

OSHA enforcement activity on BPS: an update

By Jane Perry and Janine Jagger

The number of federal Occupational Safety and Health Administration (OSHA) hospital inspections in which the Bloodborne Pathogens Standard (BPS) was cited increased from 30 in 2001 to 55 in 2005; the total number of BPS-related citations went from 77 in 2001 to 270 in 2007. During that period, total initial penalties for BPS citations increased dramatically (from \$21,675 in 2001 to a high of \$108,200 in 2005). A number of federal OSHA regions and state OSHA programs conducted “special-emphasis” programs targeting BPS enforcement, following revision of the standard in 2001.

Dionne Williams, MPH, a senior industrial hygienist at OSHA, says that concern about sharps safety and exposures is still very strong. She explains that OSHA has a hotline for reporting complaints as well as an accident or fatality, or for asking safety- and health-related questions. (That number is 800-321-OSHA [6742].) “The stats on calls ... are carefully tracked by the compliance guidance group,” she points out, “and bloodborne pathogens continue to be on the top of the list of health-related issues for which callers contact the toll-free service for assistance.”

In 2004, OSHA issued a citation to a Connecticut hospital that included 41 alleged health and safety violations, with initial penalties totaling \$91,500. New Britain General Hospital near Hartford underwent a “wall-to-wall” comprehensive inspection that was part of a special-emphasis program in federal OSHA’s Region One, targeting hospitals with more than eight lost workday injuries per 100 full-time equivalent employees. BPS-related citations included failure to require eye gear (such as goggles and face shields) to protect employees from blood splashes and sprays, and failure to maintain an adequate schedule for emptying or replacing sharps containers (overfilled sharps containers were cited).

Safety and health information bulletin on blunt suture needles

In March 2007, OSHA — jointly with the National Institute for Occupational Safety and Health, or NIOSH — published a Safety and Health Information Bulletin, or SHIB, recommending

the use of blunt-tip suture needles in surgical settings. Assistant Secretary of Labor Edwin G. Foulke, Jr., then commented, “We strongly encourage the use of blunt-tip suture needles when feasible and appropriate to reduce [the] risk [of sharps injuries to surgical personnel].” The SHIB (available at www.osha.gov/dts/shib/shib032307.html), describes the hazards of sharp-tip suture needles — the leading source of sharps injuries to surgical personnel — and presented evidence to support the effectiveness of blunt-tip needles in reducing injuries.

This final decision renders the practice of reusing blood tube holders obsolete in the United States.

Commission upholds ban on reuse of blood tube holders

In December 2007, the federal Occupational Safety and Health Review Commission upheld a ruling from an OSHA administrative law judge, affirming that an OSHA inspections officer correctly cited a Denver lab facility for removing needles from blood tube holders for the purpose of reusing the holders. The judge and, subsequently, the review commission, found that section (d)(2)(vii) of the BPS plainly prohibited the removal of contaminated needles from reusable blood tube holders and did not allow an exception in this case. The case originated with a citation of MetWest, a Denver phlebotomy facility owned by Quest Diagnostics, one of the largest lab companies nationwide. Quest company policy dictated the use of reusable blood tube holders in phlebotomy clinics; this, in turn, requires removal of the double-ended phlebotomy needles, exposing users to potential injury from the back end of the needle. Quest argued that by using a push-button blood tube holder, which allowed mechanical removal of the needle, risk to the worker was minimized. OSHA did not agree, however, and upheld its comprehensive ban on needle removal. This final decision renders the practice of reusing blood tube holders obsolete in the United States. The Commission’s decision is available at www.oshrc.gov/decisions/comm07.html. □

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Federal OSHA inspections and citations related to use of engineering controls (i.e., safety devices) to reduce employee exposure to bloodborne pathogens: 2001-2005

FY	Overall no. hospital inspections	No. (%) inspections which included BPS citations	Total no. BPS* citations	Total no. BPS citations for Sec. D-2-1** violations	Total amount of initial penalties for Sec. D-2-1
2001	174	30 (17%)	77	12	\$21,675
2002	183	55 (30%)	128	20	\$53,088
2003	208	44 (21%)	110	21	\$60,513
2004	195	45 (23%)	158	30	\$75,150
2005	177	55 (31%)	142	29	\$108,200
2006	165	46 (28%)	196	14	\$36,625
2007	168	32 (19%)	270	31	\$34,475

* BPS = Bloodborne Pathogens Standard

** BPS 1910.1030 (d)(2)(i): “Engineering and work practice controls shall be used to eliminate or minimize employee exposure.” [“Engineering controls” means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.”]