OSHA REGIONAL NOTICE

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

DIRECTIVE NUMBER: CPL 2 02-00-029	EFFECTIVE DATE: October 1, 2018
SUBJECT: Regional Emphasis Program for Health Hazards in the Healthcare Industry	
REGIONAL IDENTIFIER: Region VI	

ABSTRACT

Purpose: This notice renews a Regional Emphasis Program (REP) for programmed, comprehensive health inspections in certain segments of the Healthcare Industry.

Scope: This Notice 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 04-00-001 (CPL 2-0.102A)
OSHA Instruction CPL 02-00-160
OSHA Instruction CPL 02-00-025 (CPL 2.25I)
OSHA Instruction CPL 02-00-051 (CPL 2-051J)
OSHA Instruction CPL 02-02-069 (CPL 2.2.69)
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, 2016, 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 and District Offices
Region VI Consultation Project Offices
Dallas Regional Office

Information Offices: New Mexico Occupational Health and Safety Bureau

Originating Office: Dallas Regional Office.

Contact: Assistant Regional Administrator for
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By and Under the Authority of:

ERIC S. HARBIN
Acting Regional Administrator

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I. **Purpose**. This notice 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 notice 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 04-00-001 (CPL 2-0.102A), Procedures for Approval of Local Emphasis Programs ("LEPs"), November 10, 1999, or current update.

B. OSHA Instruction CPL 02-00-160, Field Operations Manual (FOM), August 2, 2016, or current update.

C. OSHA Instruction CPL 02-00-025 (CPL 02.25I), Scheduling System for Programmed Inspections, January 4, 1995, or current update.

D. OSHA Instruction CPL 02-02-069 (CPL 2-2-69), Enforcement Procedures for the Occupational Exposure to Bloodbome Pathogens, November 27, 2001, or current update.

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

F. OSHA Instructions CPL 02-00-051 (CPL 2-0.51J), Enforcement Exemptions and Limitations under the Appropriations Act, May 28, 1998, or current update.

G. 29 CFR 1910.1030, Bloodbome 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)

IV. **Expiration**. This notice expires on September 30, 2019, but may be renewed as necessary.

V. **Background**.

1. According to a Bureau of Labor Statistics report released in June, 2017, private industry healthcare industry workers exhibit a higher incidence of injury and illness, 6.0 cases per 100 full-time workers than employees working in other industries traditionally considered dangerous, such as

manufacturing and construction.

2. On June 26, 2013, the Centers for Disease Control and Prevention reported occupational exposure to blood borne 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 needle sticks and other sharps-related injuries to healthcare personnel.

3. OSHA Region VI has conducted 20 inspections within NAICS 621493. The total number of violations was 20 of which 80% were serious, repeat or willful with total penalties of $76,815.

   During normal operations at certain healthcare facilities, employees could be exposed to hazards involving any of the following:

   a. Bloodbome Pathogens: Hazards associated with infectious agents transmitted via blood are found throughout most segments of the Healthcare Industry.

   b. Ethylene Oxide, Glutaraldehyde, and other cold disinfectants: Employee exposure to ethylene oxide resulted in healthcare establishments receiving the highest number of citations issued for violations of the OSHA ethylene oxide standard (1910.1047) as compared to all other industries in Federal OSHA during fiscal years 2008 thru 2012. Since the source of exposure is its use as a cold disinfectant, exposure to ethylene oxide can be expected to occur at Ambulatory Surgical Centers and Urgent Care Centers.

4. A review of local and national inspection history revealed that several health hazards are prevalent within healthcare facilities. 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 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.

There is strong evidence that workers in the ambulatory health care services are at greater increased risk of suffering a work-related injury, and that the extent of the problem may be far greater than the elevated risk reported by employers and seen in the BLS data.

Number and rate of nonfatal occupational injuries and illnesses by selected industry, All U.S., private industry, (Incidence rate per ten thousand full time workers)

	2016				2017			
Characteristic	Private industry		Ambulatory Health care Services		Private industry		Ambulatory Health care Services	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Injuries and								
Total cases	2857.4	2.9	125.2	2.3	2811.5	2.8	137.8	2.5
Cases with days away from work job transfer or restriction	1547.8	1.6	43.0	.8	1528.0	1.5	49.0	.9
Cases with days away from work	892.3	0.9	29.1	.5	882.7	.9	34.0	.6
Cases with job transfer or	655.6	0.7	13.9	.3	645.3	0.7	15.0	.3
Other recordable	1309.5	1.3	82.1	1.5	1283.5	1.3	88.7	1.6
Illnesses								
Total cases	137.1	14.1	8.7	15.9	126.4	12.8	10.8	19.3
Illness categories								
Skin disorders	21.8	2.2	.9	1.6	18.5	1.9	1.1	1.9
Respiratory	11.1	1.1	.5	1	10.4	1.1	1.0	1.8
Poisoning	2.0	0.2	.1	.2	1.7	0.2	.1	.1
Hearing loss	16.5	1.7	(-7-)	.1	14	1.4	(-7-)	.1
All other illness	86.2	8.9	7.2	13.1	81.8	8.3	8.6	15.4

BLS data also indicates that the workers in the ambulatory health care services injury/illness rates have increased from 2016 to 2017.

VI. Enforcement.

A. Hazard: Exposure to blood borne pathogens, Ethylene Oxide, Glutaraldehyde and other cleaning chemicals, and Ionizing Radiation (x-rays).

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 Scheduling Systems for Programmed Inspections, 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 establishment list will be placed in alphabetical order by establishment name, and numbered sequentially. The appropriate random number tables contained in Appendix C of CPL 02-00-025 (Scheduling Systems for Programmed Inspections) will be applied to create the inspection list which will then be divided into inspection cycles.

2. 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.

3. 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.

4. Establishments with ten or fewer employees will be included in this program unless the establishment's NAICS is listed in the most recent Appendix A of OSHA Instruction CPL 02-00-051, Exemptions and Limitations under the Current Appropriations Act. Establishments in exempt NAICS will be deleted from the establishment list.

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, OSHA Instruction CPL 02-00-160. 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 10 or fewer employees will be inspected, the CSHO shall be familiar with the restrictions contained in CPL 02-00-051, *Enforcement Exemptions and Limitations under the Appropriations Act,* concerning safety hazards at establishments with less than ten employees in specific NAICS codes.

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

4. The CSHO will request the OSHA 300 Logs and OSHA300A Forms for the three most current 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; then proceed as quickly as possible with the walk around

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, *Enforcement Exemptions and Limitations under the Appropriations Act.*

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

VI 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.'

VII Outreach.

A. All REPs must contain an outreach component that must be executed prior to the initiation of the enforcement program. 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)

B. The outreach component selected should be conducted prior to the start of the enforcement inspection portion of the REP. 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. These outreach efforts should be coordinated with or include the consultation program for that area.

VIII Evaluation.

The regional office will evaluate the impact of the REP at the conclusion of the fiscal year. Information and data from OIS along with input from the Area Directors will be used in the evaluation. Elements to be considered in the evaluation are contained in OSHA Instruction CPL 04-00-001.

A. Activity Measures

1. Number of inspections conducted
2. Number, type and classification of violations related to bloodbome 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 bloodbome pathogen programs as a result of outreach component.
2. Number of employees removed from overexposures