



OSHA REGIONAL INSTRUCTION

U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

DIRECTIVE NUMBER: CPL 2 02-00-029C

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

REGION: Region VI

SIGNATURE DATE: June 26, 2024

EFFECTIVE DATE: July 1, 2024

ABSTRACT

- Purpose:** This Instruction revises a Regional Emphasis Program (REP) for programmed partial 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 02-00-164
OSHA Instruction CPL 02-02-069
OSHA Instruction CPL 04-00-002
(See section III for additional references.)
- Cancellations:** Region VI Regional Notice CPL 2 02-00-029B, dated April 1, 2022, 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.
- Originating Office:** Dallas Regional Office.

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By and Under the Authority of

ERIC S. HARBIN
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Executive Summary

This instruction updates and revises a Regional Emphasis Program (REP) to reduce injuries, illnesses, and fatalities in healthcare facilities by correcting health and safety hazards in specific NAICS codes.

Significant Changes

This REP updates the targeted NAICS codes to Freestanding Ambulatory Surgical and Emergency Centers (NAICS 621493), All Other Outpatient Care Centers (NAICS 621498), All Other Miscellaneous Ambulatory Health Care Services (NAICS 621999), and General Medical and Surgical Hospitals (NAICS 622110). The Bureau of Labor Statistics (BLS) injury data for these industries is higher than the national average for private industry.

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I. Purpose.

This Instruction revises and updates an REP for hazards in the Healthcare Industry in the following NAICS codes within the jurisdiction of Region VI: Freestanding Ambulatory Surgical and Emergency Centers (NAICS 621493), All Other Outpatient Care Centers (NAICS 621498), All Other Miscellaneous Ambulatory Health Care Services (NAICS 621999), and General Medical and Surgical Hospitals (NAICS 622110). This REP provides policies and procedures for targeting and enforcement efforts to reduce occupational illness and injury for healthcare workers in these NAICS codes.

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 02-00-164, Field Operations Manual (FOM), April 14, 2020, 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.** OSHA Inspection Guidance for Inpatient Healthcare Settings, June 25, 2015.
- H.** 29 CFR 1910.1030, Bloodborne Pathogens.
- I.** 29 CFR 1910.1047, Ethylene Oxide.
- J.** 29 CFR 1910.1096, Ionizing Radiation.
- K.** 29 CFR 1910.1200, Hazard Communication.
- L.** OSHA Hospital eTool Heliport and Laundry modules.
- M.** OSHA Instructions CPL 02-01-064, Site Specific Targeting, February 7, 2023, or current update.
- N.** [Bureau of Labor Statistics \(BLS\) Table 1](#), Number of Nonfatal Occupational Injuries and Illnesses Involving Days Away from Work by Industry and Selected Natures or Injury and Illness, Table 1 Injury, and Illness Rates by Industry.
- O.** Center for Disease Control and Prevention, The National Institute for Occupational Safety and Health, <https://www.cdc.gov/niosh/topics/bbp/sharps.html>

IV. Cancellations.

A. Region VI Regional Notice CPL 2 02-00-029B, dated April 1, 2022, Regional Emphasis Program for Health Hazards in the Healthcare Industry.

V. Action Offices.

A. Responsible Office.

Dallas Regional Office.

B. Action Office.

Region VI Area Offices.

Region VI Consultation Project Offices.

C. Information Offices.

New Mexico Occupational Health and Safety Bureau.

VI. Federal Program Change.

State Plan Programs are strongly encouraged to adopt this program.

VII. Expiration.

This instruction expires on December 31, 2028, but may be renewed as necessary.

VIII. Significant Changes.

This REP updates the targeted NAICS codes to Freestanding Ambulatory Surgical and Emergency Centers (NAICS 621493), All Other Outpatient Care Centers (NAICS 621498), All Other Miscellaneous Ambulatory Health Care Services (NAICS 621999), and General Medical and Surgical Hospitals (NAICS 622110).

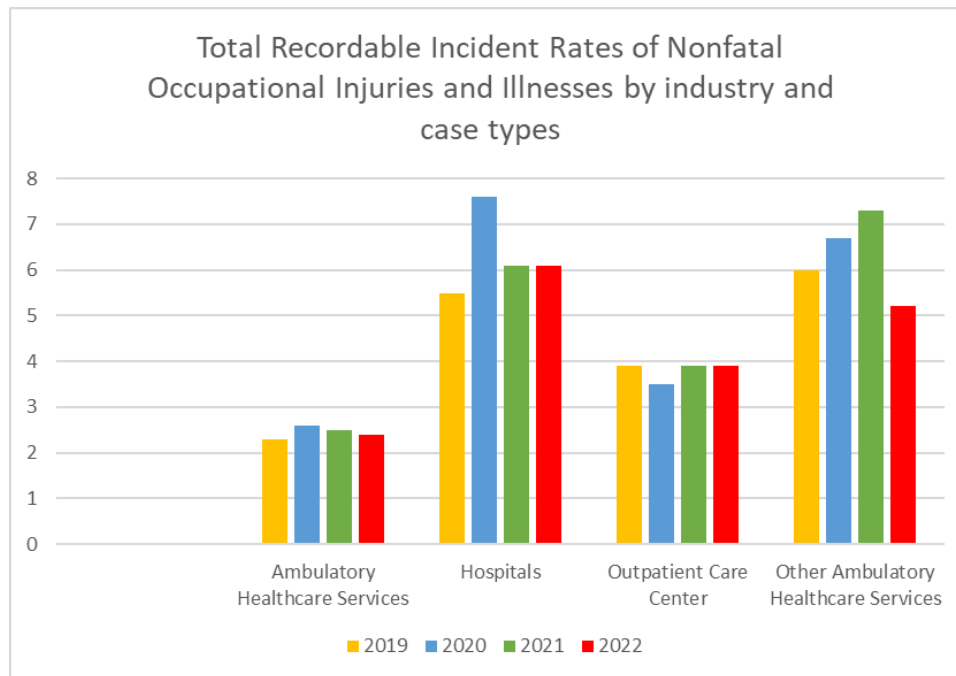
IX. Background.

1. According to a Bureau of Labor Statistics report released in November 2022, private industry healthcare workers exhibit a higher incidence of injury and illness 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 healthcare settings. Needle sticks and other sharps-related injuries that expose workers to blood borne pathogens like Hepatitis B, Hepatitis C and HIV/AIDS continue to be an important workplace health concern. The BLS number of nonfatal occupational injuries and illnesses involving days away from work related events such as punctures (including needle stick events), respiratory conditions, workplace violence and ergonomics for healthcare continue to be above the national average for private industry. In 2021 the total incidence rates for ambulatory health care services, hospitals, outpatient care centers and other ambulatory healthcare services were 2.5, 6.1, 3.9, and 7.3 respectively. In 2022 these incident rates for ambulatory health care services, hospitals, outpatient

care centers, and other ambulatory healthcare services were 2.4, 6.1, 3.9, and 5.2 respectively.

- For [workplace violence in healthcare](#), the rate of non-fatal workplace incidents to healthcare workers has risen steadily since 2011. It accounted for 73% of all injuries due to violence in 2018. The incidence rate for respiratory illnesses in 2021 was 99.2 cases per 10,000 full time employee (FTE) workers in 2021. Additionally, the BLS incidence rates of nonfatal occupational illness by injury and category of illness involving days away from work related to sprain, strains and tears continues to be above the national average for all private industry.

BLS Table 1 Total nonfatal work injury and illness rates, private industry, 2019, 2020, 2021 & 2022.



- The Centers for Disease Control and Prevention (CDC) reported occupational exposure to chemicals, bloodborne pathogens, back injuries, and violence is a serious problem in healthcare settings. 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. Infectious diseases such as tuberculosis, H1N1 influenza and Severe Acute Respiratory Syndrome (SARS) are also a concern. Resources have been developed by CDC to help healthcare facilities control the exposure to these hazards.

4. OSHA Region VI has conducted 78 inspections since October 1, 2020, where the total number of violations was 47, of which 50% were serious, willful, or repeat with total penalties of \$261,456.

X. Enforcement.

A. Hazards.

Exposure to bloodborne pathogens, Ethylene Oxide, Glutaraldehyde and other cleaning chemicals, Ionizing Radiation (x-rays), and formaldehyde, workplace violence 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 healthcare industry at Freestanding Ambulatory Surgical and Emergency Centers (NAICS 621493), Outpatient Care Centers (NAICS 621498), All Other Outpatient Care Centers (NAICS 621999), and General Medical and Surgical Hospitals (NAICS 622110).

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. Area Offices should conduct one cycle per year with at least three facilities being inspected.
- 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.

- 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 02-01-064, 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 REP 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 inspection 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 inspection as "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 partial health inspection.
- 5) 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 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.

D. REP Documentation and Retention.

- 1) All records for this REP, including outreach lists, inspections cycles, and other materials, will be maintained by the Area Offices. The records must demonstrate that OSHA has instituted the REP inspection list and cycles in accordance with the requirements of this Instruction, including documenting all deletions, deferrals, or other modifications (such as rationale for expanding inspections to cover other hazards, expanding unprogrammed activity, etc.).
- 2) The area office must maintain all such inspection lists, cycles, and documentation for a period of three years after all inspections conducted under this REP have been closed. See paragraph B.1.b.(1)(c)3 in CPL 02-00-025, Scheduling System for Programmed Inspections (1/4/1995) and Appendix D, Compliance Records Disposition Schedule, in ADM 03-01-005, OSHA Compliance Records (8/3/1998).

XI. 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 **“Partial”**.

Add additional code:

Type	ID	Value	Description
N	02	Blood	Bloodborne Pathogens Related Inspection

XII. 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 Director’s 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)

The outreach component selected should be conducted prior to the start of the enforcement inspection portion of the REP and ongoing for REP renewals. The timing of this should be sufficient to ensure that employers have been provided fair notice of the program and opportunities to achieve voluntary compliance, usually 90 days. These outreach efforts should be coordinated with or include the consultation program for

that area. All outreach efforts must be documented and kept as part of the Area Office documentation for the REP and the relevant inspection cycles.

XIII. 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 pathogens, ionizing radiation, respiratory hazards, and ethylene oxide hazards.
3. Number of overexposures to air contaminants documented.
4. Number of Section 5(a)(1) violations and Hazard Alert Letters (HAL) related to subjects such as workplace violence, ergonomics and COVID19.

B. Outcome Measures.

1. Number of employers who implemented programs such as those relating to bloodborne pathogen, respiratory protection, infectious diseases and COVID19 programs because of an outreach component.
2. Number of employees removed from overexposures.