

6.30

Susan Crawford

Presentation to the Board of Directors
WorkSafeBC
Public Hearing
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I have come here today to speak on the proposed changes to Part 6-Substance Specific Requirements. My name is Susan Crawford and I am a Registered Nurse. Thank-you for allowing me to speak to you about this very important matter. It is an important matter for myself and for my colleagues in the West Kootenays. I appreciate that the board wants to hear from workers and frontline staff who are impacted by the proposed changes. I have been in Nursing for 20 years. During that time I myself have been stuck by a needle and I have watched as many of my colleagues have been stuck by needles. I have watched (and felt) the anguish one feels as you wait, and wait, and wait for the results to find out if YOU have contracted a potentially deadly disease. Wondering during those days how this could have happened to you and how this might impact your life in such a catastrophic way. A needlestick-the tiniest thing! As well as the enormous emotional effects these injuries have on healthcare workers and their families (and many of them seriously contemplate leaving their profession during this time) there is the physical cost. Healthcare workers suffer from crippling side effects while on prophylactic antiviral medications. Antiviral treatment is costly. These workers are ill and off work for a duration. Although blood-borne pathogens are extremely dangerous any percutaneous injury allows other pathogens entry and potential infection; staph, fasciitis, MRSA etc. these are also concerns for my colleagues. I have heard the numbers, the large numbers of needlesticks a year; an estimated 6,800 in BC in acute care only. This estimated number is especially disturbing because I also know from my own observations over the years that not all cases are reported. I have seen the technology that could so greatly reduce this occupational hazard and I wondered why? Why don't healthcare workers in BC have these devices that have decreased this type of injury in other jurisdictions.

Last year when the first proposed changes to Regulation under Part 6 came out, I felt and many of my colleagues felt that WCB was moving in the right direction. The proposed changes did not go far enough however and this latest proposal helps bridge some of those gaps. I most certainly agree that the regulation needs to include all medical devices that pierce. It would be wrong not to include IM injections for example. IM (intramuscular needles) are long (3 inches long) and are more unwieldy thus increasing the risk of a needlestick before disposal. As I know from my own personal experience it is not always easy to control the injection itself. Patients can move or jump or are psychotic or violent so a needle that retracts immediately after injection helps eliminate the risk of a needlestick. In some reports it is estimated that IV access would only include 30% of all needlestick injuries. I agree with the proposed wording that expands the regulation to include these other devices.

I urge the Board to include wording that allows frontline workers input about the choice of devices used. There must be provision for consultation with the workers who will use these products through the joint OH&S committees. The technology has improved immensely over the last few years and I believe that healthcare workers and their concerns around safety as well as ease of use and the practical aspects of use will benefit the development of THE safest and best devices. Strengthening the regulation will result in safer work for myself and my colleagues and, as demonstrated in other jurisdictions, a significant reduction in needlestick injury.

I believe my employer has recently made choices about which needles to implement without enough consultation with frontline workers. My employer has decided on flip-up guards rather than the retractable devices that afford much better protection. I believe that this decision was based on cost. Studies have shown that the reduction in the cost of treatment of needlestick injuries will more than make up for the cost of improved technology. A 2001 study done by the Council on Scientific Affairs of the American Medical Association concluded the use of needlestick prevention devices is indeed cost-effective. California OSHA conducted a comprehensive cost analysis and showed that the increase cost of implementing more costly needles was countered by savings of an estimated \$106,000,000 in screening and needlestick treatment and not including savings in lost work time. It is wrong not to provide workers with the best and safest equipment to do their job. Employers must be mandated to use the best technology available or they will use the cheapest. I also urge you to move the implementation date up. I do not want to see any of my colleagues injured in the meantime.

As I have said I have been a Registered Nurse for 20 years and during that time many things have changed. Over those years we have discovered the presence of extremely dangerous blood-bourn illnesses. I have met many patients with these illnesses, many who contracted Hepatitis C thru blood transfusion and the unfortunate events of the 80's. Did we learn something from this? When we could have prevented so many of *these* cases we didn't; the knowledge was there, the technology was there. Was it a fiscal decision? Are we at that crossroad again? Will we do the right thing? Will we help prevent workers from contracting deadly illnesses by mandating the safest devices available now? I hope so.

I would like to be able to say BC has the best regulation around safety-engineered medical devices. Thank-you for your time and consideration.