OSHA

Specialty Courses for Phlebotomists

National Center for Competency Testing

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OSHA and Safety Specialty Certificate Course For Phlebotomists

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NCCT is continually refining and creating professional development products for all certified allied health professionals. We are committed to your success. This mini course was designed to help health care professionals understand, empathize, and provide superior service to our aging population.

The course is divided into chapters. There is an open-book quiz at the end of every chapter to help you assess your understanding of that chapter's material. Upon completing all the chapters, you can access this mini-course's final examination online at NCCT's website, www.ncctinc.com. Proceed to the ***Testing*** section, and choose the ***CE Test Login*** option and log in. Choose the ***OSHA and Phlebotomy Final Exam***.

Seventy percent or better is considered a passing grade for this course. Upon passing the course's final exam, you will receive a Specialty Certificate and a sticker from NCCT signifying that you have successfully completed this course. This sticker should be placed in your NCCT *Professional Development Log Book*. You will also receive five clock hours of continuing education credit and the course title will be placed on your *NCCT Continuing Education Transcript*.

Acquiring new skills and pursuing additional knowledge in your career field have always been the hallmark of a true professional. Read, learn, and most importantly, enjoy your profession more. Your new knowledge will not only increase your competence and importance to your team, but also will increase your own self-assurance in your abilities and work.

OSHA and Safety for Phlebotomists

Learning Outcomes

Upon completion of the Competence Certificate Course, the professional will be able to:

1. Define the acronym OSHA.
2. Outline history of bloodborne pathogens and needlestick safety regulations.
3. Apply principles of the Bloodborne Pathogen Standard and Needlestick Safety Act to phlebotomy.
4. List and describe the use of personal protective equipment (PPE).
5. Define and apply principles of Universal Precautions.
6. Compare Universal Precautions to Standard Precautions.
7. Discuss and outline use of Engineering Controls.
8. Discuss and apply Work Practice Controls.
9. Outline and discuss safety practices as related to phlebotomists and the phlebotomy procedure.
10. Describe and discuss the application of chemical hazards to phlebotomy.
11. Outline the principles of Laboratory Hygiene.
12. Discuss cleaning and disinfection and apply these principles to phlebotomy.
13. Outline the steps incorporated into an exposure control plan.

Chapter 1 Introduction to OSHA

Safety is a significant concern for all healthcare professionals. Phlebotomists have historically been at the forefront of safety concerns in the health professions. Bloodborne pathogens and needlestick safety are primary safety concerns for all healthcare professionals, but none are more exposed to these hazards than the phlebotomy staff. This unit will discuss some safety history and the incorporation of the Occupational Safety and Health Administration (OSHA) into the practice of phlebotomy and laboratory science, in general. The mission of this specialty course is not only to provide information on this vital topic, but also to provide some guidelines for phlebotomy departments to follow for development and revision of safety policies as well as aim for total compliance with the OSHA regulations.

Section A History and Mission of the Occupational Safety & Health Administration (OSHA)

The *Occupational Safety and Health Act of 1970* included the creation of the Occupational Safety and Health Administration (OSHA). The creation of OSHA was designed to assist employers and employees with safety in the work environment. The goal is to reduce injuries, illness on the job in America. The goal of the agency is to find effective ways to assist in the prevention of worker fatalities as well as workplace injuries and illnesses.

OSHA incorporates three basic strategies to reduce injuries, illnesses and deaths on the job. The basic strategies, as authorized by the Occupational Safety and Health Act, are:

- Strong, fair and effective enforcement
- Outreach, education, and compliance assistance
- Partnerships, alliances and other cooperative and voluntary programs

From: www.osha.gov/publications. Accessed 11/10/09.

OSHA conducts a wide range of programs and activities. Some basic functions of OSHA include:

- Encourages employers and employees to reduce workplace hazards and to implement new safety and health management systems or improve existing programs.
- Develops mandatory job safety and health standards and enforces them through worksite: ALLABOUTOSHA, inspections, and, sometimes, by imposing citations, penalties or both.
- Promotes safe and healthful work environments through cooperative programs including the Voluntary Protective Programs, OSHA Strategic Partnerships and Alliances.
- Establishes responsibilities and rights for employers and employees to achieve better safety and health conditions.
- Supports the development of innovative ways of dealing with workplace hazards.
- Establishes requirements for injury and illness recordkeeping by employers and for employer monitoring of certain occupational illnesses.
- Establishes training programs to increase the competence of occupational safety and health personnel.
- Provides technical and compliance assistance and training and education to help employers reduce worker accidents and injuries.

- Works in partnership with states that operate their own occupational safety and health programs.
- Supports the Consultation Programs offered by all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam and the Northern Mariana Islands.

From: www.osha.gov/publications. Accessed 11/10/09.

Section B Bloodborne Pathogens Act and Needlestick Safety Act

In 1991, OSHA issued the Bloodborne Pathogens Standard (BPS) to protect workers from exposure to bloodborne pathogens. This standard was published in *Title 29 of the Code of Federal Regulations (CFR) 1910.1030*. Bloodborne pathogens had become a major public health concern. Included in this original act were mandates to protect workers from needlestick injuries and other sharps-related injuries. The original act provided extensive coverage to reduce exposure to blood and other potentially infectious materials in the workplace. The original intent was to reduce exposure to the human immunodeficiency virus (HIV), the hepatitis B virus (HBV) and the hepatitis C virus (HCV).

While compliance with the BPS reduced the risk that individual employees would contract a disease from occupational exposure, the risk of accidental sharps injuries continued to be a problem. OSHA began to research this issue. Following the enactment of the original BPS in 1991, safer medical devices had been developed. OSHA determined that that use of safer medical devices, such as needleless systems and sharps with engineered sharps injury protection, significantly reduced the risk of accidental sharps injury. This led OSHA to enact the Needlestick Safety Act in 2001. This act increased the required safety practices within the healthcare setting. The Needlestick Safety Act mandated revisions to the Bloodborne Pathogens Standard. One of the most significant mandates in the Needlestick Safety Act was the prohibition of removal of contaminated needles from reusable blood tube holders. Specifics of this mandate may be found in section (d)(2)(vii) of the BPS. Inclusion of this requirement resulted from statistics that verified that many of the needlesticks associated with blood collection resulted from the back end of the venipuncture device. This back end houses a needle that may or may not be sheathed by a retractable sleeve.

Following these revisions, the BPS requires that employers take the following steps to protect workers whose jobs put them at reasonable risk of coming into contact with blood and other potentially infectious materials:

- **Establish an Exposure Control Plan**: Written plan to eliminate or minimize employee exposures. An institution's exposure control plan must include:

    1. Annual update to reflect technological changes that may help to eliminate or reduce exposure to bloodborne pathogens
    2. Annual documentation that safer medical devices have been considered and implemented, if feasible
    3. Documentation that input from frontline workers has been obtained in identifying, evaluating and selecting engineering controls

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