



Paramedic Association of Manitoba

Submission to

Standing Committee on Social and Economic Development

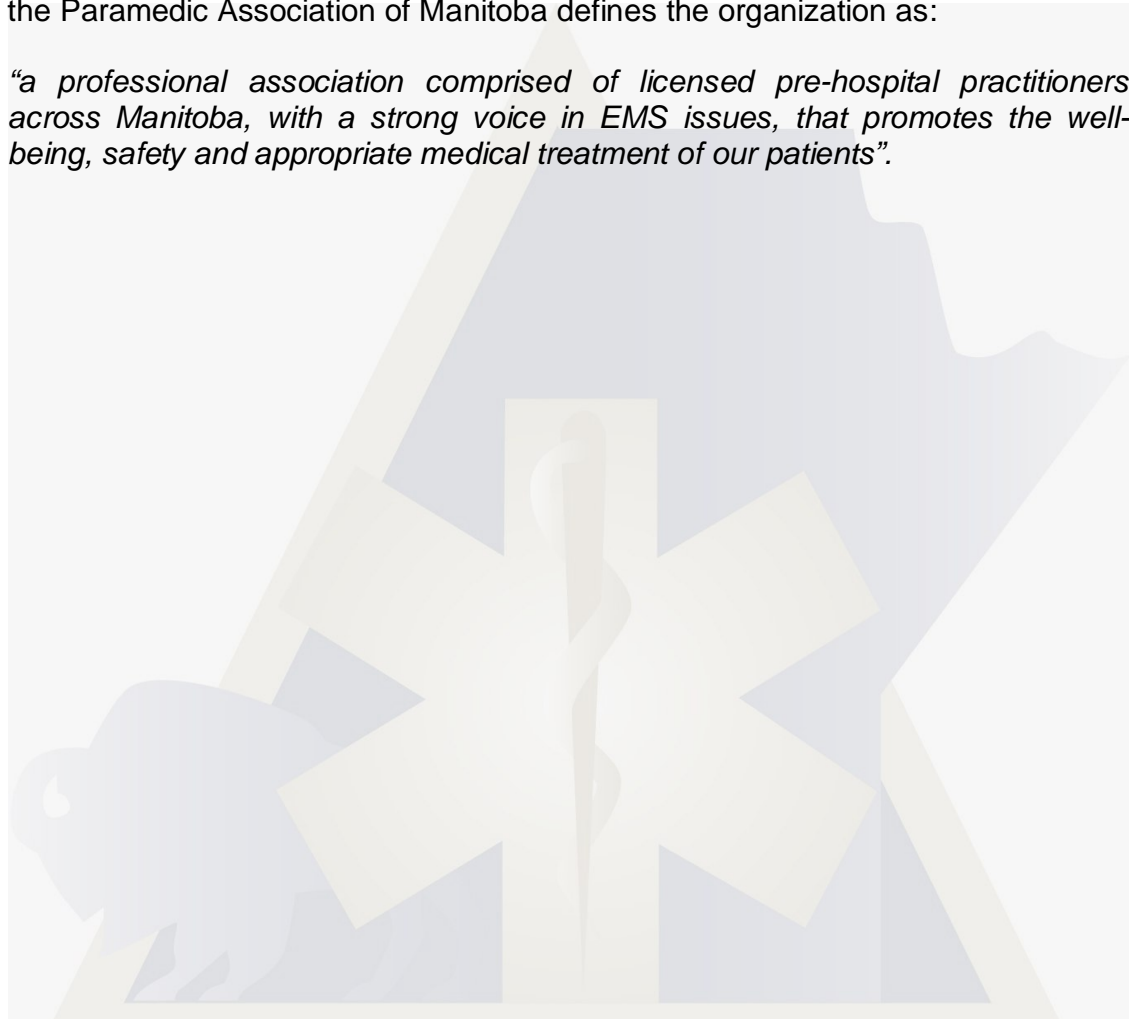
Bill 18 - The Testing of Bodily Fluids and Disclosure Act

April 28, 2008

By means of introduction, the Paramedic Association of Manitoba (PAM) is a voluntary membership professional association for emergency medical services personnel licensed to practise in this province. Representative of both rural and urban practitioners, we strive to promote excellence in pre-hospital emergency health care and within our profession. The Paramedic Association of Manitoba is a chapter of the Paramedic Association of Canada, the professional organization representing over 14,000 paramedicine practitioners across Canada.

Our Association is not a union or labour organization. The mission statement for the Paramedic Association of Manitoba defines the organization as:

“a professional association comprised of licensed pre-hospital practitioners across Manitoba, with a strong voice in EMS issues, that promotes the well-being, safety and appropriate medical treatment of our patients”.



It is my pleasure, as Vice-Chair of the Paramedic Association of Manitoba, to address the Social and Economic Development Committee on the subject of Bill 18, *The Testing of Bodily Fluids and Disclosure Act*. We were present in the Legislative Gallery just two weeks ago when the Honourable Minister of Health introduced this very important piece of legislation. Today, as we meet to discuss Bill 18, we congratulate Government for recognizing the need to take measures to protect the many paramedics, police officers, fire fighters and Good Samaritans who give selflessly of themselves each and every day to help others in their time of need and, as well, thank all members of the Legislative Assembly for supporting such an initiative.

The Paramedic Association of Manitoba has long been a proponent of legislation that would permit mandatory blood testing if emergency providers were faced with a possible high risk significant personal exposure to bodily fluids. Provincial governments in Alberta, Saskatchewan, Ontario and Nova Scotia have all adopted blood testing legislation to ensure their first responders, paramedics, police or corrections officers, fire fighters and Good Samaritans have access to the information necessary to make educated, appropriate and timely decisions regarding treatment and follow-up in these instances.

A significant exposure occurs when body fluids capable of transmitting Hepatitis B, Hepatitis C and HIV come into contact with open or broken skin, mucous membranes of the eyes, nose or mouth, or underlying tissue as a result of a puncture or cut. The bodily fluids considered capable of transmitting these infectious diseases include blood, saliva, secreted fluids contaminated by blood and other cavity fluids, including amniotic and cerebrospinal fluid. Despite the best efforts of Paramedics to take appropriate precautions to limit the possibility of a significant exposure, and even with other legislated safety measures already in place, the very environment in which we work results in a potential for these exposures to occur that cannot be completely eliminated. In the unfortunate event that emergency services personnel or helpful bystanders suffer a significant exposure while providing care to others, it's imperative that they are able to obtain, in a timely manner, information about the source individual that allows them to make more informed personal and professional decisions.

The concept of mandatory blood testing is often challenged by the argument that it is a violation of privacy and contravenes the Charter of Rights and Freedoms. On the contrary, in the context of illness that may result from a significant exposure to bodily fluids, it should be argued that the denial of blood sampling is a clear imbalance of rights in favor of the source individual. In these cases, information relating to blood testing results and risk factors can assist exposed persons in decision making related to both their private and professional lives. When you consider the dangers faced by emergency workers on a day to day basis, mandatory blood testing is not a lot to ask.

Statistics within the City of Winnipeg show there were approximately 20 significant body fluid exposures reported by Paramedics in 2005. Data obtained from just 3 of the 10 Regional Health Authorities outside of the Winnipeg area indicate there were 10 significant exposures in these areas in 2006. In November of 2006, another RHA experienced an incident in which two Paramedics, assisting hospital staff attending to an elderly, very agitated and confused patient, were exposed to bloody urine when medical tubing become dislodged. One received a significant exposure into their eyes...the other to broken skin on their face. In December 2006 a Winnipeg Police Officer was struck by a bullet that passed through the hand of a suspect during an arrest attempt. And just weeks ago, both Paramedics and Fire Fighters reported significant body fluid exposures while attending to a shooting in downtown Winnipeg. Bill 18 provides a measure of comfort and security for these front-line Paramedics and emergency services personnel, as well as their families and loved ones.

While the risk of infection as a result of an exposure to bodily fluids is estimated to be very small, it is not insignificant. There is no cure for Hepatitis B, HIV or AIDS and these diseases can be fatal. Documentation prepared for the Canadian HIV/AIDS Legal Network concludes "Information about the serological status, risk factors, and medical history of the source person can relieve uncertainty as to whether there was in fact an exposure to HBV, HCV, or HIV, and can contribute to decisions about preventing further transmission, post-exposure prophylaxis, testing, and follow-up for the exposed worker".¹ The Canadian Medical Association has determined that a patient's refusal to be tested following a high risk exposure will impair fully informed decision-making concerning post-exposure protocol (PEP), increase health-care worker anxiety and possibly result in unnecessary PEP side effects.² Studies have shown that the consequences of occupational exposure to bloodborne pathogens, whether infections occur or not, cause psychological trauma to countless numbers of health care workers each year during the months of waiting for notification of their serological results.³ Blood testing legislation, while not a cure for this stress, will address the issue and allow emergency personnel and Good Samaritans to make more informed decisions regarding personal and professional practices following such an exposure.

¹ Testing of Persons Believed to be the Source of an Occupational Exposure to HBV, HCV, or HIV – A Backgrounder (2001)

² Transmission and postexposure management of bloodborne virus infections in the health care setting: Where are we now? (Brent W. Moloughney)

³ Trends in Workplace Injuries, Illnesses and Policies in Healthcare Areas (March 2004)

Concern regarding mandatory blood sample testing must also be weighed against the relative infrequency of a source individual refusing to be tested. Surveys conducted in both Canada and the U.S. conclude that between 83% and 94% of source individuals agree to be tested when the importance of the information is explained to them. Bill 18 provides a measure of security in those few instances when agreement cannot be obtained.

As we understand the intent of this Bill, the ability to apply for an expedited testing order, when appropriate, will make this the most responsive legislation of its kind in the country. Clause 23, subsection 1, providing for this legislation to have prevalence over other Acts, shows a strong commitment to balancing the rights of the applicant with those of the source individual. We look forward to the possibility of further consultation regarding the development of regulations pursuant to this legislation. It will be our recommendation that stakeholders be encouraged to work collaboratively to educate those affected by this legislation, not only on areas related to access and process, but also enhanced personal protection. As an example we'll suggest looking to the use of electronic media as has been done in Ontario, clearly outlining potential risks, steps to follow in the event of a suspected significant exposure and other frequently asked questions.

Paramedics, first responders, police and corrections officers, fire fighters and Good Samaritans must cope with the consequences of possible exposure to infectious disease each and every day. Consequences including anxiety, the incredible stress associated with uncertainty, side-effects resulting from prolonged post-exposure prophylaxis, the impact that exposure has on certain measures within their private and professional lives; all of these are very significant. This legislation sends a very good message to these individuals and provides an additional avenue of hope in very difficult circumstances.

Thank you for your time today.

Jodi Possia
Vice-Chair
Paramedic Association of Manitoba