

SUBSTANCE SPECIFIC REQUIREMENTS

**Submission to WorkSafeBC on
Regulation Review**

November 23, 2006

BC Nurses' Union



Introduction

The British Columbia Nurses' Union represents 26,000 workers, mostly Registered Nurses, employed throughout the province, in all types of health care settings. The proposed amendments to Part 6: *Substance Specific Requirements* affect all of our members either directly or indirectly. Our members routinely use medical sharps in performing their duties and as a result are at risk of injury.

Health care has the second highest number of compensable injuries among classification groups. In any given year, over 6,000 workers will be injured from sharps. If one of these workers contracts Hepatitis C as a result of a sharps injury, the cost will be over one million dollars to WorkSafeBC in lost time and medical expenses. The loss of one nurse in the healthcare system exacerbates the current nursing shortage.

Nurses deal with demanding situations everyday in less than perfect workplaces. The BCNU strives to prevent occupational injury and disease and supports ongoing Regulation Review and the development of regulations which protect the health and safety of BC workers.

Executive Summary

BCNU supports the implementation of the proposed changes to the Regulation which extend the use of safety engineered medical devices to all medical sharps. The Union is encouraged by the proposed Regulation and in our view will make a significant difference in reducing sharps-related injuries. In addition, it will reduce the associated trauma and stress for workers who must undergo anti-retroviral treatments as a result of a sharps injury. However, BCNU has three main concerns with the proposed regulation.

I. Implementation Date

We are concerned that the implementation date for the Regulation regarding hollow bore sharps does not come in effect until January 2008. This is over a year and a half from the time the regulation was passed. This time-frame is unnecessarily long and at the cost of workers' health. All of the Health Authorities report they are in the process of implementing these systems, as well as systems that cover intramuscular and subcutaneous injections. It is our view that they could complete this process in a shorter time period. In addition, in other jurisdictions such as

Saskatchewan and Manitoba, the Regulation was implemented within six months. In our view this is a reasonably achievable time frame.

Although the expansion of this Regulation to cover all medical sharps is a positive change for worker safety, the BCNU is once again concerned that the implementation period is far too long. Statistics compiled by the Occupational Health and Safety Agency for Health Care (“OHSAH”) show that 70% of medical sharps injuries do not arise as a result of “vascular” type of uses. Many injections are done subcutaneously (into the skin rather than artery or vein) or intramuscularly (into muscle) and these injections pose a risk of transmission of blood borne pathogens. Based on the risks associated with subcutaneous and intramuscular injections, it is our view that the implementation should be completed by July 2007.

II. Tracking System

Our second concern relates to the fact that the proposed regulation does not require a logging system to track sharps injuries including the procedures and types of products that caused the injuries. A logging system will provide a means to document and review injuries. This should improve prevention as unsafe products and practices will be more quickly identified and remedied.

OHSAH has a system based on the EPINet system that allows all employers to keep this data and review it for products that continue to be involved in injuring workers. Only three health authorities (Fraser Health, Vancouver Island Health Authority and Vancouver Coastal Health) have voluntarily opted to participate in this program. It is our view that the Regulation should require the use of a logging system for all employers.

III. Involvement of Workers and the Joint Occupational Health and Safety Committees

Finally, the proposed Regulation does not require interaction with workers and/or the Joint Occupational Health and Safety Committees in the selection and evaluation of the safety-engineered medical sharps. Involving workers who will use the safety engineered medical sharps in the selection process is critical in ensuring that products selected are appropriate for patient care procedures and that they best protect workers. Devices need to be chosen on the basis of effectiveness for patients while at the same time providing workers with the highest level of protection. This consultation helps to ensure the success of the transition to safety devices, and in

turn, the prevention of injury. If the devices are difficult to use or are inefficient, workers will not readily accept their use.

Nurses have reported to BCNU that product selection is being done by managers and non-clinical personnel. This process has resulted in health authorities selecting equipment based on cost containment, not safety. Because joint health and safety committees include the management and the workers' representatives, it is our view that the Regulation should require consultation through these committees.

Conclusion

The proposed Regulation will vastly increase the safety of workers in the health care system. BCNU supports the proposed amendments to the Regulation with the inclusion of the recommendations we have made.

This submission is in response to the proposed amendments for Part 6: *Substance Specific Requirements in the Occupational Health and Safety Regulation*. In this submission we will provide our feedback with respect to each proposed change.

Section 6.33 Definitions

The definitions are clear and understandable.

Section 6.36 Controls

Subsection (1.1)

The proposed implementation date of January 1, 2008, continues to be a concern. In other jurisdictions such as Saskatchewan, Manitoba and the United States similar legislation and Regulations were implemented within six months. We urge WorkSafeBC to require that needleless devices or safety-engineered hollow bore needles be used by July 1, 2007 instead of the January 1, 2008.

It is our view that requiring the regulation to be fully implemented by July 1, 2007 is achievable. Employers have been able to implement safety engineered medical devices in short time frames. For example, in many acute care hospitals, implementation of safety needles has only taken one month.

Smaller worksites such as long term care and community settings will require less time than acute care facilities to train staff and transition to new equipment because there are less staff to coordinate for training and fewer types of equipment used.

In our view there are many advantages to having a shorter period for implementation. We have heard that when safety-engineered needles were introduced in some units, staff stockpiled the old supplies (non safety-engineered equipment). Some managers also insisted that the old supplies be used up before starting with the new supplies. By shortening the implementation period, this problem will be lessened. Of course, the most important reason for having an earlier implementation date is that there will be fewer workers needlessly suffering preventable injuries from contaminated sharps.

Subsection (1.2)

The BCNU supports the expansion of the Regulation to include all sharps. The extension of this Regulation will assist in preventing needless injuries and will reduce the need for workers to take anti-retroviral medications post injury.

Vascular access hollow-bore needles make up approximately 30% of the medical sharps used. In our experience most sharps injuries involve devices that are not vascular access hollow-bore needles. Expanding the Regulation would require the use of commercially available safety engineered medical devices in place of the additional 70% of devices that cause percutaneous injuries.

Again, the implementation date of October 1, 2008 is unnecessarily long. This Regulation should come into effect by July 2007 as well.

Subsection (1.3)

The proposed Regulation states that Subsections (1.1) and (1.2) do not apply if the use of the required device, needle or sharp is not clinically appropriate in the particular circumstances, or the required device, needle or sharp is not available in commercial markets. The BCNU cautions WorkSafeBC about including such provisions in the Regulation. Instead, it is our view that these exceptions should be included in the guidelines that accompany the Regulation.

Fraser Health has advised that they have only found eight sharps in which there are no manufactured safety devices. BCNU is currently reviewing all medical devices and has not identified any devices where safety engineered counterparts do not exist.

Subsection (1.4)

The BCNU supports the principle of providing equipment with the highest level of protection available. This is important in protecting workers from sharps-injuries as there is a high degree of variability in the level of protection afforded by different types of safety engineered medical devices. Research has shown that with active engineering controls, workers can be injured while activating safety devices. For example, workers have been stuck while sliding a guard over a contaminated sharp.

It is the best practice to eliminate sharps by using blunt end devices and when that is not possible to use devices with passive engineering controls such as retractable needles. The reason for this is that once a device has been retracted, it is almost impossible to contact the sharp except by intentionally dismantling device.

To date, most employers are selecting SEMDs with active engineering controls. We believe that the selection of equipment is being made based on cost considerations, not safety considerations.

Although devices with active engineering controls cost less than those with passive controls, they are less safe. While this may be economical in the short term, savings would very quickly be offset by the costs of injuries which are higher with these types of devices. Safety must be the primary consideration when selecting devices. We believe that the practice in regards to actual selection of less protective devices will continue unless there are specific requirements in the Regulation for the safest devices.

It is our view that this section of the Regulation should be expanded to ensure that workers and joint occupational health and safety committees have input into the selection of appropriate devices. Nurses have reported that very few front line workers have been included in the selection process for safety engineered devices to date. When nurses are invited to give input into equipment which may be purchased, the employer often pre-selects the equipment the nurses may choose from. It is critical for workers who will use the safety-engineered devices, to have input into their selection to ensure that equipment is appropriate and user-friendly.

Subsection (1.5)

BCNU recommends that WorkSafeBC amend this section to include a requirement for a logging system. It is our position that a logging system, such as the EPI-net system, is a necessary component for the evaluation of products included in the proposed Regulation. Many other jurisdictions in the United States and Canada require the logging of medical sharps injuries.

Currently, sharps-injuries are under-reported. Requiring a logging system will ensure that Employers have accurate details relating to the types of injuries sustained, causation and equipment that used. This will provide Joint OH&S committees with necessary information to conduct investigations and to make recommendations about how further injuries can be prevented.

Subsection (1.6)

The BCNU supports the development of safe work procedures and practices. However, Employers must also provide comprehensive education and training modules to ensure that workers are comfortable using the new equipment. In work-sites which have implemented safety-engineered needles, the greatest compliance levels and worker satisfaction has been reported on units in which on-site education was provided during change over to the systems.

Other regulation required

In our opinion, the Regulation should include the neutral space concept for operating rooms and other work areas where surgery is performed. By including a requirement for neutral spaces for passing sharps and equipment, the risk of sharps-injury in operating rooms could be significantly reduced. Given the potential for exposure to blood borne pathogens in the operating room setting, we view this as an important addition to the Regulation.

Conclusion

In conclusion, we support the proposed amendments to the Regulation with the following recommendations:

1. Amend the implementation date to July 1, 2007.
2. Amend the proposed Regulation to require the use of a logging system to track all sharps-injuries.
3. Amend the proposed Regulation to require consultation with workers and Joint Occupational Health and Safety Committees in selecting appropriate devices.
4. Amend the proposed regulation to include the neutral space concept in the operating rooms or other areas where surgeries are performed.

Respectfully submitted,

Debra McPherson, President