POLICY

Fraser Health is committed to providing a safe workplace for all employees. To ensure the provision of a safe workplace, Fraser Health will continue to make a significant investment in workplace health initiatives through the introduction of broad-scale standardized use of engineered sharps protection.

Fraser Health will provide a safe workplace by eliminating or reducing the risk of exposure to blood and body fluids by:

- Providing devices with engineered sharps protection measures for protecting employees and physicians. These devices are to be used in all departments unless there is a documented, clinically indicated reason for using the non-safety equivalent.
- Implementing additional control measures such as policies, procedures, education and training.
- Monitoring control measures, reviewing incident reports and statistics.
- Evaluating the control measures on a regular basis.

Fraser Health will utilize engineered sharps safety devices wherever they are required. However, procedures have been identified where currently available devices are not appropriate and interfere with the provision of patient care (see Management Guidelines for Requesting Non-Safety Devices). For these procedures a clinical variance can be documented and non-safety device made available (through the process identified in this policy) until a suitable safety product or technique is identified.

Failure by an employee or physician to use supplied engineered sharps safety device and activate the associated safety feature where clinically appropriate may result in disciplinary action.

RESPONSIBILITIES

A. **Health Services Administrator/Directors**
   - Ensure the provision of engineered sharps safety devices where clinically acceptable devices exist and the implementation of a Biohazard Exposure Control Plan including policies and procedures for minimizing the risk of exposure to blood and body fluid.
   - Ensure managers and supervisors are aware of the requirements for use of engineered sharps safety devices and the Biohazard Exposure Control Plan.
   - Ensure the provision for resources, education and training of staff.
B. **Managers and Supervisors**
   - Ensure risk identification and assessments are completed for their work area.
   - Inform employees of any risks and ensure that the policy regarding the use of engineered sharps safety devices is communicated to staff.
   - Ensure employees are aware and understand that blood and body fluid exposures (needlesticks and splashes) are not considered “part of the job”.
   - Ensure employees attend required training programs.
   - Ensure employees utilize available engineered sharps safety devices at all times except where clinically contraindicated and a documented variance has been obtained.
   - Ensure that injuries incurred as a result of a blood and/or body fluid exposure incident (needlestick or splash) are reported, investigated and any corrective measures recommended are implemented.

C. **Employees**
   - Ensure that available engineered sharps safety devices are used at all times except where clinically contraindicated and a documented variance has been obtained.
   - Activate the safety feature of the device at all times immediately after use.
   - Dispose of the activated device in a proper sharps container as soon as possible after use.
   - Report any concerns with the use of an engineered sharps safety devices to your manager/supervisor.
   - Seek first aid immediately if a blood and body fluid exposure occurs.
   - Complete an employee injury/exposure report form for blood and body fluid exposure/biohazard incidents.
   - Follow established procedures and protocols for blood and body fluid exposure incidents.

D. **Physicians**
   - Ensure that available engineered sharps safety devices are used at all times except where clinically contraindicated and a documented variance has been obtained.
   - Activate the safety feature of the device at all times immediately after use.
   - Dispose of the activated device in a proper sharps container as soon as possible after use.
• Report any concerns with the use of an engineered sharps safety devices to the Medical Director.
• Seek first aid immediately if a blood and body fluid exposure occurs.
• Complete appropriate documentation for blood and body fluid exposure/biohazard incidents.
• Follow established procedures and protocols for blood and body fluid exposure incidents.

E. Joint Occupational Safety and Health Committee (JOSH)
• Participate in a local annual evaluation of the Biohazard Exposure Control Plan with Workplace Health.
• Make recommendations to improve the Biohazard Exposure Control Plan.
• Review needlestick incident statistics on a regular basis.

F. Workplace Health
• Administer the Biohazard Exposure Control Plan.
• Provide advice and guidelines to staff to assist with compliance with program requirements.
• Ensure appropriate education and training is available for all staff and physicians.
• Evaluate the program annually in conjunction with Materiel Management, the Professional Practice Committee and JOSH committees.
• Collaborate with Materiel Management on evaluation of new engineered safety sharps.

PROCESS FOR REQUESTING NON-SAFETY DEVICES
Safety engineered sharps are to be used in all departments unless there is a documented, clinically indicated reason for using the non-safety product. Stores department will not release any non-safety devices until they receive a copy of an accepted Request for Non-Safety Device Form that has been signed by the department manager, reviewed by the Engineered Sharps Safety Review Committee and approved (signed) by a committee member.

a. User identifies a clinical practice that requires a non-safety version of a device.
b. “Request for Non-Safety Device” form completed by the User at http://fhaweb/Programs+and+Services/Support+Services/Human+Resources/Workplace+Health/Sharps+Safety.htm
c. Request submitted, discussed with and agreed to by department/unit manager.


e. “Request” reviewed by the Committee and decision provided within two weeks.

f. “Request” Approved – Clinical Products Coordinator will document variance, provide Stores with a copy and coordinate implementation of non-safety device.

g. “Request” Denied – suitable safety alternatives and/or best practice procedure reviewed with User(s) and Manager by Clinical Products Coordinator and Workplace Health.

   I. Manager continues to disagree;
   II. Manager notified of possible consequences of decision by Workplace Health;
   III. Manager makes final decision.

REFERENCES

- Fraser Health Authority’s “Blood and Body Fluid (BBF) Exposure” Policy
- Fraser Health Authority’s “Workplace Health and Safety” Policy
- Workers’ Compensation Board of British Columbia (1999), Occupational Health and Safety Regulation, sections 6.33 - 6.41. Specifically, section 6.36 which states: (1) “Engineer and work practice controls must be established to minimize or eliminate the potential for exposure to biohazardous material”
REQUEST FOR NON-SAFTY DEVICE FORM

DATE: ________  REQUESTED BY: ____________________________
SITE: ______________  REQUESTER PHONE #: ____________________________
DEPT: ______________  MANAGER: ____________________________
                      MANAGER PHONE #: ____________________________

CURRENT PRODUCT DESCRIPTION

CURRENT PRODUCT NAME: ____________________________
IS IT A ‘SAFETY’ DEVICE: ☐ YES ☐ NO
VENDOR NAME: ____________________________
CATALOGUE NUMBER (IF KNOWN): ____________________________

REQUESTED PRODUCT DESCRIPTION

DESCRIPTION OF REQUESTED PRODUCT: ____________________________

PRODUCT NAME (IF KNOWN): ____________________________
VENDOR CAT # (IF KNOWN): ____________________________
FHA MEDITECH # (IF KNOWN): ____________________________

REASON FOR NON SAFETY PRODUCT REQUEST

DESCRIBE THE CLINICAL REASON INDICATING THAT A NON-SAFTY DEVICE IS NEEDED:

__________________________________________________________

__________________________________________________________

__________________________________________________________

WILL THIS PRODUCT REPLACE A CURRENTLY USED PRODUCT/DEVICE: ☐ YES ☐ NO
WILL THIS NON-SAFTY DEVICE NEED TO BECOME PART OF THE TOP-UP CART? ☐ YES ☐ NO

MANAGER SIGNATURE (*required): ____________________________

FOR CPC OFFICE USE ONLY:
DATE RECEIVED: ____________________________
CPC SIGNATURE: ____________________________
APPROVAL OF WORKPLACE HEALTH BY: ____________________________
NAME OF BUYER/ STORES NOTIFIED: ____________________________
IS THE PRODUCT REQUESTED CURRENTLY USED WITHIN FHA: ☐ YES ☐ NO
FHA MEDITECH ITEM # _________  VENDOR CAT # _________

FAX FORM TO:
1. CLINICAL PRODUCTS COORDINATOR AT 604-455-1323.
2. EXPOSURE PREVENTION SPECIALIST AT 604-431-2896.
3. PROFESSIONAL PRACTICE CONSULTANT

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