The Occupational Safety and Health Administration (OSHA) announced in May that it would conduct a review of the 1991 Bloodborne Pathogens Standard (revised in 2001 in accordance with the Needlestick Safety and Prevention Act) to determine the standard’s effectiveness in minimizing or eliminating healthcare workers’ exposure to bloodborne infections and disease.

According to OSHA, the review will also seek to determine whether “advancements in technology or other factors have eliminated the need for continuing the rule.”

The announcement came as something of a surprise to many in the sharps safety community, particularly since the Bloodborne Pathogens Standard (BPS) is widely considered to have been enormously successful in reducing healthcare workers’ risk of occupational disease transmission. The BPS has also provided a model for many other countries to follow.

The review was triggered by a requirement under Section 610 of the Regulatory Flexibility Act (passed in 1980 and designed to reduce the regulatory burden on small businesses), which requires periodic assessments of federal regulations. Because of the Act’s focus on small businesses, OSHA has specifically requested information on “exposures in non-hospital settings”—presumably with the intent of assessing risk to workers in alternate sites such as outpatient clinics and doctors’ and dentists’ offices, which fall into the category of “small businesses,” and whether the risk justifies the cost of compliance in these contexts.

The Center will submit a substantial response to OSHA, including extensive EPINet data documenting the impact of the standard in reducing needlestick (Continued on page 3)
The title was "Increase in sharps injuries in surgical settings versus nonsurgical settings after passage of national needlestick legislation," and the message was clear: while other clinical settings have made significant progress in improving healthcare worker safety over the last decade, the OR has not. Published in April in the *Journal of the American College of Surgeons (JACS)* and co-authored by Janine Jagger, Elayne Kornblatt Phillips, and Ginger Parker, with colleagues (and surgeons) Ahmed Gomaa of NIOSH and Ramon Berguer, the article presented EPINet data documenting that, while sharps injury rates in all other hospital settings had substantially declined since 2001, those in the OR actually showed a small increase.1

The JACS article prompted a response from OSHA head David Michaels. In a letter to JACS commenting on the study’s findings, he said: "When Congress passed the Needlestick Prevention Act of 2000, it did not exempt the surgical setting. I urge surgeons, as the leaders of the surgical team, to recognize their responsibility to protect their team members from sharps injuries and to make the surgical setting as safe as possible for team members and for patients."2

The Association of periOperative Registered Nurses (AORN) highlighted the JACS article in a recent issue of its monthly newsletter, *AORN Connections*, and noted that prevention of sharps injuries is a "key initiative" this year under the leadership of 2010-2011 AORN president Charlotte Guglielmi.3 In her first address as AORN president in March, she named sharps injuries as a priority safety concern and "assigned a team of AORN experts […] to not only address sharps safety, but also create practical tools [that] peri-operative professionals can use to make sharps safety a reality in their facilities."4 Deborah Spratt is leading the effort to create a "Sharps Management Bundle," along with Donna Ford, who chairs AORN’s Clinical Nursing Practice Committee. Similar to other AORN toolkits, the sharps bundle will be "a comprehensive collection of available online resources from AORN and other organizations."5 Spratt believes that attitudes are beginning to change: "In my practice I am seeing surgeons, nurses and other perioperative professionals taking an open and proactive approach to sharps safety. There has been a paradigm shift where sharps safety is concerned. Slowly, sharps safety prevention practices are becoming part of routine practice in the OR."

Study co-author and sharps safety champion Ramon Berguer emphasizes that sharps injuries are a shared risk among OR team members, and thus require a team approach: "It is not acceptable for one member of the team to make decisions that put other team members at risk, whether it’s the surgeon refusing to use blunt-tip suture needles for fascia, scrub professionals refusing to use the hands-free technique, or OR leaders refusing to mandate the use of sheathed scalpels."6

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**Center offers webinars on sharps safety and occupational exposure prevention**

The Center’s webinars are a useful tool for providing educational content to target audiences or bringing sales staff up-to-date on the latest sharps safety issues. A sampling of topics:

- **Risky jobs, risky devices, risky procedures**
  Tailoring prevention strategies to bloodborne pathogen transmission pathways in healthcare workplaces (unique risks associated with specific types of devices, procedures, job categories, and clinical settings)

- **Sharps safety policy as a tool for change**
  Prioritizing by risk level and resources, identifying advocacy partners, anticipating barriers to change

- **Fast and informative: conducting baseline surveys of healthcare workers’ occupational blood exposure risk**
  Methods, data management and analysis, and using data to identify prevention priorities

- **Blood drawing: improving safety, reducing healthcare worker risk**
  Sharps injury risks and safety challenges associated with blood sampling.

For more information, contact Jane Perry at 434-982-3763
**Latin America:**

- Ginger Parker traveled to Bogotá, Colombia, to conduct EPINet workshops for the Second Regional Meeting for Latin America and the Caribbean on Protection of Healthcare Workers, held April 26-29, 2010. Participants from Peru, Cuba, Jamaica, Guyana, Colombia, and Venezuela shared updates on healthcare worker safety initiatives in their regions, and attended workshops on "Health and Safety Programs in the Health Sector," "Program Management for Epidemiological Surveillance: The EPINet Sharps Injury Program," and "Evaluation of Equipment with Sharps Safety Features."

Dr. María Carmen Martínez, a researcher at the Instituto de Altos Estudios Dr. Arnoldo Gabaldón in Maracay, Venezuela, discussed the success of a pilot project in healthcare worker safety implemented in Venezuela in 2007. The program has become a model for other countries in South America to emulate. The Venezuelan initiative aimed, among other goals, to develop training materials in occupational safety and health in healthcare settings to be incorporated into the curriculum of graduate programs in medicine, nursing, dentistry and public health. Substantial progress has been made towards that goal, Martínez reported.

- In May, Janine Jagger spoke in Sao Paulo, Brazil, at a safety symposium on “Quality of Care: Patient Safety,” sponsored by B. Braun’s Aesculap Academy in cooperation with the Brazilian Ministry of Health and other health organizations. She spoke on “A Global Vision for Implementing Technologies to Reduce Risks to Healthcare Workers.”

**Asia Pacific:**

- The Malaysian Society of Infectious Diseases and Chemotherapy, in association with the Aesculap Academy, sponsored a conference on “Safety in Healthcare: Why Fight the Symptoms if We Can Fight the Cause?”, in Kuala Lumpur, April 15-16, 2010. The conference, intended to stimulate policy discussion and development in the area of healthcare worker safety, was attended by more than 175 key opinion leaders (ministry of health representatives, hospital administrators, clinicians, infection control professionals, directors of nursing, and others) from 13 countries, including India, China, Indonesia, Pakistan, and Singapore. Janine Jagger was an invited speaker and addressed “The Challenge of Change: From Policy to Prevention.”

- Dr. Bijie Hu and Ziaodong Gao, fellows at the IHWSC in December 2009, have completed a baseline survey of sharps injuries and blood exposures at 60 hospitals in Shanghai, with 60,000 responses. As leader of the Shanghai Infection Control Center, Dr. Hu is directing the implementation of EPINet as the official sharps injury surveillance system for Shanghai healthcare institutions. With colleagues, Dr. Hu has begun to publish some of their surveillance findings in Chinese journals.

**OSHA reviews Bloodborne Pathogens Standard (cont. from page 1)**

injury rates. The response will also stress the importance of not weakening the standard in any way, in order to ensure that these gains are not lost. In the Center’s view, it is particularly important to uphold the application of the standard in alternate sites. Currently, this is the most rapidly expanding segment of the health care market, according to the Bureau of Labor Statistics, with a trend towards utilizing lower-paid and less educated workers. Given these facts, we believe it would be unwise and inappropriate to weaken the standard or grant exemptions to specific non-hospital settings, such as medical or dental offices.

Deadline for submissions is August 12; the docket can be accessed and reviewed at http://www.regulations.gov (in the search box, type “Docket No. OSHA-2007-0080”).

**OUR MISSION:**

Setting a global standard for healthcare worker protection

Healthcare workers are a crucial resource in all countries. But in many places, they are at high risk of acquiring preventable, life-threatening occupational infections.

We believe healthcare workers everywhere should be provided with the basic protections that have been shown to prevent exposures and infections. We believe that these measures should be mandatory, and should be provided free of charge to workers:

- Hepatitis B vaccination for all healthcare workers.
- Elimination of unnecessary sharps.
- Availability of safety-engineered needles and sharp medical devices.
- Availability of basic barrier garments for blood intensive procedures.
- Post-exposure prophylaxis for all healthcare workers who sustain an occupational exposure to HIV.
Recent publications:

Presentations:
- Janine Jagger:
  - “Implementing and Documenting Safety Technology to Reduce Healthcare Worker Risk.” Safety Symposium on Quality of Care and Patient Safety; Aesculap Academy. Sao Paulo, Brazil; May 21, 2010.
- Ginger Parker:

Publications & Presentations

Save the date!

TENTH ANNIVERSARY OF THE NEEDLESTICK SAFETY AND PREVENTION ACT: MAPPING PROGRESS, CHARTING A FUTURE PATH

Friday-Saturday, November 5-6, 2010
Omni Hotel on the Historic Downtown Mall
Charlottesville, Virginia

President Clinton signed the groundbreaking Needlestick Safety and Prevention Act into law on November 6, 2000. Ten years later, it is time to assess its far-reaching impact, identify remaining gaps in sharps safety technology, and chart a future path that is global in scale. Topics covered will include:

- Progress in reducing needlestick injuries: what do the data tell us?
- Impact of legislation on U.S. medical device industry: a look at market data
- OSHA & the Bloodborne Pathogens Standard: challenges of effective enforcement
- Gaps in safety-engineered medical devices
- Impact of U.S. sharps safety legislation on other countries
- Industry panel discussion: the future of safety-engineered medical devices
- Advancing sharps safety in surgical settings

Exhibit space for medical device companies will be provided. Registration opens Aug. 9, 2010 at: http://www.cmevillage.com (click on “conferences & symposia”). For more information contact: Jane Perry (janeperry@virginia.edu or 434-982-3763).

On the web at: www.healthsystem.virginia.edu/internet/safetycenter

October:
- Janine Jagger leads safety workshops in China.

NEW - NIOSH Workplace Solutions guidance document: “Preventing Exposure to Bloodborne Pathogens Among Paramedics”

Published in April, this 4-page pamphlet draws on research by the National Study to Prevent Blood Exposures Among Paramedics. Janine Jagger was the senior author on the study.