OSHA REGIONAL INSTRUCTION

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

DIRECTIVE NUMBER: CPL 2 02-00-029B **EFFECTIVE DATE:** April 1, 2022

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

REGIONAL IDENTIFIER: Region VI

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, covered by the NAICS within the REP, 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, Scheduling System for Programmed Inspections, January 4, 1995, or current update.

OSHA Instruction CPL 02-00-051, Enforcement Exemptions and Limitations under the Appropriations Act, May 28, 1998, or current update.

OSHA Instruction CPL 02-00-164, Field Operations Manual (FOM), April 14, 2020, or current update.

OSHA Instruction CPL 04-00-002, Procedures for Approval of Local Emphasis Programs ("LEPs"), November 13, 2018, or current update.

OSHA Instruction CPL 02-02-069, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, November 27, 2001, or current update.

OSHA Instruction CPL 02-00-158, Inspection procedures for the Respiratory Protection Standard, June 26, 2014, or current update.

OSHA Instruction CPL 02-01-050, 29 CFR Part 1910, Subpart I, Enforcement Guidance for Personal Protective Equipment in General Industry, February 10, 2011, or current update.

OSHA Instructions CPL 02-01-062, Site Specific Targeting, December 14, 2020, or current update.

OSHA Instruction CSP 03-02-003, OSHA Strategic Partnership Program for Worker Safety and Health, November 6, 2013.

OSHA Memorandum, Inspection Guidance for Inpatient Healthcare Settings (June 25, 2015).

Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19), July 7, 2021, or current update.

OSHA Direction DIR 2021-02 (CPL 02) Inspection Procedures for the COVID-19 Emergency Temporary Standard for Healthcare, January 28, 2021, or current update.

OSHA Direction DIR 2021-03 (CPL 03) Revised National Emphasis Program - Coronavirus Disease 2019 (COVID19), July 7, 2021, or current update.

29 CFR 1910.1030, Bloodborne Pathogens

29 CFR 1910.1047, Ethylene Oxide

29 CFR 1910.1096, Ionizing Radiation

29 CFR 1910.1200, Hazard Communication

OSHA Hospital eTool Heliport and Laundry modules.

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, 2018, 2019, & 2020.

Center for Disease Control and Prevention, The National Institute for Occupational Safety and Health, ttps://www.cdc.gov/niosh/topics/bbp/sharps.html.

Centers for Disease Control and Prevention (CDC): www.cdc.gov/coronavirus

Cancellations:	Region VI Regional Notice CPL 2 02-00-029A, dated October 1, 2019, 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 Office:	New Mexico Occupational Health and Safety Bureau
Originating Office:	Dallas Regional Office
Contact:	Assistant Regional Administrator for Enforcement Programs (972) 850-4145

By and Under the Authority of:

ERIC S. HARBIN
Regional Administrator

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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.

This REP supports the Occupational Safety and Health Administration (OSHA) Fiscal Year 2022 Agency Management Plan, Agency Theme 1, Assure Safe and Healthful Workplaces, including the agency's theme to protect the most vulnerable workers in high hazard industries, by targeting high-risk industries and industries with higher-than-average illness and injury rates.

II. Scope.

This Instruction applies to all worksites, covered by the NAICS within the REP, in Arkansas, Louisiana, Oklahoma, and Texas, and those worksites in New Mexico that are under Federal OSHA jurisdiction.

III. References.

A. OSHA Instruction CPL 02-00-025, Scheduling System for Programmed Inspections, January 4, 1995, or current update.

B. OSHA Instruction CPL 02-00-051, Enforcement Exemptions and Limitations under the Appropriations Act, May 28, 1998, or current update.

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N. 29 CFR 1910.1030, Bloodborne Pathogens

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R. OSHA Hospital eTool Heliport and Laundry modules.

S. 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, 2018, 2019, & 2020.

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U. Centers for Disease Control and Prevention (CDC): www.cdc.gov/coronavirus

IV. Expiration.

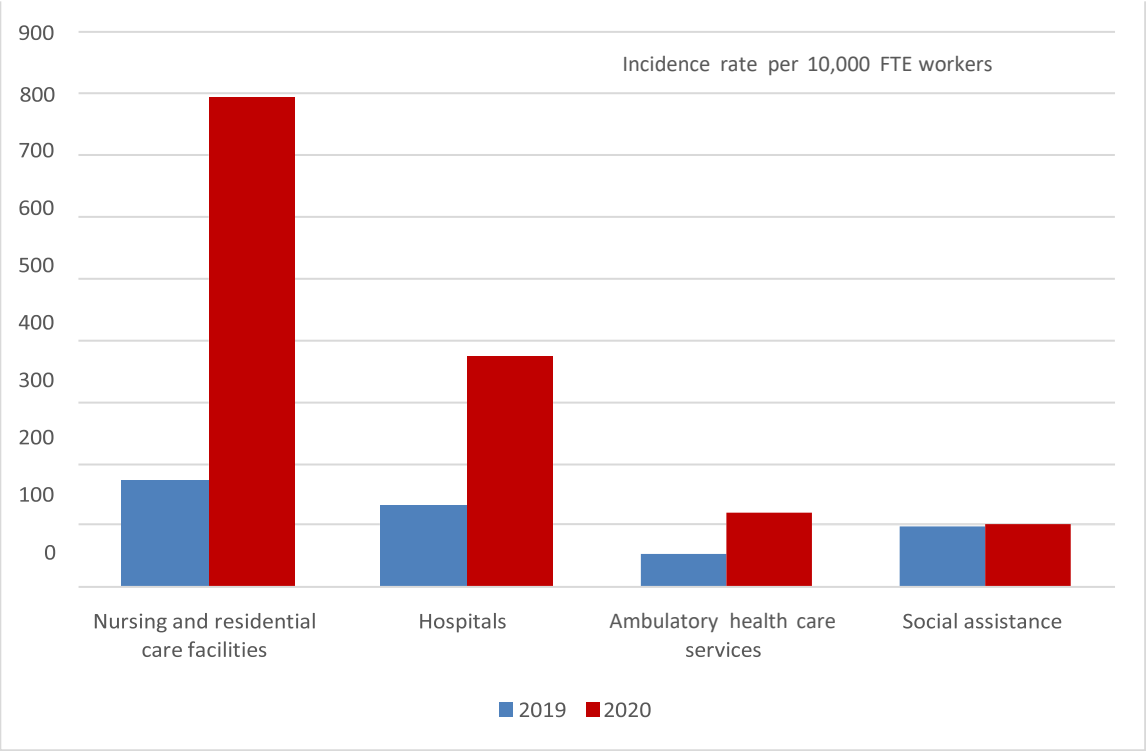
This instruction expires on March 31, 2023, but may be renewed as necessary.

V. Background.

1. According to a Bureau of Labor Statistics report released in November 2021, private industry healthcare workers exhibit a higher incidence of injury and illness, twelve cases per 100 full-time workers, than employees working in other industries traditionally considered dangerous, such as manufacturing and

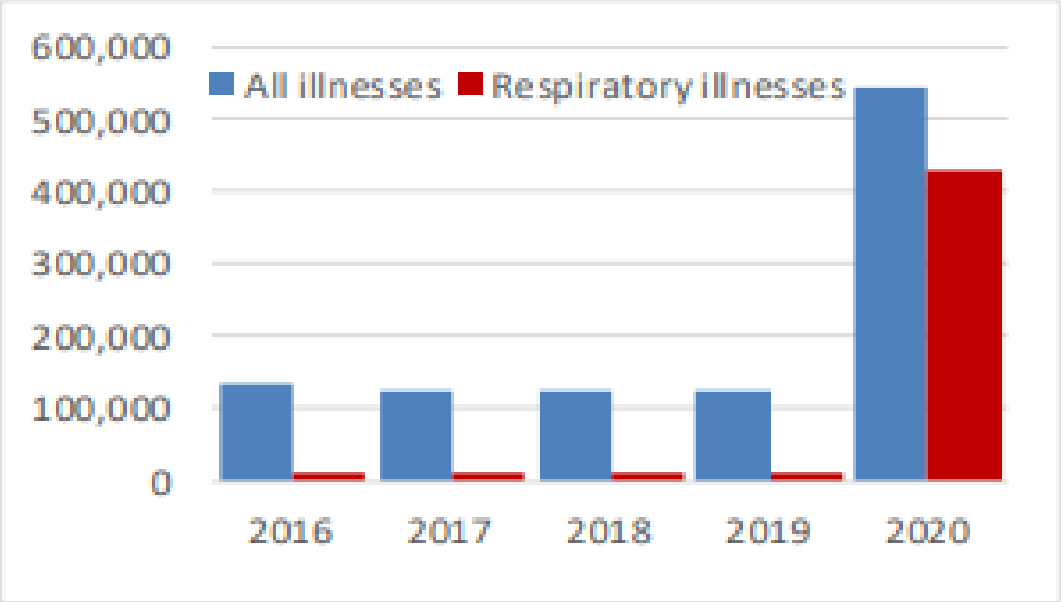
construction. Total injury and illness cases decreased or stayed the same in all private industry sectors except for healthcare and social assistance sectors which increased by 40.9% in 2020. A wide variety of health hazards are found in Ambulatory Surgical Centers and Urgent Care Centers, needle stick injuries and other sharps-related injuries which expose workers to blood borne pathogens along with COVID-19 respiratory hazards continue 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 needle stick events) for ambulatory health care services continues to be above the national average for all health care and social assistance services. Among health care and social assistance industries, three industries had increases in DAFW rates in 2020. The 2020 DAFW rates for nursing and residential care facilities, hospitals, and ambulatory health care services were 791.7, 371.7, and 121.4 cases per 10,000 FTE workers. In 2019, these rates were 170.9, 129.7, and 53.5 cases per 10,000 FTE workers.

BLS Chart 4. Incidence rates for cases resulting in days away from work in selected health care and social assistance industries, private industry, 2019-2020



https://www.bls.gov/news.release/archives/osh_11032021

Chart 2. Counts of cases of all illnesses and respiratory illnesses, private industry, 2016-20



https://www.bls.gov/news.release/pdf/osh

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 2018, 2019 and 2020

2. The Centers for Disease Control and Prevention reported occupational exposure to bloodborne pathogens from needle sticks and other sharps injuries is a serious problem. 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 20 inspections within NAICS 621493 since October 1, 2017. The total number of violations was 12, of which 80% were serious, willful, or repeat with total penalties of $12,242. During normal operations at certain healthcare facilities, employees could be exposed to health hazards (e.g., [COVID-19 the disease from contact with the SARS-CoV-2 virus],

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 COVID-19, 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. Additionally, the CSHO will assess the site for COVID-19 hazards. If the NAICS code is not within the scope of this REP and there are no COVID-19 hazards, the CSHO will exit the facility and code the OSHA Inspection Activity as "No Inspection."

2. However, if COVID-19 hazards exist the inspection may continue after consulting current directives and other policy guidance.

3. 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.

4. If the establishment has employees and is within the specified NAICS, the CSHO will proceed with a Comprehensive Health inspection.

5. The CSHO will request the OSHA 300 Logs and OSHA 300A Forms as well as COVID-19 logs for the three most recent years; review the employer's COVID-19 plan and 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 walk around portion of the inspection. Unusual circumstances shall be handled in accordance with the FOM.

6. 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.

7. All observed safety hazards shall be addressed by the CSHO or will be referred, unless exempted by CPL 02-00-051.

8. 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.

9. 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.