

RESULTS AND KEY FINDINGS

HOSPEEM and EPSU received a total of 28 responses from 21 EU Member States and Norway. No immediate problems in the **legal transposition** of the Directive have been perceived by participants. Out of 28 respondents, 5 have been actively involved. It was noted that in several countries, the Directive penetrated various existing legislation.

The **practical implementation** was perceived as problematic by many respondents in particular in view of the elimination, prevention and protection (lack of [financial] resources and acceptance by the workforce), reporting (no unified reporting standards and under-reporting) and risk assessment (taking into account working conditions). 16 respondents reported having been involved in the practical implementation.

The majority of respondents were unaware of any **recent follow-up by national governments**, however, of those aware, the majority was involved in at least one type of activities. The majority of respondents were unaware of reports or assessments being done by national governments or authorities. 23 respondents were aware of the **effect** of the Directive in the reduction of risks of health workers resulting from the Directive's implementation. Respondents noted the increase of the purchase and use of safety devices and awareness-raising campaigns.

Desired **future initiatives** by national social partners include:

1. Standardisation of registration, reporting and follow-up systems of injuries with medical sharps;
2. Appropriate training and education of healthcare professionals on policies and procedures associated with sharps injuries;
3. Information and awareness-raising measures on an institutional and political level;
4. Transition and access to medical devices incorporating sharps protection mechanisms;
5. Implementation of risk assessment initiatives.



HOSPEEM is the **European Hospital and Healthcare Employers' Association** and represents at European level national employers' organisations operating in the hospital and healthcare sector. It is a recognised European social partner in the Sectoral Social Dialogue Committee for the Hospital and Healthcare Sector. Through the European sectoral social dialogue, the association ensures that employers' views are properly taken into account by the EU institutions when launching policies that have a direct impact on management and labour relations in the hospital and healthcare sector at European and national level.

EPSU is the **European Federation of Public Service Unions** representing 264 member organisations with around 8 million individual members in all EU Member States and candidate countries and beyond. The federation covers health and social services; local, regional, national and European administration and energy, waste and water. It is a recognised European social partner in the European Sector Social Dialogue Committees for electricity, gas, hospitals, local and regional government and national and European administration.

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FOLLOW-UP ON DIRECTIVE 2010/32/EU

on the prevention from sharps injuries in the hospital and healthcare sector

For representatives of national and European social partners

INTRODUCTION AND BACKGROUND

Following the conclusion of the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector by the European Sectoral Social Partners HOSPEEM and EPSU, the European Council adopted the Agreement into the Council Directive 2010/32/EU in 2010, which was transposed into national law in 2013.

Further, in 2012 and 2013, the European Sectoral Social Partners conducted an EU-funded project on the promotion and support of the implementation of the Directive. As part of the Work Programme 2017 - 2019, the organisations are following-up on the Directive with a survey investigating areas where the implementation and use of the Directive been proven beneficial in the prevention of sharps injuries in the hospital and healthcare sector and indicating potential or actual still existing problems with the implementation or use of the Directive.

The survey was conducted in the first half of 2018 and was targeted at national social partners (employers' organisations and trade unions (TU)) which are members of HOSPEEM or EPSU.

DIRECTIVE 2010/32/EU

Implements the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU.

The Directive aims to:

- Achieve the safest possible working environment;
- Prevent workers' injuries caused by all medical sharps (including needle-sticks);
- Protect workers at risk;
- Set up an integrated approach establishing policies in risk assessment, risk prevention, training, information, awareness-raising and monitoring;
- Put in place response and follow-up procedures.

DISCUSSION

- A more centralised reporting system could potentially facilitate better reporting and help to improve preventive action and the effectiveness of measures to eliminate or at least reduce causes;
- Health workforce have to be included in discussions relating to safety devices and risk assessment to have a greater sense of ownership and responsibility;
- Improved training on the proper use of safety-engineered devices and how to differentiate devices could eliminate and prevent injuries while protecting the health workforce;
- The key to successful awareness-raising is the identification and sharing of best practices, not only within the Member States (national social dialogue) but also across the EEA. Then best practices can be presented and exchanged among participants of the European Sectoral Social Dialogue;
- The level of involvement of social partners in the legal transposition of the Directive also depends on the national political agenda-setting of the Member State and the relationship with the respective governments.

CONCLUSIONS

When social partners have been involved in conceptualising and formulating legislation, the adoption and implementation of the Directive was considered faster and the compliance more effective. A general request by HOSPEEM and EPSU to the European Commission is to conduct, with the support of other relevant EU institutions its assessment of the implementation of Directive 2010/32/EU into the national setting and to elaborate on an implementation report, indicating improvements and still existing problems and how they could be addressed by the institution, national authorities and/or by other relevant stakeholders.

POSSIBLE JOINT ACTION POINTS FOR SOCIAL PARTNERS

Elimination, prevention & protection	<ul style="list-style-type: none">• Work with relevant regulatory bodies by sharing experiences of employers' and TU and make suggestions based upon their experiences when it comes to the development and/or design of appropriate medical devices, to prevent and reduce injuries to medical staff. Invite the relevant regulatory bodies to share this information with producers of safety-engineered devices;• Promote and establish a "no blame culture" in case of injuries and/or infections with medical sharps in all healthcare settings within the context of national legal obligations.
Reporting	<ul style="list-style-type: none">• Explore opportunities to share knowledge from national reporting procedures and reporting systems on injuries with medical sharps with as little as possible administrative burden containing evidence-based information on causes motivated by the aim to improve future preventive and protective measures.
Information & awareness raising	<ul style="list-style-type: none">• Continue with information work and awareness-raising as to the risks concerning injuries with medical sharps, also towards newly recruited workers.
Risk assessment	<ul style="list-style-type: none">• Include risks of exposure to injuries with medical sharps into risk assessment at the level of hospital institution;• Include aspects of the concrete handling of the devices by health workers and on organisational and social factors affecting the health and safety of workers and patients into risk assessment and analysis of work processes;• Include publicly available and objective evidence regarding which devices are most effective to achieve the best possible prevention and protection;• Focus on workers involved in the safe disposal of medical sharps, patient safety and on the efficient provision of services;• Involve OSH committees and representatives of management and workers and/or TU into risk assessments.
Training	<ul style="list-style-type: none">• Inform staff about training entitlements and responsibilities. Work with staff (potentially) exposed to risks of infections within the context of national legal obligations, also covering the use of appropriate equipment, medical devices, etc;• Train staff initially and in view of updates needed to stay fit for practice.