

Europe gets serious about minimizing needlestick injuries

More than one million needlestick injuries are suffered in Europe each year. New legislation was recently passed by the EU to protect Europe's healthcare workers from potentially fatal blood-borne infections such as HIV and hepatitis B and C, resulting from injuries with used needles. Here, John Bowis, Health First Europe (HFE) Honorary President and former UK Minister of Health and MEP, comments on the new directive and its significance to paramedic practice.

Paramedics work under intense pressure. A daunting array of tasks need to be performed rapidly and in trying conditions: medication needs to be administered; and injuries or wounds need to be cleaned, splinted or bandaged. On the frontline of the healthcare service, each case is different. Unpredictability is the only certainty—with the possible exception of needlestick injuries.

Injuries caused by needles and other sharp instruments are one of the most common threats to the health, safety and welfare of healthcare workers. In the UK alone, the NHS has 40 000 reported incidents each year with at least as many going unreported (NHS Employers, 2009).

Such injuries are not, by any means, unique to the UK. It is estimated that, each year, over one million preventable needlestick injuries occur in the European healthcare sector. They can occur at any time: when treating a trauma, transporting a patient, or simply when helping to clean up afterwards. Unfortunately, such injuries are sometimes seen as part of the territory—paramedics simply expect to receive needlestick injuries at some stage in their career.

It is unacceptable that healthcare workers, who are focused on improving the health and wellbeing of others, are themselves exposed to the daily threat of life-threatening infections,

the majority of which are avoidable. Fortunately, the risk of transmission of a blood-borne pathogen is often low and such accidents therefore have no long-term consequences. However, too many result in serious blood-borne infections.

While Brussels may seem far removed

‘It is my hope that the recently approved directive will allow paramedics and their healthcare colleagues to breathe a collective sigh of relief.’

from the day-to-day reality of a UK-based paramedic, it is about to get a whole lot closer. On 8 March 2010, the EU adopted a new directive which will help to make the workplace safer for paramedics everywhere.

The new law aims to protect workers at risk of injury from all types of medical sharps (including needlesticks) by providing the safest possible working environment. It will be a driver of best-

in-class risk assessment, risk prevention, training, awareness-raising and monitoring procedures. It will also raise standards of response and follow-up procedures.

European standards with local input

A few years ago, medical sharps injuries were simply not on the EU's agenda. At Health First Europe (HFE), we are delighted that the EU now has a binding directive to protect healthcare workers.

If the genesis of this directive has been complex and multi-layered, it has afforded all stakeholders the time to thoroughly review the scope of the problem. The various types of exposures (e.g. cutaneous, mucous and non-intact skin) and the related occupational infections (e.g. bacterial, viral, protozoan, fungal and tumoral) have been studied



John Bowis, Health First Europe (HFE) Honorary President and former UK Minister of Health and MEP.

in depth. Likewise, the various causes of injuries (including syringes, butterfly needles, lancets and catheters) and their prevalence were considered. This comprehensive process confirmed that the remit of the directive should cover all types of injuries caused by medical sharps.

The new law applies to ‘all workers in hospitals and healthcare sector, and also to all who are under the managerial authority and supervision of the employers.’

Paramedics, including students undertaking clinical training, are therefore targeted by the law. Sharps are defined as ‘objects or instruments necessary for the exercise of specific healthcare activities, which are able to cut, prick, cause injury and/or infection.’

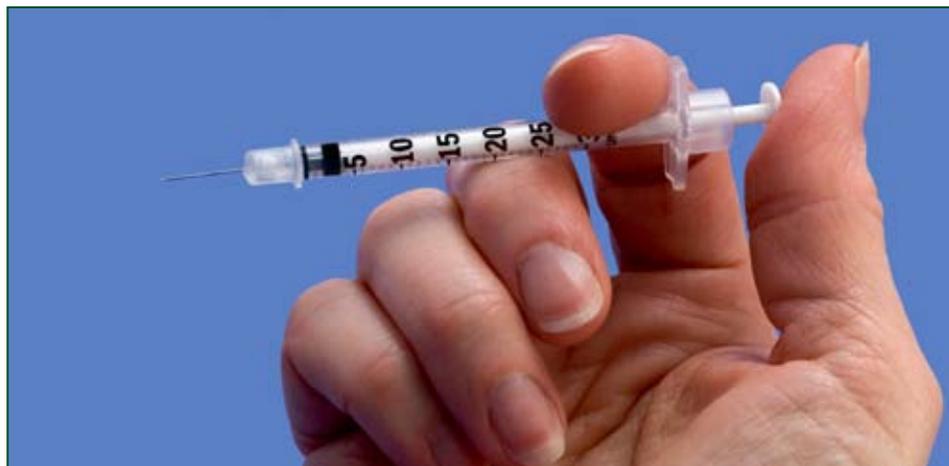
As is normal for a European directive, EU Member States have 3 years to transpose the measure into their national law. During this time, Member States are expected to bring into force the necessary laws, regulations and administrative guidelines in order to comply with the goals of the directive.

For this directive to be effective in reducing injury, it needs to be supported locally. Paramedics and their colleagues now need to engage with employers and bring their expertise to bear on safeguarding the workplace environment.

Directive requirements

The directive requires that the social partners specify and implement safer procedures for using and disposing of sharp medical instruments and contaminated waste. These procedures shall be regularly reassessed and form an integral part of the information and training of workers. The unnecessary use of sharps is to be eliminated on the basis of specific risk assessment and by increased use of medical devices having better safety protection mechanisms. The directive bans the practice of recapping with immediate effect.

Effective disposal procedures are required. Clearly marked and technically safe containers for disposable sharps and injection equipment need to be located as close



as possible to where the sharps are being used. Better prevention measures are to be introduced.

A coherent overall prevention policy will cover technology, organization of work, working conditions and work-related psycho-social factors. Training, health surveillance procedures and the use of personal protective equipment must also form part of the protection measures. Where effective

‘Paramedics and their colleagues now need to engage with employers and bring their expertise to bear on safeguarding the workplace environment.’

vaccines exist, workers shall be offered vaccination free-of-charge, as well as information regarding the potential benefits and drawbacks associated with use of the vaccine.

The directive also covers the response and follow-up that stem from an accident occurrence. The employer must take immediate steps to care for the injured worker, including the provision of post-exposure prophylaxis and any necessary medical tests, as well as appropriate health surveillance.

Furthermore, the employer shall, in cases of injury, consider whether counselling is appropriate. Rehabilitation, continued employment and access to compensation remain in accordance with national and/or sectoral agreements or legislation.

Building consensus: protecting healthcare workers

Health First Europe, a platform bringing together patients, healthcare workers, medical academics and experts, has long campaigned for effective measures to protect healthcare workers and patients from injuries with used needles and other medical sharps. Potentially fatal blood-borne infections such as HIV and hepatitis B and C can be prevented by improving working practices and using needle technology which enables shielding, retraction and blunting.

The recently approved directive has its origins back in World AIDS Day in 2004. On that occasion, HFE brought healthcare professionals—who had been victims of needlestick injuries—face-to-face with MEPs in the European Parliament in Brussels to tell their story and to raise awareness of the huge scale of the problem which places a terrible physical and psychological burden on each affected healthcare worker.

The politicians were touched by the first-hand experiences of healthcare workers who described the anguish they, their families and partners underwent while waiting to find out

whether they had been infected by a blood-borne disease and for those that were infected, the subsequent implications the injury had on their professional and private lives.

The issue of needlestick injury then began to gain political momentum. Thanks to the support of many MEPs, the European Parliament called for binding measures to better protect healthcare workers. I would like to note two politicians whose commitment and enthusiasm were extremely valuable as they engaged with and supported HFE, namely, Elizabeth Lynne MEP and Stephen Hughes MEP—with whom I myself worked as a three-party group of campaigners on the employment and health committees.

Of course, building consensus takes time, especially at European level. The next stage of the process saw the European Commission launch formal consultations with the social partners—meaning healthcare professionals, healthcare employers

and other relevant stakeholders. This process was the catalyst for the two main social partners to begin negotiations on how best to protect workers from all types of avoidable sharps injuries.

HOSPEEM (European Hospital and Healthcare Employers' Association) and EPSU (European Federation of Public Services Unions) subsequently signed a framework agreement to protect workers at risk of injury and infection from all medical sharps. It was this agreement that forms the basis of the directive which the EU's employment and social affairs ministers approved in March 2010.

Looking to the future

Paramedics will always need sharps—whether it is for taking blood, inserting cannulas or delivering injections. Another certainty is that accidents will happen. Where we need to take action is when such accidents happen despite advances in technology which should render them redundant.

These days, needlestick injuries are much more easily preventable. Many needleless systems have been developed to eliminate the need for sharps in activities such as drawing up antibiotics and administering IV medications. Simple steps, such as having sharps bins in abundance, can facilitate the rapid and safe disposal of contaminated equipment and reduce the likelihood of an accident taking place.

It is my hope that the recently approved directive will allow paramedics and their healthcare colleagues to breathe a collective sigh of relief. On 23 March 2010, HFE organized another meeting in the European Parliament. The MEPs were reunited with the healthcare workers who had started this legislative journey, back in 2004. It was a long road, but the destination has been reached.

As a result, Europe's healthcare workers will be better protected as they go about their business of protecting the rest of us.

Introducing the newest title by Quay Books

Clinical Leadership Bridging the divide

edited by Emma Stanton,
Claire Lemer and James Mountford



foreword by
Professor the Lord Darzi of Denham



Key Features

- Comprehensive overview of the knowledge, skills and behaviours required for effective clinical leadership today.
- Practical tips and advice on ways to deliver higher quality, efficient patient care.
- Co-authorship by aspiring and enthusiastic junior doctors with experienced senior leaders.
- Reflects the growing emphasis on quality of care and clinicians' role in building and running great services at the NHS.
- Foreword written by Lord Darzi of Denham
- RRP £19.99. Now only £14.99

978-1-85642-398-4; 234 x 156mm; paperback; 200 pages; publication December 2009

BE THE FIRST TO GET YOUR COPY
Special discount of 25% off
to celebrate the launch of the book

Order your copies by visiting www.quaybooks.co.uk
or call our Hotline +44(0)1722 716 935. To take advantage
of the 25% discount, simply quote **QBJA1**