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David Michaels, PhD, MD
Assistant Secretary of Labor for
Occupational Safety and Health
U.S. Department of Labor
Room N-2625
200 Constitution Ave., NW
Washington, DC 20210

***Attn: OSHA Docket Office
Docket No. OSHA-2007-0080***

Dear Dr. Michaels:

The Association for Professionals in Infection Control and Epidemiology (APIC) appreciates the opportunity to review the OSHA Bloodborne Pathogens Standard and comment on how the Standard could be modified to reduce burden on employers while maintaining or improving employee protection.

APIC is a nonprofit, multi-disciplinary, international organization representing 13,500 infection preventionists, whose mission is to improve health and promote safety by reducing the risks of infection and adverse outcomes in patients and healthcare personnel.

It has been nearly two decades (1991) since the implementation of the OSHA Bloodborne Pathogens Standard. The Standard was promulgated to protect healthcare workers from exposures to pathogens in blood and other potentially infectious materials, particularly the Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV). The language of the Standard is sufficiently flexible to allow organizational interpretation on how the Standard will be met and remains relatively appropriate, requiring minimal changes.

During the past two decades there have been numerous technical advancements, identification of emerging pathogens and improvement in educational resources. APIC would like to comment on how these advancements could be used to modify the Standard. APIC will refrain from commenting on regulations associated with HIV and HBV Research Laboratories and Production Facilities.

Hepatitis C Virus (HCV)

An estimated 385,000 percutaneous injuries (i.e., needlesticks, cuts, punctures and other injuries with sharp objects) occur in U.S. hospitals each year. Transmission of bloodborne pathogens



[e.g., HIV, HBV, Hepatitis C virus (HCV)] from patients to healthcare workers (HCW) is an important occupational hazard. In the 1991 Standard Hepatitis C virus (HCV) was not listed as a bloodborne pathogen. APIC recommends that the Standard be revised to include HCV in the list of bloodborne pathogens and in the Post-exposure Evaluation and Follow-up 1910.1030(f)(3).

Engineering and Work Practice Controls -- 1910.1030(d)(2)

APIC supports the regulations designed to reduce blood contact and percutaneous injuries through improvement of engineering controls (e.g., safe medical devices), work practices (e.g., technique changes to reduce handling of sharps), and the use of personal protective equipment (e.g., impervious materials for barrier precautions). In response to the 2001 Needlestick Safety and Prevention Act, OSHA revised the Standard to include the use of safer needle devices and to involve employees in identifying and choosing these devices. Since the Act was signed into law there has been a 32% decline in non-surgical sharp injuries overall. In contrast, failure to implement blunt safety needles and other sharps safety measures in the operating room has led to a 6.5% increase in injury rates from 1993 to 2006. APIC would like to encourage continued progress in the development and implementation of safety-engineered devices, annual review of institutional exposure control plans, and sufficient employee training on the use of safety devices to reduce exposure risk throughout the healthcare environment with emphasis on the operating room.

Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up -- 1910.1030(f)

1910.1030(f)(3)(iii)(A): The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

If the test of the source individual is negative, there may not be a need to test the exposed employee. Therefore, APIC recommends changing this language to “The exposed employee’s blood shall be collected as soon as feasible **or after an exposure source has been determined to be a true risk**, and tested after consent is obtained.”

Information and Training -- 1910.1030(g)(2)

1910.1030(g)(2)(iv): Annual training for all employees shall be provided within one year of their previous training.

This language is difficult for employers to implement because it may require a different follow-up date for each employee. APIC recommends changing this language to “Annual training shall be provided for all employees.”

1910.1030(g)(2)(vii)(N): An opportunity for interactive questions and answers with the person conducting the training session.

In many facilities, annual training sessions may be provided online, which could make an opportunity for interactive questions and answers difficult for the employer and unsatisfactory



for the trainee. APIC recommends changing this language to “Resources must be provided to answer employee questions in a timely fashion.”

1910.1030(g)(2)(viii): The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

APIC recommends changing this language to “The person conducting **or designing** the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address” in order to accommodate situations where training is provided electronically.

Thank you for the opportunity to participate in the review of this important infection prevention standard. APIC looks forward to continuing to work with OSHA to ensure protection of healthcare workers.

Sincerely,

A handwritten signature in black ink, appearing to read "Cathryn Murphy".

Cathryn Murphy, RN, PhD, CIC
2010 APIC President

A handwritten signature in black ink, appearing to read "Denise Graham".

Denise Graham
Executive Vice President