

I am a licensed Practical nurse. I have worked at Lions Gate Hospital for 25 years I'm here today because when I heard of the proposed amendments to the OH&S regulations, I realized that although I am a front line health care worker, these regulations are not going to protect me.

- My day-to-day job does not include injecting or withdrawing blood from my patient's veins or arteries but certainly does include percutaneous injections. Now I do understand that the hollow bore needle is not necessarily **filled** with blood, but the contact with blood is definitely there and therefore the risk for me to contract a blood borne disease is very real. Accountability / responsibility for exposure prevention should be a priority for my employer.

Many clinical activities take place in the patient room especially those activities involving syringes and needles. Sharps boxes are rarely near the point of use, as they need to be kept out of patients reach. There is so much potential for risk due to the fact that the needle cannot be disposed of immediately. Often the needle and syringe is placed on the bed or elsewhere in the pts unit while the nurse attends to other immediate needs of the pt. Walking through the 4 bed room with an exposed needle in your hand is never a comfortable thing to do. Often the room is a hub of activity. While I was researching for this presentation I found that the percentage difference between needle stick injuries for those accessing veins or arteries to those giving IM's or SQ injections was 3%. That is 3% higher for those accessing veins/arteries. To me that is barely significant and yet employers see it as significant enough to go with regulations that do not protect workers such as myself. As for other health care workers that are not dealing with hollowbore needles but rather other sharps such as suture needles and scalpels there is even less protection.

When working in emergency (which is a very chaotic environment) Suturing is going on all the time. Although suture needles do not have a hollow bore, they often result in puncture. It is quite easy for the Doctors or nurses not to see the small suture needle when clearing away sharps. Which means there is potential for puncture injury to the aide who will then clean up the rest of the tray assuming all sharps have been disposed of. There can be sufficient blood on the device itself to result in disease transmission. Scalpel injuries may be significant if the injury is deep with profuse bleeding. The use of blunt suture needles and scalpel blade covers would significantly reduce the likelihood of such injuries. There are devices that make injury involving a contaminated sharp less likely. Such as syringes with guards or sliding sheaths that shield the attached needle after use or needles that retract into a syringe after use.

I see the implementation of safer sharps for all health care workers as being a win win situation. For the workers it provides protection from infection and less stress, and for the employers the costs associated with needle stick injuries would be reduced. On a more personal note, I have a friend who used to be a colleague before being pricked with an infected needle while emptying a sharps container. Her entire life was changed dramatically from that moment on. She has been close to death many times. She has endured two liver transplants. Long-term disability was not in her plans and yet that is where she sits. No cost is too high if we can prevent the spread of bloodborne pathogens.