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SENATE BILL 5880

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State of Washington

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By Senators Thibaudeau, Winsley, Wojahn, Heavey, Franklin, Deccio, Prentice, McAuliffe, Costa, Swecker, McDonald, Johnson, B. Sheldon and Oke

Read first time 02/15/1999. Referred to Committee on Health & Long-Term Care.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 (a) I.V. catheters;

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

9 (c) Vacuum-tube blood collection devices;

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

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

13 (f) Suture needles;

14 (g) Scalpel devices; and

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

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

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

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

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

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

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

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