

Money in Your Pocket

By Deri Ross Pryor

Compliance with OSHA's Bloodborne Pathogen Standard Pays

Money. It's on everyone's mind. How to make it, save it, and spend it wisely. There is nothing worse than having to fork out money needlessly, yet every year healthcare and related facilities are doing just that on preventable fines for violations of a standard that should by now be easily followed.

In 1991, the Occupational Safety and Health Administration (OSHA) created the Bloodborne Pathogen Standard (BBPS) in response to increasing injuries and exposures in the healthcare industry. The standard was designed to protect the then nearly six million workers who were at risk for exposure. The standard addressed everything from the requirement for facilities to create an exposure control plan to training of employees to post-exposure protocols. However, despite the fact that compliance with the standard is mandatory, violations of it top the list of those most frequently cited in the industry.

Understandably, a typical response to fiscal belt-tightening is a reduction in education and training. This is dangerous when considering the financial ramifications. "Each year the Occupational Safety and Health Administration (OSHA) issues hundreds of citations to employers in the healthcare industry. While medical centers, doctors' offices, and clinics must all comply with a significant number of standards, the citations issued to hospitals remain relatively constant from year to year... Citations under the BBP standard are the most frequently cited in this industry... This past year was no different."¹

In 2010, "OSHA inspections and citations increased almost 10-fold in all types of health care facilities, including hospitals, and inspectors issued 3,674 citations, 62% of which were characterized as serious... of the \$81,822 in fines issued to medical practices, 76% involved bloodborne pathogens violations."² In 2004, a Batavia, New York commercial laundry which serviced the health care industry was found in violation of several bloodborne pathogen standard violations, resulting in \$140,000 in fines.³ As recently as May of this year, a uniform and laundry service in Massachusetts was fined \$186,000, the majority of which was due to willful violations of the standards.⁴

Beyond the financial are the safety concerns. An estimated 800,000 contaminated sharps injuries are occurring annually in the United States, exposing the injured to the risk of the most common life-threatening bloodborne pathogens: hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV). This accounts for 80% of all occupational exposures.⁵ Such exposures are frequently a direct result of violations of the standard on some level.

The question then becomes this: Why is compliance still such an issue? Considering the financial and health consequences, it is troubling that violations are on the rise when they should be decreasing. The answer, in short, is complacency.

Because time and money are in short supply, many facilities simply don't have the resources to give attention to the BBPS until it's too late and they have either been fined or have a serious exposure occur. This is one instance where prevention is a far better alternative. The problem seems to be a result of a trickle-down effect. Of the various reasons for a facility being

cited, lack of an exposure control plan was the most frequent violation. The exposure control plan (ECP) is the blueprint for building a strong infection control program free from exposure injuries. The BBPS requires that a facility review and update its site-specific ECP at least annually, or "whenever necessary to reflect new or modified tasks and procedures which affect exposure and to reflect new or revised employee positions with exposure."⁶ The ECP must reflect any changes in protocols, procedures, increased or decreased exposures risks, and what effective safer medical devices are available.⁶ The cited violations ranged from outdated ECPS to having none at all. Because all employees should have access to this plan for guidance, if it is not up to code, we can see how this would affect the entire facility in terms of confusion as to exposure risks, post-exposures protocols, and so on.

Pamela Dembski Hart, CHSP, BS, MT(ASCP) sums up the problem when she says, "I see a lack of education regarding the requirements and lack of information, so they still don't know much about OSHA requirements. If they do know about them, they may feel as though it's not something they really have to address." She goes on to point out that many facilities are having to reduce their staff, causing employees to take on roles they have not been properly trained for, including infection preventionists.⁷ Without this proper training or support from administration to funnel time and money into a safety program, such things as BBPS are put on the back burner until they come to a boil, which is frequently too late.

With resources stretched too thin, employee site-specific training also falls to the wayside. Although BBP training is required to be conducted annually (or sooner if there are significant procedural or risk changes) many employees go far



longer without it.⁷ This adds to the sense of complacency throughout the facility. Employees then begin to cut corners by not wearing appropriate personal protective equipment (PPE), following procedures improperly, and then not reporting a subsequent exposure out of fear of reprimand. This not only leaves the employees at risk, it then leaves patients or employee family members vulnerable as well.

This complacency may increase in the laundry setting, as most employees may not see themselves directly in harm's way. However, the potential for exposure is still significant when one considers the contaminated linens, as well as those occurrences when sharps sneak into the soiled linen carts. Vigilance is still the best prevention, which will only come from proper training.

The first step in correcting the problem is to take stock of the current program, starting with evaluating the ECP and updating it if necessary. If the facility has already been cited for a violation, the problem area must be the first one to focus on. Because each facility is different, each problem area may be different. This is where being familiar with the standard becomes important. A facility cannot judge its compliance or problems areas against another one. An on-site health care laundry will have obvious differences in procedures and exposures than a laundry housed in a correctional facility.

After dealing with the ECP is the time to audit employee training. Nothing makes an employee shudder more than the words "mandatory training," but in this case there are no short cuts. The training must be thorough and follow the protocols set by the standard to the letter. Again, the training must be specific to the facility and the types of risks the employees will be exposed to.

At a minimum, BBPS compliant programs must include the following elements:

- an exposure control plan;
- the implementation and use of standard precautions;
- the identification and use of engineering controls;
- the identification and use of work practice controls;
- the provision of
 - o personal protective equipment (PPE),
 - o HBV vaccinations,
 - o postexposure evaluations, and
 - o information and training regarding the standard;
- the use of labels and signs to communicate hazards; and
- maintenance of worker medical and training records.⁸

The OSHA Bloodborne Pathogen Standard can be read in full here.

READ MORE

A summary fact sheet can be found here.

FACT SHEET

Because the root of the problem seems to be reduced resources in terms of manpower and time, the solution for each facility may fall squarely on the shoulders of one or two

Test your laundry BBP knowledge and see how you fare....(note: these are based on the Federal OSHA standards only, your state or your company may have more specific requirements)

1. For a laundry employee who received their initial BBP training on May 15, 2010 which of the following meet the requirement for frequency of training under the Bloodborne pathogens standard?
 - a. BBP training is provided again sometime in 2011
 - b. BBP training is provided within 60 days before or after May 15, 2011.
 - c. BBP training is provided on or before May 15,2011.
2. The BBP standard requires that the exposure control plan is reviewed and updated _____.
 - a. If new technology is developed to improve exposure of employees to Bloodborne pathogens.
 - b. At least annually and if changes occur in tasks/procedures impacting occupational exposure.
 - c. Upon incident of employee exposure to Bloodborne pathogens.
3. An exposure incident only involves puncturing of the skin by a contaminated needle or other sharp medical instrument.
 - a. True
 - b. False
4. A live trainer must be present in the room at all times during a BBP training program
 - a. True
 - b. False

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employees. It will be up to them to audit the current plan and make changes where necessary, to keep up employee training, and, most importantly, to keep the risks at the forefront of everyone's mind to combat complacency. As with anything, repetition is the key to retention, making complying with the requirement for annual training all the more important. The costs of noncompliance are far greater than allowing this matter to continue to slide. (see box next page)

Investing in an OSHA compliant program ends up paying off in the long run. Taking the time to evaluate your existing program, make needed changes, and consistently require your employees to follow all protocols is the only way to ensure that your facility is up to par. To do this requires education, persistence, and flexibility as you tailor your program to your facility's unique needs. This will mean less chance of the inevitable violation citations and fines OSHA will levy against your facility for noncompliance. It's like money in your pocket, and who doesn't like that?

OSHA Penalties

These are the types of violations that may be cited and the penalties that may be proposed:

- **Other Than Serious Violation** - A violation that has a direct relationship to job safety and health, but probably would not cause death or serious physical harm. A proposed penalty of up to \$7,000 for each violation is discretionary. A penalty for an other-than-serious violation may be adjusted downward by as much as 95 percent, depending on the employer's good faith (demonstrated efforts to comply with the Act), history of previous violations, and size of business. When the adjusted penalty amounts to less than \$100, no penalty is proposed.
- **Serious Violation** - A violation where there is substantial probability that death or serious physical harm could result and that the employer knew, or should have known, of the hazard. A mandatory penalty of up to \$7,000 for each violation is proposed. A penalty for a serious violation may be adjusted downward, based on the employer's good faith, history of previous violations, the gravity of the alleged violation, and size of business.
- **Willful Violation** - A violation that the employer knowingly commits or commits with plain indifference to the law. The employer either knows that what he or she is doing constitutes a violation, or is aware that a hazardous condition existed and made no reasonable effort to eliminate it.

Penalties of up to \$70,000 may be proposed for each willful violation, with a minimum penalty of \$5,000 for each violation. A proposed penalty for a willful violation may be adjusted downward, depending on the size of the business and its history of previous violations. Usually, no credit is given for good faith.

If an employer is convicted of a willful violation of a standard that has resulted in the death of an employee, the offense is punishable by a court-imposed fine or by imprisonment for up to six months, or both. A fine of up to \$250,000 for an individual, or \$500,000 for a corporation, may be imposed for a criminal conviction.

- **Repeated Violation** - A violation of any standard, regulation, rule, or order where, upon reinspection, a substantially similar violation can bring a fine of up to \$70,000 for each such violation. To be the basis of a repeated citation, the original citation must be final; a citation under contest may not serve as the basis for a subsequent repeated citation.
- **Failure to Abate Prior Violation** - Failure to abate a prior violation may bring a civil penalty of up to \$7,000 for each day the violation continues beyond the prescribed abatement date.

References

1. [Casey, Tiffani Hiudt. "Top 10 OSHA Citations in the Healthcare Industry." Feb. 2012.](#)
2. [Hart, Pamela Dembski. "Complying with the Bloodborne Pathogen Standard: Protecting Health Care Workers and Patients." Oct. 2011.](#)
3. [OSHA Regional News Release. 10 Sept. 2004.](#)
4. [OSHA Regional News Release. 10 May 2012.](#)
5. ["Statement Of Charles N. Jeffress, Assistant Secretary, Occupational Safety And Health Administration Before The Subcommittee On Workforce Protections House Education And The Workforce Committee." 22 June 2000.](#)
6. [OSHA. "Occupational Exposure to Bloodborne Pathogens."](#)
7. [Pyrek, Kelly M. "Sharps Safety and OSHA Compliance: Staying on the Right Side of the Law." 9 Mar. 2012.](#)
8. [Hart, Pamela Dembski. "Bloodborne Pathogen Violations: Compliance is Key to Prevention." Nov. 2011.](#)

Answers:

1. c
2. b
3. b. An exposure can enter through the eyes, mouth, mucous membranes or non-intact skin.
4. b. However, a knowledgeable individual must be available throughout the training to respond immediately to a trainee's question.