



*Health Care Health & Safety  
Association of Ontario*

**MINUTES**

**SENSING GROUP FOR  
SAFETY ENGINEERED MEDICAL DEVICES**

**DATE: April 19, 2005**

**Location: North York Novotel Hotel**

**Summary:** Two separate sensing groups were held, one in the morning and the other in the afternoon, to discuss issues related to safety engineered medical devices.

**Facilitators from HCHSA:** Craig Lawrie, Kathryn Nichol, Peggy Swerhun and Heinrich Beukes

**Participants:**

Morning Group

Lina DiCarlo, Manager, Occupational Health and Safety, Credit Valley Hospital  
Paula Harnum-Brown, Manager, Occupational Health, Toronto East General  
Andrew King, Health and Safety Specialist, Bluewater Health (teleconference)  
Anne Marie Rosenitsch, ABI Supervisor, Paramed  
Mary Marsden, Wellness Program Coordinator, Paramed  
Richard Rementilla, Field Supervisor, VHA Home Health Care  
Sharon O'Grady, Infection Control Practitioner, Bridgepoint Health  
Darlene Mack, Risk Manager, Patient Relations, Peterborough Regional Health Centre  
Sharon O'Neil, Manager Occupational Health, Providence Centre  
Tricia Root, Manager of Infection Control, Rouge Valley Health System  
Bobbie Rogan, Long Term Care Consultant, Extendicare  
Maryam Salaripour, Manager of Infection Control, St. Mike's  
Linda Pittendreigh, Resource Nurse, IV Team, St. Mike's  
Carol Alexander, Senior Policy Analyst, Long Term Care, MoHLTC

Afternoon Group

Terry Siriska, Senior Consultant, Ontario Hospital Association  
 Ted Mansell, National Representative and Health and Safety Coordinator, Service Employees International Union  
 Erna Bujna, Labour Relations Specialist, Ontario Nurses Association  
 Anette Ellenor, Senior Policy Analyst, Nursing Secretariat, MoHLTC  
 Carol Alexander, Senior Policy Analyst, Long Term Care, MoHLTC (by teleconference)  
 Lillian Wong, Medical Consultant, MoL  
 David Leong, Provincial Hygienist, MoL  
 Lisa McCaskell, Health and Safety Specialist, Ontario Public Service Employees Union  
 Joe Cichello, Manager, Occupational Diseases Unit, WSIB  
 Paulette Sherwood, Director of Occupational Health and Safety, Extendicare  
 (representing Ontario Long Term Care Association)

**Feedback from Sensing Group Discussion –**

**Theme #1 - Identify barriers to the use of safety engineered medical devices (SEMDs)**

A number of barriers were identified with respect to SEMDs.

Morning	Afternoon
Organizational culture/attitude that is not supportive	Costs of products (and costs related to implementation)
Costs associated with the devices <ul style="list-style-type: none"> <li>• Costs of the device</li> <li>• Costs of training</li> <li>• No specific funding for the devices</li> </ul>	Weak legislation
No “buy-in” for the devices among senior managers or among front line workers	Mis-conceptions about the products
Problems with data availability. <ul style="list-style-type: none"> <li>• Inconsistent or weak data related to the Canadian experience</li> <li>• No way to benchmark with other organizations</li> <li>• No pre/post implementation data</li> </ul>	Time required to research and implement products
A feeling of low concern related to sharps injuries in long-term care as they represent such low rate of lost time injury	Resistance to change
No control over the procurement of the devices <ul style="list-style-type: none"> <li>• Procurement contracts that hospitals are involved with</li> <li>• Community care supplies provided by</li> </ul>	No easy source of info other than the vendors

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Legislation is weak	Time consuming to do risk analysis
Knowledge of products is limited	Long procurement contracts
Apparent lack of choice in product, some not user friendly	Lack of safety culture
Vendor provided information on products is biased to their own products.	No or inefficient involvement of joint health and safety committees
	No physician support
	Lack of product knowledge

**Participants in both morning and afternoon sessions were asked to identify the most important barriers to the use of SEMDs. The barriers identified were as follows:**

<b>MORNING</b>	<b>AFTERNOON</b>
Costs (of devices and associated costs)	Costs (of devices and associated costs)
Appropriate data to build business case, benchmark etc.	Time involved in trial and implementation
Lack of safety culture within organizations, at all levels	Lack of legislation
“Buy-in” of senior managers	Political/ senior management will
Lack of safety awareness - “blame the worker” attitudes	Product knowledge and JHSC knowledge of the issue.

**Theme #2 – What are some successful tools or mechanisms within organizations that caused improvements in sharps injury prevention or the use of SEMDs?**

<b>Morning</b>	<b>Afternoon</b>
Good internal data collection	Use of case studies to support the use of SEMDs
Establish a multi-disciplinary committee	Education at all levels of an organization
Get senior management support	Start process early – be proactive
Product evaluation committees	JHSC involvement
Mentors/champions	
Start with the most highest risk procedures/devices	
Gradual implementation – stepwise approach	

Recognition of successful implementation	
Evaluate use/implementation often – consider examination of devices in sharps container to gauge actual use	
Good vendor support	
Physician support	

**Theme #3 – What kind of information or resources would be useful to assist key people within an organization with the implementation of SEMDs in a workplace and what initiatives province wide would further the cause of prevention of blood and body fluid exposures?**

<b>Morning</b>	<b>Afternoon</b>
Case studies to help support the need	Use high profile cases and claims – case studies
Work with external associations such as OHA etc.	Liaison with other external partners
Provide information about other organizations use of the devices	Training material for workers
Provide summary of product feedback	Template for business case
Government support	Legislation
Networking among organizations regarding product issues	Provide a features checklist
Create a web site – “one stop shop” for information and resources	Catalogue of replacement items
Provide educational material	Guideline for implementation
Pre/post implementation template	Training material, consolidate resources
Training modules	Data collection systems
Education resources should be available as electronic and hard copy	Send information to JHSC front line workers as well as managers
Education and training should include training for Sr managers, as well as for front line workers. Include basic infection control in training for front line workers.	

**Next steps....HCHSA Project Objectives:**

A number of important items were learned from the sensing groups. Many of the issues that need to be addressed will require ongoing research and development. Initially it is apparent from the sensing group that there is a need for much of the resource material currently available from dispersed sources (primarily on the internet) to be consolidated into an easily obtained resource supported by education materials and training. Accordingly, HCHSA will strive to develop:

- Resource material that draws together implementation guidance and tools to assist organizations with making the transition to safety engineered medical devices. The use of SEMDs will be considered as part of an overall approach to the prevention of exposure by workers to blood borne pathogens.
- Included with the resources will be “case studies” or tools to assist with the business case for SEMDs within organizations, descriptions of various features of SEMDs and other tools as identified during the development stage that will assist organizations.
- A standard education program to help with the implementation process and an education program to help increase the knowledge of senior managers, frontline staff and other stakeholders.
- We will investigate options to facilitate web based provision of information, and optimally, a method to have users and interested parties “network” with each other around the use and implementation of SEMDs.
- Without extending beyond our mandate, HCHSA will promote the use of SEMDs as a reasonable approach to the prevention of sharps injuries that can lead to transmission of blood borne pathogens.

Notwithstanding any of the above, our efforts towards completion of this or any other project will also be conditional on appropriate funding and our own estimation of priorities in the workplace safety environment.