



1275 K Street, NW, Suite 1000
Washington, DC 20005-4006
Phone: 202/789-1890
Fax: 202/789-1899
apicinfo@apic.org
www.apic.org

December 2, 2014

David Michaels, Ph.D., MPH
Assistant Secretary of Labor for Occupational Safety and Health
U.S. Department of Labor
Occupational Safety and Health Administration
Room N-2625
200 Constitution Avenue, NW
Washington, DC 20210

Re: OSHA-2010-0047: Bloodborne Pathogens Standard; Extension of the OMB Approval of Information Collection Requirements

Dear Dr. Michaels:

The Association for Professionals in Infection Control and Epidemiology (APIC) appreciates the opportunity to provide comments on the Occupational Safety and Health Administration's (OSHA) proposal to extend Office of Management and Budget (OMB) approval of the information collection requirements specified by the Bloodborne Pathogens Standard (29 CFR 1910.1030). APIC is a nonprofit, multidisciplinary organization whose mission is to create a safer world through prevention of infection. Infection Preventionists collaborate closely with occupational health professionals in healthcare facilities to develop plans and educate healthcare workers on preventing bloodborne pathogen exposures and preventing needlestick injuries. Changes in regulations governing exposure to bloodborne pathogens are therefore a topic of great interest and concern to our members. Below are our responses to questions posed in Section II of the OSHA request for comment: Special Issues for Comment.

Whether the proposed information collection requirements are necessary for the proper performance of the Agency's functions, including whether the information is useful.

The collection of information on bloodborne pathogen exposures allows healthcare facilities to assess activities and, when necessary, improve engineering and administrative systems to



assure a safe and healthful work environment. OSHA's mission to protect healthcare workers from bloodborne pathogen exposures is consistent with APIC's mission to create a safer world through prevention of infection.

The accuracy of OSHA's estimate of the burden (time and costs) of the information collection requirements, including the validity of the methodology and assumptions used.

APIC is concerned that OSHA's estimate of the burden associated with information collection is underestimated.

The 2011 Exposure Prevention Information Network (EPINet) reports for sharps and body fluids^{1,2} reveal almost one thousand events in just thirty two sites. When considering the multiple settings where the standard applies as well as the time required by occupational health and infection prevention staff to investigate events, obtain and relay laboratory results, and manage the employee health records, the adjustment in the time estimate would seem significant.

Additionally, although education is not itself information collection, it requires significant time commitments for both the employee and employer. In addition to face-to-face instruction, this would include maintaining educational records and updating employee lists.

The standard also requires the assessment of new technology, an additional information collection burden which does not appear to be considered in this new estimate.

The quality, utility, and clarity of the information collected

APIC agrees that collecting injury data on individuals is valuable. However, the current format does not allow for easy analysis, and requires additional manipulation to create actionable data. APIC recommends that OSHA restructure its current reporting log through the development of a program which would allow easier analysis. There are several products used for event reporting, including the Centers for Disease Control and Prevention's (CDC) databases that allow users to easily turn data into meaningful information which can help drive improvement. Using standardized established databases would improve data assessment, inform policy and procedures to help prevent future incidents, and decrease the time burden associated with this requirement.



Ways to minimize the burden on employers who must comply; for example, by using automated or other technological information collection and transmission techniques

While an electronic collection system and transmission would seem optimal, many hospitals are struggling to implement with the meaningful use measures as part of the CMS Electronic Health Record (EHR) Incentive Program. An optimal system would be able to utilize data tables from human resources, laboratory, and employee health records. It is important to note, however, that various databases within an organization may not be integrated and therefore are unable to interface with each other. Instituting automated system reporting that is phased in over time would provide employers with enough time to design, test, and implement such systems.

APIC appreciates OSHA's efforts, and we look forward to continuing to work with OSHA to keep healthcare workers safe while they work to keep patients safe.

Sincerely,

A handwritten signature in black ink that reads "Jennie L. Mayfield".

Jennie L. Mayfield, BSN, MPH, CIC
2014 APIC President

¹ International Healthcare Worker Safety Center, University of Virginia. 2011 Exposure Prevention Information Network (EPINet) Report: Needlestick and Sharp-Object Injuries. July 27, 2012. Accessed 11/7/2014 at <http://www.healthsystem.virginia.edu/pub/epinet/EPINet2011-NeedlestickRpt.pdf>.

² International Healthcare Worker Safety Center, University of Virginia. 2011 Exposure Prevention Information Network (EPINet) Report: Blood and Body Fluid Exposures. July 27, 2012. Accessed 11/7/2014 at <http://www.healthsystem.virginia.edu/pub/epinet/EPINet2011-BBFexposureRpt-revised.pdf>.