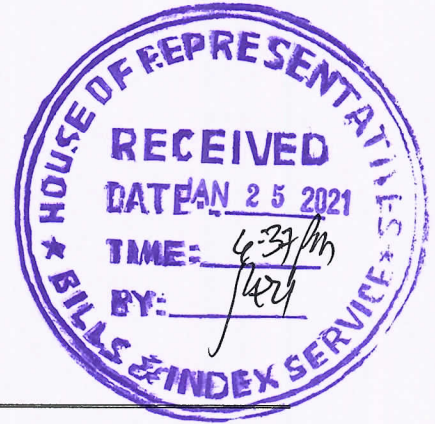


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 8495



Introduced by **HON. LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.**

AN ACT
TO REQUIRE THE SECRETARIES OF HEALTH AND LABOR TO
ISSUE REGULATIONS TO ELIMINATE OR MINIMIZE THE SIGNIFICANT RISK
OF NEEDLESTICK INJURY TO HEALTH CARE WORKERS

The Constitution, Article II, provides:

Section 15. The State shall protect and promote the right of health of the people and instill health consciousness among them.

The Constitution, Article II further provides:

Section 18. The State affirms labor as a primary social economic force. It shall protect the rights of workers and promote their welfare.

Health workers are constantly exposed to the risk of acquiring deadly disease such as hepatitis and the Acquired Immunodeficiency Syndrome (AIDS) caused by bloodborne pathogens. These diseases can be transmitted to health care workers who are exposed to sharp related injuries when caring for patients.

Considering the important role of health workers in keeping our citizens healthy, the legislature needs to pass measures that will protect them from occupational health risks that will endanger their lives.


LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.

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Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1. Short Title. - This Act shall be cited as the “Health Care Worker Needlestick Prevention Act.”

SECTION 2. Declaration of Policy. – It is the policy of the State to:

(A) Protect and promote the right of health of the people and instill health consciousness among them; and

(B) Protect the rights of workers and promote their welfare.

Harmonizing these two policies, the State clearly has the role of protecting the health of the people, particularly the workers, in specific job-related risks.

SECTION 3. Definitions. – For purposes of this Act, the term:

(A) “Bloodborne pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include hepatitis B virus, hepatitis C virus, and human immunodeficiency virus;

(B) “Contaminated” means the presence of the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface;

(C) "Direct care health care worker" means an employee responsible for direct patient care with potential occupational exposure to sharps related injuries;

(D) "Employer" means each employer having an employee with occupational exposure to human blood or other material potentially containing bloodborne pathogens;

(E) "Engineered sharps injury protection" means –

(1) A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids that effectively reduces the risk of exposure incident by a mechanism such as a barrier creation. Blunting, encapsulation, withdrawal, retraction, destruction, or other effective mechanisms; or

(2) A physical attribute built into any type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident;

(F) "Needleless system" means a device that does not use needles for –

(1) The withdrawal of body fluids after initial venous or arterial access is established;

(2) The administration of medication or fluids; and

(3) Any other procedure involving the potential for an exposure incident;

(G) "Sharp" means any objects used or encountered in a health care setting that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpel, lancets, broken gags, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs;

(H) "Sharps injury" means any injury caused by a sharp, including cuts, abrasions, or needlesticks; and

(I) "Sharps injury log" means a written or electronic record satisfying the requirements of Section 4.

SECTION 4. Requirements. –

(A) Bloodborne Pathogens Standard. – Except as provided in paragraph (B) the Secretary of Health and the Secretary of Labor, shall prescribe the bloodborne pathogens standard to require that:

(1) Employers utilize needleless systems and sharps with engineered sharps injury protections in their work sites to prevent the spread of bloodborne pathogens; and

(2) To assist employers in meeting the above requirement, non-managerial direct health care workers of employers participate in the identification and evaluation of needleless systems and sharps with engineered sharps injury protections.

(B) Exception. – The bloodborne pathogens standard requirements of paragraph (A) shall apply to any employer, except where the employer demonstrates, to the Secretary's satisfaction, that –

- (1) There are circumstances in the employer's work facility in which the needleless systems and sharps with engineered sharps injury protections do not promote employee safety, interfere with patient safety, or interfere with the success of a medical procedure; or
- (2) The needleless systems and sharps with engineered sharps injury protections required are not commercially available to the employer.

(C) Exposure Plan Control. – The employer shall include in their exposure plan control an effective procedure for identifying and selecting existing needleless systems and sharps injury protecting and other methods of preventing bloodborne pathogens exposure.

(D) Sharps Injury Log. – The employer shall maintain a separate contaminated sharps injury log containing the following information, to the extent such information is known to the employer, with regard to each exposure incident:

- (1) The date and time of the exposure incident;
- (2) The type and brand of sharp involved in the exposure incident;
- (3) The description of the exposure incident which shall include –
 - (a) The job classification of the exposed employee;
 - (b) The department or work area where the exposure incident occurred;
 - (c) The procedure that the exposed employee was performing at the time of the incident;
 - (d) How the incident occurred;
 - (e) The body part involved in the exposure incident;
 - (f) If the sharp had engineered sharp injury protections, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during the activation of the mechanism, or after activation of the mechanism, if applicable; and whether the employee received training on how to use the device before use, and a brief description of the training.
 - (g) If the sharp had no engineered sharps injury protections, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury, as well as basis for the opinion; and
 - (h) The employee's opinion about whether any other engineering, administrative, or work practice control could have prevented the injury as well as the basis for the opinion.

(E) Training. – A requirement that all direct care health care workers shall be provided adequate training on the use of all needleless systems and sharps with engineered sharps injury protections which they may be required to use.

SECTION 5. Clearing House on Safer Needle Technology. –

(A) In General. – The Department of Health and the Department of Labor and Employment shall establish and maintain a national database on existing needleless systems and sharps with engineered sharps injury protections.

(B) Evaluation Criteria. – The Secretary of Health and the Secretary of Labor and Employment shall develop a set of evaluation criteria for use by employers, employees, and other persons when they are evaluating and selecting needleless systems and sharps with engineered sharps injury protections.

(C) Training. – The Secretary of Health and the Secretary of Labor and Employment shall develop a model training curriculum to train employers, employees, and other persons on the process of evaluating needleless systems and sharps with engineered sharps injury protection and shall, to the extent feasible, provide technical assistance to persons who request such assistance.

(D) Monitoring. – The Secretary of Health and the Secretary of Labor and Employment shall establish a national system to collect comprehensive data on needlestick injuries to health care workers, including data mechanisms to analyze and evaluate prevention interventions in relation to needlestick injury occurrence. In carrying out its duties under this paragraph, the Department of Health and the Department of Labor and Employment shall have access to information recorded by employers on the sharps injury log as required by Section 4.

SECTION 6. Appropriation. – To carry out the provisions of this Act, such amount as may be necessary is hereby authorized to be appropriated from the National Treasury. Thereafter, the amount necessary for the continuous operation of the Act shall be included in the annual appropriation of the Department of Health and the Department of Labor and Employment.

SECTION 7. Separability Clause. – If any provision or part hereof, is held invalid or unconstitutional, the remainder of the law or provision not otherwise affected shall remain valid and subsisting.

SECTION 8. Repealing Clause. – Any law, presidential decree or issuance, executive order, letter of instruction, administrative order, rule or regulation contrary to or inconsistent with the provisions of this Act is hereby repealed, modified or amended accordingly.

SECTION 9. Effectivity Clause. – This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved,