



## Appendix B

### Sample Recommendations to Employer re: Sharps/Needlestick Hazards

This is a sample template only. **If you have a similar issue in your workplace, you can use this sample and include all or some of the recommendations, depending on the needs of your workers.**

Written recommendations can be sent via e-mail or in a letter or any form. Regardless of the form of the recommendation, it is important to note the date sent, the hazard identified and the recommendation that the Joint Health and Safety Committee is proposing. If you are making more than one recommendation, each should be numbered. All written recommendations should be signed by the worker and employer co-chairs.

Date: \_\_\_\_\_

Hand-delivered on date: \_\_\_\_\_

(Insert name of Employer)  
(Insert address of Employer)

Pursuant to Section 9 (18)(a), (b) & (c) of the *Occupational Health and Safety Act (OHSA)*, we are responsible as a Joint Health and Safety Committee to “identify situations that may be a source of danger or hazard to workers, to make recommendations to the employer and the workers for the improvement of health and safety and recommend to the employer and the workers the establishment, maintenance and monitoring of programs, measures and procedures respecting the health and safety of workers.”

As such, we have identified the following sources of danger or hazard at [insert address of employer] and provide the following recommendations:

### **Identified Hazards or Dangers and Associated Recommendations**

<b><u>Hazard</u></b>	<b><u>Recommendations</u></b>
1. Risk of exposure to blood and bodily fluids as a result of using non-safety-engineered sharp medical devices. Health care workers are using conventional – i.e., non-safety-engineered – needles, syringes, IV catheters, blood collection needles and suture needles. These devices do not protect the worker against skin puncture and are a serious risk for exposure to blood and body fluids.	The Joint Health and Safety Committee recommends that the employer forthwith ensures the following: <ol style="list-style-type: none"> <li>1. Immediately conduct a risk assessment of all work areas, identifying all potential areas of risk of exposure to blood and bodily fluids.</li> <li>2. Develop an exposure control plan that identifies how the employer will address all areas of risk to eliminate potential exposure to blood and bodily fluids. The exposure control plan should reflect the latest best practices and information relating to reduction of sharps injuries.</li> </ol>

	<ol style="list-style-type: none"><li>3. Immediately implement safety-engineered devices to eliminate the above identified risk, with priority given to devices with hollow-bore needles.</li><li>4. Implement a sharps/needlestick injury log for all injuries that includes the type of device involved in the incident, including make, model and manufacturer, and an explanation of how the injury occurred.</li><li>5. The employer develop, in consultation with the Joint Health and Safety Committee or the Health and Safety Representative (in workplaces with 5 to 19 workers) easily accessible and clearly established post-exposure protocols, which are communicated to workers to ensure that timely, effective medical attention is provided to any worker who is injured, including immediate post-exposure evaluation and follow-up.</li><li>6. Develop and deliver a training program to all workers in consultation with the Joint Health and Safety Committee or the Health and Safety Representative (in workplaces with 5 to 19 workers) to provide workers with information on the risk of blood and bodily fluids, and how to reduce these risks through safer products and practices. Workers should also be trained on post-exposure protocols. The employer is to ensure that appropriate time is made for workers to attend the training.</li><li>7. Ensure that this facility has a sharps safety program that brings all of the above items together. The program is to be created and revised annually in consultation with the Joint Health and Safety Committee or the Health and Safety Representative (in workplaces with 5 to 19 workers) to reflect latest best practices and information. Consider using the Ontario Safety Association for Community and Health Care's (OSACH) planning guide (found at <a href="http://www.osach.ca/products/SEMS/SEMS.pdf">http://www.osach.ca/products/SEMS/SEMS.pdf</a>) and modeling the program after the Vancouver Island Health Authority's "Blood and Body Fluids: Exposure Control for Victoria General Hospital" (<a href="http://www.communicationsbridge.com/VIHA.pdf">http://www.communicationsbridge.com/VIHA.pdf</a>).</li></ol>
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Pursuant to S. 9 (20), an employer who receives written recommendations from a committee shall respond in writing within 21 days. Therefore, we look forward to receiving your written response to our recommendations within 21 days, i.e., by [enter date].

We anticipate that your written response will include all information pursuant to the *OHSA* Section 9 (21), which states: “A response of a constructor or employer under subsection (20) shall contain a timetable for implementing the recommendations the constructor or employer agrees with and give reasons why the constructor or employer disagrees with any recommendations that the constructor or employer does not accept.”

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Worker Co-Chair Joint Health and Safety Committee

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Employer Co-Chair, Joint Health and Safety Committee

C: Post for the workers  
Copy to JHSC  
Local \_\_\_\_\_