

106TH CONGRESS
2D SESSION

H. R. 5178

AN ACT

To require changes in the bloodborne pathogens standard in effect under the Occupational Safety and Health Act of 1970.

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To require changes in the bloodborne pathogens standard in effect under the Occupational Safety and Health Act of 1970.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Needlestick Safety and
3 Prevention Act.”

4 **SEC. 2. FINDINGS.**

5 The Congress finds the following:

6 (1) Numerous workers who are occupationally
7 exposed to bloodborne pathogens have contracted
8 fatal and other serious viruses and diseases, includ-
9 ing the human immunodeficiency virus (HIV), hepa-
10 titis B, and hepatitis C from exposure to blood and
11 other potentially infectious materials in their work-
12 place.

13 (2) In 1991 the Occupational Safety and
14 Health Administration issued a standard regulating
15 occupational exposure to bloodborne pathogens, in-
16 cluding the human immunodeficiency virus, (HIV),
17 the hepatitis B virus (HBV), and the hepatitis C
18 virus (HCV).

19 (3) Compliance with the bloodborne pathogens
20 standard has significantly reduced the risk that
21 workers will contract a bloodborne disease in the
22 course of their work.

23 (4) Nevertheless, occupational exposure to
24 bloodborne pathogens from accidental sharps inju-
25 ries in health care settings continues to be a serious
26 problem. In March 2000, the Centers for Disease

1 Control and Prevention estimated that more than
2 380,000 percutaneous injuries from contaminated
3 sharps occur annually among health care workers in
4 United States hospital settings. Estimates for all
5 health care settings are that 600,000 to 800,000
6 needlestick and other percutaneous injuries occur
7 among health care workers annually. Such injuries
8 can involve needles or other sharps contaminated
9 with bloodborne pathogens, such as HIV, HBV, or
10 HCV.

11 (5) Since publication of the bloodborne patho-
12 gens standard in 1991 there has been a substantial
13 increase in the number and assortment of effective
14 engineering controls available to employers. There is
15 now a large body of research and data concerning
16 the effectiveness of newer engineering controls, in-
17 cluding safer medical devices.

18 (6) 396 interested parties responded to a Re-
19 quest for Information (in this section referred to as
20 the “RFI”) conducted by the Occupational Safety
21 and Health Administration in 1998 on engineering
22 and work practice controls used to eliminate or mini-
23 mize the risk of occupational exposure to bloodborne
24 pathogens due to percutaneous injuries from con-
25 taminated sharps. Comments were provided by

1 health care facilities, groups representing healthcare
2 workers, researchers, educational institutions, pro-
3 fessional and industry associations, and manufactur-
4 ers of medical devices.

5 (7) Numerous studies have demonstrated that
6 the use of safer medical devices, such as needleless
7 systems and sharps with engineered sharps injury
8 protections, when they are part of an overall
9 bloodborne pathogens risk-reduction program, can be
10 extremely effective in reducing accidental sharps in-
11 juries.

12 (8) In March 2000, the Centers for Disease
13 Control and Prevention estimated that, depending
14 on the type of device used and the procedure in-
15 volved, 62 to 88 percent of sharps injuries can po-
16 tentially be prevented by the use of safer medical de-
17 vices.

18 (9) The OSHA 200 Log, as it is currently
19 maintained, does not sufficiently reflect injuries that
20 may involve exposure to bloodborne pathogens in
21 healthcare facilities. More than 98 percent of
22 healthcare facilities responding to the RFI have
23 adopted surveillance systems in addition to the
24 OSHA 200 Log. Information gathered through these
25 surveillance systems is commonly used for hazard

1 identification and evaluation of program and device
2 effectiveness.

3 (10) Training and education in the use of safer
4 medical devices and safer work practices are signifi-
5 cant elements in the prevention of percutaneous ex-
6 posure incidents. Staff involvement in the device se-
7 lection and evaluation process is also an important
8 element to achieving a reduction in sharps injuries,
9 particularly as new safer devices are introduced into
10 the work setting.

11 (11) Modification of the bloodborne pathogens
12 standard is appropriate to set forth in greater detail
13 its requirement that employers identify, evaluate,
14 and make use of effective safer medical devices.

15 **SEC. 3. BLOODBORNE PATHOGENS STANDARD.**

16 The bloodborne pathogens standard published at 29
17 CFR 1910.1030 shall be revised as follows:

18 (1) The definition of “Engineering Controls”
19 (at 29 CFR 1910.1030(b)) shall include as addi-
20 tional examples of controls the following: “safer
21 medical devices, such as sharps with engineered
22 sharps injury protections and needleless systems”.

23 (2) The term “Sharps with Engineered Sharps
24 Injury Protections” shall be added to the definitions
25 (at 29 CFR 1910.1030(b)) and defined as “a non-

1 needle sharp or a needle device used for withdrawing
2 body fluids, accessing a vein or artery, or admin-
3 istering medications or other fluids, with a built-in
4 safety feature or mechanism that effectively reduces
5 the risk of an exposure incident”.

6 (3) The term “Needleless Systems” shall be
7 added to the definitions (at 29 CFR 1910.1030(b))
8 and defined as “a device that does not use needles
9 for (A) the collection of bodily fluids or withdrawal
10 of body fluids after initial venous or arterial access
11 is established, (B) the administration of medication
12 or fluids, or (C) any other procedure involving the
13 potential for occupational exposure to bloodborne
14 pathogens due to percutaneous injuries from con-
15 taminated sharps”.

16 (4) In addition to the existing requirements
17 concerning exposure control plans (29 CFR
18 1910.1030(c)(1)(iv)), the review and update of such
19 plans shall be required to also—

20 (A) “reflect changes in technology that
21 eliminate or reduce exposure to bloodborne
22 pathogens”; and

23 (B) “document annually consideration and
24 implementation of appropriate commercially
25 available and effective safer medical devices de-

1 signed to eliminate or minimize occupational ex-
2 posure”.

3 (5) The following additional recordkeeping re-
4 quirement shall be added to the bloodborne patho-
5 gens standard at 29 CFR 1910.1030(h): “The em-
6 ployer shall establish and maintain a sharps injury
7 log for the recording of percutaneous injuries from
8 contaminated sharps. The information in the sharps
9 injury log shall be recorded and maintained in such
10 manner as to protect the confidentiality of the in-
11 jured employee. The sharps injury log shall contain,
12 at a minimum—

13 “(A) the type and brand of device involved
14 in the incident,

15 “(B) the department or work area where
16 the exposure incident occurred, and

17 “(C) an explanation of how the incident oc-
18 curred.”.

19 The requirement for such sharps injury log shall not
20 apply to any employer who is not required to main-
21 tain a log of occupational injuries and illnesses
22 under 29 CFR 1904 and the sharps injury log shall
23 be maintained for the period required by 29 CFR
24 1904.6.

1 (6) The following new section shall be added to
2 the bloodborne pathogens standard: “An employer,
3 who is required to establish an Exposure Control
4 Plan shall solicit input from non-managerial employ-
5 ees responsible for direct patient care who are poten-
6 tially exposed to injuries from contaminated sharps
7 in the identification, evaluation, and selection of ef-
8 fective engineering and work practice controls and
9 shall document the solicitation in the Exposure Con-
10 trol Plan.”.

11 **SEC. 4. EFFECT OF MODIFICATIONS.**

12 The modifications under section 3 shall be in force
13 until superseded in whole or in part by regulations promul-
14 gated by the Secretary of Labor under section 6(b) of the
15 Occupational Safety and Health Act of 1970 (29 U.S.C.
16 655(b)) and shall be enforced in the same manner and
17 to the same extent as any rule or regulation promulgated
18 under section 6(b).

19 **SEC. 5. PROCEDURE AND EFFECTIVE DATE.**

20 (a) PROCEDURE.—The modifications of the
21 bloodborne pathogens standard prescribed by section 3
22 shall take effect without regard to the procedural require-
23 ments applicable to regulations promulgated under section
24 6(b) of the Occupational Safety and Health Act of 1970

1 (29 U.S.C. 655(b)) or the procedural requirements of
2 chapter 5 of title 5, United States Code.

3 (b) EFFECTIVE DATE.—The modifications to the
4 bloodborne pathogens standard required by section 3
5 shall—

6 (1) within 6 months of the date of the enact-
7 ment of this Act, be made and published in the Fed-
8 eral Register by the Secretary of Labor acting
9 through the Occupational Safety and Health Admin-
10 istration; and

11 (2) at the end of 90 days after such publication,
12 take effect.

Passed the House of Representatives October 3,
2000.

Attest:

Clerk.