



Sharps/Needle Safety Position

Sharps/Needle Safety Program

Effective July 1, 2010, Regulation 474/07 Needle Safety will now apply to all workplaces where a hollow-bore needle is used for a therapeutic, preventative, palliative, diagnostic or cosmetic purpose. The regulation will apply to doctors' and dentists' offices, community health centres, family health teams, independent health facilities and other workplaces where health-related services are provided, including home care services, ambulance services, public health programs, health support services to students in schools and health care/first aid services to workers in industrial and other workplaces.

This is the final amendment to Regulation 474/07 Needle Safety under the *Occupational Health and Safety Act (OHSA)* first introduced in August, 2007 by the Ontario government. Initially, the regulation, which mandates the use of safety-engineered needles and needleless systems to replace conventional hollow-bore needles, applied only to hospitals. It was amended in 2009 to apply to additional categories of workplace. Effective April 1, 2009, it was expanded to include long-term care homes (including long-term care facilities, nursing homes, homes for the aged and rest homes) psychiatric facilities, laboratories, and specimen collection centres.

Although the amended regulation has increased the protection of workers who are at risk of injuries from sharp medical devices, the regulation does not go far enough. Our unions say that the law should be expanded further to cover all medical sharps in all workplaces where workers may encounter them. A complete sharps/needle safety program must contain the elements listed below.

- **Universal coverage.** Sharps safety provisions should apply to all medical sharps in every workplace where there is a risk of exposure to blood or bodily fluids;
- **Exposure Control Plan.** The employer, in consultation with the Joint Health and Safety Committee (JHSC) or Health and Safety (H&S) Representative, must formulate an exposure control plan. The employer must utilize the safest available medical devices, with the goal of eliminating occupational exposure to blood and bodily fluids, and ensure that the plan is accessible to employees and well communicated within the workplace;
- **Mandatory adoption of engineering controls.** The exposure control plan must include the use of safety-engineered medical devices (SEMDs). At least annually, the plan must be reviewed and updated, through a process of identifying, evaluating and selecting appropriate SEMDs and this process must be documented.
- **Features of Safety-Engineered Medical Devices.** Safety-engineered medical devices are generally of three types: needleless systems (e.g. needleless IV connectors), sharps with engineered injury protection (e.g. self-sheathing syringes), and substitution methods, such as the use of plastic (instead of glass) blood collection tubes or blunt suture needles.

A number of sources have identified the desirable characteristics of safety-engineered medical devices, which include the following:

- The device is needleless;
 - The safety feature is an integral part of the sharps device and not an accessory;
 - The device preferably works passively (i.e., requires no activation by the user). If user activation is necessary, the safety feature can be engaged with a single-handed technique and allows the worker's hands to remain behind the exposed sharp;
 - The user can easily tell whether the safety feature is activated;
 - The safety feature cannot be deactivated and remains protective after disposal in order to protect users and waste handlers, and for environmental safety;
 - The device performs reliably;
 - The device is easy to use and practical;
 - The device is safe and effective for patient care.
- **Effective training and education.** Employers, in consultation with the JHSC or Health and Safety Representative (for workplaces with 5 to 19 workers), must provide employees with education programs to build awareness of the risks associated with blood and bodily fluids and with information on the safest available products and practices to eliminate these risks. Employers must offer interactive training whenever safer medical devices are implemented, including additional, ongoing training for employees with no previous experience in handling human pathogens;
 - **Sharps injury log.** The employer must maintain a sharps injury log with detailed information, including the type of device involved, the manufacturer, brand and model, the department or work area where the injury occurred and an explanation of how the injury occurred. This information must be provided and reviewed by the JHSC or H&S Representative as per the *OHSA* and at every meeting;
 - **Post-exposure protocols.** The employer develops, in consultation with the JHSC or H&S Representative, easily accessible and clearly established post-exposure protocols, which are communicated to workers to ensure that timely, effective medical attention is provided to any worker who is injured, including immediate post-exposure evaluation and follow-up.

As a necessary adjunct to these specific measures focused on medical sharps, our unions believe that the *OHSA* and Regulations should be amended to provide that each health care employer is deemed to have expressly adopted the precautionary principle, which states that action to reduce risk need not await scientific certainty, as a guiding principle in the development and operation of programs and plans.