BUSINESSEUROPE

REPLY

14 February 2007

FIRST-STAGE CONSULTATION OF THE EUROPEAN SOCIAL PARTNERS ON PROTECTING EUROPEAN HEALTHCARE WORKERS FROM BLOOD-BORNE INFECTIONS DUE TO NEEDLESTICK INJURIES

BUSINESSEUROPE REPLY

Following adoption of a resolution by the European Parliament on protecting European healthcare workers from blood-borne infections due to needlestick injuries, which calls on the Commission to bring forward a legislative proposal for amending directive 2000/54/EC, the Commission has launched a social partner consultation on the issue.

The Commission asks the social partners to answer the following questions:

1) Do you consider it useful to take an initiative to strengthen the protection of European healthcare workers from blood-borne infections due to needlestick injuries?

2) Do you think that a joint initiative by the European social partners under Article 139 of the EU Treaty would be appropriate?

BUSINESSEUROPE considers that the protection of workers from needlestick or other percutaneous injuries, particularly in environments where there is a risk of infection with serious diseases, is important and needs to be taken seriously.

At the same time, it notes that at EU level a legal framework to ensure adequate protection is already in place. Moreover, this framework is complemented by detailed provisions at national level.

Notably, the following EU directives are of relevance and address the issue:

- The health and safety framework directive 89/391/EEC generally obliges employers to assess and eliminate all occupational health and safety risks as far as possible or otherwise minimise them.

- Directive 89/655/EEC on safety and health requirements for the use of work equipment by workers at work requires that employers provide work equipment that is suitable for work; when selecting the work equipment consider the hazards that that might be posed by the use of the work equipment in question; ensure that the work equipment can be used by workers without a safety and health risk and, where it is not possible to fully ensure this, take appropriate measures to minimise the risk. This directive also applies to medical equipment used in hospitals.

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- Moreover, the directive 2000/54/EC on the protection of workers from risks related to exposure to biological agents at work spells out in detail obligations for employers with a view to eliminating or otherwise minimising possible risks arising from exposure to such agents.

- Directive 89/656/EEC on minimum health and safety requirements for the use by workers of personal protective equipment at the workplace requires the use of personal protective equipment where risks cannot be avoided. It also states that personal protective equipment must be adapted to the risks encountered and the person wearing it.

- Finally, directive 93/42/EEC concerning medical devices obliges manufacturers to undertake a risk analysis of all medical devices before commercialising them, and more particularly, to design devices in a way that eliminates or reduces as far as possible the risk of infection to the patient, user and third parties.

BUSINESSEUROPE stresses that EU legislation on health and safety is based on a general prevention principle, intended to cover all risks and all categories of workers, and setting a frame through the establishment of minimum requirements.

The approach suggested by the European Parliament, which would set very detailed rules for one risk and a very specific category of workers only and, moreover prescribe in detail the medical devices to be used and those not to be used, would be contrary to the current nature of EU legislation on health and safety and the subsidiarity principle. A revision along these lines of the biological agents directive would lead to incoherence regarding the level of detail of requirements, also in comparison with other risks, category of workers and workplaces, and is moreover not justified.

There are no data presented to support the argumentation that further prevention efforts are needed and that current practices are insufficient. Generally, healthcare establishments are well aware of the risk of needlestick and other percutaneous injuries, have well established practices to prevent such risks as far as possible and have a well-trained workforce.

Conclusion

BUSINESSEUROPE sees no need and justification for further legislative action at EU level with a view to protecting European health care workers from blood-borne infections due to needlestick injuries. A legal framework which ensures adequate protection is already in place and is complemented by well established prevention practices.

BUSINESSEUROPE believes, however, that ACSH within the framework of its work on guidance for risk prevention in the hospital sector, could take up the issue and develop a chapter on good practice as regards the protection of workers from needlestick or other percutaneous injuries.

BUSINESSEUROPE is in no position to consider negotiations on this very specific issue.