



**National Governments must implement new EU Sharps Directive
by legislating quickly – Workers lives are at risk!**

Leaders of European, national and international organisations representing healthcare workers and national and international academic experts agreed that urgent and decisive implementation of the new Directive is needed to prevent potentially fatal or life-changing infections.

The 1st European Biosafety Summit, hosted by the European Biosafety Network in Madrid, stated in its 'Call for Action' that national governments must implement the EU Sharps Directive through national legislation without delay or compromise. National legislation is the most effective route to fully implement the requirements of the Directive and there must be significant penalties for non or late compliance. This 'Call for Action' comes at a critical time as over 500 people have this week been asked to undergo testing, by three hospital trusts in North and East Yorkshire, following the discovery that a healthcare worker who treated them may have been infected with HIV.

The EU Directive on prevention from sharps injuries in the hospital and healthcare sector was adopted by the European Council of Ministers on 11 May 2010 and published in the European Journal (OJEU) on 1 June 2010. The requirements of the Directive must be implemented in all EU Member States by 11 May 2013 at the latest.

The Summit concluded that there was a need for an integrated approach to implementation of the Directive. Comprehensive user training, safer working practices and the use of medical devices incorporating safety-engineered protection mechanisms have been proven by independent studies to prevent the majority of needlestick injuries. Studies have also shown that failure to implement any one of these three elements results in a significantly reduced impact.

Professor Máximo González, co-chair of the Summit and President of the Spanish General Council of Nurses, said:

"The Sharps Directive is a fantastic achievement by the social partners, the European Commission and the European Parliament but there is still a long way to go and many difficulties to overcome as its transposition is complicated. We will be monitoring progress on implementation, raising awareness and, where appropriate, calling on politicians and government bodies to take action to tackle any implementation problems. Healthcare workers have already waited too long for this protection".

Cliff Williams, co-chair of the European Biosafety Summit, said:

“Workers and patients are daily running the risk of potentially fatal blood-borne viruses through needlestick injuries. In the UK, at least four workers in the NHS have died from occupational exposure through needlestick injuries. This figure could easily be higher because many of these injuries are never reported and so the link between a needlestick injury and subsequent infection, which can be years later, is never made. Additionally a huge number of lives have been severely impacted because of the psychological trauma associated with a needlestick injury. Workers and their families can face many months of uncertainty waiting to hear if a potentially fatal infection has been contracted or not. Lives, relationships and careers can be decimated by injuries with used needles. There is no time to lose to implement the new Sharps Directive.

Also, 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 therefore ensure that best practice is applied to protect all workers at risk.”

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Notes to Editors

European Biosafety Summit

The 1st European Biosafety Summit, held in Madrid at the offices of the Spanish General Council of Nurses on 1 and 2 June 2010, was attended by the Spanish Secretary-General of Health and Social Policy, *Jose Martinez Olmos*, representatives from the European Commission, European Parliament, national and European trades unions, and European, national and international nursing associations and federations. There was representation of the workers affected, clinicians and policy advisers to national governments and international academic experts. Speakers at the Summit included *Dave Prentis*, General Secretary of UNISON, *Grete Christensen*, President of the European Federation of Nursing Associations, *Karen Jennings*, Chair of the European Public Services Union's health and social services committee, *Rudolph Cini*, Vice-President of the International Council of Nurses and UNISON's head of health and *Stephen Hughes MEP*, Vice Chair of the Socialist Group in the European Parliament.

European Biosafety Network

The Summit was organised by the recently constituted European Biosafety Network which was established following the final adoption of the new European Directive on sharps injuries with a key commitment to improve the safety of patients and healthcare and non-healthcare workers. The Network consists of national and European professional institutions, representative associations, unions and other interested organisations committed to the prevention and elimination of sharps injuries throughout the EU. The Network has started to address this objective by establishing measures at EU level, such as detailed Implementation Guidance, to aid governments, employers and workers implement the Directive, so that the resulting national requirements are consistent, clear and truly effective. The Network will focus 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.

Sharps Injuries and the new EU Directive

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. According to healthcare experts, such injuries occur more than 1 million times per year in the European Union, with injured workers being at risk from life-threatening infections, such as HIV and Hepatitis C and B, as well as life-changing psychological trauma caused by long-periods of uncertainty regarding the eventual outcome of their injury.

The new Directive gives legal effect to a framework agreement concluded by the employers and the trade unions of the hospital and healthcare sector (HOSPEEM and EPSU) on 17 July 2009. The Directive sets up an integrated approach to assessing and preventing risks and to training and informing workers. If a risk assessment reveals a risk of injury, the workers' exposure must be eliminated by implementing safer procedures for using and disposing of sharp medical instruments (including banning the manual recapping of used needles) and disposing of contaminated waste, eliminating the unnecessary use of sharps and in the many cases where they remain necessary, providing safety-engineered medical devices that incorporate protection from the needle/sharp. By 11 May 2013 national laws must be in force in all Member States to comply with the requirements of the new Directive.

- *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*