## 106TH CONGRESS 1ST SESSION H.R. 1899

To require the Secretary of Labor to issue regulations to eliminate or minimize the significant risk of needlestick injury to health care workers.

## IN THE HOUSE OF REPRESENTATIVES

#### May 20, 1999

Mr. STARK (for himself, Mrs. ROUKEMA, Mr. GEORGE MILLER of California, and Mr. ANDREWS) introduced the following bill; which was referred to the Committee on Education and the Workforce, and in addition to the Committees on Commerce, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

# A BILL

- To require the Secretary of Labor to issue regulations to eliminate or minimize the significant risk of needlestick injury to health care workers.
  - 1 Be it enacted by the Senate and House of Representa-
  - 2 tives of the United States of America in Congress assembled,

## **3** SECTION 1. SHORT TITLE.

4 This Act may be cited as the "Health Care Worker

5 Needlestick Prevention Act".

#### 6 SEC. 2. REQUIREMENTS.

7 (a) Bloodborne Pathogens Standard.—

1	(1) IN GENERAL.—Except as provided in para-
2	graph (2), the Secretary of Labor, acting through
3	the Occupational Safety and Health Administration,
4	shall amend the bloodborne pathogens standard to
5	require that—
6	(A) employers utilize needleless systems
7	and sharps with engineered sharps injury pro-
8	tections in their work sites to prevent the
9	spread of bloodborne pathogens; and
10	(B) to assist employers in meeting the re-
11	quirement of subparagraph (A), non-managerial
12	direct care health care workers of employers
13	participate in the identification and evaluation
14	of needleless systems and sharps with engi-
15	neered sharps injury protections.
16	(2) EXCEPTION.—The bloodborne pathogens
17	standard requirements of paragraph (1) shall apply
18	to any employer, except where the employer dem-
19	onstrates, to the Secretary's satisfaction, that—
20	(A) there are circumstances in the employ-
21	er's work facility in which the needleless sys-
22	tems and sharps with engineered sharps injury
23	protections do not promote employee safety,
24	interfere with patient safety, or interfere with
25	the success of a medical procedure; or

1 (B) the needleless systems and sharps with 2 engineered sharps injury protections required 3 are not commercially available to the employer. 4 (b) STANDARD CONTENT.—For carrying out the re-5 quirement of subsection (a)(1) for needleless systems and sharps with engineered sharps injury protections, the 6 7 amendment required by subsection (a) shall include the 8 following:

9 (1) EXPOSURE CONTROL PLAN.—The employer 10 shall include in their exposure control plan an effec-11 tive procedure for identifying and selecting existing 12 needleless systems and sharps with engineered 13 sharps injury protections and other methods of pre-14 venting bloodborne pathogens exposure.

15 (2) SHARPS INJURY LOG.—In addition to the 16 recording of all injuries from contaminated sharps 17 on the OSHA Occupational Injuries and Illnesses 18 200 log or its equivalent, the employer shall main-19 tain a separate contaminated sharps injury log con-20 taining the following information (to the extent such 21 information is known to the employer) with regard to each exposure incident: 22

23 (A) Date and time of the exposure inci-24 dent.

1	(B) Type and brand of sharp involved in
2	the exposure incident.
3	(C) Description of the exposure incident
4	which shall include—
5	(i) job classification of the exposed
6	employee;
7	(ii) department or work area where
8	the exposure incident occurred;
9	(iii) the procedure that the exposed
10	employee was performing at the time of
11	the incident;
12	(iv) how the incident occurred;
13	(v) the body part involved in the expo-
14	sure incident;
15	(vi) if the sharp had engineered
16	sharps injury protections—
17	(I) whether the protective mecha-
18	nism was activated, and whether the
19	injury occurred before the protective
20	mechanism was activated, during acti-
21	vation of the mechanism, or after acti-
22	vation of the mechanism, if applicable;
23	and
24	(II) whether the employee re-
25	ceived training on how to use the de-

5 1 vice before use, and a brief description 2 of the training; 3 (vii) if the sharp had no engineered 4 sharps injury protections, the injured employee's opinion as to whether and how 5 6 such a mechanism could have prevented 7 the injury, as well as the basis for the 8 opinion; and 9 (viii) the employee's opinion about 10 whether any other engineering, administra-11 tive, or work practice control could have 12 prevented the injury as well as the basis 13 for the opinion. 14 (3) TRAINING.—A requirement that all direct 15 care health care workers shall be provided adequate 16 training on the use of all needleless systems and 17 sharps with engineered sharps injury protections 18 which they may be required to use. 19 SEC. 3. NATIONAL CLEARINGHOUSE ON SAFER NEEDLE 20 **TECHNOLOGY.** 21 (a) IN GENERAL.—The Director of the National In-22 stitute for Occupational Safety and Health shall establish 23 and maintain a national database on existing needleless

systems and sharps with engineered sharps injury protec-

25 tions.

(b) EVALUATION CRITERIA.—The Director shall de velop a set of evaluation criteria for use by employers, em ployees, and other persons when they are evaluating and
 selecting needleless systems and sharps with engineered
 sharps injury protections.

6 (c) TRAINING.—The Director shall develop a model 7 training curriculum to train employers, employees, and 8 other persons on the process of evaluating needleless sys-9 tems and sharps with engineered sharps injury protections 10 and shall (to the extent feasible) provide technical assist-11 ance to persons who request such assistance.

12 (d) MONITORING.—The Director shall establish a na-13 tional system to collect comprehensive data on needlestick injuries to healthcare workers, including data on mecha-14 15 nisms to analyze and evaluate prevention interventions in relation to needlestick injury occurrence. In carrying out 16 its duties under this subsection, the National Institute for 17 Occupational Safety and Health shall have access to infor-18 19 mation recorded by employers on the sharps injury log as 20 required by section 2(b)(2).

(e) AUTHORIZATION.—There is authorized to be appropriated \$15,000,000 to the National Institute of Occupational Safety and Health to carry out the requirements
of this section.

### 1 SEC. 4. DEFINITIONS.

2 For purposes of this Act:

3 (1) BLOODBORNE PATHOGENS.—The term
4 "bloodborne pathogens" means pathogenic micro5 organisms that are present in human blood and can
6 cause disease in humans. These pathogens include
7 hepatitis B virus, hepatitis C virus, and human im8 munodeficiency virus.

9 (2) CONTAMINATED.—The term "contami-10 nated" means the presence or the reasonably antici-11 pated presence of blood or other potentially infec-12 tious materials on an item or surface.

13 (3) DIRECT CARE HEALTH CARE WORKER.—
14 The term "direct care health care worker" means an
15 employee responsible for direct patient care with po16 tential occupational exposure to sharps related inju17 ries.

(4) EMPLOYER.—The term "employer" means
each employer having an employee with occupational
exposure to human blood or other material potentially containing bloodborne pathogens.

(5) ENGINEERED SHARPS INJURY PROTECTIONS.—The term "engineered sharps injury protections" means—

25 (A) a physical attribute built into a needle
26 device used for withdrawing body fluids, access-

1	ing a vein or artery, or administering medica-
2	tions or other fluids, that effectively reduces the
3	risk of an exposure incident by a mechanism
4	such as barrier creation, blunting, encapsula-
5	tion, withdrawal, retraction, destruction, or
6	other effective mechanisms; or
7	(B) a physical attribute built into any
8	other type of needle device, or into a nonneedle
9	sharp, which effectively reduces the risk of an
10	exposure incident.
11	(6) NEEDLELESS SYSTEM.—The term
12	"needleless system" means a device that does not
13	use needles for—
14	(A) the withdrawal of body fluids after ini-
15	tial venous or arterial access is established;
16	(B) the administration of medication or
17	fluids; and
18	(C) any other procedure involving the po-
19	tential for an exposure incident.
20	(7) Sharp.—The term "sharp" means any ob-
21	ject used or encountered in a health care setting
22	that can be reasonably anticipated to penetrate the
23	skin or any other part of the body, and to result in
24	an exposure incident, including, but not limited to,
25	needle devices, scalpels, lancets, broken glass, broken

1	capillary tubes, exposed ends of dental wires and
2	dental knives, drills, and burs.
3	(8) Sharps injury.—The term "sharps in-
4	jury" means any injury caused by a sharp, including
5	cuts, abrasions, or needlesticks.

6 (9) SHARPS INJURY LOG.—The term "sharps injury log" means a written or electronic record sat-7 8 is fying the requirements of section 2(b)(2).

#### 9 SEC. 5. APPLICATION TO MEDICARE HOSPITALS.

10 The Secretary of Health and Human Services shall provide by regulation that, as a condition of participation 11 12 under the medicare program under title XVIII of the So-13 cial Security Act of a hospital that is not otherwise subject to the bloodborne pathogens standard amended under sec-14 15 tion 2(a) because it is exempt from regulation by the Occupational Safety and Health Administration, the hospital 16 shall comply with the bloodborne pathogen standard 17 amended under section 2(a) with respect to any employees 18 19 of the hospital, effective at the same time as such amended 20 standard would have applied to the hospital if it had not 21 been so exempt.

#### 22 SEC. 6. EFFECTIVE DATE.

23 This Act shall become effective upon the date of its 24 enactment, except that the Secretary of Labor shall take

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1 the action required by section 2 within one year of such

2 date.