

FIRST REGULAR SESSION

HOUSE BILL NO. 635

91ST GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES BARRY, KENNEDY, GREEN (15) AND LIESE (Co-sponsors).

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TED WEDEL, Chief Clerk

1358L.011

AN ACT

To amend chapter 191, RSMo, by adding thereto one new section relating to a blood-borne pathogen standard.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 191, RSMo, is amended by adding thereto one new section, to be known as section 191.714, to read as follows:

191.714. 1. As used in this section, the following terms shall mean:

- (1) "Blood-borne pathogens", pathogenic microorganisms that are present in human blood and can cause disease in humans, including, but not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV);**
- (2) "Employer", any employer having public employees with occupational exposure to blood or other material potentially containing blood-borne pathogens;**
- (3) "Engineered sharps injury protection", either:
 - (a) 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**
 - (b) 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;****
- (4) "Frontline health care worker", a nonmanagerial employee responsible for direct patient care with potential occupational exposure to sharps-related injuries;**
- (5) "Incidental worker", any employee who through the course of his or her employment has the potential for incidental exposure to sharps-related injuries;**
- (6) "Needleless system", a device that does not utilize needles for:**

19 (a) The withdrawal of body fluids after initial venous or arterial access is
20 established;

21 (b) The administration of medication or fluids; and

22 (c) Any other procedure involving the potential for an exposure incident;

23 (7) "Public employee", an employee of the state or local governmental unit, or
24 agency thereof, employed in a health care facility, home health care organization or other
25 facility providing health care related services;

26 (8) "Sharp", any object used or encountered in a health care setting that can be
27 reasonably anticipated to penetrate the skin or any other part of the body, and to result in
28 an exposure incident, including but not limited to needle devices, scalpels, lancets, broken
29 glass or broken capillary tubes;

30 (9) "Sharps injury", any injury caused by a sharp, including but not limited to
31 cuts, abrasions or needlesticks;

32 (10) "Sharps injury log", a written or electronic record satisfying the requirements
33 of paragraph (c) of subdivision (2) of subsection 2 of this section.

34 2. The department of health shall, no later than six months from the effective date
35 of this section, adopt a blood-borne pathogen standard governing occupational exposure
36 of public employees to blood and other potentially infectious materials. The blood-borne
37 pathogen standard shall be at least as prescriptive as the standard promulgated by the
38 federal Occupational Safety and Health Administration and shall include, but not be
39 limited to, the following:

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

43 (a) None are available in the marketplace; or

44 (b) An evaluation committee, described in paragraph (e) of subdivision (2) of this
45 subsection, determines by means of objective product evaluation criteria that use of such
46 devices will jeopardize patient or employee safety with regard to a specific medical
47 procedure;

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

50 (a) Identifying and selecting needleless systems and sharps with engineered sharps
51 injury protection through the evaluation committee described in paragraph (e) of this
52 subdivision;

53 (b) Updating the written exposure control plan when necessary to reflect progress
54 in implementing needleless systems and sharps with engineered sharps injury protection

55 as determined by the evaluation committee described in paragraph (e) of this subdivision,
56 but in no event less than once a year;

57 (c) Recording information in a manner and on a form prescribed by the
58 department of health concerning exposure incidents in a sharps injury log, including, but
59 not limited to:

60 a. Date and time of the exposure incident;

61 b. Type and brand of sharp involved in the exposure incident;

62 c. Description of the exposure incident that shall include:

63 (i) Job classification of the exposed employee;

64 (ii) Department or work area where the exposure incident occurred;

65 (iii) The number of hours worked at the time of the exposure incident;

66 (iv) The procedure that the exposed employee was performing at the time of the
67 incident;

68 (v) How the incident occurred;

69 (vi) The body part involved in the exposure incident; and

70 (vii) If the sharp had engineered sharps injury protection, whether the protective
71 mechanism was activated, and whether the injury occurred before the protective
72 mechanism was activated, during activation of the mechanism or after activation of the
73 mechanism; and

74 d. Description of the exposure incident that may include:

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

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

79 (d) Ensuring that all frontline health care workers are trained on the use of all
80 engineering controls before such workers are introduced into the clinical setting and
81 ensuring that all incidental workers are trained on the dangers of exposure and the proper
82 precautionary measures to be taken when working in areas of potential exposure;

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

89 3. The department of health shall consider additional measures to prevent sharps
90 injuries or exposure incidents, including but not limited to training and educational

91 requirements, increased use of vaccinations, strategic placement of sharps containers as
92 close to the work area as practical and increased use of personal protective equipment.

93 **4. The department of health shall compile and maintain a list of needleless systems**
94 **and sharps with engineered sharps injury protection which shall be available to assist**
95 **employers in complying with the requirements of the blood-borne pathogen standard**
96 **adopted pursuant to this section. The list may be developed from existing sources of**
97 **information, including but not limited to the federal Food and Drug Administration, the**
98 **federal Centers for Disease Control and Prevention, the National Institute of Occupational**
99 **Safety and Health and the United States Department of Veterans Affairs.**

100 **5. By February first of each year, the department of health shall issue an annual**
101 **report to the governor, state auditor, president pro tem of the senate, speaker of the house**
102 **of representatives and the technical advisory committee on the quality of patient care and**
103 **nursing practices on the use of needle safety technology as a means of reducing needlestick**
104 **injuries. By February fifteenth of each year, such report shall be made available to the**
105 **public on the department of health's Internet site.**

106 **6. Any employer who violates the provisions of this section shall be subject to a**
107 **reduction in or loss of state funding as a result of such violations.**