



Date: January 1, 2005
Revised: December 21, 2015
From: Peggy Munsell
Subject: Recordkeeping, Ergonomics, Tuberculosis, and Bloodborne Pathogens

This issue originated as an email from an employer.

Issue:

I would like to ask 4 questions about your state OSHA program.

I am with the American Association of Physician Office Laboratories (AAPOL) and I am contacting states with their own OSHA programs to collect data for a future AAPOL publication of our OSHA Bulletin.

If possible, please e-mail me answers to these questions:

Question 1: Does your state OSHA program require medical and dental offices, laboratories, and clinics to maintain a log of illnesses and injuries and/or a Sharps Injury Log?

Question 2: Does your state OSHA program allow employers to provide a declination form for employees who do not want to use provided ergonomics controls such as headsets, wrist rests, and ergonomic keyboards?

Question 3: Does your state OSHA program look for TB controls in outpatient settings not performing high-risk procedures on TB patients?

Question 4: What healthcare professionals (MDs, RNs, NPs, etc.) are authorized by your state licensure logs to administer vaccines and provide post-exposure evaluation and follow-up?

Thank you for your help, your time and your consideration.

Answer:

Question 1: Does your state OSHA program require medical and dental offices, laboratories, and clinics to maintain a log of illnesses and injuries and/or a Sharps Injury Log?

Answer: The short answer is no and yes. The long answer is that, the same as Federal OSHA, most medical and dental North American Industry Classification System (NAICS) codes are exempt from the OSHA 300 log requirements. However, unlike Federal OSHA, Oregon's Bloodborne Pathogens rule, OAR 437-002-1910.1030, requires that all employers who must maintain an exposure control plan must also maintain a sharps injury log.

Question 2: Does your state OSHA program allow employers to provide a declination form for employees who do not want to use provided ergonomics controls such as headsets, wrist rests, and ergonomic keyboards?

Answer: We have no rules about ergonomics, so there are no mechanisms in place for a declination form.

Question 3: Does your state OSHA program look for TB controls in outpatient settings not performing high-risk procedures on TB patients?

Answer: It depends. We adopted the same CDC guidelines for TB that federal OSHA adopted. In those guidelines, even if a facility is not specifically performing high-risk procedures on known or suspected TB patients, if they have patients with known or suspected TB, and/or there is a reasonable likelihood that the clinic will see patients with TB (based on local population or clientele characteristics), then we would expect the employer to address that.

Question 4: What healthcare professionals (MDs, RNs, NPs, etc.) are authorized by your state licensure logs to administer vaccines and provide post-exposure evaluation and follow-up?

Answer: I contacted the Oregon Nurse Licensing Board. They told me that, in general, only Nurse Practitioners and M.D.s are licensed to make diagnoses, order blood tests, and prescribe medications. An R.N. can do these tasks, but it must be under standing orders from a physician.

Please let me know if I can be of any further assistance.

Dave McLaughlin
Industrial Hygienist/Technical Specialist
Oregon Occupational Safety and Health Division
503-947-7457

800-922-2689