

## A Call for Action

The 1<sup>st</sup> European Biosafety Summit held in Madrid on 1 and 2 June 2010 calls on national governments falling within the scope of the EU Directive on prevention from sharps injuries in the hospital and healthcare sector to take an integrated and robust no-compromise approach to implementation via national legislation without delay. Workers and patients are daily running the risk of potentially fatal blood-borne viruses. There is no time to lose.

The Biosafety Summit identified the following priorities to be addressed: -

- **National legislation** is the most effective route to fully implement the requirements of the Directive. There should be significant penalties for non or late compliance.
- **Non-healthcare workers** who are also exposed to health dangers from sharps but do not fall within the scope of the Directive should have similar safety protection. The implementation of the Directive should ensure that best practice is applied to protect all workers at risk.
- **Comprehensive user training, safer working practices and the use of medical devices incorporating safety-engineered protection mechanisms** have been shown by independent studies to prevent the majority of needlestick injuries when used in combination. Studies have also shown that failure to implement any one of these three elements results in a significantly reduced impact.
- **Workers who will use safety devices should be involved in the selection process.** Appropriate criteria should be used in that selection.
- **Risk Assessment** must be in place with formal processes.
- **Monitoring and continuous assessment** should utilise a consistent European format to ensure data and learning can be effectively compared.
- **The implementation of universal and consistent sharps injuries prevention measures is essential** because, the incidence of hepatitis B virus (HBV), hepatitis C virus (HCV) and

human immunodeficiency virus (HIV) is significantly higher in the hospital population than in the general population, and patients can be treated for some considerable time before it is known that they are carrying a serious blood-borne infection.

Further information guidance can be found in the following: -

- Council Directive 2010/32/EU of 10 May 2010 implementing the Framework Agreement on prevention from sharps injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU – 1 June 2010
- 'EU Sharps Injuries Implementation Guidance – European Biosafety Network
- 'Biosafety Implementation Guidebook' – The Spanish General Council of Nursing / European Biosafety Network
- The European Federation of Public Service Unions [www.epsu.org](http://www.epsu.org)

The 1<sup>st</sup> European Biosafety Summit, held in Madrid on 1 and 2 June 2010, was attended by the Spanish Secretary General for Health and Social Policy, representatives from the European Commission, European Parliament, national and European trades unions, nursing associations and federations. There was representation of the workers affected, clinicians and policy advisers to national governments and international academic experts.

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