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European Hospital and Healthcare Employers' Association

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The Issue

The European Commission has launched a first stage consultation of the European Social Partners (according to article 138 of the EC Treaty) on protecting European healthcare workers from blood-borne infections due to needlestick injuries. The consultation follows the adoption on 6th of July by the European Parliament of a resolution (hereby "the EP Resolution") that calls the Commission to bring forward a legislative proposal for a Directive amending Directive 2005/54/EC.

The **questions** that the Commission is asking are:

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?

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?

Position Statement

Needlestick injuries, whilst stressful and with the potential for transmission of a blood-borne infections to staff, are not a major cause of incidents in the healthcare sector in Europe. HOSPEEM members believe that there is sufficient legislation, at European and, consequently, national level, to manage and control the incidence of needlestick injuries, provided that legislation is followed.

Effective management of needlestick injuries requires proper risk assessment,

effective and regular training and updates and the provision, in those areas identified by risk assessment as being the most at risk, of safer devices that, if properly used, will reduce the transmission of blood-borne infections. It is not necessary, in areas identified as having little or no risk of transmitting blood-borne infection, to introduce more expensive safer devices.

HOSPEEM supports the principle of subsidiarity in this field. It is the responsibility of Member States to determine the details of regulations the framework of which has been set at European level. This is the approach, for instance, taken by Directive 200/54/EC. HOSPEEM would like this approach to be respected.

Background

The EP Resolution on which the Commission consultation paper is based states that:

> *"A needlestick injury occurs when the skin is accidentally punctured with a needle that is potentially contaminated with a patient's blood. Contaminated needles can transmit more than 20 dangerous blood borne pathogens, including hepatitis B, hepatitis C and HIV. The majority of these injuries are suffered by nurses and doctors, but other medical staff are also at significant risk, as are auxiliary staff such as cleaners and laundry staff and other downstream workers.*
>
> *Approximately 10% of workers in the EU are employed in the health and welfare sector with a significant proportion employed in hospitals. This makes healthcare one of the biggest employment sectors in Europe. Work related accident rates in the healthcare and social services sectors are 30% higher than the EU average. High on the list of hazards are exposures to biological agents especially HIV and the hepatitis B and C viruses".*

From HOSPEEM's point of view it would not be possible to argue with any of these figures but the final assertion that exposure to biological agents is high on the list or hazards is, at best, misleading. For example, in the UK the four highest rated causes of sickness absence and reports to the Health and Safety Executive under current reporting arrangements are Stress, Musculo Skeletal issues, Slips and Trips, Violence by patients and visitors. These four causes account for some 90% of absence and reporting and are all in double figures (e.g. stress 30%plus, MSD's 30%plus) whilst needlestick incidents are in the lower single figures by comparison. In Denmark the pattern is the same where most accidents are related to lifts, slips and trips, violence or the handling of machines / equipment.
In Germany, the most common causes for sickness absence are Psychological disorders, Respiratory Diseases, Diseases of the Muscular and Skeleton

System, Cardiovascular Diseases and Digestive Tract Diseases.

> *"Percutaneous injury from hollow-bore blood-filled sharp objects is the primary route through which healthcare workers occupationally acquire blood borne and potentially fatal diseases. It is estimated that there are 1 million needlestick injuries in Europe each year."*

There is no argument about the primary route of transmission of blood-borne infections. The figures given for the possible number of needlestick injuries each year are, to the best of our knowledge, correct. However, to see this issue in perspective, they need to be seen in relation to the number of staff working in the healthcare sector across the European Union and the number of patients seen by healthcare professionals each year with the potential for use of a needle.

> *"High risk procedures include blood collection, IV cannulation and percutaneously placed syringes. Small amounts of blood can result in potentially life threatening infection. The risk of infection is dependent on various factors, such as the infection status of the patient, the virus load of the patient, the immune status of the staff member, the depth of the wound, the volume of blood transferred, the time between receiving and disinfecting the wound and the availability and use of post-exposure prophylaxis."*

> *"The prevalence of these infections is considerably higher in the healthcare setting than in the general population."*

> *"The risk of hepatitis B can be reduced by vaccination and, if administered rapidly post exposure prophylaxis can lower the risk of HIV transmission. For hepatitis C, however, such measures are not helpful."*

These are inarguable facts. However, it should be noted that for example in the UK all National Health Service (NHS) staff are vaccinated for Hepatitis B when they start work in the service. In Austria, Hepatitis B immunisation by the employer has been made compulsory for all healthcare workers attending to patients.

The Salzburg Clinic Holding (SALK) employs 4,900 staff and provides health services for 650,000 people in the Salzburg region and neighbouring regions. Five hundred thousand IV cannulations are used per year in the hospitals of SALK. In 2006, 300 occupational injuries (needlestick and stitch/sting) were reported of which 30% occurred in the operation theatre and 70% in inpatient and outpatient clinics. The number of these injuries has been consistent for many years with an annual variation of +/– 10%. Seventy three injuries are demonstrably caused by needlesticks out of which 12 are related to patients

with infectious diseases (HIV, Hepatitis B and C).

Since 1994 there has been an internal regulation in place which gives strict guidance to the procedure following needlestick injuries and related injuries caused by stitches and stings. In the 13 years since the introduction of monitoring of these injuries not one single case of secondary illness has occurred.

> *"Studies have shown that the use of safer instruments can significantly reduce the number of needlestick injuries. Independently of this measure, regular training and organisational measures can also significantly lessen the number of needlestick injuries. Therefore, as well as the use of appliances with safety features, emphasis should be placed on organisational measures such as established working procedures, training and instruction of workers and raising awareness of risky activities."*

The use of safer instruments can significantly reduce the number of needlestick incidents, if the safer devices are used properly. There is also some evidence that the reduction in incidents due to safer devices is partly due to the need to retrain staff before they use the device. The likelihood is that any device would prove safer if training had been given just before its use. It is interesting that there is also an insistence here on the use of improved and regular training, better risk awareness and improved working procedures. Failure to train and retrain staff, coupled with a lack of risk assessments and slack working practices can contribute significantly to needlestick injuries.

For some injuries, e.g. those caused by scalpel, lancet etc., risk minimising measures are hardly feasible. In those cases, a lot depends on the skilfulness and attention of the healthcare worker. It is, however, not necessary to introduce devices with protective mechanisms – e.g. for syringes/hypodermic needles – for which the effectiveness and the actual benefit cannot be proven, and which, increase the costs.

Consultation paper assumptions

The EP resolution that lead to the present first stage consultation by the Commission makes the following statements as fact.

> *"whereas needlestick injuries may lead to the transmission of more than 20 life-threatening viruses, including hepatitis B, hepatitis C, and HIV/Aids, and thus presents a serious public health problem"*

It is true that "life-threatening" viruses may be transmitted through a needlestick incident and this is probably not the place to enter into a debate

about what constitutes “life threatening” and the timescales involved. It is, at best, disingenuous to portray it as a serious public health problem for the EU.

> *“whereas the prevalence of hepatitis B, hepatitis C, and HIV is increasing, and the United Nations programme to combat AIDS (UNAIDS) has reported that there are over 40 million cases of HIV and over five million cases of hepatitis C worldwide”*

It has to be assumed that this paragraph is intended to show that the risk to healthcare workers of coming in contact with infected patients is increasing.

> *“whereas independent studies have shown that the majority of needlestick injuries can be prevented by better training, better working conditions, and the use of safer medical instruments”,*

The references to training and better working conditions here should be noted. Increasing training and repeating it at regular intervals can have a great impact on reducing needlesticks injuries. Ensuring that used needles can be disposed of at the bedside rather than having to carry them to a central sharps box also reduces the risk of accidents. In Denmark for example, different initiatives concerning the training of staff and information to them in relation to the safe use of needles have been introduced in several regional hospitals. These initiatives range from analysing the causes of needlestick accidents and changing the procedures accordingly to launching information campaigns for staff (thereby reducing the needlestick injuries by 37% in that specific hospital) and educating and training all new employees specifically to prevent needlestick injuries.

> *“whereas the existing European legislation protecting health workers from needlestick injuries has proved ineffective in practice,”*

It is HOSPEEM’s view that the current legislation is perfectly adequate to protect health workers if it is implemented correctly.

This why HOSPEEM would like here to recall, as the consultation paper does itself, the number of directives that altogether certainly constitute an already appropriate legislative framework:

1. **Directive 89/391/EEC** lays down general preventive measures to protect the health and safety of workers. The Directive contains minimum requirements concerning, among other things, risk assessment and the information, training and consultation of workers. In particular, Article 6 of this "framework" Directive contains general principles for prevention which the employer is obliged to implement, namely "avoiding risks", "combating risks at source" and "replacing what is dangerous with what is not dangerous or with what is less dangerous".

2. **Directive 2000/54/EC** contains provisions designed to protect workers from risks related to exposure to biological agents at work. The following provisions are particularly relevant in this context:

- Biological agents are classified into four groups according to their level of risk infection (Article 2).

- In the case of any activity likely to involve a risk of exposure to biological agents the employer must carry out a risk assessment (Article 3).

- Where it is not technically practicable to prevent exposure to risk, the risk must be reduced to as low a level as necessary to protect adequately the health and safety of the workers concerned. This includes individual protection measures, drawing up plans to deal with accidents and safe collection, storage and disposal of waste (Article 6).

- Procedures for taking, handling and processing samples of human or animal origin must be established (Article 8).

- Appropriate measures must be taken in health and veterinary care facilities in order to protect the health and safety of workers concerned (Article 5).

3. **Directive 89/655/EEC** concerning the minimum safety and health requirements for the use of work equipment by workers at work is also relevant. Article 3 imposes an obligation on the employer:

- to ensure that work equipment is suitable for the work to be carried out and may be used by workers without impairment to their health and safety;

- to pay attention to the specific working conditions and hazards posed by the use of the equipment in question;

- to take measures to minimise the risks.

- In addition, Workers should receive information and training on the use of work equipment and any risks which such use may entail (Article 6 and 7).

4. **Directive 89/656/EEC** lays down that the use of personal protective equipment is required where risks cannot be avoided or limited by technical means or work organisation methods or procedures. All personal protective equipment must be adapted to the risks encountered,

without increasing the level of risk. It must correspond to prevailing conditions at the workplace and be adapted to the person wearing it.

5. **Directive 93/42/EC** stipulates that “devices and manufacturing processes must be designed in such a way as to eliminate or reduce as far as possible the risk of infection to the patient, user and third parties. The design must allow easy handling and, where necessary, minimise contamination of the device by the patient or vice versa during use".

Adding further paragraphs to current legislation or issuing a new Directive will not ensure the safety of healthcare workers. Effective monitoring of compliance with legislation at a national level is likely to have more effect. Additionally, the European Commission may want to consider an awareness raising campaign on the issue to raise its profile, for instance with the support of the European Agency for Safety and Health at Work (OSHA). HOSPEEM would be of course ready, after consultation with its counterpart in the hospital sector social dialogue, EPSU (European Public Services Unions), to give a proactive input to such a campaign.

The same availability, if not a call for direct involvement, relates to the guide to prevention and good practice in the hospital sector, which should include risks from biological agents that the Commission is currently planning. As Social Partners in the hospital sector we do feel that such a guide would be better issued by representative of employers and workers in the sector than by an external contractor as mentioned in the consultation paper.

The direct involvement of the hospital sector Social Partners in issuing such guidelines would very likely also have the effect of addressing the real concerns and sensitivity of potential healthcare workers. The EP resolution states that one of the main reasons why the care profession is unattractive is because of the daily risks involved. It is interesting to note that this assumption is not even referenced, contrary to most of the other assumptions of the text.

Having said that, HOSPEEM as representative of the employers in the hospital and healthcare sector all over Europe is fully committed to make healthcare profession more attractive and is aware that risk prevention is a key element. Instruments such as the guidelines quoted above can however be much more effective than adding to an already important set of legislation. Agreed guidelines would be compulsory for the signatory parties and their respective members at national, local and workplace level. This would therefore allow a much more effective monitoring of the implementation of the instrument on the ground.

Financial Implications

HOSPEEM would also like to comment on the assumption made by the EP

resolution as far as financial implications are concerned. The text says indeed, in relation to the financial implications of introducing safer devices:

> *"Numerous independent studies have examined the short and long-term benefits of investment in safer working practices and medical devices to prevent needlestick injury and each of these has concluded that, overall, economic savings will be achieved."*

Whilst this statement is true, it should be noted that there are higher costs involved in purchasing safer devices and that these only produce an economic saving when set against the future costs of needlestick incidents resulting in transmission of a blood-borne virus which may ultimately be life threatening.

These higher initial costs are what managers in healthcare settings will see. There would need to be an educational programme to point out the benefits and long term cost savings. With the aim to prevent needlestick injuries, more emphasis should be placed on training and re-training of staff, and possibly using best-practise examples, which also will help to reducing costs in the end.

Conclusion

HOSPEEM answers to the commission consultation document are as follows:

1. HOSPEEM members (who cover both the Public and Private sector across the European Union) are not convinced that further legislation is necessary on this issue. **With regards to question one** about strengthening the protection of European healthcare workers from blood-borne infections due to needlestick injuries, HOSPEEM's view is that an initiative in this field should be taken, but not in the sense of strengthening an already ineffective (taking the Commission and EP assumption into account) Directive. The action should be to raise the profile of needlestick injuries and their effect on healthcare workers, across the European Union and to ensure a more effective implementation of current legislation.

2. With regards to question two about the appropriateness for the European Social Partners to take any initiative forward, HOSPEEM believes that the Social Partners are in a good position to tackle this issue and to bring pressure to bear at national level for better implementation of the current legislation. As the representatives of both employers and employees, joint action by the Social Partners in the hospital sector is more likely to bear fruit. Awareness raising campaigns, guide to prevention and good practice and effective monitoring of compliance with legislation at workplace level, as stated above, are some of those possible joint actions.