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BILL ANALYSIS

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Senate Fiscal Agency

Lansing, Michigan 48909

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Senate Bill 1005

Sponsor: Senator Vern Ehlers

Committee: Health Policy

Date Completed: 9-27-88

SUMMARY OF SENATE BILL 1005 as introduced 9-22-88:

The bill would amend the Public Health Code to prescribe procedures that a licensee, who owned and/or operated a private practice office or clinical laboratory, as specified in the bill, and a health facility or agency would have to follow for the handling by employees, containment, decontamination, transportation, and disposal of "infectious waste from a clinical lab", "infectious waste from patient care services", "pathological waste", and "sharps". The bill also would require the Department of Public Health to promulgate rules to implement these provisions.

The bill would require compliance with the following provisions by each licensee who owned and/or operated a private practice office, a clinical laboratory licensed under Article 17 of the Code, or clinical lab where exams were performed by the person seeking the information; a lab operated by a person licensed to practice medicine, osteopathic medicine and surgery, dentistry, or podiatry who performed lab tests as an adjunct to the treatment of patients, as well as a similar lab operated by up to five of these licensees; a lab operated by a college, university, or school approved by the Department of Education for the training of students; and, a lab operated by the Federal government (MCL 333.20507).

Clinical Lab Infectious Waste

Precautions that a facility, agency, or lab would have to take under the bill would depend on the classification of the infectious waste, as follows:

- "Biosafety level 1" would mean an agent of no known, or minimal, potential hazard to individuals and the environment.
- "Biosafety level 2" would mean an agent of moderate potential hazard to individuals and the environment.
- "Biosafety level 3" would mean an agent that could cause serious or potentially fatal disease as a result of exposure through inhalation.

"Infectious waste" would mean waste that contained varying amounts of microorganisms that had a potential for causing serious illness.

Protecting Employees. A health facility or agency that owned or operated a licensed clinical laboratory, as specified in the bill, would be required to do all of the following to protect employees who were exposed to "infectious waste from the clinical laboratory", which would include, but not be limited to, culture stocks, tubes, slants, and petri plates; body fluids and specimens including, but not limited to, blood, urine, feces, sputum,

and wound drainage; contaminated specimen containers, slides, and transfer devices; and, cloth or paper items that were used in a clinical lab and became contaminated:

- For biosafety level 1: prohibit mouth pipetting; prohibit employees from eating, drinking, and smoking in the area of the health facility or agency in which the infectious waste was produced; require employees to wash their hands after handling the infectious waste and the use of lab coats, gowns, or uniforms; prevent the creation of aerosols in the area of the health facility or agency in which the infectious waste was produced; and, disinfect equipment and work areas in the area in which the infectious waste was produced.
- For biosafety level 2: require all of the requirements prescribed for biosafety level 1 infectious wastes; require the use of surgical gloves when skin contact with the infectious waste was unavoidable; immunize employees if medically indicated; and, use biological hazard warning signs as required by Department rule.
- For biosafety level 3: require all of the requirements prescribed for biosafety levels 1 and 2 infectious wastes; require the use of special protective clothing, masks, and respirators if medically indicated; and, decontaminate clothing used in the clinical lab before the clothing was laundered.

Containment. A health facility or agency would be required to do all of the following in order to contain infectious waste from the clinical lab:

- For biosafety level 2: limit access to the clinical lab; require the use of biological safety cabinets or other personal protective or physical containment devices approved by the Department for procedures with a high potential for creating aerosols and for high concentrations or large volumes of infectious agents.
- For biosafety level 3: require the use of biological safety cabinets or other physical containment devices approved by the Department for all activities that involved a possibility of aerosol exposure; isolate the geographic location of the clinical laboratory and install a double-door entry in the clinical lab that was approved by the Department; control the access of unauthorized employees and other individuals to the laboratory; and, install in the lab a ducted exhaust air ventilation system approved by the Department.

Decontamination. A health facility or agency would be required to decontaminate infectious waste from the clinical lab as follows:

S.B. 1005 (9-27-88)

- For biosafety level 1 or 2, the health facility or agency: would be required to incinerate or autoclave (sterilize using superheated steam under pressure) all culture stocks, tubes, slants, and petri plates and all specimen containers before disposal; could incinerate or package the infectious waste for disposal; and would have to require all protective clothing used in the clinical lab to be washed with detergent in hot water.
- For biosafety level 3, all infectious waste would have to be autoclaved in the clinical lab before disposal.

Transportation. A health facility or agency would be required to transport infectious waste from the lab as follows:

- For biosafety level 1 or 2, if the waste were to be decontaminated at a site away from the lab, the infectious waste would have to be wrapped, bagged, or placed in leakproof containers.
- For biosafety level 3, the waste could not be transported outside of the health facility or agency in which the waste was produced. The waste would have to be placed in leakproof containers labeled to indicate a biological hazard.

Disposal. A health facility or agency would have to dispose of infectious waste from the clinical lab as follows:

- For biosafety level 1 or 2: blood, urine, feces, sputum, wound drainage, and other body fluids could be disposed of through an appropriate plumbing fixture into the sanitary sewer; and, infectious waste that had been decontaminated could be disposed in a disposal area that was a sanitary landfill approved by the Department of Natural Resources (DNR) under the Solid Waste Management Act.
- For biosafety level 3: blood, urine, feces, sputum, wound drainage, and other body fluids would have to be autoclaved before disposal; and, infectious waste that had been autoclaved could be disposed of in a disposal area that was a sanitary landfill approved by the DNR under the Solid Waste Management Act.

Patient Care Services Infectious Waste

Protecting Employees. A health facility or agency would be required to do all of the following to protect employees of the health facility who were exposed to infectious waste from patient care services, whether the infectious waste was contaminated with low to moderate risk organisms or with high risk organisms: require the use of protective gowns, gloves, and masks, if medically indicated; implement procedures that prevented the creation of aerosols; and, require employees to wash their hands after handling infectious waste from patient care services. Infectious waste from patient care services would include, but not be limited to, contaminated dressings and bandages, sponges and surgical drapes, masks, gowns, gloves, and paper and plastic products that were disposable.

Containment. A health facility or agency would be required to do all of the following in order to contain the infectious waste from patient care services, whether the infectious waste was contaminated with low to moderate risk organisms or with high risk organisms: require the infectious waste, as well as linen and clothing, to be contained in impervious bags; and, disinfect equipment and other surfaces that had been exposed to infectious waste.

Transportation. A health facility or agency would be required to transport infectious waste from patient care services as follows: infectious waste that had been contaminated by low to moderate risk organisms would

have to be wrapped, bagged, or packaged in a manner that minimized the spread of contamination during transportation; and, infectious waste that had been contaminated by high risk organisms would have to be transported in covered containers that were labeled to indicate a biological hazard, and could not be transported outside of the health facility or agency.

Decontamination and Disposal. A health facility or agency would be required to decontaminate and dispose of infectious waste from patient care services as follows:

- For infectious waste that had been contaminated by low to moderate risk organisms: blood, urine, feces, sputum, wound drainage, and other body fluids could be disposed through an appropriate plumbing fixture into a sanitary sewer; infectious waste other than that previously described could be disposed through incineration or in a disposal area that was a sanitary landfill approved by the DNR under the Solid Waste Management Act.
- For infectious waste that had been contaminated by high risk organisms: the waste would have to be incinerated or autoclaved before disposal and if the waste had been decontaminated in this way, the health facility could dispose of it in a sanitary landfill approved by the DNR under the Solid Waste Management Act; and, the health facility would have to maintain decontamination equipment within the building in which the infectious waste was produced.

Pathological Waste and Sharps

"Pathological waste" would mean body organs, tissues, parts, and fluids removed during surgery or autopsy, whether or not they were infectious. "Sharps" would mean discarded hypodermic needles, syringes, and scalpel blades, whether or not they were infectious.

Protecting Employees. A health facility or agency would be required to do all of the following to protect its employees from possible infection from exposure to pathological waste and sharps: require the use of protective gowns, masks, and gloves, if medically indicated; implement procedures that prevent the creation of aerosols; and, require employees to wash their hands after exposure to pathological waste or sharps.

Containment and Transportation. A health facility or agency would be required to do all of the following for the containment and transportation of pathological waste and sharps: place pathological waste in leakproof bags or containers that were labeled or color-coded to indicate a potential biological hazard; and place discarded sharps in rigid, puncture-resistant containers at the site of use. The containers would have to be labeled to indicate a potential biological hazard.

Decontamination and Disposal. A health facility or agency could do one or more of the following for the decontamination and disposal of pathological waste and sharps:

- Pathological waste could be disposed by one of the following methods: incineration or cremation, grinding and flushing into the sanitary sewer, and burial at a recognized burial site.
- Sharps that had not been contaminated by high risk organisms and decontaminated sharps could be incinerated, or disposed of in a sanitary landfill approved by the DNR under the Solid Waste Management Act. Sharps that were contaminated by high risk organisms would have to be decontaminated before disposal.

MORE

Rules

The Department would be required to promulgate rules to implement these provisions including, at a minimum, all of the following: rules that categorized agents or microorganisms into biosafety levels 1 to 4 for purposes of the provisions on infectious waste from a clinical lab; and rules that categorized agents or microorganisms into risk categories of low to moderate risk and high risk for purposes of the provisions on infectious waste from patient care services.

Proposed MCL 333.16266 et al.

Legislative Analyst: L. Arasim

FISCAL IMPACT

The bill would have no fiscal impact on State or local government.

Fiscal Analyst: P. Graham

This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.