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Sharps Injuries From Directive towards Implementation

*Paul De Raeve, RGN, MSc, MQA, Mphil/PhD
Secretary General
European Federation of Nurses Associations*

'EU Fit for Practice'

As a follow-up of the adoption of the European Directive on prevention from sharps injuries on the 1st of June 2010, EFN now focuses on the three year period of implementation at national, regional and local level. The Biosafety Summit, supported by the Spanish EU Presidency, focussed therefore on bringing key stakeholders together to explore ways to implement effectively the Directive across the EU. Consequently, implementation guidelines and the development of the European Biosafety Network are important mechanisms to achieve the initial and essential objective: prevent and reduce sharp injuries, reduce human suffering and create optimal working conditions in the health sector. Due to the fact that sharp injuries lead to distress, sickness, absenteeism and even fatal disease transmission, sharp injuries are one of the major threats to the health and safety of nurses across the EU. Keeping up the political momentum when implementing the Directive in the coming three years becomes now a joined endeavour and the nursing profession is taking up, again, this challenge. Therefore, 'EU Fit for Practice' should become a political theme and priority. Although politicians and policy-makers have been tackling the challenges of higher expectations from patients, and the changing demographic and epidemiological profiles of their populations, Europe keeps on struggling to address ill-health retirement and work-related injuries.

'No blame, No shame' Working Environment

It is a well-known fact that safety can be increased if the working environment consists of a highly qualified workforce and a culture in the workplace is based on learning instead of punishing. When implementing the directive it is important to remember and to stress that sharp injuries is not an independent hazard. It is a workplace accident and has to be treated as such. Therefore we have to look at those incidents in a broader way. If we want to lower the number of accidents it is very important to look at the culture at the workplace in regards of workplace accidents, awareness raising and a non-blaming culture. Following up on education and continuous professional development, culture change and personal policies are equally important.

We have to look at why those accidents happen. We know that stress and long working hours provoke more accidents. Another important factor is the organization of the workplaces which has a great impact. We know that incidents with needles on trays or needles in the bedclothes increase if there are no buckets for the used needles near the patients. This is an example where the employer has the responsibility for ensuring a non-blaming culture and a shift in culture at the workplace. If we want the number of sharp injuries to decrease it is not enough to just implement a law, it is equally important looking at the whole complex of culture, personal policy, employer's responsibilities and the organisation of the workplace. This shows that a good reporting system and a 'no blame, no shame' culture are of utmost importance if sharp injuries are to be avoided.

An open learning safety culture that encourages a safe working environment and non-violent behaviour lead to high-quality patient care as the empowered patients meets a highly confident nurse working in a team of health professionals. Within this open learning culture, incidents are communicated without fear of 'blame and shame'.

Governments, health organisations and senior managers have to take therefore the responsibility for developing a safety culture, creating a legal separation between sanctions and learning and engaging staff, patients and patients' relatives in safety. Change can be achieved through coordinated action and effective approaches at EU, national and regional level. Best practices in 'no blame, no shame' culture along with policy changes must be identified and discussed making sure Europe is pro-actively improving the sustainability of the health and social security systems.

Stakeholder Engagement

One of EFN advocacy success stories is the development in 2010 of the Directive on the prevention of biological risk of infections caused by needle stick injuries. Since 2004 EFN and its members have been lobbying the European Parliament and the European Commission for a legislative action which led the Directive after 6 years of sharing information and bringing into the EU policy development arena the narrative story and best practices which reduced needle stick injuries at regional and local level. Many stakeholders became part of this endeavour, the social partners, the health professionals, the education and research community, the patient organisations, the policy-makers and politicians and last but not least the industry, all becoming part of a business case for success. These success stories need to be shared for capacity building of civil society as change need to happen there where citizens live and work out their life. Therefore, EFN experience in leading on the development of a 'Memorandum of Stakeholder Engagement' as part of the governance review of the Health Grouping of the Council of Europe forms the baseline for a more realistic and effective Directive and consequently an improved implementation by 2013. Since 2004, greater information and broader experiences exchange made it possible in getting political commitment, mainly from the European Parliament. Key champion MEPs needed this objective, unbiased information and narrative stories to build their political case. And again, going back to the constituency, the policy outcome needed to have an impact on the community they serve. EFN, as non-governmental organisation, brought in the concerns of the nurses and encouraged the political participation through provision of information, analysis and expertise. When implementing the Directive, we need to keep this political momentum alive so the EU does not end up with a Commission report referring Member States to Court for not implementing the Directive.

Social Cohesion Funds

Given the complex character of the healthcare sector and the need for quality, patient safety and adequate organisation and delivery of health services to the people of the EU and Europe, strong leadership in governance is a pre-condition when addressing the prevention and reduction of work-related injury, especially within the enlarged European Union. Delivering quality services to our communities will not happen by chance, it will only happen by political choice, pro-active agenda setting by stakeholders and political leadership for effective change.

As starting point, Member States, health professional and healthcare facilities need to go beyond searching for a common terminology and sharing of information. When reducing sharp injuries, we need action, concrete action, to prevent it happening again. A reporting system should lead to comparable data facilitating a better understanding of causes and circumstances of the working environment where injuries occur. Therefore, the Biosafety network and the European Agency for Safety and Health at Work have an important role to play in collecting this information, translating the data in an understandable language and informing the concerned parties what measures to take to prevent sharp injuries.

But we know already these measure will cost money! Therefore, within the context of the on-going financial and economic crisis, social cohesion funds need to be used to implement immediately some measures, mainly in those EU Member States where local working environments have no measures in place at all. Know that within the current

savings of all governments budgets, health and social policies will suffer first, more injuries will happen if the nursing community is not pro-active in applying for the Social Cohesion Funds. For the current seven year period 2007-2013, the Social Cohesion Funds will be investing some EUR 76.2 billion to support employment and social cohesion across the EU. A clear link with the labour market is a fundamental requirement for determining the scope of ESF-supported intervention in the area of health.

The Biosafety network could play an important role in supporting national, regional and local stakeholders applying for these funds. By using the Social Cohesion Funds, the biosafety network and its partners contribute effectively to the Europe 2020 Strategy. The network could be inspired by the success in Poland receiving over 40 million euro from the Social Cohesion Funds to invest in advancing the training of 36.000 nurses up till 2015. Although a general recommendation of retractable needles was not achieved through social dialogue, the education surrounding the use and availability of safe medical devices leads to eliminating many of the injuries. As the social dialog succeeded in getting all recapping banned, nurses need the optimal tools to put the needles in.

Sustained collaboration among Member States on safety and quality

The link between the Biosafety Network and the government is crucial for success. Therefore, special emphasis should be given to the establishment of a culture of mutual learning among Member States. The added value of sharing knowledge and experiences among Member States is considered important to make the implementation sustainable. A permanent collaboration among Member States, through the development of a Joint Action, in which the network partners engage to achieve concrete outcomes and inform policy development at national and regional level, is an option to consider. It would fit within the on-going work of DG Sanco on Safety and Quality. Together with DG Sanco, DG Employment and the European Agency for Safety and Health at Work, the Biosafety network becomes the focal point, a platform for permanent interaction among Member States on the topic of prevention of sharp injuries. Furthermore, this platform needs to go beyond the EU and Europe. International partners should enrich the EU discussions and solutions.

<http://www.europeanbiosafetynetwork.eu/OJEU.pdf>