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OSHA Compliance in the Medical Practice

Presented by
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April 16, 2026

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Before we begin...

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Occupational Safety and Health Act of 1970 (OSHA)

- o Enacted on December 29, 1970 during the 91st Congress
- o Applies to all agencies of the Executive Branch except military personnel
- o Georgia does not have its own state plan and is under Federal OSHA jurisdiction




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Occupational Safety and Health Act of 1970 (OSHA)

Mission: "To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting the States in their efforts to assure safe and healthful working conditions; by providing research, information, education and training in the field of occupational safety and health; and for other purposes."

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General Duty Clause

The General Duty Clause covers employee safety in the absence of other standards.

- o "Each employer shall furnish to each of his employees employment and a place of employment, which are free from recognized hazards that are causing or likely to cause death or physical harm to his employees."

(Examples: COVID-19, TB, Ergonomics, Workplace Violence, Ebola, H1N1, MRSA, SARS, Avian Flu)

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Medical Industry Standards

- Two primary standards pertain to the medical industry: 29 CFR1910.1030, Bloodborne Pathogens (BBP) and 29 CFR 1910.1200, Hazard Communication (HAZCOM)
- These standards are published in the Federal Register and can be downloaded from the Internet, copied at a public library or ordered from the Government Printing Office.
- While there is no formal standard regarding exposure to Tuberculosis and related prevention measures, there needs to be a plan and policy that sets forth guidelines to prevent unreasonable exposure.

CFR = Code of Federal Regulations www.osha.gov

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Healthcare Industry Top Violations:

- Bloodborne Pathogens (CFR 1910.1030)
- Hazard Communication (CFR 1910.1200)
- Respiratory Protection (CFR 1910.0134)
- Maintenance, Safeguards and Operational Features for Exit Routes (CFR 1910.0037)
- Design and Construction Requirements for exits (CFR 1910.0036)
- General Requirements (CFR 1910.0132 {Personal Protective Equipment} / CFR1910.0303 {Electrical} /CFR 1910.0022 {Walking surfaces / Housekeeping})
- Medical Services & First Aid (CFR 1910.0151)
- Portable Fire Extinguishers (CFR 1910.0157)

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Basic Elements of the Bloodborne Pathogens Exposure Control Plan

- Identification of employees who are at risk, i.e., "exposure determination", "*Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of the employee's duties*"
- Identification of tasks that offer exposure,
- Observation of Standard Precautions (formerly "Universal"),
- Use of Personal Protective Equipment (PPE),
- Proper housekeeping protocols,
- Hepatitis B vaccination availability or declination by employee,
- Use of engineering controls and work practice controls to isolate or remove BBP hazards, including use of SESIP and needless systems
- Regulated medical waste disposal,
- Documented training and recordkeeping,
- Accessible copy of the BBP standard from 29 CFR 1910.1030.

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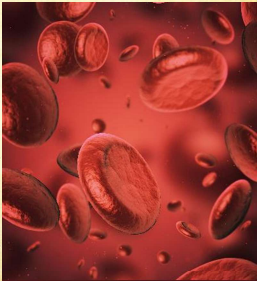


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Bloodborne Diseases

- Bloodborne diseases include:
 - Non-A Hepatitis
 - Non-B Hepatitis
 - Hepatitis B
 - Hepatitis C
 - Hepatitis A, D, E & G
 - Syphilis
 - Malaria
 - Human Immunodeficiency Virus (HIV)

The most significant are Hepatitis B (HBV) Hepatitis C (HCV) and HIV.



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Hepatitis B (HBV)

Hepatitis means "inflammation of the liver."

- HBV is the major infectious bloodborne hazard most likely to be contracted through needlestick injury. (100 times more infectious than HIV, if unvaccinated)
- HBV can be acute or chronic infection
 - Risk for chronic is related to age at infection - Approximately 90% - 95% of infants become chronic, compared to 3% - 10% of adults
- Approximately 3,200 acute cases per year in the US (20,900 estimated due to low case detection and reporting)
- No cure for HBV / easily transmitted, but very preventable
- Total # chronically infected with HBV estimated at 850,000 (US), 257 million worldwide (most common) / 887,000 estimated deaths in the world annually

If infected with HBV, symptoms may include jaundice, fatigue abdominal pains, loss of appetite, nausea or the individual may be asymptomatic.

Blood, saliva and other body fluids may be infectious and the virus may be spread to sexual partners and even unborn infants.

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Hepatitis C (HCV)

- An estimated 2.4 million people are infected with HCV in the US, 71 million worldwide
- Over 18,000 deaths attributed annually in whole or in part to chronic HCV
- Estimated 17,000 new HCV cases each year in the US, many of which go unreported
- No vaccine exists for Hepatitis C, however, new direct-acting antiviral (DAA) treatments have shown up to 95-99% cure rates and 95% re-treatment cure rate.
- Approximately 15%-25% of people clear the virus from their bodies without treatment and do not develop chronic infection

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Needlesticks

The majority of needlesticks occur when healthcare workers:

- Administer Injections
- Draw Blood
- Dispose of needles
- Recap Needles
 - Permissible only if there is no feasible alternative or if such actions are required for a specific medical procedure.
 - If necessary, must use either a mechanical device or one-handed scoop technique
- Handle trash and dirty linens.

CDC estimates that 62 - 88% of needlesticks can be prevented through safer needle devices

Do:
Use a mechanical recapping device
Use the one-handed scoop technique

Don't:
Pass needle unsheathed
Recap using two hands

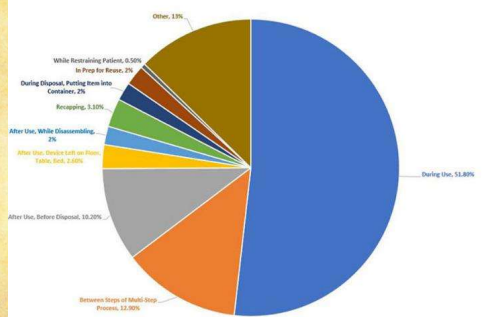


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Needlestick Injuries

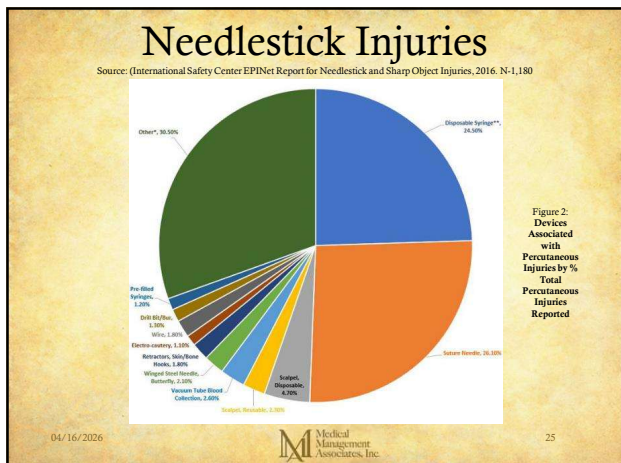
Source: (International Safety Center EPINet Report for Needlestick and Sharp Object Injuries, 2016. N-1,180)



Activity	Percentage
During Use	51.80%
Between Steps of Multi-Step Process	13.20%
After Use, Before Disposal	13.20%
Other	13%
While Restraining Patient	6.50%
In Prep for Recap	2%
During Disposal, Putting into Sharps Container	2%
Recapping	3.30%
After Use, While Disassembling	2%
After Use, Before Left on Floor, Table, Bed, or Chair	0.80%

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Standard (“Universal”) Precautions

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Since individuals of all ages with HBV HCV or HIV can be asymptomatic or may only exhibit flu-like symptoms, it is mandatory that all healthcare workers treat all human blood and certain human body fluids as if they were known to be infected with HIV, HBV, HCV or other bloodborne pathogens. **{Treat all patients the same.}**

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Reducing Your Risk

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Five major tactics to reduce your risk of exposure to BBP on the job:

- 1) Engineering Controls
- 2) Work Practice Controls
- 3) Personal Protective Equipment
- 4) Housekeeping
- 5) Hepatitis B Vaccine

None of the above is 100% effective. They must be used together – Like five protective barriers against infection.


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Engineering Controls

Physical or mechanical systems designed to eliminate hazards at their source such as:

- Self-sheathing needles or other Sharps w/ Engineered Sharps Injury Protection (SESIP)
- Needleless Systems
- Personal Protective Equipment
- Sharps disposal containers
- Biosafety cabinets
- Autoclaves



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Work Practice Controls

Specific procedures to follow on the job to reduce exposure:

- Avoid needlesticks; **never** reach into trash cans with your hands.
- **Never** place trash against your body to compress or secure it.
- Alert co-workers when you have a needle or sharp in your hand.
- Place contaminated sharps in a puncture resistant, leak-proof container immediately after use.
- Sharps containers must be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. (52" - 56" above the floor recommended)
- Report any sharps containers that may allow spillage if overturned.

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Work Practice Controls

Handwashing:

- Prevents the transfer of contaminated matter to other areas of the body or other surfaces that you may contact later.
- Every time you remove gloves, the hands must be washed as soon as possible with non-abrasive soap and running water (at least 15 seconds).
- If skin or mucous membranes come in direct contact with blood, wash or flush with water A.S.A.P.
- If handwashing facilities are not readily available, an antiseptic hand cleanser or antiseptic towelettes can be used, but only as a temporary measure. You must still wash with soap and water A.S.A.P.
- CDC has recognized that employees do not observe proper hygiene practices; therefore alcohol based gels (**minimum 60% alcohol**) are recommended. Such gels should be used for at least 15 seconds until hands are dry.
- If visible soil is present, use soap and running water.



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Work Practice Controls

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Work Practice Controls (Continued)
Self-protective Controls/Personal Hygiene:

- When performing procedures involving blood, minimize splashing, spraying, splattering and generation of droplets, e.g., cover a stopper from a specimen tube with gauze to reduce the chance of splatter.
- Do not eat, drink, smoke, apply cosmetics or lip balms, or handle contact lenses in potential exposure situations.
- Avoid petroleum-based lubricants that may eat through latex gloves.
- Never mouth pipette blood or suction blood or other infectious materials.
- Don't keep food and drinks in refrigerators, freezers, cabinets or on shelves, countertops or bench tops where blood is present.

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Needlestick Safety




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Needlestick Safety and Prevention Act (April 18, 2001)

Includes the following changes:

- Revised definitions of Engineering Controls to address and include:
 - Needleless Systems
 - Sharps with Engineered Sharps Injury Protection
- Requires Employers to review and update annually the Exposure Control Plan to:
 - Select safer needle devices and they become available,
 - Involve non-managerial employees in the identification and selection process, and
 - Document the process to request, review and select these devices.
- Employers must establish and maintain a sharps injury log noting all "percutaneous injuries from contaminated sharps" including:
 - Type/brand of device involved in incident,
 - Department or work area where incident occurred, and
 - Explanation of how incident occurred.
- Disposable syringes and suture needles make up almost 60% of all needlestick and sharp injuries!

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Personal Protective Equipment (PPE)

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Equipment that protects your skin, mucous membranes, work clothes, street clothes and undergarments from contact with infectious materials including:

- Gloves
- Masks
- Gowns
- Aprons
- Lab coats
- Faceshields
- Protective Eyewear
- Mouth pieces
- Resuscitation Bags or other ventilation devices
 (Avoid unprotected mouth-to-mouth resuscitation)



The type of PPE appropriate for a given task depends on the degree of exposure anticipated.

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Housekeeping

- Protects every healthcare worker present in the work area
- It is every worker's responsibility!

Specific housekeeping rules include the following elements:

- Cleaning and decontamination at the end of each work shift, unless a spill occurs at which time the appropriate decontamination procedure is taken / Treat spills as a bio-hazardous waste and dispose of in red-bag, labeled containers / Use of "spill kits", which includes a powder or sawdust to absorb liquid wastes followed by the appropriate germicidal product
- Hazardous wastes defined as an item containing enough blood or OPIM to flake off (if dry) or drip (if squeezed)
- Use of tongs, forceps or a brush and dust pan to pick up broken glass/sharps
- Use warning labels bearing the biohazard sign indicating the presence or location of potentially contaminated materials or equipment (fluorescent orange-red color)

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Biohazard Warning Labels

- Warning labels required on:
 1. Containers of regulated waste
 2. Refrigerators and freezers containing blood and other potentially infectious materials
 3. Other containers used to store, transport, or ship blood or other potentially infectious materials
- Red bags or containers may be substituted for labels




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Hepatitis B Vaccination

- If an employee has risk of exposure, the employer must make the Hepatitis B vaccination available at no cost within 10 days of hire
- The vaccine is administered by three vaccinations over a six-month period (at zero, one month and six months)
- Test employee's titer after last vaccination
- Vaccines are safe and cannot be infected with HIV or other BBP
- The complete series of HBV vaccinations is for all practical purposes completely effective at protecting the employee from getting the disease or becoming a carrier forever per current literature
- If an employee chooses to decline the vaccine, a waiver must be signed by the employee and kept on file.

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Training Requirements

- Provided at no cost to employees during working hours
- Provided at time of initial assignment to a job with occupational exposure and at least annually thereafter
- Additional training needed when existing tasks are modified or new tasks are required which affect the worker's occupational exposure
- Maintain training records for 3 years




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BBP Recordkeeping

Medical Records
 According to 29 CFR 1910.1020, employers shall establish and maintain an accurate record for each employee with occupational exposure containing:


- Employee's name and social security number
- Employee's Hepatitis B vaccination status, date administered, etc.
- Results of all examinations, medical testing, post-exposure evaluation and follow-up procedures
- A copy of the healthcare professional's written opinion
- A copy of any specific information provided to the healthcare professional

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Key Elements of Hazard Communication Plan

- Appointment of a coordinator within the practice for the HAZCOM program,
- Maintaining complete inventory of hazardous chemicals on-site,
- Maintaining Safety Data Sheets (SDS) for each chemical stored on-site, (<https://www.osha.gov/Publications/OSHA3514.pdf>)
 - Must have 16-section format for each chemical
- Proper labeling of hazardous chemicals,
- Proper information, documentation and training of employees,
- Proper exchange of information to outside contractors of chemical hazards,
- Accessible copy of the standard from 29 CFR 1910.1200 and written program to employees.


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Key Elements of Tuberculosis Exposure Plan

The TB infection control program should be based on a three-level hierarchy of control measures and include:


1. Administrative Measures
 - o Management measures to reduce the risk or exposure to persons with infectious TB
2. Environmental Controls
 - o Prevent the spread and reduce the concentration of infectious droplet nuclei
3. Use of Respiratory Protective Equipment
 - o Proper use of PPE in situations that pose a high risk of exposure to TB

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Occurrence

- o In 2023, an estimated 11 million people around the world were infected with TB.
- o There are around 1.6 million TB-related deaths worldwide each year.
- o TB is the second leading infectious killer in the world (COVID-19 is #1).
- o 30 high TB burden countries account for 86% of new cases.
- o A total of 10,347 cases were reported in the U.S. in 2024, 254 in Georgia.
- o Ending the TB epidemic by 2030 is among the health targets of the UN Sustainable Development Goals (SDGs).

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Compliance Checklist

1. Set goals for compliance
2. Designation of OSHA officer
3. Make all employees aware of all work-related hazards in all areas of the practice including exam rooms, procedure rooms, lab, etc.
4. Complete hazard assessment form to identify, assess, and document hazards in the practice.
5. Repeat the hazard assessment within 6 months to confirm all control measures were implemented and effective.
6. Continue to re-assess hazards annually to address new hazards or make adjustments to previous policies.
7. Develop written hazard control plan which includes details on the hazards found and the protections that are available against those hazards. The written plan should also be accessible to all employees, outline all policies and procedures, and explain how they will be implemented.
8. At least annually, train all staff on recognizing, preventing, and reporting potential hazards.
9. Retain all OSHA-related records for 3 years.

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