

HOUSE BILL ANALYSIS

HB 2669

Brief Description: Regulating occupational exposure to bloodborne pathogens and other infectious materials.

Sponsors: Representatives Cody and McDonald

Hearing: February 2, 2000

Brief Summary of Bill

- Requires the Department of Labor and Industries to revise the standard governing occupational exposure to bloodborne pathogens.

BACKGROUND:

Safety and health standards for workplaces are adopted by the Department of Labor and Industries under the Washington Industrial Safety and Health Act. To maintain Washington's status as a "state plan" state under the federal Occupational Safety and Health Act (OSHA), the department is required to adopt standards that are at least as effective as the standards adopted under federal law.

The department has adopted standards that govern the exposure of employees to bloodborne pathogens. These standards apply to all workplaces in which employees are exposed to blood or other potentially infectious materials, such as semen, saliva, and cerebrospinal fluid. The standards require each employer to have an exposure control plan that establishes precautions and methods of compliance (such as engineering and work practice controls, protective equipment, clothing, washing facilities, housekeeping practices, training, and labeling) and proper procedures for minimizing employee exposure to blood or infectious materials.

On November 5, 1999, OSHA issued a new enforcement directive for the bloodborne pathogens standard. According to OSHA, the purpose of the directive is to emphasize the importance of an annual review of bloodborne pathogen programs and the use of safer medical devices, including engineering controls, to reduce needlesticks and other sharps

injuries. The directive states that "state plan" states are not required to adopt the directive, although they are expected to have standards and enforcement policies at least as effective as OSHA's.

The National Institute for Occupational Safety and Health estimated in a November 1999 report that, nationally, health care workers incur between 600,000 and 800,000 needlesticks and similar injuries per year. Some of these injuries expose workers to bloodborne pathogens that can cause life-threatening infections, such as infections with the human immunodeficiency virus (HIV), Hepatitis B virus, and Hepatitis C virus.

SUMMARY OF BILL:

The Department of Labor and Industries must adopt rules by March 1, 2001, revising the bloodborne pathogens standard governing occupational exposure to blood and other potentially infectious materials, such as Hepatitis B virus, Hepatitis C virus, and HIV. The department's rules must require employers to conduct product evaluation and develop and implement written exposure control plans. To the extent that these new rules exceed the existing bloodborne pathogens standard, they do not apply to the practice of dentistry.

The Department of Health must compile and maintain a list of needleless systems and sharps with engineered sharps injury protection to assist employers in complying with the new standard.

Product evaluation. The rules must require employers to adopt a method for reviewing available needleless systems, sharps with engineered sharps injury protections, and other devices. This review must begin by April 1, 2001, and continue for no less than six months. The review must include input from front-line health care workers, who will be using the devices, and infection control specialists. The Department of Labor and Industries, in consultation with the Washington State Hospital Association, must determine ways for the association to help employers comply with this review requirement.

Exposure control plan and implementation. The rules must require employers to develop written exposure control plans and establish sharps injury logs no later than three months after the rules' effective date. The rules must also require engineering controls to be implemented no later than nine months after the rules' effective date.

The rules must include a requirement that needleless systems and sharps with engineered sharps injury protection be included as engineering and work practice controls unless:

- the devices are not available in the marketplace;

- the employer determines, with input from an evaluation committee, that the use of such devices may jeopardize patient safety in certain classes of procedures;
- a certified or licensed health care worker directly involved in the patient's care determines that the use of the devices will jeopardize the patient's safety or success of the particular medical procedure; or
- the employer can demonstrate that the devices are not more effective in preventing exposure incidents or, with respect to engineering controls available on the market for less than 12 months, that reasonably specific and reliable information is not available regarding the safety performance of the control and the employer is actively determining whether the use of the control will reduce the risk of exposure incidents.

The rules governing the written exposure control plan must require the plans to include procedures for identifying and selecting needleless systems and sharps with engineered sharps injury protection, with meaningful input from an evaluation committee. The plan must include:

- updating requirements at least annually;
- recordkeeping requirements regarding exposure incidents and assessment of the protective mechanisms;
- training requirements for front-line health care workers;
- requirements for an evaluation committee to advise the employer on implementation of the new bloodborne pathogens standard. At least half of the committee must be front-line health care workers or representatives of employee organizations which represent these workers. The employer may meet this requirement by relying on a committee established centrally by a multistate or multilocation health care organization with which the employer is affiliated; and
- requirements to ensure that health care workers' decisions to not use needleless systems and sharps with engineered sharps injury protection are reported in writing.

Small employer compliance. An employer with less than 11 employees may evaluate new technology or develop and update written procedures through joint evaluation committees established by multiple small business employers. A small employer may comply with the sharps injury log requirements by recording the required data in its OSHA 200 log.

Evaluation. To the extent funds are available, the Department of Labor and Industries must evaluate the impact of the new bloodborne pathogens standard on the reduction of needlesticks and sharps injuries and costs of employer operations.

RULES AUTHORITY: The bill requires rule-making by the Department of Labor and Industries.

FISCAL NOTE: Not requested.

EFFECTIVE DATE: Ninety days after adjournment of session in which bill is passed.