CS FOR SENATE BILL NO. 261(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIRST LEGISLATURE - SECOND SESSION

BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered: 3/23/00
Referred: Finance

Sponsor(s): SENATORS ELTON, Pearce, Donley, Ellis

A BILL

FOR AN ACT ENTITLED

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

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

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

Article 13. Health Care Protections.

Sec. 18.60.880. Needle stick and sharps injury protections for health care workers. (a) An employer shall conduct product evaluations of needleless systems and sharps with engineered sharps injury protections that are used in the employer's facilities. For each category of device, the product evaluations shall be conducted by front-line health care workers representing all wards and medical specialties where the devices are used. The product evaluation period must last at least six months. The categories of devices to be evaluated under this subsection include

(1) IV catheters;

(2) IV access devices and IV connectors;

(3) vacuum-tube blood collection devices;

(4) blood-drawing devices including phlebotomy needle and tube holders, butterfly-type devices, and syringes and other similar devices;

(5) syringes used for purposes other than blood drawing;

(6) suture needles;

(7) scalpel devices; and

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

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

(1) needleless systems and sharps with engineered sharps injury protections must be included as engineering and work practice controls; however, the engineering control is not required if 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 the devices will jeopardize patient or employee safety with regard to a specific medical procedure;

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

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

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

(c) A sharps injury log must include at least

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

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

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

(A) the job classification of the exposed employee;

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

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

(1) training and education requirements;

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

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

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

(e) The department shall compile and maintain a list of sources of information on existing needleless systems and sharps with engineered sharps injury protections.

The department shall make the list available to assist employers in complying with the requirements of the bloodborne pathogen standard adopted under this section.

(f) Subject to appropriation, the department shall establish a needlestick injury fund. The department may make grants from the fund for research into, development of, and product evaluation of, needleless systems and sharps with engineered sharps injury protections.

(g) Standards adopted under (b) of this section do not apply to the use of a drug or biologic prepackaged within an administration system or used in a prefilled syringe that is approved for commercial distribution or investigational use by the federal Food and Drug Administration if the standards exceed the requirements of the comparable Occupational Safety and Health Administration standards.

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

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

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

(3) "employer" means an employer having an employee with occupational exposure to human blood or other material potentially containing bloodborne pathogens;

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

(A) 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

(B) another type of needle device, or a nonneedle sharp, that effectively reduces the risk of an exposure incident;

(5) "engineering controls" means controls, including needleless systems and sharps with engineered sharps injury protections, that isolate or remove the

bloodborne pathogens hazard from the workplace;

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

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

(B) the administration of medication or fluids; or

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

(7) "sharp" means an 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 needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires, and dental knives, drills, and burs;

(8) "sharps injury" means cuts, abrasions, needlesticks, other injuries caused by a sharp, or human bites;

(9) "sharps injury log" means a written or electronic record satisfying the requirements of AS 18.60.880(c).

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

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