

# Summary of concerns with WCB proposal for regulating protection from unsafe medical sharps going to public hearing May 2006

## THERE ARE EIGHT CONCERNS THAT BCNU HAS WITH THE PROPOSAL

1. No requirement for preference for safer devices such as blunts and retractable
2. Long time prior to implementation (January 2008)
3. Only references vascular hollow bore needles
4. Misses all subcutaneous, intramuscular devices
5. Misses all non-hollow bore needles such as scalpels and suture needles
6. Has no provision for logging medical sharps injuries
7. No consultation with the joint safety committee or worker in selecting devices
8. Lacks a neutral space concept in operating rooms and the use of no hand to hand methods

***The regulation needs to include a hierarchy for selection of safety devices giving preference to the types that are most effective.*** A blunt or retractable needle can not puncture the skin after the safety device has been activated. A manual guarded device still has potential for contact with the sharp. These inferior and cheaper devices are not as safe. Preference should be given to the safer devices and is a principle used for other safety devices under regulation such as for exposure to hazardous substances under OH&S Regulation 5.55.

***The implementation period of this regulation is too long to wait and completely unrealistic.*** In this time period over 10,000 workers will be injured from sharps. If one of these workers contracts Hepatitis C the cost will be over \$1 million dollars to WCB. Most health authorities have implemented safety devices for their needles already.

***Limiting the regulation to hollow bore needles used for vascular access will result in not protecting against very large numbers of medical sharps injuries.*** Statistics compiled by the Occupational Health and Safety Agency for Health Care (OHSAH) show that 70% of medical sharps injuries do not fall into the "vascular" type of uses. Many injections are done subcutaneously (into the skin rather than or artery or vein) these injections pose a risk of transmission of blood borne pathogens.

***There are other types of medical sharps besides hollow bore needles.*** Those include scalpels, suture needles and anything else that might produce a puncture wound that would expose a worker to blood or other potentially infectious material. The regulation must apply to all medical sharps, not just those limited ones that are vascular.

***Many medical devices can be used for vascular and non-vascular purposes.*** A syringe can be used to inject medicine into skin or muscle; the same syringe could be used instead to inject medicine into a vein. In the first circumstance it is not vascular in the second it is. The rational approach is to apply the regulation to all medical sharps, not just the very narrow category of hollow bore needles for vascular use.

***There is no provision in the WCB proposal for logging medical sharps injuries.*** Documenting these injuries has been and continues to be a significant problem. The WCB itself has no idea what the total number of injuries is. The only information they have in their systems is the number of wage loss injuries. This is totally inadequate. In the US they have a requirement to document sharps injuries. Several years ago some US jurisdictions implemented an EPINET system that compiles comprehensive data on sharps injuries. In BC OHSAH has worked with four health authorities to create a similar system here. The data acquired shows the type of sharp, whether the injured person was an original user, the purpose of the sharp, at what point in its use the injury occurred and other very valuable data. The use of this system in four BC health authorities demonstrates that such logging of injuries can be readily done and provides important information that is readily available. This is not mandatory. This should become the standard for BC. **A requirement for logging injuries should be part of the regulation as was proposed by the BCNU.**

***Devices need to be selected in consultation with those people that will use them. The joint health and safety committees include the management and the workers from the various sectors of the workforce. It is through these committees that consultation should occur.*** Devices need to be chosen on the basis of those that most effectively do the job they are intended for and provide the highest level of protection. This consultation helps to ensure the success of the changeover to safety devices and the prevention of injury. If the devices perform the job poorly they will not be accepted by those that have to use them. **Failure to include provisions for consultation will result in some circumstances devices being chosen on the basis of cost by persons with no knowledge or appreciation for their use.**

***The WCB proposal contains no requirement for training or education in the use of the new safety engineered medical devices.*** In some of the health authorities that have already done some work on moving to safety engineered medical devices there are good examples of the need for training and education in this process. Those workplaces that have integrated training and education in the use of SEMDs have done much better in the changeover than those that have not. You can not expect people to be able to effectively use and adopt new equipment without the right training and education. Techniques like neutral space and no hand to hand contact are vital in reducing injuries. The regulation needs to include this component.

Now there needs to be significant intervention to fix this badly flawed regulation. This regulation could prevent so much personal hardship and emotional uncertainty by reducing the number of injuries. Also the cost savings to the system will be significant. 6