



# OSHA

# REGIONAL INSTRUCTION

**U.S. DEPARTMENT OF LABOR**    **Occupational Safety and Health  
Administration**

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**DIRECTIVE NUMBER:** CPL 2 02-00-029A    **EFFECTIVE DATE:** October 1, 2019

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**SUBJECT:** Regional Emphasis Program for Health Hazards in the Healthcare Industry

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**REGIONAL IDENTIFIER:** Region VI

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## ABSTRACT

- Purpose:** This Instruction renews a Regional Emphasis Program (REP) for programmed, comprehensive health inspections in certain segments of the Healthcare Industry.
- Scope:** This Instruction applies to all worksites in Arkansas, Louisiana, Oklahoma, and Texas, and those worksites in New Mexico that are under Federal OSHA jurisdiction.
- References:**  
OSHA Instruction CPL 02-00-025  
OSHA Instruction CPL 02-00-051  
OSHA Instruction CPL 02-00-163  
OSHA Instruction CPL 02-02-069  
OSHA Instruction CPL 04-00-002  
OSHA Instruction CSP 03-02-003  
OSHA Hospital eTool Heliport and Laundry modules
- Cancellations:** Region VI Regional Notice CPL 2 02-00-029, dated October 1, 2018, Regional Emphasis Program for Health Hazards in the Healthcare Industry.
- State Impact:** Region VI 21(d) Consultation Project Offices in Arkansas, Louisiana, Oklahoma, New Mexico, and Texas will provide outreach, consultation services, and training to affected employers as requested.
- Action Offices:** Region VI Area Offices  
Region VI Consultation Project Offices  
Dallas Regional Office
- Information Offices:** New Mexico Occupational Health and Safety Bureau
- Originating Office:** Dallas Regional Office

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By and Under the Authority of:

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- I. **Purpose.** This Instruction renews an REP for hazards in the Healthcare Industry at Free-standing Ambulatory Surgical Centers and Urgent Care Centers (NAICS 621493) within the jurisdiction of Region VI.
- II. **Scope.** This Instruction applies to all worksites in Arkansas, Louisiana, Oklahoma, and Texas, and those worksites in New Mexico that are under Federal Jurisdiction.
- III. **References.**
  - A. OSHA Instruction CPL 04-00-002, Procedures for Approval of Local Emphasis Programs (“LEPs”), November 13, 2018, or current update.
  - B. OSHA Instruction CPL 02-00-163, Field Operations Manual (FOM), September 13, 2019, or current update.
  - C. OSHA Instruction CPL 02-00-025, Scheduling System for Programmed Inspections, January 4, 1995, or current update.
  - D. OSHA Instruction CPL 02-02-069, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, November 27, 2001, or current update.
  - E. OSHA Instruction CSP 03-02-003, OSHA Strategic Partnership Program for Worker Safety and Health, November 6, 2013.
  - F. OSHA Instructions CPL 02-00-051, Enforcement Exemptions and Limitations under the Appropriations Act, May 28, 1998, or current update.
  - G. 29 CFR 1910.1030, Bloodborne Pathogens
  - H. 29 CFR 1910.1047, Ethylene Oxide
  - I. 29 CFR 1910.1096, Ionizing Radiation
  - J. 29 CFR 1910.1200, Hazard Communication
  - K. OSHA Hospital eTool Heliport and Laundry modules
  - L. OSHA Notice CPL 02, Site Specific Targeting 2016 (SST-16)
  - M. Bureau of Labor Statistics (BLS) Table R1, Number of Nonfatal Occupational Injuries and Illnesses Involving Days Away from Work by Industry and Selected Natures or Injury and Illness, 2016, 2017, & 2018.
- IV. **Expiration.** This instruction expires on September 30, 2021, but may be renewed as necessary.
- V. **Background.**
  1. According to a Bureau of Labor Statistics report released in June 2017, private

industry healthcare workers exhibit a higher incidence of injury and illness, six cases per 100 full-time workers, than employees working in other industries traditionally considered dangerous, such as manufacturing and construction. A wide variety of health hazards are found in Ambulatory Surgical Centers and Urgent Care Centers, needlestick injuries and other sharps-related injuries which expose workers to blood borne pathogens continues to be an important workplace health concern. Workers are at risk of exposure to blood borne pathogens, including Hepatitis B, Hepatitis C, and HIV/AIDS. The BLS number of nonfatal occupational injuries and illnesses involving days away from work related to punctures (including needlestick events) for ambulatory health care services continues to be above the national average for all health care and social assistance services from 2016, 2017 and 2018.

Additionally, the BLS number of nonfatal occupational injuries and illnesses involving days away from work related to sprain, strains and tears continues to be above the national average for all private industry and continues to parallel the elevated rates for all health care and social assistance from 2016, 2017 and 2018.

2. On June 26, 2013, the Centers for Disease Control and Prevention reported occupational exposure to bloodborne pathogens from needle sticks and other sharps injuries is a serious problem, resulting in approximately 385,000 needle sticks and other sharps-related injuries to hospital-based healthcare personnel each year. Similar injuries occur in other healthcare settings, such as nursing homes, clinics, emergency care services, and private homes. Sharps injuries are primarily associated with occupational transmission of hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), but they have been implicated in the transmission of more than 20 other pathogens. Resources have been developed by CDC to help healthcare facilities prevent needlesticks and other sharps-related injuries to healthcare personnel.
3. OSHA Region VI has conducted 67 inspections within NAICS 621493 since January 1, 2016. The total number of violations was 92, of which 42% were serious, willful or repeat with total penalties of \$112,786. During normal operations at certain healthcare facilities, employees could be exposed to health hazards (e.g., bloodborne pathogens, chemicals (Ethylene Oxide, Glutaraldehyde, and other cold disinfectants), ionizing radiation, noise, ergonomics), and specifically involving any of the following at NAICS 621493, Freestanding Ambulatory Surgical and Emergency Centers.

## **VI. Enforcement.**

- A. Hazard: Exposure to bloodborne pathogens, Ethylene Oxide, Glutaraldehyde and other cleaning chemicals, Ionizing Radiation (x-rays), and overexertion during manual patient handling.
- B. Scheduling of Inspections:

REP Inspection List. The Office of Statistical Analysis will compile a list of

establishments based on the NAICS 621493 and classified as ambulatory surgical care centers, freestanding emergency care clinics, and urgent medical care clinics.

Adjustments to the list for additions and deletions will follow the guidelines in CPL 02-00-025 with the exception that all employers will be included regardless of size.

1. Inspection List. If the establishment list contains more than ten establishments, the Area Office will alphabetize the establishments on the list and number them sequentially. The Area Office will apply the appropriate random number tables contained in Appendix C of CPL 02-00-025 to create the inspection list, which will then be divided into inspection cycles.
2. Establishments with ten or fewer employees will be included in this program.
3. Cycle size will be based on Area office resources not to exceed ten facilities per cycle. Once a cycle is begun it must be finished. Within a cycle, the establishments may be scheduled and inspected in any order that makes efficient use of available resources. All establishments in a cycle must have inspections initiated before any establishments in a new cycle may be inspected. There will be one cycle per year.
4. Inspection Order. Establishments within a cycle may be inspected in any order so that Area Office resources are efficiently used. Once a cycle is begun, all establishments in the cycle are to be inspected before a new cycle is started, except that carryovers will be allowed as provided for in OSHA Instruction CPL 02-00-025.
5. Relationship to Other Programs. Reports of imminent danger, fatality/catastrophe, complaints and referrals shall be scheduled as unprogrammed inspections and shall be inspected in accordance with the applicable provisions of the FOM. This does not, however, limit the Area Office's authority to conduct an inspection in accordance with this REP of any establishment selected for inspection pursuant to this REP. If any unprogrammed inspection is to be conducted at a facility that is also included in the current inspection cycle under this REP, the Area Office may conduct the inspections concurrently.
6. All Site Specific Targeting (SST) sites will be handled according to the most current OSHA Notice CPL 02, which outlines procedures for conducting programmed inspections based on site specific targeting information.
7. If any employer refuses to allow the compliance officer to complete any part of the inspection, a warrant shall be sought in accordance with procedures in the current FOM for handling such refusals.
8. The CSHO shall avoid all direct contact with potentially contaminated

needles and other sharp instruments. The CSHO must establish the existence of hazards and adequacy of work practices through employee interviews and shall observe operations at a safe distance.

9. The privacy of clients must be respected. Photos must not show client faces, readable identification bracelets or any other image that could be used to reveal client identity.

C. Specific Inspection Procedures. Inspections conducted under this Regional Emphasis Program will be conducted pursuant to the following procedures:

1. Upon entering the facility, the CSHO will verify the NAICS code of the establishment. If the NAICS code is not within the scope of this REP, the CSHO will exit the facility and code the OSHA Inspection Activity as "No Inspection."
2. If the establishment has no employees, such as a sole proprietorship with no workers, the CSHO will exit the facility and code the OSHA-1 as a "No Inspection." Although establishments with ten or fewer employees will be inspected, the CSHO shall be familiar with the restrictions contained in CPL 02-00-051 concerning safety hazards at establishments with less than ten employees in specific NAICS codes.
3. If the establishment has employees and is within the specified NAICS, the CSHO will proceed with a Comprehensive Health inspection.
4. The CSHO will request the OSHA 300 Logs and OSHA 300A Forms for the three most recent years; review the employer's PPE hazard assessment to ensure CSHO is equipped with the appropriate PPE; follow the procedures outlined in the FOM for conducting an opening conference and then proceed with the walkaround portion of the inspection. Unusual circumstances shall be handled in accordance with the FOM.
5. During the walk around, the CSHO shall identify all processes, both major and minor, that have potential to expose employees to health hazards. Such identification may consist of observation, screening samples, review of the chemical inventory list and safety data sheets, and brief interviews with employees.
6. All observed safety hazards shall be addressed by the CSHO or will be referred, unless exempted by CPL 02-00-051.
7. Once the health hazards are identified, the CSHO shall evaluate the employer's industrial hygiene and infection control programs to determine the extent to which the employer has evaluated, addressed, and controlled these hazards. The CSHO shall also evaluate the employer's overall safety and health management system, in accordance with the FOM. Other apparent health and safety hazards observed by the CSHO will be

evaluated. If the CSHO's evaluation indicates a more comprehensive inspection should be completed at the worksite, they will request authority to expand the inspection from the Area Director or the Assistant Area Director. In determining whether to approve the expansion, the Area Director or Assistant Area Director will follow the FOM and current agency policy and shall consider, but not be limited to, the CSHO's observations, screening samples, review of the chemical inventory list and safety data sheets, and interviews with employees.

8. The CSHO will evaluate all on-site employers through inspection, observation, photographs, video footage, measurements, and interviews of management and employees.

## **VII Recording in OIS.**

The OIS identifier code to be used in the Inspection Activity will be "HLTHCARE6." All inspections conducted shall be recorded as being "Comprehensive."

## **VIII Outreach.**

All REPs must contain an outreach component that must be ongoing throughout the effective period of the program. These outreach efforts should be coordinated with or include the consultation program for that area. The method of outreach is at the Area Directors 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).

## **IX Evaluation.**

The Regional office will evaluate the impact of the REP at the midpoint of the program as well as at the expiration. Information and data from OIS along with input from the Area Directors will be used in program reports. Elements to be considered in the program reports are contained in OSHA Instruction CPL 04-00-002.

### **A. Activity Measures:**

1. Number of inspections conducted.
2. Number, type and classification of violations related to bloodborne pathogen, ionizing radiation, and ethylene oxide hazards.
3. Number of overexposures to noise and air contaminants documented.

### **B. Outcome Measures:**

1. Number of employers who implemented bloodborne pathogen programs as a result of outreach component.
2. Number of employees removed from overexposures.