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European Commission
DG Employment, Social Affairs
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B-1049 Brussels

Attn. Nikolas G. van der Pas, Francois Ziegler and Francisco Alvarez

Friday 4 February 2008

Concerns: Second stage consultation of the social partners on protecting EU healthcare workers from blood-borne infections resulting from needlesticks injuries

Dear Commissioner,

The European Federation of Nurses Associations (EFN) consists of nurses associations from 30 Member States of the European Union (including the 27 EU Member States), and represents more than 1.5 million nurses across Europe. The EFN also has strong alliances with the European Nursing Specialists groups (through the [European Specialist Nurses Organisations \(ESNO\)](#)) and with the European Nursing Students Groups (through the [European Nursing Students Association \(ENSA\)](#)). Therefore, we speak on behalf of the main working group affected by occupational exposure to potentially fatal blood-borne viruses caused by needlesticks injuries.

As EFN contributed to the first consultation round (<http://www.efnweb.org/version1/en/documents/EFNresponsetoEUConsultationNeedlesticks-EPSU.doc>), we provide you again our views on the recently circulated second stage consultation document.

As you have stated, more than one million needlesticks injuries occur in Europe each year. Some of these lead to infections such as HIV/AIDS, hepatitis B and hepatitis C, and every year vast numbers of healthcare workers face months of uncertainty and totally unacceptable emotional anguish following a needlesticks injury, not knowing if they will acquire a life-threatening infection or not.

Directive 2000/54/EC, on the protection of workers from risks related to exposure to biological agents, clearly does need improvement to specifically address the measures required to prevent needlesticks injuries. Most needlesticks injuries are proven to be avoidable with better working practices and the use of widely available appropriate technology that incorporates needle protection. However, where such measures have been diluted, or left to the sole judgment of employers, we see very little real improvement.

It is no coincidence that the World Health Organisation, Council of Europe and other important organizations are paying serious attention to the subject of 'human resources for health'. We face a crisis situation because of the unattractiveness of a career in nursing. 90% of nurses are women, and if they are incapacitated this also threatens the well being of children and entire families.

With this background, I was shocked to see that the employers' concluded that the current legislation already afforded appropriate protection. This is without doubt a very serious occupational health issue that has been recognised as such for some considerable time without appropriate action being taken.

In response to your questions on page 7:

Content of the legislative and non-legislative initiatives

We completely agree with the initiative of the European Commission to improve the Directive 2000/54/EC of the European Parliament and of the Council. The addition of an article to detail the specific requirements necessary to prevent and manage needlesticks injuries is essential in the view of the EFN. Time and again we have seen highly detailed recommendations and guidelines to help prevent needlesticks injuries being ignored by employers, including those published by the European Agency for Safety and Health at Work.

The specific measures to prevent and manage needlesticks injuries that you have listed seem appropriate and have been well researched by the Commission. Therefore, we would improve the wording of the safer cannulae requirement though as it is a little unclear.

We agree that the implementation of the new legislation can be helped by a range of non-legislative measures, such as campaigns and best practice dissemination. However, the legislative change is the key. We have seen many examples where such guidance and information sharing measures, without a specific legislation, achieve very little.

Negotiation between the social partners in application of Article 138 (4) and Article 139 of the EC Treaty

Whilst we support the value of constructive dialogue, we really feel that any kind of initiative that could compromise your recommendations or cause a delay in implementing the improved legislation would not be acceptable given the amount of time that has elapsed since this matter was brought to the attention of the European Commission. Europe's nurses have been very patient, and are watching the actions of the Commission very closely. Please do not disappoint them at this stage.

A clear and direct implementation of an additional article to the Directive 2000/54/EC to define the measures that must be implemented to prevent needlesticks injuries is clearly what is required. Please don't deviate from implementing your recommendations. How many more stories like the following ones are we prepared to accept?

Ana Salegui - *"This is not an isolated case. I was infected with the blood. That patient died six hours later. I knew she was HIV positive. ...it was necessary to wait for the test results... It was a period full of stigmatization, discrimination."*

Karen Daley - *"Suddenly I felt a stinging pain. I had been stuck on the index finger of my right hand by another needle..."* "The results from my six-month HIV and HCV tests came back on December 23, two days before Christmas. They indicated that I was positive for both viruses."

Berlin - Magda Dörpfeld does not know just how she became infected. Patients' blood has run over the nurse's hand too often; she has injured herself too often on used needles."

Lisa M. Black - *"The weeks after my needlesticks were the most tumultuous of my life. I experienced severe fatigue and nausea from HIV medications, difficulty with tasks that required concentration, and trouble with short-term memory..... On July 27, 1998, nine months and nine days after my needlesticks injury, I learned that I had, indeed, been infected with HIV."* "There are no words to adequately describe the horror of the moment when I learned that I was HIV positive."

*"(...) a **Junior Doctor** was pricked accidentally by a colleague. No infection was transmitted, but she developed incapacitating needle phobia which finished her career. In her claim she blamed lack of occupational health support: the hospital had no needlesticks injury policy. She received £465,000 in damages."*



Paul De Raève
EFN Secretary General