

Speech: 1. European Biosafety Summit Madrid, Spain 1 of June

Ensuring the safety of patients and healthcare workers

Introduction

Thanks for the invitation. I am very happy to be here today, addressing this important topic of injuries caused by needles and other sharp medical devices.

It is not a coincidence that this Conference is held here in your beautiful capital of Madrid. In many ways Spain is a forerunner when it comes to addressing the issue of sharp injuries. In different regions in Spain, policy makers are developing and implementing laws by means of voluntary agreements.

Many other European countries as well as healthcare workers, social partners, governments and employers could learn from this – we are *all* responsible for reducing the number of sharp injuries in the time to come. Not only for the sake of healthcare workers, but also for the sake of better patient safety and higher quality for the benefit of the patients.

My topic is “ensuring the safety of patients and healthcare workers”.

This, I believe, is to an extent two sides of the same coin. It is a well known fact that patient safety can be increased if the working environment is safe and sound, if the nurse/patient ratio is balanced and if the culture is based on learning instead of punishment. The same elements are in fact just as important when it comes to injuries by needles and other sharp medical devices.

I will, however, in the following mostly focus on sharp injuries and how we can minimize them.

The consequences of sharp injuries

For a long time injuries caused by needles and other sharp medical devices have been on the agenda in the European Federation of Nurses Associations.

Sharp injuries are considerable burden on the already limited human resources in the medical profession.

Every year - according to the WHO - approximately 35 million healthcare workers around the world are exposed to bloodborne pathogens - 170.000 of those to HIV. Globally 2,5% HIV infections, and 40% hepatitis B & C infections among healthcare workers are caused by needle stick injuries.

The European Parliament estimates that healthcare workers suffer from more than 1 million needle stick injuries every year. And the figures are probably higher as many sharp injuries are unreported!

That means that it is very important for EFN to have an agenda on prevention of sharp injuries.

Needle stick injuries are often suffered by nurses, but also by doctors, hospital porters, cleaners, laundry staff, reuse collectors and other workers who are linked with healthcare or who may come into contact with medical waste.

Surveys show that the emotional impact of sharp injury is often severe and long lasting, even if serious infection is not transmitted. Healthcare workers and their families may suffer many months of distress when waiting to discover whether they have contracted a potentially fatal infection. Too often, however, the concern of the health care workers and their families is often neglected.

Due to the fact that sharp injuries may lead to distress, sickness, absenteeism and even fatal disease transmission, sharp injuries are one of the major threats to the health and safety of healthcare workers across the EU.

Furthermore damages caused by sharp injuries also have severe consequences for the patients' safety and the quality of the treatment.

That is why we owe it to the patients as well as to the staff to do everything possible to prevent and minimize the number of sharp injuries in our respective countries as well as in the EU as a whole.

What to do?

The result of more attention to and knowledge of sharp injuries combined with more nurses in healthcare is shortened hospitalization and lower mortality. Handling sharp injuries as a highly important issue will benefit the society as well as the patients.

EFN's aim is the most ambitious agenda possible in order to minimize the number of sharp injuries.

However, we also believe that a little progress is better than no progress at all. Therefore it's important to acknowledge all progress made.

Social dialogue

Also I would like to acknowledge the agreement on sharp injuries - a positive step made by the social partners. It should be recognized that this is the first time in the history of EU that a social dialogue agreement has been transformed into a directive.

This shows that the social dialogue can be a powerful tool – if the social partners on both sides have the willingness to reach an agreement *and* keep their commitment during implementation. I assure you that it wasn't that easy!

It is, however, extremely important that this directive is implemented in all member states, and that the issue is constantly on the agenda in the Health services, but also that it is followed up by policies addressing the working environment in order to support the directive.

There is no doubt that this Conference could be an important starting point in this process.

Implementation

When implementing the directive it is important to remember and to stress that sharp injuries is not an independent hazard! Sometimes it seems it's treated that way.

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 for example the culture at the workplace in regards of workplace accidents, awareness raising and a non blaming culture.

My point is that implementing the directive is not enough. Following up on training, culture change and personal policies are equally important.

Also, we have to remember that there is a recognized hierarchy of priorities for sharp injury prevention:

1. Eliminate and reduce the use of needles and other sharps wherever possible,
2. Isolate the hazards by protecting otherwise exposed sharps by incorporating safety-engineered sharps protection mechanisms
3. Safe work practices.

To illustrate: Some time ago in a Danish magazine / journal there was a headline: "Used needles on patients' trays".

The article was about a hospital in Denmark, where the kitchen staff had complained about several accidents with needles and gauze with blood on it. All too often the kitchen staff had experienced that the staff in the wards forgot needles on the trays when they were busy cleaning up after a patient. Even though these accidents could have been avoided if the medical staff had used the needle buckets, which is available near the patient. It is of course a huge problem when the medical staffs expose their colleagues to an unnecessary danger. This happens when the staffs is much too busy.

This is one example where common sense could solve the problem. And we know for certain that most of the sharp injuries could be avoided by change of culture and by using the safest possible medical devices.

Talking about safe medical devices, one of the things we did not succeed within the social dialogue was a general recommendation of retractable needles, which, for sure, could eliminate many of the injuries. This is an issue that we need to address and find a solution for.

On the other hand we succeeded getting all recapping banned.

We also 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.

A recent Scottish survey shows that disruptive behaviour at the workplace also has a great negative effect. The survey which measured two groups, where one group was exposed to a very negative behaviour from senior staff, and the other group was exposed to a very positive attitude from senior staff shows that it was very clear that the group which was exposed to the negative behaviour performed much poorer than the other group.

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 – we have to look at the whole complex of culture, personal policy, employer's responsibilities and the organization of the workplace.

A huge range of independent studies all over the world shows that a combination of training, safer working practices and the use of medical devices incorporating safety-engineered protection mechanisms can prevent more than 80 per cent of needle stick injuries, but they also shows that implementing safety-engineered devices only in certain areas or on certain patients is not effective.

A Greek survey shows that nurses are the healthcare worker group that reports most needle stick injuries, and that doctors report the fewest – but that relatively frequent needle stick injuries by doctors cannot be excluded due to underreporting. This illustrates that the different culture in the different professions may also have an impact. Apart from safer devices, organization, and training I would like to give another example of the importance of culture:

A Hungarian survey shows that 60 per cent of healthcare workers working in image diagnostic had been exposed to sharp injuries. The survey concludes the importance of being honest with regard to reporting and investigation of incidents that occur. This shows that a good reporting system and a no blame culture are of utmost importance if sharp injuries are to be avoided. The survey also concluded that healthcare workers early in their education or training must be educated in the risk factors and consequences of accidents, as well as skills related to prevention.

We all have a responsibility to avoid sharp injuries and this agreement and directive have paved the road for a safer future – however I have to stress that in relation to patient safety and safety of the healthcare workers the employer has a huge responsibility to highlight the risks of handling sharp needles and other sharps, and to act in the direction to avoid it.

For example by: Giving guidance on existing legislation and local policies, promoting good practices and safe systems of work, promoting no blame culture and providing a recording system for sharp injuries and also raise awareness by developing training and activities and promotional material in partnership with respective trade unions and/or workers representatives.

To conclude: In spite of many concerns I believe that the social dialogue has been a success. And it is my hope that with this directive we have ensured the safety of patients and the healthcare workers.

EFN will still follow prevention of sharp injuries.

Thank you.