



# WorkSafeBC OH&S Regulations

PROTECT  
CO-WORKERS.

PROTECT  
YOURSELF.

PREVENT  
EXPOSURE.

STAY  
POKE &  
SPLASH  
FREE



## BUILDING A STRONG SAFETY CULTURE

Creating a healthy and safe work environment is everybody's responsibility.

### Be part of a healthy safety culture:

- Believe that safety is everyone's responsibility.
- Understand and have confidence in using preventive measures.
- Support "no-blame" reporting of incidents.

### Design work to anticipate mistakes:

- Standardize the work environment (e.g., location of sharps containers).
- Select equipment with safety features (e.g., safety engineered devices).
- Ensure that personal protective equipment is easy to access.
- Provide clear supervision and direction.
- Provide training in current work practices.

### Be aware - errors are more likely:

- at night or when fatigued;
- when rushed, multi-tasking, or doing too much;
- when equipment or procedures are new.

## EXPOSURE CONTROL PLAN

WorkSafeBC requires a BBF Exposure Control Plan to be implemented at all work sites, where the potential for such exposure exists.

The employer must develop and implement the plan, identify those responsible for its effectiveness, train healthcare workers on its use, and evaluate the plan on an ongoing basis.

Visit the WorkSafeBC website for updated OH&S regulations

## SAFETY ENGINEERED DEVICES

As a component of the BBF exposure control plan, WorkSafeBC strongly encourages employers to provide and employees to use Safety Engineered Devices, including:

- safety engineered needles, such as self-sheathing needles or syringes with retractable needles
- blunt tip sutures
- needleless devices
- safety butterflies and needleless intravenous connectors

Along with implementation of safety engineered devices, training and education should be provided to healthcare workers to ensure safe and correct usage.



For more information and resources, please contact the Occupational Health and Safety Agency for Healthcare in BC  
T:778.328.8000 F:778.328.8001  
W:www.ohsah.bc.ca

## WHAT IS BBF?

- Blood
- Any body fluid containing visible blood
- Semen, uterine/vaginal secretion
- Saliva, fluids from the spine, the lung, or from around the heart

(Refer to WorkSafeBC OHS Guideline Part 6 for a complete list)

## DID YOU KNOW?

The approximate risk of transmission after exposure to an infected source is:

HIV	0.3%
Hepatitis C	3%
Hepatitis B	30%

Among these, transmission of Hepatitis B is almost entirely preventable by immunization (Health Canada, 1997).

## WHAT ARE THE HAZARDS OF BBF?

Exposure to BBF may increase the risk of transmission of blood-borne pathogens, including Hepatitis B, Hepatitis C, and HIV. The risk of infection after exposure varies depending on the blood-borne pathogen transmitted.

Most BBF exposures do not lead to transmission of infection. However, an exposure can have a severe emotional impact on a healthcare worker who has been exposed to BBF; uncertainty about the outcome often triggers distress and anxiety.

## BBF EXPOSURE

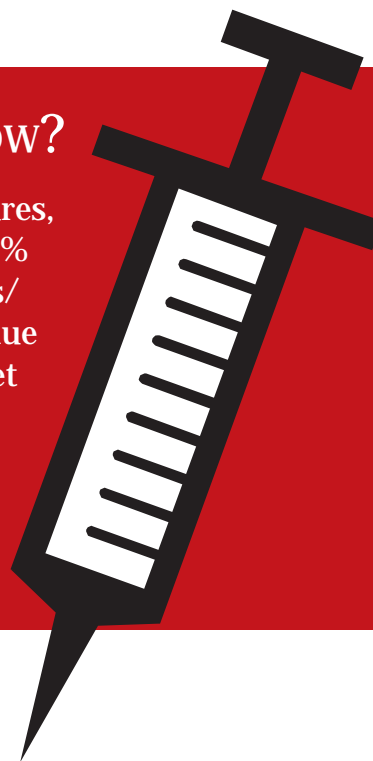
BBF exposures in healthcare occur when blood and other potentially infectious body fluids from one person come in contact with the skin, subcutaneous tissue, or mucous membrane of another; usually through a needlestick, a sharp injury, or a splash.

## DID YOU KNOW?

Of all BBF exposures, approximately 80% are due to needles/sharps, 20% are due to splashes. (Lee et al., 1999)

## HOW COMMON ARE BBF EXPOSURES?

BBF exposures are widespread in healthcare settings. Some hospitals report that one third of nursing and laboratory staff suffer needlestick injuries each year. Statistics probably underestimate the severity because of under-reporting and lack of an appropriate reporting and documentation system.



## Safety engineered devices

Safety engineered devices are instruments designed to prevent contact with the sharp device and to minimize the risk of exposure to BBF.

## Safe work practices

Safe work practices include prohibiting recapping of used needles, applying the “hands-free” method while passing sharps, treatment of all BBF and used equipment as contaminated, wearing appropriate protective equipment, and washing hands frequently.

## Handling and disposal of sharps

Sharps and contaminated waste should be handled properly and disposed at “point of use” in appropriate containers. Approved sharps disposal containers must be installed within close proximity and replaced when 3/4 full.

## Personal protective equipment

Use of personal protective equipment (PPE) is the last line defense. Appropriate PPE, such as gloves and face shield, should be readily available and worn by workers to prevent BBF exposure.

## Post-exposure treatment and prompt reporting

It is important to report and document all exposures, including near misses. If an exposure has occurred, follow appropriate post-exposure treatment protocol on site.

## Education and training

Healthcare workers must receive appropriate education in all elements of the BBF exposure control plan developed for each site.