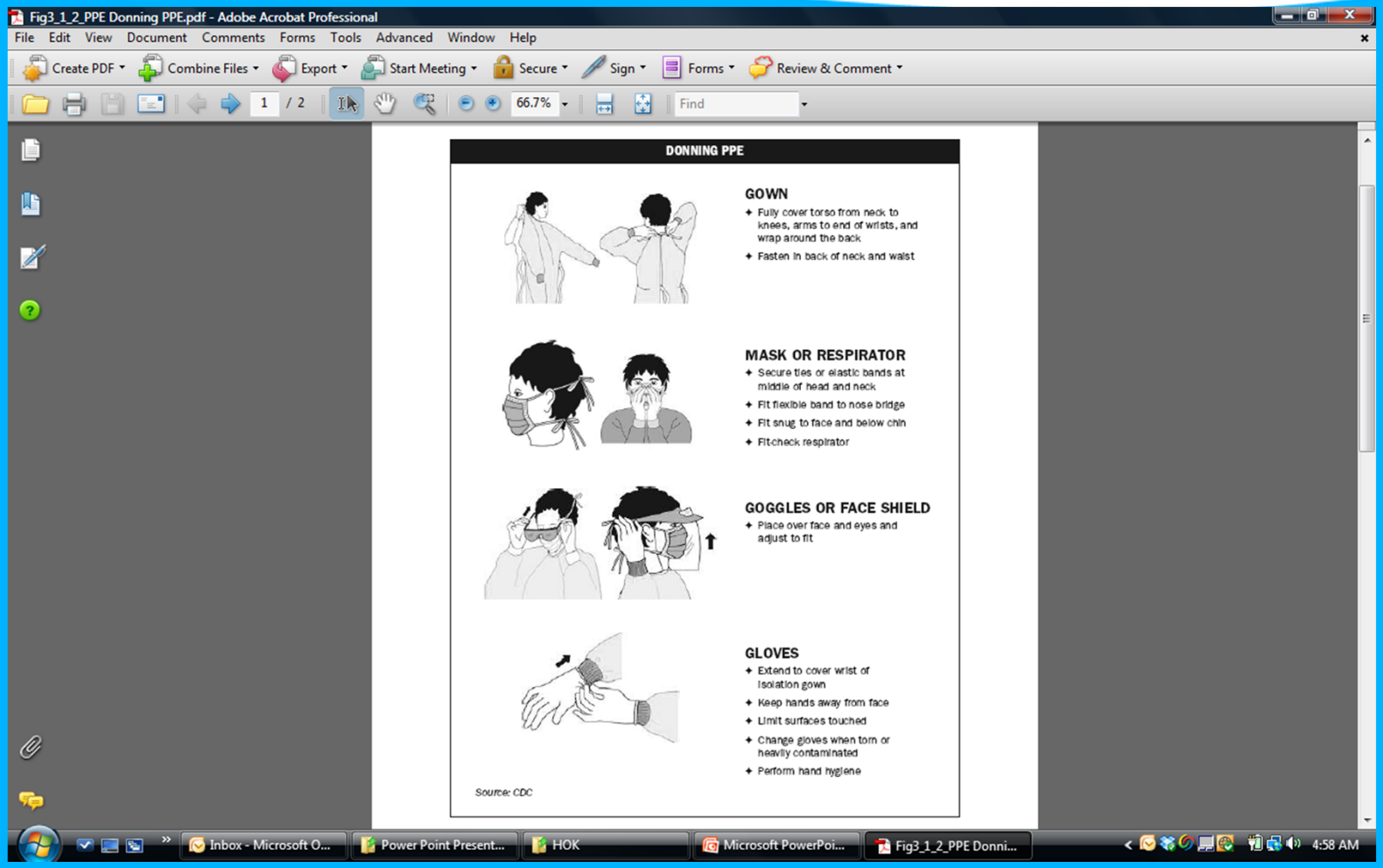
Donning PPE



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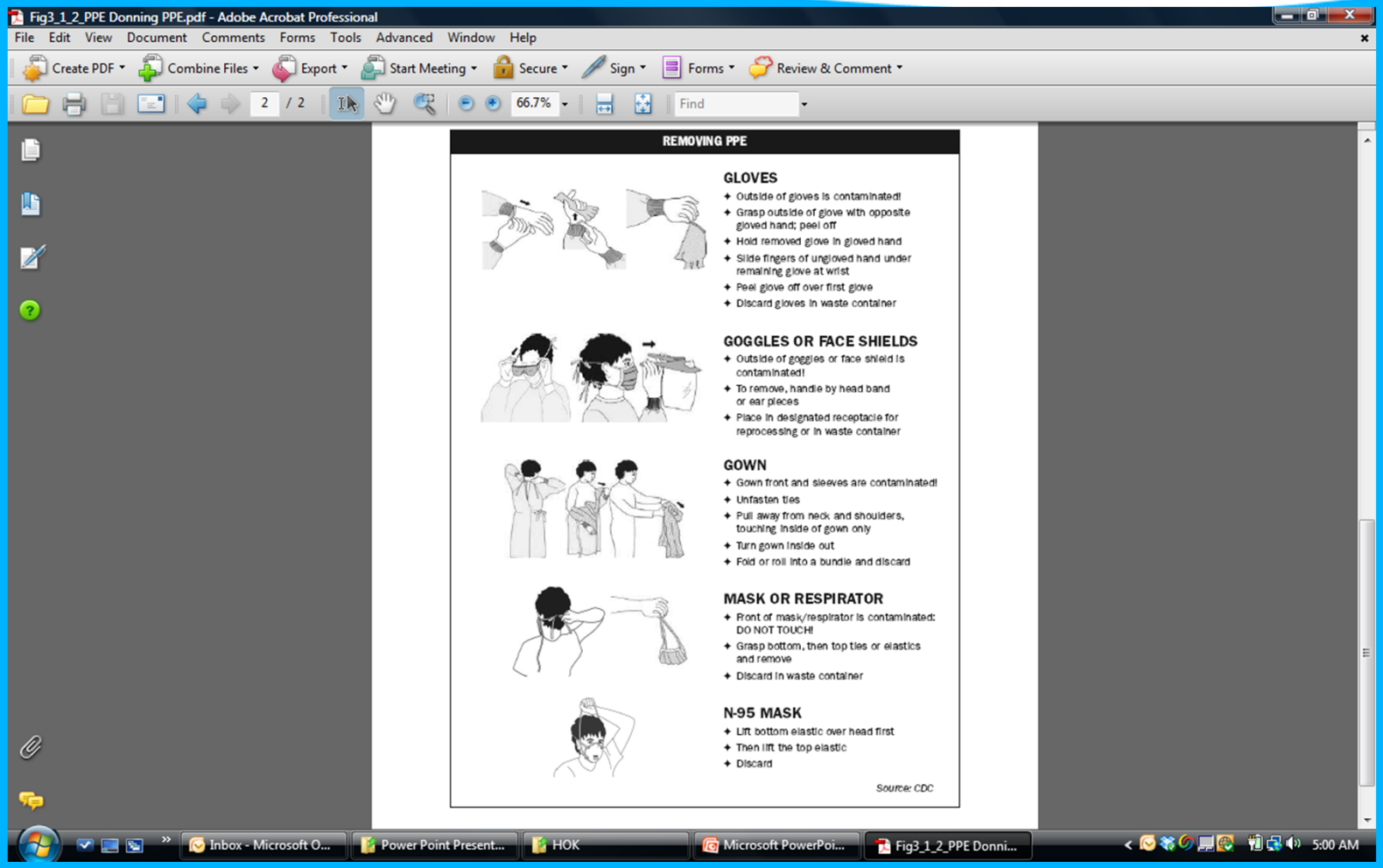
Removing PPE



REMOVING PPE

GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove
- Discard gloves in waste container

GOGGLES OR FACE SHIELDS

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container

GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard

MASK OR RESPIRATOR

- Front of mask/respirator is contaminated: DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container

N-95 MASK

- Lift bottom elastic over head first
- Then lift the top elastic
- Discard

Source: CDC

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Orientation Checklist with Signature

TO: NEW HIRES, STUDENTS, CONTRACT STAFF & VOLUNTEERS

RE: ACKNOWLEDGMENT OF RECEIVING GENERAL ORIENTATION TO INFECTION CONTROL

By signing this form I am verifying that I have received orientation to infection control covering the following topics. I have been given a chance to have my questions answered, and they were answered to my satisfaction. I am aware if I have further questions after orientation I can contact my supervisor or the infection control coordinator.

- An accessible copy of the Bloodborne Pathogens Regulatory Text and an explanation of
- its contents have been provided.
- A general explanation of the epidemiology and symptoms of bloodborne diseases HBV,
- HCV and HIV has been given to me.
- An explanation of the modes of transmission of bloodborne pathogens has been provided.
- An explanation of the appropriate methods for recognizing tasks and other activities that may
- involve exposure to blood and other potentially infectious materials has been covered.
- An explanation of the basis for selection of personal protective equipment was provided.
- Information on the appropriate actions to take and persons to contact in an emergency
- involving blood or other potentially infectious materials was explained.

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Orientation Checklist with Signature

- An explanation of the procedures to follow if an exposure incident occurs, including the method
- of reporting the incident and medical follow-up that will be made available, was done.
- Information on the postexposure evaluation and follow-up that employers are required to
- provide for employees following an exposure incident was given.
- An explanation of the signs and labels or color coding for biohazard waste was done.
- An opportunity for interactive questions and answers with the person conducting the
- training was provided.
- I have been offered the Hepatitis B Vaccine if I have not already received it.
- I have been given a copy of the NIOSH ALERT "Preventing Allergic Reactions to Natural
- Rubber Latex in the Workplace" and "Preventing Needlestick Injuries in Health Care Settings"
- (Appendix 2.A and 2.B).
- I have received information related to TB.

EMPLOYEE SIGNATURE: _____ DATE: _____

PRINT NAME: _____

PERSON PERFORMING ORIENTATION TRAINING: _____

TITLE: _____

SIGNATURE: _____ DATE: _____

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Annual Education for Bloodborne Pathogens

- Exposure Control Plan
  - Brief review and information on how to obtain a copy
- Definition of an exposure
- Use of engineering controls and personal protective equipment
  - Types and location of PPE
  - Selection of PPD
  - Use, decontamination, and disposal of personal protective equipment
  - Limitations of PPE
- Hepatitis B vaccine
  - Benefits, efficacy, safety
  - Method of administration
  - Availability and testing
- How to handle emergencies with risk of exposure
- Exposure incidents
  - Reporting and evaluation
  - Medical follow-up and testing
  - Postexposure prophylaxis
- Questions and Answers*

*A knowledgeable individual must be available to answer questions-even when a video is used.

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Important References to Review

- OSHA –Occupational exposure to blood borne pathogens: Needlestick and other sharps injuries Final rul. 20 CFR part 1910 www.osha.gov
- Recording and reporting occupational injuries and illnesses CFR 29-1904 www.osha.gov
- Occupational exposure to bloodborne pathogens: final rule CFR part 1910-1030. Federal Register, 56, 64004-64182
- Tuberculosis testing procedures for the home health care industry. www.osha.gov/pls/oshaweb/owalisp.show_document?p_table=INTERPRETATIONS&p_id524249
- CDC: Updated US Public Health Service guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis www.cdc.gov
- CDC Public Health Service guidelines for the management of health-care worker exposures to HIV and recommendation for postexposure prophylaxis www.cdc.gov
- CDC: Guidelines for preventing the transmission of Mycobacterium tuberculosis in health care facilities www.cdc.gov
- www.APIC.org

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QUESTIONS

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