

SENATE BILL REPORT

ESSB 6416

As Passed Senate, February 9, 2000

Title: An act relating to needlesticks and sharps protections.

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

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Thibaudeau, Deccio, Wojahn, Rasmussen, Johnson, Franklin, B. Sheldon, Costa, Prentice, Sheahan, Fraser, Swecker, McAuliffe, Winsley, Kohl-Welles, Haugen, Benton, Spanel, McDonald and Oke).

Brief History:

Committee Activity: Health & Long-Term Care: 1/17/2000, 1/31/2000 [DPS].
Passed Senate, 2/9/2000, 39-9.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 6416 be substituted therefor, and the substitute bill do pass.

Signed by Senators Thibaudeau, Chair; Costa, Deccio, Franklin, Johnson and Winsley.

Staff: Jinnah Rose-McFadden (786-7444)

Background: The federal government estimates that health care workers incur between 600,000 and 1 million needle stick injuries per year. Many of these needles have been used and are potentially contaminated. Of all the bloodborne diseases transmitted by used needles, the human immunodeficiency virus (HIV) usually raises the most concern. However, there are up to 20 other bloodborne diseases that can be transmitted to health care workers as a result of exposure to blood on the job. Of these, Hepatitis B and Hepatitis C pose the most serious threat to health care workers. Experts now estimate that more health care workers will eventually die due to complications from occupational exposure to Hepatitis C than from HIV.

Summary of Bill: The Department of Labor and Industries (L&I) must adopt rules by March 1, 2001, governing occupational exposure to bloodborne pathogens, such as Hepatitis B virus, Hepatitis C virus, and HIV.

L&I's rules must require each employer to conduct product evaluations of needleless systems and sharps. The evaluation process must be conducted with meaningful input from front line workers, begin by April 1, 2001, and continue for no less than six months.

Within three months of the effective date of the rules, each employer must adopt a written exposure control plan and establish a sharps injury log. The control plan should be updated, not less than annually.

Exposure control plans must include procedures that: identify needleless systems and sharps with engineered sharps injury protection; establish an advisory evaluation committee; ensure that all front line workers are trained in the use of these controls; and ensure that all exposure incidents are reported in the sharps injury log.

Within nine months of the effective date of the rules, each employer must implement engineering controls. Needleless systems and sharps with engineering sharps injury protections must be included as engineering and work practice controls.

Exceptions are set forth to the engineering control requirements for sharps and needles where: engineering controls are not available in the marketplace; engineering controls would jeopardize safety according to the employer and front line workers; and engineering controls are not safer according to the employer after certification that employers were adequately trained with a normal adjustment period to adapt to the new device.

The Department of Labor and Industries must compile and maintain a list of existing needleless systems and sharps with engineered sharps injury protection. This list must be made available to employers.

Employers of ten or fewer employees are provided with flexible options. These employers may form joint evaluation committees, established by multiple small business employers, to evaluate new technology and update written procedures. In lieu of creating and using sharps injury logs, OSHA 200 logs may be used to record sharps injury data.

L&I is authorized to promulgate additional amendments to the bloodborne pathogens standard, as necessary.

To the extent that funds are available, L&I may evaluate the impact of these rules on the reduction of needlestick and sharps injuries and the costs to employers.

These requirements do not apply to the practice of dentistry.

Appropriation: None.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: Accidental needle sticks add stress to the lives of medical personnel. When there is an accidental needle stick in the workplace, medical personnel often wait months for medical tests to conclusively determine that an infectious disease has not been transmitted.

Accidental needle sticks are avoidable with the use of safety mechanisms. The FDA has identified over 250 safe devices.

While OSHA recently set forth a directive that mandates the use of safe devices, local rules are necessary to provide additional safeguards to medical personnel.

Testimony Against: Local medical practitioners are complying with OSHA's directive that mandates the use of safe devices. Therefore, local rules are unnecessary, duplicative, and laborious.

Concerns are expressed that the authority granted to L&I is overly broad and that local rules may hinder future compliance efforts, if the federal directive significantly changes.

Testified: PRO: Louise Kaplan, Aileen Weduik, WSNA; Diane Sosne, 119 NW/SEIU; Eric Thoman, Valley Medical Center; Michael Silverstein, L&I; Barney Speight, Kaiser Permanente; Ken Bertrand, Group Health; Paul Nielsen, Pharmacia & Upjohn; Robby Stern, WSLC AFL/CIO; CON: Frank Morrison, WA State Podiatric Medical Association; Andy Dolan, WA State Medical Association; Jeff Larsen, WOMA.