

Medical News

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Cal-OSHA Issues Citation for Failure to Adopt Safer Needle Devices

The California Department of Industrial Relations, Division of Occupational Safety and Health (Cal-OSHA), recently issued its first citation under the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen Standard for failure to adopt engineering controls. Acting on a complaint filed by Service Employees International Union (SEIU), which represents healthcare workers at the hospital, Cal-OSHA cited the hospital for "not evaluating and adopting engineering control devices, such as new protective intravenous and injection devices." The hospital had completed an evaluation of a needleless intravenous system, but had not implemented it at the time of the inspection. No penalties were issued with the citation.

The citation reflects the California Code of Regulations' emphasis on the employer's responsibility to evaluate existing engineering controls and to provide such controls where possible.

Although the bloodborne pathogen standard did not specifically require the use of "safer needle devices," labor unions and needle safety experts have hoped the standard might be interpreted and enforced to encourage the use of new needle technology designed to reduce or eliminate the risk of needlestick injuries, which represent the greatest risk for occupational infection with HIV and HBV. Employers under federal OSHA jurisdiction should note the long-standing requirement to implement engineering controls when a hazard exists, if such controls are available. At the time of adoption of the bloodborne pathogen standard, OSHA indicated that needleless systems were not yet widely available; however, that clearly is changing, and employers will be expected to evaluate such devices for adoption.

FDA and EPA's Regulatory Authority Over Chemical Germicides Clarified

On July 9, 1993, the Environmental Protection Agency (EPA) announced that a memorandum of understanding has been signed with the Food and

Drug Administration (FDA) regarding the regulation of liquid chemical germicides to provide interim guidance, to minimize duplicative regulatory requirements, and to begin the rule-making process to provide permanent exclusive jurisdiction for certain categories of chemical germicides.

Historically, the EPA has assessed the effective performance of all chemical germicides and addressed health and safety issues presented by their use. The FDA's priority has been to confirm the efficacy and safety of chemical germicides used to reprocess critical and semicritical devices, which pose the greatest risk of disease transmission. As a result of both agencies trying to fulfill their statutory responsibilities, overlapping regulatory processes have evolved for manufacturers of liquid chemical germicides used on devices.

According to the agreement, all products that bear sterilant label claims and can be used on critical or semicritical surfaces as defined by the Centers for Disease Control and Prevention (CDC) will be regulated by the FDA as devices. In addition, any sterilant product whose claims correspond to a high-level disinfectant use pattern also will be regulated by the FDA. The EPA will regulate all remaining types of chemical germicides as pesticides, excluding sterilants, which are considered general-purpose disinfectants.

When the rule-making process is complete, new rules issued by each agency will eliminate the remaining overlapping jurisdiction.

Sixth HIV Patient Identified in Florida Dental Investigation

The CDC recently identified a sixth patient who became infected with human immunodeficiency virus (HIV) as a result of dental care provided by an HIV-infected dentist in Florida. The patient, a teen-aged female, was HIV seropositive when tested as an applicant for military service in late 1992. She had not been tested for HIV previously, although she had been notified in December 1990 that, as a former patient of the dentist, she should consider such testing.

Multiple interviews with the patient and her family and review of her medical records did not