



**EU Sectoral Social Dialogue Committee for the Hospital Sector:  
“From needle-sticks to sharps. The added value”**

*Interview with Carola Fischbach-Pyttel, General Secretary of EPSU and Tjitte Alkema, Secretary General of HOSPEEM.*

**The Framework Agreement on Prevention from Sharp Injuries in the Hospital and Health Care Sector signed in 2009 and transposed into Directive 2010/32/EU is considered as one of the key achievements of the Sectoral Social Dialogue Committee for the hospital sector and of the European Social Dialogue in general. What is the size of the problem the agreement addresses and why HOSPEEM and EPSU took the initiative to negotiate?**

**Tjitte Alkema:** As you might know there are 12.5 million workers active in the hospital and healthcare sector in the European Union. The European Agency for Health and Safety at Work estimated that 1 million needlestick injuries occur annually in Europe.

To deal with this problem, in 2006 the European Parliament adopted a resolution requesting the Commission to submit a legislative proposal on protecting healthcare workers from blood-borne infections due to needle sticks injuries. After a two stage consultation and thanks to a technical seminar organised with all stakeholders, HOSPEEM and EPSU clearly realised that the scope of the problem was much broader than injuries from needle-sticks and that something needed to be done to address it. By restricting the scope only to needle-sticks instead of all medical sharps, everything else would have remained unchanged, but for HOSPEEM and EPSU many other aspects also mattered to effectively address the problem. The merit of this process was that, thanks to the initiative of social partners and the involvement of all stakeholders, the problem was put into a broader context.

**Where is the added value of an agreement on the prevention of injuries from medical sharps negotiated in the social dialogue in this case and what does make this agreement effective?**

**Carola Fischbach-Pyttel:** In the hospital and healthcare sector, the Framework Agreement we concluded in 2009 is a very good example of the results that social partners can achieve together to identify risks and to improve safety and health at the workplace and of the patients.

Our Sectoral Social Dialogue Committee was set up only 7 years ago in 2006 and full-fledged negotiations on the prevention of sharps injuries started in 2009. It took only less than 6 months for HOSPEEM and EPSU to negotiate a comprehensive agreement on a very complex subject, in spite of initially encountered diverging opinions, scepticism and even opposition, internally and from other stakeholders. The added value of social dialogue here is that the sectoral social partners have produced a piece of targeted, effective and timely regulation that is close to the reality of both workers and employers. This is achieved because of the partnership working between employers and workers and it is the involvement of experts and people working in the hospitals at all the stages that was instrumental to achieve the agreement.



**Tjitte Alkema:** We were and are still conscious that this problem cannot be eliminated completely, but by our own agreement that in 2010 was “upgrade” to a directive we want to make sure that all appropriate procedures are in place to help reducing the risks of injuries as much as possible. We are convinced that the combined use of risk assessment, prevention, protection and training procedures will help to achieve this result.

**What have HOSPEEM and EPSU done so far to follow-up on the agreement and make sure it is implemented?**

**Carola Fischbach-Pyttel:** The deadline for Member States to transpose Directive 2010/32/EU into national legislation expired on 13 May this year. HOSPEEM and EPSU, with the support of the European Commission, have carried out a project to understand where we are with the implementation now, which problems have been encountered and what has been the role of the social partners at national and sectoral level. With this project we have gathered information on the transposition and implementation of the Directive at the national level, collated guidance and toolkits to help with an effective implementation in the sector and on the level of health care institutions.

**What is the stage of transposition of the Sharps Directive into national legislation?**

**Tjitte Alkema:** As far as national transposition is concerned, overall the situation doesn't look bad as at the end of September 2013 21 EU countries have completed or almost completed it, while in others no changes to existing legislation is considered to be necessary. A very positive factor in this process is that the involvement of social partners in the transposition process was ensured in most of the countries and several of our members reported that they were more involved than would otherwise have been the case, had they not been the original authors of the framework agreement.

**And what are the main findings regarding the implementation at the workplace?**

**Carola Fischbach-Pyttel:** What is really important to us for the success of our Framework agreement is how it has changed and will change the reality in the healthcare institutions in order to bring the wished results. The project has shown that, thanks to the bottom-up approach characterising the whole process, the provisions negotiated by HOSPEEM and EPSU are already being implemented at the workplace level in several Members States. HOSPEEM and EPSU are fully aware that the work of social partners for the implementation at all workplaces has just begun and that a continued commitment from both sides will be essential to achieve the objectives set out in the Directive. For us it is also important to make sure that organisational change is triggered and institutionalised within all healthcare institutions. This means a role for health and safety representatives or committees in close cooperation with responsible managers when it comes to risk assessment, procurement of medical devices, systems of reporting, training, preventive measures, etc.

**What is the contribution of HOSPEEM and EPSU to boost this process?**

**Tjitte Alkema:** The project that we have just completed helped a lot in this respect. Thanks to the four conferences organised around Europe, managers and professionals, as well as experts from the various EU members states, set out the situation at workplace level giving a helpful picture of what

practical measures have worked which are at the same time cost-effective and can be replicable in other settings. At the same time, it was indeed very helpful to understand where the challenges for implementation are and how social partners decided to address them. This exchange is useful both for our organisations as it allowed highlighting issues of common interest that can then be taken up at European level to better tailor future initiatives.

Both HOSPEEM and EPSU agree that the follow-up to the Sharps Directive has to be one of the priorities of the new work programme of our Sectoral Social Dialogue Committee. This will allow us to continue monitoring the transposition and impact of Directive 2010/32/EU and the improvement and challenges experienced, reporting on progress made and open questions every year for the next four-year period.

### What does this story tells us about the EU Social Dialogue?

**Carola Fischbach-Pyttel**: The Sharps Directive clearly shows how the EU Social Dialogue can deliver results which have significant impact not only at European, but also at national level. In times when the Social Dialogue is challenged and under pressure in many parts of Europe, we believe that this “success story” clearly affirms the credibility and legitimacy of social partners, showing that together we can deliver viable solutions to protect the health and safety of the health workers and the patients in an effective and cost-efficient way. What our experience tells us is that working in partnership and commitment of social partners to shape the workplace and working life is absolutely fundamental for the future development of the European Social Model. EPSU works towards extending the scope of the directive to also cover those working e.g. in elderly care, social work, prison services and waste management.



*Third Regional Seminar: “Promotion and Support of Implementation of Directive 2010/32/EU on the prevention of sharps injuries in the hospital and health care sector”, Vienna, 16 April 2013.*



*Final Conference: “Promotion and Support of Implementation of Directive 2010/32/EU on the prevention of sharps injuries in the hospital and health care sector”, Barcelona, 20 June 2013.*

*From the left: François Ziegler and Francisco Jesús Alvarez Hidalgo DG EMPL, Paulo Cristiano Do Nascimento Simões FEMS, Carola Fischbach-Pyttel EPSU, Tjitte Alkema HOSPEEM, Tina Weber ICF GHK*



### **Who we are:**

**HOSPEEM** is the **European hospital and healthcare employers' association**. The association was formed in 2005 and represents at European level national employers' associations operating in the hospital and healthcare sector on workforce and industrial relations issues.

HOSPEEM has members across the European Union both in the state or regionally controlled hospital sector and in the private health sector. HOSPEEM members are health employer organisations with the powers to negotiate on pay and on terms and conditions of service with their respective Trade Union partners. HOSPEEM members are also concerned with ensuring good employment practice for healthcare staff.

**EPSU** is the **European Federation of Public Service Unions**. It is the largest federation of the ETUC and comprises 8 million public service workers from over 250 trade unions; EPSU organises workers in the energy, water and waste sectors, health and social services and local and national administration, in all European countries including in the EU's Eastern Neighborhood. EPSU is the recognized regional organization of Public Services International (PSI). EPSU represents 3.5 million health and social services workers across Europe, and is engaged in a wide range of issues on their behalf. The categories of workers range from social worker to doctor to hospital cleaner to medical secretary to nurse.

### **Contacts:**

HOSPEEM Secretariat: Elisa Benedetti, Policy Officer: [e.benedetti@hospeem.eu](mailto:e.benedetti@hospeem.eu)

EPSU Secretariat : Mathias Maucher, Policy Officer : [mmaucher@epsu.org](mailto:mmaucher@epsu.org)

### **Reference documents:**

- [Framework Agreement on Prevention from Sharp Injuries in the Hospital and Health Care Sector](#)
- [Joint clarification by the HOSPEEM and EPSU – Council of the European Union](#)
- [Directive 2010/32/EU](#)
- Project "Promotion and support of the implementation of Directive 2010/32/EU on the prevention of sharps injuries in the hospital and health care sector" (2012-2013) and final report [EPSU - HOSPEEM](#)