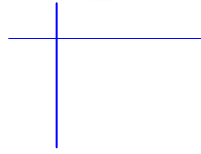




Medical Technology
Association of Australia



National Review into Model OHS Laws

Submission by
Medical Technology Association of Australia

July 2008

Medical Technology for a Healthier Australia

About the Medical Technology Association of Australia

The Medical Technology Association of Australia (MTAA, formerly Medical Industry Association of Australia) represents the manufacturers, exporters, importers and distributors of medical technology products in Australia. Medical technologies are products used in the diagnosis, prevention, treatment and management of disease and disability. Products range from commonplace, everyday items such as bandages and syringes, to high technology items such as orthopaedic implants and cardiac defibrillators and pacemakers.

MTAA has particular interest in the improvement of workplace safety where the workplace involves the use of medical technology products. MTAA's submission has therefore focused on one issue – the need for a national policy to mandate the use of safety engineered devices in the healthcare workplace.

CHAPTER 2: SCOPE, APPLICATION & DEFINITIONS

2.3 Responding to Change: *Emerging Hazards and Risks*

Q13: Are there current or emerging hazards and risks that are not effectively addressed under general duties of care? If so, how should they be provided for under a model OHS Act?

The general duties of care in OHS laws aim to protect persons from all types of hazards and risks arising from work activities. Therefore it is reasonable to expect that healthcare professionals in Australia should be protected from the hazard of occupational exposure to bloodborne pathogens from needlestick and sharp object injuries and the subsequent risk of acquiring a potentially life threatening bloodborne disease such as hepatitis B, hepatitis C or HIV/AIDS.

In Australia, it has been estimated that at least 13,000 nurses and other healthcare professionals suffer needlestick and sharp object injuries every year¹. Numerous studies have shown that approximately 50% of needlestick injuries are not reported, with rates of underreporting ranging from 40% to 80%². *Therefore the actual number of injuries to healthcare professionals is likely to be in excess of 21,000 per year.*

The majority of needlestick and sharp object injuries are preventable³ through the implementation and use of safety engineered medical devices combined with relevant education and training programs for healthcare professionals. *All employees in the Australian healthcare sector have the right to work without concern of experiencing a sharps injury.*

In this submission, MTAA would like to highlight the fact that other jurisdictions have taken steps to amend Occupational Health and Safety Legislation to include provision for the use of safety engineered needles and sharps in medical workplaces. *Why should healthcare employees in Australia not be afforded the same legislative protection?*

Below you will find just a few recent examples:

The Workplace Safety and Health Act, Manitoba, Canada

- Act amended in June 2005 to include a specific section for “Needles in Medical Workplaces” to reduce the hazard of needlestick and sharp object injuries at work.
- The new legislation states that when hollow-bore or intravenous needles are used in a medical workplace, the employer must ensure so far as is reasonably practicable, that workers use only safety-engineered needles
- Go to Section 45 <http://web2.gov.mb.ca/laws/statutes/ccsm/w210e.php>

The Occupational Health and Safety Act, 1993, Saskatchewan, Canada

- OHS Regulations 1996 amended in November 2005 to include provision for “Selecting Needle-Safe Devices”
- The amendment states that for tasks and procedures in which it is reasonably anticipated that a worker or self-employed person may incur a percutaneous injury from a contaminated hollow bore needle, the employer or contractor must identify, evaluate and select needles with engineered sharps injury protections or needleless systems
- Go to Section 474.1, 474.2
<http://www.qp.gov.sk.ca/documents/English/Regulations/Regulations/O1-1R1.pdf>

The Occupational Health and Safety Act, 1990, Ontario, Canada

- Ontario Regulation 474/07 amended in August 2007 to include provision for “Needle Safety”
- The amendment states that for when a worker is to do work requiring the use of a hollow-bore needle, the employer shall provide the worker with a safety-engineered needle that is appropriate for the work.
- Go to <http://canlii.org/on/laws/regu/2007r.474/20080616/whole.html>

The Needlestick Safety and Prevention Act, 2000, USA

- The Needlestick Safety and Prevention Act (H.R. 5178) mandated that the 1991 (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030) be revised to strengthen the requirements related to the use of safety-engineered sharp devices.
- The 1991 standard states, "Engineering and work practice controls shall be used to eliminate or minimize employee exposure." The revision in 2001 defines Engineering Controls as "controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace."
- Go to Section 3 <http://www.healthsystem.virginia.edu/internet/epinet/billtext.cfm>

RECOMMENDATION: Medical Technology Association of Australia recommends that the National Review into Model OHS Laws strongly consider following the lead of Manitoba, Saskatchewan and Ontario in Canada; and the USA, in providing a specific section on the need for safety engineered medical devices in the Occupational Health and Safety legislation e.g. “Sharps Safety in Healthcare Facilities” to ensure that healthcare professionals in Australia are protected from the hazard of needlestick and sharp object injuries at work and the subsequent risk of acquiring a life threatening bloodborne disease.

¹ Report on the Inquiry into Nursing - The patient profession: Time for action, Parliament of Australia, June 2002.
http://www.aph.gov.au/Senate/Committee/clac_cte/completed_inquiries/2002-04/nursing/report/c06.htm
(Accessed 10 July 2008)

² Perry J, Jagger J. Healthcare Worker Blood Exposure Risks: Correcting some outdated statistics. *Advances in Exposure Prevention* – Vol.6, No.3, 2003 <http://www.healthsystem.virginia.edu/internet/epinet/HCW-risk-update--AEP.pdf>
(Accessed 10 July 2008)

³ Centers for Disease Control and Prevention, Preventing Needlestick Injuries in the Healthcare Setting, DHHS (NIOSH) Publication No. 2000.108, November 1999 <http://www.cdc.gov/niosh/pdfs/2000-108.pdf> (Accessed 10 July 2008)