

2 **SB 5597** - S AMD - 262

3 By Senators Prentice, Costa, Franklin, Deccio, Fraser,
4 McAuliffe, Benton, Heavey, Thibaudeau, Johnson and Wojahn

5 ADOPTED 3/16/99

6 Strike everything after the enacting clause and insert the
7 following:

8 "NEW SECTION. **Sec. 1.** The legislature finds that workers engaged
9 in the handling, transportation, treatment, and disposal of biomedical
10 waste may be exposed to elevated risks of contracting diseases from
11 pathogens conveyed by air or water. These risks may be reduced by
12 application of occupational health standards for airborne pathogens and
13 waterborne pathogens that are comparable to those developed to protect
14 workers from bloodborne pathogens. The legislature further finds that
15 opportunities to improve bloodborne pathogen standards arise when
16 product engineering improvements result in safer medical devices.

17 NEW SECTION. **Sec. 2.** (1) The department of labor and industries
18 shall review available data, studies, hazard analyses, and other
19 information regarding the potential for employee exposure to airborne
20 or waterborne biological hazards in the handling, transport, treatment,
21 and disposal of biomedical waste. Based on this review, the department
22 shall make recommendations for appropriate action under the
23 department's existing authority to protect workers and develop a plan
24 for implementing the recommendations. The department shall report to
25 the legislature its findings, recommendations, and implementation plan
26 and recommendations for action by the legislature no later than
27 December 1, 1999.

28 (2) This section expires December 31, 1999.

29 NEW SECTION. **Sec. 3.** A new section is added to chapter 49.17 RCW
30 to read as follows:

31 (1) The department shall, by July 1, 1999, adopt rules revising the
32 bloodborne pathogen standard governing occupational exposure to blood
33 and other potentially infectious materials in accordance with
34 subsection (3) of this section.

1 (2) The definitions in this subsection apply throughout this
2 section unless the context clearly requires otherwise.

3 (a) "Bloodborne pathogens" means pathogenic microorganisms that are
4 present in human blood and can cause disease in humans. These
5 pathogens include, but are not limited to, hepatitis B virus, hepatitis
6 C virus, and human immunodeficiency virus.

7 (b) "Employer" means each employer having an employee with
8 occupational exposure to human blood or other material potentially
9 containing bloodborne pathogens.

10 (c) "Engineering controls" means controls including, but not
11 limited to, needleless systems and sharps with engineered sharps injury
12 protection that isolate or remove the bloodborne pathogens hazard from
13 the workplace.

14 (d) "Engineered sharps injury protection" means either:

15 (i) A physical attribute built into a needle device used for
16 withdrawing body fluids, accessing a vein or artery, or administering
17 medications or other fluids, that effectively reduces the risk of an
18 exposure incident by a mechanism such as barrier creation, blunting,
19 encapsulation, withdrawal, retraction, destruction, or other effective
20 mechanisms; or

21 (ii) A physical attribute built into any other type of needle
22 device, or into a nonneedle sharp, which effectively reduces the risk
23 of an exposure incident.

24 (e) "Front-line health care worker" means a nonmanagerial employee
25 responsible for direct patient care with potential occupational
26 exposure to sharps-related injuries.

27 (f) "Needleless system" means a device that does not use needles
28 for:

29 (i) The withdrawal of body fluids after initial venous or arterial
30 access is established;

31 (ii) The administration of medication or fluids; and

32 (iii) Any other procedure involving the potential for an exposure
33 incident.

34 (g) "Sharp" means any object used or encountered in a health care
35 setting that can be reasonably anticipated to penetrate the skin or any
36 other part of the body, and to result in an exposure incident,
37 including, but not limited to, needle devices, scalpels, lancets,
38 broken capillary tubes, exposed ends of dental wires and dental knives,
39 drills, and burs.

1 (h) "Sharps injury" means any injury caused by a sharp, including,
2 but not limited to, cuts, abrasions, or needle sticks.

3 (i) "Sharps injury log" means a written or electronic record
4 satisfying the requirements of subsection (3)(d) of this section.

5 (j) "Small business" means an employer subject to this section with
6 less than eleven employees at any time during the calendar year
7 immediately preceding the current calendar year.

8 (3) The department shall adopt a standard, as described in
9 subsection (1) of this section. The standard shall include, but not be
10 limited to, the following:

11 (a) A requirement that needleless systems and sharps with
12 engineered sharps injury protection be included as engineering and work
13 practice controls. However, the engineering control is not required
14 if:

15 (i) It is not available in the marketplace;

16 (ii) An evaluation committee, established by the employer, at least
17 half the members of which are front-line health care workers from a
18 variety of occupational classifications and departments, including but
19 not limited to nurses, nurses aides, technicians, phlybotomists, and
20 physicians, determines by means of objective product evaluation
21 criteria that use of such devices will jeopardize patient or employee
22 safety with regard to a specific medical procedure; or

23 (iii) The employer can demonstrate by means of objective product
24 evaluation criteria that the engineering control is not more effective
25 in preventing exposure incidents than the alternative used by the
26 employer. In making this determination, the employer must certify:

27 (A) That the employees using the engineering controls were
28 adequately trained and demonstrated proficiency in utilizing the device
29 before implementation in patient care settings; and

30 (B) That the device has been used for a period of time sufficient
31 to allow for the normal adjustment period after implementation of new
32 devices.

33 (b) A requirement that written exposure control plans include an
34 effective procedure for identifying and selecting existing needleless
35 systems and sharps with engineered sharps injury protection. Any
36 procedure adopted should provide that the evaluation committee
37 described in (a) of this subsection has responsibility for identifying
38 and selecting such devices;

1 (c) A requirement that written exposure control plans be updated
2 when necessary to reflect progress in implementing needleless systems
3 and sharps with engineered sharps injury protection as determined by
4 the evaluation committee described in (a) of this subsection, but in no
5 event should updating occur less than once every year;

6 (d) A requirement that information concerning exposure incidents be
7 recorded in a sharps injury log, including, but not limited to:

8 (i) Date and time of the exposure incident;

9 (ii) Type and brand of sharp involved in the exposure incident; and

10 (iii) Description of the exposure incident that shall include:

11 (A) Job classification of the exposed employee;

12 (B) Department or work area where the exposure incident occurred;

13 (C) The procedure that the exposed employee was performing at the
14 time of the incident;

15 (D) How the incident occurred;

16 (E) The body part involved in the exposure incident;

17 (F) If the sharp had engineered sharps injury protection, whether
18 the protective mechanism was activated, and whether the injury occurred
19 before the protective mechanism was activated, during activation of the
20 mechanism or after activation of the mechanism;

21 (G) If the sharp had no engineered sharps injury protection, the
22 injured employee's opinion as to whether and how such a mechanism could
23 have prevented the injury, as well as the basis for the opinion; and

24 (H) The employee's opinion about whether any other engineering,
25 administrative, or work practice control could have prevented the
26 injury, as well as the basis for the opinion.

27 (4) In complying with this section, a small business may:

28 (a) Evaluate new technology through its own evaluation committee,
29 a joint evaluation committee, established by multiple small business
30 employers, at least half the members of which are front-line health
31 care workers, or an evaluation committee established under the auspices
32 of the department, at least half the members of which are front-line
33 health care workers;

34 (b) Use a joint evaluation committee to develop and update the
35 written procedure for identifying and selecting devices as required by
36 subsection (3)(b) and (c) of this section; and

37 (c) Comply with provisions of subsection (3)(d) of this section by
38 recording the required sharps injury data in its OSHA 200 log.

1 (5) The department shall: Promulgate additional amendments to the
2 bloodborne pathogen standard necessary to implement this section; and,
3 to the extent that funds are available, evaluate the impact of this
4 section on the reduction of needle stick and sharps injuries and costs
5 of employer operations.

6 (6) The department of health shall compile and maintain a list of
7 existing needleless systems and sharps with engineered sharps injury
8 protection, that is available to assist employers in complying with the
9 requirements of the bloodborne pathogen standard adopted under this
10 section. The list may be developed from existing sources of
11 information including, but not limited to, the federal food and drug
12 administration, the federal centers for disease control, the national
13 institute of occupational safety and health, and the United States
14 department of veterans affairs."

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19 On page 1, beginning on line 2 of the title, after "pathogens"
20 insert ", bloodborne pathogens,"

21 On page 1, line 3 of the title, after "RCW;" strike the remainder
22 of the title, and insert "creating new sections; and providing an
23 expiration date."

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EFFECT: Adds provisions related to bloodborne pathogens.