

BRITISH COLUMBIA NURSES' UNION

Written Submission

for the

Workers' Compensation Board of British Columbia

November 3, 2005 Public Hearings

on the Proposed

Amendments to the WCB's OH&S Regulation

Presented By:

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INTRODUCTION

Good Afternoon. We would like to thank the Panel for this opportunity to make our presentation at these Public Hearings on the proposed amendments to the WCB's Occupational Health and Safety Regulation.

My name is Debra Reynolds, I am a registered nurse working with Maple Ridge Community Care as a Home Care Nurse and a Regional Representative at the British Columbia Nurses' Union's (BCNU) Provincial Occupational Health and Safety Committee.

My name is Tuula Sillantaus, I am an Occupational Health and Safety Officer with the BCNU.

We are making this presentation on behalf of 25,000 BCNU members working throughout British Columbia in various healthcare settings.

The Board's Mandate and Consultation

The Workers' Compensation Act mandates the Board to establish ongoing review of the Regulation (Sections 228-230) and consultation (Section 226) before implementing a Regulation or changing it. *The Act* also allows the Board to conduct additional consultation. In the past, we participated in Tri-Partite committees of the Board where a great amount of scientific research, thought, and planning went into the discussions and ultimately the layout and content of the proposed amendments to the Regulation. Since the elimination of the Tri-Partite process, we have made numerous presentations requesting for the Board to re-implement it.

The process for the Public Hearings has dramatically changed from years before and in its current format it does not promote adequate access to and participation of the Public at these Hearings.

Although the proposed changes were developed without full Tri-Partite pre-hearing consultation, we were pleased that as a first step towards Tri-Partite pre-hearing consultation, the Policy and Research Division of the Board scheduled an open session on May 27, 2005 where representatives of the Board, Employers and Worker Organizations had an opportunity to start discussion on the proposed amendments to the Regulation. Clearly this still falls short of adequate Tri-Partite consultation. However, we wish to acknowledge this positive step by the Board toward invaluable pre-hearing consultation.

We were particularly pleased to participate in a further meeting on June 6, 2005 among healthcare stakeholders to specifically discuss N95 masks and fit-testing. We felt that the meeting was productive with open discussion and good exchange of information. We urge you to re-establish the Tri-Partite process to introduce transparency and benefit future Regulation and Guideline review before preparing amendments to them.

Areas of BCNU's Comment

We have reviewed the proposed changes and will provide you input on the following sections:

1. Part 6, Substance Specific Requirements, Sections Relating to Cytotoxic Drugs
2. G6.53(2) Safe Procedures for Administration of Cytotoxic drugs; and
3. Part 8, Personal Protective Clothing and Equipment (Sections relating to respirator protection).

PART 6: SUBSTANCE SPECIFIC REQUIREMENTS

Sections 6.44 to 6.58, Cytotoxic Drugs

We support the proposed changes under **Information** (OHSR 6.44) and **Procedures** (OHSR 6.48).

However, we request that the Board improve its **Instruction** requirements under (OHSR 6.50) by adding a mandatory chemotherapy training certification process acceptable to the Board, with different levels of certification depending on the types of actual or potential occupational exposure of the workers. The standardized instruction requirements could easily follow the long established excellent training programs developed by the BC Cancer Control Agency.

As recently as in January 2005 the BCNU received a report from an OH&S steward from a small BC healthcare worksite where nurses were directed to administer cytotoxic drugs without any safety measures in place. The nurses had not received any training, there was no policy or safe work procedures, no exposure control plan, and no emergency procedures or provisions (spill kits). We do not believe this situation to be unusual and we anticipate an increasing trend of more small facilities starting to administer cytotoxics.

We wish to point out that British Columbia Nurses' Union's request for the above discussed mandatory training certification dates back to the 1996 Public Hearings. It is critical that WorkSafe BC take a pro-active approach by requiring a formal chemotherapy certification process to demonstrate that adequate training needs have been met. This would also capture the training needs of those who administer cytotoxic drugs at home and other worksites outside established chemotherapy treatment settings.

We ask that the Board improve the current section on **Reproductive toxins** (OHRS 6.49) and expand it by using terminology referring to **protective reassignment** under subsection 2.

In a relatively recent case at a large Lower Mainland hospital a pregnant nurse requested for protective reassignment and her manager refused it. Clearly we have ways to go on the awareness about protective reassignment.

Furthermore issues related to workers who are **breast feeding** need to be addressed under protective reassignment. We have nurses coming forward voicing fears and concerns on the possible exposure effects of the chemotherapy drugs that they are administering on their breast milk. Clearly a Tri-Partite sub-committee dealing with the whole issue of cytotoxics should look at issues such as this as part of the entire review of cytotoxics, safe work procedures and protective reassignment.

We support the amendment to **Drug Preparation and Administration** (OHSR 6.53) and ask that you add 'by chemotherapy certified personnel' to your proposed amendment to read as:

6.53 (2) **The administration of cytotoxic drugs must be done following safe work procedures by chemotherapy certified personnel.**

We are concerned that **cytotoxic drugs are also administered in pill form** throughout the healthcare system with no or inadequate safe work procedures. We are not aware of worksites with appropriate measures in place to deal with crushing of cytotoxics and adequate control measures to control dispersion of the pulverized cytotoxic drugs. Those healthcare settings where the drugs come in unit doses need to ensure that the pharmacy labels the baggies with appropriate well visible cytotoxic labels. Currently the labelling may or may not occur.

It is also critical that the nurses are appropriately instructed in the hazards of handling the pill form of cytotoxic drugs. Currently many nurses are not even aware of the potential hazard and

are handling cytotoxic pills without gloves and pulverizing them (and other pills) without adequate safety measures in place.

We request that an addition be made to Section 6.53 (2) to specifically address the issue of **cytotoxic pills, their handling and pulverizing** as we don't believe this hazard to be adequately addressed in most healthcare settings.

Some of our members report that the institution of '**cytotoxic precautionary period**' does not occur consistently in their workplaces. This issue needs to be addressed under the Regulation as a Guideline alone in our view is not sufficient. We feel it necessary to request the addition of a new Section 6.53 (3) **Cytotoxic precautionary period**. This section would help in addressing the institution of the precautionary period for all patients receiving any cytotoxic agents, from the beginning of the first dose to 48 hours after the completion of the last dose.

An appropriate easily identifiable label eg. neon green needs to be placed in the patient care plan, an "Alert System Identifier" needs to be placed at the front of the patient health record and bed unit and the washroom used needs to be labelled with a caution label or sign. Currently this may or may not occur.

We are pleased to support the amendments to OHSR 6.54 **Disconnects** but request that **Safety Engineered Needle Devices** be added here as a standard requirement and a means of protecting nurses from sharps injuries that could expose them to cytotoxics and/or blood.

We support the amendments to OHSR 6.55 **Personal protective equipment**, OHSR 6.57 **Waste disposal** and OHSR 6.58 **Spills**.

OHSR 6.52 **Records** requires an employer to maintain a record of all workers who prepare or administer cytotoxics with specified details and exposure records. We are concerned that most Healthcare Employers would not be found to be compliant with this requirement. Therefore we ask WorkSafe BC to start focussing on this issue and inspect compliance.

G6.53(2A) Safe procedures for administration of cytotoxic drugs

We ask that you amend the title of this Guideline to read: **Safe work procedures...**

We recommend that the following be added to this guideline as third bullet:

ensure the availability of appropriate spill kit at or near administration area.

Naturally the comments that we have already offered under the Regulation would similarly apply to the Guideline with more expansion.

WCB's List of Deadly Signs

We request that WorkSafe BC **add cytotoxics to the list of deadly sins** that currently covers 13 areas, given the real potential of deadly outcomes if safe work procedures and other precautions are not followed in regards to cytotoxic drugs.

PART 8, PERSONAL PROTECTIVE CLOTHING AND EQUIPMENT (SECTIONS RELATING TO RESPIRATOR PROTECTION)

The British Columbia Nurses' Union is in favour of repealing the references to the 1993 edition of the CSA Standard: Selection, Use and Care of Respirators (CSA Z94.4-94) and adopting the 2002 edition.

As was mentioned earlier, we were pleased to participate at the June 6, 2005 meeting initiated by employers in the health sector and coordinated by Board.

We support the proposed changes to **Fit Tests OHSR 8.40**, including a fit test to be carried out at least once a year. We are pleased that the Board recognized the absence of evidence based scientific support for biennial fit-testing over annual fit testing, and hence the Board's decision to maintain annual fit test requirements. This was a very important issue for nurses who do not normally in the regular course of their duties wear N95 respirators. Nurses would only wear the N95 respirators if there was a concern of exposure from a known or suspected infected patient with TB, SARS or Influenza.

While some healthcare employers made commendable efforts during the SARS crisis to fit test staff, according to some of our Regional OH&S Representatives, some worksites still have not complied with the current OH&S Regulation. Given the extraordinary degree of danger, should another SARS or SARS-like crisis occur, and the danger of exposure should cases of TB emerge where the staff have not been fit tested and trained, we support maintaining the requirement for annual cycle of testing. The Pandemic Influenza Plans with all Health Authorities need to

ensure that proper Exposure Control Plans are in place, including availability of N95 masks that staff have been fit-tested for and received instruction to use in a safe manner.

We are concerned that should a Pandemic Influenza Epidemic occur, and this is a matter of when rather than if, the necessary quantities of N95 masks are likely insufficient and insufficient numbers of staff would have been fit-tested.

We also wish to point out that it is imperative for the WorkSafe BC's Officers to be vigilant in conducting worksite inspections in healthcare and enforcing the fit testing regulatory requirements along with other exposure control measures. Thus far we have not seen any signs of the WorkSafe BC Officers taking action on a healthcare employer who either has not embarked on fit-testing the necessary personnel or has not done it with appropriate frequency. Our experience with SARS should have been a sufficient wake-up call to all of us in this regard.

We are in agreement with the amendment to section 8.41 to adopt the **replacement of Fit check by User seal check** in accordance with CSA Standard CAN/CSA-Z94.4-02.

Given the extraordinary danger in BC healthcare with possibilities for other SARS or SARS-like outbreaks and a true crisis situation that is likely to develop during a Pandemic Influenza outbreak, we feel that it is warranted to implement a Guideline specifically with healthcare in mind with respect to the N95 masks. Feedback from the SARS Scientific Committee, the Royal Columbian Hospital and a Tri-Partite committee would be able to ensure that a well thought out Exposure Control Guideline, including respiratory protection, be developed as a critical addition to the BC Centre of Disease Control's Pandemic Influenza Plan that is being adopted by the Health Authorities.

We believe that additional work on respiratory protective equipment is warranted at a Tri-Partite Subcommittee level with sufficient representation from both the Employer and Labour communities.

CONCLUSION

We appreciate this opportunity to present our feedback to the Panel. Your role in this process and the recommendations that you make are critical. We ask you and Worksafe BC to work proactively with the Labour and the Employer communities to safeguard the health and safety of BC workers.

We remain available for any Tri-Partite consultation and working groups to assist in ensuring a protective OH&S Regulation and Guideline development process.

Respectfully submitted on behalf of

THE BRITISH COLUMBIA NURSES' UNION

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