

Implementation of directive 2010/32/EU for preventing blood exposure accidents in Dutch hospitals

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Number of blood exposure accidents in Netherlands

National Hepatitis Centre extrapolation:

- 13-16,000 yearly (total)
- 15 (9.9 – 17.6) per 100 hospital beds

North East Brabant:

- 10.6 / 100 FTE (hospitals)
- 1.7 in nursing homes
- 1.0 police en prison workers

- www.hepatitis.nl

- van Wijk et al. Differences between hospital- and community-acquired blood exposure incidents revealed by a regional expert counseling center. Infection 2006;34(1):17-21.

Current situation in The Netherlands

- Low prevalence of HBV, HCV, HIV
- National protocol on blood exposure accidents since 2007
- High and low risk categories of accidents
- Vaccination HCW at risk for HBV

van Wijk PT, Schneeberger PM, et al. Occupational blood exposure accidents in the Netherlands. Eur J Public Health. 2010 Jun;20(3):281-7.

www.rivm.nl

Legislation

Directive already implemented since 1-1-2012 (!) in present Occupational Law:

- Employers must provide a safe working environment
- Use of safety devices when and where possible
- Costs should play no role

Execution of the directive

- Ministry of Social Affairs has promoted the directive
- Not clear yet how the directive can uphold
- Hospitals may decide themselves how to implement the directive
- In 2014 check on hospitals by Labour inspectorate (Inspectie SZW)

Report on safety devices

In 2008 report on introduction of safety devices by National Hepatitis Centre

Objective:

- Benefits of using safety devices
- Costs
- Effectiveness
- State of affairs

Conclusions report

- Additional costs purchase
- Reduction of costs by reduction of accidents
- Also not-costs related benefits
 - Appreciation by employees, 'safety feeling'
- Instruction and training is essential

Recommendations report

- Use available safety devices when possible
- Negotiate on price reduction with suppliers (package cost reduction)
- Examine the safety of employees carefully. (task for employers, occupational health departments, advisory and employees)

Best practice AMC Amsterdam

- Safety declared part of Occupational Health Department
- Occupational Health Department supervises acquisition and introduction safety devices
- Extensive training on working safely for staff by department
- Ongoing activities

Current situation in Dutch hospitals

Type of needle	converted
Intravenous needles	70%
Blood collecting needles	40%
Injection needles /diab. needles	10%

Issues to overcome

- Conversion of needles now in most hospitals mainly done by hospital purchase department
- No expertise in the 'safe working' concept
- Suppliers involved in introduction on work floor
- Occupational Health Departments now hardly involved

Points of interest

- There is not a safe alternative for all current sharp devices
- Therefore hospitals do not hurry with the conversion
- Many safety devices are still to be converted

More focus should be placed on:

- The total package of measures to ensure safer working:
 - Banning of recapping
 - Introduction of safety devices
 - Adjusting safe working practices (procedures)
 - Training and instruction
 - Getting used to new materials and methods...

Conclusions

- Occupational Health Departments may take the lead and not Purchase Departments
- The targets on preventing blood exposure accidents in hospitals should be clear
- It is more than purchasing safety devices!

Conclusions 2

- Conversion is not (yet) completed
- The process is ongoing because new (safer) devices will be developed
- Labour Inspectorate should supervise points above

