January 26, 2023 |

Briefs

Submission to the WCB on proposed regulatory amendments to Part 6, Substance specific requirements, Hazardous drugs

A pdf of the complete submission can be found here(257 KB).

Introduction

The BC Federation of Labour (“Federation,” “BCFED”) appreciates the opportunity to provide our recommendations with respect to the proposed amendments for Part 6 Hazardous Drugs.

The Federation represents more than 500,000 members of our affiliated unions, from more than 1,100 locals working in every aspect of the BC economy.

The Federation is recognized by the Workers’ Compensation Board (“WCB,” “Board”) and the government as a major stakeholder in advocating for the health and safety of all workers in BC and full compensation for injured workers.

The BCFED is pleased to have the opportunity to participate in this virtual public hearing and to provide our written submission.

And we are especially pleased to participate when our recommendations made in the public consultations are reflected in the proposed amendments.

For example, we are pleased to see the inclusion of the joint health and safety committee in the sections on risk assessment, exposure control plan and instruction and training.

We urge the Board of Directors to seriously consider our recommendations so we meet our goal to ensure that BC health and safety regulations set standards that will prevent workers from injury and death.

This submission was prepared in consultation with our affiliates.

We will address those sections of the regulation that we believe require further amendments.

Background

Many of the BCFED's affiliated members work in occupations that put them at potential risk for exposure to hazardous drugs. These workers include: pharmacy workers, laboratory workers, care aides, porters, cleaners, housekeepers and laundry workers. We also have members who work in facility warehouses in occupations that ship, receive and transport hazardous drugs. Finally, our members work in trades such as plumbing, where work tasks can also expose them to hazardous waste.

The consequence of exposure for these workers can be significant and life changing with long-term health effects, including cancers, liver and kidney damage and negative impacts on fertility and reproductive health.

Submission

6.42 Definition for "housekeeping"

(b) Changing, handling and laundering linens, and cleaning and disposing of things, contaminated with the excreta, vomit or bodily fluids of patients treated with hazardous drugs.

The BCFED believes this definition must specifically reference clothing and in researching other requirements for housekeeping looked to the language used by the Centre for Disease Control and Prevention (CDC).

The CDC uses the broader definition of items that require changing, handling and laundering as “fabrics, textiles and clothing” rather than the term “linens.”

The BCFED believes the CDC provides a plain language definition easily understood by workers and employers.

Personal Protective Equipment (PPE) should be added to Subsection (b) to be more inclusive.

We are proposing to further amend Subsection (b) to remove “of things” which quite frankly only adds confusion.

We recommend adding “anything” to replace “things” to be consistent with 6.46.1(2)(h).

The BCFED recommends amending (b) as follows:

Changing, handling, laundering and disposing of fabrics, textiles, clothing and PPE and anything contaminated with excreta, vomit or bodily fluids of patients treated with hazardous drugs.

6.42 Definition “precautionary period”

The BCFED agrees with the addition of “precautionary period” in Section 6.42 but finding any information on these time frames was very difficult.

It appears from our research, the standard time-period is 48 hours and is referred to in the policy document from BC Women’s and Children’s Hospital, “Hazardous Drugs: Handling Precautions:”

HCPs will adhere to safe handling precautions, when handling hazardous drugs and when handling body waste contaminated with hazardous drugs (within the 48-hour precautionary period), as outlined in Appendix B: "Hazardous Drug Handling Precautions – Health Care Providers."

•Note that the handling precautions are specific to the C&W Hazard Categories (high/medium or low).[1]

This regulation applies to a broad section of workers who may not have access to information on the precautionary periods, for example, home and community care workers and workers who transport hazardous drugs.

Recommendation

The BCFED recommends the WCB amend the definition of precautionary period to include references to where this information can be found to improve access for employers and workers.

The BCFED is also concerned not all hazardous drugs will have the same precautionary period.

Indeed, Alberta Health Services identifies those hazardous drugs that have a precautionary period greater than 48 hours and provides easy access to this information:

Appendix C: Precautionary Period for KNOWN Hazard Medication

KNOWN Hazard Medications Requiring PPE for Longer than 48 Hours*

Hazardous Medication	Detected in Urine	Detected in Stool or Bile
brentuximab vedotin	24% excretion for up to 7 days	72% excretion up to 7 days

carmustine	60% excretion for at least 4 days	--
CISplatin	At least 5 days	--
cyclophosphamide	Detected in urine up to 5 days	--
DOCEtaxel	9% excretion for up to 7 days	Less than 8% excretion for up to 7 days
DOXOrubicin	5% - 12 % excretion for up to 5 days	40% biliary excretion for up to 7 days
eribulin mesylate	7% excretion (greater than 40 hours)	72% excretion (greater than 40 hours)
etoposide	25% excretion for least 5 days	44% excretion for at least 5 days
gemcitabine	10% excretion for at least 7 days	--

imatinib mesylate	5% **excretion for up to 7 days	20%* excretion for up to 7 days
ixabepilone	5.6% excretion for up to 7 days	16% excretion for up to 7 days
mitoXANTRONE	7% excretion for up to 5 days	Up to 5 days
temsirolimus	4.6% excretion for up to 14 days	76% excretion for up to 14 days
teniposide	40%** excretion for up to 5 days	--
vinCRIStine	10% - 37% excretion for up to 3 days	80% excretion for up to 3 days
vinCRIStine liposomal	8% excretion for up to 4 days	--
vinorelbine	8% excretion for at least 3 days	50% biliary excretion for at least 3 days

*All KNOWN hazard medications on the AHS Hazardous Medication List require 48 hours handling precautions except those listed above. For further questions contact AHS Drug Information.

**All percentages are for active/unchanged drug unless denoted by an asterisk.

Note: Based on information from the American Society of Health-System Pharmacists, 2009; Bdikian et al, 2006; “Cyclophosphamide,” 2015; Hospira Inc., 2013; Wolters Kluwer, 2015.

Source: Oncology Nursing Society – Safe Handling of Hazardous Drugs, 3rd Edition, 2017, p. 48.[2]

Recommendation

The BCFED recommends the WCB amend Section 6.42 the definition of “precautionary period” to include references to those hazardous drugs that have longer precautionary periods than the typical 48 hours. At a minimum, these references should be placed in the guidelines.

Section 6.45 Subsection 2(a)(ii) Risk assessment

The BCFED believes exposures to multiple hazardous drugs must be considered in the risk assessment. For example, workers preparing and administering a single cancer treatment may be exposed to more than one cytotoxic drug.

Recommendation

The above subsection be amended to “the potential harmful health effects of exposure to one or more hazardous drugs . . . .”

Subsection 3

We agree with the concerns of the University of British Columbia researchers and the BC Nurses’ Union that there is no requirement in the proposed amendments for an environmental surveillance to provide data to determine if a risk assessment needs to be reviewed. There is no requirement to

conduct wipe sampling on work or other surfaces.

Recommendation

The BCFED recommends adding this requirement and leave it to the discretion of the Policy, Regulation and Research Department (PRRD) to determine suitable section; and adding environmental surveillance to Subsection 3 as one of the criteria to be considered for revisiting a risk assessment.

Section 6.46 Exposure control plan

Health monitoring

Section 6.46

Section 6.46 (1) must meet the requirements of Sections 5.54 (f) which requires health monitoring.

The BCFED believes, given the seriousness of occupational disease hazards for workers exposed to hazardous drugs, employers must be required to implement a health monitoring program in Part 6.

In the Occupational Health and Safety Regulation (OHSR), Part 6, Lead, Section 6.67 Health protection, sets out the requirements for employers to develop and implement an effective health protection program in a manner acceptable to the Board if a worker is exposed to potentially hazardous levels of lead.

Similarly, health monitoring is required for exposures to biological agents and pesticides.

The US Occupational Safety and Health Administration (OSHA) guideline on controlling exposure to hazardous drugs recommends implementing a medical monitoring program. The screening program is performed at specific intervals:

- before job placement;
- periodically during employment;
- following acute exposures; and

- at the time of termination or transfer.[3]

Guideline G5.54-5 Health monitoring, is an excellent guide to the requirements for a monitoring program and includes consultation and permission of workers to be involved in the program.

Health monitoring is important to determine if risk assessments and hazard controls are effective. Indeed, Section 6.45, Subsection (3)(c) requires the employer to review a risk assessment when exposure monitoring or health monitoring of a worker indicates exposures.

A medical monitoring program can be a tool to ensure prevention measures are effective and provide indications when a program may need to be reassessed and revised.

Recommendation

The BCFED recommends amending Section 6.46 to add Subsection (4) to require the employer to implement an exposure and health monitoring program in consultation with workers and the permission of workers to participate.

Section 6.46.1 Work procedures

To be consistent with the committee involvement in developing, reviewing and updating the exposure control plan in Section 6.46(2)(3), the committee must also be consulted in the development of the written work procedures.

Recommendation

The BCFED recommends further amending this section to add Subsection (4) to include consultation with the joint committee or health and safety worker representative.

Section 6.50 Preparation and administration of certain hazardous drugs

Subsection (c) Exhaust ventilation system

This section requires the ventilated enclosure to be connected to an exhaust ventilation system which must discharge to the outdoors in a manner that prevents contaminants from being recirculated in the workplace or the adjacent workplace.

Recommendation

The BCFED believes there should be reference here to Regulation 4.70-4.80, Indoor Air Quality, to ensure the employer is properly designing, operating and maintaining the ventilation system.

Section 6.51 Instruction and training

Subsection (1)

The BCFED recommends adding a further amendment to include, as well as the instruction and training on the safe handling of the hazardous drugs, the safe handling of anything contaminated with the hazardous drug, to tie in with the definition of housekeeping in Section 6.42.

Recommendation

The BCFED recommends adding to Subsection (4) the requirement for the joint OHS committee to monitor worker completion of education and training and to promote the education and training program to encourage participation.

The BCFED strongly believes the consultation must include the general worker population who are doing the work. They are the ones most likely to be exposed and have the best knowledge into how their work is done and where they are most likely to be at risk of exposure.

Recommendation

Therefore, the BCFED recommends expanding adding the requirement to consult with a representative sample of workers doing the work, similar to the requirement in the ergonomics regulation.

Section 6.58 Records

Subsection (4)

Subsection (4) sets out the requirements for retaining records for the duration of the worker's employment plus 10 years.

The record must include the names of the drugs prepared and administered and if practicable, the number of preparations and administrations per week.

The BCFED recommends removing "if practicable" to ensure that employers must maintain records. This cannot be optional.

Given the long latency period for health effects to occur following exposures, employment plus 10 years is not adequate. The BCFED is particularly concerned about younger workers who may change jobs and be exposed early in their careers.

OSHA guidelines for controlling exposure to hazardous drugs recommends records, including workplace monitoring, biological monitoring and safety data sheets, be available for at least 30 years.

Worker medical records related to hazardous drugs must be available for workers for the duration of their employment plus 30 years.[4]

Recommendation

Therefore, the BCFED recommends Subsection (2) be amended to require records to be kept for the duration of the worker's employment plus 30 years.

These records must be made available to workers upon their request. Many occupational cancers have a latency period, developing years after the exposure.

Workers must have exposure information available for the purposes of filing a WCB claim, and providing information to medical professionals.

We made this recommendation in our previous submission and are very disappointed the PRRD made no change.

Conclusion

The BCFED strongly urges the WCB Board of Directors to seriously consider these proposed amendments.

We are generally pleased with the work on this new regulation and appreciate the efforts of the PRRD.

We encourage the WCB to implement an effective implementation strategy ensuring that all workplaces are properly informed and supported to practice these new requirements.

The implementation strategy must be designed to take into consideration the diversity of the community of workers.

We are particularly concerned about the employers and workers who may not be working in acute care/cancer clinics and have direct contact with the hazardous drugs, such as in home support, long-term care, laundry and food service workers, veterinarians, non-oncology work and the transportation of hazardous drugs.

We believe it is fair to say these are workers and employers who may need more support to implement the new regulation.

We urge the WCB Board of Directors to provide the necessary resources to ensure effective implementation and enforcement.

[1] http://policyandorders.cw.bc.ca/resource-gallery/Documents/Pharmacy%2C%20Therapeutics%20and%20Nutrition/PTN.02.021%20-1%20Hazardous%20Drug%20handling%20policy.pdf Section 1.3

[2] https://www.albertahealthservices.ca/assets/info/hp/pharm/if-hp-pharm-hazardous-medications-ppe-guide.pdf

[3] https://www.osha.gov/hazardous-drugs/controlling-occex#surveillance

[4] https://www.osha.gov/sites/default/files/publications/osha3110.pdf