

Timeline:

U.S. State and Federal Government Actions Related to Prevention of Occupational Exposures to Bloodborne Pathogens

- 1987** Centers for Disease Control and Prevention (CDC) issues **Universal Precautions** for prevention of HIV transmission in healthcare settings
- 1987-1989** Occupational Safety and Health Administration (OSHA) initiates rulemaking process and holds hearings on proposed Bloodborne Pathogens Standard
- 1991** **Dec. 1991: OSHA issues the Bloodborne Pathogens Standard (BPS)** to “protect approximately 5.6 million workers in health care and related occupations from the risk of exposure to bloodborne pathogens.” Standard requires engineering and work practice controls, personal protective equipment, training, surveillance, hepatitis B vaccination, and other actions to minimize risk of bloodborne disease transmission.
- 1992** Feb. 1992: Congress holds hearings on healthcare worker safety and needlestick injuries; healthcare workers, including a nursing assistant occupationally infected with HIV from a needlestick injury, give testimony about the need for safer needle devices.
- March 1992: OSHA issues compliance directive for BPS (providing guidance for OSHA field officers on how to enforce the standard).
- April 1992: Food and Drug Administration (FDA) issues safety alert on needlestick risk from needles used for piggyback connections and accessing IV lines.**
- 1997** **Jan. 1997: CDC publishes two studies evaluating efficacy of safety phlebotomy devices and a blunt suture in reducing percutaneous injuries;** finds all devices studied effectively reduce injuries.
- Oct. 1997: First federal needle safety bill introduced in U.S. House of Representatives, “Health Care Worker Protection Act”** (sponsored by Rep. Pete Stark [D-CA]).
- 1998** **Sept. 1998: California passes first state needle safety law, A.B. 1208;** this precedent-setting legislation sets the stage for other states to enact similar laws.*
- Sept. 1998: OSHA issues a Request for Information (RFI) on “Occupational Exposure to Bloodborne Pathogens”, soliciting input from healthcare facilities on effectiveness of safety devices.
- 1999** **Feb. 1999: FDA issues a safety advisory warning about injury/infection risk from use of glass capillary tubes.**
- May 1999: A second federal bill, “Health Care Worker Needlestick Prevention Act,” introduced by Rep. Pete Stark in Congress.
- Nov. 1999: OSHA issues revised compliance directive for the BPS,** based on responses to its RFI; **for the first time, OSHA makes clear that healthcare facilities are *required* to use safety devices**
- Nov. 1999: National Institute for Occupational Safety and Health (part of CDC) issues a guideline, “Preventing Needlestick Injuries in Health Care Settings.”
- 2000** **Sept. 2000: Needlestick Safety and Prevention Act introduced in U.S. House of Representatives by Rep. Cass Ballenger (R-NC); bill passed unanimously.**
- Nov. 6, 2000: President Clinton signs the Needlestick Safety and Prevention Act into law.**
- 2001** **Jan. 2001: OSHA issues revised BPS, as mandated by the Needlestick Safety and Prevention Act.**
- April 2001: Revised BPS, which includes new requirements related to evaluation and use of safety devices, becomes effective.
- Nov. 2001: OSHA issues updated compliance directive for BPS, reflecting new requirements in the revised standard.
- 2002** **From April 2001 to May 2002, OSHA issues 132 citations for failure to use engineering controls (safety devices)—*four* times more than all citations issued over the previous decade.** Fines total over \$1 million. OSHA also issues several letters of interpretation on the BPS that make clear there are *no* exemptions to the requirement to use safety devices.

* By the end of 2001, an additional 20 states had passed laws related to needlestick prevention.