

Senate Bill No. 2005

Passed the Senate August 26, 1996

Secretary of the Senate

Passed the Assembly August 21, 1996

Chief Clerk of the Assembly

This bill was received by the Governor this ____ day
of _____, 1996, at ____ o'clock __M.

Private Secretary of the Governor



CHAPTER _____

An act to amend Sections 105325 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, 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 clarify existing requirements for sharps injuries documentation.

The bill would require the department to conduct a 3-year pilot sharps injury surveillance 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.

Appropriation: yes.

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

SECTION 1. Section 105325 of the Health and Safety Code is amended to read:

105325. The Legislature hereby finds and declares all of the following:

(a) In California, more than 700,000 health care workers and professionals, such as nurses, physicians and surgeons and housekeeping staff, are at risk of infection from bloodborne diseases, including Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus, the causative agent of Acquired Immunodeficiency Syndrome.

(b) Contaminated needlestick and other sharp instrument injuries threaten the well-being of health care workers and cost health care providers millions of dollars annually.

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

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

Improved product design of medical devices, such as needles, syringes, connectors for intravenous tubes, and vacuum blood collection systems, could reduce the number of sharps injuries.

(e) Mechanisms for the collection and dissemination of information will allow health facilities to better



evaluate safer devices and permit better comparisons across institutions.

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

(g) Potential savings to the health care system from preventing exposure to bloodborne pathogens include reduced cost of followup procedures which occur following a sharps injury, such as source and employee testing, counseling, and prophylactic treatment. In addition, costs related to lost work time, personnel, insurance, possible legal problems, and workers compensation could be diminished.

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

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

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

105330. (a) The documentation of sharps injuries, as required by Section 5193 of Title 8 of the California Code of Regulations, shall also include the type and brand of device involved in the incident, unless this information is unknown by the health care worker.

(b) Documentation, as required by Section 5193 of Title 8 of the California Code of Regulations, shall be referred to in this section as the “Sharps Injury Log”.

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



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

105335. The program on occupational health and occupational disease prevention of the department shall do all of the following:

(a) In coordination with the Division of Occupational Safety and Health of the Department of Industrial Relations, and to the extent funding is available, conduct a three-year pilot surveillance study on sharps injuries in hospitals, skilled nursing facilities, and home health agencies.

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

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

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

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

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

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

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



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



Approved _____, 1996

Governor

