OSHA on phlebotomy disposal

The Occupational Safety and Health Administration (OSHA) recently issued a safety and health information bulletin explaining its policy on the disposal of contaminated needles and blood tube holders following blood-drawing procedures. The bulletin is not a standard or regulation and creates no new legal obligations. Rather, it is advisory in nature and is intended to assist employers in providing a safe and healthful workplace.

"Removing contaminated needles and reusing blood tube holders can pose multiple hazards," says OSHA Administrator John Henshaw. "Single-use blood tube holders, when used with engineering and work practice controls, simply provide the best level of protection against needlestick injuries. OSHA's bloodborne-pathogens standard specifically prohibits the removal of contaminated needles."

Mandated by the Needlestick Safety and Prevention Act, changes to OSHA's bloodborne-pathogens standard took effect in April 2001. The revisions clarify the need for employers to select safer needle devices as they become available, and to involve employees in identifying and choosing the devices. The updated standard also requires employers to maintain a log of injuries from contaminated sharps.

In the bulletin, OSHA explains that while engineering controls exist to significantly reduce injuries to healthcare workers, hazardous work practices continue to cause injuries. The manipulation required to remove a contaminated needle — even a safety-engineered needle — from a blood tube holder may result in a needlestick with the back end of the needle, which is only covered with a rubber sleeve. Research indicates that needlestick injuries after blood draws usually occur while removing the blood-drawing needle from the patient's arm or while disposing of an unprotected needle into a sharps container.

Exposure Prevention Information Network (EPINet) data from a sharps-injury database coordinated by the International Healthcare Worker Safety Center, University of Virginia, shows that from 1993 to 2001 approximately 5% of injuries were caused by vacuum blood-collection needles/tube holder sets. Of phlebotomy device injuries, 33% were sustained by phlebotomists and 7% by clinical lab workers; 11% occurred while "disassembling" phlebotomy needles, and 22% during or after disposal. In the most recent two years of EPINet data (2000-2001), approximately 10.5% of percutaneous injuries are from phlebotomy needles.

Since phlebotomy needles are hollow-bore and blood-filled, they pose a high risk for transmission of bloodborne pathogens, like human immunodeficiency virus, hepatitis C virus, and hepatitis B virus. When using these devices, it is important to utilize engineering and work practice controls to minimize the risk of needlesticks — documented as occurring as a result of removing phlebotomy needles from blood tube holders.

OSHA has concluded that the best practice for prevention of needlestick injuries following phlebotomy procedures is the use of a sharp with engineered sharps injury protection (SESIP) (e.g., safety needle) attached to the blood tube holder and the immediate disposal of the entire unit.

OSHA's bloodborne-pathogens standard prohibits the removal of contaminated needles from medical devices, unless an employer can demonstrate that it is necessary for a specific medical or dental procedure. When performing a blood-drawing procedure, OSHA requires the disposal of blood tube holders with a safety needle attached immediately after each patient's blood is drawn.

Employers must make available, reusable, puncture resistant, leak-proof sharps containers, appropriately labeled and color-coded. The containers must also have an opening that is large enough to accommodate disposal of the entire blood-collection assembly. Employees must have access to sharps containers that are easily accessible to the immediate area where sharps are used.

If employees travel from one location to another they must be provided with either a portable sharps container or one conveniently placed at each location, capable of accommodating the entire blood tube holder and needle assembly.

Many sharps containers have openings that do not allow for disposal of a SESIP attached to the blood tube holder. These containers would not be in compliance with the bloodborne-pathogens standard. Employers must ensure that where blood is being drawn, the sharps container is appropriate for immediate disposal of sharps.

The OSHA bulletin includes an evaluation toolbox, which provides guidance on the evaluation, selection, and appropriate use of engineering and work practice controls in order to provide the highest degree of control. For more information on this safety and health information bulletin or the prevention of needlestick injuries, please visit OSHA's website at www.osha.gov.

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