

Recent Comments from OSHA Highlighting the RFI Questions by Category

General scope:

- What type of Infection Prevention and Control (IPC) programs do providers have?
 - OSHA expects a range of responses from hospitals saying they are TJC accredited all the way to no written program (e.g. doctor's offices). OSHA wants to gather information on what works.
- What is the adequacy of existing OSHA standards to address hazards in workplace?
- OSHA also wants to know how employers *define and determine when a worker is exposed to infectious agents*.

Infection prevention and control:

- What are minimum requirements and competencies for designated IPC director/manager/coordinator/specialist? (SHEA would also suggest including Employee/Occupational Health director/specialists.)
- How do you evaluate your IPC program?
- How do you track and document diseases and exposures? (SHEA suggests that *communications back to HP and reporting of exposures to OSHA log are major issues*.)

Methods of Control:

- How do you do early *identification of infectious patients and notification to HP*?
- Interested in organizations' Safety Culture (SC). (SHEA's observation: SC is generally based on HP's *voluntary* engagement and accountability in a team environment.)
- Facemask quality. OSHA expressed concerns about the efficacy of facemasks, noting that FDA-approved surgical masks were shown in a recent IOM report to be highly variable in performance across many products.

Vaccination and post-exposure prophylaxis:

- What *other* vaccinations should organizations offer to HP beyond current BBP standards requirements? Influenza?
- On Flu vaccination: OSHA sees ACIP recommendation as only a start; that justification appears to be to only protection for patients--not HP--and will be looking closely at flu vaccinations.
- In general, OSHA's approach to vaccinations is like that found in the BBP standard, e.g., employers must *offer vaccinations* and document declinations, and offer at convenient times and places to administer vaccination.
- Post-exposure prophylaxis and particularly, pre-screening of workers for health conditions such as pregnancy, to determine placement where at-risk workers won't *be exposed to infectious agents*. (SHEA notes current HIPAA privacy requirements regarding HP health status and the importance of education, as well as the role of barriers/engineering controls to protect *all* HP, including pregnancy.)

Training:

- Initial versus periodic refresher training. (SHEA would suggest addressing the timing of 'on-the-job' education/testing so that exposures do not occur before training and HP have learned how to report potential exposures.)

Record keeping

- Current record keeping requirements exempt flu and the common cold. Should these be revised? (SHEA questions how colds or even flu occurring in less controlled settings, would be identified as occupational exposures?) Employee *initial health assessments at hiring, such as immune status, immunization history and vaccinations, as well as annual assessments* and tests.

Economic impact and benefit/cost to implement standards

- OSHA doesn't count the costs of already "sunk costs," so Joint Commission accredited hospitals may not consider those compliance costs when looking at their economic impact. OSHA is concerned about other sites with fewer resources.
- **Small businesses**
Many doctor's offices, home health, dentist offices are small businesses and OSHA is required to have special considerations for them.

Response to SHEA

1. *It is CRITICAL to respond on behalf of your organization to educate OSHA on what you have in place to protect HP.*
2. *SHEA asks that you send a copy of your response to: Melanie Young , Director, Policy and Strategic Initiatives (myoung@shea-online.org). Such information will be very helpful in our response to OSHA on behalf of our members as we see trends in our members' responses. However you need to submit your response directly to OSHA as outlined in the submission process below.*

Submission process

All submissions must include the agency name (OSHA) and its docket number for this RFI: **OSHA Docket No. OSHA-2010-0003.**

Comments are due by August 4 and may be submitted electronically at <http://www.regulations.gov>. Follow the instructions for "Comment or Submission." Attachments can be in Microsoft Word, WordPerfect or Excel.

OSHA also accepts written comments (an original and two copies) via regular or overnight/express mail.

Via regular mail, hand delivery, express mail, messenger or courier service:

OSHA Docket Office
Docket No. OSHA-2010-0003
U.S. Department of Labor
Room N-2625200 Constitution Avenue, NW
Washington, DC 20201