



Sharps Safety Initiative – Legislation

Ontario Regulation 474/07 Needle Safety

Regulation 474/07 Needle Safety (under the *Occupational Health and Safety Act*) requires hospitals to use safety-engineered needles and needleless devices to replace conventional hollow-bore needles, beginning September 1, 2008. However, the regulation does not require replacement of all conventional sharps and currently applies only to hospitals.

A Ministry of Labour (MOL) news release, dated August 23, 2007, states, "The government intends to mandate the use of safety-engineered needles or needle-less systems in long-term care homes, psychiatric facilities, laboratories and specimen collection centres in 2009 and in other health care workplaces (home care, doctor's offices, ambulances, etc.) in 2010."

Enforcement of Regulation 474/07 and/or the OHSA

Until September 1, 2008 when Regulation 474/07 comes into force, the current MOL enforcement strategy will continue. After September 1, 2008 inspectors, where necessary, should write orders to replace hollow bore needles under the new regulation. Orders to change over to safety-engineered medical sharps (SEMS) for devices other than hollow bore needles should still be written under *OHSA* Section 25(2)(h). The MOL has stated that they do not anticipate that the enactment of the new regulation will limit their inspectors from continuing to write orders for risk assessments and implementation of SEMS in any health care workplace.

The Occupational Health and Safety Act (OHSA)

OHSA requires an employer to "take every precaution reasonable in the circumstances for the protection of a worker" [S.25 (2) (h)].

Section 8 of the *Regulation for Health Care and Residential Facilities (RHCRF)* requires, "Every employer, in consultation with the Joint Health and Safety Committee or health and safety representative, if any, and upon consideration of the recommendation thereof, shall develop, establish and put into effect measures and procedures for the health and safety of workers."

Section 9 of the regulation requires (in part), "The employer shall reduce the measures and procedures for the health and safety of workers established under Section 8 to writing and such measures and procedures may deal with, but are not limited to, the following:

1. Safe work practices.
2. Safe working conditions.
3. Proper hygiene practices and the use of hygiene facilities.
4. The control of infections."

Section 9 (2) of the regulation states, “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.” Section 9 (3) states, “The review and revision of the measures and procedures shall be done more frequently than annually if:

- a. The employer, on the advice of the Joint Health and Safety Committee or health and safety representative, if any, determines that such review and revision is necessary;
or
- b. There is a change in circumstances that may affect the health and safety of a worker.”

Finally, Section 9 (4) states, “The employer, in consultation with and in consideration of the recommendation of the Joint Health and Safety Committee or health and safety representative, if any, shall develop, establish and provide training and educational programs in health and safety measures and procedures for workers that are relevant to the workers’ work.”

In accordance with *OHSA* Section 25(2) (h), and *RHCRF* Section 8 and 9 above, an employer must implement the following provisions in consultation with the Joint Health and Safety Committee:

- Perform a risk assessment to identify the potential for worker exposure to blood and bodily fluids.
- Create and implement an Exposure Control Plan for blood and bodily fluids.
- Utilize safety-engineered medical sharps in all instances where there is risk of exposure to blood or bodily fluids.
- Provide effective training on the use of the safety-engineered medical sharps, along with education on how to reduce the risks of exposure to blood and bodily fluids.
- Implement a sharps injury log.
- Develop easily accessible and clearly established post-exposure protocols.

OHSA Section 25(2) (e) requires an employer to “afford assistance and cooperation to a committee and a health and safety representative in the carrying out by the committee and the health and safety representative of any of their functions.”

One of the “functions” or powers of the committee is to “identify situations that may be a source of danger or hazard to workers” [Section 9(18) (a)]. Therefore, if the committee needs additional resources to help identify such hazards, it is our position that the employer has an obligation under Section 25(2) (e) to provide that information to the committee.

Make Written Recommendations

Another power of the committee is to “make recommendations to the constructor or employer and the workers for the improvement of the health and safety of workers” [*OHSA* Section 9 18 (b)].

Employer’s Response to Recommendations

When the Joint Health and Safety Committee uses this power, the *OHSA* requires the employer to respond in writing within 21 days [Section 9 (20)] with a timetable to implement the recommendations the employer agrees with and give reasons why it disagrees with any it does not accept [*OHSA* Section 9 (21)].