REPORT OF THE
DEPARTMENT OF HEALTH PROFESSIONS ON

Efficacy of Requiring Continuing Education for Universal Precautions and Sterilization/Disinfection Procedures by Health Professionals

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 18

COMMONWEALTH OF VIRGINIA
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COMMONWEALTH of VIRGINIA

Department of Health Professions

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December 18, 1992

TO: The Honorable Lawrence Douglas Wilder
Governor of the Commonwealth of Virginia

The Members of the General Assembly of Virginia

I am pleased to transmit this report which constitutes the response of the Virginia Department of Health Professions to Senate Joint Resolution No. 111 of the 1992 Session of the General Assembly of Virginia.

This report offers the results of the Department's study on the efficacy of requiring continuing education for health professionals regarding the prevention of transmission of contagious diseases.

Bernard L. Henderson, Jr.

BLHjr/lbb
Enclosure

pc: The Honorable Howard M. Cullum
Secretary of Health and Human Resources

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SENATE JOINT RESOLUTION NO. 111

Requesting the health regulatory boards within the Department of Health Professions to study and report on the efficacy of requiring certain continuing education.

Agreed to by the Senate, February 11, 1992
Agreed to by the House of Delegates, February 24, 1992

WHEREAS, one of the most difficult and contentious issues in public health today is how to balance the rights of HIV-infected health care professionals and the best interests of their patients; and

WHEREAS, first brought to public attention by the tragic case of a young Florida woman who apparently contracted HIV from her dentist, this controversy has been exacerbated by sensational national media attention; and

WHEREAS, although the Centers for Disease Control (CDC) have identified the HIV virus strains infecting the young woman and at least two other patients (as many as five patients have been identified as potentially infected by this professional) and that of the dentist as the same, CDC experts have reached no conclusion as to how HIV was transmitted by the dentist to his patients—the only documented incidence of practitioner-to-patient transmission; and

WHEREAS, according to the CDC, forty cases of health care workers who were infected by their patients have been identified; and

WHEREAS, the CDC has issued recommendations to "minimize the risk of HIV [human immunodeficiency virus] or HBV [hepatitis B virus] transmission," which call for adherence to universal precautions and sterilization/disinfection procedures, identification of "exposure-prone" procedures, voluntary testing for all health care workers "who perform exposure-prone procedures," no practice restrictions for HIV-positive health care professionals "who perform invasive procedures not identified as exposure-prone" as long as they practice according to recommended techniques and observe universal precautions, and voluntary avoidance of exposure-prone procedures by health care workers who are HIV-infected unless an expert panel has reviewed the case and provided the conditions for and approved continuation of performance of such procedures; and

WHEREAS, pursuant to recent federal law, states are being required to certify compliance with the CDC's guidelines; and

WHEREAS, the health regulatory boards within the Department of Health Professions are responsible for enforcing standards of ethical and professional practice among various health care providers in the Commonwealth; and

WHEREAS, these regulatory boards have initiated study of the means to implement the CDC requirements and have started to conduct random inspections of health care professional's offices; and

WHEREAS, one of the key components to protecting the health and safety of the public is appropriate continuing education for health care professionals in adherence to universal precautions and sterilization/disinfection procedures; now, therefore be it

RESOLVED by the Senate of Virginia, the House of Delegates concurring, That the health regulatory boards within the Department of Health Professions are requested to study and report on the efficacy of requiring continuing education in the prevention of transmission of contagious diseases, including, but not limited to, adherence to universal precautions and sterilization/disinfection procedures.

The Department shall report on its findings and recommendations to the Governor and the General Assembly by January 1, 1993, in accordance with the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

REPORT AND RECOMMENDATIONS

Background and authority

Senate Joint Resolution Number 111 of the 1992 Session of the Virginia General Assembly requested the health regulatory boards within the Department of Health Professions to study and report on the efficacy of requiring continuing education in the prevention and transmission of contagious diseases. The Resolution was prompted by documentation of the risk for transmission of HIV/AIDS and Hepatitis B Virus (HBV) from patients to healthcare workers (HCWs) in the workplace, and by intense media coverage of the single known instance of transmission of HIV from a HCW to patients.

The Department of Health Professions is a central administrative and investigative agency for twelve individual health regulatory boards: Audiology and Speech/Language Pathology, Dentistry, Funeral Directors and Embalmers, Medicine, Nursing, Nursing Home Administrators, Optometry, Pharmacy, Professional Counselors, Psychology, Social Work, and Veterinary Medicine. These boards license or otherwise regulate nearly 200,000 healthcare workers and over 3000 facilities in Virginia, including practitioners in 50 regulated health occupations and professions. Their authority includes establishment of standards for entry to regulated practice and for continued licensure or certification.

The boards regulate only a limited range of healthcare facilities (such as funeral establishments, pharmacies and pharmaceutical manufacturers and distributors, and animal hospitals). Other agencies of Virginia government regulate hospitals and nursing homes (Department of Health), homes for adults (Department of Social Services), mental health facilities (Department of Mental Health, Mental Retardation and Substance Abuse Services) and other elements of the healthcare delivery system. In addition, the Virginia Department of Labor and

Industry administers federal Occupational Health and Safety Administration (OSHA) programs for worker protection in the healthcare workplace.

Within the Department of Health Professions, a 17-member Board of Health Professions appointed by the Governor coordinates regulatory policy within the Department and among the boards and advises the Director of the Department, the Governor, and the General Assembly on all matters related to the regulation of health occupations and professions in the Commonwealth. The Board includes one member appointed from the membership of each of the twelve regulatory boards and five citizen members. Its authority includes promotion of the development of standards by which to evaluate the competence of the professions and occupations regulated within the Department.

Study Methods

This review was conducted by a task force of members of the Board of Health Professions, additional members of regulatory boards within the Department, and staff of the Department of Health Professions. The recommendations of the report were endorsed by the full Board of Health Professions on October 20, 1992.

The study included the following elements:

Literature Review. The scientific and professional literature related to the transmission of infectious and contagious diseases in the healthcare workplace was reviewed. Particular attention was focused on the implications and effects of:

- Public Law 102-141 requiring states to implement 1991 Centers for Disease Control (CDC) guidelines or their equivalent by October 28, 1992.

- The U.S. Department of Labor Occupational Safety and Health Administration (OSHA) Final Rule: Occupational Exposure to Bloodborne Pathogens and the plans of the Virginia Department of Labor and Industry to implement that Rule in the Commonwealth.

- The National Commission on Acquired Immune Deficiency Syndrome Report on Preventing HIV Transmission in Health Care Settings, and the Commission's recommended principles for evaluating proposals to reduce the risk of transmission of bloodborne infections in these settings.

In addition, the professional literature on the costs and effectiveness of continuing education as a means of influencing healthcare practitioner behavior was reviewed.

A bibliography of the literature reviewed is provided.

Intra-agency and Interagency Consultation

Throughout the review, the task force and staff consulted with boards within the Department and with other relevant state agencies, including:

- Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services
- Virginia Department of Health
- Virginia Department of Corrections
- Virginia Department of Labor and Industry
- Virginia Department of Social Services.

The review was also coordinated with the Joint Legislative Subcommittee on AIDS Policy, and with the Office of the Attorney General. A presentation of the preliminary findings of the study was made to the Joint Legislative Subcommittee on AIDS Policy by the Director of the Department in September, 1992.

Professional associations, federal agencies, occupational health personnel, and other agencies and individuals were consulted as appropriate to the importance of the issue for public health policy.

Solicitation of Public Comments

In lieu of a public hearing, an announcement of the review and solicitation of public comments was distributed widely and published in newspapers of general circulation in the Commonwealth and in the Virginia Register of Regulations.

Discussion

The findings of this review rest on the following considerations and discussion.

1. The extent to which other requirements placed upon licensees of boards within the Department of Health Professions should be considered. Current requirements for licensees preclude the need for any general requirements for traditional continuing education with regards to universal precautions and the prevention of contagious diseases. Specifically:

   - The Virginia Department of Health Professions has certified that relevant boards (Dentistry, Medicine, Nursing) are in compliance with Section 633 of P.L. 102-141 which requires states to institute CDC guidelines on "universal precautions" and infection control practices or equivalent measures to reduce HIV/HBV transmission risks in the healthcare workplace. Licensees not adhering to the CDC guidelines are subject to the full range of disciplinary sanctions at these boards' disposal.

   - The vast majority of all other healthcare workers are subject to the mandate of the OSHA Bloodborne Pathogens Rule. This Rule requires that any employer of individuals whose jobs can be "reasonably anticipated" to require contact with human blood or other infectious materials must comply with the OSHA standard. That standard is grounded in the need to adhere to universal precautions.

     Nationally, the OSHA rule applies to an estimated 5.6 million healthcare workers who provide services in more than 500,000 establishments. Compliance costs are estimated at $812 million.

2. Evidence that traditional continuing education alone may be ineffective in changing healthcare workers' behavior.

Despite evidence of the extent to which regulated health professionals and facilities are in compliance with CDC guidelines and the OSHA Bloodborne Pathogens Rule, some problem "pockets" remain to be addressed. Only some of these problems are amenable to control through requirements established by health professional regulatory boards.

For example, medical, nursing, dental, and allied health students are not covered by the OSHA rule unless they are also employees. Hospital, nursing home and other institutional volunteers are also not covered. A very small number of licensed or certified healthcare professionals may practice alone, without either being an employee or an employee, and thereby fall outside the OSHA mandate.

Although mandatory continuing education has not always been successful in changing practitioner behavior, there may be instances in which these mandates are appropriate. The Board of Health Professions has previously adopted six principles to be used by regulatory boards in evaluating the need for continuing competency requirements. These guidelines were used to assess the current CDC and Bloodborne Pathogens Acts as a means to prevent the transmission of bloodborne pathogens and other infectious diseases.

Finally, because of the salience of HIV/AIDS/HBV issues to the public, a proliferating number of requirements are in place and in formulation, and an ever-increasing number of agencies and organizations have been designated to enforce compliance with these requirements. Effective public protection and risk management will require future coordination and cross-reporting among these programs.

Findings

The following findings are supported by the Department of Health Professions:

1. **General requirements for traditional continuing education in infection control and the management of transmission of diseases for licensees of boards within the Department of Health Professions are not needed or appropriate at this time.**

2. **Individual regulatory boards should devise plans for licensees who are not affected by the requirements of the CDC Guidelines and OSHA Bloodborne Pathogens Rule to ensure that these licensees are competent in infection control in the workplace.**

3. **Individual regulatory boards should continually review the adequacy of current procedures governing exposure-prone procedures by healthcare workers who are infected with Human Immunodificiency Virus (HIV) and the Hepatitis B Virus (HBV).**

I. INTRODUCTION TO THE STUDY

The efficacious practice of health care includes the means of universal precautions and sterilization/disinfection procedures to prevent the transmission of bloodborne pathogens and other contagious diseases. Without appropriate precautions, there is a high risk of practitioner to patient and patient to practitioner transmission of such pathogens. Although the media attention has focused on the practitioner to patient transmission, there has only been one documented report of Human Immunodificiency Virus (HIV) transmission from a Health Care Worker (HCW) to his patients (MMWR, 1990; Occupational Safety and Health Administration (OSHA), 1991). At higher risk are HCW's contracting HIV from patients with 37 documented cases and a possible 337 (OSHA, 1991). The greatest potential risk for transmission of bloodborne pathogens is contraction of Hepatitis B (HBV) from patient to practitioner. According to OSHA (1991), an average of 8700 cases per year of HBV have been documented where a HCW has contracted HBV from occupational exposure.

Direction and Coordination of the Study

As a result of the focused attention on transmission of infectious diseases, Senate Resolution Number 111 of the 1992 Session of the Virginia General Assembly requested the health regulatory boards within the Department of Health Professions (DHP) to study and report on the efficacy of requiring continuing education in the prevention and transmission of contagious diseases.

The Department of Health Professions contains twelve health boards: Audiology and Speech/Language Pathology, Dentistry, Funeral Directors and Embalmers, Medicine, Nursing, Nursing Home Administrators, Optometry, Pharmacy, Professional Counselors, Psychology, Social Work, and Veterinary Medicine. These twelve boards license or otherwise regulate the entry into and continuing practice of nearly 200,000 healthcare workers and 50 health occupations. In addition, the Department regulates over

3000 health related facilities in Virginia: funeral establishments, pharmacies and pharmaceutical manufacturers and distributors, and animal hospitals. The board of Nursing also regulates Virginia nursing schools and subsequent educational components of nursing.

Other agencies of Virginia government regulate:

- o Hospitals and nursing homes (Department of Health),
- o Homes for adults (Department of Social Services),
- o Mental health facilities (Department of Mental Health, Mental Retardation and Substance Abuse Services),
- o Correctional facilities (Department of Corrections), and
- o All public and private organizations (Department of Labor and Industry)

In addition, the Virginia Department of Labor and Industry administers federal Occupational Health and Safety Administration (OSHA) programs for worker protection in the healthcare workplace.

II. DISCUSSION

The findings of this review rest on the following considerations and discussions from the literature reviewed and meetings.

1. **To the extent to which other requirements placed upon licensees of boards within the Department of Health Professions should be considered, the current requirements for licensees preclude the need for any requirements for continuing education. The following requirements have specific impacts on the prevention of transmission of bloodborne pathogens and other contagious diseases within the healthcare workplace by means of universal precautions.**

- The Virginia Department of Health Professions has certified that relevant boards (Dentistry, Medicine, and Nursing) are in compliance with Section 633 of Public Law 102-141. This law requires states to institute CDC guidelines on universal precautions and infection control practice or equivalent measures to reduce HIV/HBV transmission risks in the healthcare workplace. Failure to adhere to CDC guidelines is a violation of the standards of practice, subject to the full range of disciplinary sanctions at these boards' disposal.

Other boards within the Department of Health Professions have not mandated standards of practice adhering to the CDC guidelines. Although the licensees of boards not mandating CDC compliance may be at risk of exposure or transmission, the OSHA Bloodborne Pathogens act covers those who are employers and their employees: the act enforces employers of individuals whose jobs can be "reasonably anticipated" to have contact with human blood or other infectious materials to meet the acts' guidelines. The standard is grounded in the need to adhere to universal precautions. In addition to extensive requirements for

exposure control plans and subsequent areas previously outlined, the act also requires training for health care workers, with the provision that workers must be provided the opportunity to receive free HBV vaccinations and follow-up.

The current requirement for employers to prevent HBV transmission is to ensure employee inoculation against HBV and commensurate education about such treatment. However, employees are provided with the choice of voluntary inoculation with the future possibility of inoculation if they initially decline. Those employees who are pregnant or are otherwise cautioned against the inoculations may opt for changes in their job requirements.

2. **There is no definitive evidence that continuing education alone is effective in changing healthcare workers' behavior.**

o There was no study found by or brought to the attention of the task force that indicated continuing education is an effective means of changing healthcare workers' behavior. As a single indicator and causal mechanism of increasing healthcare workers performance, continuing education alone is not a sufficient means of changing healthcare procedures.

A more concerted effort for changing healthcare workers actions would be to incorporate regulatory standards of care, facility and clinic regulatory enforcement of universal precautions, employee and **student/volunteer** protection, and educational symposiums conducted by professional associations in combination with interagency cooperation between governmental oversight organizations. Thus, continuing education is not a sufficient mechanism for continuing competency and when other enforcement mechanisms are in place, it may be costly and ineffective.

Individuals not covered under the CDC and OSHA requirements

Despite evidence of the extensive coverage to which the CDC and OSHA Bloodborne Pathogens Rules pertain, some "pockets" remain to be addressed. Only some of these problem areas are within the jurisdiction of the Department of Health Professions.

Students and volunteers are not explicitly covered under the CDC or Bloodborne pathogens regulations. Medical, nursing, dental and other allied health students may be at risk unless they are also employees or have had training similar to that required by the CDC or OSHA Bloodborne Pathogens Rule. In addition, hospital, nursing home and other institutional or clinic volunteers are not explicitly covered under the CDC or Bloodborne Pathogens regulations. An explicit coverage for students and volunteers is suggested.

Although medical, and some allied health students and volunteers are not regulated by boards within the Department of Health Professions, health professionals are. In the case of funeral director and embalming trainees, and other allied health students in facilities regulated by the Department of Health Professions, precautions should be required to protect against bloodborne pathogens and other contagious diseases.

Mandating Continuing Education

In 1984, the Virginia Board of Health Professions provided a report on mandating continuing education for licensees within the Department of Health Professions. The report observed:

> **"Continuing competence is one of the dominant issues in professional regulation. Regulatory boards are careful to ensure that candidates for licensure are competent, but it is possible to practice for a lifetime without being required to demonstrate continuing competency... the community of regulators acknowledges the need for prevention and agrees that some system for monitoring the continuous**

acquisition of knowledge, skills and ability by health practitioners is a warranted use of state regulatory powers."

Based on this observation, the Board of Health Professions adopted six principles pertaining to continuing education:

Principle 1: Continuing competence requirements should be validated by reference to specific performance competencies (knowledge, skills, abilities) required for the continued safe practice of a licensed or certified health occupation or profession.

The study issue is specific: is there a need for mandated continuing education on the prevention of transmission of bloodborne pathogens? CDC and OSHA Bloodborne Pathogens Acts have already met this need with stiff compliance requirements.

Principle 2: Continuing competence mandates must be accompanied by a requirement that the practitioner present credible evidence that he or she possesses the requisite competence.

The CDC and OSHA Bloodborne Pathogens Acts require credible evidence that training for employees and practitioners are complete and universal. Mandated continuing education would only increase the regulatory burden by imposing duplicative stringent requirements.

Principle 3: Continuing competency requirements and the criteria upon which they are validated must be relevant in their reflection of changing occupational roles, levels of specialization, the technological and therapeutic environment, standards of care, and public expectations.

The CDC and OSHA Bloodborne Pathogens Acts require continuing educational compliance with changing standards

of care relating to bloodborne pathogens and infectious diseases transmission and prevention. Mandated continuing education would not add to the licensee's knowledge and only create more paper work requirements for the licensees to satisfy government agencies.

Principle 4: Requirements should be based on a national level of evidence.

The CDC and OSHA Bloodborne Pathogens Acts were nationally based data studies. Compliance and requirements are also nationally based and enforced in all states.

Principle 5: Continuing competence requirements must be administratively feasible, cost-effective, and equitably applied and enforced. Programs designed to meet these requirements must be accessible to all practitioners. Adequate procedural safeguards, including appeals procedures, must be available to individuals affected by continuing competence requirements.

The CDC and OSHA Bloodborne Pathogens Acts have significant economic and regulatory impacts on the health industry. Mandated continuing education requirements imposed by the state, in addition to those required by OSHA, would not be cost-effective.

Principle 6: Continuing competence should represent the least restrictive provisions consistent with public protection and should be established only when the public is not effectively protected by other means.

The CDC and OSHA Bloodborne Pathogens Acts effectively protect the public and practitioners against Bloodborne Pathogens transmission. Enforcement of these acts would be the least restrictive provision consistent with regulatory requirements. Therefore, the addition of mandatory continuing education by the state for this purpose would be

an expensive, confusing and duplicative imposition on Virginia's professional health care providers.

III. SUMMARY AND RECOMMENDATIONS

The CDC Public Law 102-141 and the OSHA Bloodborne Pathogens Rules require practitioners and employees to implement and follow universal precautions and sterilization / disinfection procedures in the workplace. These two acts when properly enforced, ensure an effective measure against the transmission of bloodborne pathogens and related infectious diseases for both employer and employees as well as the public. The impact of the Bloodborne Pathogens Act alone will cost an estimated $812 million to implement. In addition, with over 5,576,000 practitioners and employees covered under the two acts, a large impact on the health care industry was created.

However, some sole practitioners are not covered under the two federal requirements and are under the jurisdiction of the respective boards within the Department of Health Professions. It is in the best interest of the licensees to protect themselves against the transmission of infectious diseases by means of universal precautions and sterilization/disinfection procedures.

Although there is no provision within the CDC and OSHA Bloodborne Pathogens regulations covering students and volunteers, it would be in the best interest of licensees, health facilities and coordinating agencies to ensure protection for both the student/volunteer and the public.

Specific Recommendations

1. General requirements for traditional continuing education in infection control and the management of transmission of diseases for licensees of boards within the Department of Health Professions are not needed or appropriate at this time.

2. Individual regulatory boards should devise plans for licensees who are not affected by the requirements of the CDC Guidelines and OSHA Bloodborne Pathogens Rule to ensure that these licensees are competent in infection control in the workplace.

3. Individual regulatory boards should continually review the adequacy of current procedures governing exposure-prone procedures by healthcare workers who are infected with Human Immunodificiency Virus (HIV) and the Hepatitis B Virus (HBV).

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APPENDIX A- ANNOTATION OF: OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS; FINAL RULE (OSHA, 1991)

1910.1030

OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS; FINAL RULE.

Implementation Schedule:

Effective date:	Jun. 1, 1992
Effective date for exposure control plan requirements:	Aug. 1, 1992
Effective date for information, training & recordkeeping:	Sep. 1, 1992
Effective date for engineering, work practice controls, personal protective equipment, housekeeping, HBV vaccine and follow-up, and labels and signs	Oct. 1, 1992

***NOTE:** This Directive is based on federal OSHA instruction covering Enforcement Procedures for Occupational Exposure to Bloodborne Pathogens and is subject to revision and update.*

VOSH PROGRAM DIRECTIVE: 02-400 **ISSUED**: April 1, 1992

SUBJECT: Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard, 1910.1030.

A. **Purpose.**

This directive provides compliance guidance and establishes policies and provides clarifications to ensure uniform inspection procedures are followed when conducting inspections to enforce the Occupational Exposure to Bloodborne Pathogens Standard.

B. **Scope.**

This directive applies VOSH-wide and specifically to Occupational Health Enforcement and Voluntary Compliance Personnel.

C. **Reference.**

OSHA Instruction CPL 2-2.44C (March 5, 1992)

D. **Cancellation.**

Not Applicable

E. **Action**

The Assistant Commissioner, Directors and Supervisors shall assure that the policies and procedures established in this directive are adhered to in conducting inspections under the Occupational Exposure to Bloodborne Pathogens Standard, 1910.1030.

F. **Effective Date**

June 1, 1992

G. Expiration Date

Not Applicable

H. Background

In September 1986, federal OSHA was petitioned by various unions representing health care employees to develop an emergency temporary standard to protect employees from occupational exposure to bloodborne diseases. OSHA decided to pursue the development of a standard (under Section 6(b) of the OSH Act) and published a proposed rule on May 30, 1989.

1. OSHA also concluded that the risk of contracting hepatitis B virus (HBV) and human immunodeficiency virus (HIV) among various occupations within the health care sector required an immediate response and therefore issued OSHA Instruction CPL 2-2.44, January 19, 1988. That instruction was subsequently superseded by CPL 2-2.44A (August 15, 1988); revised by CPL 2-2.44B (February 27, 1990); and again revised by CPL 2-2.44C (March 6, 1992).

2. On December 6, 1991, federal OSHA issued its final regulation on occupation exposure to bloodborne pathogens, 1910.1030. Based on a review of the information in the rulemaking record, OSHA has determined that employees face a significant heath risk as the result of occupational exposure to blood and other potentially infectious materials (OPIM) because they may contain bloodborne pathogens. These pathogens include HBV which causes Hepatitis B, a serious liver disease, and HIV, which causes Acquired Immunodeficiency Syndrome (AIDS). OSHA further concludes that this hazard can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, hepatitis B vaccination, signs and labels, and other provisions.

3. On February 25, 1992, the Virginia Safety and Health Codes Board adopted a federal identical standard with an effective date of June 1, 1992.

I. Summary

This standard mandates engineering controls, work practices and personal protective equipment that, coupled with employee training, will reduce on-the-job risks for all employees who have occupational exposure to blood and other potentially infectious materials.

Such bloodborne pathogens include the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV), which causes AIDS. Note that coverage under this standard is not conditional on the frequency of exposure but rather is based on reasonably anticipated exposure (i.e., possibility not probability) resulting from the performance of an employee's duties.

J. Inspection Scheduling and Scope

Inspection scheduling shall be conducted in accordance with the procedures outlined in the FOM except as modified by the following:

1. All inspections, programmed or unprogrammed, shall include, if appropriate, a review of the employer's exposure control plan and employee interviews to assess compliance with the standard.

2. Expansion of an inspection to areas involving the hazard of occupational exposure to body fluids (including onsite health care units and emergency response or first aid personnel shall be performed when:

   a. The exposure control plan or employee interviews indicate deficiencies in complying with OSHA requirements, as set forth in 1910.1030 or this directive.

   b. Relevant formal employee complaints are received which are specifically related to occupational exposure to blood or OPIM.

   c. A fatality/catastrophe inspection is conducted as the result of occupational exposure to blood or OPIM.

3. A special emphasis program has been developed and implemented as a supplement to complaint-generated inspection activities. (Refer to VOSH Program Directive 02-031B or its superseder.)

K. General Inspection Procedures

The procedures given in the FOM shall be followed except as modified by the following:

1. Where appropriate, the facility administrator, infection control director or occupational health nurse, "in-service" education (i.e., training) director, and head of central services and/or housekeeping shall be included in the opening conference or interviewed early in the inspection.

2. If the facility maintains a file of "incident reports" or a first aid log on injuries (e.g., needlesticks), this shall be reviewed as it may contain injuries not included on the OSHA 200 log.

3. Compliance officers shall take necessary precautions to avoid direct contact with body fluids and shall not participate in activities that will require them to come into contact with body fluids, needles or other sharp instruments contaminated with blood. To evaluate such activities, compliance officers normally shall establish the existence of hazards and adequacy of work practices through employee interviews and shall observe them at a safe distance.

4. On occasions when entry into potentially hazardous areas is judged necessary, the compliance officer shall be properly equipped as required by the facility as well as by his/her own professional judgement, after consultation with the supervisor.

5. Compliance officers shall use appropriate caution when entering patient care areas of the facility. When such visits are judged necessary for determining actual conditions in the facility, the privacy of patents shall be respected. Photographs of patients normally will not be necessary and in no event shall identifiable photographs be taken without their consent.

L. Interface With Other Standards

1. The hazard communication standard, 29 CFR 1910.1200, applies only to hazardous chemicals or physical hazards in the workplace and thus does not apply to biological hazards such as bloodborne diseases.

2. A record concerning employee exposure to HIV and/or HBV is an employee exposure record within the meaning of 1910.20. A record about HIV and/or HBV status is also an employee medical record within the meaning of CFR 1910.20. However, under 29 CFR 1913.10, the CSHO may obtain these records for purposes of determining compliance with 1910.20. (See section c of this directive for details.)

3. Generally, the respiratory protection standard, 29 CFR 1910.134 does not apply since there are no respirators approved for biohazards. However, placing respirators in areas where they could be contaminated by body fluids constitutes a violation of 29 CFR 1910.134(b)(6).

4. The Hazardous Waste Operations and Emergency Response (HAZWOPER) standard, 29 CFR 1910.120, covers three groups of employees:

   a. Workers at uncontrolled hazardous waste remediation sites;

   b. Workers at Resource Conversation and Recovery Act (RCRA) permitted hazardous waste treatment, storage and disposal facilities; and

c. Those workers expected to respond to emergencies caused by the uncontrolled release of hazardous substance.

(1) The definition of hazardous substance includes any biological agent or infectious material which may cause disease or death. There are potential scenarios where the bloodborne and HAZWOPER standards may interface. These scenarios include:

(a) Workers involved in cleanup operations at hazardous waste sites involving infectious waste;

(b) Workers responding to an emergency caused by the uncontrolled release of infectious material; e.g., a transportation accident; and

(c) Workers at RCRA permitted incinerators that burn infectious waste;

(2) Employers of employees engaged in these types of activities must comply with the requirements in 29 CFR 1910.120 as well as the bloodborne standard. If there is a conflict or overlap, the provision that is more protective of employee safety and health applies.

M. Recording in the IMIS.

Current instructions for completing the appropriate inspection classification boxes (Items 24 and 25) on the OSHA-1, Inspection Report, as found in the IMIS Manual shall be applied when recording bloodborne pathogens inspections:

1. Inspections conducted shall be coded as "Comprehensive" or Partial" in Item 35 of the OSHA-1, as appropriate. Such inspections shall not be coded as records only inspections.

2. The OSHA-1 for the facility scheduled as a result of a complaint shall be marked as "Safety" or "Health" as appropriate (Item 21), "Complaint" (Item 24). Record "BLOOD" in the space in Item 25d.

3. The OSHA-1 for the facility scheduled from the Safety or the Health Establishment List shall be marked as "Safety" or "Health," as appropriate (Item 21), "Planned" (Item 24h), and "Safety" or "Health Planning Guide" as appropriate in Item 25d.

4. The OSHA-1 for any unprogrammed safety or health inspection conducted in a health care facility or unit shall be marked "Unprogrammed" (Item 24a. through g., as appropriate), and "BLOOD" recorded in Item 25d.

N. Standard with Citation and Compliance Guidelines

The guidance that follows relates to specific provisions of 1910.1030 and is provided to assist compliance officers in conducting inspections where the standard may be applicable. Compliance officers may refer to the Federal Register regulatory text and preamble (57 Fed. Reg. 64003; December 6, 1991) for further information.

Unless specifically stated otherwise in the citation guidelines, all alleged violations shall be normally cited as "serious", the compliance officer shall document the rationale for the selection of any other level of violation.