

EUROPEAN UNION REGULATION ON PREVENTION FROM SHARPS INJURIES IN HOSPITAL AND HEALTHCARE SECTOR

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SUMMARY:

Healthcare personnel, especially those involved in some specific departments and activities (emergency care, intensive care, surgical interventions, etc.) and non-healthcare personnel linked to this sector are often face the risk of infection due to injuries caused by needlesticks and other sharps injuries (scalpels, suture equipment, etc.). Health care workers may also incur injuries from improper procedures, such as passing sharps hand-to-hand between team members, placing sharps in a disposal container, or failing to use a safer sharps device.

In the community strategy for health and safety at work (2007-2012), the Commission announced its intention to continue its work to improve risk prevention, among other things, relative to needlestick infections.

Council Directive 2010/32/EU of 10 May 2010 implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector provides a framework to put in place and implement practical preventative measures before the publication of the required national legislation in each country.

Key words: Framework agreement, healthcare personnel, safety measures, working environment

Healthcare personnel (nurses, physicians, surgeons, etc.), especially those involved in some specific departments and activities (emergency care, intensive care, surgical interventions, etc.) and non-healthcare personnel linked to this sector are often forced to face the risk of infection due to injuries caused by needlesticks and other sharps injuries (scalpels, suture equipment, etc.).

Health care workers may also incur injuries from improper procedures, such as passing sharps hand-to-hand between team members, placing sharps in a disposal container, or failing to use a safer sharps device.

A sharps injury is a penetrating stab wound from a needle, scalpel, or other sharp object that may result in exposure to blood or other body fluids. Sharps injuries are typically the result of using dangerous equipment in a fast-paced, stressful, and understaffed environment.

Injuries caused by needles and other sharp instruments are one of the most common and serious risks to healthcare workers in Europe and represent a high cost for health systems and society in general. The everyday work of healthcare staff puts them at risk of serious infections including hepatitis B, hepatitis C and HIV, as a result of needle stick injuries. More than one million needle stick injuries are estimated to occur in the European Union each year.

In the community strategy for health and safety at work (2007-2012), the Commission announced its intention to continue its work to improve risk prevention, among other things, relative to needlestick infections, by consulting European social partners pursuant to Article 139 of the EC Treaty.

In February 2005, the European Parliament adopted a resolution on promoting health and safety in the workplace. This included a call on the European Commission to ensure Member States implemented specific preventative measures necessary to protect healthcare workers from injuries caused by needlesticks in view of the risk of infection from serious blood-borne infections, such as Hepatitis B and C and HIV.

In July 2006, the European Parliament adopted a resolution requesting that the Commission submit a legislative proposal on protecting healthcare workers from blood-borne infections due to needle stick injuries.

The European Commission sought the opinion of the EU Social Partners on whether there should be legislation to strengthen the protection of healthcare workers from blood-borne infections due to needlesticks and whether a joint initiative by the Social Partners would be appropriate.

Following this the Social Partners were invited to work together to agree a framework to prevent needlestick injuries in the healthcare sector. After consultation and a technical seminar on the issue the Social Partners informed the Commission of their intention to negotiate on a wider basis covering all types of sharp injuries and not just needlesticks.

Negotiations started in January 2009 and by the 2nd June 2009 an agreement had been reached. On the 17 July

2009 after approval from the European Commission the framework agreement was signed by the Social Partners.

As a result on 26 October the Commission published a proposal for a Directive to implement the framework agreement.

On 11 February 2010, the EU Parliament's Employment and Social Affairs Committee adopted a Motion supporting the adoption by the Council of the proposal Directive.

On the 8th March 2010 the EU Employment and Social Affairs Ministers adopted the Directive.

Directive 2010/32/EU of 10 May 2010 [1], which was introduced in order to hospital and healthcare workers from sharp instruments such as needles, provides a framework to put in place and implement practical preventative measures before the publication of the required national legislation in each country.

The Directive legislates a framework agreement on the prevention of sharps injuries in hospitals and the healthcare sector signed on 17 July 2009 by the Social Partners – the European Hospital and Healthcare Employers' Association (HOSPEEM) and the European Federation of Public Service Unions (EPSU). These two bodies were recognised as European Social Partners by the European Commission in 2006.

According to the framework agreement on the prevention of sharps injuries in hospitals, health and safety of workers is paramount and is closely linked to the health of patients and it underpins the quality of care. The purposes of the framework agreement include: to achieve the safest possible working environment; to prevent workers' injuries caused by all medical sharps (including needle-sticks); to protect workers at risk; to set up an integrated approach establishing policies in risk assessment, risk prevention, training, information, awareness raising and monitoring; to put in place response and follow-up procedures.

The framework agreement applies to all workers in the hospital and healthcare sector, and all who are under the managerial authority and supervision of the employers. The term workers include any persons employed by an employer including trainees and apprentices in the hospital and healthcare sector-directly related services and activities. Workers who are employed by temporary employment business within the meaning of Council Directive 91/383/EEC supplementing the measures to encourage improvements in the safety and health at work of workers with fixed-duration employment relationship or a temporary employment relationship. [2]

The Directive, which aims to achieve the safest possible working environment for healthcare workers through the prevention of sharps injuries, defines the term sharps as objects or instruments necessary for the exercise of specific healthcare activities, which are able to cut, prick, cause injury and/or infection. Sharps are considered as work

equipment within the meaning of Directive 89/655/EEC on work equipment.

This new regulation also defines the specific preventative measures, which are measures taken to prevent injury and/or transmission of infection in the provision of hospital and healthcare directly related services and activities, including the use of the safest equipment needed, based on the risk assessment and safe methods of handling the disposal of medical sharps.

It is a duty of the employer to ensure the safety and health of workers in every aspect related to the work, including psycho-social factors and work organization. On the other hand, it is a responsibility of each worker to take care, as far as possible, of their own safety and health and that of other persons affected by their actions at work, in accordance with their training and the instructions given by their employer.

In achieving the safest possible workplace a combination of planning, awareness-raising, information, training, prevention and monitoring measures is essential. A risk assessment shall include an exposure determination, understanding the importance of a well resourced and organized working environment and shall cover all situations where there is injury, blood or other potentially infectious material.

Where the results of the risk assessment reveal a risk of injuries with a sharp and/or infection, workers' exposure must be eliminated by taking measures, including:

- specifying and implementing safe procedures for using and disposing of sharp medical instruments and contaminated waste and
- eliminating the unnecessary use of sharps by implementing changes in practice and on the basis of the results of the risk assessment, providing medical devices incorporating safety-engineered protection mechanisms,
- the practice of recapping shall be banned with immediate effect.

Measures, which are to be applied in the light of the results of the risk assessment include:

- place effective disposal procedures and clearly marked and technically safe containers for the handling of disposable sharps and injection equipment as close as possible to the assessed areas where sharps are being used or to be found,
- prevent the risk of infections by implementing safe systems of work, by:
 - (a) developing a coherent overall prevention policy, which covers technology, organisation of work, working conditions, work related psycho-social factors and the influence of factors related to the working environment;
 - (b) training;
 - (c) conducting health surveillance procedures, in compliance with Article 14 of Directive 2000/54/EC;
- use of personal protective equipment;

Appropriate training shall be made available on policies and procedures associated with sharps injuries. This training shall include:

- the correct use of medical devices incorporating sharps protection mechanisms,
- induction for all new and temporary staff,
- the risk associated with blood and body fluid exposures,
- preventive measures including standard precautions, safe systems of work, the correct use and disposal procedures, the importance of immunisation, according to the procedures at the workplace,
- the reporting, response and monitoring procedures and their importance,
- measures to be taken in case of injuries.

According to the new regulation, each Member State is required to implement the Directive within the three years following its publication. The Directive was published on June 1 This means each Member State is required to implement by May 11 2013 at the latest. The Directive sets out minimum requirements and Member States are free to adopt additional measures to protect workers.

Following the adoption of the new European directive a European Biosafety Network was established

with a commitment to improve the safety of patients and healthcare and non-healthcare workers. The founding partners of the Network are the Spanish General Council of Nursing and the British public services union UNISON.

The Network is an inclusive organization made up of national and European professional institutions, representative associations, unions and other interested parties committed to the prevention and elimination of sharps injuries throughout the European Union. The Network's focus is on promoting and encouraging the early legislative implementation of the Directive in Member States by raising awareness, providing guidance, the dissemination of information and effective reporting and monitoring.

The actions taken under the EU public healthcare policy include the adoption of white paper "Together for health: A Strategic approach for the EU (2008-2013)" [3] where it is highlighted that patient safety is an important issue of concern.

All measures aimed at protecting the health and safety of workers in the healthcare sector contribute to enhance the quality of the services rendered to patients and reduce the possibility of adverse effects derived from the healthcare received.

REFERENCES:

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