Health Care Section 21 Committee[1]

Guidance Note for Workplace Parties # 4

Safety-Engineered Medical Sharps (SEMS)

Updated September, 2024

About This Guidance Note

This Guidance Note has been prepared to assist the workplace parties in understanding their obligations under the *Occupational Health and Safety Act* (OHSA) and the regulations. It is not intended to replace the OHSA or the regulations and reference should always be made to the official version of the legislation.

It is the responsibility of the workplace parties to ensure compliance with the legislation. This Guidance Note does not constitute legal advice. If you require assistance with respect to the interpretation of the legislation and its potential application in specific circumstances, please contact your legal counsel.

While this Guidance Note will also be available to Ministry of Labour, Immigration, Training and Skills Development (MLITSD) inspectors, they will apply and enforce the OHSA and its regulations based on the facts as they may find them in the workplace. This Guidance Note does not affect their enforcement discretion in any way.

Process

This document has been reviewed by the management and labour representatives of the Ontario Health Care Health and Safety Committee under Section 21 of the OHSA to ensure that appropriate, consistent information is made available to healthcare workplaces, and to support them in their review of legislative requirements and assessing and implementing best practices.

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[1] The Ontario Health Care Health and Safety Committee under Section 21 of the *Occupational Health and Safety Act* ("Health Care Section 21 Committee") was announced by the Minister of Labour (now the Minister of Labour, Immigration, Training and Skills Development) on September 18, 2006. The July 11, 2006 Terms of Reference set out its mandate. The objective of the Health Care Section 21 Committee is to advise and make recommendations to the Minister of Labour, Immigration, Training and Skills Development on matters relating to occupational health and safety of all health care workers in Ontario. The scope of the Health Care Section 21 Committee is to review occupational health and safety issues related to health care workers that have provincial impact.

Guidance Notes are presented to the Ministry of Labour, Immigration, Training and Skills Development prior to publication. The recommendations made in Guidance Notes are not endorsed by the Ministry of Labour, Immigration, Training and Skills Development but are intended to clarify legislation and cite best practices.

Purpose of this Guidance Note

Health Care Guidance Notes are intended for all health care organizations, to provide advice to workplace parties related to legislative requirements and leading practices applicable to the prevention of illness and injury to health care workers. Health Care Guidance Notes are applicable to all organizations that provide health care, treatment, diagnostic services, personal care and/or supportive services in either health care organizations, and community service agencies.

The Guidance Note is intended to assist Boards of Directors, CEOs, administrators, supervisors, health care workers, joint health and safety committees (JHSCs), health and safety representatives (HSRs) and trade union representatives in all health care sectors to recognize their rights and duties in law and strive to eliminate injuries from medical sharps.

Effective action will reduce the spread of dangerous and potentially fatal diseases from pathogens carried in blood and other bodily fluids, reduce associated health care costs and reduce the emotional burden of health care workers exposed to risk as a result of a sharps injury. Workplace parties must understand the risks of exposure to blood and other bodily fluid-borne pathogens and the role that safety-engineered sharps can play in eliminating and/or reducing the risk of exposure.

The intent of Guidance Notes are to assist the workplace parties in achieving compliance and sharing leading practices**.** Guidance Notes are also intended to assist other parties who play decision-making roles that ultimately impact occupational health and safety (OHS) in the health care sector.

What are Safety-Engineered Medical Sharps (SEMS)?

Safety-engineered medical sharps (SEMS) are sharp pointed or bladed medical devices or instruments designed to include safety features to help protect workers from being cut, punctured, or otherwise injured by the medical devices. A variety of SEMS are available in the marketplace and health care organizations are encouraged to consult with vendors and/or safety web sites and/or joint health and safety committees (JHSCs) or health and safety representatives (HSRs) to determine which available products best meet their needs. There may be regulatory requirements as to whom must be consulted. For example, in a workplace falling under O.Reg. 67/93[2], any measure or procedure respecting the health and safety of workers must be developed, established, and put into effect in consultation with the JHSC.

Introduction

Bodily fluids, such as blood, are potentially hazardous to health care workers because they may carry infectious disease agents such as HIV, hepatitis B and/or C viruses and may also contain antineoplastics or radioactive agents. Exposures may come from a splash or spray of blood or other bodily fluids onto open skin surfaces and mucous membranes as well as from punctures or cuts from medical sharps contaminated with bodily fluids. Health care workers may be injured when they use, disassemble, handle or dispose of needles and other medical sharps which may be contaminated. When disposed of improperly, needles and other medical sharps can become concealed in linen or garbage and injure other workers (e.g. environmental services and maintenance staff) who encounter them unexpectedly.

[2] *Ontario Regulation 67/93 – Regulation for Health Care and Residential Facilities*

Sharps injuries can be reduced by 75% through planned and comprehensive implementation of a SEMS program.[3] However, despite well publicized research and leading practice literature about the merits of SEMS programs, sharps injuries have continued to present a significant risk for health care workers. Ontario's MLITSD has implemented a proactive approach to reduce risk and the negative outcomes associated with needlestick injuries through a specific regulation mandating the use of safety-engineered needles in most circumstances.

Relevant Legislative and Regulatory Provisions

Occupational Health and Safety Act ("the *Act*")

Clause 25(2)(h) of the *Act* requires every employer to "take every precaution reasonable in the circumstances for the protection of a worker." Under the OHSA, this may include the use of hollow-bore needles which are safety engineered.

Ontario Regulation 474/07 (Needle Safety)

The regulation applies in any workplace where a hollow-bore needle is used on a person for a therapeutic, preventative, palliative, diagnostic or cosmetic purpose. It also applies to these workplaces:

- Every hospital as defined in the *Public Hospitals Act*
- Every private hospital as defined in the *Private Hospitals Act*
- Homewood Health Centre Inc.
- Every laboratory or specimen collection centre as defined in the *Laboratory and Specimen Collection Centre Licensing Act*
- Every psychiatric facility as defined in the *Mental Health Act*
- Every long-term care home as defined in the *Fixing Long-Term Care Act, 2021*

Section 1 of the Regulation defines "safety-engineered needle" (SEN) to mean, (a) a hollow-bore needle that is designed to eliminate or minimize the risk of a skin puncture injury to the worker and is licensed as a medical device by Health Canada, or (b) a needleless device that replaces a hollow-bore needle and is licensed as a medical device by Health Canada. Where the regulation requires a SEN to be used, an employer must provide a SEN that meets the regulatory definition. To address patient care, availability and other issues, the Regulation provides for rare and unavoidable exceptions regarding the use of SENs.

Provision of safety-engineered needles
Subsection 3(1) requires an employer to provide a worker with a safety-engineered needle that is appropriate for the worker when the worker is to do work that requires the use of a hollow-bore needle.

Subsection 3(2) states that the employer duty to provide a SEN does not apply "if the employer is unable, despite making efforts that are reasonable in the circumstances, to obtain a safety-engineered needle that is appropriate for the work".

[3] *Centres for Disease Control and Prevention*

Use of safety engineered needle

Subsection 4(1) states:

> "A worker who has been provided with a safety-engineered need for work shall use the safety-engineered needle for the work."

Subsection 4(2) states:

> "the worker [who has been provided with a safety-engineered needle] may use a hollow-bore needle that is not a safety-engineered needle if he or she believes on reasonable grounds that in the particular circumstances, the use of a safety-engineered needle would pose a greater risk of harm than the use of the hollow-bore needle."

Subsection 4(3) states that "risk of harm" refers to:

1. A risk of harm to the worker or to another worker and/or
2. If the work involves the use of a needle on a person, a risk of harm to him or her.

Subsection 4 (4) provides that "the employer shall develop, establish, and provide training for workers to assist them in applying subsection (2).

Exceptions

Subsection 5(1) provides for an exception to the employer obligation to provide SENs where (1) a declaration of emergency is in effect or a situation exists that constitutes or may constitute a serious risk to public health; (2) the employer's supplies of SENs have run out; and (3) the risk of harm from waiting for new supplies outweighs the risk from using hollow-bore needles that are not SENs.

Subsection 5(2) states that, in addition to the risks identified in subsection 4(3), the "risk of harm" referred to in subsection 5(1) also includes an immediate or potential risk to the public or to the public interest. These exceptions are intended to apply to situation-specific circumstances and are not meant to enable general exemptions based on institutional practices or preferences. Blanket exceptions would be contrary to both the letter and intent of the Needle Safety Regulation and could constitute a significant threat to worker safety. For some examples of potential exceptions, please see Appendix C.

Ontario Regulation 67/93 (Health Care and Residential Facilities)

For those workplaces to which the Health Care and Residential Facilities Regulation (O.Reg.67/93) applies, sections 8 and 9 require the employer to develop, establish and put into effect written measures and procedures for the health and safety of workers in consultation with the joint health and safety committee or health and safety representative. Section 9 also requires that, at least once a year, the measures and procedures for the health and safety of workers shall be reviewed and revised in the light of current knowledge and practice. If an exemption process is required, it should be incorporated into the written measures and procedures and done in consultation with the joint health & safety committee or health and safety representative[4].

[4] Ontario Regulation 67/93 Health Care and Residential Facilities

Guidance for Workplace Parties

Although the Needle Safety Regulation mandates that only hollow-bore needles and not all medical sharps be safety-engineered, the utilization of safety-engineered medical sharps in all instances where there is risk of exposure to blood or other bodily fluids is a leading practice and is strongly encouraged, to ensure that workers in all sectors are protected from medical sharps injuries. A Sample Checklist is provided for organizations as a guide (see Appendix A).
The following are several leading practices employers should implement, in consultation with the JHSC or HSR:

- Perform a risk assessment to identify the potential for worker exposure to bodily fluids.
    - The risk assessment should include: all workers who could reasonably be anticipated to be at risk of exposure to bodily fluids or potentially biohazardous materials as a result of performing their duties; a review of the circumstances that led to past injuries; and the steps taken/planned to eliminate or minimize injury.
- Create and implement an exposure control plan to address identified risks of exposure to bodily fluids;
    - The control plan should include at a minimum the hierarchy of controls, including: engineering controls, administrative controls, work practices, personal protective equipment (PPE) and education and training.
- Utilize safety-engineered medical sharps in instances where there is risk of exposure to bodily fluids from medical sharps;
- Provide effective training on the use of the safety-engineered medical sharps;
- Provide education on how to reduce the risks of exposure to blood and bodily fluids, the implications/consequences of exposure and relevant infection prevention and control policies, procedures and protocols;
- Implement a sharps injury log; and
- Develop easily accessible and clearly established post-exposure protocols.

Senior management should provide leadership in the creation of an exposure control plan and support frontline management and the JHSC or HSR in program development, implementation, maintenance, monitoring and evaluation.

The SEMS program should involve infection prevention and control staff, occupational health staff (if present in the workplace) and members of the JHSC or HSR in identifying and testing products and providing advice prior to final selection of a SEMS. Senior management should also consult clinical staff who will be using the safety-engineered medical sharps in a trial and evaluation. Consider identifying a “champion” to guide successful implementation of the selected SEMS.

In evaluating a potential SEMS, consideration should be given to its impact on worker safety, ease of use, reliability of use and quality of care. The device(s) should be evaluated to ensure that:

- the safety feature works effectively and reliably;
- it is easy to use and that its use does not create another hazard;
- the device is acceptable to health care workers; and
- the device does not adversely affect patient care.

The product(s) selected should not require extensive training in order to be operated safely and correctly. A monitoring and incident reporting procedure should be in place during the evaluation.

When implementing SEMS (needleless devices, retractable needles, syringes with protective shield) in a workplace, all other unapproved devices that are not safety-engineered should be removed from inventory and other storage locations at the same time.

In community care, health care workers may encounter clients using their own conventional (non-safety-engineered) needles/medical sharps. For example, community care clients may utilize insulin pens that are not safety-engineered. It is important to note that the Needle Safety Regulation does not apply to clients and to needles self-administered by the client but only to the hollow-bore needles that are used by health care workers and supplied by the workers' employers. In these circumstances, community care employers must not allow workers to administer medication using clients' needles that are not safety-engineered. Employers should develop comprehensive policies and procedures in consultation with the JHSC or HSR to guide workers in the safe handling and disposal of needles/medical sharps.

Following implementation of a SEMS program, the workplace should develop a process to ensure regular monitoring of the devices' efficacy and the availability of better devices.

Reporting Injuries from Needles and Medical Sharps

Every workplace should have a written protocol to deal with needlestick and/or medical sharps injuries if they do occur. It is leading practice to include a process for reporting all needlestick and medical sharps injuries to the employer, so that they can comply with the notice requirements in Section 52 of the OHSA, including providing notice to the JHSC and HSR, as required.

Prompt reporting is important. If antiviral therapy is indicated, treatment is necessary within 24-72 hours of exposure to be effective. Written measures and procedures should include process for seeking medical attention after hours, weekends and holidays.

Employers should consider measures & procedures when the source of the exposure is both known and unknown.

The key notice requirements include:

The employer is required to provide notice in writing of all needlestick and medical sharps injuries that result in an occupational illness or a claim to the Workplace Safety and Insurance Board (WSIB) related to an occupational illness to a Director of the MLITSD, JHSC or HSR and the trade union within four (4) days [OHSA subsection 52(2)] of the employer being advised of the occupational illness or WSIB claim. The written notice must contain the information prescribed by O.Reg 420/21[5].

If a worker is disabled from performing his/her usual work or requires medical attention due to a needlestick or medical sharps injury, the employer is required to provide notice of the occurrence in writing to the JHSC or HSR and the trade union within four (4) days and provide notice in writing to a Director of the MLITSD, if an inspector requires notification [OHSA subsection 52(1)]. The written notice must contain the information prescribed by O.Reg 420/21.

Beyond those requirements, an employer should have a surveillance program for needlestick and medical sharps injuries and illnesses to identify trends, analyze incidents and injuries,

[5] *Notices and Reports Under Sections 51 to 53.1 of the Act – Fatalities, Critical Injuries and other Incidents* O.Reg 420/21

monitor post-exposure follow up as required, and determine the effectiveness of control measures and corrective actions, to prevent recurrence. If a report is generated from the surveillance program, the report must not disclose any information obtained from medical examinations or tests of a worker provided to complete s.52 notices and should be in a form that prevents information from being identified with a particular person (e.g., worker) or case [OHSA clause 63(1)(f)]. Personal information about a person that is not required to ensure occupational health and safety shall not be included in such reports. Further, in maintaining the surveillance program or creating a report, an employer shall not seek to gain access to a health record of a worker without the worker's consent [OHSA subsection 63(2)].

It is a best practice to provide summary data of the results of surveillance reports to the Infection Prevention and Control Committee, where one exists. If there are results in that report respecting occupational health and safety, the employer shall provide those results to the JHSC or HSR, including and a written copy of that portion of the report concerning occupational health and safety. [OHSA clause 25(2)(l)]

Training

In accordance with an employer's duty under clause 25(2)(a) of the *Act*, information, instruction, and supervision must be provided for all workers to protect their health and safety. This includes providing information and instruction to those who use SEMS and/or have the potential to come into contact with the devices and/or have occupational exposure to blood-borne pathogens. Senior management must ensure that appropriate training is made available for staff to fully participate in this training. Training should include but not be limited to:

- ✓ Use, handling and disposal of safety-engineered medical sharps, specific to the type(s) of device(s) being used in the workplace;
- ✓ Safe handling of waste and laundry;
- ✓ Steps to take in the event of a needlestick injury/exposure;
- ✓ Hand hygiene and other decontamination requirements;
- ✓ Proper use of PPE; and
- ✓ Exceptions to the Needle Safety Regulation

In community care, training should also be provided for patients, residents, clients and/or their families regarding the devices that they are or will be using at home, the associated risks, and safe disposal of needles and medical sharps (see Appendix C for more details on training).

Resources

Appendix A: A sharps safety and needlestick injury prevention checklist.

Appendix B: Examples of Exceptions to Regulation 474/07

Appendix C: Training

Appendix D: Legislation, Codes, Standards and Guidelines

Appendix A

A Sharps Safety and Needlestick Injury Prevention – Recommended Checklist

Workplace parties are encouraged to use this checklist or modify it to reflect their workplace circumstances~~,~~ in order to assess the extent to which the employer has adopted safety-engineered medical sharps and implemented an exposure control plan, sharps injury log and appropriate training for all affected workers. If there is no exposure control plan or the answer to any of the items in the checklist is "no", workplace parties should take steps to fully implement a Sharps Safety and Needlestick Injury Prevention program. This could include notifying the employer of the results of the checklist and, as appropriate, having the JHSC or HSR forward related written recommendations to the employer in accordance with subsection 8(10) and clause 9(18)(b) of the *Act*. If occupational health and safety concerns remain after these steps have been completed, the MLITSD should be contacted.

SITUATIONS and DEVICES COVERED BY THE NEEDLE SAFETY REGULATION

Blood Collection:

❑ Has your workplace replaced hollow-bore blood collection needles with needles that have integrated safety features designed to prevent needlestick injuries?

Examples of such safety-engineered needles include:

- *shielded or self-blunting needles for vacuum tube phlebotomy;*
- *shielded, retracting or self-blunting butterfly-type needles, syringes with a cylindrical sheath that shields needles when drawing blood into tubes;*
- *blood gas syringes with a hinged needle shield that can be put in place over the needle using a hands-free technique.*

❑ Have devices such as needles used for drawing blood from intravenous, arterial, and central lines been eliminated? These devices can be replaced by needleless or blunt cannula devices.

❑ Does your workplace specify that syringes should not be used for venous blood collection, because of increased risk of needlestick injuries?

❑ Has the practice of injecting blood through a stopper into a vacuum tube using an exposed needle been discontinued? Does your workplace use a method which draws blood directly into vacuum tubes or other specimen containers? If not, use a safety syringe with a cylindrical needle shield locked in place over the needle, which allows a vacuum tube to be inserted into the shield during blood injection. This method will reduce the risk of needlestick injuries and blood splatter from dislodged tube stoppers.

Vascular Access:

- ❑ Has your workplace implemented safety-engineered vascular access catheters that provide a protective shield for the stylet or blunt the stylet before or during its withdrawal from the patient?

IV Infusion:

- ❑ Has your workplace converted to needleless or recessed needle IV infusion systems?

Injection:

- ❑ For syringes used for subcutaneous or intramuscular (IM) injections, has your workplace converted to devices that have integrated safety features such as sliding sleeves, retracting needles, or hinged caps, or to a needleless injection system?

- ❑ Has your workplace eliminated the inappropriate use of conventional or safety syringes for accessing ports of needleless or recessed needle I.V. systems?

- ❑ Does your workplace use safety-engineered pre-filled syringes, where available, for vaccinations and other applications where pre-filled syringes are employed?

- ❑ Does your workplace use shielded, retracting, or self-sheathing needles for insulin delivery.

Dialysis:

- ❑ Has your workplace replaced all fistula needles, syringes, and blood collection equipment with safety engineered devices?

SITUATIONS AND DEVICES WHICH ARE NOT COVERED BY THE NEEDLE SAFETY REGULATION, BUT IN MOST CIRCUMSTANCES ARE COVERED BY OHSA S. 25 (2) (h)

Blood Collection:

- ❑ Does your workplace use automatically retracting finger/heelstick lancets in place of manual lancets or non-retracting spring-loaded lancets?

- ❑ Has your workplace switched from glass to plastic micro-bore capillary tubes for measuring hematocrit (or to mylar-wrapped glass capillary tubes, or alternative methods of measuring hematocrit that do not require capillary tubes)? See Joint Safety Advisory issued by FDA, OSHA and CDC, in February 1999.

- ❑ Has your workplace replaced glass blood collection vacuum tubes with plastic tubes?

❑ Have blood-drawing personnel been advised not to manually recap or remove needles from blood-drawing devices?

❑ Have blood-drawing personnel been advised not to reuse blood tube holders, which require manipulation of a blood-filled needle?

Surgery:

❑ Are blunt-tip suture needles, stapling devices, adhesive strips or tissue adhesives used whenever clinically feasible in order to reduce the use of sharp-tip suture needles?

❑ Are scalpel blades with safety features - such as round-tipped scalpel blades and retracting-blade and shielded-blade scalpels - used?

❑ Are alternative cutting methods - such as blunt electrocautery devices and laser devices - used when appropriate?

❑ Is manual tissue retraction avoided by using mechanical retraction devices?

❑ Has all equipment that is unnecessarily sharp been eliminated?

Example: towel clips have been identified as a cause of injury in operating rooms, yet blunt towel clips are available that do not cause injury and are adequate for securing surgical towels and drapes. Other examples of devices that do not always need to have sharp points include surgical scissors, surgical wire, and pick-ups.

Additional Specialized Situations:

Has your workplace implemented safety alternatives for specialized areas such as:

❑ Dialysis: retracting lancets, capillary tubes

❑ Blood banks: retracting lancets, capillary tubes

❑ Labs: slide preparation, glass Pasteur pipettes

For information on evaluating safety-engineered sharps devices, please refer to: www.tdict.org.

Exposure Control Plan:

NOTE: The Needle Safety regulation does not require an exposure control plan. However, as a leading practice, an effective sharps safety program should include an exposure control plan.

❑ Does your workplace have a written exposure control plan?

- ❑ Does the exposure control plan include a list of all jobs and tasks with potential for exposure to blood and bodily fluids?

- ❑ Is it accessible to workers?

- ❑ Is it reviewed and updated at least annually to document that safer medical devices designed to eliminate or minimize occupational exposure have been evaluated and implemented?

- ❑ Is it reviewed and updated at least annually to document that the employer has solicited input from non-managerial employees responsible for direct patient care in the identification, evaluation and selection of safety devices?

- ❑ Is it updated annually to reflect changes in technology that eliminate or minimize exposure to blood and bodily fluids?

Sharps Injury Log

NOTE: The Needle Safety regulation does not require a sharps injury log. However, as a leading practice, an effective sharps safety program should include a sharps injury log.

- ❑ Does your workplace maintain a sharps injury log? Does it include information on:

- ❑ Type and brand of device involved in exposure incident;

- ❑ Department or work area where exposure occurred;

- ❑ An explanation of how exposure occurred?

Other important information to track: job classification of exposed workers, procedure involved, and whether the device causing the injury was a safety or conventional design.

(A surveillance system such as EPINet™ fulfills this requirement; for information on EPINet and for free forms and software, go to http://www.med.virginia.edu/epinet and click on About "EPINet".)

- ❑ Does your workplace ensure injured employees' confidentiality when recording and maintaining information in the sharps injury log?

Training Program:

Part of an employer's obligation under the *Act* is to provide information, instruction and supervision to a worker to protect the health and safety of the worker [clause 25(2)(a)] and to acquaint a worker or a person in authority over a worker with any hazard in the work and in the handling, storage, use, disposal and transport of any article, device, equipment or a biological, chemical or physical agent [clause 25(2)(d)]. These obligations would include providing training

and instruction to workers on the hazards and safe work practices related to the use of needles and other medical sharps.

The Needle Safety Regulation [subsection 4(4)] requires additional worker training in specific circumstances. Workplaces subject to the Health Care and Residential Facilities Regulation (O. Reg. 67/93) must also comply with the training requirements under subsection 9(4).

An effective sharps safety program should include a comprehensive training plan for all affected workers.

- ❑ Has a training plan been developed to educate workers about the use of the new devices as well as other program components?
- ❑ Was the training program developed in consultation with the JHSC?
- ❑ Has senior management provided adequate time to staff to fully participate in the training?

A comprehensive staff education program should include:

- ❑ Legislation
- ❑ Goals/objectives of the program
- ❑ Explanation of diseases borne by blood and body fluids, their modes of transmission, consequences of infection and treatment options
- ❑ Overview of injury demographics/statistics
- ❑ Labelling and identification of bio-hazardous material
- ❑ Policy regarding medical sharps and associated procedures
- ❑ Research/evidence for safety-engineered medical sharps
- ❑ Device-specific training
- ❑ Post-exposure procedures including follow-up procedures
- ❑ Hepatitis B vaccination: its purpose, benefits, safety and availability
- ❑ Records of training
- ❑ An evaluation tool

Appendix B

Examples of Exceptions under the Needle Safety Regulation

To address patient care, availability and other issues, the Ontario Regulation 474/07 Needle Safety ("regulation") provides several exceptions to the requirement to use SENs. A SEN is not required if:

- A worker determines that the use of a SEN would pose a greater risk of harm to himself or herself, another worker or the patient than would a conventional hollow-bore needle.
- An employer is unable, despite making a reasonable effort, to obtain a SEN that is appropriate for the work.
- An emergency is declared, or a situation exists that constitutes or may constitute a serious risk to public health, an employer's supplies of SENs have been exhausted, and postponing work would create a greater risk of harm than the risk of using a hollow-bore needle that is not a SEN.

For situation-specific circumstances, a clinical needs assessment should be conducted to determine if a SEN appropriate for the specific situation/procedure is available and can be used. This may be done in partnership with clinical staff, a vendor and JHSC or HSR to understand device options.

- **Situation:** The pharmacy department in a hospital supplies medications in pre-loaded syringes with a hollow-bore needle attached.

  Solution: Pharmacy departments in a hospital should only supply safety-engineered needles. A conventional syringe barrel may be used if no needle is attached, and the medication delivery is being done via a needleless access system. A conventional syringe barrel may be used if no needle is attached when the syringe leaves pharmacy and a safety-engineered needle is used at the time of medication delivery.

- **Situation:** A procedure requires the use of a hollow-bore needle of a specific length and gauge and no safety-engineered equivalent has been licensed as a medical device by Health Canada i.e. there is no available safety-engineered needle within the meaning of the regulation.

  Solution: Assuming at this time there is no other safety-engineered needle that can be appropriately used for the work, the employer would likely be considered unable to obtain a safety-engineered needle appropriate for the work for the purposes of the exception set out in subsection 3(2) of the Regulation.

- **Situation:** The SEN is not compatible with other equipment currently used.

  Solution: In most cases, a solution can be found, either by changing existing equipment or by sourcing a new SEN. If the incompatibility cannot be corrected, the exemption and the reasons for it should be discussed with the JHSC, HSR and trade union. It should be noted that the exemption is temporary until an appropriate SEN becomes available or the problematic equipment is replaced by compatible equipment.

Documenting Exemptions and Recommended Leading Practices

- Situations in which conventional hollow-bore needles are used instead of safety-engineered needles should be documented to justify departing from the regulatory requirements.

- Employers should document any exceptions to the regulatory requirements.

- Use of a required device, needle or medical sharp may require modification of a medical procedure associated with the device, needle or medical sharp. This circumstance alone does not necessarily mean that the use of the required [safety-engineered] device, needle or sharp will compromise patient care or safety or worker safety. Therefore, it may be clinically appropriate to use the required device, needle or sharp even though the use requires modification of a medical procedure.

- Appropriate staff should be consulted to evaluate the safety-engineered medical device, needle or medical sharp, its impact on the associated medical procedure, quality of patient care, worker safety, ease of use and reliability of use. Such an evaluation should help determine whether the affected medical procedure should be changed to accommodate the use of the safety-engineered medical device, needle or medical sharp.

- Persons who evaluate and determine the use of safety-engineered devices, needles or medical sharps should:

    - Be knowledgeable about the work, the hazards involved to workers and the means to control the hazards, through education, training and experience
    - Have medical/clinical expertise in the procedure involving the device, needle or medical sharp and its potential impact on the procedure and quality of patient care
    - Have knowledge of the safety-engineered devices that are commercially available for the intended procedure

APPENDIX C
Recommended Training Practices

- The employer should inform workers about the contents of the exposure control plan and to provide them with adequate education and training on how to work safely with and in proximity to potentially biohazardous material.

- For workplaces covered by the O.Reg 67/93 Health Care and Residential Facilities Regulation, training must be developed and established in consultation with the JHSC or HSR. This is a leading practice in other workplaces.

- Training should be provided to any worker – part-time, full-time, temporary, casual – who has or may have exposure to biohazardous material.

- Education and training must be provided before a worker begins work with a potentially biohazardous material.

- The employer should review the exposure control plan at least annually and update it as necessary. Based on the review findings, the employer may need to provide refresher training annually or whenever the exposure control plan is updated.

- The training should include:

  - applicable requirements of relevant health and safety regulations
  - definition of biohazardous materials
  - how occupational exposure to biohazardous materials occurs, the associated risks and modes of transmission of infectious agents
  - effects of exposure
  - what to do in the event of exposure
  - use and limitations of control measures to prevent or minimize exposure
  - engineering controls
  - work practices or administrative controls
  - personal protective equipment

- The training should also include the opportunity for an interactive question and answer period.

- In consultation with the JHSC, the employer should assign a person to evaluate the effectiveness of the training, through observation and interviews to determine if workers work safely. Informed workers can be identified by their ability to answer the following questions:

  - Do you work with biohazards? If so, what are they?
  - What precautions are required to prevent exposure?
  - What do you do in the case of emergency?
  - Where do you go for further information?

- The records of education and training should be maintained by the employer and should include:
  - dates of training
  - type of training and education
  - content or a summary of the training sessions
  - names and qualifications of those conducting the training
  - names, job titles and work locations of workers attending the sessions

Appendix D

Legislation, Codes, Standards and Guidelines

Workplace parties when following this guidance note should consider existing legislation, codes, standards, and good practices such as the following:

Statutes and Regulations:

1. *Occupational Health and Safety Act,* R.S.O., 1990 c. O.1
2. *Health Care and Residential Facilities,* O.Reg. 67/93
3. *Industrial Establishments*, Regulation 851
4. *Needle Safety*, O. Reg. 474/07
5. *Notices and Reports Under Sections 51 to 53.1 of the Act – Fatalities, Critical Injuries, Occupational Illnesses and Other Incidents* O.Reg 420/21
6. *Occupational Health and Safety Awareness and Training*, O. Reg 297/13
7. *Workplace Hazardous Materials Information System (WHMIS),* Regulation 860
8. *Control of Exposure to Biological or Chemical Agents*, Regulation 833

Current versions of the Act and its regulations are available for free download from the Government of Ontario e-Laws site: https://www.ontario.ca/laws

Public Services Health and Safety Association http://www.pshsa.ca

- Planning Guide to the Implementation of Safety Engineered Medical Sharps Public Services Health and Safety Association | A Planning Guide to the Implementation of Safety Engineered Medical Sharps (pshsa.ca)

CSA Canadian Standards Association (CSA) http://www.csa.ca/

- Medical Sharps Containers https://www.csagroup.org/store/product/CSA%20Z316.6%3A20/

Ministry of Labour, Immigration, Training, and Skills Development (MLITSD) Publications

A Guide to the Occupational Health and Safety Act
https://www.labour.gov.on.ca/english/hs/pubs/ohsa/index.php

A Guide for Joint Health and Safety Committees (JHSCs) and Representatives in the Workplace
http://www.labour.gov.on.ca/english/hs/pubs/jhsc/index.php

Other Information

Web sites of the various healthcare unions, employers, associations and Health and Safety Associations also have additional information, including documents that outline a step-by-step process to help joint health and safety committees and health and safety representatives ensure workplace compliance, and sample written recommendations that can be tailored to the needs of individual workplaces.

1. Workplace Safety & Prevention Services http://www.wsps.ca

Committee membership:

Members for Organized Labour:

- Unifor *http://www.unifor.org/en*
- Canadian Union of Public Employees (CUPE) *http://www.cupe.on.ca*
- Ontario Federation of Labour (OFL) *http://www.ofl.ca*
- Ontario Nurses' Association (ONA) *http://www.ona.org*
- Ontario Public Service Employees Union (OPSEU) *http://www.opseu.org*
- SEIU Healthcare *http://www.seiuhealthcare.ca/*

Members for Employers:

- Ontario Health atHome *http://www.ontariohealthathome.ca*
- AdvantAge Ontario *https://www.advantageontario.ca/*
- Ontario Community Support Association (OCSA) *http://www.ocsa.on.ca*
- Ontario Home Care Association (OHCA) *http://www.homecareontario.ca*
- Ontario Hospital Association (OHA) *https://www.oha.com*
- Ontario Long Term Care Association (OLTCA) *http://www.oltca.com*

Observers:

- Ministry of Health (MOH)
- Ministry of Long-Term Care (MLTC)
- Ministry of Children, Community and Social Services (MCCSS)
- Public Services Health and Safety Association (PSHSA)

Facilitator:

- Ministry of Labour, Immigration, Training, and Skills Development (MLITSD)