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HOUSE BILL 1800

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By Representatives Cody, Pflug, Cooper, Campbell, Conway, O'Brien, Schual-Berke, Parlette, Ruderman, Edwards, Keiser, Boldt, Lovick, Sullivan, Haigh, Kagi, Edmonds and Mitchell

Read first time 02/05/1999. Referred to Committee on Health Care.

AN ACT Relating to needle stick protections; and adding a new section to chapter 49.17 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec. 1.** A new section is added to chapter 49.17 RCW to read as follows:

(1) The department shall, by September 1, 1999, adopt emergency rules revising the bloodborne pathogen standard governing occupational exposure to blood and other potentially infectious materials in accordance with subsection (3) of this section. Following adoption of the emergency rules, the department shall complete the rule adoption process and formally adopt rules embodying a bloodborne pathogen standard meeting the requirements of subsection (4) of this section. This permanent rule shall become operative within six months of the date the emergency rules were issued. The emergency rules adopted under this section shall remain in effect until the permanent rules become operative.

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

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

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

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

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

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

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

(e) "Needleless system" means a device that does not use needles for:

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

(ii) The administration of medication or fluids; and

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

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

(g) "Sharps injury" means any injury caused by a sharp, including, but not limited to, cuts, abrasions, needlesticks, or human bites.

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

(3) The emergency rules adopted under subsection (1) of this section shall require each employer to conduct product evaluations of needleless systems and sharps, with engineered sharps injury protections commencing by the effective date of the emergency rules. Product evaluations should include, but not be limited to, the following categories of devices as used in the employer's facilities:

(a) I.V. catheters;

(b) I.V. access devices and I.V. connectors;

(c) Vacuum-tube blood collection devices;

(d) Blood-drawing devices such as phlebotomy needle/tube holders, butterfly-type devices, and syringes;

(e) Syringes used for purposes other than blood drawing;

(f) Suture needles;

(g) Scalpel devices; and

(h) Any other category of device used at the employer's facility where there is a sharps injury risk.

For each category of device, product evaluations should be conducted by front-line health care workers representing all wards and medical specialties where they are used. The product evaluation period should continue for not less than six months from the date of commencement.

(4) The department shall adopt a standard, as described in subsection (1) of this section, to be developed within six months of the date the emergency rules were issued. The standard shall include, but not be limited to, the following:

(a) A requirement that needleless systems and sharps with engineered sharps injury protection be included as engineering and work practice controls, except in cases where an evaluation committee, established by the employer, at least half the members of which are front-line health care workers, determines by means of objective product evaluation criteria that use of such devices will jeopardize patient or employee safety with regard to a specific medical procedure;

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

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

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

(i) Date and time of the exposure incident;

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

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

(A) Job classification of the exposed employee;

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

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

(D) How the incident occurred;

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

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

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

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

(5) The department shall consider additional revisions to the bloodborne pathogen standard to prevent sharps injuries or exposure incidents including, but not limited to, training and educational requirements, measures to increase vaccinations, strategic placement of sharps containers as close to the work area as practical, and increased use of personal protective equipment.

(6) The department of health shall compile and maintain a list of existing needleless systems and sharps with engineered sharps injury protection, that is available to assist employers in complying with the requirements of the bloodborne pathogen standard adopted under this section. The list may be developed from existing sources of information including, but not limited to, the federal food and drug administration, the federal centers for disease control, the national

institute of occupational safety and health, and the United States department of veterans affairs.

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