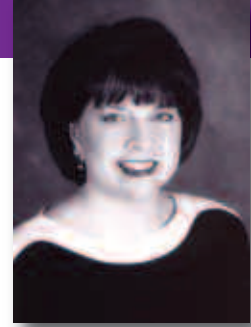


TOSHA Clarifications for Physicians

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The U.S. Occupational Safety & Health Administration (OSHA) requires all employers to protect employees from workplace hazards. Tennessee OSHA (TOSHA) enforces regulations that are almost identical to the federal regulations.

MEDICAL SHARPS INJURY PREVENTION

In October 2006, TOSHA implemented an initiative to reduce sharps injuries in healthcare. It began with information gathering and collecting illness and injury logs from hospitals and ambulatory surgical centers. TOSHA also offered 13 free training seminars and conducted focused inspections in several hospitals and ambulatory surgery centers.

The goal of this initiative is a 10-percent reduction in sharps injuries over a five-year period. The first year resulted in a 3.4-percent reduction; the current statistic is a reduction of 6.1 percent for year two. With three years left in the program, they are well on their way to success!

TOSHA continues to focus on hospitals and ambulatory surgery centers for safer sharps regulations, however, it does cite for other hazards. Officials expect to expand the initiative to include doctors' offices sometime in the future.

Private medical practices currently have a partial exemption from OSHA's record-keeping regulation for the OSHA Log of Work-Related Injuries and Illnesses. However, OSHA is allowed to require selected practices to keep the logs.

If your practice receives a packet from TOSHA instructing the practice to complete the OSHA 300 and 300A logs for the next calendar year and then to return them, you must do this. Failure to do so may result in an unannounced TOSHA inspection. The packet will include the forms, and instructions for completing the forms and submitting them back to OSHA/TOSHA. Receiving this fact-finding packet will alert private practices that they may be TOSHA's next target! Some dental practices in Tennessee have received packets to be completed in 2009 and returned to TOSHA in early 2010.

OSHA CLARIFICATIONS

OSHA has recently clarified several pertinent concerns that impact private medical offices. These clarifications will help medical offices with OSHA compliance concerns.

Identity Theft

The concern for preventing identity theft prompted one employer to question OSHA's requirement to include the employee's Social Security number on exposure records. The question concerned exposure to lead, but the Bloodborne Pathogen Standard also requires similar records.

Recordkeeping, 1910.1030(h)(1)

Medical Records

The employer shall establish and maintain an accurate record for employee with occupational exposure, in accordance with 29 CFR 1910.1020.

This record shall include:

- The name and Social Security number of the employee.
- A copy of the employee's hepatitis B vaccination status...
- A copy of all results of examinations...
- The employer's copy of the healthcare professional's written opinion ... and
- A copy of the information provided to the healthcare professional...

In the March 27, 2008 clarification, OSHA allows employers to maintain records using a different identifier in lieu of the Social Security number. However, the employer would also have to keep a second set of records that uses the SSN with a cross-reference to the other identifier. This would protect the employee's SSN and ensure compliance with the standard.

Post-Exposure Blood Collection and Testing

The Bloodborne Pathogen Standard requires employers to offer post-exposure evaluation and

follow-up when an employee experiences an exposure. Included in this requirement are the employee's rights. The employee may choose to:

1. Have his or her blood collected and tested immediately; or
2. Have the blood collected and "preserved for at least 90 days;" or
3. Decline the follow-up testing.

Most reference laboratories will maintain blood specimens for a maximum of 30 days, rather than the specified 90 days. One employer asked if it would be acceptable to have an employee sign a waiver for the extended time – OSHA responded that this would not be acceptable. Even though the employee may give permission only for specimen collection at the time of the exposure, the employee may experience symptoms that indicate the need to test the preserved blood. The patient's test(s) may show evidence of infection, indicating a need to test the exposed employee's blood. Also, the employee may decide at a later time to have the tests performed.

We recommend all employees think long and hard about this issue before an exposure occurs and decide which of the options would best fit their situation. An exposure causes stress that often makes rational decision-making difficult. ■

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