JUDITH B. ROBSON

STATE SENATOR • WISCONSIN LEGISLATURE
CHAIR, HUMAN SERVICES AND AGING COMMITTEE
CO-CHAIR, JOINT COMMITTEE FOR REVIEW OF ADMINISTRATIVE RULES

To: Members of the Senate Committee on Human Services and Aging

Re: Paper Ballot on SB 337

Date: March 13, 2000

Please return this ballot to Senator Robson's office no later than 2:00 p.m. on Monday, March 13, 2000

Senate Bill 337 requires the Department of Commerce to adopt administrative rules governing the exposure of public employees to blood and blood-born pathogens. The bill requires the administrative rules to include a requirement that public employers use needleless systems or engineered sharps injury protection in all medical procedures. This requirement would not apply if a safety committee, at least one-half of which are front-line health care workers, determines that engineered injury protection need not be employed.

Moved by: Senator Robson

Motion: Recommend passage

X Aye
X No

Recorded as "no" per instructions from Senator Rosenzweig over phone at approximately 2 pm.
David A Austin

Signature: Peggy Rosenzweig
Date: 3-13-00

MADISON OFFICE: STATE CAPITOL, PO BOX 7882, MADISON, WI 53707 • 608/266-2253
DISTRICT ADDRESS: 2411 EAST RIDGE ROAD, BELOIT, WI 53511
LEGISLATIVE HOTLINE: 800/362-WISC(9472)
TOLL FREE: 800/334-1468

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union backed away from agreement? Eaton Bill failed body

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Moved by: Senator Robson

Motion: Recommend passage

☑ Aye

☐ No

Signature: Gwendolynne Moore

Date: March 13, 2000

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Robson

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Moved by: Senator Robson

Motion: Recommend passage

☒ Aye

☐ No

Signature: _____

Date: _____

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Moved by: Senator Robson

Motion: Recommend passage

☒ Aye

☐ No

Signature: Carol Roessler

Date: 3-13-00

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Moved by: Senator Robson

Motion: Recommend passage

☒ Aye

☐ No

Signature: Robert Wirch

Date: 3-13-00

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Wisconsin State AFL-CIO

CHARTERED 1958

6333 W. BLUEMOUND RD., MILWAUKEE, WISCONSIN 53213 PHONE (414) 771-0700 FAX (414) 771-1715

David Newby, President • Sara J. Rogers, Exec. Vice President • Phillip L. Neuenfeldt, Secretary-Treasurer

TO: Senate Committee on Human Services and Aging

FROM: Phil Neuenfeldt, Secretary-Treasurer

DATE: February 10, 2000

RE: **SUPPORT FOR SENATE BILL 337**
Safe Needle Protection for Public Sector Health Care Workers

Every year thousands of Wisconsin health care workers put their lives at risk from infection due to blood-borne diseases, primarily caused by accidental needlestick injuries. The most dangerous of these diseases are Hepatitis B and C, and HIV -- the virus that causes AIDS. Even when workers are fortunate not to contract a disease after a needlestick, the emotional toll on them and their families can be devastating because of the uncertainty during months of waiting to confirm whether or not infection has occurred.

These serious -- possibly life-threatening -- occupational health risks are unnecessary. Safer needle technology has been on the market for 10 years, yet less than 15% of hospitals use the safer devices available. Studies indicate that retractable needles are over 80% effective in preventing accidental injuries.

Wisconsin's public sector health care workers deserve the safest technology in view of the occupational hazards they face in providing quality patient care. (Private sector workers deserve protection as well, but their health and safety standards are governed by OSHA.) We urge your support for the constructive approach of SB 337 which will substantially reduce the serious workplace health threat from accidental needlestick injuries.

PN/JR/mj

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Reedsburg

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Robert C. Taylor

February 10, 2000

TO: **Members / Senate Committee on Human Services and Aging**

FROM: **Scott Peterson, Director of Government Relations**

SUBJECT: **Opposition to SB 337**

The issue of protecting workers from needlestick or "sharps" injuries has captured the attention of federal and state lawmakers, as well as the media, and I commend Chairwoman Robson for her attention to this important matter. The federal occupational safety and health administration (OSHA) estimates that 5.6 million health care workers are at risk of exposure to bloodborne pathogens in the work place and that 800,000 needlestick injuries are sustained in the U.S. annually. Of these 800,000 injuries, approximately 2%, or 16,000, are likely to involve HIV-contaminated blood.

At the heart of the issue is whether hospitals should be required to provide new types of needles that could help reduce injuries and risk of contracting diseases such as HIV or hepatitis. Preventing injuries from needles and sharp instruments health care workers use on a daily basis is a complex and delicate effort. WHA and its member hospitals are deeply committed to the safety of patients and staff. But progress in safety must be achieved in a manner that applies standards equitably and does not hinder the development of even safer medical tools and practices.

Although Senate Bill 337 attempts to address a serious health care safety concern, the bill is unnecessary. Current state law requires the Department of Commerce (DOC) to adopt standards to protect the health and safety of public employees that are at least equal to the federal OSHA standards protecting private sector employees. Presuming the absence of OSHA standards requiring needleless systems, SB 337 requires the DOC to adopt standards requiring public health care facilities to provide needleless systems and sharps with engineered sharps injury protection (shields) for use in all medical procedures conducted in the public facility, with one exception.

Newly issued OSHA standards satisfy the needle safety concerns addressed by Senate Bill 337. On November 5, 1999, OSHA issued a revised compliance directive that updates the enforcement standards for the Blood Borne Pathogen Standard. Specifically, this directive calls for the use of new and safer medical devices, such as needleless and shielded needle devices, to help reduce blood borne pathogen exposure From needlestick injuries, and includes compliance measures.

Wisconsin Health &
Hospital Association, Inc.

5721 Odana Road
Madison, WI
53719-1289

608/274-1820

FAX: 608/274-8554

http://www.wha.org

Highlights of the 1999 directive include:

- **Annual Review of Exposure Control Plan**. The Plan must show collaboration among risk management, infection control, clinicians and workers. Specifically, the review and update must reflect the use of commercially available safe needle devices designed to minimize or eliminate exposure to bloodborne pathogens. OSHA compliance officers may issue a citation for failure to conduct an annual exposure plan review and update.

- **Engineering Controls.** Under the directive, engineering controls include use of available needleless and shielded needle devices and require "hands-on" training to increase the effectiveness of safety devices. Hospitals are required to document consideration and use of appropriate engineering controls and staff training in use of the controls. The directive instructs OSHA compliance officers to determine whether the employer has reviewed or considered commercially available needle devices that are safer than those currently in use. Compliance officers may issue citations if work practices do not minimize exposure and/or if the officer believes that a safer device would be clearly more effective than current measures.

- **Exposure Incident Documentation.** Documentation following an exposure incident must include: 1) route of exposure; 2) circumstances under which the exposure occurred; 3) engineering controls in place at time of exposure; 4) work practices followed; 5) protective devices used at time of exposure; 6) place and time of exposure; and 7) training employee had received prior to exposure and procedures in place at time of exposure.

- **Hepatitis Control.** The directive includes Centers for Disease Control (CDC) guidelines for hepatitis B vaccination and incorporates CDC guidelines for post exposure treatment for HCV, HBV and HIV.

As evidenced above, the new OSHA directive provides detailed needle safety requirements and strict compliance measures for private employers which, according to state law, must extend to public employers. Accordingly, state legislation is unnecessary to improve sharps protection.

DISTRICT 1199W/UP

SEIU
Leading the Way
UNITED PROFESSIONALS FOR QUALITY HEALTH CARE

DISTRICT 1199W/UNITED PROFESSIONALS FOR QUALITY HEALTH CARE
Affiliated with Service Employees International Union, AFL-CIO, CLC

2001 W. BELTLINE HIGHWAY, SUITE 201
MADISON, WISCONSIN 53713-2366
(608) 277-1199 FAX (608) 270-2025 TOLL FREE (888) 285-1199

UNITED PROFESSIONALS, LEADING THE WAY TO QUALITY HEALTH CARE

Testimony of Ann McCormick before Wisconsin Senate Committee on Human Services and Aging, February 10, 2000.

Good morning Senator Robson and members of the Committee:

My Name is Ann McCormick. My address is N2796 Summerville Park Road, Lodi, WI 53555. I am a registered nurse, and President of District 1199W/United Professionals for Quality Health Care. Thank you for allowing me to speak before you today. I am speaking in favor of SB 337.

I would like to tell you what happens when a health care worker sustains a contaminated sharps injury.

On April 5th, 1992 I recapped a needle that I had removed from the vein of a newborn baby. Recapping because the sharps box was too far away, and I couldn't leave the baby to dispose of the needle. The needle went through the cap, through my glove, and into my finger. The baby had not been bathed, there was still vernix, vaginal secretions and the mother's blood on the baby. Because I had been handling the baby, the mother's blood was also on my gloves. I was exposed to the baby's blood from the needle, and the mother's blood which was on the glove that the needle went through.

Following my employer's protocol, I went to the emergency room where I was told to wait in the staff lounge. The emergency room was busy that Sunday, there were three complex automobile accidents and a child with a dog bite coming in while I was there. After a while I went back to the desk and asked for an incident report to fill out. Later, I went back to the desk and persuaded the busy charge nurse to see me while handling dispatch calls. Eventually all the appropriate lab tests were drawn, my personal physician was located, I spoke with him and persuaded him to allow me to take AZT until the screening of the patient came back, which I was told sometimes took about 3 days. It took an hour and fifty minutes for all of this to happen and to get the first dose of medication. It would have taken longer if I had not repeatedly gone back to the desk asking to be seen.

It took ten days and 2 hours before the final test results were finally reported to me. In the interim, the mother of the patient refused to be tested. This person came from a very high risk group. You may know that if a Wisconsin health care worker who sustains a significant exposure is following universal precautions, and certain other conditions are met, a source patient from a high risk group may be tested after refusing to consent if there is blood available that was previously drawn for some other reason. It took four days to meet all the

conditions and have the test run. Then there were more days for the test to be re-run, and sent to the state lab for a Western Blot to be run, and reported back through employee health to me, 10 days and 2 hours after my exposure. Imagine what my life was like during those 10 days!

At the time of exposure I knew nothing about the risk factors for this family. I found out they were from sub-Sahara Africa, and family members had unexplained autoimmune disorders. After four days I had a pretty good idea that this was not going to be a negative test.

Since the test was done without the consent of the patient, I was the only one who could receive the test results, and I could not reveal the patient's identity. Even the patient could not be given the information. At work I had to stand by silently, seeing this mother provide breast milk for her baby--a mode of transmission of HIV--and watching my colleagues feeding the breast milk to the baby.

I spent many hours in the medical library during those 10 days. Some of the information I found frightened me more than it helped, such as the first reported case of HIV transmission by needlestick. The risk factors were the same.

When the test results finally came back, yes the mother was HIV positive, my husband and I were both devastated. Intellectually I knew from my research that, at that time, my chances of being infected were considered to be one in 250 for the exposure to the mother, and one in 500 for the exposure to the baby--the baby had a 50% chance of being positive at birth and would not be tested. Personally I felt that I WAS that one in 250 for the entire next year, until my 12 month testing came back negative. Together my husband and I decided that we had a choice, we could either let this destroy us, or we could create a positive outcome from the worst experience we had ever had. We decided that we would do everything possible to prevent this from happening to others. NO ONE should have to go through the terror that we experienced. Needlestick injuries ARE preventable when health care workers are:

- aware of the danger,
- aware that they are vulnerable to injury, and
- safety engineered sharps devices are provided for their use.

Safer needles and other sharps devices have been on the market since 1984, yet few hospitals have them available for general use. My hospital has some devices in limited areas, but most floors have drawers filled with needles with no safety features. The same type needle that was involved in my incident eight years ago is still in use today, although a safer one is available.

SB 337 will make the use of safety engineered sharps devices a requirement for public health care facilities in Wisconsin. Please support, recommend and pass SB 337.

LOCAL 150
SEIU
Leading the Way

Testimony of Ms. Debra Timko, MA, RT(N)
Chief of Staff
SEIU Local 150
On SB 337
Senate Committee on Human Services and Aging
February 10, 2000

My name is Debra Timko and I am the Chief of Staff for SEIU Local 150. I want to thank Senator Robson and other members of the Committee for holding this hearing.

I am interested in this issue not only because I work for a Union that represents health care workers, but also because I have personal experience with the danger of needle stick injuries. I am a Nuclear Medicine Technologist with not one, but two previous needle sticks.

Nuclear Medicine uses radioactivity to diagnose and treat disease. We are not only exposed to blood borne pathogens, but radiation as well. Therefore, we are extremely careful in injecting patients and starting IVS.

But because of the volume of patients and their severity of illness when they arrive at our department, (often times near death) I was accidentally stuck by a cardiac patient's needle and an oncology patient's needle.

The hospital was quick to place blame on me hinting that I may have been careless, although I had an impeccable work and safety record. Then they did not give me a plan of action, but rather suggested in Employee Health that I be injected with gamma globulin to boost my immune system and that a Hepatitis B vaccine might be helpful. They said that I should think about it and get back to them in 48 hours.

I was young and scared and had no one to turn to help me make these decisions, except a package inserts from the Hepatitis B vaccine and the Gamma Globulin.

The fact that I could have been infected with HIV, and Hepatitis B didn't sink in until days later when the initial shock wore off. It took 1 year of worrying and wondering after each needle stick before I was assured that I was not infected. This year was very trying for my family as well as my partner.

DAN IVERSON
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Fortunately for health care workers around the country, legislation to mandate safe needles now has considerable momentum. Six states have passed safe needles laws, most recently New Jersey, and bills are progressing in a number of other states. Bills virtually identical to the one before you are moving in Ohio and in Pennsylvania. In Pennsylvania, the lower house approved the bill unanimously in December. In Ohio, the Senate approved their needle stick bill unanimously just last week. A Florida State Senate Committee approved a safe needles bill unanimously just this week. The margin of these votes is evidence that this is not a partisan issue. In fact, leading Republican Governors such as Pete Wilson, Christine Todd Whitman, and George W. Bush, have signed strong needle stick bills into law.

Nor do hospitals necessarily oppose these bills. In California, New Hampshire, New Jersey and Maryland the state hospital associations supported strong safe needles bills. In many other states, the hospital associations have remained neutral.

There is also considerable momentum for needle stick bills at the federal level. A bill in the House of Representatives has 155 co-sponsors. In addition OSHA issued a compliance directive in November for the use of safe needles. This directive applies to private health care facilities in Wisconsin, but not to the public facilities. Public health care workers in Wisconsin are looking to you to provide them with the protection they need.

In closing, I'd like to quote our International President Andy Stern on our commitment to this issue:

"Today, most U.S. hospitals still use unsafe needles. Why? Because the safe needles cost a few pennies more. Because someone up the corporate ladder looked at the bottom line and decided this just wasn't cost effective, that using the other needles would be cheaper, that the lives of brave, dedicated and compassionate healthcare workers were expendable.

"Every year, more healthcare employees die from needlesticks than all the passengers who died in the Valujet crash. That was a tragedy, one that grabbed the nation's attention, and rightly so.

"But there is a another tragedy and a story of even bigger corporate irresponsibility unfolding in the form of one million needlestick injuries, every year, to the people who work alongside you.

"That is 3,000 healthcare workers -- each day -- who are facing a possible death sentence. It doesn't have to happen. There is no excuse for it happening to a single healthcare worker anywhere, any more.

"And SEIU will never rest until it becomes law that every healthcare employer is buying safer needles and only safer needles, for every one of their workers to use on the job."

--Andy Stern, SEIU president

Wisconsin
Department of Commerce

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Tommy G. Thompson, Governor
Brenda J. Blanchard, Secretary

Senate Committee on Human Services and Aging
201 Southeast – State Capitol
Thursday, February 10, 2000
10:30 AM

Senate Bill 337: relating to occupational exposure of public employees to blood and other material potentially containing blood-borne pathogens and granting rule-making authority.

Department of Commerce Position

The Department of Commerce is appearing before the Senate Committee for information only. The Department appreciates the opportunity to provide Committee members with information about the current standard protecting public employees from blood-borne pathogens.

Background

The Wisconsin Department of Commerce is responsible for adopting standards to protect the safety and health of public employees in the state. Employees of cities, towns, villages, school districts, state agencies and the university system are protected by this provision.

According to state statute, the adopted standards (Chapter Comm 32, Public Sector Safety and Health) must provide protection at least equivalent to that afforded to private-sector employees under standards administered and enforced by the United States Occupational Safety and Health Administration. The Department utilizes a formal, advisory council to annually revise the administrative rules.

Comm 32, Public Sector Safety and Health

The current standard relating to blood-borne pathogens protecting public employees includes but is not limited to the following requirements:

- to develop an Exposure Control Plan that includes education and training
- to strategically place sharps containers as close to the work areas as practicable,
- to use personal protective equipment when handling blood or other materials containing blood-borne pathogens,
- to receive vaccinations against blood-borne pathogens, and
- to record all injury and illnesses requiring more than first aid on an OHSA 200 (injury and illness log) .

Senate Bill 337

Many of the requirements listed above are incorporated in Senate Bill 337. The primary difference between Senate Bill 337 and the current code is the proposal would require the use of devices, which reduce employee exposure to blood-borne pathogens, unless an evaluation committee recommends otherwise. The recommendation must be based on the determination that the device jeopardizes patient or employee safety. Each public employer would be required to establish an evaluation committee with equal representation from the employer and employees.

The Department appreciates the opportunity to appear before the committee and is available to answer your questions.