COMMISSION EUROPÉENNE
DG Emploi, affaires sociales et égalité des chances

Dialogue social, Droits sociaux, Conditions de travail, Adaptation au changement
Dialogue social, Relations industrielles

Technical seminar
"Needlesticks' injuries in the Hospital sector: What role for social partners?"
07 February 2008
Minutes

This technical seminar was organised at the common request of the European social partners who take part in the hospitals' social dialogue committee. HOSPEEM and EPSU were notified on 20 December 2008 of the second-phase consultation on ***protecting EU healthcare workers from blood borne infections resulting from needlestick injuries****. The aim of this seminar is to explore the feasibility of common European social partners' initiative on this issue.*

1. Welcome by the Commission

The seminar was opened and chaired by **Jackie Morin** who welcomed the participants and thanked the European social partners for having organised this meeting at the backdrop of the second phase consultation launched on this issue by the Commission on 20 December 2007. He stressed out the role that social partners must play for tackling this issue and especially the Hospitals social dialogue committee whose creation coincided with the first phase consultation in December 2006.

He quoted the second stage consultation from the Commission pointing out that " injuries caused by needles and other sharp instruments are one of the most common and serious risks threatening health sector workers in Europe, and represent a high cost for health systems and society generally. The consequences can be very grave, namely risk of infections liable to cause very serious illnesses such as viral hepatitis or AIDS. Needles contaminated with the blood of patients can transmit more than 20 dangerous blood-borne pathogens, including hepatitis B, hepatitis C and HIV viruses. Such injuries mainly affect nurses, but doctors and other healthcare workers also run a significant risk, as do cleaning and laundry staff and workers in associated sectors such as the treatment of hospital waste. Some studies estimate the number of needle stick injuries at around one million a year in Europe".

He announced that the seminar will be divided into 3 parts.

The first will be devoted to the work done by the Commission with Bilbao Agency on this issue. Then, the floor will be given to national experiences and case studies with a view to identify good or bad practices. Last, as this meeting aims at exploring common

initiative from the European social partners, EPSU and HOSPEEM will strive to assess the presentations made and to draw up common reflection on the manner in which this question could be addressed.

All presentations were circulated to participants

2. The consultation process on needlestick'injuries

Francisco Alvarez Hidalgo, European Commission, Unit "Health, Safety and Hygiene at Work presented the EC consultation process.

On 6 July 2006, the European Parliament adopted a resolution on protecting European healthcare workers from blood-borne infections due to needlestick injuries. The resolution requests the Commission "*to submit to Parliament within three months of the date of adoption of this resolution on the basis of Articles 137 and 251 of the Treaty, a legislative proposal for a directive amending Directive 2000/54/EC*". The Commission launched the first-stage of consultation of the social partners on this subject on 13 December 2006. The Commission received replies from six European-level social partner organisations.

At the backdrop of these considerations, and having analysed in detail the replies from the social partners to the document on the first stage of the consultation, the Commission considers that the protection of workers against blood-borne infections resulting from needlestick injuries should be improved. The Commission also considers that the best way to reinforce preventive safety and the protection of European health sector workers against the risk of needlestick injuries effectively is through an integrated approach including both legislative and non-legislative initiatives.

For example, the Commission, assisted by the Advisory Committee on Safety and Health at Work, has set in motion the preparation of a guide to prevention and good practice in the hospital and health sector, which will cover the main risk groups in the sector, including the risks presented by biological agents, which include needlestick injuries. An invitation to tender was published in this context in August 2007, and the guide in question is expected to be available towards the end of 2008.

Aware that an active role by the social partners is of crucial importance for effective prevention, the Commission also wishes to encourage sectoral social dialogue initiatives at EU level in order to establish policy frameworks, defining the aspects of prevention strategy relating to needlestick injuries.

3. Campaign from Bilbao Agency

In her presentation **Zinta Podniece**, a project manager of the European Agency for Safety and Health at Work explained the extension of the problem.

She looked at this from different aspects including what are the hazards and how widespread they are? Who is concerned by needlestick injuries and what occupations, settings and workplaces are the most at risk? She also reminded that not only hospitals are concerned, but also all other health care settings. Nurses are the most at risk however,

other professions within the health care such as ambulance staff and home carers should not be forgotten, and outside such as cleaners and laundry workers, waste management workers and finally also the general public.

She introduced the participants with information products produced by the Agency on the topic such as good practice site on preventing OSH risk in health care http://osha.europa.eu/sector/healthcare .Furthermore, she gave information on the Risk Assessment campaign Stakeholder meeting taking place on 10th April in Brussels. This meeting aims at involving European umbrella organisations such as professional, sectoral organisations, social partners and other interested parties in the campaign. If participants are interested in attending this event they are asked to contact a project manager in charge, Lorenzo Munar (munar@osha.europa.eu)

4. The European medical devices legislation

Manfred Kohler, European Commission unit "Cosmetics and medical devices", DG Enterprise gave an overview on the history of medical devices legislation in the context of the so-called **New Approach**.

He described 4 cornerstones of Medical Devices legislation: the general requirements, the presumption of conformity when fulfilling standards, the state-of-the-art principle and the purpose intended by the manufacturer. He described the many advantages and some disadvantages of the New Approach being applied for the medical devices sector. Several instruments can complement the generic/general requirements set-up by legislation: guidance documents, interpretative documents and standards (http://ec.europa.eu/enterprise/medical_devices/implementation_en.htm).
M. Kohler invited participants to reflect on how a match between instructions for use / intended purpose as defined by the manufacturer and instructions given by employers could be reached so that devices are:
- only used for the precise purpose for which they are really safe;
- used in such a way that risks are reduced to a minimum.
Finally, he called for more participation to the vigilance mechanisms. Not only authorities, but also manufacturers are highly interested in incident evaluation.

Questions of participants namely raised the issues of underreporting of data on needlestciks injuries and the need to constantly adapt legislation and practices to new technologies and the importance of involving all stakeholders for combating the problem. Employers wondered whether specific legislation wouldn't weaken the European framework directive on vocational risk assessment 89/391 and whether legislation would be able to fulfil the "state of the art principle" which imposes continuous adaptations, taking into account the fast pace of change in medical devices..

5. The Italian case study: Needlestick prevention devices (NPD) in the Italian health care setting: the Siroh experience

This case study was presented by **Gabriella De Carli** from the department of epidemiology of the National Institute for infectious diseases.

First, she explained that this NPD programme was one of the most ambitious launched in the world in order to address risks from blood borne pathogens. The dramatic reduction in this life-threatening occupational risk over the past 15 years is one of the great public health success stories.

Then, she drew up clear distinction between types of exposure: percutaneous, mucous and non intact skin. More, so called "needlesticks injuries" can be caused by many origins: Syringes, Butterflies, VTPS, lancets or catheters.

She described how 35 hospitals were involved in the adoption of the NDP programme, which replaced convention devices. This programme was namely based on the creation of intensive theoretical and small groups and practical training.

Conclusions issued from the implementation of this programme stated that a combined impact of education and NPD implementation results in decreasing needlestick rates, best results were obtained when convention devices were totally replaced. Though, there is a need to reinforce correct use and activation of NPD through repeated education and training and lower costs of some NPD's would increase its widespread adoption.

Questions of participants clearly shed the light on the need to address all origins of injuries, which are much numerous than needles while envisaging common actions.

6. The UK case: management of Health and Safety issues at work

This presentation was given by **Julian Topping** from NHS' employers.

He depicted the state of play of UK' legislation on the issue and described the **NHS employer's guidelines on needlesticks**. This guide sets out for the first time national guidance for NHS Trusts to act on the issue of needlestiks injuries.

The provision of training, education and safer technology should lead to a significant reduction in the incidence of blood and bloody fluid exposures and therefore blood borne virus transmission. Independent studies show that a combination of training, safer working practices and the use of medical devices incorporating sharps protection mechanisms can prevent more that 80% of needlesticks and sharps injuries. He deemed that the majority of recommendations for actions in the second phase consultation are already in place in the UK and pointed out that in the UK the needlesticks injuries come a long way down the list, behind MSD's, stress, violence and aggression, and slips and trips.

7. The UK case/ Needlesticks Experiences of UK nurses

The presentation was given by **Kim Sunley** from the Royal College of Nursing

According to the UK Health Protection Agency Eye of the Needle, 49% increase in incidents was reported since start of surveillance in 2002. Most exposures involve nurses (47%) followed by medical professionals (41%). Between 1997-2005 almost half of incidents occurred on wards (45%), followed by accident and emergency, intensive care and in operating theatres. She stressed out that most nurses feel that their employer offers adequate support but fewer nurses early in their careers are positive about the support provided by their employer. She drew attention on the Health act 2006 *"Hygiene code of Practice"*, whose supporting guidance states that relevant considerations include provisions of medical devices incorporating sharps protection mechanisms. She estimated that rates of incidents were under reported. She suggested that primary prevention should take precedence over secondary or tertiary interventions and that minimum occupational health and safety standards should be enacted.

8. The UK case: the need for European wide legislation

A short presentation on the need for European wide legislation was made by **Robert Baughan** from UNISON.

He voiced that only 12% of all needles in the UK contain safety devices, despite non-legislative measures such as Blue Book & Hygiene Code, that any drive safer needles in the UK has been undermined by increased competition among health care providers. He argued for the adoption of legislation, deeming that Employers and Countries that protect their workers will not be, at a short term, financially disadvantaged and that all European healthcare workers will get the same protection.

9. The Austrian case: Needlesticks injuries: procedure and statistical data

This presentation was given by **Dr. Waclawiczek** is the head of the department for occupational medicine at SALK "Land"/County Salzburg Clinic holding plc)

In 1994 the department of employment and health at the Salzburger Landeskliniken elaborated a **complex system regarding procedures after a contamination with blood** (Needlestick- and stitch/sting injuries). Posters, hanging in all departments of the SALK and in every office, illustrate those steps.

The posters contain the treatment of the wound (arbitrary bleeding, disinfection), the procedure of the blood-test (Hepatitis B, Hepatitis C, HIV) of the patient and the employed person affected, observing data protection and the patient information and consent sheet, as well as the procedures and the available advisors after a positive blood test. The consultancy and the emergency treatment are obtainable 24 hours a day in order to reassure the affected person. This is an important point to help overcome the fear.

Further the employees are checked on Hepatitis B, if necessary receive a vaccination before they start working for the Salzburger Landeskliniken. Currently the employees are given information about the internal guidelines at the Clinic, containing a strict prohibition on recapping, disposal of needles in purpose-built waste containers. Employees must wear gloves if there is a possibility of contamination with body fluids such as blood. So far, this system of procedures has served very well.

10. The Austrian Case: Health workers and blood –borne infections due to needlestiks injuries

The presentation was given by Dr. **Wolfgang Steflitsch** Medical Director HIVmobil, Vienna, Austria Chest Physician & HIV expert, Otto Wagner Hospital, Vienna, President of the Austrian Association of scientific Aromatherapy

He described the experience of Salzburg Clinic Holding (SALK), employing 4.900 staff and providing health services for 650.000 people. In this setting, there is **no case of secondary illness in 14 years, since the introduction of monitoring of needlestick injuries.**

He depicted critical situations during clinical procedures and working conditions that might contribute to an increase in the number of needlestick injuries. He detailed a comprehensive needlestick injuries prevention program and some possible joint actions such as: better risk awareness (*launching awareness raising and information campaign*s), educating and training new employees specifically to prevent needlestick injuries, use of improved and regular training *(guides*), improved working procedures *(good practice, effective monitoring of compliance with legislation at workplace level)*

Mr Bernhard Harreither representing the Austrian Trade Union, GDG, agreed with the analyses as given by the employers, and mentioned the progress as made in Vienna and other parts of Austria with the prevention programmes. He pointed out that good social partnership cooperation at local, national and European level is essential to minimise the risks of needlestick injuries

11. Views and conclusions of the European social partners

After this wide range of case studies and presentations, both Tamara Goosens and Valaria Ronzitti from EPSU and HOSPEEM shared the view that the hospital sector is certainly very much affected by the issue. They warmly thanked the experts who took part to this seminar and who addressed all aspects of needlestick prevention devices, bringing on the table problems and solutions based on workplace experience.

This concrete approach made clear that the remit of the problem to be tackled by the hospital sector is much wider than the scope defined by the European consultation process, which focuses on needlestick. It is important to consider the different aspects of the problem when looking for an appropriate response. A broader approach should be adopted in a holistic way. On the other hand, any legislative proposal envisaged by Commission would not"per se" provide a solution for all problems related to accidents with medical sharps in Hospitals. EPSU and HOSPEEM also underlined the need to collect proper and harmonised data.

They mentioned the letters sent to the Commission (in the case of HOSPEEM jointly with its cross-sectoral organisation CEEP) asking for an extension of the deadline of the consultation period, enabling them to feed into the answers elements and considerations raising from the technical seminar. They confirmed that the technical meeting was a starting point for further reflections and that they will take benefit from the extension

period for deepening their debate on what would be the most appropriate solution for the healthcare sector all over Europe.