

Council Directive 2010/32/EU of 10 May 2010: an opportunity for action!

Preventing needle stick injuries among healthcare professionals is a major challenge for infection control and occupational health practitioners. Untitled “Implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector” This Directive (1) stated in article 3 that “the Member States shall bring into force the laws, regulations and administrative provisions necessary to comply with this Directive or shall ensure that the social partners have introduced the necessary measures by agreement by 11 May 2013”. So in most of our countries this work is ongoing or about to begin.

http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:72010L0032:EN:NOT#FIELD_FR

The EU council is involved since a long time in protecting professionals from biological hazards with different statements following the global directive 89/391/CEE. But before the 2010 Directive the focus was not put on blood borne exposure, needle stick injuries and how to prevent them. Some strong movements, like the one of the European Federation of Nurses Associations, advocated for that in a very efficient way (2). Epidemiological data were available from different surveillance networks in Europe like the SIROH one in Italia who is one of the oldest, the Eye of the needle (HPA) in UK, the Spanish Epinetac or the RAISIN in France. Unfortunately and contrary to others HAI topics there’s still no gathering of all these data at the European level may be due the rather different design of the networks but also to a priority still to endorse by IC experts. The European commission on its side ordered in January 2008 an in-depth study on the socio-economic, health and environmental impacts of a possible Community initiative on the protection of EU healthcare workers against blood borne exposure infections due to needle stick injuries. All the European surveillance network leaders were involved and it was of no doubt conclusive as it led to the new Directive content. The EU Directive does however differ from the US law – the needlestick safety and Prevention Act (2000), which requires employers to provide safety-engineered devices to all employees who are at risk for exposure to bloodborne pathogens. The emphasis in the EU Directive is for employers to undertake a risk assessment to determine where safety devices need to be implemented. This is a subtle but important difference between EU and US law. A stepwise and risk-based approach is what safety improvement requires.

As perfectly said in the preamble of this Directive: “**Health and safety of workers is paramount and is closely linked to the health of patients.** This underpins the quality of care”. Risk assessment, elimination, prevention and protection are the inner core of the Directive’s content. Some might have a small smile while reading that “the practice of recapping shall be banned with immediate effect” as they are desperately fighting for it since too much years but it’s still important to remind it. The Directive is promoting strongly safety devices but not in a naive way putting the focus on training importance like teaching “the correct use of medical devices incorporating sharps protection mechanisms”. But it also pinpoints the importance of “preventive measures including standard precautions, safe systems of work, the correct use and disposal procedures, the importance of immunisation, according to the procedures at the workplace”.

In France, the President of the BD Company took the initiative of a media-lunch on June 27 to create some awareness on this topic among the general population. They invited the President of the French society of infectiology (SPILF) and the vice-President of the French society for hospital hygiene (SF2H) to speak about their hospital experience and also a liberal nurse and biologist to underscore the challenge still to achieve in ambulatory care. The French press agency (AFP) released a well designed press dispatch after the meeting used as often by internet popular media.

<http://www.notretemps.com/alerte-infos/2373-sante/10012188-prevention-des-blessures-par-piqures-daiquilles-secteur-liberal-en-retard.html>

So the Eunetips advice is: read the new Directive, create a dialogue on it with your Health ministry to evaluate how the transposition is ongoing in your country and share with us your vision and initiatives around it! Some are already identified (3) but others are still to discover.

And don't forget to enjoy your holidays too.

- (1) COUNCIL DIRECTIVE 2010/32/EU of 10 May 2010 implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU
En: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2010:134:0066:0072:EN:PDF>
Other languages: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32010L0032:EN:NOT>
- (2) Protecting healthcare professional in Europe: Resolution by European and international associations calling for EU action to prevent medical sharps injuries.
<http://www.efnweb.org/version1/en/documents/EuHealthcareWorkers.pdf>
- (3) RCN guidance to support implementation of the EU Directive 2010/32/EU on the prevention of sharps injuries in the health care sector.
http://www.rcn.org.uk/_data/assets/pdf_file/0008/418490/004135.pdf
- (4) Philips et al (2012) percutaneous injuries before and after the Needlestick Safety and Prevention Act. New England Journal of Medicine 366;7 670-671
<http://www.nejm.org/doi/pdf/10.1056/NEJMc1110979>