



OSHA REGIONAL NOTICE

U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

DIRECTIVE NUMBER: CPL 02-14-011A

EFFECTIVE DATE: 10/01/14

SUBJECT: Local Emphasis Program (LEP) for Bloodborne Pathogens – Missouri

REGIONAL IDENTIFIER: Region VII

ABSTRACT

- Purpose:** This notice continues a Local Emphasis Program (LEP) for employee exposure to bloodborne pathogens.
- Scope:** This notice applies to all establishments within the jurisdiction of the St. Louis and Kansas City Area Offices known to have practices associated with bloodborne pathogens that may expose employees.
- References:** OSHA Instructions: CPL 02-00-111, CPL 02-00-150, CPL 04-00-001, CPL 02-00-025, CPL 02-00-051, CPL 02-00-095, and CPL 02-02-069, www.cdc.gov, www.osha.gov.sltc, www.ncbi.nlm.nih.gov, www.bls.gov.
- Action Offices:** Region VII (St. Louis and Kansas City Area Offices)
- State Plan Impact:** None
- Originating Office:** Kansas City Regional Office
- Contact:** Enforcement Programs (816) 283-8745

By and Under the Authority of


Marcia P. Drumm
Acting Regional Administrator

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- I. **Purpose.** This Notice continues a Local Emphasis Program (LEP) for bloodborne pathogens.
- II. **Scope.** This Notice applies to all establishments within the jurisdiction of the St. Louis and Kansas City Area Offices known to have practices associated with bloodborne pathogens.
- III. **Action.** The Area Director shall use this notice for inspection selection and scheduling for health inspections at sites covered under this notice.
- IV. **Expiration.** This notice expires September 30, 2015, and may be renewed based on an evaluation of the program at that time.
- V. **References.**
 - A. OSHA Instruction CPL 02-00-111, Citation policy for Paperwork and Written Program Requirement Violations, dated November 27, 1995.
 - B. OSHA Instruction CPL 02-00-150, Field Operations Manual (FOM), dated April 22, 2011.
 - C. OSHA Instruction CPL 04-00-001, Procedures for Approval of Local Emphasis Programs (LEPs), dated November 10, 1999.
 - D. OSHA Instruction CPL 02-00-025, Scheduling System for Programmed Inspections, dated January 4, 1995.
 - E. OSHA Instruction CPL 02-00-051, Exemptions and Limitations Under the Current Appropriations Act, dated May 28, 1998, (Change effective May 27, 2014, Appendix A, or most recent version).
 - F. OSHA Instruction CPL 02-02-069, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, November 27, 2001.
 - G. Centers for Disease Control (CDC), www.cdc.gov.
 - H. OSHA Salt Lake Technical Center (SLTC), www.osha.gov.sltc.
 - I. National Center for Biotechnology Information (NCBI), www.ncbi.nlm.nih.gov.
 - J. Bureau of Labor Statistics (BLS), www.bls.gov.

VI. Background.

Employees in healthcare and related industries face a significant health risk from occupational exposure to bloodborne pathogens from blood and other potentially

infectious materials. The Centers for Disease Control (CDC) estimates that 5.6 million workers in the health care industry and related occupations are at risk of occupational exposure to bloodborne pathogens, including human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and others. All occupational exposure to blood or other potentially infectious materials (OPIM) place workers at risk for infection with bloodborne pathogens. OSHA defines blood to mean human blood, human blood components, and products made from human blood. Other potentially infectious materials (OPIM) means: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV." <https://www.osha.gov/SLTC/bloodborne pathogens /recognition.html>

The National Center for Biotechnology Information (NCBI) estimates that 385,000 needlestick and other sharps injuries occur per year. Additionally, "an estimated 78,100 potential work-related exposures to bloodborne pathogens were treated in hospital EDs (emergency departments) annually in the U.S. While hospitals accounted for 75% of all these exposures, 11 other industries had a substantial number of exposures. While registered nurses accounted for 36% of all exposures, 13 other occupations had a substantial number of exposures. Hospitals had the highest exposure rate of 11.3/1,000 full-time equivalent, followed by nursing homes (2.8), and residential care facilities without nursing (1.9). Registered nurses had the highest exposure rate of 15.3/1,000 full-time equivalent, followed by clinical laboratory technologists and technicians (13.9), and physicians (7.1)." <http://www.ncbi.nlm.nih.gov/pubmed/17290363>

Due to the high exposure rate per FTE identified at hospitals, this LEP addresses private sector employees working in such settings who face a significant health risk from occupational exposure to bloodborne pathogens from blood and other potentially infectious materials. NAICS codes covered in this LEP include 622110 (General Medical and Surgical Hospitals), 622210 (Psychiatric and Substance Abuse Hospitals), and 622310 (Specialty, except Psychiatric and Substance Abuse, Hospitals).

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. This LEP will aid in protecting employees potentially exposed to the hazards of bloodborne pathogens.

VII. Outreach. In conjunction with commencing inspections under this LEP, the St. Louis and Kansas City Area Offices addressed this program by reaching out to affected establishments. The outreach consisted of pertinent information about the inspection program and provision of sources of safety and health information for affected establishments and will continue to make it available upon request through compliance assistance.

VIII. Targeting/Selection.

This Directive includes both a Programmed and Unprogrammed activities approach.

A. Programmed Inspections.

1. Selection/Cycles

Listings of Missouri establishments with NAICS codes 622110, 622210 and 622310 within the jurisdiction of the St. Louis and Kansas City Area Offices was provided by OSHA's Office of Statistics. Each office's master list was sorted by county and secondly by establishment within the counties.

- a. Next, random numbers were assigned to the counties using the most current version of Microsoft Excel's Random Sample Function, i.e., RANDBETWEEN function in Microsoft Excel. To prevent duplicate random numbers from being generated for multiple records each time the file is opened, the entire worksheet is highlighted, copied, and pasted into a blank worksheet as "Values (V)". The new worksheet will have each random number saved as a value not a formula, which will allow the worksheet to be opened without the possibility of changing the already assigned random numbers. The county with the lowest random number will constitute cycle one. All establishments in NAICS codes 622110, 622210 and 622310 within the county selected will be inspected.

Locations on a cycle can be inspected in any order that makes efficient use of resources; however, all locations within a cycle must be inspected before initiating a new cycle. Carry-overs will be allowed, as provided in OSHA Instruction CPL 02-00-025.

2. Additions

Establishment(s) with one of the targeted NAICS codes, identified after development of an inspection cycle, will be added to the inspection cycle if

it is within the county covered by the current inspection cycle. If the newly identified establishment is not in the county covered by the current inspection cycle, it will be added to the appropriate county list and an inspection conducted when that list is randomly selected. If the county inspection cycle involved has already been completed, the establishment will not be added.

3. Deletions

Establishments that have had an OSHA inspection in the last five fiscal years that covered the issues targeted by this emphasis program will be deleted from each cycle.

- B. **Unprogrammed Activities.** Any inspections scheduled as a result of a complaint or referral concerning worksites within NAICS 622110, 622210 and 622310 will include, in addition to inspection of the complaint items, the inspection procedures set forth in Section IX, below. The inspection will be conducted in accordance with the FOM.

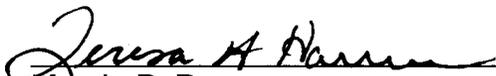
- IX. **Inspection Procedures.** Upon entering the facility, the Compliance Safety and Health Officer (CSHO) will verify the presence of bloodborne associated activity. Upon verification that such activity occurs, the CSHO will conduct a focused inspection. Inspections will concentrate on the hazards associated with bloodborne pathogens as outlined in CPL 02-02-069, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens. Since employees are often subject to multiple hazards at locations covered by this LEP, the inspection will be expanded or appropriate referral made for plain sight hazards or any trends identifying common hazards during injury and illness records review during inspections performed under this LEP. Any expansion of the inspection scope shall be expanded as outlined in CPL 02-00-150, Field Operations Manual (FOM), Chapter III.

- X. **OIS Coding.** Current instructions for completing the appropriate inspection classification on the inspection shall be applied when recording inspections conducted under this paragraph of the LEP as follows:

- A. When filling out an inspection in OIS, select the Inspection Type tab to fill in the appropriate LEP information. The inspection type for a programmed inspection conducted under this local emphasis program shall be marked "Program Planned" (Initiating Type).
- B. Under Inspection Emphasis Programs, select from the "Local Emphasis Program" drop box "BLOOD."

- C. When it is discovered upon arrival at a worksite scheduled for an LEP inspection that the site should have been deleted from the list (e.g., no longer present), the inspection shall be coded under the Scope of Inspection drop box, "No Inspection" and the reason for no inspection shall be coded in the "Reason no Inspection" drop box.
- D. Any unprogrammed inspections of locations on the list that are generated by complaints or referrals requiring inspection, imminent danger, and fatality/catastrophe investigations will be coded as normally required under the FOM. In addition the location will be inspected under the scope of this LEP and the designation "BLOOD" will be recorded under the "Local Emphasis Program" drop box of the "Inspection Emphasis Program" area.

XI. Evaluation. No later than October 30, 2015, the St. Louis and Kansas City Area Offices will prepare a formal written evaluation of this LEP in the format specified by OSHA Instruction CPL 04-00-001, Appendix A.



 Marcia P. Drumm
 Acting Regional Administrator

9/24/2014

 (Date)

Concurrence of the Regional Solicitor's Office:



 (Signature)

09-24-2014

 (Date)

Distribution:

- Regional Solicitor
- Directorate of Enforcement Programs
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