

Questions and Answers on OSHA's Infectious Diseases Regulatory Framework

What types of infectious agents would be addressed by the regulatory framework?

OSHA is considering a program standard to address worker exposure to infectious diseases transmitted by routes (i.e., contact, droplet, airborne) other than the bloodborne route. Some examples of infectious agents primarily transmitted by each of the three other transmission routes are listed below:

- Contact-transmissible agents (e.g., methicillin-resistant *Staphylococcus aureus* (MRSA), noroviruses)
- Droplet-transmissible agents (e.g., influenza viruses, *Bordetella pertussis*)
- Airborne-transmissible agents (e.g., *Mycobacterium tuberculosis*, SARS-CoV)

Worker exposure to infectious agents transmitted by the bloodborne route is already covered by the Bloodborne Pathogens standard (29 CFR 1910.1030).

What types of workplaces and job duties would be covered under the regulatory framework?

OSHA is considering a vertical program standard intended to cover health care services where patient care is provided as well as services that process materials contaminated with infectious agents. Some settings where workers would be covered by the framework include the following:

- Acute care hospitals
- Long-term care facilities
- Home health care
- Ambulatory surgical centers
- Physician's offices
- Hospice care
- Clinics embedded in non-healthcare settings (e.g., schools, prisons)
- Mortuaries
- Diagnostic, research, and production laboratory facilities
- Medical equipment reprocessing facilities

The scope of the framework generally covers workers in settings where there is a reasonable anticipation of occupational exposure to infectious agents during job tasks that involve:

- Hands-on or face-to-face contact with patients (i.e., provision of direct patient care), such as tasks provided by nurses, physicians, physical and occupational therapists, paramedics, and emergency responders, or
- Performance of other covered tasks:
 - Ancillary activities in settings where direct patient care is provided, such as tasks provided by triage receptionists, housekeepers, and food service workers, or

- Processing of contaminated materials, such as tasks performed by laundry workers who handle medical linens, workers reprocessing medical equipment, and workers in diagnostic, research and production laboratory facilities, or
- Processing of human remains, such as tasks associated with mortuary services.

The framework does not apply to:

- Workers who provide first aid only,
- Veterinarians,
- Workers performing tasks not covered under the framework (e.g., teachers, prison guards, and athletic trainers).

What are some key elements that the regulatory framework would require for a Worker Infection Control Plan (WICP)?

- A written WICP would need to be developed, implemented, and updated annually, and contain the following elements:
 - Plan administrator responsible for implementation and oversight of WICP and person(s) responsible for daily management of WICP,
 - Exposure determination with list of all job classifications where some or all workers have occupational exposure,
 - Workplace-specific standard operating procedures (SOPs) for infection control measures.
- Make WICP accessible to workers and train workers on the WICP.
- Ensure contractors, vendors, and licensed independent practitioners with privileges working within your facility adhere to infection control practices consistent with, or more protective than your WICP.

What are some key SOPs that would be required in all affected workplaces?

Develop SOPs consistent with recognized and generally accepted good infection control practices (e.g., CDC/HICPAC and NIH guidelines) for:

- Prompt identification of sources of infectious agents (i.e., infectious agent hazard evaluations),
- Communication of hazard evaluations to employees,
- Hand hygiene,
- Restriction of some activities (e.g., eating and drinking) in exposure areas,
- Use of engineering, administrative and work practice controls, and personal protective equipment (PPE),
- Decontamination,

- Handling, containerization, transport, or disposal of contaminated materials,
- Occupational health services,
- Investigations of exposure incidents,
- Use of appropriate signage and labeling/color-coding,
- Notification to other employers of occupational exposure during transfer, transport, shipping, or receipt of infectious agent sources.

What are some key SOPs that would be required in settings where direct patient care is provided (in addition to SOPs required of all affected workplaces)?

If your employees provide direct patient care, you would need to develop SOPs for:

- Standard and transmission-based precautions that protect workers from exposure to patients with suspected or confirmed infectious diseases,
- Prompt identification of patients with suspected or confirmed infectious diseases,
- Patient isolation and placement/transfer of patients with suspected or confirmed infectious diseases,
- Proper airborne infection isolation room (AIIR) operation, if an AIIR is available at the facility,
- Medical surge procedures, if these services are provided by the facility.

You would be able to tailor the above SOPs to your individual settings (e.g., acute care hospitals vs. ambulatory care settings), depending on the type of infectious agents commonly encountered in the setting, and the frequency of worker exposure.

What are some key SOPs that would be required in settings where other covered tasks are performed (in addition to SOPs required of all affected workplaces)?

If your employees perform other covered tasks, you would need to develop SOPs for:

- Handling and intake of contaminated materials,
- Implementing control measures to prevent or minimize transmission of infectious agents.

In addition, diagnostic, research and production laboratory facilities would require SOPs for implementing standard microbiological practices for handling infectious agents, including:

- Proper construction, operation and maintenance of engineering controls,
- Measures to address uncontrolled releases of infectious agents.

You would be able to tailor the above SOPs to your individual setting, depending on the type of setting, the type of infectious agents commonly encountered in the setting, and the frequency of worker exposure.

What are some key medical screening, surveillance and vaccination provisions in the regulatory framework?

- A physician or other licensed healthcare professional (PLHCP) would determine the necessity and frequency of medical screening and surveillance for all exposed workers,
- Exposed workers would be offered all vaccinations consistent with recognized and generally accepted good infection control practices after training and prior to initial assignment
- Confidential post-exposure evaluation and follow-up would be offered to each exposed employee following an exposure incident,
- Medical removal protection as a result of an exposure incident, other than an incidents involving the common cold or influenza, that includes:
 - Employee restrictions or removal based on PLHCP's recommendation,
 - Payment of normal earnings, and maintenance of seniority and rights and benefits, until removed/restricted employee is noninfectious. Benefits not to exceed 18 months.

What are some key worker training provisions in the regulatory framework?

You would provide a training program to all workers with occupational exposure. It would:

- Be provided to employees prior to initial assignment and at least annually thereafter,
- Explain contents of the OSHA standard, and the specifics of the WICP and SOPs that are tailored to your facility,
- Be conducted by knowledgeable person, using material appropriate for a worker's education level and language.

What are some recordkeeping procedures in the regulatory framework?

Maintenance of the following records for the specified time periods:

- Medical records - duration of employment plus 30 years;
- Exposure incident records - duration of employment plus 30 years; and
- WICP review records - 3 years.