



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

IL 10-2012-010

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June 4, 2012

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

BLOOD-BORNE PATHOGENS (BBP) HAZARDS AND MANAGEMENT

1. Purpose. Veterans Health Administration (VHA) reviewed exposure control plans (ECP), injury data, and process evaluations from medical facilities, obtained from a Deputy Under Secretary for Health for Operations and Management data call in 2011, from the Automated Safety Incident Surveillance and Tracking System (ASISTS), and from walk-through and conversations with facility Safety and Sterile Process Service (SPS) managers. *NOTE: VHA tracks blood-borne pathogens (BBP) injuries within ASISTS.* Each of those reviews suggested weaknesses. This Information Letter addresses these weaknesses related to the management of BBP hazards and reminds facilities of Occupational Safety and Health Administration (OSHA) regulations.

2. Background

a. BBP presents one of the signature hazards in the health care industry. OSHA created a standard, Title 29 Code of Federal Regulations (CFR) 1910.1030, addressing training requirements (including the need for interactivity), protection strategies (standard precautions and hepatitis B vaccination), and record-keeping with an update in 2000. Title 29 CFR 1910.1030 and the Needlestick Safety and Prevention Act, required an annual review of the:

- (1) Hazards and development of an ECP,
- (2) Replacement of hazards with devices with engineered sharps safety characteristics, and
- (3) An improved process for record-keeping that addressed confidentiality concerns.

b. Process evaluations have suggested that facilities have not consistently conducted root cause analyses to determine process failures. The reviewed ECPs did not clearly document annual data review, identification of devices leading to injuries, or replacement with safer alternatives. An example of this process failure is the intermittent discovery of improperly disposed sharps in SPS, which suggests a failure of sharps protection processes in the departments for which SPS provides services such as dentistry, operating rooms, and elsewhere. Recent inspections from the Office of Inspector General (Report No. 11-03361-274, issued September 13, 2011), and OSHA (multiple inspections) confirmed gaps in the BBP Programs at multiple VA medical centers. Training often fails to reach vulnerable populations such as environmental management staff and fails to offer an interactive component. Annual reviews of injuries and identification of new devices with engineered safety characteristics are not apparent in many ECPs.

3. Best Practice Methods For Intervention

a. Preventing injuries and exposures to BBP begins with the development of an ECP that is specific to the medical facilities, and is reviewed annually. The ECP is comprised of tasks such as reviewing needle stick and blood exposure surveillance data, types of exposures, job classifications of exposed workers, procedures involved, complete descriptions of devices involved, and whether devices were safety or conventionally designed. OSHA standards require collecting and analyzing the preceding information annually to evaluate exposures and devices without engineered safety characteristics. The goal is to implement effective, safer work practices and to deploy inherently safer medical devices to reduce or eliminate BBP exposures. Sources of information at each VA medical facility include, but are not limited to:

(1) Previous infection control assessments of departments performing invasive procedures, handling contaminated materials or instruments, and cleaning up blood and other potentially infectious materials;

(2) Sharps Injury Logs; and

(3) Workers Compensation Claims.

b. The Sharps Injury Log is used to record and identify percutaneous injuries from contaminated sharps. Specific information on the type and brand of device involved, and how and where the incident occurred are entered into the Sharps Injury Log. Information contained in the Log is used to evaluate if a certain device is defective or unsafe and if alternatives are required to be evaluated.

c. OSHA regulations (see subpar. 4a) state that all employees with occupational exposure to BBP are required to attend BBP Awareness training at the time of initial assignment to tasks where occupational BBP exposure may take place and annually thereafter.

d. OSHA regulations state that BBP training is required to contain the following minimum elements:

(1) An accessible copy of the BBP standard;

(2) Epidemiology and symptoms of blood-borne diseases;

(3) Modes of transmission of BBPs;

(4) Training on the ECP and how to obtain a copy of the ECP Plan;

(5) Methods of recognizing tasks, other activities that may involve exposure to BBPs, and other potentially infectious materials (OPIM);

(6) Training on the specific devices used at the facility, including newly purchased devices;

(7) Use and limitations of engineering controls, work practices, and personal protective equipment;

(8) Proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;

(9) Selection of personal protective equipment;

(10) Information on the hepatitis B vaccine;

(11) Appropriate actions to take and people to contact in an emergency involving BBP and OPIM;

(12) Procedures to follow if an exposure incident occurs, such as reporting, and available medical follow-up;

(13) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(14) Signs and labels and/or color coding; and

(15) An opportunity for interactive question, and answers with person conducting the training session;

e. In addition OSHA regulations state that BBP training records are to include the following:

(1) The dates of the training session;

(2) The contents or a summary of the training sessions;

(3) The names and qualifications of persons conducting the training; and

(4) The names and job titles of all persons attending the training sessions.

f. OSHA regulations also state BBP training records are to be maintained for 3 years from the date on which training occurred.

4. References

a. Title 29 CFR 1910.1030, (see Web site http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051).

b. VHA Directive 7701. **NOTE:** *This Directive provides VHA policy for defining OSHA Regulations.*

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c. VHA Directive 2011-020. **NOTE:** *This Directive provides VHA policy and guidelines for the implementation of ASISTS, VHA's safety incident management system for employees.*

5. Inquiries. Questions regarding this Information Letter may be directed to Craig Brown, Industrial Hygenist, at Craig.Brown@va.gov or (412) 822-3402, or contact Pam Hirsch, Director, Occupational Health, at Pamela.Hirsch@va.gov or (202) 461-1042.

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