



OSHA REGIONAL NOTICE

U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

DIRECTIVE NUMBER: CPL 02-14-005C **EFFECTIVE DATE:** October 1, 2016

SUBJECT: Des Moines Area Office Local Emphasis Program (LEP) for Bloodborne Pathogens

REGIONAL IDENTIFIER: Region VII

ABSTRACT

Purpose: This Notice continues a Local Emphasis Program (LEP) for Federal Agency employees' exposure to bloodborne pathogens.

Scope: This Notice applies to all establishments within the jurisdiction of the Des Moines Area Office known to have practices associated with bloodborne pathogens that may expose Federal Agency employees.

References: OSHA Instructions: CPL 04-00-001, CPL 02-00-111 CPL 02-00-025, CPL 02-00-051, CPL 02-02-069, CPL 02-00-095, and CPL 02-00-160, Executive Order 12196

Expiration Date: September 30, 2017

Action Offices: Region VII (Des Moines Area Office)

State Plan Impact: None

Originating Office: Kansas City Regional Office

Contact: Enforcement Programs (816) 283-8745

By and Under the Authority of

Kimberly A. Stille
Regional Administrator

TABLE OF CONTENTS

	Page
I. Purpose	3
II. Scope	3
III. Action.....	3
IV. Expiration.....	3
V. References	3
VI. Background.....	3
VII. Outreach.....	5
VIII. Targeting/Selection.....	5
IX. Inspection Procedures.....	6
X. OIS Coding.....	6
XI. Evaluation.....	7

- 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 Des Moines Area Office (DMAO) known to have practices associated with bloodborne pathogens that may expose Federal Agency employees.
- III. Action. The Area Director shall use this instruction for inspection selection and scheduling for health inspections at sites covered under this Notice.
- IV. Expiration. This Notice expires September 30, 2017, 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, November 27, 1995.
 - B. OSHA Instruction CPL 02-00-160, Field Operations Manual (FOM), August 2, 2016.
 - C. OSHA Instruction CPL 04-00-001, Procedures for Approval of Local Emphasis Programs (LEPs), November 10, 1999.
 - D. OSHA Instruction CPL 02-00-025, Scheduling System for Programmed Inspections, January 4, 1995.
 - E. OSHA Instruction CPL 02-00-051, Enforcement Exemptions and Limitations under the Appropriations Act, May 28, 1998, Appendix A, change effective January 29, 2016 (or current version).
 - F. OSHA Instruction CPL 02-00-095, Enforcement Authority at the Department of Energy's (DOE) Government-Owned, Contractor-Operated (GOCO) sites, February 10, 1992.
 - G. OSHA Instruction CPL 02-02-069, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, November 27, 2001.
 - H. Executive Order 12196, Occupational Safety and Health Programs for Federal Employees, February 26, 1980.
 - I. Memorandum from Thomas Galassi to Regional Administrators, Procedures for Local and Regional Emphasis Programs, December 3, 2014.
 - J. Memorandum from Francis Yebesi to Regional Administrators, Establishment-Targeting Lists for Emphasis Programs, November 12, 2014.

VI. Background.

In the State of Iowa, Federal OSHA has coverage in those areas identified as "exclusive Federal jurisdiction," such as over all Federal employees, and also in those areas where the Iowa Occupational Safety and Health Administration (IOSHA) has declined or returned coverage, such as U.S. Postal Service workplaces. Federal OSHA also has coverage in private sector maritime employment activities, Federal government-owned, contractor operated (GOCO) facilities; and bridge construction projects spanning the Mississippi and Missouri Rivers between Iowa and other States.

Federal OSHA has enforcement authority for conducting safety and health inspections within the borders of all Federal military reservations within the State of Iowa, to the extent permitted by applicable law. All establishments and reservations of the U.S. Navy, Army, Air Force, Marine Corps, and Coast Guard are included.

In non-exclusive Federal jurisdictions as prescribed in 29 CFR 1952.165(b)(2) where enforcement jurisdiction is shared between Federal and State authorities, Federal OSHA will enforce safety and health regulations for the protection of Federal employees only, except in the interest of administrative practicability, Federal enforcement may be exercised immediately upon agreement between Federal and State OSHA, for the protection of private sector employees.

"The 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/bloodbornepathogens/recognition.html>

"The Centers for Disease Control and Prevention (CDC) estimates that about 385,000 sharps-related injuries occur annually among health care workers in hospitals. More recent data from the Exposure Prevention Information Network (EPINet) suggest these injuries can be reduced, as sharps-related injuries in

nonsurgical hospital settings decreased 31.6% during 2001–2006 (following the Needlestick Safety and Prevention Act of 2000). However, injuries in surgical settings increased 6.5% in the same period, where adoption of safety devices was limited compared to nonsurgical settings. It has been estimated about half or more of sharps injuries go unreported. Most reported sharps injuries involve nursing staff, but laboratory staff, physicians, housekeepers, and other health care workers are also injured.” <http://www.cdc.gov/niosh/stopsticks/sharpsinjuries.html>

The national Center for Biotechnology Information (NCBI) estimates that 385,000 needle stick and other sharps injuries occur per year. Additionally, "an estimated 78,100 potential work-related exposures to BBP 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 FTE, 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 FTE, followed by clinical laboratory technologists and technicians (13.9), and physicians (7.1)." <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2692861/>

Due to the high exposure rate per FTE identified at hospitals, this LEP addresses Federal Agency 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 621111 (Offices of Physicians except Mental Health Specialists), 621420 (Outpatient Mental Health and Substance Abuse Centers), 621498 (All Other Outpatient Care Centers), 622110 (General Medical and Surgical Hospitals), 622210 (Psychiatric and Substance Abuse Hospitals), 622310 (Specialty, except Psychiatric and Substance Abuse, Hospitals), 623110 (Nursing care facilities--skilled nursing facilities), and 623312 (Homes for the Elderly). 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 continue aiding in protecting employees potentially exposed to the hazards of bloodborne pathogens. In accordance with the Department of Labor Strategic Plan 2014-2018, this LEP addresses OSHA Performance Goal 2.1: "Improve workplace safety and health through the enforcement of occupational safety and health regulations and standards."

VII. Outreach. In conjunction with commencing inspections under this LEP, the DMAO addressed this program by reaching out to affected establishments, the Federal Executive Board, and the Field Federal Safety and Health Council in the area. The outreach consisted of pertinent information about the inspection

program and provision of sources of safety and health information for affected establishments. Inspections were not initiated prior to the outreach being completed. Requests for technical assistance, compliance assistance, and outreach from Federal Agencies and Federal employees will continue to receive priority consideration from the Area Office.

VIII. Targeting/Selection.

This Directive includes both a Programmed and Unprogrammed activities approach.

- A. Programmed Inspections. The Area Office will develop a master list of all jurisdictional establishments in NAICS codes 621111, 621420, 621498, 622110, 622210, 622310, 623110, and 623312 using the National Office establishment file, information obtained from OSHA's Information System (OIS) history, establishment webpage searches, and local knowledge and directories. If an establishment has had an OSHA inspection in the last two fiscal years that covered the issues targeted by this emphasis program, the location will be deleted from the list.

All establishments compiled on the master list will be entered into a Microsoft Excel spreadsheet and randomized by using the Excel RANDBETWEEN function. After randomization, the entire master list will be inspected. Locations on the list may be inspected in any order that makes efficient use of resources.

- B. Unprogrammed Activities. Complaints or referrals concerning worksites within NAICS codes 621111, 621420, 621498, 622110, 622210, 622310, 623110, and 623312 will be scheduled for inspection following the procedures outlined in Section IX, below, when there is reasonable cause to believe that a serious hazard may exist at the establishment within the scope of this LEP. 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 the FOM.

- 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.
 - E. All Consultation activities (requests, visits, and compliance assistance) conducted at establishments in the SIC/NAICS codes listed in the LEP will be coded with “BLOOD” in the Local Emphasis Program field on the appropriate forms.
- XI. Evaluation. No later than October 30, the Des Moines Area Office will prepare a formal written evaluation of this LEP in the format specified by OSHA Instruction CPL 04-00-001, Appendix A.

 Kimberly A. Stille
 Regional Administrator

 (Date)

Concurrence of the Regional Solicitor’s Office:

 (Signature)

 (Date)

Distribution:

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Directorate of Enforcement Programs
Regional Administrator
Deputy Regional Administrator
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