

AMENDED IN ASSEMBLY JUNE 26, 1996

AMENDED IN SENATE MAY 29, 1996

AMENDED IN SENATE MAY 14, 1996

**SENATE BILL**

**No. 2005**

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**Introduced by Senator Thompson**

February 23, 1996

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An act to amend Sections 105325, ~~105330, and 105335~~ *of and 105335 of, and to repeal and add Section 105330 of,* the Health and Safety Code, relating to communicable disease, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

SB 2005, as amended, M. Thompson. Communicable disease.

Existing law sets forth legislative findings and declarations with regard to the exposure of California health care workers and professionals to risks of infection from deadly, bloodborne diseases and states the intent of the Legislature to reduce this exposure. Existing law requires the program on occupational health and occupational disease prevention of the State Department of Health Services to, among other things, review and analyze existing studies, data, and other information on safety-enhanced product design of medical devices that place health care workers at risk of exposure to bloodborne diseases in coordination with the Division of Occupational Safety and Health of the Department of Industrial Relations. Existing law requires the department, to the extent funding is available, to conduct demonstration

projects to test the use of safety enhanced medical devices at health facilities that volunteer to participate in the projects.

This bill would revise the findings and declarations, and the statement of intent of the Legislature. The bill would ~~add the following activities to those that the department is required to perform for purposes of these provisions: convene an advisory committee with 10 members as prescribed to assist the department in implementing these provisions, develop user-based performance standards to evaluate medical devices, implement~~ *require every general acute care hospital, skilled nursing facility, and home health agency to develop and implement a program for sharps injuries documentation and risk reduction.*

~~The bill would require the department to conduct a statewide 3-year pilot sharps exposure injury surveillance system, and at least annually, disseminate to specified facilities and agencies a summary of the data collected from the sharps exposure surveillance system and demonstration sites study.~~

Existing law provides that the duties required by these provisions shall be performed to the extent the department obtains funds from private sources and the federal government.

This bill, instead, would appropriate \$145,000 from the General Fund to the department for purposes of the program on occupational health and occupational disease prevention to perform the duties required by those provisions. The bill would authorize the program to solicit and accept grant funding from public and private sources to supplement state funds.

Vote: <sup>2</sup>/<sub>3</sub>. Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 105325 of the Health and Safety
- 2 Code is amended to read:
- 3 105325. The Legislature hereby finds and declares all
- 4 of the following:
- 5 (a) In California, more than 700,000 health care
- 6 workers and professionals, such as nurses, physicians and



1 surgeons and housekeeping staff, ~~daily put their lives are~~  
2 at risk of infection from ~~deadly,~~ bloodborne diseases ~~in~~  
3 ~~order to provide health care for all Californians.,~~  
4 ~~including Hepatitis B, Hepatitis C, and Human~~  
5 ~~Immunodeficiency Virus, the causative agent of~~  
6 ~~Acquired Immunodeficiency Syndrome.~~

7 (b) Contaminated needlestick and other sharp  
8 instrument injuries threaten the well-being of ~~medical~~  
9 ~~professionals health care workers~~ and cost health care  
10 providers millions of dollars annually.

11 (e) ~~An estimated 800,000 needlestick and other sharp~~  
12 ~~injuries from contaminated medical devices occur in~~  
13 ~~health care settings each year. However, due to~~  
14 ~~underreporting of these injuries, this estimate may be~~  
15 ~~higher by as much as 20 to 50 percent.~~

16 (d) ~~Health care workers in California are at high risk~~  
17 ~~of infection from bloodborne pathogens, including~~  
18 ~~Hepatitis B, Hepatitis C, and Human Immunodeficiency~~  
19 ~~Virus (HIV), the causative agent of Acquired~~  
20 ~~Immunodeficiency Syndrome (AIDS).~~

21 (e) ~~Nationwide, approximately 4,500 health care~~  
22 ~~personnel are infected with Hepatitis B per year as a~~  
23 ~~result of occupational exposure. The number of health~~  
24 ~~care personnel infected has been reduced but not~~  
25 ~~eliminated with the use of the Hepatitis B vaccine.~~

26 (f) ~~As of December 1994, 42 cases of occupational~~  
27 ~~exposure to HIV have been conclusively documented by~~  
28 ~~the federal Centers for Disease Control and studies~~  
29 ~~estimate that it is likely that several hundred health care~~  
30 ~~workers nationwide have been infected with HIV on the~~  
31 ~~job.~~

32 (g) ~~Some bloodborne diseases, including infection~~  
33 ~~with HIV, can be prevented only through avoiding~~  
34 ~~exposure to the pathogen.~~

35 (h) ~~While most~~

36 (c) ~~While~~ health care employers have implemented  
37 rigorous, universal infection control procedures,  
38 requiring gloving and other protective equipment,  
39 exposure to bloodborne diseases continues to be a ~~major~~  
40 risk for health care workers.



1 ~~(i) As the federal Occupational Safety and Health~~  
2 ~~Administration has noted, gloving and other protective~~  
3 ~~devices cannot prevent puncture injuries from needles~~  
4 ~~and other sharp instruments.~~

5 ~~(j)–~~

6 (d) Medical devices, such as needles and intravenous  
7 tubing, are reviewed by the federal Food and Drug  
8 Administration for patient safety and efficacy but are not  
9 reviewed by any state or federal agency for worker safety.

10 ~~(k) It is estimated that improved product design of~~  
11 ~~medical devices, such as needles, syringes, connectors for~~  
12 ~~intravenous tubes, and vacuum tubes used to draw blood~~  
13 ~~could reduce injuries involving exposure to blood by as~~  
14 ~~much as 85 percent.~~

15 ~~(l) Statewide mechanisms are needed~~ *Improved*  
16 *product design of medical devices, such as needles,*  
17 *syringes, connectors for intravenous tubes, and vacuum*  
18 *blood collection systems, could reduce the number of*  
19 *sharps injuries.*

20 (e) Mechanisms for the collection and dissemination  
21 of information to guide institutions in deciding from  
22 among the many product options and determining the  
23 most appropriate protective devices for their situation.

24 ~~(m) The development of standardized user-based~~  
25 ~~performance standards will allow health facilities to~~  
26 ~~better evaluate safer devices and permit better~~  
27 ~~comparisons across institutions.~~

28 ~~(n) will allow health facilities to better evaluate safer~~  
29 ~~devices and permit better comparisons across~~  
30 ~~institutions.~~

31 (f) Improvements in device and procedure-specific  
32 injury surveillance and information dissemination may  
33 increase market pressure to further improve medical  
34 device product design and enhance product evaluation.

35 ~~(o)–~~

36 (g) Potential savings to the health care system from  
37 preventing exposure to bloodborne pathogens include  
38 reduced cost of followup procedures which occur  
39 following a sharps injury, such as source and employee  
40 testing, counseling, and prophylactic treatment. In



1 addition, costs related to lost work time, personnel,  
2 insurance, possible legal problems, and workers  
3 compensation could be diminished.

4 ~~SEC. 2. Section 105330 of the Health and Safety Code~~  
5 ~~is amended to read:~~

6 ~~105330.—~~

7 (h) It is the intent of the Legislature in enacting this  
8 chapter to reduce exposure of health care personnel to  
9 ~~deadly, workers to~~ bloodborne diseases by encouraging  
10 the development and use of medical devices that are  
11 designed to assure worker safety, the safety of patients,  
12 and the efficacy of the device.

13 ~~SEC. 3.—~~

14 ~~SEC. 2. Section 105330 of the Health and Safety Code~~  
15 ~~is repealed.~~

16 ~~105330. It is the intent of the Legislature in enacting~~  
17 ~~this chapter to reduce exposure of health care personnel~~  
18 ~~to deadly, bloodborne diseases by encouraging the~~  
19 ~~development and use of medical devices that are~~  
20 ~~designed to assure worker safety as well as the safety of~~  
21 ~~patients and the efficacy of the device.~~

22 ~~SEC. 3. Section 105330 is added to the Health and~~  
23 ~~Safety Code, to read:~~

24 ~~105330. (a) Every general acute care hospital, as~~  
25 ~~defined in subdivision (a) of Section 1250, skilled nursing~~  
26 ~~facility, as defined in subdivision (c) of Section 1250, and~~  
27 ~~home health agency, as defined in Section 1727, shall~~  
28 ~~develop and implement a program for sharps injuries~~  
29 ~~documentation and risk reduction for at least those sharps~~  
30 ~~injuries that could result in exposure to bloodborne~~  
31 ~~pathogens.~~

32 (b) Documentation of sharps injuries shall include  
33 worker classification, the type and brand of device  
34 involved in the incident, when possible, the procedure  
35 the device was used for, and a description of how, when,  
36 and where the incident occurred.

37 (c) Documentation of sharps injuries shall be collected  
38 in an easy-to-read and usable manner, which shall be  
39 referred to in this section as the “Sharps Injury Log.”



1 (d) A hospital, skilled nursing facility, and home health  
2 agency shall analyze its Sharps Injury Log at least every  
3 six months to determine the existence of trends where  
4 interventions are indicated to reduce the risk of sharps  
5 injuries, evaluate its program for sharps injuries  
6 documentation and risk reduction at least annually, and  
7 update the program if necessary.

8 (e) In consultation with the program on occupational  
9 health and occupational disease prevention, the  
10 department's Environment Management Branch,  
11 Medical Waste Program, and local enforcement agencies  
12 may verify that each hospital, skilled nursing facility, and  
13 home health agency is in compliance with this chapter  
14 through its current medical waste program or through  
15 the establishment of a self-audit program.

16 SEC. 4. Section 105335 of the Health and Safety Code  
17 is amended to read:

18 105335. ~~(a)~~—The program on occupational health and  
19 occupational disease prevention of the department shall  
20 do all of the following:

21 ~~(1)~~—

22 (a) In coordination with the Division of Occupational  
23 Safety and Health of the Department of Industrial  
24 Relations, review and analyze existing studies, data, and  
25 other information on safety-enhanced product design of  
26 medical devices that place health care workers at risk of  
27 exposure to bloodborne diseases including, but not  
28 limited to, syringes and intravenous tubing that have  
29 sharp points.

30 ~~(2)~~—Collect and evaluate information from health  
31 facilities that are using medical devices that have been  
32 redesigned to enhance worker safety.

33 ~~(3)~~—Convene an advisory committee with 10 members  
34 representing government agencies, health care  
35 employers, health care employees' labor organizations or  
36 associations, recognized researchers in this field, and line  
37 health care workers. The advisory committee shall  
38 comply with the following procedures and requirements.

39 ~~(A)~~—The advisory committee shall meet at least  
40 quarterly.



1 ~~(B) The advisory committee members shall receive no~~  
2 ~~compensation, but shall be reimbursed for actual and~~  
3 ~~necessary expenses incurred in the performance of their~~  
4 ~~duties.~~

5 ~~(C) The advisory committee shall assist the~~  
6 ~~department in implementing this section including, but~~  
7 ~~not limited to, the development of user-based~~  
8 ~~performance standards and the issuance of safety~~  
9 ~~advisories.~~

10 ~~(4) Develop user-based performance standards, a~~  
11 ~~standardized tool to be used by demonstration project~~  
12 ~~participants and other health facilities, to evaluate~~  
13 ~~medical devices.~~

14 ~~(5) To the extent that funding is available, conduct~~  
15 ~~demonstration projects to test the use of safety enhanced~~  
16 ~~medical devices at health facilities that volunteer to~~  
17 ~~participate in these projects.~~

18 ~~(6) Implement a statewide sharps exposure~~  
19 ~~surveillance system, such as the Exposure Prevention~~  
20 ~~Information Network, that shall include, but not be~~  
21 ~~limited to, device and procedure-specific incidence of~~  
22 ~~needlestick and other sharps injuries.~~

23 ~~(A) The surveillance system shall be phased in,~~  
24 ~~contingent upon available funding, to eventually include~~  
25 ~~all licensed health facilities and licensed home health care~~  
26 ~~agencies.~~

27 ~~(B) Licensed health facilities and licensed home~~  
28 ~~health care agencies that do not have the technical~~  
29 ~~capability to implement a computerized surveillance~~  
30 ~~system shall be given a manual option for reporting the~~  
31 ~~data required by the surveillance system.~~

32 ~~(7) At least annually, the program shall disseminate a~~  
33 ~~summary of the data collected from the sharps exposure~~  
34 ~~surveillance system and demonstration sites, the~~  
35 ~~activities of the advisory committee, and other~~  
36 ~~information deemed appropriate. This summary shall be~~  
37 ~~distributed to all licensed health facilities, licensed home~~  
38 ~~health care agencies, the Division of Occupational Safety~~  
39 ~~and Health of the Department of Industrial Relations,~~  
40 ~~and otherwise made available upon request.~~



1 ~~(8) Report to the Legislature and the Department of~~  
2 ~~Industrial Relations its findings regarding the use of~~  
3 ~~safety-enhanced product design for medical devices.~~  
4 ~~These findings shall include analysis and~~  
5 ~~recommendations regarding projected cost savings to~~  
6 ~~health facilities, actual improvement in worker safety,~~  
7 ~~and continued patient safety and efficacy.~~

8 ~~(b) Relations, and to the extent funding is available,~~  
9 ~~conduct a three-year pilot surveillance study on sharps~~  
10 ~~injuries in hospitals, skilled nursing facilities, and home~~  
11 ~~health agencies.~~

12 ~~(b) Hospitals, skilled nursing facilities, and home~~  
13 ~~health agencies shall be solicited to participate in the~~  
14 ~~study on a voluntary basis and, to the extent feasible, an~~  
15 ~~incentive shall be provided to encourage voluntary~~  
16 ~~participation.~~

17 ~~(c) The pilot surveillance study shall be conducted~~  
18 ~~over a three-year period, as follows:~~

19 ~~(1) By July 1, 1997, the program shall develop a~~  
20 ~~surveillance mechanism and enter into voluntary~~  
21 ~~agreements with hospitals, skilled nursing facilities, and~~  
22 ~~home health agencies.~~

23 ~~(2) On or before July 1, 1998, the program shall collect~~  
24 ~~necessary and appropriate data, work with volunteering~~  
25 ~~hospitals, skilled nursing facilities, and home health~~  
26 ~~agencies to confirm and correct data, and commence an~~  
27 ~~analysis of the data.~~

28 ~~(3) By December 31, 1999, the program shall issue its~~  
29 ~~final report and determine the feasibility of establishing~~  
30 ~~an ongoing sharps injuries surveillance system. The final~~  
31 ~~report, or a summary thereof, shall be distributed to all~~  
32 ~~licensed health facilities, licensed home health agencies,~~  
33 ~~and the Division of Occupational Safety and Health of the~~  
34 ~~Department of Industrial Relations, and shall be made~~  
35 ~~available to other persons or entities, upon request.~~

36 ~~(d) The program shall consult with outside experts as~~  
37 ~~appropriate to implement this section.~~

38 ~~(e) The program may solicit and accept grant funding~~  
39 ~~from public and private sources to supplement state~~  
40 ~~funds.~~



1 ~~SEC. 4.—~~

2 *SEC. 5.* The sum of one hundred forty-five thousand  
3 dollars (\$145,000) is appropriated from the General Fund  
4 to the State Department of Health Services for purposes  
5 of the program on occupational health and occupational  
6 disease prevention to perform the duties required by  
7 Section 105335 of the Health and Safety Code. It is the  
8 intent of the Legislature that annual state support for  
9 purposes of this section not exceed this amount.

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