



WorkSafeBC - Proposed Amendments to
Part 6: Substance Specific Requirements
Section 6.33, Definitions
Section 6.53, Control procedures

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Scope

The current proposed amendments for Part 6 represent appropriate and realistic interventions based on risk statistics. The use of hollow-bore needles for venous / arterial access represent the greatest risk when compared to other types of BBF exposures. The current proposed regulation promotes reasonable, manageable change and safety for both employees and patients.

The scope and wording is such that it provides adequate direction without being excessively prescriptive or constraining in the selection and implementation of appropriate safety devices. Additionally, it provides support and insight into other types of Safety Engineered Needles (SEN's) for non-venous / arterial access while acknowledging that there are some conventional devices that do not have suitable safety device replacements (i.e. CVC /PICC lines). *SEN's are not available or appropriate for all applications of arterial/vein access.*

Despite the technological advances with SEN's, no single product line will meet all of the needs in all areas. The current proposed amendments allow for the Health Authority to utilize its current internal processes of product trials and evaluation utilizing clinical expertise to select appropriate devices. It is important to realize that some devices are not compatible with current engineering controls. The introduction of engineering controls such as SEN's that are not compatible with existing engineering controls would necessitate change in a wide variety of products and processes. This ripple effect would have a significant impact on staff and patient safety as well as other resources such as equipment, education, training, certification, etc.

For example retractable needles (BD – Integra) are not compatible with Inter-link needless systems. One is a "True-Lok", the other a "Luer-Lok". The effect of this one change would impact not only needles and syringes but a host of other devices from Needles, to IV tubing to mechanical devices such as medication administration pumps.

Within BC, both Fraser Health and VIHA have already converted to SEN's replacing the majority of conventional sharps. The other health authorities in BC are at various stages of the planning process. Of particular note is that other provinces (e.g. Alberta, Saskatchewan) are also moving in the same direction as B.C.

In VIHA, a number of areas, additional trials are under way or just completing involving SEN's for IV starts, phlebotomy and fistula needles (dialysis access). This represents the ongoing process needed to ensure that appropriate devices are evaluated for suitability for use in Health Care.

SEN's are one of the controls for reducing the risks associated with Blood and Body Fluids (BBF) but they are only a part of the overall Exposure Control Plan (ECP). Many of the elements of an effective ECP involve changing work practices, products (SEN's) and the overall safety culture. This change process needs to be supported within the organization, the employees and by a supportive and flexible regulation in order to achieve sustainability.

Time Frame

With the time frame for this section coming into force January 1, 2008, the BC Health Authorities should be able to complete the transition requirements for arterial /venous access devices. Both the scope and time frame show consideration for the smaller treatment areas, clinics, ambulance services and the "Affiliates" (independent hospitals and care facilities). These areas often do not have the same staffing and financial resources available yet they should be able to meet the requirements of the proposed regulation. Manufacture of the various SEN's for arterial / venous access should also be able to provide the needed support for the transition in the given time frame.

Most if not all of the areas that fall under this regulation (e.g. Ambulance Service, hospitals, Provincial Renal Programs) will require time to investigate and trial viable options and applications for the various programs.

6.33 Definitions

"Safety engineered needle" (SEN) – The potential exists for confusion around the current definition and its application to the broader scope of SEN in the workplace.

It could be interpreted that ONLY self-sheathing needle devices and retractable needle devices are SEN's.

The current definition adequately covers the IV devices' safety mechanisms but does not adequately cover other SEN devices for other applications e.g. intra-muscular injections (IM), subcutaneous injections (SC). While blunt needles are not intended for patient injection, they do represent a safer alternative to using a sharp (pointed) needle.

The definition either needs to be applied to arterial/vein access devices **ONLY** or is amended to include safety features that cover the needle or blunt the needlepoint.

The guidelines (G6.31(1)) **DO** provide additional information on the examples of different types of devices. The initial definition in 6.33 does not suggest or indicate that there are any other "acceptable" SEN's other than the two listed.

Recommended Sample Definition:

"Safety engineered needle" (SEN) ... includes hollow bore needles that incorporate safety design features that either cover or blunt the needle tip, an integrated needle sheath device or retractable needle system".

Alternately, the current definition could include the words "**but not limited to**" or change the wording to "**such as**".

"Safety engineered needle" (SEN) includes (but not limited to) a self-sheathing catheter and a retractable needle system.

6.36 Controls

(6) Please be aware that the term "universal precautions" (previously standard precautions) is being replaced. Literature from the BCCDC and other sources are moving to "Routine Precautions" as the new terminology.

Under Work practice controls in (G6.31(1)) consideration to clarify the following statement: Prohibiting the bending, manual capping or *removing of contaminated needles*. The latter part of this statement is unclear. The intent is probably to not remove contaminated needles manually (with hands).

Suggested content change:

Prohibiting the bending, *shearing*, manual capping or removing of contaminated needles *from syringe hubs using hands*.

Compliance

Monitoring compliance solely based on the presence of SEN's is possible and would meet the wording of the Regulation but not the intent of the Regulation. The use of a SEN may not be clinically appropriate and as a result, a conventional device may need to be used. The reason and rationale can be varied based on the clinical situation or lack of appropriate SEN. SEN's must be the primary choice and conventional devices, a last resort. As previously mentioned, SEN's are only one control within the BBF ECP.

An effective BBF ECP is the key to reducing and or eliminating BBF risk and like SEN's, should be evolving and improving. While each health authority shares similar characteristics, there are also differences due to procedures, geographical area and patient population that need to be considered.

With this in mind, compliance should be monitored collectively based on the intent of the Regulation, the facilities' BBF ECP and for the purpose of promoting reasonable, manageable change and safety for both employees and patients.