



***Response to the Consultation Paper on  
Extending the Scope of the Needle Safety  
Regulation under the Occupational Health  
and Safety Act***

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July 2008

The Ontario Home Care Association (OHCA) is pleased to respond to the Ministry of Labour (MOL) and the Ministry of Health and Long-Term Care joint consultation on a proposal to extend the scope of the Needle Safety Regulation (O.Reg.474/07) to long-term care homes, psychiatric facilities, laboratories for 2009 and other health care workplaces, such as home care, by 2010.

### ***OHCA Key Recommendations:***

- Given the growing importance of the home care sector and in order to protect home care staff, the OHCA believes that CCACs must be funded appropriately now to provide safety-engineered needles where the use of this new technology is proven to be appropriate, effective and efficient.
- In addition, as there are different types of safety engineered needles, the OHCA believes that there should be consistency in standards and purchasing methods across CCACs so that education and safety training by the service provider organizations can be effective and efficient within the province.
- OHCA membership should be consulted, prior to implementation, regarding the use of different types of sharps in the home for injections, intravenous therapy and lances.

### ***Discussion***

Needle stick injuries are wounds caused by needles that accidentally puncture the skin. These injuries can occur at any time when people use, disassemble or dispose of needles. Needle stick injuries can transmit blood-borne diseases including Hepatitis B, Hepatitis C and HIV resulting in significant costs related to the testing of injured workers and worker lost time.<sup>1</sup>

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<sup>1</sup> Canadian Centre for Occupational Health and Safety, "Needle stick Injuries, 2005. Retrieved from [www.ccohs.ca/oshanswers/diseases/needlestick\\_injuries.html](http://www.ccohs.ca/oshanswers/diseases/needlestick_injuries.html). In 2006 the WSIB derived number of full time equivalent (FTE) in nursing services was 37,340. The total claim count for needle stick injuries was 122. The rate per 10,000 home care workers was 33 per 10,000 workers (derived). The derived rate for hospital workers was 42 per 10,000; for long term care 46 per 10,000; for professional offices 32 per 10,000. Note: derived full time equivalent (FTE) for WSIB purposes is a figure derived from information reported by employers to the WSIB and does not represent actual people working, but rather an estimate of FTEs complement.

Needle stick injuries occur frequently in the home care setting and can affect all home care workers including nurses, therapists and personal support workers (PSWs). Unique to the home care system, family members and the general public can also be at increased risk due to improper disposal and/or handling of needles following use in the home and community care setting.

Rates of needle stick injuries in home care are calculated by the Ontario Safety Association for Community and Health Care (OSACH) as 33 needle-stick injuries for every 10,000 workers.<sup>2</sup> By comparison, the derived rate for hospital workers was 42 per 10,000; for long term care 46 per 10,000; for professional offices 32 per 10,000. However, as a result of the broad spectrum of use in the home and community care sector, OSACH asserts that the incidences of injuries due to needle stick injuries are widely under-reported in the home and community sector.<sup>3</sup> To support safe practices in the home care community, OSACH produces Fast Facts regarding the “Safe Handling and Disposal of Sharps and Medical Supplies in Home Health Settings” (OSACH - Rev.03/06).<sup>4</sup> All OHCA member organizations receive regular reports and information from the OSACH in order to maintain health and safety standards for staff regarding the safe handling and disposal of sharps.

Home care is an evolving and growing sector. Indeed, the transformation agenda of the broader provincial health care system will rest on the ability of home care to respond to the growing needs and expectations of Ontarians to live, age and receive care in their own homes and communities. In 2005/06, 649,244 clients received home care service funded by the 14 CCACs<sup>5</sup> and 88% of Ontarians surveyed in a recent poll indicated a preference for home care for themselves.<sup>6</sup> As coordinators of the publicly-funded home care system, Community Care Access Centres (CCACs) spent over \$110M on medical equipment and supplies for Ontarians in 2003/04, which includes the provision of needles for use by service provider organizations.<sup>7</sup>

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<sup>2</sup>Ontario Safety Association for Community and Health Care, (OSACH), WSIB Enterprise Information Warehouse, 2008

<sup>3</sup> The home health care sector which may include visiting nursing services or other services in the home may be captured by WSIB in one of two different rate groups. Rate group 857 is basically nursing services. Rate group 861 is a rate group called treatment clinics and specialized services, and actually captures many different types of workers - CCAC, health units, daycares, community service agencies and some home making services.

<sup>4</sup> Ontario Safety Association for Community and Health Care, “Safe Handling and Disposal of Sharps and Medical Supplies in Home Health Settings”, Rev.03/06.

<sup>5</sup> Ontario Association of Community Care Access Centres, CCAC Sector at a Glance 2005/06 Electronic Reports, retrieved from [www.ccac-ont.ca](http://www.ccac-ont.ca)

<sup>6</sup> Pollara, 2005, SSCA Procurement Review Quantitative Survey Results

<sup>7</sup> Caplan, The Honorable Elinor, 2005, “Realizing the Potential of Home Care, Competing for Excellence by Rewarding Results”

The evidence demonstrates that, when appropriate data collection is in use, the incidences of injuries due to needle sticks are comparable in home care to other sectors of the health care system. To support the government goal of maintaining and supporting people in their homes, the safety of staff providing care in the home is of critical importance.<sup>8</sup> Therefore, the OHCA advocates that home care staff must be protected from harm and provided now with technologically-current equipment and supplies.

Home care is vital to the transformation of health care in Ontario, and accordingly, the OHCA will be pleased to provide support to the consultation process regarding the introduction of safety-engineered needles for the Ministry of Labour and the Ministry of Health and Long Term Care. As a key stakeholder, and the ‘voice of home care in Ontario’<sup>®</sup>, the OHCA represents home care organizations that have expertise in translating practices that have arisen from an institutional context and must be introduced into the home setting. The OHCA will also participate as a key stakeholder to advise the provincial government about the distinguishing aspects of home care delivery when developing and applying other new types of technology affecting the health and safety of workers.

As more client populations with greater complexity of care needs are cared for in the community, the CCACs must be funded to ensure that new technologies are introduced in a timely fashion into the home care medical equipment and supplies funding envelope. Given the current importance placed on the necessity for a growing home and community care system, this challenge is one that must be collectively, and systemically, addressed.

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<sup>8</sup> Ontario Home Care Association, 2007, “Safety in the Home and Community Care Environment”