

STATE OF OKLAHOMA

2nd Session of the 47th Legislature (2000)

HOUSE BILL HB2139

By: Paulk

AS INTRODUCED

An Act relating to public health and safety; creating the Needlestick Injury Prevention Act; defining terms; creating the Needlestick Injury Prevention Committee; providing for reimbursement; providing for appointment of officers; providing for duties of the Committee and state agencies, and development of guidelines; providing for public notice, comments, and hearings; requiring certain list; requiring review; requiring promulgation of uniform rules; providing for contents; providing for codification; and declaring an emergency.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-539.1 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. This act shall be known and may be cited as the "Needlestick Injury Prevention Act".

B. For purposes of the Needlestick Injury Prevention Act:

1. "Committee" means the Needlestick Injury Prevention Committee;

2. "Bloodborne pathogens" means 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);

3. "Engineered sharps injury protection" means:

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. "Needleless systems" means devices that do not utilize needles for:

- a. the withdrawal of body fluids after initial venous or arterial access is established,
- b. the administration of medication or fluids, and
- c. any other procedure involving the potential for an exposure incident;

5. "Needlestick injury" means the parenteral introduction into the body of a health care worker of blood or other potentially infectious material by a hollow-bore needle or sharp instrument, including, but not limited to, needles, lancets, scalpels, or contaminated broken glass, during the performance of duties of such worker; and

6. "Sharps" means any objects 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, broken capillary tubes, exposed ends of dental wires and dental knives, drills, and burs.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-539.2 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. By September 1, 2000, each of the following agencies and associations shall appoint a member to the Needlestick Injury Prevention Committee:

1. The State Department of Health;
2. The State Department of Labor;
3. The State Board of Pharmacy;
4. The Oklahoma Board of Nursing;
5. The State Board of Medical Licensure and Supervision;
6. The Oklahoma State Board of Podiatric Examiners;
7. The State Board of Osteopathic Examiners;
8. The Oklahoma Board of Dentistry;
9. The Board of Chiropractic Examiners;
10. The Oklahoma Health Care Authority;
11. The Oklahoma Hospital Association;
12. The Department of Mental Health and Substance Abuse

Services; and

13. The Department of Human Services.

B. The Commissioner of Health shall call the first meeting of the Committee by November 1, 2000.

C. 1. The Committee shall elect a chair and a vice-chair from among its members. The Committee shall meet as often as necessary to develop guidelines for the use of needleless systems and engineered sharps injury protection and comply with the provisions of the Needlestick Injury Prevention Act.

2. The Committee is authorized to utilize the conference rooms of the State Health Department and obtain administrative assistance from the Department as needed.

3. The members of the Committee shall be reimbursed expenses incurred in the performance of their duties as provided in the State Travel Reimbursement Act. For members who are not state employees, the State Department of Health shall be responsible for the processing and payment of any authorized expense incurred in the performance of such members' duties, as provided in the State Travel Reimbursement Act.

D. Before developing any guidelines for the development of uniform rules, the Committee shall give public notice, offer opportunity for public comment and conduct statewide public meetings.

E. The Committee shall hold the statewide public meetings to:

1. Evaluate needleless systems and sharps with engineered sharps injury protection;

2. Consider training and education requirements and increased use of personal protective equipment;

3. Compile a list of existing needleless systems and sharps with engineered sharps injury protection to assist employers;

4. Consider the cost, cost benefit analysis and the availability of a needleless system;

5. Consider the Centers for Disease Control's publication on universal precautions;

6. Develop guidelines for uniform administrative rules related to the use of needleless systems and engineered sharps injury protection; and

7. Evaluate and consider such other data and information necessary to perform its duties and responsibilities pursuant to the provisions of the Needlestick Injury Prevention Act.

F. 1. On or before March 1, 2001, the Committee shall establish guidelines for the development of uniform administrative rules by the agencies specified in Section 3 of this act related to the use of needleless systems and engineered sharps injury protection.

2. On or before May 1, 2001, the agencies listed in Section 3 of this act shall submit copies of proposed rules to the Committee for review.

3. On or before June 1, 2001, the Committee shall review the proposed rules prepared by the agencies for uniformity and compliance with the guidelines established by the Committee. The

Committee shall make recommendations to the agencies for modifications to the proposed rules, as necessary to ensure uniformity and compliance with the established guidelines.

4. On or before July 1, 2001, the Committee shall develop and maintain a list of existing needleless systems and engineered sharps injury protections. This list shall be available to assist employers in complying with the requirement of the standards, adopted in accordance with the Needlestick Injury Prevention Act.

5. Beginning January 1, 2002, the Committee shall meet not less than annually and more often as necessary, as determined by the chair of the Committee for the purpose of reviewing proposed or necessary amendments to the rules promulgated pursuant to the Needlestick Injury Prevention Act, in order to ensure the continuing consistency and uniformity of the rules to provide for necessary revisions of the list.

6. Beginning July 1, 2001, each agency listed in Section 3 of this act shall forward to the Department of Health for review by the Committee copies of proposed amendments to the rules promulgated pursuant to the Needlestick Injury Prevention Act.

G. Each agency listed in Section 3 of this act shall provide information and staff assistance as necessary to prepare the rules, procedures, forms and lists required by the Needlestick Injury Prevention Act.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-539.3 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. By January 1, 2002, each of the state agencies specified in subsection C of this section shall have promulgated uniform rules for the use of needleless systems and engineered sharps injury protection in this state by health care professionals, licensed health care facilities and at other public or private health care locations. Specifically the rules shall require that:

1. Each public or private health care facility or location have a written exposure control plan for risk exposure to bloodborne pathogens;

2. Sharps prevention technology be included as engineering or work practice controls, except in cases where the employer or other appropriate party can demonstrate circumstances in which the technology does not promote employee or patient safety or interferes with a medical procedure. Those circumstances shall be specified in the control plan, and shall include, but not be limited to, circumstances where the technology is medically contraindicated or not more effective than alternative measures used by the employer to prevent exposure incidents;

3. The written exposure control plans include an effective procedure for identifying and selecting existing sharps prevention technology;

4. A written exposure control plan be updated when necessary to reflect progress in implementing the sharps prevention technology when necessary to reflect progress in implementing the sharp prevention technology specified by the Committee and promulgated by rule of the regulating agency;

5. Information concerning exposure incidents be recorded in a sharps injury log, including, but not limited to, the type and brand of device involved in the incident; and

6. Such other requirements deemed necessary by the Needlestick Injury Prevention Committee.

B. The failure of any agency to promulgate rules consistent with the provisions of the Needlestick Injury Prevention Act shall be reported by the Committee in writing to the Speaker of the House of Representatives and the President Pro Tempore of the Senate.

C. Each of the following agencies shall promulgate uniform rules and procedures for the use of needleless systems and

engineered sharps injury protection in compliance with the provisions of the Needlestick Injury Prevention Act:

1. The State Department of Health;
2. The State Department of Labor;
3. The State Board of Pharmacy;
4. The Oklahoma Board of Nursing;
5. The State Board of Medical Licensure and Supervision;
6. The Oklahoma State Board of Podiatric Examiners;
7. The State Board of Osteopathic Examiners;
8. The Oklahoma Board of Dentistry;
9. The Board of Chiropractic Examiners;
10. The Oklahoma Health Care Authority;
11. The Department of Mental Health and Substance Abuse Services; and
12. The Department of Human Services.

SECTION 4. It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

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