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Ms. Tamara Goosens
European Federation of Public Service Unions (EPSU)
45 rue Royale, Box 1
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Belgium

Brussels, 23 January 2007

Concerning: First stage of consultation of the Social Partners on protecting European healthcare workers from blood-borne infections due to needlestick injuries

Dear Ms. Goosens,

The European Federation of Nurses Associations (EFN) consists of nurses associations from all 27 EU Member States, representing more than 1.2 million nurses across Europe. Therefore, we speak on behalf of the main health professional group affected by occupational exposure to potentially fatal blood-borne viruses caused by needlestick injuries. EFN has a clear position on the prevention of sharps injuries (see EFN Position Statement on Sharps Injuries http://www.efnweb.eu/version1/en/pos_stat_Devices.html) and has been very active in launching a European Campaign on needlesticks injuries (see EFN Website: <http://www.efnweb.eu/version1/en/index.html>). We are aware that you are seeking input on the important subject of protecting workers from blood-borne infections due to needlestick injuries, and hope that the following information will be helpful.

Please feel free to contact me if I can be of assistance in ensuring a rapid and effective implementation.

Answer to the Commission Consultation

EFN response to your specific questions:

- **Question 1:** Do you consider it useful to take an initiative to strengthen the protection of European healthcare workers from blood-borne infections due to needlestick injuries?

Answer: It is essential and is long overdue. These are potentially life threatening injuries and independent studies consistently show that the majority can be avoided. Lack of specific requirements and the low effectiveness of guidelines and other non-legislative measures has led to many employers failing to take appropriate preventative measures.

- **Question 2:** Do you think that a joint initiative by the European social partners under article 139 of the Treaty establishing the European Community would be appropriate?

Answer: It is entirely appropriate. This is a very serious occupational health issue that has been recognised as such for some considerable time without appropriate action from the Commission. For example, in desperation and looking for urgent and effective measures to be taken we wrote directly to the Commissioner on International Nurses Day in May 2005. The majority of Europe's nurses remain without adequate occupational protection, and in the time that has elapsed it is likely that approaching 2 million more needlestick injuries have occurred in Europe.

A small amendment to Directive 2000/54 can have a big impact on the safety and peace of mind of nurses and other healthcare workers across Europe. How many more stories like the following are we prepared to accept?

Supporting arguments

1. Far more than 1 million needlestick injuries occur in Europe each year. Some of these lead to infections such as HIV/AIDS, Hepatitis B and Hepatitis C. Every year vast numbers of healthcare workers face months of uncertainty and unacceptable emotional anguish following a needlestick injury, not knowing if they will acquire a life-threatening infection or not.

For example, for the UK (data taken from "Eye of the Needle UK Surveillance of Significant Occupational Exposures to Bloodborne Viruses in Healthcare Workers", 2006), the Health Protection Agency shows that between 2002 and 2005:

- The number of occupational exposure incidents reported to the surveillance scheme increased by 49%;
- Percutaneous injuries involving hollowbore needles increased by 46%;
- Hepatitis C exposures to infected source patients accounted for the greatest proportion of percutaneous exposures reported (369 out of 755) and these increased by 11%;
- Most exposures involved nurses (478 out of 1007);
- In 2005 there were 2 patients to healthcare worker Hepatitis C transmissions following percutaneous exposure bringing the total number of Hepatitis C seroconversions between 1997 and 2005 to 11 cases.

Directive 2000/54/EC, on the protection of workers from risks related to exposure to biological agents, clearly does need improvement to specifically address the measures required to prevent needlestick injuries. Most needlestick injuries are proven to be avoidable with better working practices and the use of widely available medical technology that incorporates needle protection. However, where such measures have been diluted, or left to the sole judgment of employers, we see very little real improvement.

It is no coincidence that the World Health Organisation, Council of Europe and other organizations are paying significant attention to the subject of 'human resources for health'. We face a crisis situation because of the unattractiveness of a career in nursing. 90% of nurses are women, and if they are incapacitated this also threatens the well being of children and entire families.

2. The European Parliament has adopted a Resolution in July 2006 with an overwhelming majority in plenary. This gives a clear indication of the political will and intention to bring about the appropriate protection for health care workers. Having studied the European Parliament Resolution, there are several practical points that we would like to make:

Article 15 paragraph 2a clause b states the following: "on the basis of risk-assessment moves should be made towards ensuring that appliances with safety features, where they exist, are used efficiently and in a targeted manner in areas with a particularly high risk of accidents or infection, taking into account the cost/benefit ratio";

This idea of targeted usage of devices incorporating needle safety mechanisms raises many practical concerns in the minds of nurses. Significant risks of exposure to serious blood-borne infections exist in many areas of the hospital and other health care settings, and in many clinical procedures. Also, many patients with serious blood-borne infections are treated before they are diagnosed or tested. Even when identified as infected, patient groups are not typically segregated in hospitals. The vision of nurses having the benefit of devices incorporating needle protection in one case and then in the next reverting to being exposed to a needlestick injury is a frightening vision. Universal application is the proven best approach.

Finally, on the question of cost/benefit ratio, cost should not be the primary consideration when considering worker safety measures to eliminate serious occupational risks.

Exclusion of diagnostic laboratories in Article 15 of 2000/54/EC

The logical location to include specific requirements to prevent healthcare workers exposure to blood-borne viruses due to needlestick injuries does appear to be article 15 'Health and veterinary facilities other than diagnostic laboratories'. We assume that diagnostic laboratories are excluded because they are dealt with in article 16 'Special measures for industrial processes, laboratories and animal rooms', which deals primarily with containment levels. However, it is very important to note that in a number of member states it is common for private laboratories to analyse human blood samples, and in some cases this involves the patient's sample being drawn at the laboratory by a nurse, pharmacist or appropriately trained technician. This is therefore, a situation where there is a high risk of contaminated blood exposure due to needlestick injuries.

Looking at the content of article 15, we can see no reason why this should not also be applicable to diagnostic laboratories. We therefore recommend that the title of article 15 is amended to remove the exclusion of diagnostic laboratories. Article 16 could remain unchanged as "Special measures for industrial processes, laboratories and animal rooms".

Statements

Ana Salegui - *"This is not an isolated case. I was infected with the blood. That patient died six hours later. I knew she was HIV positive. ...it was necessary to wait for the test results... It was a period full of stigmatization, discrimination."*

Karen Daley - *"Suddenly I felt a stinging pain. I had been stuck on the index finger of my right hand by another needle...." "The results from my six-month HIV and HCV tests came back on December 23, two days before Christmas. They indicated that I was positive for both viruses."*

*"Berlin - Magda Dörpfeld * does not know just how she became infected. Patients' blood has run over the nurse's hand too often; she has injured herself too often on used needles."*

Lisa M. Black - *"The weeks after my needlestick were the most tumultuous of my life. I experienced severe fatigue and nausea from HIV medications, difficulty with*

tasks that required concentration, and trouble with short-term memory..... On July 27, 1998, nine months and nine days after my needlestick injury, I learned that I had, indeed, been infected with HIV." "There are no words to adequately describe the horror of the moment when I learned that I was HIV positive."

"(...) a Junior Doctor was pricked accidentally by a colleague. No infection was transmitted, but she developed incapacitating needle phobia which finished her career. In her claim she blamed lack of occupational health support: the hospital had no needlestick injury policy. She received £465,000 in damages."

Paul De Raeve
EFN Secretary General