

2006/10/05-04**THE WORKERS' COMPENSATION BOARD OF BRITISH COLUMBIA****RESOLUTION OF THE BOARD OF DIRECTORS**

Re: Approval to Release to Public Hearing Proposed Amendments to the Occupational Health and Safety Regulation (BC Regulation 296/97, as amended)

WHEREAS

Pursuant to section 225(1) of the *Workers Compensation Act* and amendments thereto ("Act"), the Workers' Compensation Board ("WCB") may make regulations it considers necessary or advisable in relation to occupational health and safety and occupational environment;

AND WHEREAS:

The Board of Directors, in July 2006, directed that an additional public hearing be held in the fall of 2006, as part of the 2006 regulatory process, to consider expanding the scope of the requirements in section 6.36 to include all hollow bore needles (intravascular, intramuscular, subcutaneous), and other sharps;

AND WHEREAS:

Pursuant to section 226(1)(a) of the *Act*, the WCB, before making a regulation, must give notice of the proposed regulation in the *BC Gazette* and in at least 3 newspapers, of which one must be published in the City of Victoria and one in the City of Vancouver;

AND WHEREAS:

Pursuant to section 226(1)(b) of the *Act*, the WCB, before making a regulation, must hold at least one public hearing on the proposed regulation;

AND WHEREAS:

The WCB has drafted proposed regulatory amendments to the *Occupational Health and Safety Regulation* (“*OHSR*”), as part of the ongoing regulation review process.

THE BOARD OF DIRECTORS RESOLVES THAT:

1. The proposed amendments to the *OHSR* set out in Appendix A be released to public hearings.
2. The Vice President, Policy and Research Division, is appointed to chair the public hearing and may designate additional members of the public hearing panel as necessary.
3. Public hearings on the proposed amendments will take place in November or December of 2006.
4. Public hearings on the proposed amendments will be held in Prince George, Vancouver, Kelowna and Nanaimo.
5. Notice of the proposed amendments will be published in the *BC Gazette* and in the Victoria Times Colonist, the Vancouver Sun, and the Province newspapers.

Dated at Richmond, British Columbia, October 5, 2006.

By the Workers' Compensation Board

**DOUGLAS J. ENNS, CHAIR
BOARD OF DIRECTORS**

PART 6: SUBSTANCE SPECIFIC REQUIREMENTS

BIOHAZARDOUS MATERIALS

Definitions	6.33	In sections 6.33 to 6.41:
<i>"biohazardous material"</i>		means a pathogenic organism, including a bloodborne pathogen, which due to its known or reasonably believed ability to cause disease in humans, would be classified as Risk Group II, III or IV as defined by the Medical Research Council of Canada, or any material contaminated with such an organism;
<i>"medical sharp"</i>		means a needle device, scalpel, lancet, broken glass, broken capillary tube or any other medical device that can reasonably be expected to penetrate the skin or any other part of the body;
<i>"occupational exposure"</i>		means reasonably anticipated, harmful contact with blood or other potentially biohazardous material that may result from the performance of a worker's duties;
<i>"parenteral contact"</i>		means piercing mucous membranes or the skin;
<i>"safety-engineered medical sharp"</i>		means a medical sharp with a built-in safety feature or mechanism that eliminates or minimizes the risk of accidental parenteral contact while or after the sharp is used;
<i>"safety-engineered needle"</i>		includes a self-sheathing needle device and a retractable needle system.
Controls	6.36	<p>(1) Engineering controls and work practice controls must be established to eliminate or minimize the potential for occupational exposure to a bloodborne pathogen or other biohazardous material.</p> <p>(1.1) On and after January 1, 2008, when a hollow bore needle is used in a workplace to access a vein or artery for the purpose of collecting blood or caring for or treating a person, the employer must ensure that On and after January 1, 2008, a needleless device or safety-engineered hollow bore needle must be used for the following procedures performed to care for or treat a person:</p> <ul style="list-style-type: none"> (a) if it is clinically appropriate, a safety-engineered needle that provides the highest level of protection from a needlestick injury is used, or a needleless device is used in place of a hollow bore needle, and withdrawal of body fluids; (b) safe work procedures and practices relating to the use of those safety-engineered needles or needleless devices are implemented. accessing a vein or artery; (c) administration of medications or fluids; (d) any other procedure involving the potential for an exposure to accidental parenteral contact for which a needleless system or safety-engineered hollow bore needle system is available. <p>(1.2) On and after October 1, 2008, any medical sharp used to care for or treat a person must be a safety-engineered medical sharp.</p> <p>(1.3) Subsections (1.1) and (1.2) do not apply if</p> <ul style="list-style-type: none"> (a) use of the required device, needle or sharp is not clinically appropriate in the particular circumstances, or

(b) the required device, needle or sharp is not available in commercial markets.

(1.4) If more than one type of safety-engineered hollow bore needle or safety-engineered medical sharp is available in commercial markets, the needle or sharp that provides the highest level of protection from accidental parenteral contact must be used.

(1.5) For purposes of subsection (1.4), an employer must make a determination of the highest level of protection available based upon information provided by manufacturers, independent testing agencies or other reliable sources and, if that information is not available, based on other objective product evaluation criteria.

(1.6) Safe work procedures and practices relating to the use of safety-engineered hollow bore needles and safety-engineered medical sharps must be developed and implemented before use of those devices.

- (2) Personal protective equipment must be worn to shield workers from biohazardous material.
- (3) Housekeeping practices must be designed to keep the workplace clean and free from spills of biohazardous material.
- (4) Work procedures must ensure that laundry contaminated with biohazardous material is isolated and bagged, and handled as little as possible.
- (5) Repealed. [B.C. Reg. 312/2003.]
- (6) For bloodborne pathogens, the employer must implement a system of universal precautions for all tasks and procedures identified as having a potential for occupational exposure under section 6.35.

Explanatory note

In July, 2006, the Board of Directors approved a requirement that when a hollow bore needle is used in a workplace to access a vein or artery for the purpose of collecting blood or caring for or treating a person, the employer must ensure that if it is clinically appropriate, a safety-engineered needle that provides the highest level of protection from a needlestick injury be used, or a needleless device is used in place of a hollow bore needle. While these amendments have not yet taken effect, they are reflected in the strikethrough documents for convenience.

The information available indicates that hollow bore needles for vascular access pose the greatest risk to workers' health, however, any stick or cut can require the same treatment as a stick from a hollow bore needle for vascular access. The physical and emotional trauma to workers can be severe.

In response, the Board of Directors directed that an additional public hearing be held in the fall of 2006, as part of the 2006 regulatory process, to consider expanding the scope of the requirements for safety-engineered devices in

section 6.36 to include all hollow bore needles (intravascular, intramuscular, subcutaneous), and other medical sharps. In all cases, the BOD has directed that the safety-engineered device with the highest level of protection be used.

Section 6.36 (1.1) which refers to needleless devices and hollow bore needles for vascular access only, is proposed to be amended to expand the scope to include all hollow bore needles. The date of January 1, 2008 remains as health authorities are already transitioning to the use of safety-engineered hollow bore needles. Section (1.1) (a) is proposed to be deleted and the requirement for the highest level of protection moved to new section 6.36 (1.4) which now applies to hollow bore needles and safety-engineered sharps. The other requirement that the needleless device or safety-engineered hollow bore needle for vascular access be clinically appropriate is proposed to be moved to section 6.36 (1.3) (a) where it now applies to all safety-engineered hollow bore needles and medical sharps.

Section 6.36 (1.1) (b) is proposed to be deleted as it is moved to new section 6.36 (1.6) which now applies to all safety-engineered hollow bore needles and safety-engineered medical sharps.

Proposed new section 6.36 (1.1) (a) – (d) specifies the uses of needleless devices and safety-engineered hollow bore needles.

Proposed section 6.36 (1.2) requires that on and after October 1, 2008 any medical sharp used to care for or treat a person must be a safety-engineered medical sharp. It is anticipated that this date will provide sufficient time for the proper and safe implementation of safety-engineered medical sharps.

Proposed section 6.36 (1.3) provides exemptions to the use of safety-engineered hollow bore needles and medical sharps, and needleless devices. The requirements do not apply if the device is not clinically appropriate in the particular circumstance, or if it is not available in the commercial market. Clinically appropriate means the use of the device is medically acceptable for the safe and effective care and treatment of the patient and the safety of workers involved in the treatment and care of the patient.

Proposed section 6.36 (1.4) requires that if there are no exemptions, the safety-engineered needle or medical sharp that provides the highest level of protection from accidental parenteral contact must be used.

Proposed section 6.36 (1.5) requires the employer to make a determination of the highest level of protection referred to in new section 6.36 (1.4) based on reliable sources of information such as that provided by manufacturers, independent testing agencies, and if that information is not available, based on other objective product evaluation criteria.

Proposed section 6.36 (1.6) requires that safe work procedures and practices relating to the use of safety-engineered hollow bore needles and safety-engineered medical sharps must be developed and implemented before use of these devices.