PREVENTION OF EXPOSURE OF WORKERS TO BIOLOGICAL RISKS

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23 AVRIL 2018
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
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
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)

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>56</td>
</tr>
<tr>
<td>Beneficiary Attendant</td>
<td>45</td>
</tr>
<tr>
<td>Auxiliary nurse</td>
<td>40</td>
</tr>
<tr>
<td>Service staff</td>
<td>26</td>
</tr>
<tr>
<td>Medical, health and other care staff</td>
<td>22</td>
</tr>
<tr>
<td>Other job title</td>
<td>43</td>
</tr>
<tr>
<td>Total</td>
<td>232</td>
</tr>
</tbody>
</table>

Accident compensated: any contact with a biological fluid that resulted in an IRR income replacement indemnity (absence compensated for the work by CNESST)
### Blood exposure rate (per 100 TCS)

<table>
<thead>
<tr>
<th>Mission</th>
<th>Injuries</th>
<th>Expositions totales*</th>
<th>Share of the sample (TCA) p / r to the Quebec group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full sample (n = 22 institutions)</td>
<td>2.99</td>
<td>3.5</td>
<td>33 %</td>
</tr>
<tr>
<td>Short term CH (n = 9)</td>
<td>3.60</td>
<td>4.23</td>
<td>69 %</td>
</tr>
<tr>
<td>CSSS (CH, CHSLD, CLSC) (n=18)</td>
<td>2.18</td>
<td>2.33</td>
<td>30 %</td>
</tr>
</tbody>
</table>

**Extrapolations:**

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

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)

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

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