

"Protecting people's health and ensuring patient safety from an ethical, autonomous and competent professional practice"

Biohazard prevention in Europe

Future strategies

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Spanish General Council of Nursing

"Protecting people's health and ensuring patient safety from an ethical, autonomous and competent professional practice"



**European
Biosafety
Network**



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Most frequent biohazard

The most frequent biohazard for healthcare staff stems from the percutaneous or mucocutaneous exposure to potentially contaminated blood and body fluids, i.e. **accidental inoculations.**





Main risk

HBV – Hepatitis B

- ▶ Transmission risk: 2 to 40%

HCV – Hepatitis C

- ▶ Transmission risk: 0.6 to 1.2%

HIV – Human Immunodeficiency

- ▶ Transmission risk: 0.3%





Figures on the EU workforce for health

- Healthcare workers account for 9.7% of the EU workforce.
- Healthcare provision accounts for 7-11% of the GDP in Western Europe.
- 70% of European Healthcare budgets is devoted to the salaries of healthcare workers.

(Green Paper on the European Workforce for Health)





Frequency of percutaneous accidental inoculations in Spain

Profession	N. Cases	%
Nurses	10,856	46.3 %
Nursing Auxiliaries	3,456	14.7 %
Nursing students	2,058	8.8 %
Midwives	150	0.6 %
Physicians	2,588	11.0 %
Interns and grant holders	1,752	7.5 %
Medicine students	77	0.3 %
Cleaning personnel	1,127	4.8 %
Orderlies	412	1.8 %
Lab. technicians	395	1.7 %
Other	285	1.2 %
	[16,520]	70.4 %

Source: EPINETAC 1996 - 2002





Place of the accident

Place	Nurses	Midwives
Patient room	44.1%	2.8 %
Operating room, labour room	14.8%	79.7 %
External practice	5.2%	4 %
Blood bank	0.7%	0 %
Clinical lab.	4.7%	0 %
Exploration boxes	11.8%	5.6 %
Patient home	1.7%	0 %
Other	8.1%	5.1 %

Source: EPINETAC 1996 - 2002





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Directive 2010/32 of the EU Council of 10 May 2010

Aims:

1. To have a working environment as safe as possible
2. To prevent injuries caused by any medical sharp

Field:

All healthcare and hospital workers





Directive 2010/32 of the EU Council of 10 May 2010

Principles (I):

- Well-trained healthcare personnel with appropriate resources and protection play an essential role in the prevention of injuries and infections caused by sharps.
- Preventing the exposure is a key strategy to eliminate or reduce the risk.
- Employers have the duty to ensure workers' safety.





Directive 2010/32 of the EU Council of 10 May 2010

Principles (II):

- One should never suppose there is no risk
- It is necessary to combine planning, awareness raising, training, prevention and supervision measures
- Recapping should be immediately banned





Directive 2010/32 of the EU Council of 10 May 2010

Duties of member countries:

- To establish legal, regulatory and administrative provisions that ensure biosafety

Sanctions:

- Effective, proportionate and dissuasive measures





Directive 2010/32 of the EU Council of 10 May 2010

Risk prevention systems:

- Devising global and consistent prevention policies
- Training
- Health monitoring procedures
- Use of individual protection equipment





Directive 2010/32 of the EU Council of 10 May 2010

Notification:

- Healthcare workers should notify immediately any incident or accident caused by sharps





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The challenge of the European Biosafety Network

Our general aim

To achieve a proper transposition of the new European Directive in accordance with the internal law of all Member States





The challenge of the European Biosafety Network

Our specific aim

The protection of ALL healthcare workers by:

1. Providing training on the protection and use of devices
2. Implementing safety-engineered devices in all public and private healthcare centres
3. Implementing health monitoring procedures (Observatory)





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Types of actions: joint strategy

ACTIONS



- European information policy
- European biosafety observatory
- Annual summit



Types of actions: joint strategy



EUROPEAN INFORMATION POLICY

- Information to citizens
- Information to employers
- Information to workers
- Information to authorities



Types of actions: joint strategy



SETTING UP THE EUROPEAN OBSERVATORY

- Analysis on the implementation of biosafety regulations
- Analysis on the implementation of safety-engineered devices
- Notification system for biological accidents
- Future analysis on the impact of the implementation of all measures regarding biological accidents



Types of actions: joint strategy



BIOSAFETY EUROPEAN SUMMIT

- Analysis and assessment of biohazard in Europe
- Assessment of the progress made in the field of biohazard prevention in the European Union
- European Biosafety Day (June 1)



... No more sharp injuries in Europe



***...To ensure the protection of professionals' good practices
and patient safety***