
ENGROSSED SENATE BILL 5597

State of Washington

56th Legislature

1999 Regular Session

By Senators Fraser, Swecker, Jacobsen, Morton, Fairley, Rasmussen and Winsley

Read first time 01/28/1999. Referred to Committee on Environmental Quality & Water Resources.

1 AN ACT Relating to occupational health standards for airborne
2 pathogens, bloodborne pathogens, and waterborne pathogens; adding a new
3 section to chapter 49.17 RCW; creating new sections; and providing an
4 expiration date.

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

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

15 NEW SECTION. **Sec. 2.** (1) The department of labor and industries
16 shall review available data, studies, hazard analyses, and other
17 information regarding the potential for employee exposure to airborne
18 or waterborne biological hazards in the handling, transport, treatment,

1 and disposal of biomedical waste. Based on this review, the department
2 shall make recommendations for appropriate action under the
3 department's existing authority to protect workers and develop a plan
4 for implementing the recommendations. The department shall report to
5 the legislature its findings, recommendations, and implementation plan
6 and recommendations for action by the legislature no later than
7 December 1, 1999.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

27 (a) A requirement that needleless systems and sharps with
28 engineered sharps injury protection be included as engineering and work
29 practice controls. However, the engineering control is not required
30 if:

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

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

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

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

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

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

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

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

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

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

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

27 (A) Job classification of the exposed employee;

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

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

31 (D) How the incident occurred;

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

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

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

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

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

5 (a) Evaluate new technology through its own evaluation committee,
6 a joint evaluation committee, established by multiple small business
7 employers, at least half the members of which are front-line health
8 care workers, or an evaluation committee established under the auspices
9 of the department, at least half the members of which are front-line
10 health care workers;

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

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

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

21 (6) The department of health shall compile and maintain a list of
22 existing needleless systems and sharps with engineered sharps injury
23 protection, that is available to assist employers in complying with the
24 requirements of the bloodborne pathogen standard adopted under this
25 section. The list may be developed from existing sources of
26 information including, but not limited to, the federal food and drug
27 administration, the federal centers for disease control, the national
28 institute of occupational safety and health, and the United States
29 department of veterans affairs.

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