



November 8, 2009

The New Zealand Chemical Industry Council  
PO Box 5069  
Wellington  
New Zealand.

**Attention: Joanna Daglas**

Kia ora

**Re: Draft Code of Practice Preparing for a Chemical Emergency**

The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on this comprehensive and meticulous document. We have consulted our staff and members, in particular our professional and industrial nursing advisers and the committees of our specialist Colleges and Sections and their feedback informs this submission.

There are many areas of nursing which entail contact with hazardous chemicals - decontamination and sterilization for instance are common activities, with well defined risk management procedures. However, in preparing for a chemical emergency, the main areas of concern for nurses are firstly in knowing how to safely tend to the victims of chemical emergency, which principally concerns emergency department (ED) nurses and critical care nurses, and secondly in understanding what to do in the event of a equipment failure where a hazardous substance is leaked. Sterile services are often centrally located in hospital theatre blocks, for example, so leakages can be difficult to contain and may require large scale evacuation of unwell and/or immobile people as well as

sufficient protective gear for those responsible for their care. In both situations it is essential that nurses are aware of the correct procedures.

The advice from our members and staff indicates that this draft code is sensible, thorough and clear and provides both overall and detailed advice on regulations for preparing for a chemical emergency. The sections on who to contact, escalating response, First Aid, chemical fires, legislative standards and Annex L, the Emergency Preparedness Checklist were singled out as being particularly useful. Consequently, the following comments in this submission are confined to suggestions for improvement which must be seen in the light of a sound document. We also note that the draft Code should fit in well with the Ministry of Health's Chemical Biological Radiological draft plan (CBR plan) which is due for release soon.

The draft Code admirably brings together relevant information into a single source document, but that necessarily limits its effectiveness as a practical everyday guide, especially for smaller organisations such as the average general practice or family clinic. The most frequent feedback comment was that the important information about "what to do" begins on page 11 and the suggestion is that the very useful and clear checklists should be at the front of the document, without the regulatory information. Though the latter is essential, members felt that the Code's usefulness would be judged by its effectiveness as an action document. The checklists should include reference to the appropriate protective clothing and equipment (gear) that need to be worn, since that can vary according to the emergency and the chemical involved.

For that reason it should also be mandatory for everything to be identified with the HAZCHEM code with all the ingredients and compounds listed not just the number, because treatment can differ depending on the compound. The treatment for dealing with one substance on its own may be unsafe in the presence of another – as occurred with the fatal fire in Hamilton last year where firemen were unaware that two individual listed substances had formed a compound which required different treatment from the one they proceeded with. Similarly it should be noted if other equipment, for example communications equipment, could be hazardous to use in particular circumstances.

In terms of protective gear, attention should also be given to ensuring safe, expeditious and proper fitting of masks. A recent chemical emergency in the South Island indicated that while there were sufficient masks, they did not fit well and were difficult to adjust; nurses were forced to spend valuable time trying to fit masks on patients before attending to other health needs. This highlights the need for regular training and practice to ensure familiarity with the location and use of equipment, and correct procedures.

Similarly, it was suggested that there should be some guidance as to maintenance schedules since some members commented on the poor state of some stored cylinders not in use and wondered if there were processes to ensure they remained safe, were in the correct cylinders and were dated.

We trust the foregoing is useful and once again thank you for this opportunity to comment.

Yours faithfully



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## **NEW ZEALAND NURSES ORGANISATION**

*The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 43 000 nurses, midwives and allied health workers.*

*Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated. Our members include nurses, midwives, students, kaimahi hauora, health care workers and allied health professionals.*

*The NZNO vision is "Freed to care, Proud to nurse". Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable health system for all New Zealanders.*