



**HOSPITAL
EMPLOYEES'
UNION**

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HOSPITAL EMPLOYEES' UNION

Submission to the

**WORKERS' COMPENSATION BOARD
OF BRITISH COLUMBIA
(Worksafe BC)**

**Proposed amendments to the
Occupational Health and Safety
Regulation**

MAY 26, 2006



The Hospital Employees' Union represents more than 40,000 workers who deliver vital services in every area of health care.

HEU members work in more than 300 diverse job classifications in acute care hospitals, long-term care homes, community health and community social services agencies.

Examples include licensed practical nurses, patient care aides, patient care technical workers, housekeepers, sterile supply technicians, laundry workers, lab technicians, renal technicians, group home workers, clerical staff, trades and maintenance workers, and many more.

HEU supports the BC Federation of Labour's submission and recommendations regarding proposed occupational health and safety regulatory amendments.

Our submission focuses on how proposed changes to the Biohazardous Material Regulation will affect health care workers specifically.

Background

In September 2005, a coalition of unions (BCNU, HEU, HSA, BCGEU and SEIU) jointly developed a proposal to the WCB Policy and Research Division for Regulation Review seeking amendments to the *BC Occupational Health and Safety Regulation* that would require the use of safety engineered medical devices.

In October 2005, the WCB released proposed amendments for Part 6 of the *Biohazardous Material Regulation*. Unfortunately, those proposed amendments did not address the key points raised in our joint submission.

Lack of meaningful consultation

In January 2006, the Board's Policy and Research Division convened a single 2.5 hour meeting with health care unions, health authorities and the Health Employers Association of BC (HEABC) to discuss the proposed changes to the *Biohazardous Material Regulation*. During that meeting health care unions again detailed our concerns.

More recently, it has come to our attention that the Division met and further consulted with health authorities and HEABC. Similar meetings,

however, were not extended to health care unions. This has resulted in a disturbing imbalance in the Board's consultation process with health care stakeholders.

We urge the Board to show greater respect for the knowledge and expertise brought forward by unions on behalf of the memberships, and to restore tri-partite ongoing regulatory review for a meaningful and balanced consultative process.

Medical sharps and needlestick injuries

More than 20 blood-borne pathogens can be transmitted from contaminated medical sharps and needles. The potential for transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), pose the greatest risks for severe disability or fatality, which present tremendous concerns for workers in health care and in all public service environments.

Blood is the single most important source for HIV, HBV and HCV. According to the US Centre for Disease Control, the seroconversion risks are 0.3% for HIV, 6-30% for HBV and 0-7% for HVC. Preventing transmission of these blood-borne pathogens is best accomplished by preventing percutaneous injuries during medical procedures and eliminating exposures to medical sharps inappropriately disposed in worksite garbage bags and laundries.

Post-exposure prophylaxis following occupational exposure to bloodborne pathogens is laden with toxic and debilitating side effects that impact workers and can negatively affect their relationships with partners and families. Exposed workers will become very ill, requiring time off work for healing and treatment. Treatments are expensive and the entire experience take a huge toll on workers.

Absence of statistics

WCB statistics show that between 1999 and 2003 there were 457 accepted short-term disability, long-term disability or fatal claims for needlestick injuries in BC. These figures exclude medical only claims.

Alarming, it is estimated that about 6,800 medical sharps/needlestick injuries occur in acute care facilities alone. But because BC health authorities do not gather actual records for the number of medical sharps and needlestick injuries, this estimate had to be derived from Health Canada data on the number of injuries per year per acute care bed, by applying the rate to the number of acute care beds in BC.

Proposed regulation is inadequate

By limiting the regulation for safety engineered device to hollow bore needles used for vascular access, workers will not be adequately protected from medical sharps injuries.

- Procedures limited to hollow bore needles account for only 30% of all medical sharps procedures.
- Statistics compiled by the Occupational Health & Safety Agency for Health Care (OHSAH) in BC for four health authorities show that significant numbers of medical sharps injuries do not fall into the "vascular" type of usage.
- Many medical devices can be used for vascular and non-vascular purposes. A syringe can be used to inject medicine into the skin or muscle. The same type of syringe can be used to inject medicine into the vein.
- Many injections are done subcutaneously and these injections certainly pose a risk of transmission of blood-borne pathogens.
- There are other types of medical sharps besides hollow bore needles such as scalpels, suture needles and lancets.

For these reasons, the health care community cannot agree to a regulation promoted by the Board, which uses risk assessment as the measure for deciding whether or not workers will be protected. What is needed is a regulation that is aimed at protecting all workers, not only those who are associated with certain high-risk work procedures.

The greatest downfall of numerical risk assessment is that it allows very serious exposures to virtually evaporate in a cloud of numbers.

Hierarchy for selection requirement needed

Unfortunately, the Board has failed to include a hierarchy for the selection of safety engineered medical devices that would give preference to the types that are most protective for workers and appropriate for the medical procedures.

We strongly recommend amending the regulation to ensure that when more than one type of safety engineered medical device is available and appropriate for the medical procedure, the hierarchy of selection is as follows:

- (i) eliminate the sharp such as with the use of blunt devices,
- (ii) use passive guards with built in safety features such as retractable needles,
- (iii) manually guard the sharps through activation of the device by the worker

Such an amendment would require selection to be based in order of priority, so that the highest possible protection is made available for workers. It would operate in a similar way as OH&SR section 5.55 *Types of Control*, which sets out a hierarchy of controls to prevent exposure to hazardous substances.

Consultation with the Joint OH&S Committee

To be consistent with the role of the joint occupational health and safety committee under the *Workers' Compensation Act* and OH&SR, the joint committee must be involved in the selection, implementation and evaluation of the safety engineered medical devices.

- The joint OH&S committee is an important component in the process for ensuring a safe and healthy workplace. Involving the joint committee in selection, implementation and evaluation will provide knowledge and confidence in the processes, and help ensure a successful transition to safety engineered medical devices.
- Safety engineered medical devices must be selected in consultation with the workers who will use them.

- Devices need to be chosen on the basis of effective execution of the medical task and the highest level of protection for workers.

For these reasons we urge the Board to include in the regulation a requirement for consultation with the joint occupational health and safety committee and workers involved in the medical procedures for the selection, implementation and evaluation of the safety engineered devices.

Failure to include provisions for consultation will most certainly result in choosing alternative devices solely on the basis of cost.

Urgent need to track medical sharps injuries

There is no requirement in the regulation for the Employer to maintain a medical sharp injury log.

- Documenting these injuries has been and continues to be a significant problem. Even the WCB does not have accurate information regarding the total number of injuries. The only statistical information in the system relates to wage loss, which is entirely inadequate for determining the extent of the problem, or the solutions required.
- Given that BC's health authorities, through the guidance of OHSAH, now have access to document medical sharps, there is no excuse for avoiding a systematic and comprehensive approach to logging medical sharps injuries.

Without a specific regulation, however, some health authorities may continue to opt out of a consistent standardized method for data collection.

We strongly urge the Board to include a requirement in health care for the tracking of medical sharp injuries using a standardized system. This would make it possible to evaluate the type of injuries that are occurring and implement appropriate interventions.

Phase-in period

We are disappointed that the Board set the phase-in period for on and after January 2008. All health authorities have already begun the process of selection, implementation and evaluation, and in fact, the Vancouver Island Health Authority began their process four years ago.

There is now a vast amount of knowledge and experience in the use of alternative safety engineered medical devices. In our view, setting the phase-in date for 18 months (2008) hence is inconsistent with practices in other jurisdictions for similar requirement.

We encourage the Board to set the phase-in date for April, 2007.

Conclusion

In many respects we feel the Board has taken an important step forward by addressing some needlestick injuries. What is unfortunate is the failure to extend the regulation to cover all medical sharps procedures, to ensure processes are in place for consultations with workers and worker representatives, to provide a hierarchy for selection and to ensure a consistent tracking system of medical sharps injuries.

HEU members, like all health care workers, need and deserve a safe working environment. We urge you to act on the concerns and recommendations expressed by our own submission – and others – and make the appropriate amendments to ensure our health care workforce is afforded the highest level of protection.