



PREVENTION OF EXPOSURE OF WORKERS TO BIOLOGICAL RISKS

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Taking a stand against Sharps Injuries.

Today

- ASSTSAS
- Our mandate
- Our interventions

ASSTSAS customers

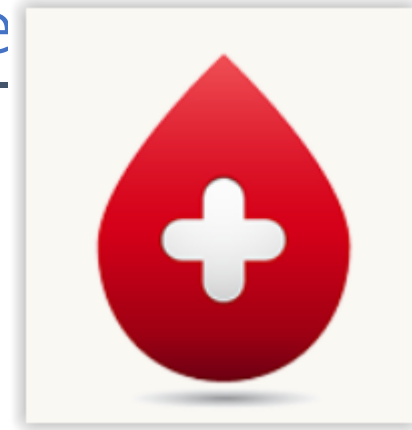
- More than 28,000 employers
- Health Network represents the largest employer with more than 250,000 workers and executives
- Our clients :
- CIUSSS - CISSS
- CHU
- child care
- practices (of medicine, dentistry and others)
- social action organizations
- community groups
- Ambulance services
- Residences for the elderly

ASSTSAS - Prevention of worker exposures to biological hazards

- **Prevention of blood exposures in health care workers**
- **Respiratory protection**
- **Collaboration with the provincial committee in sanitary hygiene**

Prevention of blood exposures in health care

- Publish in our review OP (Prevention objective)
- Answer the questions
- Offer technical assistance on request
- Make representations to organizations linked to the health network



Offered services

Support to member institutions for:

- Organization of a blood exposure prevention program
- Exposure risk assessment
- Organization of accidental post-accident follow-up
- Using the tools developed.

Our angle

- Reduce exposures
 - Risk identification
 - choice of prevention methods
 - implementation of corrective and preventive measures
-
- Analyze the work situation
 - who is at risk
 - which tasks involved
 - what equipment

Model of the work situation



- One or more workers
- Perform a task? (Involving or not clients)
- In a specific environment (location, layout)
- With equipment
- In a time frame (fixed term, periods of the day or week)
- All framed by organizational practices

Preventive approach

- Prevention program
- Reporting of Events, Investigation and Analysis (EAEA), Preventive and Corrective Measures
- Risk Identification Software GES (Accidental Blood Exposure Manager)
- Safe equipment (safety devices, biohazard containers): selection, testing, training, implementation and monitoring
- Equipment usage protocol
- Post exposure protocol
- EAR
- Followed

Two great achievements

- Program: Blood Exposures for Health Care Workers to Guide Employers and Employees
- GES Software: listing accidental events via the Accidental Blood Exposure Manager

Le programme

- Organizational components
- Knowledge of risk and exposures
- Risk control measures and prevention strategies
- Vaccination and exposure control measures
- Communication
- The action plan



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Several tools

- Simplified and detailed audit
- Procedure to prevent blood exposures
- Blood Exposure and Prevention Culture Survey
- Investigation and analysis following a needlestick
- Inventory of products used
- Screening and product evaluation grid
- Task observation grid
- Calculation of the cost of an exhibition

Accidents compensated in the network? 2013-2015 (n = 232)

Nurse	56
Beneficiary Attendant	45
Auxiliary nurse	40
Service staff	26
Medical, health and other care staff	22
Other job title	43
Total	232

Accident compensated: any contact with a biological fluid that resulted in an IRR income replacement indemnity (absence compensated for the work by CNESST)

2011-2012 Network Survey (n = 22 institutions)

Blood exposure rate (per 100 TCS)			
Mission	injuries	Expositions totales*	Share of the sample (TCA) p / r to the Quebec group
Full sample (n = 22 institutions)	2,99	3,5	33 %
Short term CH (n = 9)	3,60	4,23	69 %
CSSS (CH, CHSLD, CLSC) (n=18)	2,18	2,33	30 %

Extrapolations :

- 5,000 exposures / year, of which 80 in IRR
- 96 / week
- Nearly 14 / day

Tiré de : Bouchard, F. *La situation dans les établissements*. OP, 36, 3, pages 23-4. 2013

Main findings

- National data:
only with IRR (Income Replacement Benefit), under-representation
very little information about the circumstances
- Locally, nothing standardized for monitoring blood exposures
EPINET, other home monitoring sometimes in the register of
declarations or nothing standardized case by case management

Main findings (continued)

- In Quebec, security measures are not mandatory
- Our goal: local declaration, national portrait / compilation, implementation of local measures, provision of services

GES

- Software developed for the Quebec network
- Helps understand the circumstances of events
- Facilitates daily management of post-exposure monitoring: notes, calendar, additional reminders
- Free, available on our website
- asstsas.qc.ca/ges

GES

- Compiling all events in a software
- Stowage with computer systems
- Installation on the desktop (desktop)
- Possible interinstitutional comparisons
- Prerequisites: software and hardware
- Tutorial with 10 themes
- Technical support

Approche

- Collaborative development
- Test phase
- Update
- implantation
- Personalized support

Data from GES

- Deployment in 10 institutions
- 4 with implantation for more than a year
- (2016 - 2017)

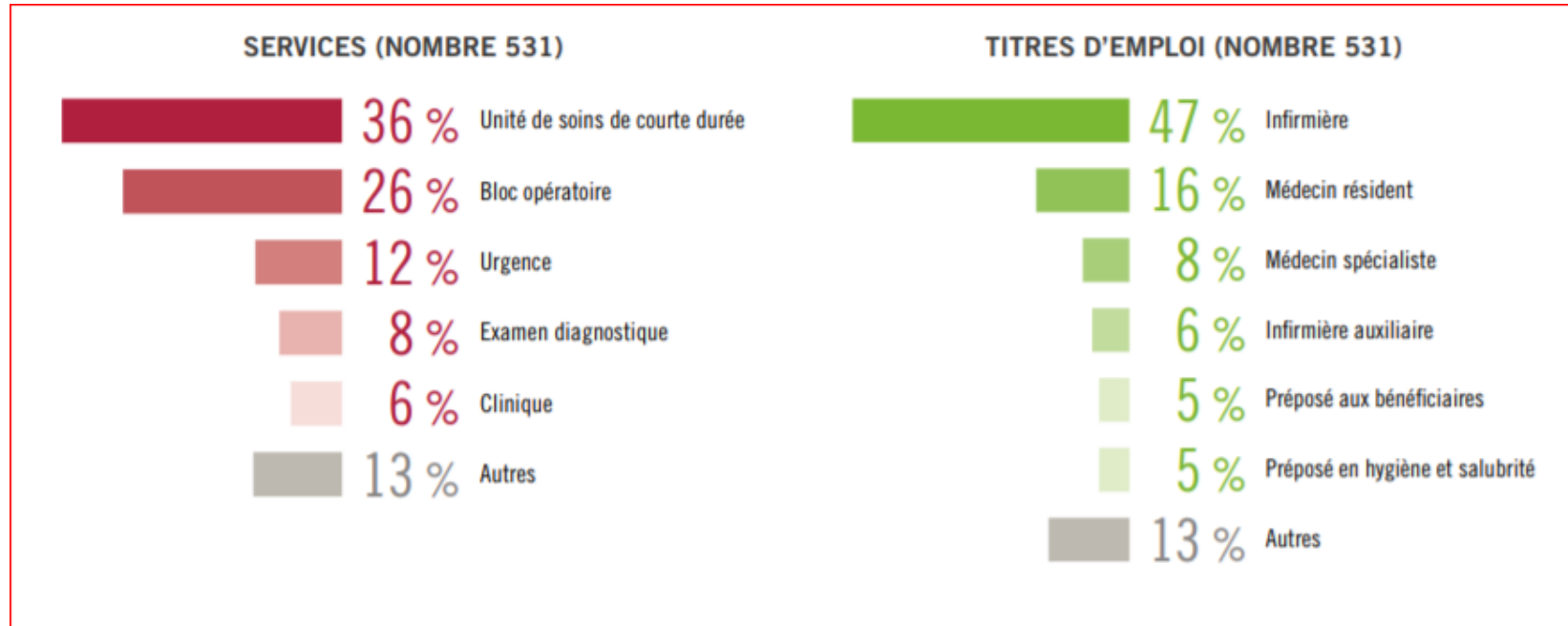
Statistics available with the GES

- Service where the accident occurred
- Job title of the injured worker
- Occurrence of occurrence of event
- Mucocutaneous (splashing)
- percutaneous
- Subject in question
- Eventually, rate
- [?] Transfer to EXCEL (tables, charts)

Avantages du GES

- Pre-determined menus
- Flexible Lists: Jobs, Services, Facilities
- Prevention and post exposure in a single system; we can add results ex: laboratory
- Compatibility with network systems
- Support from ASSTSAS

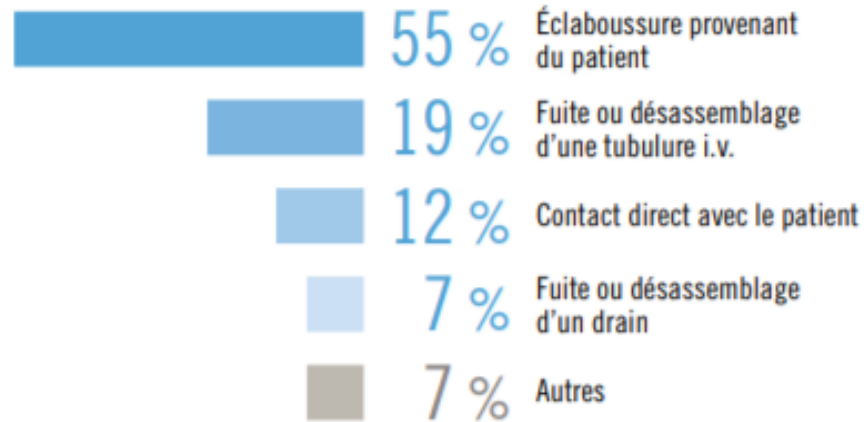
Accidental events listed in GES 2016-2017 (n = 4 establishments; 531 events)



- Events occur mainly in SHORT-TERM UNITS and NURSES

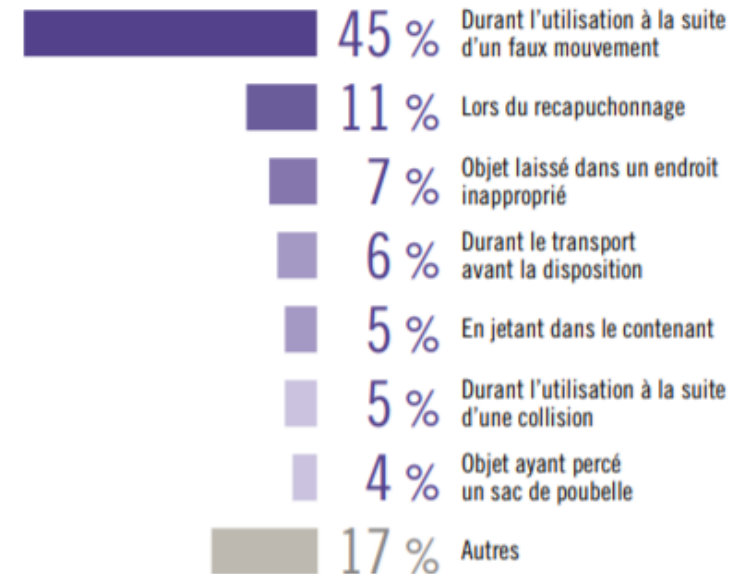
Circumstances of Accidental Events Listed 2016-2017 (n = 4 establishments; 531 events)

CIRCONSTANCES DES EXPOSITIONS MUCOCUTANÉES (NOMBRE 97)

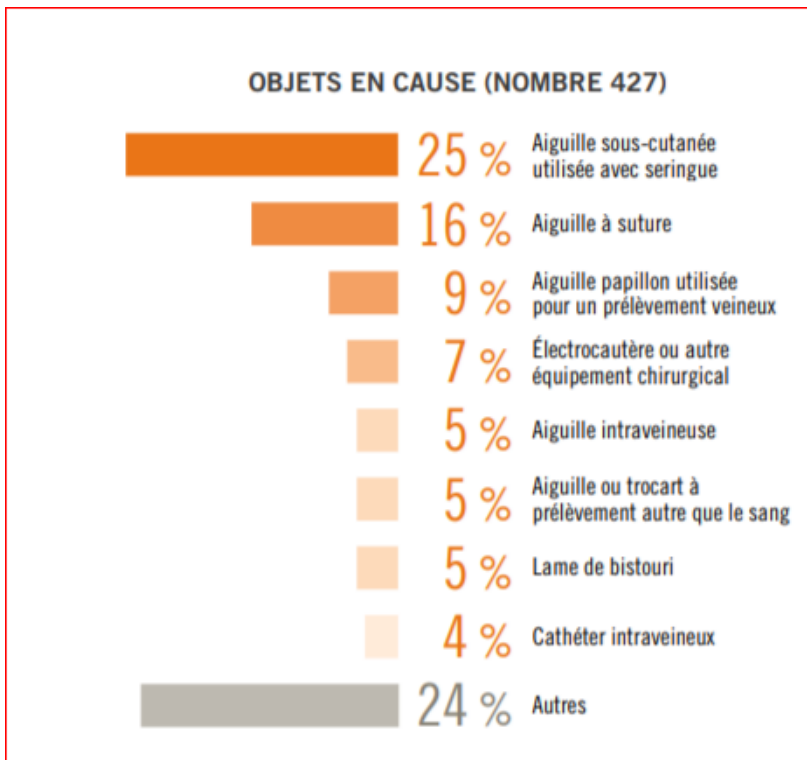


- **82% are percutaneous injuries (72% of bites)**
- **18% are mucocutaneous exposures (16% mucosal contact)**

CIRCONSTANCES DES EXPOSITIONS PERCUTANÉES (NOMBRE 427)



Objects associated with percutaneous events (n = 427)



- Subcutaneous needle with syringe
- Suture needle
- Gives tracks for risk situations

Limites ou utilisations

- Very useful to draw a portrait, target needs, follow a preventive intervention
- BUT ... do not say everything
- Conduct EAEAs to determine corrective and preventive actions
- Make the link with practice
- Define the roles of the manager, the file holder, OHS (health and safety at work)

To be continued...

- Increase the number of participants: Join half of the network's institutions by the end of the year
- Submit the data to the INSPQ (National Institute of Public Health of Quebec) for the worker surveillance component

Merci

Questions ?



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