

Collaborative effort results in new safety protocols

August 1, 2006

The Report: August 2006 vol.27 num.4

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Exposure to potentially infectious blood and other body fluids is a serious occupational hazard for many health care workers. HSA and other health care unions have been working with frontline workers, employers, BCs Occupational Health and Safety Agency for Health Care (OHSAH) and WorkSafeBC (formerly WCB), to find and implement effective measures to minimize this hazard.

On June 11, 2001, the WorkSafe Prevention Division imposed three administrative penalties, with fines totaling \$34,000, against the Capital Health Region (CHR - now part of the Vancouver Island Health Authority) for failing to take adequate measures to protect its laundry workers from needle stick and puncture injuries. CHR appealed the imposition of these penalties to WorkSafe Appeal Division, and the three health care unions ... HSA, HEU and BCNU ... intervened in the appeal as interested stakeholders.

After several meetings, agreement was reached to establish a joint union/employer BBF subcommittee of the joint occupational health and safety committee at one of the Victoria-area hospitals.

OHSAH was asked to assist in the design, development, implementation and evaluation of an exposure control plan. Most of the money from the administrative penalty (\$30,000), was earmarked to help develop the exposure control plan.

-We believed the employer had a sincere desire to address this hazard, and decided there was a better chance of making a real difference by using this opportunity to create a structure that would have a good chance of tackling this complex issue, rather than simply punishing the employer with a fine.

OHSAH definition of blood and body fluid exposure

Blood and body fluid (BBF) exposure is a term used when blood or other potentially infectious body fluid comes into contact with the skin, subcutaneous tissue (i.e. tissue under the skin), or mucous membranes (i.e. tissue lining the eyes, nose, mouth, vagina, rectum and urethra). Exposure to BBF is a major concern for health care workers because of the potential for acquiring disease and the related psychological stress that can occur.

Despite the massive restructuring that occurred as CHR became part of the new Vancouver Island Health Authority, the joint committee continued its work, conducting worksite safety audits and implementing use of the internationally used EPINet (Exposure Prevention Information Network) for reporting and tracking BBF exposures.

VIHA has now implemented the BBF exposure control plan throughout the health authority. The plan includes improved training in minimizing exposure, the use of safer needle/sharps devices and replacing glass specimen tubes and containers with plastic ones.

Other health authorities are at various stages of implementing a safe needle/sharps program and/or a broader BBF exposure control plan.

Where requested, OHSAH has provided information about best practices and has worked to ensure that all health authorities have a consistent way of tracking exposure incidents. OHSAH hopes to start collecting data soon to evaluate the effectiveness of the exposure control plan that has been implemented in VIHA.

OH&S Regulation

Section 6.34 Exposure control plan

The employer must develop and implement an exposure control plan meeting the requirements of section 5.54, if a worker has or may have occupational exposure to a bloodborne pathogen, or to other biohazardous material as specified by the [Workers Compensation] Board.

Although significant progress is being made in some health authorities to address this important occupational hazard, more needs to be done. The Service Employees International Union (SEIU) is currently heading a campaign urging provincial governments to enact legislation making the use of safety-engineered needles and medical devices mandatory. Manitoba and Saskatchewan are the only Canadian jurisdictions that have passed such legislation so far. Manitoba's act came into effect January 1 of this year. Saskatchewan's act is scheduled to come into force on July 1. A safe needles bill passed first reading in Nova Scotia in May, 2006, before a provincial election was called, and a private members bill on safe needles in Ontario passed first reading last November.

HSA is supporting SEIU's campaign for such legislation in BC. More information about the campaign is available at www.saferneedlesnow.ca/bc.htm.

In BC, WorkSafe has proposed amendments to the Occupational Health and Safety Regulation governing sharps.

These amendments would include provisions making it mandatory for employers to replace regular hollow-bore needles used for vascular access, with safety-engineered needles. The amended regulation would also "encourage" further upgrading, to replace safety-engineered needles with needle-less devices, which reduce the risk of injury and exposure even further.

Although the proposed amendment is an improvement over current regulatory requirements, many labour organizations believe it does not go far enough.

WorkSafe recently invited public feedback on the proposed amendments. HSA's submission stressed that the regulation should be expanded to include all medical sharps, not just vascular needles, and that the workplace OH&S Committees should participate in the selection of appropriate devices.

Jackie Spain, HSA Region 9 Director and Chair of HSA's provincial OH&S Committee, emphasizes that frontline workers must be involved in deciding what types of equipment and devices are the safest and most effective for carrying out their work. "The people performing each type of task that carries a risk of BBF exposure have the best idea of what sort of needle system or other device will decrease the risk of a puncture or other type of BBF exposure," Spain said. She added that employers also need to listen to these employees to ensure that the

new equipment or device doesn't create a different type of hazard.

-Members at some facilities have told me they've been given a "safety needle" to use that requires them to use their thumb to flip a cover over the needle tip, and that it's so difficult to do this, their thumb is stiff and painful by the end of their shift.

Post-exposure follow-up

Every health care worker should be aware of their facility's procedure for medical treatment and reporting following a blood and body fluid exposure. In most hospitals, this means reporting to the ER as soon as possible. Members who are unsure whether filling in an internal "Incident Report" is sufficient, or whether they should file a worker's compensation claim, should contact the HSA office for assistance.

"Spain also stressed the need for facilities to look beyond the issue of needlestick injuries, and to implement measures to eliminate all types of BBF exposure.

-HSA members in many different professions face a risk of BBF exposure, from a variety of sources. "Exposure can occur not only through punctures caused by needles, cuts from other types of sharps, or broken glass, but also from direct contact with patients who are coughing, sneezing, bleeding, etc.

-Employers need to ensure there are control measures in place for every type of BBF hazard," Spain said. 

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