OSHA's Most Cited Hospital Violations

Strategies for Creating a Safe Workplace

by Ron Stoker

The purpose of OSHA's Bloodborne Pathogen Standard is to help create a safe environment for healthcare workers and others. The best way of creating a safe environment for healthcare workers and others is to control exposure to blood or other potentially infectious materials.

Years ago, Johnson & Johnson had an ad campaign touting its safety needle. On the top of the ad was a picture of a finger that had received a needlestick injury. A drop of blood was dripping out of the finger. Below that picture was a solid needle that had a drop of blood dripping off of it. The caption of the picture was "Losing this much blood won't kill you… but receiving this much could!" I thought it was a very effective ad campaign because it definitely grabbed your attention and also provided some educational benefits.

As we all know there are more than 800,000 sharps injuries that occur in the United States each year, and according to the World Health Organization (WHO) there are between two and three million needlestick injuries globally each year. There are more than 1,000 healthcare workers who contract serious infections from sharps injuries. It is estimated that less than one out of three needlestick injuries are ever reported. Nurses as a group report needlestick injuries more frequently than physicians.

OSHA has been very active in enforcing the Bloodborne Pathogen Standard. Many healthcare institutions seem to be gambling on whether or not an OSHA inspector will catch them in the act. However, many institutions are finding that OSHA is catching and enforcing violators.

So what are the OSHA fines for noncompliance? OSHA fines can go up to $7,000, with the fine for willful and repeat offenses of up to $70,000 per offense. If a healthcare institution is caught falsifying records they can be fined up to $10,000 per offense and/or be placed in jail for up to six months.

During the period[1] of October 2005 through September 2006, 344 citations were issued to nursing care facilities for a total of $120,508. This is an average citation of $350. Doctors' offices received 156 citations resulting in $51,064 in initial fines for an average of $327 per citation. General medical and surgical hospitals received 118 citations for a total of $83,586 in initial fines for an average of $721 per citation.

The following document covers hospitals only under the federal OSHA requirements and not under state OSHA plans. The data is from inspection reports from July 1, 2006 to December 31, 2006.

Costly Hospital OSHA Fines

Standard Section 29 CFR	Average initial fine
1910.1030 (bloodborne pathogens)	
(c)(1)(i) Each employer having an employee(s) with occupational exposure shall establish a written Exposure Control Plan.	$750
(c)(1)(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures and new or revised employee positions.	$971
(c)(1)(iv)(B) Document annually consideration and implementation of appropriate commercially available and effective safer medical devices.	$906
(d)(2)(i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.	$1,681
(d)(2)(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.	$3,500
(d)(2)(vii)(A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.	$625
(d)(2)(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary.	$2,100
(d)(4)(iii)(A)(1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers.	$1,125
(f)(1)(i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.	$750
(f)(2)(i) Hepatitis B vaccination shall be made available after the employee has received the training required and within 10 working days of initial assignment.	$938
(f)(3)(v) Post-exposure evaluation and follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including counseling.	$7,000
(g)(2)(i) Employers shall ensure that all employees with occupational exposure participate in a training program, which must be provided at no cost to the employee and during working hours.	$750
(g)(2)(ii) Training shall be provided as follows: • At the time of initial assignment; • At least annually thereafter; • Annual training for all employees shall be provided within one year of their previous training.	$7,500
(g)(2)(vii)(F) Training includes an explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment.	$800
(g)(2)(vii)(N) Training includes an opportunity for interactive questions and answers with the person conducting the training session.	$1,125

The average initial fine column does not reflect any settlement actions that took place after OSHA originally issued a citation.

Source: OSHA.

Sometimes when I cannot sleep, I end up watching a late-night talk show while I am typing something. In the spirit of their top 10 lists, let's look at the most costly OSHA fines issued to hospitals between October 2005 and September 2006. I'll first list the bloodborne pathogen standard regulation that has been violated. I will then discuss each citation.

Seventh Costliest Hospital OSHA Fines

(f)(2)(i) Hepatitis B vaccination shall be made available after the employee has received the training required and within 10 working days of initial assignment.

Two citations, both serious, were issued with total initial fines of $1,875. The average initial fine was $938.

The hepatitis B vaccine should be offered at no charge to all employees who may be exposed to blood or other body fluids. The hepatitis B vaccine is effective in more than 90 percent of healthy individuals who receive the series of injections. The vaccine is administered intramuscularly in three doses over a six-month period. Most people do not complain about the injections—the most common side effect of vaccination is soreness at the injection site. If an individual decides against vaccination, they must sign a declination form. If an individual signs a declination form they remain eligible for vaccination at a later time.

It is recommended that all individuals who have the potential of being exposed to bloodborne pathogens have this vaccination. The risk of infection following a single needlestick exposure is:

- Hepatitis B: 1.9% to >40%
- Hepatitis C: 2.7% to 10%
- HIV: 0.2% to 0.44%

With the odds of seroconverting to hepatitis B it is highly recommended that healthcare workers and others obtain this vaccination. Hospitals and other healthcare institutions should make sure that every employee who has declined the opportunity of receiving the vaccinations has signed the declination form.

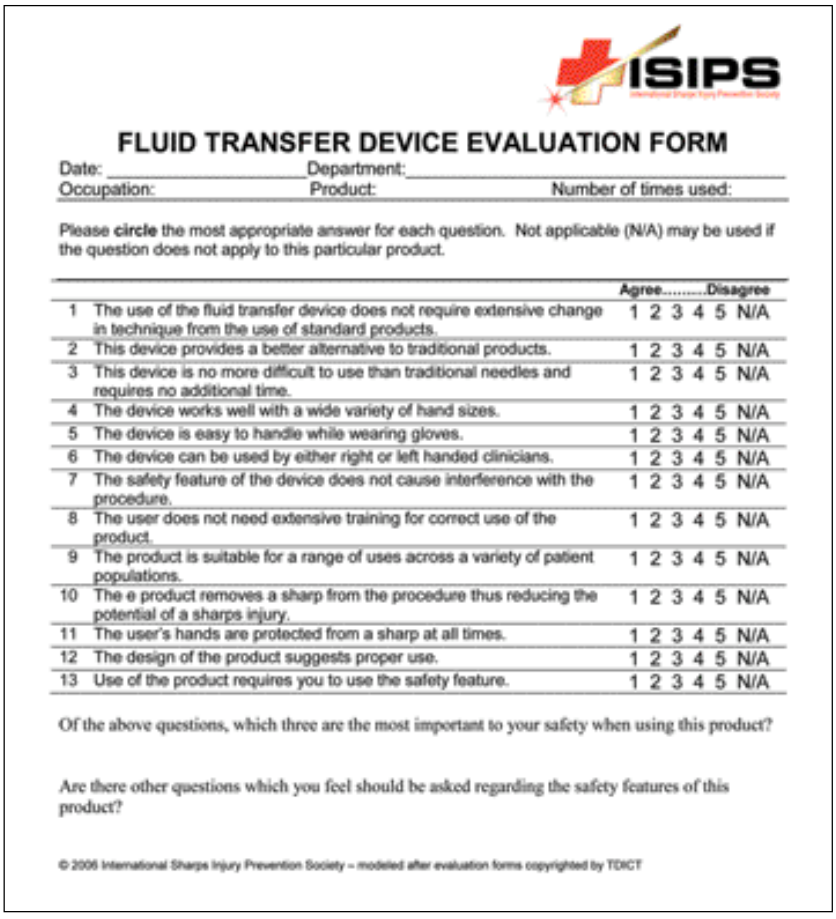
Sixth Costliest Hospital OSHA Fines

(d)(2)(vii)(A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

Three citations, two serious, were imposed with total initial fines of $1,875 with an average initial fine of $625.

Recapping needles can account for 25% to 30% of needlestick injuries to nursing and laboratory staff. In most cases it is the single most common cause of needlestick injuries. It is extremely dangerous to hold the needle in one hand and attempt to insert the needle into a small cap being held in the other hand. Either the needle misses the cap and accidentally punctures the hand holding it, or the needle pierces the cap and enters into the hand.

It is illegal in the United States to recap needles. Despite this law some healthcare workers continue to recap needles even when they have been informed of the dangers. There have been a variety of excuses given when a healthcare worker is caught recapping the needle. One of the most common reasons is the healthcare worker wanted to protect themselves when several items were carried to a sharps disposal container in a single trip. Another reason given was to protect other people in crowded conditions on the way to the sharps container.



ISIPS

FLUID TRANSFER DEVICE EVALUATION FORM

Date: _____ Department: _____

Occupation: Product: Number of times used:

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

		Agree.....Disagree
1	The use of the fluid transfer device does not require extensive change in technique from the use of standard products.	1 2 3 4 5 N/A
2	This device provides a better alternative to traditional products.	1 2 3 4 5 N/A
3	This device is no more difficult to use than traditional needles and requires no additional time.	1 2 3 4 5 N/A
4	The device works well with a wide variety of hand sizes.	1 2 3 4 5 N/A
5	The device is easy to handle while wearing gloves.	1 2 3 4 5 N/A
6	The device can be used by either right or left handed clinicians.	1 2 3 4 5 N/A
7	The safety feature of the device does not cause interference with the procedure.	1 2 3 4 5 N/A
8	The user does not need extensive training for correct use of the product.	1 2 3 4 5 N/A
9	The product is suitable for a range of uses across a variety of patient populations.	1 2 3 4 5 N/A
10	The e product removes a sharp from the procedure thus reducing the potential of a sharps injury.	1 2 3 4 5 N/A
11	The user's hands are protected from a sharp at all times.	1 2 3 4 5 N/A
12	The design of the product suggests proper use.	1 2 3 4 5 N/A
13	Use of the product requires you to use the safety feature.	1 2 3 4 5 N/A

Of the above questions, which three are the most important to your safety when using this product?

Are there other questions which you feel should be asked regarding the safety features of this product?

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The guidelines issued in the Bloodborne Pathogen Standard indicate that healthcare workers should not recap or bend needles, but should dispose of them directly to an approved sharps disposal container. Workers should never move an exposed needle tip towards an unprotected hand!

Fifth Costliest Hospital OSHA Fines

(d)(2)(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary.

A single citation was issued for $2,100.

OSHA requires that all equipment and working surfaces be clean and decontaminated after any contact with blood or other potentially infectious materials. All surfaces, tools, equipment and other objects that come in contact with blood or potentially infectious materials must be decontaminated and sterilized as soon as possible. Equipment and tools must be cleaned and decontaminated before servicing or being put back to use.

Contaminated equipment such as IV poles must be labeled as being contaminated. The label should also identify which portions of the equipment are contaminated. Some of the equipment, if grossly contaminated, should be cleaned with soap and water prior to decontamination as some antimicrobial products will not work in the presence of blood, which interferes with the sterilizing process.

One study[2] was conducted to determine the extent of blood contamination of anesthesia equipment and monitoring equipment in clinical use in operating rooms. The study used a catalytic test method commonly used in forensic medicine to detect blood contamination. Nineteen surfaces were sampled and 22 operating rooms. It was found that 33% percent of surfaces were contaminated with blood. The contaminated equipment included surfaces that are in continuous contact with patients, such as blood pressure cuffs and pulse oximeter probes. This study showed that visual inspection was not a reliable means of detecting blood contamination. This study did not determine whether this blood contamination represented an infection risk. Nevertheless, improved cleaning and disinfection procedures are probably needed.

Fourth Costliest Hospital OSHA Fines

(c)(1)(iv)(B) Document annually consideration and implementation of appropriate commercially available and effective safer medical devices.

Four citations were issued with two being classified as serious. The total initial fines were $3,625 with the average initial fine of $906.

OSHA requires that each healthcare institution annually consider and implement the use of appropriate commercially available safer medical devices. Some institutions have felt that OSHA should have an approved list of safety medical devices. However, OSHA does not have a list of available safer medical devices. OSHA does not approve or endorse any product. It is each employer's responsibility to determine what safety product is most appropriate for a specific procedure or hazard. The Standard indicates that there is no one safety medical device that is appropriate for every medical situation. Therefore, employers must consider a number of safety products and implement those devices they find to be safe and effective, and commercially available. This means each department in a hospital could have a totally different product for similar procedures.

What if a safer option is not available to replace your current nonsafety medical device? Before you spend a lot of time searching the Internet, look at several safety product lists. This might save you scores of hours as you search for safety products. There are several resources available online to help gather information about available safety products. One source is *The Compendium of Infection Control Technologies*.[3] A second source is the List of Safety Engineered Sharps Devices located at the International Healthcare Worker Safety Center.[4] In addition, medical tradeshows have scores of medical device companies with safety products. Trade shows like AOHP, AORN and APIC would be great sources of information. You can also request samples to be sent to your institution.

If there are no safer options for the medical device that a healthcare institution is using then there is no requirement to use something different. Make sure that you document your facility's annual consideration and implementation of appropriate engineering controls. You must also document input that you have requested information and input from frontline nonmanagerial healthcare workers in evaluating and choosing devices.

So how does your facility evaluate safer medical devices? Many institutions have a variety of methods for evaluating safety products. The key is to make sure you document what you have done to evaluate and implement the use of safety products. It is important, therefore, that each facility have a written procedure on how to evaluate safety products. One method for evaluating safety products is to write a list of questions to judge each safety product against. Determine whether the safety product meets the needs of your facility. Several forms are included within this article (see pages 22, 24 and 26) that could be used for evaluating several d i fferent product categories. If these forms do not meet the needs of your facility, create your own!

TUBES AND CONTAINERS EVALUATION FORM

Date: _____ Department: _____

Occupation: Product: Number of times used:

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

		Agree.....Disagree
1	The tube or container is made of plastic.	1 2 3 4 5 N/A
2	This device provides a better alternative to traditional product made out of glass.	1 2 3 4 5 N/A
3	This product is no more difficult to use than traditional glass products and requires no additional time.	1 2 3 4 5 N/A
4	The product works well with a wide variety of hand sizes.	1 2 3 4 5 N/A
5	The product is easy to handle while wearing gloves.	1 2 3 4 5 N/A
6	The product can be used by either right or left handed clinicians.	1 2 3 4 5 N/A
7	The safety feature of the product does not cause interference with the procedure.	1 2 3 4 5 N/A
8	The user does not need extensive training for correct use of the product.	1 2 3 4 5 N/A
9	The product is suitable for a range of uses across a variety of patient populations.	1 2 3 4 5 N/A
10	The safety feature of the product is a passive feature; it requires no intervention on the part of the clinician to activate.	1 2 3 4 5 N/A
11	The user's hands are protected from a sharp at all times.	1 2 3 4 5 N/A
12	The product operates reliably.	1 2 3 4 5 N/A
13	The design of the product suggests proper use.	1 2 3 4 5 N/A
14	Use of the product requires you to use the safety feature.	1 2 3 4 5 N/A

Of the above questions, which three are the most important to your safety when using this product?

Are there other questions which you feel should be asked regarding the safety features of this product?

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Third Costliest Hospital OSHA Fines

(c)(1)(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures and new or revised employee positions.

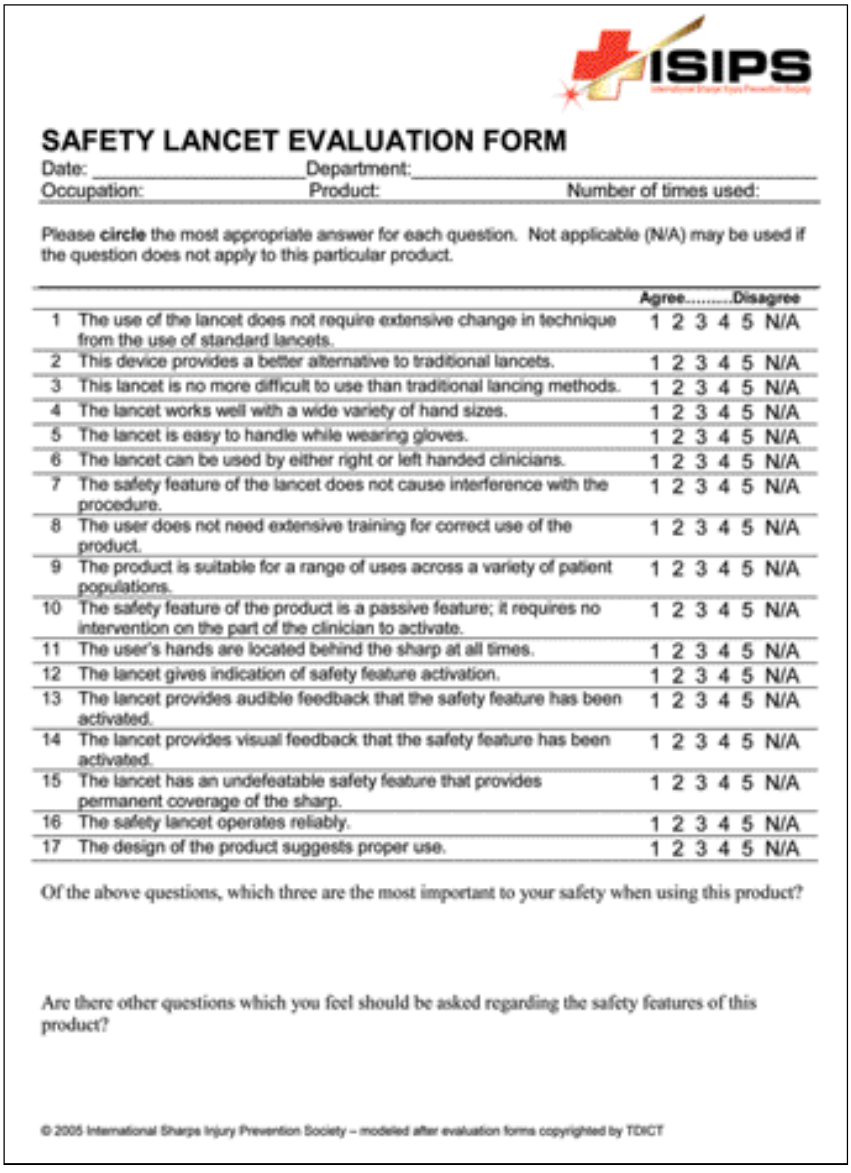
Six citations were issued with two labeled as serious. Total fines issued were $5,825 with an average initial fine of $971.

Employers must update their Exposure Control Plan to include changes and technology that can reduce or eliminate exposure to bloodborne pathogens and other potentially infectious materials. For a complete presentation on what must be included in an exposure control plan go to the following Web site for a flash presentation: http://isips.org/presentations/ECP/index.html.

Second Largest Fine

1910.1030(f)(3)(v) Post-exposure evaluation and follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including counseling.

One citation was issued for $7,000.



ISIPS

SAFETY LANCET EVALUATION FORM

Date: _____ Department: _____

Occupation: Product: Number of times used:

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

		Agree.....Disagree
1	The use of the lancet does not require extensive change in technique from the use of standard lancets.	1 2 3 4 5 N/A
2	This device provides a better alternative to traditional lancets.	1 2 3 4 5 N/A
3	This lancet is no more difficult to use than traditional lancing methods.	1 2 3 4 5 N/A
4	The lancet works well with a wide variety of hand sizes.	1 2 3 4 5 N/A
5	The lancet is easy to handle while wearing gloves.	1 2 3 4 5 N/A
6	The lancet can be used by either right or left handed clinicians.	1 2 3 4 5 N/A
7	The safety feature of the lancet does not cause interference with the procedure.	1 2 3 4 5 N/A
8	The user does not need extensive training for correct use of the product.	1 2 3 4 5 N/A
9	The product is suitable for a range of uses across a variety of patient populations.	1 2 3 4 5 N/A
10	The safety feature of the product is a passive feature; it requires no intervention on the part of the clinician to activate.	1 2 3 4 5 N/A
11	The user's hands are located behind the sharp at all times.	1 2 3 4 5 N/A
12	The lancet gives indication of safety feature activation.	1 2 3 4 5 N/A
13	The lancet provides audible feedback that the safety feature has been activated.	1 2 3 4 5 N/A
14	The lancet provides visual feedback that the safety feature has been activated.	1 2 3 4 5 N/A
15	The lancet has an undefeatable safety feature that provides permanent coverage of the sharp.	1 2 3 4 5 N/A
16	The safety lancet operates reliably.	1 2 3 4 5 N/A
17	The design of the product suggests proper use.	1 2 3 4 5 N/A

Of the above questions, which three are the most important to your safety when using this product?

Are there other questions which you feel should be asked regarding the safety features of this product?

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Whenever an employee is exposed to a bloodborne pathogen they must be treated appropriately by a licensed healthcare professional to provide and follow-up services as required by the standard. This healthcare professional will counsel the individual about what happened and how to prevent further spread of any potential infection. He or she will prescribe appropriate follow-up in accordance with current U.S. Public Health Service (USPHS) recommendations. The licensed healthcare professional also will evaluate any reported illness to determine if the symptoms may be related to Human Immunodeficiency Virus (HIV) or hepatitis B virus (HBV) infection.

Immediately following occupational exposure to blood or OPIM, a confidential post-exposure evaluation should be made available. Exposure can be defined as contact with blood or other potentially infectious materials in an eye, mouth or nonintact skin. Some examples of nonintact skin would include skin with dermatitis, cuts, abrasions, hangnails, chafing or acne.

The post-exposure medical evaluation and follow-up should be made available immediately following an exposure incident. It must be confidential and should be at no cost to the employee. The medical evaluations and follow-up meetings should be at a reasonable time and place, and must be administered by or under the supervision of a licensed physician or another licensed healthcare professional. The care must be provided according to recommendations of the USPHS that are current at the time that the evaluations and procedures take place.

The evaluation and follow-up should document the routes of exposure and the circumstances under which the exposure incident occurred. It should identify and document the source individual unless the identification is infeasible or is prohibited by state or local law. Blood of the source patient should be collected and tested to detect the presence of HBV and HIV. Post-exposure preventive treatment should be offered as recommended by the USPHS.

Counseling should be provided for each of these needlestick victims. Many of them

struggle not with the physical aspects of the needlestick and medications given to prevent seroconversion, but with the mental aspects of what could happen to both themselves and their families. Many of them have to consider putting off having a family or taking specific cautions during intimacy. Counseling can help these healthcare workers deal with these difficult challenges.

Most Common Citation

1910.1030(d)(2)(i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Nine citations were issued for a total fine of $15,125 with $3,500 being the average initial fine.

So what is work practice control? Work practice controls are designed to change the way in which a task is performed by a healthcare worker in order to reduce the likelihood of exposure to bloodborne pathogens. Work practice controls are routinely practiced by healthcare workers. For example, needles are not recapped and are disposed of immediately following use. Another example would be having a neutral zone in the operating room instead of passing sharps by hand during a surgical procedure.

Personal protective equipment (PPE) is specialized equipment and or clothing that is worn by an employee to prevent exposure by a bloodborne pathogen or other infectious materials. Employees should always wear the appropriate PPE and should not place themselves at risk of exposure by failing to wear the appropriate protective equipment. In ancient days, knights would wear armor to protect them from swords or spears when they would fight. It would be foolhardy for them to go into battle without the necessary accoutrements. The same is true today for healthcare workers. PPE is readily available and should be provided to the employee at no cost. When a procedure calls for the use of PPE it is required that it is worn. PPE each should also be replaced if it becomes torn or punctured.

It is equally as important to remove PPE once a procedure is completed. Remove PPE before leaving the work area. Employees should be careful not to contaminate the skin with pathogens that are on the PPE. Gowns, gloves and other soiled articles should be thrown away immediately following use. They can be thrown into regular trash if there is no visible blood. Otherwise they should be thrown into a red container. Hands should be thoroughly washed and dried.

So what is an engineering control? It is simply a device that removes a hazard from the workplace. The OSHA Bloodborne Pathogen Standard requires employers to provide engineering controls that significantly reduce occupational hazards. There are many examples of these engineering controls including needleless IV infusion systems, safety scalpels, safety on umbilical cord cutting systems, single-use lancets, etc.

Largest Single Fine

(g)(2)(ii) Training shall be provided as follows: At the time of initial assignment; at least annually thereafter; and annual training for all employees shall be provided within one year of their previous training.

One citation was issued for $7,500.

Facilities must make sure that all employees with occupational exposure participate in training at the time of their initial assignment to tasks where exposures may take place, and at least annually thereafter. This training must be conducted with no cost to the employee and must be held during their normal working hours. Additional training must be provided if there is a modification of the individuals' exposure to bloodborne pathogens or other infectious materials. This could happen as a result of a new task being given to the employee that presents additional potential exposures.

In conclusion, it would appear that OSHA will continue to perform onsite inspections to determine compliance with the revised OSHA Bloodborne Pathogen Standard. Hospitals can save themselves precious money from having to be spent on fines by being in compliance with the standard. The most important reason, however, to be in compliance with the standard is to provide a safe environment that will help to obtain and retain qualified healthcare workers. With the current nursing shortage, it is important that nurses feel their safety and health is more important than the company's bottom line. ✛

References

1. http://www.osha.gov/pls/imis/citedstandard.sic?p_esize=&p_state=FEFederal&p_sic=8062
2. Blood contamination of anesthesia equipment and monitoring equipment; JR Hall Department of Anesthesiology, Emory University School of Medicine, Atlanta, Georgia.
3. http://www.medicalsafetybook.com
4. http://www.healthsystem.virginia. edu/internet/epinet/safetydevice.cfm

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Ron Stoker is the founder and executive director of ISIPS, the International Sharps Injury Prevention Society, and is a frequent contributor to Managing Infection Control *magazine. He speaks frequently at national and international meetings on sharps safety, hand hygiene and infection control issues. He is coauthor of the "Compendium of Infection Control Technologies." For more information on the Compendium go to www.medicalsafetybook.com.*