

## **Achieving rapid and comprehensive implementation of the European Directive on prevention of sharps injuries**

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 Official Journal of the European Union (OJEU) on 1 June 2010. The Directive gives legal effect to the framework agreement concluded by the employers and the trade unions of the hospital and healthcare sector (HOSPEEM and EPSU)

The Agreement and the Directive recognise that the everyday work of healthcare staff puts them at risk of serious infections, with more than 30 potentially dangerous pathogens, including hepatitis B, hepatitis C and HIV, as a result of needlestick injuries. This is not just a risk to direct medical staff. There are many injuries to downstream and support staff, such as porters, cleaners and laundry staff.

### ***What is the purpose of the Directive?***

- The Directive aims at achieving the safest possible working environment for healthcare workers through the prevention of sharps injuries.
- The Directive sets up an integrated approach to assessing and preventing risks and to training and informing workers.

### ***What are Member States required to do?***

- Each EU Member State is required to bring into force national legislation to implement the Directive by 11 May 2013 at the latest.

### ***Key provisions of the Directive***

- Employers to take responsibility for the duty of care and health and safety of their workforce and the workforce must be well trained and adequately resourced
- Risk assessment hierarchy of controls to be implemented, including the elimination of risk and the introduction of safety-engineered medical devices
- There should be active participation in local, national and European wide reporting mechanisms
- Recapping of used needles to be banned

## **What should workers representatives do now?**

To achieve the safest possible workplace, as soon as practicably possible, but no later than the 2013 deadline - an integrated approach to implementation of the Directive needs to be undertaken. It is vital that healthcare workers demonstrate the need for action to be taken and communicate this message to employers and policy makers through:

- Lobbying employers to adopt implementation guidance and prepare for the legal transposition of the directive
- Highlighting the existing and inherent risks to the workforce
- Demonstrating the binding nature of the European Directive and the legal requirement for Member States to implement the Directive
- Lobbying policy makers to act responsibly and to implement the Directive through clear national legislation as soon as practicably possible
- Promoting good practices regarding the implementation of preventative measures and recording of incidents/accidents

- Developing activities and promotional materials in partnership with representative trade unions and/or employers

## Next steps for implementation

Behavioural change; Risk Assessment; Training; and Awareness raising processes must be put in place to achieve successful implementation.

### ***Behavioural change***

Policy makers need to understand the binding requirements of the Directive and the need for action. Workers, employers, health and safety representatives, trade unions and policy makers must work together to effectively apply the Directive to all applicable workplaces, and workplace practices. These stakeholders must together take action to ensure that positive behavioural change takes place, and workplace practices and attitudes reflect the content and spirit of the Directive.

### ***Risk Assessment***

Risk assessment must be carried out and it should never be assumed that no risk exists. If a risk assessment reveals a risk of injury, workers' exposure must be eliminated. Risks can be eliminated by taking measures including introducing safety-engineered medical devices, implementing safe procedures for using and disposing of sharp medical instruments and disposing of contaminated waste, eliminating the unnecessary use of sharps and banning the practice of recapping. Evidence from completed risk assessment procedures should be collated and used to support the reasoning for the rapid and thorough implementation of the Directive across the organisation.

### ***Training***

Appropriate training on the policies and procedures associated with sharps injuries must be developed and made available to the health service workforce. Healthcare organisations must have comprehensive policies in place which outline reporting and monitoring processes, safe working practices and responsibilities as soon as possible but at the latest they must be in place and fully practiced by the Directive implementation deadline.

### ***Awareness Raising***

To meet with the requirements of the Directive stakeholders at all levels need to be made aware of the binding requirements of the Directive, the practical impact of implementation, the existing risk to the workforce and the necessary processes to reach a positive resolution.

## Getting help to move forward with implementation

For more information on the implementation of the Directive please visit:

[www.europeanbiosafetynetwork.eu/resources](http://www.europeanbiosafetynetwork.eu/resources)

If you would like to receive further information from the European Biosafety Network please sign up on the website or alternatively email:

[info@europeanbiosafetynetwork.eu](mailto:info@europeanbiosafetynetwork.eu)



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