

OSHA[®] FactSheet

OSHA's Bloodborne Pathogens Standard

Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.

Protections Provided by OSHA's Bloodborne Pathogens Standard

All of the requirements of OSHA's Bloodborne Pathogens standard can be found in Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. The standard's requirements state what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials (OPIM), as defined in the standard. That is, the standard protects workers who can reasonably be anticipated to come into contact with blood or OPIM as a result of doing their job duties.

In general, the standard requires employers to:

- **Establish an exposure control plan.** This is a written plan to eliminate or minimize occupational exposures. The employer must prepare an exposure determination that contains a list of job classifications in which all workers have occupational exposure and a list of job classifications in which some workers have occupational exposure, along with a list of the tasks and procedures performed by those workers that result in their exposure.
- **Employers must update the plan annually** to reflect changes in tasks, procedures, and positions that affect occupational exposure, and also technological changes that eliminate or reduce occupational exposure. In addition, employers must annually document in the plan that they have considered and begun using appropriate, commercially-available effective safer medical devices designed to eliminate or minimize occupational exposure. Employers must also document that they have solicited input from frontline workers in identifying, evaluating, and selecting effective engineering and work practice controls.
- **Implement the use of universal precautions** (treating all human blood and OPIM as if known to be infectious for bloodborne pathogens).
- **Identify and use engineering controls.** These are devices that isolate or remove the bloodborne pathogens hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices, such as sharps with engineered sharps-injury protection and needleless systems.
- **Identify and ensure the use of work practice controls.** These are practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items.
- **Provide personal protective equipment (PPE), such as gloves, gowns, eye protection, and masks.** Employers must clean, repair, and replace this equipment as needed. Provision, maintenance, repair and replacement are at no cost to the worker.
- **Make available hepatitis B vaccinations to all workers with occupational exposure.** This vaccination must be offered after the worker has received the required bloodborne pathogens training and within 10 days of initial assignment to a job with occupational exposure.
- **Make available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident.** An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. This evaluation and follow-up must be at no cost to the worker and includes documenting the route(s) of exposure and the circumstances

under which the exposure incident occurred; identifying and testing the source individual for HBV and HIV infectivity, if the source individual consents or the law does not require consent; collecting and testing the exposed worker's blood, if the worker consents; offering post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. The healthcare professional will provide a limited written opinion to the employer and all diagnoses must remain confidential.

- **Use labels and signs to communicate hazards.** Warning labels must be affixed to containers of regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or OPIM; other containers used to store, transport, or ship blood or OPIM; contaminated equipment that is being shipped or serviced; and bags or containers of contaminated laundry, except as provided in the standard. Facilities may use red bags or red containers instead of labels. In HIV and HBV research laboratories and production facilities, signs must be posted at all access doors when OPIM or infected animals are present in the work area or containment module.
- **Provide information and training to workers.** Employers must ensure that their workers receive regular training that covers all elements of the standard including, but not limited to: information on bloodborne pathogens and diseases, methods used to control occupational

exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures. Employers must offer this training on initial assignment, at least annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure. Also, HIV and HBV laboratory and production facility workers must receive specialized initial training, in addition to the training provided to all workers with occupational exposure. Workers must have the opportunity to ask the trainer questions. Also, training must be presented at an educational level and in a language that workers understand.

- **Maintain worker medical and training records.** The employer also must maintain a sharps injury log, unless it is exempt under Part 1904 -- Recording and Reporting Occupational Injuries and Illnesses, in Title 29 of the Code of Federal Regulations.

Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at **(800) 321-OSHA (6742)**.

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; the teletypewriter (TTY) number is (877) 889-5627.

For assistance, contact us. We can help. It's confidential.



OSHA[®] FactSheet

Bloodborne Pathogen Exposure Incidents

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) requires employers to make immediate confidential medical evaluation and follow-up available for workers who have an exposure incident, such as a needlestick. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM), as defined in the standard that results from the performance of a worker's duties.

Reporting an Exposure Incident

Exposure incidents should be reported immediately to the employer since they can lead to infection with hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), or other bloodborne pathogens. When a worker reports an exposure incident right away, the report permits the employer to arrange for immediate medical evaluation of the worker. Early reporting is crucial for beginning immediate intervention to address possible infection of the worker and can also help the worker avoid spreading bloodborne infections to others. Furthermore, the employer is required to perform a timely evaluation of the circumstances surrounding the exposure incident to find ways of preventing such a situation from occurring again.

Reporting is also important because part of the follow-up includes identifying the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law, and determining the source's HBV and HIV infectivity status. If the status of the source individual is not already known, the employer is required to test the source's blood as soon as feasible, provided the source individual consents. If the individual does not consent, the employer must establish that legally required consent cannot be obtained. If state or local law allows testing without the source individual's consent, the employer must test the individual's blood, if it is available. The results of these tests must be made available to the exposed worker and the worker must be informed of the laws and regulations about disclosing the source's identity and infectious status.

Medical Evaluation and Follow-up

When a worker experiences an exposure incident, the employer must make immediate confidential medical evaluation and follow-up available to the worker. This evaluation and follow-up must be: made available at no cost to the worker and at a reasonable time and place; performed by or under the supervision of a licensed physician or other licensed healthcare professional; and provided according to the recommendations of the U.S. Public Health Service (USPHS) current at the time the procedures take place. In addition, laboratory tests must be conducted by an accredited laboratory and also must be at no cost to the worker. A worker who participates in post-exposure evaluation and follow-up may consent to have his or her blood drawn for determination of a baseline infection status, but has the option to withhold consent for HIV testing at that time. In this instance, the employer must ensure that the worker's blood sample is preserved for at least 90 days in case the worker changes his or her mind about HIV testing.

Post-exposure prophylaxis for HIV, HBV, and HCV, when medically indicated, must be offered to the exposed worker according to the current recommendations of the U.S. Public Health Service. The post-exposure follow-up must include counseling the worker about the possible implications of the exposure and his or her infection status, including the results and interpretation of all tests and how to protect personal contacts. The follow-up must also include evaluation of reported illnesses that may be related to the exposure.

Written Opinion

The employer must obtain and provide the worker with a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation. According to OSHA's standard, the **written opinion** should only include: whether hepatitis B vaccination was recommended for the exposed worker; whether or not the worker received the vaccination, and that the healthcare provider informed the worker of the results of the evaluation and any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment. Any findings other than these are not to be included in the written report.

Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodborne pathogens/index.html>.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at **(800) 321-OSHA (6742)**.

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How to Prevent *Needlestick Injuries:*

Answers to Some Important Questions



Introduction

As an employer of health care workers, you want and need to provide a safe and healthful workplace for your employees. In 1991, OSHA published the Bloodborne Pathogens Standard, *Title 29 Code of Federal Regulations, Part 1910.1030*, to protect workers from exposures to bloodborne illnesses. Because needlestick injuries are a major cause of these exposures in the health care setting, it is important to recognize that there are work practices and engineering controls to help reduce these exposures and injuries. This brochure looks at the issue of safer needle devices and how they can help employers like you create a safer workplace to protect your workers.

Why Do I Need to Worry About Needlesticks?

If you're an employer of health care workers who are potentially exposed to blood and contaminated needles, you should know that there are an estimated 800,000 needlesticks each year in the U.S. About 2 percent, or 16,000, of these are likely to be contaminated with the Human Immunodeficiency Virus (HIV). Needlestick injuries account for up to 80 percent of accidental exposures to blood. Nurses in hospitals are the most frequently injured.

When Might My Employees Be Injured By a Needlestick?

Needlestick injuries may occur when employees dispose of needles, collect and dispose of materials used during patient care procedures, administer injections, draw blood, or handle trash or dirty linens where needles have been inappropriately discarded.

Isn't There Just a Small Chance of Such an Injury?

Data from 63 hospitals show that the overall rate of such injuries is 27 per 100 occupied beds annually. Nurses had the most frequent exposures (49.7 percent); physicians ranked second (12.6 percent); nursing assistants accounted for 5.3 percent, and housekeepers, 5.1 percent.¹ Hollow-bore needles are the cause of injury in 68.5 percent of all cases.

¹ G. Ippolito; V. Puro; N. Petrosillo; G. Pugliese; B. Wispelwey; P.M. Tereskers; N. Bentley; and J. Jagger, *Prevention, Management & Chemoprophylaxis of Occupational Exposure to HIV* (Charlottesville, VA: Advances in Exposure Prevention, International Health Care Worker Safety Center, 1997).

What Can Happen from a Needlestick?

More than 20 pathogens have been reportedly transmitted from needlesticks.² The most serious are the transmission of Hepatitis C (HCV), Hepatitis B (HBV), and HIV. In fact, the risk of acquiring HBV or HCV from a contaminated needlestick is greater than for HIV.

Why Is the Risk Greater from Hepatitis B and C Than from HIV?

The risk of acquiring an infection has to do with the prevalence of these diseases in the patient population at large. For example, an estimated 1.25 million people in the U.S. are chronically infected with HBV and 6,000 die each year from HBV-related liver disease. HCV also is a major cause of chronic liver disease worldwide. In 1997, there were an estimated 4 million people in the U.S. infected with HCV.³ As many as 85 percent of all HCV-infected persons develop chronic hepatitis and are at increased risk for cirrhosis and primary hepatocellular carcinoma.⁴ Liver failure from Hepatitis C is the leading reason for liver transplants in the U.S.

So, Do I Still Need to Worry About HIV Exposures for Employees?

Yes. The total number of occupationally acquired HIV infections in health care workers continues to increase each year. Of the 52 such cases documented during 1996, 45 were from needlesticks or cuts.⁵

How Can I Protect Employees Against Potential Exposures?

Make sure that employees use universal precautions, engineering and work practice controls, and personal protective equipment to reduce their exposure to bloodborne pathogens, as required by OSHA's Bloodborne Pathogens Standard.⁶

² L.A. Chiarello, Deborah Nagin, and Franklin Laufer, *Pilot Study of Needlestick Prevention Devices*, Report to the Legislature, New York State Department of Health, March 1992, p.16.

³ U.S. Department of Health and Human Services, National Institutes of Health, *Consensus Development Statement: Management of Hepatitis C*. Available online at odp.od.nih.gov/consensus/statements/cdc/105/105_stmt.html.1997.

⁴ Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report* 88(2), 1996.

⁵ Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, International Center for HIV, STD, and TB Prevention, *HIV/AIDS Surveillance Report* 8(2): Atlanta, GA 1996.

⁶ *Title 29 Code of Federal Regulations*, Part 1910.1030.

Can't Needles Penetrate Most Personal Protective Equipment?

You're correct. Most personal protective equipment can be easily penetrated by needles. Most needlestick injuries, however, result from unsafe

needle devices rather than carelessness by health care workers. Safer needle devices have been shown to significantly reduce needlesticks and exposures to potentially fatal bloodborne illnesses.⁷

What's a Safer Needle Device?

A safer needle device has built-in safety controls to reduce needlestick injuries before, during, or after use and to make needlesticks less likely.

Will These Devices Prevent Needlestick Injuries?

Not all needlestick injuries are preventable, but the number can be reduced by using devices containing needles with built-in safety

features or other devices that eliminate the use of needles altogether. Using needleless IV connectors, self re-sheathing needles, or blunted surgical needles, for example, can help reduce the risk of injury. In fact, almost 83 percent of injuries from hollow bore needles are potentially preventable.⁸

How Do These Devices Work?

In general, properly designed devices should (1) provide a barrier between the hands and the needle after use; (2) allow or require

the worker's hands to remain behind the needle at all times; (3) have safety features integral to the device itself rather than as accessories; (4) be in effect before disassembly and remain in effect after disposal to protect downstream workers; (5) be simple and easy to operate, with little or no training; and (6) not interfere with the delivery of patient care.

Are There Specific Safety Features I Need to Know About?

Yes, that would be helpful. For example, it is good to know whether the feature is active or passive or whether the engineering control is

part of the device. Types of safety features include the following:

- **Passive safety features** remain in effect before, during, and after use; workers do not have to activate them. Passive features enhance the safety design and are more likely to have a greater impact on prevention. (See Figure 1.)
- **Active devices** require the worker to activate the safety mechanism. Failure to do so leaves the worker unprotected. Proper use by health care workers is the primary factor in the effectiveness of these devices. (See Figure 2.)
- An **integrated safety design** means that the safety feature is built in as an integral part of the device and cannot be removed. This design feature is usually preferred. (See Figure 1.)
- An **accessory safety device** is a safety feature that is external to the device and must be carried to, or be temporarily or permanently fixed to, the point of use. This design also is dependent on employee compliance, and according to some researchers, is less desirable.

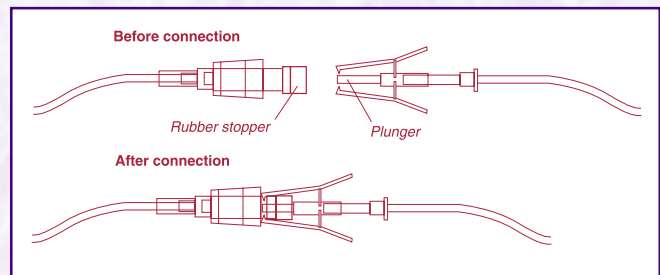


Figure 1. Needleless IV Connector

These connectors use devices other than needles to connect one IV to another. Examples of needleless connectors include 3-way stopcocks and plunger-type systems. An example of the plunger-type system is shown here. These devices are passive and integral to the system.

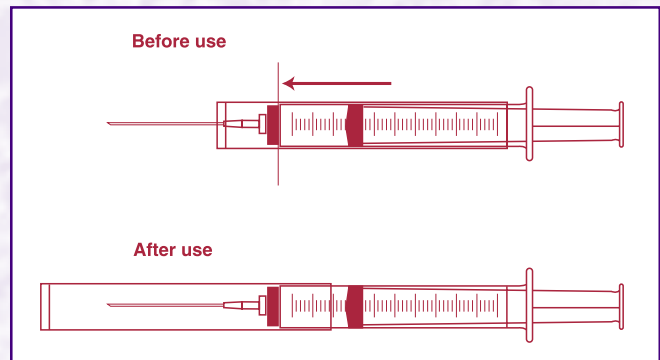


Figure 2. Self-Resheathing Needle

Initially, the sleeve is located over the barrel of the syringe with the needle exposed for use. After the device is used, the user slides the sleeve forward over the needle where it locks in place and provides a guard around the used needle.

⁷ Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, *HIV/AIDS Surveillance Report*, 9(1): Atlanta, GA, 1997.

⁸ Ippolito, et al, 1997.

Does OSHA Require the Use of Specific Devices?

No. OSHA does not require employers to institute specific devices, but it does require that employers evaluate the effectiveness of existing controls and review

the feasibility of instituting more advanced engineering controls. Further, OSHA's Bloodborne Pathogens Standard⁹ requires that employers establish a written exposure control plan as well as engineering and work practice controls to eliminate or minimize employee exposure. Additionally, employers are required to provide post-exposure follow-up if an employee sustains a needle puncture and to record the injury on the OSHA 200 log in some cases.

What Steps Do I Need to Take to Have a Comprehensive Prevention Program and to Implement Safer Needle Devices?

As an employer of health care workers, you have the flexibility to develop individual worksite-specific needlestick prevention programs to protect employees. Such a program would mean that you have a mechanism in place to select and evaluate safer medical

devices in a systematic manner. In evaluating safer needlestick devices, ideally you should evaluate your workplace and base your choices for these types of products on the following:

- **The needs of the primary users.**
- **The need of the patients** who must continue to receive safe, efficient, and comfortable care. (Workers are likely to reject products that they think will interfere with patient care in any way.)

In addition, a comprehensive needlestick prevention program might include the following:

- Creating a multidisciplinary team to investigate and assess needlestick incidents.
- Defining prevention priorities on the basis of collection and analysis of an institution's injury data.
- Developing design and performance criteria for product selection according to needs for patient care and health care worker safety.
- Planning and implementing an evaluation of products in clinical settings.¹⁰

To evaluate and select appropriate safer needle devices, you also should review available needlestick injury data including the personnel involved, the devices used, and the circumstances and frequency of needlestick events. This information can help in determining how employees can maximally benefit from a product change to safer needle devices. Although not required by OSHA, the collection and evaluation of complete needlestick injury data are key to identifying injury patterns and then implementing an effective abatement plan. (See also, the sample "Safety Feature Evaluation Form," for help in determining the most appropriate device for your employees.)

SAFETY FEATURE EVALUATION FORM
SAFETY SYRINGES

SAMPLE

Number of times used: _____

Please circle the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

During Use:

1. The safety feature can be activated using a one-handed technique.....	1 2 3 4 5 N/A
2. The safety feature does not obstruct vision of the tip of the sharp.....	1 2 3 4 5 N/A
3. Use of this product requires you to use the safety feature.....	1 2 3 4 5 N/A
4. This product does not require more time to use than a non-safety device... 1 2 3 4 5 N/A	
5. The safety feature works well with a wide variety of hand sizes.....	1 2 3 4 5 N/A
6. The device is easy to handle while wearing gloves.....	1 2 3 4 5 N/A
7. This device does not interfere with uses that do not require a needle.....	1 2 3 4 5 N/A
8. This device offers a good view of any aspirated fluid.....	1 2 3 4 5 N/A
9. This device will work with all required syringe and needle sizes.....	1 2 3 4 5 N/A
10. This device provides a better alternative to traditional recapping.....	1 2 3 4 5 N/A

After Use:

11. There is a clear and unmistakable change (audible or visible) that occurs when the safety feature is activated.....	1 2 3 4 5 N/A
12. The safety feature operates reliably.....	1 2 3 4 5 N/A
13. The exposed sharp is permanently blunted or covered after use and prior to disposal.....	1 2 3 4 5 N/A
14. This device is no more difficult to process after use than non-safety devices.....	1 2 3 4 5 N/A

Training:

15. The user does not need extensive training for correct operation.....	1 2 3 4 5 N/A
16. The design of the device suggests proper use.....	1 2 3 4 5 N/A
17. It is not easy to skip a crucial step in proper use of the device.....	1 2 3 4 5 N/A

Of the above questions, which three are the most important to your safety when using this product?

Are there other questions which you feel should be asked regarding the safety/utility of this product?

Source: Reprinted with permission of Training for Development of Innovative Control Technology Project, June Fisher, M.D., June 1993. ©

⁹ 29 CFR, Part 1910.1030, (c)(1)(ii)(B) and (d)(2)(i).

¹⁰ L.A. Chiarello, "Selection of Safer Needle Devices: A Conceptual Framework for Approaching Product Evaluation," *Am J Infection Control* 23(6):386-395, 1995.

How Can I Get More Information or Assistance on This Topic?

For OSHA assistance, you can contact the bloodborne pathogens coordinator in your nearest regional office listed elsewhere in this booklet. See also **Other Resources** listed in this brochure. OSHA also

provides other services and assistance, including:

- **Consultation Program**—This service is delivered by state government agencies or universities employing professional safety health and consultants. Primarily developed for smaller employers with more hazardous operations, comprehensive assistance includes an onsite appraisal of all work practices and environmental hazards and all aspects of the employer's present job safety and health program. Largely funded by OSHA, the service is provided at no cost to the employer and is available on request to employers who want help in establishing and maintaining a safe and healthful workplace.
- **Electronic Information**—*Internet*: OSHA standards, interpretations, directives, interactive software, compliance assistance materials, and additional information are available or can be ordered on the World Wide Web at www.osha.gov. See in particular, *Safer Needle Devices: Protecting Health Care Workers*, under **Index**, *Needlestick Injuries*, and **News Room, Publications**, on the OSHA home page.

CD-ROM: includes directives, standards, interpretations, and other materials on CD. Available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954 or at (202) 512-1800. Specify *OSHA Regulations, Documents, and Technical Information on CD-ROM*, (ORDT), Order No. S/N729-013-00000-5; \$43 per year and \$15 per single copy. Issued quarterly.

- **Grants**—OSHA gives training and education grants to various non-profit groups to develop programs to help small businesses establish safety and health programs.
- **Mentoring**—OSHA's Voluntary Protection Programs (VPP) recognize worksites where employers and employees work together to achieve safety and health excellence. Small firms can be matched with and mentored by a VPP site that will share its safety and health

experience and expertise. For more information on VPP, contact your VPP coordinator in your nearest OSHA regional office.

- **Publications**—OSHA has many published materials, including specific topics for small businesses, that are available or ordered online at www.osha.gov. Publications lists and single copies of various OSHA materials can be obtained by sending a self-addressed label to the OSHA Publications Office, P.O. Box 3753, Washington, DC 20013-7535, or by calling (202) 693-1888.

OSHA regulations are contained in *Title 29 of the Code of Federal Regulations*, Parts 1904 (Recordkeeping), 1910 (General Industry), 1911 through 1925 (Maritime), 1926 (Construction), and 1928 (Agriculture). All OSHA regulations are available or can be ordered online at www.osha.gov. Printed copies of OSHA regulations are sold by the Government Printing Office and can be ordered online as indicated above.

- **Small Business Liaison**—OSHA's liaison is available to answer questions on small business issues at 202-693-2317.
- **State Plans**—Twenty-five states and territories operate their own federally approved occupational safety and health programs. The states conduct most OSHA enforcement through their own standards, which are at least as effective as Federal OSHA's, but may have different or additional requirements. Many states offer additional programs of assistance to small businesses. For more information on state plans, see the list of plans at the end of this brochure or visit **Outreach** on OSHA's Web site at www.osha.gov.
- **Training and Education**—OSHA's Training Institute in Des Plaines, IL, and OSHA's Training Education Centers provide basic and advanced courses in safety and health. OSHA's area offices offer information services, such as audiovisual aids, technical advice, and speakers for special engagements. For more information, contact the Institute at 1555 Times Drive, Des Plaines, IL 60018, (847) 297-4810, or fax (874) 297-4874. A list of courses also can be found under **Outreach** on OSHA's Web site at www.osha.gov.

Emergencies—For life-threatening situations **only**, call (800) 321-OSHA. Complaints will go immediately to the nearest OSHA area or state office for help.

Other Resources

American Hospital Association—AHA report, December 1996, *Implementing Safer Needle Devices* (Item No. 196310). Call (800) AHA-2626 to order copies.

American Nurses Association—ANA position papers on safer needle devices. Call (202) 652- 7130.

EPINet Program—Includes manuals and software, data collection tools, and tracking and reporting systems for surveillance of bloodborne exposures, tracking device specific injuries, and evaluating the efficacy of safer needle devices. Call EPINet Program (800) 528-9803.

The Service Employees International Union's (SEIU) Guide to Preventing Needlestick Injuries—Includes a listing of safer needle devices, checklist for compliance with OSHA's bloodborne pathogen standard, safe device feature evaluation checklist, and guide for post-needlestick exposure followup. To order, send a check for \$5.00 (pre-paid orders only) to the SEIU Mailroom, 1313 L St., NW Washington, DC 20005.

Other Websites

CDC AIDS Clearinghouse - www.cdcnac.org
EPINet - www.med.virginia.edu~epinet
CDC Hepatitis Branch - www.cdc.gov/ncidod/diseases/hepatitis/hepatitis.htm

OSHA Regional Offices - For more information, contact the bloodborne pathogens coordinator at the nearest OSHA Regional Office.

Region I
(CT,* MA, ME, NH, RI, VT*)
JKF Federal Building
Room E-340
Boston, MA 02203
Telephone: (617) 565-9830

Region II
(NJ, NY,* PR,* VI*)
201 Varick Street
Room 670
New York, NY 10014
Telephone: (212) 337-2378

Region III
(DC, DE, MD,* PA, VA,* WV)
Gateway Building, Suite 2100
3535 Market Street
Philadelphia, PA 19104
Telephone: (215) 596-1201

Region IV
(AL, FL, GA, KY,* MS, NC,* SC,* TN*)
Atlanta Federal Center
61 Forsyth Street, SW, Room 6T50
Atlanta, GA 30303
Telephone: (404) 562-2300

Region V
(IL, IN,* MI,* MN,* OH, WI)
230 South Dearborn Street
Room 3244
Chicago, IL 60604
Telephone: (312) 353-2220

Region VI
(AR, LA, NM,* OK, TX)
525 Griffin Street
Room 602
Dallas, TX 75202
Telephone: (214) 767-4731

Region VII
(IA,* KS, MO, NE)
City Center Square
1100 Main Street, Suite 800
Kansas City, MO 64105
Telephone: (816) 426-5861

Region VIII
(CO, MT, ND, SD, UT,* WY*)
1999 Broadway, Suite 1690
Denver, CO 80202-5716
Telephone: (303) 844-1600

Region IX
(American Samoa, AZ,* CA,* Guam, HI,* NV,* Trust Territories of the Pacific)
71 Stevenson Street
Suite 420
San Francisco, CA 94105

Region X
(AK,* ID, OR,* WA*)
1111 Third Avenue
Suite 715
Seattle, WA 98101-3212
Telephone: (206) 553-5930

*These states and territories operate their own OSHA-approved job safety and health programs (Connecticut and New York plans cover public employees only). States with approved programs must have a standard that is identical to, or at least as effective as, the federal standard.



U.S. Department of Labor
Occupational Safety and Health Administration
OSHA 3161

The following is the most recent copy of the Sample “Safety Feature Evaluation Form,” developed by the Training for Development of Innovative Control Technology Project (TDICT), Trauma Foundation, San Francisco General Hospital, 1001 Potrero Avenue, Building 1, Room 300, San Francisco, CA 94110. OSHA has permission to reprint this form in both traditional and electronic publishing formats. Since the form is copyrighted, however, extensive use of the form by others may require additional permission from the copyright holders. Other evaluation forms for different devices also are available from TDICT.

GUIDELINES FOR THE USE OF SAFETY FEATURE EVALUATION SHEETS

SAMPLE

Coordinators:

Determine which products are to be evaluated and provide at least four or more test samples for each individual evaluating the product. (Each evaluator should have enough samples to disassemble and examine the design thoroughly.)

Set up a testing station for each type of device which allows testers to evaluate products in a simulated patient procedure. Provide training dummies (injection pads, oranges, etc.) as necessary.

Provide visual instructions and demonstrate proper use of each device.

Review the instructions and rating system with each evaluator.

Encourage each evaluator to comment on the sheets and prioritize the questions at the end of the evaluation. This will provide a useful decision making tool and will help alert you to specific areas of concern which may not have been covered by the questionnaire.

Evaluators:

Re-enact all steps of intended or possible procedures performed with the device being tested.

Attempt to misuse the device and circumvent or disable the safety feature.

Answer each question, including the short answer section at the end. If you do not understand a question, please write comments directly on the sheets.

NOTE: Certain assumptions have been made in the development of these forms based on information about currently available products. We recognize the likelihood that the ideal product may not exist.

SAFETY FEATURE EVALUATION FORM

SAFETY SYRINGES

SAMPLE

Number of times used:

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

During Use:

agree.....disagree

1. The safety feature can be activated using a one-handed technique.....1 2 3 4 5 N/A
2. The safety feature **does not** obstruct vision of the tip of the sharp.....1 2 3 4 5 N/A
3. Use of this product requires you to use the safety feature.....1 2 3 4 5 N/A
4. This product does not require more time to use than a non-safety device...1 2 3 4 5 N/A
5. The safety feature works well with a wide variety of hand sizes.....1 2 3 4 5 N/A
6. The device is easy to handle while wearing gloves.....1 2 3 4 5 N/A
7. This device **does not** interfere with uses that do not require a needle.....1 2 3 4 5 N/A
8. This device offers a good view of any aspirated fluid.....1 2 3 4 5 N/A
9. This device will work with all required syringe and needle sizes.....1 2 3 4 5 N/A
10. This device provides a better alternative to traditional recapping.....1 2 3 4 5 N/A

After Use:

11. There is a clear and unmistakable change (audible or visible) that occurs when the safety feature is activated.....1 2 3 4 5 N/A
12. The safety feature operates reliably.....1 2 3 4 5 N/A
13. The exposed sharp is permanently blunted or covered after use and prior to disposal.....1 2 3 4 5 N/A.
14. This device is no more difficult to process after use than non-safety devices.....1 2 3 4 5 N/A

Training:

15. The user **does not** need extensive training for correct operation.....1 2 3 4 5 N/A
 16. The design of the device suggests proper use.....1 2 3 4 5 N/A
 17. It is **not** easy to skip a crucial step in proper use of the device.....1 2 3 4 5 N/A
-
-

Of the above questions, which three are the most important to **your** safety when using this product?

Are there other questions which you feel should be asked regarding the safety/ utility of this product?

OSHA[®] FactSheet

Protecting Yourself When Handling Contaminated Sharps

Sharps are objects that can penetrate a worker's skin, such as needles, scalpels, broken glass, capillary tubes and the exposed ends of dental wires. If blood or other potentially infectious materials (OPIM), as defined in the OSHA Bloodborne Pathogens standard (29 CFR 1910.1030), are present or may be present on the sharp, it is a contaminated sharp and appropriate personal protective equipment must be worn.

A needlestick or a cut from a contaminated sharp can result in a worker being infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and other blood-borne pathogens. The standard specifies measures to reduce these types of injuries and the risk of infection.

Careful handling of contaminated sharps can prevent injury and reduce the risk of infection. Employers must ensure that workers follow these work practices to decrease the workers' chances of contracting bloodborne diseases.

Safer Medical Devices

Employers are required to consider and use safer medical devices, wherever possible. These devices include those that are needleless or have built-in protection to guard workers against contact with the contaminated sharp. In addition, employers must ask non-managerial patient care workers who could be exposed to contaminated sharps injuries for their input in identifying, evaluating and selecting effective work practice and engineering controls, including safer medical devices. The employer must document consideration and implementation of these devices, and the solicitation of worker input, in the Exposure Control Plan.

Prompt Disposal

Employers must also ensure that contaminated sharps are disposed of in sharps disposal containers immediately or as soon as feasible after use. Sharps disposal containers must be readily accessible and located as close as feasible to the area where sharps will be used. In some cases, they may be placed on carts to prevent patients, such

as psychiatric patients or children, from accessing the sharps. Containers also must be available wherever sharps may be found, such as in laundries.

Contaminated sharps must never be sheared or broken. Recapping, bending, or removing needles is permissible only if there is no feasible alternative or if such actions are required for a specific medical or dental procedure. If recapping, bending, or removal is necessary, employers must ensure that workers use either a mechanical device or a one-handed technique. The cap must not be held in one hand while guiding the sharp into it or placing it over the sharp. A one-handed "scoop" technique uses the needle itself to pick up the cap, and then the cap is pushed against a hard surface to ensure a tight fit onto the device. Also, the cap may be held with tongs or forceps and placed over the needle. Contaminated broken glass must not be picked up by hand, but must be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

Sharps Containers

Containers for contaminated sharps must be puncture-resistant. The sides and the bottom must be leakproof. They must be appropriately labeled or color-coded red to warn everyone that the contents are hazardous. Containers for disposable sharps must be closable (that is, have a lid, flap, door, or other means of closing the container), and they must be kept upright to keep the sharps and any liquids from spilling out of the container.

The containers must be replaced routinely and not be overfilled, which can increase the risk of needlesticks or cuts. Sharps disposal containers that are reusable must not be opened, emptied,

or cleaned manually or in any other manner that would expose workers to the risk of sharps injury. Employers also must ensure that reusable sharps that are contaminated are not stored or processed in a manner that requires workers to reach by hand into the containers where these sharps have been placed.

Handling Containers

Before sharps disposal containers are removed or replaced, they must be closed to prevent spilling the contents. If there is a chance of leakage from the disposal container, the employer must ensure that it is placed in a secondary container that is closable, appropriately labeled or color-coded red, and constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping.

Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodborne pathogens/index.html>.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at (800) 321-OSHA (6742).

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.

For assistance, contact us. We can help. It's confidential.



1904.8: Recording criteria for needlestick and sharps injuries.

1904.8(a)

Basic requirement. You must record all work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (as defined by 29 CFR 1910.1030). You must enter the case on the OSHA 300 Log as an injury. To protect the employee's privacy, you may not enter the employee's name on the OSHA 300 Log (see the requirements for privacy cases in paragraphs 1904.29(b)(6) through 1904.29(b)(9)).

1904.8(b)

Implementation.

1904.8(b)(1)

What does "other potentially infectious material" mean? The term "other potentially infectious materials" is defined in the OSHA Bloodborne Pathogens standard at § 1910.1030(b). These materials include:

1904.8(b)(1)(i)

Human bodily fluids, tissues and organs, and

1904.8(b)(1)(ii)

Other materials infected with the HIV or hepatitis B (HBV) virus such as laboratory cultures or tissues from experimental animals.

1904.8(b)(2)

Does this mean that I must record all cuts, lacerations, punctures, and scratches? No, you need to record cuts, lacerations, punctures, and scratches only if they are work-related and involve contamination with another person's blood or other potentially infectious material. If the cut, laceration, or scratch involves a clean object, or a contaminant other than blood or other potentially infectious material, you need to record the case only if it meets one or more of the recording criteria in § 1904.7.

1904.8(b)(3)

If I record an injury and the employee is later diagnosed with an infectious bloodborne disease, do I need to update the OSHA 300 Log? Yes, you must update the classification of the case on the OSHA 300 Log if the case results in death, days away from work, restricted work, or job transfer. You must also update the description to identify the infectious disease and change the classification of the case from an injury to an illness.

1904.8(b)(4)

What if one of my employees is splashed or exposed to blood or other potentially infectious material without being cut or scratched? Do I need to record this incident? You need to record such an incident on the OSHA 300 Log as an illness if:

1904.8(b)(4)(i)

It results in the diagnosis of a bloodborne illness, such as HIV, hepatitis B, or hepatitis C; or

1904.8(b)(4)(ii)

It meets one or more of the recording criteria in § 1904.7.

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