

PPE PRACTICES

Use of personal protective equipment in satellite locations

by Ron Stoker

OSHA requires employers to protect their employees from workplace hazards through the use of engineering or work practice controls. When these controls are not practical or do not provide adequate protection for employees, the use of personal protective equipment (PPE) is required. Medical facility employers are required to assess the workplace to determine if hazards are present, or are likely to be present, which necessitates the use of PPE.

PPE is any type of specialized clothing, barrier product, or respiratory device used to protect workers from serious injuries or illnesses while doing their jobs. The proper use of PPE by workers involved in patient care aids infection control because it helps protect wearers

against infection or contamination from blood, body fluids or respiratory secretions. In addition, it reduces the chance that healthcare workers will infect or contaminate patients or coworkers. It also reduces the chance of transmitting infections from one person to another.

The Bloodborne Pathogens Standard, revised in January 2001, requires employers to provide the appropriate PPE to employees. The wearing of gloves, gowns, masks and eye protection can significantly reduce health risk for workers who are exposed to blood and other potentially infectious materials; direct exposure to blood and other potentially infectious materials put healthcare workers at risk of contracting bloodborne infections from hepatitis B virus (HBV), human immunodeficiency virus (HIV), which causes AIDS, and other pathogens. It has been estimated that about 8,700 healthcare workers each year are infected with HBV, and 200 die from the infection. Although the risk of contracting AIDS through occupational exposure is much lower, wearing proper PPE can greatly reduce potential exposure to all bloodborne infections.

How Should PPE Be Selected?

According to OSHA guidelines, the selection of PPE must fit the expected exposure. For some clinicians gloves would be sufficient but for a pathologist performing an autopsy gloves alone would be inadequate. The pathologist would require considerably more protective clothing.

PPE can include a variety of products including: gloves, gowns, laboratory coats, face shields or masks, eye protection, pocket masks, and other protective gear. The gear must be readily accessible to employees and available in appropriate sizes.

If an employee is expected to have hand contact with blood or other potentially infectious materials or contaminated surfaces, he or she must wear gloves. Single-use gloves cannot be washed or decontami-



nated for reuse. Utility gloves may be decontaminated if they are not compromised. They should be replaced when they show signs of cracking, peeling, tearing, puncturing or deteriorating. If employees are allergic to standard gloves, the employer must provide hypoallergenic gloves or similar alternatives. Routine gloving is not required for phlebotomy in voluntary blood donation centers, though it is necessary for all other phlebotomies. In any case, gloves must be available in voluntary blood donation centers for employees who want to use them. Workers in voluntary blood donation centers must use gloves:

- ▶ when they have cuts, scratches or other breaks in their skin;
- ▶ while they are in training; and
- ▶ when they believe contamination might occur.

Personally, I believe that this exception for wearing gloves for phlebotomy in voluntary blood donation centers is ludicrous. This exemption is only in the standard because lobbyists involved during the passage of the Needlestick

Safety and Prevention Act wanted to protect their clients. Since when are universal precautions optional? Until tested, all blood should, as a matter of routine, be considered hazardous and infectious. Even after testing it should be treated with utmost caution. The idea behind universal precautions is that it is not possible to tell which patients or donors are “safe” and which are not. If we treat all of them the same we can keep our employees safer.

Gloves are the most common type of PPE used in healthcare settings. There are several things to consider when selecting the right glove for a specified purpose. If a glove tears, it should be removed carefully, hands should be washed thoroughly with soap and water or alcohol-based hand rub, and new gloves put on. If gloves become heavily soiled and additional patient care tasks must be performed, the gloves should be changed before starting the next task. Always change gloves after use on each patient. Patient care gloves should never be washed and used again.

Employees should wear eye and mouth protection such as goggles and masks, glasses with solid side shields, and masks or

chin-length face shields when splashes, sprays, splatters or droplets of potentially infectious materials pose a hazard through the eyes, nose or mouth. More extensive coverings such as gowns, aprons, surgical caps and hoods, and shoe covers or boots are needed when gross contamination is expected. This often occurs, for example, during orthopedic surgery or autopsies.

What If?

There have been numerous questions concerning the PPE required for phlebotomists performing venipuncture. On October 26, 2007 OSHA Issued a Standard Interpretation letter entitled “Clarification of PPE requirements for phlebotomists performing venipunctures in hospital setting and/or rural outpatient clinics” that helps to clarify some of the questions. In addition, OSHA has produced “Bloodborne Facts—Personal Protective Equipment Cuts Risk.” These two documents help shed a lot of light upon this subject.

Would a phlebotomist performing a routine venipuncture be required to wear a lab coat? The answer to this question might surprise you.

As you may know, when there is occupational exposure to blood or other potentially infectious materials, the employer is required to provide, at no cost to the employee, appropriate PPE such as, but not limited to, gloves, gowns, laboratory coats or other PPE deemed necessary. Occupational exposure is defined by the BBP standard, 29 CFR 1910.1030(b) as “... reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.”

As a general rule, phlebotomists are considered to have occupational exposure. The performance of routine vascular access procedures by skilled phlebotomists in a hospital or clinic would require, at a minimum, the use of gloves to prevent contact with blood.¹

Laboratory coats or work smocks, though commonly worn as part of a phlebotomist’s uniform, are not typically needed (as PPE) during routine venipuncture. Nonetheless, employers must assess the workplace to determine whether certain tasks, workplace situations, or employee skill levels may result in an employee’s need for laboratory coats or other PPE to prevent contact with blood.

OSHA has also indicated that the need for PPE must not be based on geographic location. This means that, according to the BBP standard, employers must adhere to the concept of Universal Precautions, the infection and exposure control philosophy which advises that all human blood and certain body fluids are to be treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.²

So, can an employee who performs venipuncture in a rural outpatient clinic setting wear a personal work smock, and may these smocks be laundered at home by the employee if there is no visible contamination?

According to the Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, “While many employees have traditionally provided and laundered their own uniforms or laboratory coats or the like, if the item’s intended function is to act as PPE, then it is the employer’s responsibility to provide, clean, repair, replace, and/or dispose of it.” Therefore, the practice of employees laundering their own PPE at home is prohibited by the standard.³

If an employee, however, would like to choose, wear, and maintain his or her uniform or work smock, then he or she would need to don additional employer-handled and employer-controlled PPE when performing tasks where it is reasonable to anticipate exposure which may contact the skin or clothing.⁴

Many clinicians in these satellite locations have tried to assess the potential exposure to blood in these phlebotomy situations and then determine what PPE would be appropriate for them to wear. This is contrary to the direction provided by OSHA. It is the responsibility of the *employer* and *not the employee* to make the occupational exposure determination. The *employer* must assess each job classification and task.

The employer is also required to train employees on the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM. Training must also include an explanation of the use and limitations of PPE. It is critical that this training assist clinicians in wearing the appropriate PPE—and protect their health and the health of their families. †

References

1. 29 CFR 1910.1030(d)(3)(ix).
2. 29 CFR 1910.1030(b) and 1910.1030(d)(1).
3. OSHA Instruction 02-02-069, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, paragraph X.III.D.16.
4. http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=25913

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