

6.35

To

WORKSAFE BC

Re: Section 6

Substance Specific Requirements in the Occupational
Health and Safety Regulation

- would have been presented Nov 30/06 in Nanaimo
to Worksafe BC

From: Carol Malmgren

Cover + 3 pages

for Nov 30/06

**Presentation to Worksafe re proposed Safety Engineered
Devices re proposed amendments for Part 6: "Substance
Specific Requirements in the Occupational Health and Safety
Regulations"**

My name is Carol Malmgren. Thank you for this opportunity to speak to the proposed regulations concerning Safety Engineered Devices.

I'm an RN who works for VIHA and happens to be an Occupational Health and Safety Steward and sit on the JOHS committee at Victoria General Hospital.

I state this as I have a few concerns re the proposed new regulations

- 1) Implementation date- seems to me that this could be expedited- July and October 2008 seems to be a very long time frame- Manitoba and Saskatchewan managed to implement their new regulations within 6 months. So personally I would like to see a date of July 2007
- 2) Lack of worker or Occupational Health and safety committees input into the selection of the safest devices, concerns me greatly- a bit of history here- VIHA implemented safety engineered devices because it was downstream workers- ie laundry workers who were being poked and not able to know the source. Worksafe as a result wrote orders and VIHA's BBF committee was born. This committee looked at several devices and their recommendation was not for the device VIHA chose in the end- cost seemed to be the determining factor. The devices chosen by VIHA use engineering devices- ie the guard has to be deployed by the user. This involves the user using their thumb at minimum in the vicinity of the needle. Also these devices need to be seen, heard and felt to have deployed to actually ensure that they are deployed

properly- given the rushed nature of healthcare these days-I'm finding that this is not always being done and I'm starting to see more needlestick injuries. Also, the guard is flimsy and if those needles get into the laundry system, will not stand up to the rollers used there and now we have increased potential to harm the workers. Also if this type of syringe is used in needle exchanges- and left by the users lying around-I doubt very much if the guard will be deployed-the potential to harm children/innocent bystanders remains much the same as at the present time. I believe the only truly safe devices are the ones with retractable needles - these deploy automatically. I have with me examples of some of the syringes being used including the ones here in VIHA. The one I prefer and which I would consider the safest is the example I have made by VANISH and currently the one being used in Manitoba. I can give a short demonstration if you like * see page 3

- 3) There is no requirement to log all medical sharp injuries, which I think would be vital in insuring that we are using the safest technology
- 4) I'm concerned about the proposed regulation stating "Subsections 1.1 and 1.2 do not apply if the use of the required device, needle or sharp is not clinically appropriate in the particular circumstances, or the required device, needle or sharp is not available in commercial markets. At present I believe that there has only been 8 devices identified that do not have a safety engineered alternative and these are devices used in very limited quantities- adding use of "a neutral zone" ie in the OR, when using such devices should also be written into the regulation. But I can tell you from experience that many Doctors who don't want to change their practices will be using that part of the regulation to avoid having to do so. And unfortunately, it has been my experience that VIHA is all to accepting of this behavior from doctors.

In conclusion, I whole heartedly support the proposed regulations and just ask that the following amendments be made

- A) the implementation date to July 1, 2007
- B) the proposed regulation to require the use of a logging system to keep track of all sharp injuries
- C) to require consultation with workers and JOHS committees in selecting appropriate devices
- D) to include the concept of neutral space in the operating room or other areas that surgeries are performed.

Thank You

Carol Malmgren RN -

* At this point I was prepared to demonstrate the difference in the devices so the panel could see for themselves how widely these devices differ + how some are clearly more safe than others - reinforcing that there must be worker input (via JOHS committees) into the selection of the devices