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THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 623 Session of 2001

INTRODUCED BY CORMAN, MOWERY, COSTA, HELFRICK, LAVALLE, PUNT, TARTAGLIONE, THOMPSON, TOMLINSON AND WAUGH, MARCH 12, 2001

REFERRED TO PUBLIC HEALTH AND WELFARE, MARCH 12, 2001

AN ACT

Relating to bloodborne pathogen standards governing exposure to certain persons.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Short title.

This act shall be known and may be cited as the Bloodborne Pathogen Standard Act.

Section 2. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Bloodborne pathogens." 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 (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

"Department." The Department of Health of the Commonwealth.

"Employer." Each employer having public employees with occupational exposure to blood or other material potentially containing bloodborne pathogens.

"Engineered sharps injury protection." Either:

(1) a physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery or administering medications or other fluids, which 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

(2) 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.

"Front-line health care worker." A nonmanagerial employee responsible for direct patient care with potential occupational exposure to sharps-related injuries.

"Needleless system." A device that does not utilize needles for:

(1) The withdrawal of body fluids after initial venous or arterial access is established.

(2) The administration of medication or fluids.

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

"Public employee." An employee of the State or a local governmental unit or agency thereof employed in a health care facility, home health care organization or other facility providing health care-related services. The term does not apply to a licensed person who provides only intra-oral care.

"Sharp." 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 or broken capillary tubes.

"Sharps injury." Any injury caused by a sharp, including, but not limited to, cuts, abrasions or needlesticks.

"Sharps injury log." A written or electronic record satisfying the requirements of this act.

Section 3. Department of Health.

(a) Adoption of standard.--The department shall adopt a bloodborne pathogen standard governing public employees to be developed no later than six months from the date of enactment of this act.

(b) Standards.--The standard shall be at least as prescriptive as the standard promulgated by the Federal Occupational Safety and Health Review Commission and shall include, but not be limited to, the following:

(1) A requirement that needleless systems and sharps with engineered sharps injury protection be included as engineering and work practice controls. However, such engineering controls shall not be required if:

(i) none is available in the marketplace; or

(ii) an evaluation committee, as described in paragraph (2)(v) 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.

(2) A requirement that each employer develop and implement an effective written exposure control plan that includes, but is not limited to, procedures for:

(i) identifying and selecting needleless systems and

sharps with engineered sharps injury protection through the evaluation committee described in subparagraph (v);

(ii) updating the written exposure control plan when necessary to reflect progress in implementing needleless systems and sharps with engineered sharps injury protection as determined by the evaluation committee described in subparagraph (v), but in no event less than once every year;

(iii) recording information concerning exposure incidents in a sharps injury log, including, but not limited to:

(A) Date and time of the exposure incident.

(B) Type and brand of sharp involved in the exposure incident.

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

(I) Job classification of the exposed employee.

(II) Department or work area where the exposure incident occurred.

(III) The procedure that the exposed employee was performing at the time of the incident.

(IV) How the incident occurred.

(V) The body part involved in the exposure incident.

(VI) 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.

(VII) If the sharp had no engineered sharps injury protection, whether and how such a mechanism could have prevented the injury, as well as the basis for the assessment.

(VIII) An assessment of whether any other engineering, administrative or work practice control could have prevented the injury, as well as the basis for the assessment;

(iv) ensuring that all front-line health care workers are trained on the use of all engineering controls before they are introduced into the clinical setting; and

(v) establishing an evaluation committee, at least half the members of which are frontline health care workers from a variety of occupational classifications and departments, including, but not limited to, nurses, nurse aides, technicians, phlebotomists and physicians, to advise the employer on the implementation of the requirements of this act. Members of the committee shall be trained in the proper method of utilizing product evaluation criteria prior to the commencement of any product evaluation.

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

equipment.

(d) Transitional period for certain drugs and biologics.--The use of a drug or biologic that is prepackaged with an administration system or used in a prefilled syringe and is approved for commercial distribution or investigational use by the Federal Food and Drug Administration shall be exempt for any standard adopted under subsection (b) or additional measures adopted under subsection (c) for a period of three years from the effective date of this act.

(e) Compilation and maintenance of list.--The department shall compile and maintain a list of needleless systems and sharps with engineered sharps injury protection, which shall be available to assist employers in complying with the requirements of the bloodborne pathogen standard adopted pursuant to 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.

Section 4. Effective date.

This act shall take effect in 120 days.