

CS FOR SENATE BILL NO. 261(FIN)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIRST LEGISLATURE - SECOND SESSION

BY THE SENATE FINANCE COMMITTEE

Offered: 4/14/00

Referred: Rules

Sponsor(s): SENATORS ELTON, Pearce, Donley, Ellis, Tim Kelly, Mackie, Lincoln

REPRESENTATIVES Barnes, Davies, Kapsner, James

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to needle stick and sharps injury protections and the use of
2 safe needles by health care facilities and health care professionals; relating to the
3 vaccination of health care workers against diseases transmitted by bloodborne
4 pathogens; and providing for an effective date."

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

6 * Section 1. AS 18.60 is amended by adding new sections to read:

7 **Article 13. Health Care Protections.**

8 **Sec. 18.60.880. Needle stick and sharps injury protections for health care**
9 **workers.** (a) An employer shall conduct product evaluations of needleless systems
10 and sharps with engineered sharps injury protections. The product evaluations shall
11 include the categories of devices that are used in the employer's facilities. For each
12 category of device, the product evaluations shall be performed by front-line health care
13 workers representing all wards and medical specialties where the devices are used.
14 The evaluation committee described in (g) of this section shall determine the amount

1 of time necessary for the front-line health care workers to perform product evaluations
2 under this subsection. The categories of devices to be evaluated under this subsection
3 include

- 4 (1) IV catheters;
- 5 (2) IV access devices and IV connectors;
- 6 (3) vacuum-tube blood collection devices;
- 7 (4) blood-drawing devices including phlebotomy needle and tube
- 8 holders, butterfly-type devices, and syringes and other similar devices;
- 9 (5) syringes used for purposes other than blood drawing;
- 10 (6) suture needles;
- 11 (7) scalpel devices; and
- 12 (8) any other category of device used at the employer's facilities where
- 13 there is a sharps injury risk.

14 (b) The department shall, by regulation, adopt a standard concerning the use
15 of needleless systems and sharps with engineered sharps injury protections for devices
16 listed in (a) of this section. The regulations must provide that

17 (1) needleless systems and sharps with engineered sharps injury
18 protections must be included as engineering and work practice controls; however, the
19 needleless systems and sharps with engineered sharps injury protections are not
20 required if

21 (A) the devices are not available in the marketplace;

22 (B) the evaluation committee described in (g) of this section
23 determines by means of objective product evaluation criteria that use of the
24 devices may jeopardize patient safety if used for

25 (i) a class or type of procedure; or

26 (ii) a class or type of procedure when performed on a
27 certain type of patient;

28 (C) a certified or licensed health care worker directly involved
29 in the patient's care determines, in the reasonable exercise of clinical judgment,
30 that use of the devices will jeopardize the patient's safety or the success of the
31 particular medical procedure involving the patient; a health care worker who

1 makes this determination shall file a report with the employer, in writing,
 2 including the date, time, patient, and procedure involved, and a statement of the
 3 reasons why the employee failed to use an approved needleless system or sharp
 4 with engineered sharps injury protections;

5 (D) the employer can demonstrate by means of objective
 6 product evaluation criteria that use of the devices is not more effective in
 7 preventing exposure incidents than the alternative used by the employer; or

8 (E) the employer can demonstrate, with respect to an
 9 engineering control that has not been available in the marketplace for at least
 10 12 months, that reasonably specific and reliable information is not available
 11 regarding the safety performance of the engineering control for the employer's
 12 procedures, and that the employer is actively determining by means of
 13 objective product evaluation criteria whether the use of the engineering control
 14 will reduce the risk of exposure incidents occurring in the employer's
 15 workplace;

16 (2) a written exposure control plan include an effective procedure for
 17 identifying and selecting existing needleless systems and sharps with engineered sharps
 18 injury protections; the procedure must provide that an evaluation committee described
 19 in (g) of this section has responsibility for identifying and selecting the devices;

20 (3) written exposure control plans shall be updated when necessary to
 21 reflect progress in implementing needleless systems and sharps with engineered sharps
 22 injury protections as determined by the evaluation committee described in (g) of this
 23 section; updating must occur at least once every year;

24 (4) information concerning exposure incidents shall be recorded in a
 25 sharps injury log as required by (c) of this section.

26 (c) A sharps injury log must include at least

27 (1) the date and time of the exposure incident;

28 (2) the type and brand of sharp involved in the exposure incident; and

29 (3) the description of the exposure incident that must include

30 (A) the job classification of the exposed employee;

31 (B) the department or work area where the exposure incident

1 occurred;

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

4 (D) how the incident occurred;

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

6 (F) if the sharp had engineered sharps injury protections,
7 whether the protective mechanism was activated, and whether the injury
8 occurred before the protective mechanism was activated, during activation of
9 the mechanism, or after activation of the mechanism;

10 (G) if the sharp had no engineered sharps injury protections, the
11 injured employee's opinion as to whether and how such a mechanism could
12 have prevented the injury, as well as the basis for the opinion; and

13 (H) whether an engineering, administrative, or work practice
14 control could have prevented the injury, as well as the recorder's basis for the
15 opinion.

16 (d) The department shall adopt regulations to implement AS 18.60.880 -
17 18.60.890 and to revise the bloodborne pathogen standard to prevent sharps injuries
18 or exposure incidents. The regulations may include

19 (1) training and education requirements;

20 (2) measures to encourage the vaccination of health care workers
21 against diseases transmitted by bloodborne pathogens;

22 (3) requirements for the strategic placement of sharps containers as
23 close to the work area as practical; and

24 (4) requirements for the increased use of personal protective equipment.

25 (e) The department shall compile and maintain a list of sources of information
26 on existing needleless systems and sharps with engineered sharps injury protections.
27 The department shall make the list available to assist employers in complying with the
28 requirements of the bloodborne pathogen standard adopted under this section.

29 (f) Standards adopted under (b) of this section do not apply to the use of a
30 drug or biologic prepackaged within an administration system or used in a prefilled
31 syringe that is approved for commercial distribution or investigational use by the

1 federal Food and Drug Administration.

2 (g) An employer who employs 10 or more front-line health care workers shall
3 establish an evaluation committee, at least half the members of which are front-line
4 health care workers. An employer who employs fewer than 10 front-line health care
5 workers shall establish an evaluation committee with at least one member who is a
6 front-line health care worker. An employer who has established a committee before
7 the effective date of this section that satisfies the requirements of this subsection is not
8 required to establish an additional committee under this subsection.

9 (h) Standards adopted under this section do not apply to an employer or
10 supervised employee who primarily uses needles and other sharps for intraoral
11 procedures.

12 **Sec. 18.60.890. Definitions.** In AS 18.60.880 - 18.60.890,

13 (1) "bloodborne pathogens" means pathogenic microorganisms that are
14 present in human blood and can cause disease in humans, including hepatitis B virus,
15 hepatitis C virus, and human immunodeficiency virus;

16 (2) "department" means the Department of Labor and Workforce
17 Development;

18 (3) "employer"

19 (A) means an employer having an employee with occupational
20 exposure to human blood or other material potentially containing bloodborne
21 pathogens; but

22 (B) does not include an employer who has fewer than 25 full-
23 time-equivalent employees;

24 (4) "engineered sharps injury protections" means a physical attribute
25 built into

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

31 (B) another type of needle device, or a nonneedle sharp, that

1 effectively reduces the risk of an exposure incident;

2 (5) "engineering controls" means controls, including needleless systems
3 and sharps with engineered sharps injury protections, that isolate or remove the
4 bloodborne pathogens hazard from the workplace;

5 (6) "front-line health care worker" means a nonmanagerial employee
6 responsible for direct patient care with potential occupational exposure to sharps-
7 related injuries;

8 (7) "needleless system" means a device that does not use needles for

9 (A) the withdrawal of body fluids after initial venous or arterial
10 access is established;

11 (B) the administration of medication or fluids; or

12 (C) another procedure involving the potential for an exposure
13 incident;

14 (8) "sharp" means an object used or encountered in a health care setting
15 that can be reasonably anticipated to penetrate the skin or any other part of the body
16 and to result in an exposure incident, including needle devices, scalpels, lancets,
17 broken glass, and broken capillary tubes;

18 (9) "sharps injury" means cuts, abrasions, needlesticks, or other injuries
19 caused by a sharp;

20 (10) "sharps injury log" means a written or electronic record satisfying
21 the requirements of AS 18.60.880(c);

22 (11) "work practice controls" are controls that reduce the likelihood of
23 exposure by altering the manner in which a task is performed.

24 * **Sec. 2.** AS 18.60.880(f) is repealed December 31, 2003.

25 * **Sec. 3.** This Act takes effect January 1, 2001.