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Issues - Healthcare Worker Safety

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Cardo, Denise M. MD

From: Jones, Marsha A.
Sent: Tuesday, May 05, 1998 5:12 PM
To: 'Benjamin, Chris'
Cc: Ramsey, Rosemary B.; Jarvis, William R. MD (Bill); Cardo, Denise M. MD
Subject: FW: Needlestick Injury - Stark Proposal for HCFA

Attached is the technical comment to address Congressman Stark's proposal. Thanks, maj

Marsha Jones

Hospital Infections Program, A07
(404)838-6402
MAJ4@CDC.GOV

-----Original Message-----

From: Cardo, Denise M. MD
Sent: Tuesday, May 05, 1998 4:56 PM
To: 'Jones, Marsha A.'
Cc: Chiarello, Linda A.; Panlilio, Adellisa L. MD
Subject: FW: Needlestick Injury - Stark Proposal for HCFA

Marsha,
Attached is our document in response to the request below.



CDC response.wpd

Thanks,
Denise.

Attachment.

Our nation's 6 million health-care workers are at risk for acquiring serious occupational bloodborne pathogen infections including those caused by hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Health care workers are at risk for occupational bloodborne pathogen infections through various types of blood and body fluid contact, most importantly needlesticks and other sharps-related injuries. Laboratory and epidemiological studies have suggested that exposure to a larger volume of blood (e.g., injury from a hollow-bore needle used to withdraw blood from a vein or artery) may increase the risk for bloodborne pathogen transmission.

The primary strategy to prevent the transmission of bloodborne pathogens is to prevent blood contact and percutaneous injuries; other important strategies include hepatitis B immunization and postexposure prophylaxis for hepatitis B virus and HIV.

Prevention of blood contact and percutaneous injuries requires a comprehensive approach, including the development and implementation of improved engineering controls (e.g., safer medical devices, sharps disposal containers), safe work practices (e.g., technique changes to reduce handling of sharps), behavior modification (e.g., training to encourage compliance), and the use of personal protective equipment (e.g., gloves).

Over the past few years many new safety devices to prevent percutaneous injuries have become available. The Centers for Disease Control and Prevention has conducted studies that demonstrated the effectiveness of phlebotomy devices with safety features and blunted suture needles in reducing the number of health care workers' injuries. However, there are few data regarding the efficacy of other safety devices, the feasibility of widescale implementation, and their acceptability to health care workers. Also, because a variety of needles and sharp instruments can cause injuries, there is no single device that can be used to prevent all injuries. Ideally, a safety device should be automatically activated (i.e., the health care worker does not need to activate the safety feature) and the safety feature should be an integral part of the device. In addition, the device should not increase the risk of injury to health care workers or introduce new risks to patients.

Each health care facility should promote the safety of its health care workers by determining how injuries occur in the facility (e.g., what devices contribute to injuries, what procedures were being performed when injuries occur, as well as other circumstances) and implementing prevention strategies. These strategies include a) eliminating the use of unnecessary needles and sharps; b) evaluating and implementing engineering controls, such as needles with safety features, and sharps disposal containers; c) changing work practices to avoid injuries; d) providing safety education; and e) monitoring the effectiveness and compliance of the prevention program. In summary, prevention of occupational injuries requires a institutional commitment to providing a safer work place that includes, but is not limited to, the use of safety devices.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

Deputy Administrator
Washington, D.C. 20201

MAY 20 1998

The Honorable Pete Stark
House of Representatives
Washington, D.C. 20515

Dear Mr. Stark:

It was a pleasure to meet and talk with you at the Ways and Means Health Subcommittee hearing on April 23, 1998. Nancy-Ann Min DeParle and I appreciate your strong support for the Health Care Financing Administration (HCFA), and I look forward to working with you as we strive to improve the Medicare program.

At the conclusion of the April 23 hearing on Medicare appeals, you asked a question relating to the Medicare Conditions of Participation (CoP). Specifically, you asked whether the various Medicare statutory CoP provisions permit HCFA to require the use of a particular safety device that accompanies hollow-bore needles so as to mitigate the risk to health care workers of acquiring occupational blood borne infections caused by needle sticks.

The Medicare statutory requirements include broad CoP authority that would allow HCFA to mandate, by regulation, that hospitals and other providers use a particular kind of safety device when hollow-bore needles are used for venipuncture. We are concerned, however, that such an action would be counter-productive to our philosophy of encouraging provider flexibility in meeting quality standards. HCFA is committed, under the Administration's regulatory reform initiatives, to revising many of its quality regulations to focus on outcomes of care and eliminate unnecessary, burdensome, and costly procedural requirements. Although our current regulations rely heavily on structure and process requirements to achieve quality, the direction we are taking in our revised CoPs is to focus on health care outcomes and encourage flexibility in meeting standards, while eliminating outdated measures where possible.

The proposed hospital CoP, for example, are designed to give hospitals maximum flexibility to assimilate innovations in health care practice. We will impose specific process requirements only where there is industry-wide consensus or empirical evidence that these processes are predictive of desired outcomes for patients or safety for health care workers.

cc to:

Jim Hays
Chris Garvin
Mark J. ...

Steve D.

Chris Benjamin
FAX copy to

Karen Deary
CDC/Washington

file this in
HCFA file

Denise C.

FYI
Bell

Page 2 - The Honorable Pete Stark

Over the past few years, many new safety devices to prevent percutaneous injuries have become available. Studies conducted by the Centers for Disease Control and Prevention have demonstrated the effectiveness of certain phlebotomy devices with safety features in reducing the number of health care workers' injuries. However, there are few data regarding the efficacy of other available safety devices, or their acceptability to health care workers.

Prevention of occupational injuries requires an institutional commitment to provide a safer work place that includes, but is not limited to, the use of safety devices. HCFA is committed to working with hospitals and other providers to foster safe environments for workers and patients, and we believe our more flexible CoP are the best means to ensure that providers promote the safety of their health care workers and patients.

HCFA shares your goal of protecting the safety of our Nation's health-care workers and the beneficiaries served by our programs. I appreciate your inquiry and encourage you to contact me if I can be of further assistance.

Sincerely,


Michael M. Hash
Deputy Administrator