

## SHEA Talking Points: OSHA RFI on Infectious Disease Standard

OSHA needs to hear from every SHEA member—your collective workplace response (as many as possible) has more impact on OSHA’s final decision than one organization’s response, despite the latter being written on your behalf. Therefore these Talking Points are provided to facilitate your efforts to respond to the RFI.

- 1) **SHEA encourages members to respond to the RFI and share the steps you take to protect employees**, patients and visitors against infectious disease through prevention and control programs, including particularly your occupational health programs. This will help OSHA make an informed and balanced decision about future action.
  - Although OSHA prefers responses to all 39 questions, members are welcome to focus their responses to just the questions that are most relevant to their infection prevention and control and occupational health programs.
  - SHEA also will submit general comments to OSHA that highlight our members’ commitment to the health and safety of their employees and patients but many can only be submitted by our members.
- 2) **Educate OSHA about existing accountability systems that protect caregivers and patients from infectious disease.** SHEA encourages members to:
  - **Tell the agency** that your hospital/clinic (and any related health care sites for which you may be involved or responsible) is already held accountable for their compliance with comprehensive Centers for Disease Control and Prevention (CDC) guidelines.
    - For example, the *Guideline for Infection Control in Health Care Personnel; Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings; Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, Management of Multidrug-Resistant Organisms In Healthcare Settings* and many other CDC/HICPAC guidelines located at: the HICPAC publications page (<http://www.cdc.gov/hicpac/pubs.html>) are *enforced* by hospital accrediting, certifying and regulatory bodies, such as The Joint Commission and, the Centers for Medicare & Medicaid Services (CMS) and other national, state and local entities.
  - **Highlight your successful programs improving adherence** with healthcare personnel (HP) such as Hand Hygiene initiatives, since hand hygiene and use of Standard Precautions (including Respiratory Hygiene Etiquette) are critical in protecting HP as well as patients and visitors. OSHA stated in a recent communication that they are not trying to reinvent the wheel and recognize that HICPAC guidelines are the gold standard. However it is clear that OSHA characterizes the guidelines as voluntary – not mandatory and notes that literature says that adherence to voluntary infection control standards is weak. Further, OSHA is concerned that existing standards are primarily designed to protect patients and therefore may not provide adequate protection to HP.

- 3) **Examine your programs** for employee/occupational health, risk management and infection prevention and control, with particular emphasis on the interactions among these programs that are likely reported to the hospital's infection control committee **and other entities** as you prepare answers to OSHA's questions.
- 4) **Share with OSHA how your employee /occupational health programs within your facility implement CDC guideline recommendations** and meet the related requirements imposed by accrediting, certifying and regulatory bodies, through means such as:
- New employee orientation programs addressing infection prevention and control and employee health and wellness programs, *policies and procedures*. Orientation includes administrative and engineering controls pertaining to standard precautions, (including hand and respiratory hygiene etiquette), vaccinations, engineering controls such as barrier precautions and policies such as consuming food and drink in appropriate settings.
  - Employee *education and training on infectious disease exposure determinations, employee return-to-work policies and follow-up* requirements. SHEA suggests addressing 'on-the-job' education, assessing health status and testing of competency before HP begin work without knowing how to prevent exposure or respond to unexpected exposures.
  - Employee *initial health assessments at hiring, such as immunization history and vaccinations, as well as annual assessments* and tests.
  - Occupational injury and illness reporting programs, including reports to OSHA logs or to your Infection Prevention and Control, Quality or Safety committees, as well as the organization's senior leadership.
  - Infection control and employee health programs addressing CMS, state and local public health agency standards for *reporting communicable diseases including HP's occupationally acquired actual infection* to local or state public health agencies as well as maintenance of logs of reportable communicable diseases. Include mechanisms used to inform other affected facilities/services of exposures that have occurred to their employees while at your own facility.
  - You may want to include attention required by law to maintain privacy regulations for worker protection (Health Insurance Portability and Accountability Act (HIPAA) and waivers).
- 5) **Describe the elements of your employee/occupational health program.** Providing information from your perspective will ensure that OSHA receives a balanced response from the health care community. The agency needs to know that in addition to prevention, **effective employee health programs** appropriately manage unexpected or accidental exposures to infectious diseases and track and measure any *actual disease occurrences that result, with a plan to improve prevention through education or improved use of vaccines*. Responses should reflect actual disease outcomes – not just exposures.