

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1 State of Arkansas
2 83rd General Assembly
3 Regular Session, 2001
4

As Engrossed: H1/31/01 S2/15/01

A Bill

Act 451 of 2001
HOUSE BILL 1356

5 By: Representatives Bledsoe, Borhauer, Lendall
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For An Act To Be Entitled

9 AN ACT TO REQUIRE HOSPITALS TO MAKE SAFE NEEDLES
10 AVAILABLE TO HEALTH CARE WORKERS; AND FOR OTHER
11 PURPOSES.
12
13

Subtitle

15 AN ACT TO REQUIRE HOSPITALS TO MAKE SAFE
16 NEEDLES AVAILABLE TO HEALTH CARE
17 WORKERS.
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20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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22 SECTION 1. The General Assembly finds:

23 (1) Numerous workers who are occupationally exposed to bloodborne
24 pathogens have contracted fatal and other serious viruses and diseases,
25 including the human immunodeficiency virus (HIV), hepatitis B, and hepatitis C
26 from exposure to blood and other potentially infectious materials in their
27 workplace;

28 (2) In 1991 the Occupational Safety and Health Administration issued a
29 standard regulating occupational exposure to bloodborne pathogens, including
30 the human immunodeficiency virus, (HIV), the hepatitis B virus (HBV), and the
31 hepatitis C virus (HCV);

32 (3) Compliance with the bloodborne pathogens standard has significantly
33 reduced the risk that workers will contract a bloodborne disease in the course
34 of their work;

35 (4) Nevertheless, occupational exposure to bloodborne pathogens from
36 accidental sharps injuries in health care settings continues to be a serious

1 problem;

2 (5) In March 2000, the Centers for Disease Control and Prevention
3 estimated that more than three hundred eighty thousand (380,000) percutaneous
4 injuries from contaminated sharps occur annually among health care workers in
5 United States hospital settings;

6 (6) Estimates for all health care settings are that six hundred
7 thousand (600,000) to eight hundred thousand (800,000) needlestick and other
8 percutaneous injuries occur among health care workers annually involving
9 sharps contaminated with bloodborne pathogens, such as HIV, HBV, or HCV;

10 (7) Since publication of the bloodborne pathogens standard in 1991
11 there has been a substantial increase in the number and assortment of
12 effective engineering controls available to employers;

13 (8) There is now a large body of research and data concerning the
14 effectiveness of newer engineering controls, including safer medical devices;

15 (9) Numerous studies have demonstrated that the use of safer medical
16 devices, such as needleless systems and sharps with engineered sharps injury
17 protections, when they are part of an overall bloodborne pathogens risk-
18 reduction program, can be extremely effective in reducing accidental sharps
19 injuries;

20 (10) In March 2000, the Centers for Disease Control and Prevention
21 estimated that, depending on the type of device used and the procedure
22 involved, sixty-two to eighty-eight percent (62-88%) of sharps injuries can
23 potentially be prevented by the use of safer medical devices;

24 (11) Training and education in the use of safer medical devices and
25 safer work practices are significant elements in the prevention of
26 percutaneous exposure incidents;

27 (12) Staff involvement in the device selection and evaluation process
28 is also an important element to achieving a reduction in sharps injuries,
29 particularly as new safer devices are introduced into the work setting;

30 (13) Congress has recognized the seriousness of the dangers of sharps
31 injuries by passing the Needlestick Safety and Prevention Act; and

32 (14) Considerable time will lapse before federal regulations are
33 published, hospitals prepare implementation plans, federal agencies review
34 implementation plans and hospitals begin implementation.

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36 SECTION 2. As used in this act:

1 (1) "High risk area" means the emergency department, operating rooms,
2 and intensive care units in acute care hospitals;

3 (2) "Needleless Systems" means a device that does not use needles for:

4 (A) The collection of bodily fluids or withdrawal of body fluids
5 after initial venous or arterial access is established;

6 (B) The administration of medication or fluids; or

7 (C) Any other procedure involving the potential for occupational
8 exposure to bloodborne pathogens due to percutaneous injuries from
9 contaminated sharps; and

10 (3) "Sharps with engineered sharps injury protections" means a
11 nonneedle sharp or a needle device used for withdrawing body fluids, accessing
12 a vein or artery, or administering medications or other fluids, with a built-
13 in safety feature or mechanism that effectively reduces the risk of an
14 exposure incident.

15 (4) "Sharps" means a needle used to withdraw bodily fluids, access a
16 vein or artery, or administer medication or other fluids.

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18 SECTION 3. The effective date of this act shall be June 1, 2001.
19 Immediately after the effective date of this act, hospitals shall begin
20 purchasing needleless systems or sharps with engineered sharps injury
21 protections or both for use in high risk areas with the goal of ensuring that
22 within eighteen (18) months after the effective date of this act all high risk
23 areas shall be supplied exclusively with needleless systems or sharps with
24 engineered sharps injury protections, or both.

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26 SECTION 4. Any pre-filled syringe approved by the Food and Drug
27 Administration shall not be subject to the provisions of this act until July,
28 2005.

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30 SECTION 5. Emergency. It is found and determined by the General
31 Assembly of the State of Arkansas that numerous health care workers are
32 presently exposed through the use of needles to bloodborne pathogens, serious
33 viruses and diseases, including the human immunodeficiency virus (HIV),
34 hepatitis B, and hepatitis C, and other potentially fatal diseases. The
35 needleless systems or sharps with engineered sharps injury protections
36 required under this act will provide significant protections to the lives and

1 health of health care workers. Therefore, an emergency is declared to exist
2 and this act being immediately necessary for the preservation of the public
3 peace, health and safety shall become effective on June 1, 2001.

4 /s/ Bledsoe

7 APPROVED: 2/27/2001

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