

Overview of proposed amendments to

Part 6: Substance Specific Requirements

Section 6.33, Definitions

Section 6.36, Control procedures

Section 6.36 (1) is proposed to be amended to emphasize the need that both engineering controls and work practice controls, must be established to eliminate or minimize the potential for exposure to a bloodborne pathogen and other biohazardous material. New section 6.36 (1.1) is proposed to be added to require, when it is practical and safe to do so, the use of safety-engineered needles for vascular (e.g., vein or artery) access. This requirement will eliminate or minimize the risk of worker exposure to bloodborne pathogens related to the use of conventional (non-safety-engineered) hollow bore needles. This will also address the highest risk of needlestick injuries and related occupational diseases in health care workplaces. Appropriate definitions of “health care workplace” and “safety-engineered needle” in section 6.33 are proposed to be added for clarity.

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PART 6: SUBSTANCE SPECIFIC REQUIREMENTS

BIOHAZARDOUS MATERIALS

Definitions	6.33	In sections 6.33 to 6.41:
<i>"biohazardous material"</i>		means a pathogenic organism, including a bloodborne pathogen, which due to its known or reasonably believed ability to cause disease in humans, would be classified as Risk Group II, III or IV as defined by the Medical Research Council of Canada, or any material contaminated with such an organism;
<i>"health care workplace"</i>		means any workplace relating to the health care of persons, including where medical or dental care, treatment or related procedures are administered;
<i>"occupational exposure"</i>		means reasonably anticipated, harmful contact with blood or other potentially biohazardous material that may result from the performance of a worker's duties duties ;
<i>"safety-engineered needle"</i>		includes a self-sheathing needle device and a retractable needle system.
Exposure control plan	6.34	The employer must develop and implement an exposure control plan meeting the requirements of section 5.54, if a worker has or may have occupational exposure to a bloodborne pathogen, or to other biohazardous material as specified by the Board.
Risk identification	6.35	The employer must maintain a list of all job classifications and must identify all tasks and procedures in which there is a potential for occupational exposure to a bloodborne pathogen, or to other biohazardous material specified by the Board.
Controls procedures	6.36	<p>(1) Engineering controls and work practice controls must be established to minimize or eliminate or minimize the potential for occupational exposure to a bloodborne pathogen or other biohazardous material.</p> <p>(1.1)When hollow-bore needles are used for vascular access in a health care workplace, the employer must ensure that</p> <p>(a) workers use only safety-engineered needles or substitute hollow-bore needles with needleless devices, unless it is not safe or practicable to do so, and</p> <p>(b) safe work procedures and practices relating to the use of those safety-engineered needles or needleless devices are implemented.</p> <p>(2) Personal protective equipment must be worn to shield workers from biohazardous material.</p> <p>(3) Housekeeping practices must be designed to keep the workplace clean and free from spills of biohazardous material.</p> <p>(4) Work procedures must ensure that laundry contaminated with biohazardous material is isolated and bagged, and handled as little as possible.</p> <p>(5) Repealed. [B.C. Reg. 312/2003.]</p> <p>(6) For bloodborne pathogens, the employer must implement a system of universal precautions for all tasks and procedures identified as having a potential for occupational exposure under section 6.35.</p>

**PROPOSED AMENDMENTS FOR PART 6: SUBSTANCE SPECIFIC REQUIREMENTS
IN THE OCCUPATIONAL HEALTH AND SAFETY REGULATION**

Explanatory note

Section 6.36 (1) is proposed to be amended to emphasize the need that both, engineering controls and work practice controls, must be established to eliminate or minimize the potential for exposure to a bloodborne pathogen and other biohazardous material. New section 6.36 (1.1) is proposed to be added to require, when it is practical and safe to do so, the use of safety-engineered needles for vascular (e.g., vein or artery) access or substitute hollow-bore needles with needleless devices. This requirement will eliminate or minimize the risk of worker exposure to bloodborne pathogens related to the use of conventional (non-safety-engineered) hollow-bore needles. This will also address the highest risk of needlestick injuries and related occupational diseases in health care workplaces. Appropriate definitions of “health care workplace” and “safety-engineered needle” are proposed to be added in section 6.33 for clarity.

G6.33-3 Health care workplace

Regulatory excerpt

A proposed amendment to section 6.33 of the *OHS Regulation* is to add the definition of a “health care workplace,” as follows:

“health care workplace”

Means any workplace relating to the health care of persons, including where medical or dental care, treatment or related procedures are administered.

Purpose of guideline

This guideline provides examples of health care workplaces under section 6.33 and section 6.36 (1.1) of the *OHS Regulation*.

Examples of health care workplaces

Examples of “health care workplaces” under section 6.33 include

- ambulances
- dental offices
- medical and dental laboratories
- health clinics, including in industrial facilities
- hospitals
- outpatient facilities (including renal dialysis clinics and cancer treatment centers)
- hemodialysis centres
- drug treatment centres
- blood banks
- blood collection agencies
- hospices
- residential care facilities
- assisted living residences
- physicians’ offices
- naturopaths’ offices

G6.36(1) Engineering and work practice controls

Issued August 1999; Editorial Revision July 2004; Revised July 21, 2005; Proposed Revision November 2005

Regulatory excerpt

The proposed amendment to section 6.36(1) of the *OHS Regulation* is:

Engineering controls and work practice controls must be established to eliminate or minimize the potential for occupational exposure to a bloodborne pathogen or other biohazardous material.

Purpose of guideline

This guideline provides examples of engineering controls and work practice controls under section 6.36(1).

Engineering controls

Engineering controls reduce worker exposure in the workplace by either removing or isolating the hazard or isolating workers from exposure.

Note that in addition to section 6.36(1), section [6.36 \(1.1\)](#) (see also [G6.36 \(1.1\)](#)) requires the use of safety-engineered needles in health care workplaces when hollow-bore needles are used for vascular access, unless it is not safe or practicable to do so. In all workplaces, engineering controls and work practice controls must be established to eliminate or minimize the potential for occupational exposure to a bloodborne pathogen or other biohazardous material.

Some examples of engineering controls include but are not limited to

- Safety - engineered needles (e.g. syringes that include an automatic needles retraction mechanism or other type of integral needle guard mechanism); see [G6.36 \(1.1\)](#) for advisable characteristics of safety-engineered needles;
- Blunt tip sutures
- Safety butterflies and needleless intravenous connectors
- Retracting lancets
- Automatic re-sheathing of disposable scalpels
- Puncture-resistant containers for sharps (sharps includes anything that might produce a puncture wound that would expose a worker to blood or other potentially infectious material, such as broken glass, scalpels, contaminated ends of orthodontia wire and suture needles)
- Splatter guards
- Biological safety cabinets
- Mechanical pipetting systems

Engineering controls must be properly selected, used, inspected, maintained and replaced as needed to ensure their effectiveness. Selected engineering controls must reduce the risk of an exposure incident. Section [4.3](#) requires that each tool is selected, used, and operated in accordance with the manufacturer's recommendations and instructions (if available), safe work practices, and the requirements of the *OHS Regulation*. For other engineering controls necessary in the laboratory, see sections [30.12](#), [30.13](#) and [30.17](#) of the *OHS Regulation*.

Work practice controls

Work practice controls (administrative controls) reduce the likelihood of occupational exposure to biohazardous material by altering the way a task is performed. Work practice controls could include, but are not limited to

- Washing hands with a suitable cleansing agent and running water immediately after removal of gloves and as soon as possible after skin contact with blood or other potentially infectious material
- Disposing of contaminated needles immediately after use in a readily available sharps container specifically designed for such use
- Applying the "hands-free" method of passing scalpels during a surgical procedure, such as using a small hand tray to transfer scalpels and other sharps to and from the surgeon's hand
- Placing contaminated reusable sharps in containers that are puncture-resistant and leak-proof, such as stainless steel trays
- Using tongs or other suitable means, such as a dust pan and disposable brush, to pick up broken glass contaminated with blood

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- Prohibiting the bending, manual recapping or removing of contaminated needles
- Preventing the storage of food and/or drink in refrigerators or other locations where blood and other biohazardous materials are present

Additional resources

For additional information on prevention of harmful exposure to bloodborne pathogens and other infectious material, refer to the WorkSafeBC website

<http://healthcare.healthandsafetycentre.org/s/Home.asp> or

<http://healthcare.healthandsafetycentre.org/s/InfectiousDiseases.asp> (eg. this site contains a booklet entitled [HIV/AIDS, and Hepatitis B and C: Preventing Exposure at Work](#)).

G6.36 (1.1) Needles in health care workplaces

Regulatory excerpt

Proposed section 6.36 (1.1) of the *OHS Regulation* states:

When hollow-bore needles are used for vascular access in a health care workplace, the employer must ensure

- (a) that workers use only safety-engineered needles or substitute hollow-bore needles with needleless devices, unless it is not safe or practicable to do so; and
- (b) that safe work procedures and practices relating to the use of those safety-engineered needles or needleless devices are implemented.

Purpose of guideline

This guideline clarifies the safe use of safety-engineered needles under section 6.36 (1.1) and lists some advisable characteristics of safety-engineered needles.

General

Under section 6.36 (1.1), “safe” means that the use of the safety-engineered needle does not in itself create a hazard to either the worker or patient. Note that under section [1.1](#) of the *OHS Regulation*, practicable is defined as “that which is reasonably capable of being done.”

Hollow-bore needles that are used for vascular access include intravenous needles and other vascular access needles.

Advisable characteristics of safety-engineered devices

A number of sources¹ suggest that advisable characteristics of safety-engineered devices can include

- The device is safe and effective for workers and patients.
- The safety feature (e.g. needles guard) is an integral part of the device and is not an accessory.

¹ OSHA 1999c; FDA 1992; Jagger et al. 1988; Chiarello 1995; Quebbeman and Short 1995; Pugliese 1998; Fisher 1999; ECRI 1999

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- The device preferably works passively (i.e., it 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.

Note that post-withdrawal activation of built-in needle guarding mechanisms carries a risk of harmful exposure that must be controlled through the use of safe work practices under section 6.36 (1.1)(b) (e.g. activate the guard immediately upon withdrawal from the patient).

- The user can easily tell whether the safety feature is activated.
- The safety feature cannot be deactivated and remains protective after disposal to protect users and waste handlers.
- The device performs reliably.
- The device is easy to use and practical.

Although each of these characteristics is desirable in most circumstances, some are not feasible or applicable for certain health care situations. For example, a safety feature that requires activation by the user might, in some cases, be preferable to a safety feature that is activated passively. Each safety-engineered needle must be considered on its own merits and on its ability to reduce workplace injuries.