House
Legislative
Analysis
Section

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MIOSHA: REQUIRE THE USE OF "SAFE NEEDLES"

House Bill 4394
Sponsor: Rep. David Woodward
Committee: Health Policy

Complete to 5-7-01

A SUMMARY OF HOUSE BILL 4394 AS INTRODUCED 3-1-01

The bill would add a new section to the Michigan Occupational Safety and Health Act to effectively require certain health care employers to have their employees use certain kinds of "safe needle" technology. The bill also would require certain health care employers to establish evaluation committees to evaluate safe needle technology, to establish certain procedures for choosing existing safe needle technology, and to provide employer-established evaluation committees and the Department of Consumer and Industry Services with certain information.

Definitions. The bill would define "needle(s)" to mean "a hypodermic syringe or other device used to withdraw human body fluids, access a human vein or artery, or administer medications or other fluids to a person." It also would define "occupational exposure to needles" to mean "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with human blood or other material potentially infectious to humans that [might] result from the use of needles in the performance of an employee's duties." "Occupational exposure to needles" would "not include exposures that [might] take place on the job, and that were neither reasonably nor routinely expected and that the employee [was] not required to incur in the normal course of employment." [Note: The bill refers to "occupational exposure to human blood or other material potentially infectious to humans through needle punctures," but doe not use the phrase "occupational exposure to needles.") Finally, the bill would define "material potentially infectious to humans" to mean one or more of a list of body fluids (including semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, peritoneal fluid, pleural fluid, pericardial fluid, synovial fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations in which it was difficult or impossible to differentiate between body fluids); any unfixed tissue or organ (other than intact skin) from a living or dead human; cell or tissue cultures that contained HIV (human immunodeficiency virus), organ cultures, culture medium, or other solutions that contained bloodborne pathogens; and blood, organs, or other tissue from experimental animals infected with bloodborne pathogens.

"Safe needle" technology. More specifically, the bill would apply to employers with *at least* fifteen employees who were occupationally exposed to bloodborne diseases from needle punctures ("employees with occupational exposure to human blood or other material potentially infectious to humans through needle punctures"). With certain exceptions, the bill would prohibit such employers from letting their employees use needles unless the needle were a "needleless system" or a needle with "engineered sharps injury protection" (which the bill would define to mean "a physical attribute built into or used with a needle that effectively reduce[d] the risk of an accidental needle stick or other needle exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal retraction, destruction, or other effective

mechanism.") The only times such employers could let their employees use other than "safe needle" technology would be in circumstances in which technology either did not promote employee or patient safety or interfered with a medical procedure.

Employer responsibilities. The bill also would require employers with *more* than fifteen employees to do all of the following:

- establish an evaluation committee to evaluate needleless systems and needles with sharps injury protection;

- establish an effective procedure for identifying and selecting safe needle technology;

- provide the evaluation committee with information about accidental needle sticks or other needle exposure incidents; and

- annually summarize the number of needle sticks and injuries from them, and submit that information to the Department of Consumer and Industry Services.

Needle stick information that employers would have to provide to evaluation committees would have to include, but not be limited to, all of the following:

- The date and time of the accidental needle stick or other needle exposure incident;

- The type and brand of needle involved; and

- A full description of the accidental needle stick or other needle exposure incident that included, but was not limited to, the exposed employee's job classification, the work area where the exposure occurred, the procedure that the employee was performing, the patient's status related to bloodborne pathogens (if known), whether the needle had "engineered sharps injury protection" (see above for definition), and whether the employee had been trained to use needles, needleless systems, and sharps injury protection technology.

Evaluation committees. Employer-established evaluation committees would be required to identify circumstances in which safe needle technology did not promote employee or patient safety or interfered with a medical procedure, and would be required to annually revise and update an employer's procedure for identifying and selecting safe needle technology to reflect progress in implementing such technology.

At least half of the members of evaluation committees would have to be health care employees from a variety of health occupations and professions, and would have to include nonmanagerial health care employees directly involved in patient care.

Exempted technology. Pre-filled syringes approved by the federal Food and Drug Administration would be exempted from the bill's requirements for two years after the bill took effect.

Effective date. The bill, if enacted, would take effect two years after it was enacted.

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