

PROPOSED AMENDMENTS TO PART 6 SUBSTANCE SPECIFIC REQUIREMENTS, HAZARDOUS DRUGS

Submission to the
Workers' Compensation Board
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Authority

This document is respectfully submitted on behalf of the Executive Officers of the BC Federation of Labour and represents the views of more than 500,000 affiliated members across the province of British Columbia.



W. Laird Cronk
President

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Introduction

The BC Federation of Labour (“Federation”, “BCFED”) appreciates the opportunity to provide our submission with respect to the proposed amendments to Occupational Health and Safety Regulation (OHSR) Part 6: Substance Specific Requirements, Hazardous Drugs.

Cytotoxic drugs proposed to be amended to hazardous drugs

Submission

Although the current provisions of Part 6 Cytotoxic drug regulation were developed 20 years ago and are out of date, the BC Regulation remains one of the only such regulations in Canada. In all other jurisdictions the provisions for these chemicals are found in the general regulation dealing with chemical exposures or guidelines.

The BCFED strongly supports the review and updating of the cytotoxic drug regulation. We know from anecdotal evidence gathered by our affiliated unions that increasing numbers of workers are exposed to these deadly drugs. The occupational diseases caused by exposures to hazardous drugs can be catastrophic and life altering for workers.

The BCFED is generally in support of the proposed amendments to Part 6, cytotoxic drugs and will respond only to those sections where we have concerns and will propose further amendments.

The purpose of the proposed amendments is to clarify employer responsibilities to eliminate or minimize worker exposure to hazardous drugs. The current regulation is concerned only with cytotoxic drugs and the purpose of the proposed amendments is to expand the regulation to include other hazardous drugs.

The amendments recognize the exposure to cytotoxic or antineoplastic drugs occurs in hospitals where the drugs are handled in shipping and receiving areas, in pharmacies and through administration in wards. Exposures occur through laundry, cleaning and waste

handling. Exposures can also occur outside of hospitals in workplaces such as community pharmacies, veterinary clinics, home care, community care and long-care facilities.

As the incidents of cancer increase the use of hazardous drugs to provide treatment, the numbers of workers exposed also increases. According to estimates by the World Health Organization cancer ¹ is the second leading cause of death globally and is responsible for an estimated 9.6 million deaths in 2018. Globally, about one in six deaths is due to cancer.

According to Carex Canada² their research results show approximately 75,000 Canadians are occupationally exposed to antineoplastic agents; over 75% are female. The largest occupational group exposed to antineoplastic agents is pharmacy staff (pharmacists, technicians and assistants), with 42,900 workers exposed. Of these, 30,200 workers are based in community settings.

When examining exposure further by work setting, 38,200 workers (51% of all exposed) work in non-hospital settings; the remaining 36,800 are exposed in hospitals.

The table below from Carex Canada shows the prevalence of exposure and other workers who may be exposed to antineoplastic drugs.³


¹ <https://www.who.int/news-room/fact-sheets/detail/cancer>

² https://www.carexcanada.ca/profile/antineoplastic_agents/

³ https://www.carexcanada.ca/profile/antineoplastic_agents/

Prevalence of Exposure: Antineoplastic Agents

Total number of workers exposed = 75,000
75% female, 25% male

 = approx. 500 workers



Level of exposure by occupation (Carex Canada)

Identifying occupations with:

- 1) workers exposed to high levels of antineoplastic agents,
- 2) a larger number of workers exposed to antineoplastic agents, or
- 3) workers who may not be adequately covered by exposure controls is important in guiding cancer prevention efforts to prioritize exposed groups and target resources most effectively.

The table below shows the number of workers exposed by occupation and relative level of exposure to antineoplastic agents. The majority of workers exposed to antineoplastic agents are in the moderate exposure category.⁴

Level of Exposure: Antineoplastic Agents

Total number of workers exposed = 75,000

OCCUPATION		LOW EXPOSURE (N)	MODERATE EXPOSURE (N)		HIGH EXPOSURE (N)	TOTAL EXPOSED (N)
		Low Contact Frequency, High Exposure Control	Low Contact Frequency, Low Exposure Control	High Contact Frequency, High Exposure Control	High Contact Frequency, Low Exposure Control	
Pharmacy Workers (Pharmacists, Technicians)	HOSPITAL			12,700		12,700
	COMMUNITY		25,700		4,500	30,200
Nurses (Registered Nurses, Licensed Practical Nurses)	HOSPITAL	13,900		5,300		19,200
	GERIATRIC/LONG TERM CARE			700		700
	HOME CARE		800			800
Veterinary Workers (Veterinarians, Technicians, Assistants)			5,400			5,400
Cleaning Workers	HOSPITAL			2,900		2,900
	GERIATRIC/LONG TERM CARE		100			100
Home Care Workers (Nurse Aides, Home Care Workers)			1,500			1,500
Laundry Workers	HOSPITAL	500				500
	GERIATRIC/LONG TERM CARE	100				100
	SUB-CONTRACTOR FACILITIES	200				200
Physician Specialists		500				500

The BCFED believes the work of CAREX Canada on exposures to antineoplastic drugs is reason to push forward with these amendments to improve worker health and safety.

⁴ https://www.carexcanada.ca/profile/antineoplastic_agents/

Definitions 6.42 (b) proposed amendment to definition of hazardous drugs:

“Is identified as a hazardous drug by the United States National Institute for Occupational Safety and Health in the NIOSH List of Hazardous Drugs in Healthcare Settings, as amended from time to time.”

The BCFED has noted that reference was made in the pre-consultation session to the BC Cancer Agency’s (BCCA) list of hazardous drugs. While based on the NIOSH list, the BCCA has other drugs listed.

The BCFED recommends that both the NIOSH and the BC Cancer Agency lists be referenced in Section 6.42 (b) and be included in the guidelines in order to provide easy access for employers, workers and WCB officers.

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 include 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.

The BCFED recommends amending (b) as follows:

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

Section 6.45 Risk assessment

Subsection (1)

As noted in the Explanatory Notes the intent of the risk assessment is to enable employers to decide on appropriate control measures to prevent worker exposures to hazardous drugs.

This section requires the employer to ensure a qualified person prepares the written risk assessment.

The BCFED has provided our concerns regarding the “qualified” person in many past submissions.

The definition of “qualified” is found in Part 1 Section 1.1 (1) of the OHSR;

Means being knowledgeable of the work, the hazards involved and the means to control the hazards, by reason of education, training experience or a combination thereof⁵

The BCFED believes this definition that is used throughout the OHSR is simply too general and could lead to confusion about who the qualified person is.

We prefer the definition of “qualified person” in Part 6 Asbestos Section 6.1 Definitions:

Means a person who

(a) has knowledge of the management and control of asbestos hazards through education and training, and

(b) has experience in the management and control of asbestos hazards.

⁵ <https://www.worksafebc.com/en/health-safety/hazards-exposures/asbestos>

Therefore, the BCFED recommends Section 6.42 Definitions be amended to add “qualified person”:

(a) has the knowledge of the management and control of hazardous drugs through education and training, and

(b) has experience in the management and control of hazardous drugs.

Section 6.46 Exposure control plan

Subsection (1) requires a qualified person to develop an exposure control plan. The BCFED has commented on the “qualified person” definition above.

Subsection 1(4) requires the written work procedures to be readily available for reference by workers, and where practicable, summaries are posted in appropriate areas.

The BCFED strongly objects to using the word “practicable” in this requirement. Workers have a right to know about workplace hazards and procedures and the employer is obligated under the *Workers Compensation Act* (WCA) Part 3 Division 3 Section 115 General Duties of employers, Sub-section (2) (e) to provide information to workers.

An employer must:

Provide the employer’s workers the information, instruction, training and supervision necessary to ensure the health and safety of those workers in carrying out their work and to ensure the health and safety of other workers at the workplace ⁶

The fundamental rights of workers and the obligations of employers must not be minimized by allowing employers to determine what is practicable and what is not.

The BCFED also strongly objects to the posting of “summaries” of work procedures. Workers have a right to know and to have access to work procedures in their entirety.

⁶ <https://www.worksafebc.com/en/law-policy/occupational-health-safety/workers-compensation-act-part-3>

The BCFED recommends the following amendments to sub-section 4;

The work procedures required under subsection (3) must be readily available for reference by workers and must be posted in the appropriate work areas.

The exposure control plan requirements of Section 5.54 (f) state there must be health monitoring, when required.

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

Provisions in Part 6, Lead, Subsection 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) guideline⁷ on controlling exposure to hazardous drugs recommends implementing a medical screening and surveillance 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.

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

⁷ https://www.osha.gov/SLTC/hazardousdrugs/controlling_occex_hazardousdrugs.html

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.

The BCFED recommends amending Section 6.46 to add subsection (5) to require the employer to implement an exposure and health monitoring program as approved by the WCB.

The BCFED also recommends the WCB require employers to register all hazardous drug exposures on the Occupational Exposure Registry. We also recommend further consultation with stakeholders on this matter.

Section 6.48 Elimination or control of exposure

Subsection (1)

The BCFED supports this section requiring employers to implement the hierarchy of controls when considering ways to eliminate or control the exposure to hazardous drugs. But we are curious as to the meaning of “under normal conditions” by which the employer “uses a less hazardous form of the same drug or a process that under normal conditions, would eliminate that risk.”

The BCFED recommends amending subsection (1) to remove “under normal conditions” to avoid confusion.

Section 6.51 Instruction and training

Subsection 2 (c)

The BCFED recommends a minor amendment to add: the “disposal” of personal protective equipment.

Section 6.54 Storage of hazardous drugs

Subsection (1) An employer must ensure that a hazardous drug is stored

(a) in a designated area for the hazardous drug, unless it is not practicable to do so

The Explanatory Notes list all the workplaces that are covered by the provisions for proper storage of hazardous drugs, from manufacturing, hospitals, residential and community-based care, retail pharmacies, veterinary clinics through to private home care.

The BCFED believes this diverse group of workplaces requires mandatory obligations for employers to ensure hazardous drugs are stored in a designated area in order to provide the strongest protection for workers.

Therefore, the BCFED recommends amending subsection (a) to remove “unless it is not practicable to do so”

Section 6.58 Records

Subsection (2) 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” for the reasons addressed previously.

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.⁸

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 at any time. 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.

⁸ https://www.osha.gov/SLTC/hazardousdrugs/controlling_occeh_hazardousdrugs.html

Section 6.58.01 Consultations

This section sets out the requirements for the employer to consult with the joint health and safety committee or the worker representative on the risk assessment, the exposure control plan and written work procedures and the instruction and training of workers.

The BCFED believes the joint committee consultation process requires more details on what the consultation entails.

Therefore, the BCFED recommends this section be further amended as follows:

Proposed section 6.58.01: Consultations

~~Employers are required to consult with~~ The joint committee or the worker health and safety representative, as applicable, ***must participate in the development and implementation of*** each of the following:

- (a) the risk assessment,*
- (b) the exposure control plan, and*
- (c) the information, instruction and training.*

Conclusion

The amendments to this regulation are substantive.

The BCFED believes the WCB must ensure there is an effective implementation program in place when the regulation comes into effect. Education materials, fact sheets, a public information campaign and a focus on enforcement will assist impacted workplaces to implement the changes.

The BCFED appreciates the opportunity to provide our comments and proposed amendments on the hazardous drugs regulation. We strongly encourage the WCB Board of Directors to seriously consider implementing the proposed amendments.