ABSTRACT

Purpose: This notice continues a Local Emphasis Program for the Health Care Industry within the Philadelphia Area Office’s coverage.

References: CPL 04-00-001, (Procedures for Approval of Local Emphasis Programs (LEPs))
CPL 02-00-025, (Scheduling System for Programmed Inspections)
CPL 02-00-150, (Field Operations Manual)

Cancellations: None.

State Impact: None.


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By and Under the Authority of

MaryAnn Garrahan
Regional Administrator
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HEALTH CARE INDUSTRY LEP

I. Purpose. This notice continues an LEP for the Health Care Industry in the Philadelphia Area Office’s coverage.

II. Scope. This notice applies to the Philadelphia Area Office.

III. References. Procedures for Approval of Local Emphasis Programs (LEPs) (CPL 04-00-001), Scheduling System for Programmed Inspections (CPL 02-00-025), and the Field Operations Manual (CPL 02-00-150)

IV. Expiration. This notice expires on September 30, 2015.

V. Action Information.

A. Responsible Office: Philadelphia Area Office
B. Action Office: Philadelphia Area Office
C. Information Office: Philadelphia Regional Office

VI. Action. OSHA compliance personnel shall ensure that the procedures contained in this directive are followed when conducting this LEP.

VII. Background. Employees in the Health Care Industry face a significant health risk from occupational exposure to bloodborne pathogens from blood and other potentially infectious materials. OSHA maintains that these hazards can be minimized or eliminated by using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, hepatitis B vaccination, and warning signs and labels. With an effective date of April 18, 2001, OSHA published revisions to its bloodborne pathogens standard (29 CFR 1910.1030) requiring the use of engineered sharps to further reduce employee exposure and the creation of a needle stick incidence log. The Philadelphia Area Office has found numerous instances of non-compliance in the Health Care Industry since these revisions were promulgated. This LEP will assist employers in protecting employees potentially exposed to the hazards of bloodborne pathogens.

VIII. Procedures. This strategic initiative includes two major field activities: targeting/selection and inspection.

Establishments in the following SIC codes shall be included in this LEP:

1. 8011 Offices of Doctors of Medicine
2. 8031 Offices and Clinics of Doctors of Osteopathy
3. 8062 General Medical and Surgical Hospitals
4. 8071 Medical Laboratories
5. 8092 Kidney Dialysis Centers
A. Site Selection. The Area Office will develop a list of all employers in the SIC codes listed above. Specific employers will be identified by a computer search of establishment databases. Additions to the list will be made through any additional local knowledge and local directories. Any employers in the above named SIC codes that have 5 or fewer employees will be deleted from the register. Also, if the company has had an OSHA inspection in the last five fiscal years that covered the issues targeted by this emphasis program, the employer will be deleted from the register. A random number table will be used to develop a manageable inspection register of facilities. Establishments on the inspection register can be inspected in any order that makes efficient use of resources. When all of the establishments on a register are completed, subsequent registers will be prepared in the same way.

B. Specific Inspection Procedures. Upon entering the facility, the CSHO will verify the SIC Code of the establishment and determine the number of employees employed by that employer. If the SIC code is not one of the seven listed above or if the number of employees is 5 or less, the CSHO will exit the facility and code the OSHA-1 “no inspection”. If the establishment has the proper SIC code and has 6 or more total employees from all locations, the CSHO will conduct a focused inspection. Inspections will concentrate on the hazards associated with bloodborne pathogens as outlined in CPL 2-2.69, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens.

IX. Recording in OIS. The IMIS identifier code to be used in will be “BLOOD.”

X. Outreach

During the course of this LEP the Area Director will ensure an outreach program will continue during the enforcement phase of the program. Outreach activities will be directed to reach as many stakeholders in the Area Office’s jurisdiction as is practicable. The purpose of the outreach will be to inform interested parties of the existence, purpose and objectives of this local emphasis program as well as promote employer knowledge and employee awareness of the hazards and acceptable methods of abatement to prevent illness and injuries. The method of outreach is at the Area Director’s discretion and can consist of one or more of the following components:

1. Broadcast mail-outs or program information.
2. Stakeholder meetings.
3. Targeted training sessions.
4. Presentations to the affected group(s).
5. Media press release or e-blast

XI. Evaluation. Not later than October 31, 2015, the Philadelphia Area Office will prepare a
written evaluation of this LEP in the format specified by OSHA Instruction CPL 04-00-001 (CPL 2-0.102A, Appendix A).

A. Activity Measures
   1. Number of inspections conducted.
   2. Number, type and classification of violations related to bloodborne pathogen hazards.

B. Outcome Measures
   1. Number of employers who implemented bloodborne pathogen programs as a result of outreach component.

Distribution: Regional and Area Offices
              Regional Solicitor
              Directorate of Enforcement Programs