Working at the sharp end!

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European Union (2010) *Council Directive 2010/32/ EU Implementing the Framework Agreement on Prevention from Sharp Injuries in the Hospital and Healthcare Sector.* Available at: http://bit.ly/IKWVOj (accessed 09.05.12)

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Health and safety at work is an issue that should be important to everyone working in the hospital and healthcare sector. Taking action to prevent and protect against unnecessary injuries, if properly carried out, will have a positive effect on resources. This is of major interest in the current climate of an NHS that is strapped for cash and struggling to provide services. Health and safety of workers is paramount, and is closely linked to the health of patients.

In May 2010, the European Union produced the document *Council Directive 2010/32/ EU Implementing the Framework Agreement on Prevention from Sharp Injuries in the Hospital and Healthcare Sector.* The deadline for transposition and mandatory implementation of this Directive in all EU countries is May 2013. The objectives of the Directive are:
- To achieve the safest possible working environment.
- To prevent workers' injuries caused by all medical sharps (including needlesticks).
- To protect workers at risk.
- To set up an integrated approach establishing policies in risk assessment, risk prevention, training, information, awareness raising and monitoring.
- To put in place response and follow-up procedures.
 The Directive covers:
- All workers in the hospital and healthcare sector.
- Private and public sector.
- Every other place where health services or activities are undertaken, such as prison health services.
- Temporary and agency staff.
- Students.
- Subcontractors.

The Directive charges all countries within the EU to ensure appropriate processes are in place to fulfil all aspects.

In April 2012 the Forum for Injection Technique (FIT) decided to explore how the Directive would affect people with diabetes and those who care for them. The FIT4Safety working group, an extension of the FIT initiative, was set up to undertake this task. The same process that was used to develop the FIT recommendations was deployed in April 2012.

Thirty professionals from diabetes nursing, general practice, infection prevention and control, occupational health, health and safety and local government, as well as service users, met to discuss and debate timely and appropriate guidance relating to the implementation; this work is endorsed by the Royal College of Nursing. At the end of the meeting a document was developed to address the Directive, which gives examples of how it should be implemented. There are different sections, including risk assessment and prevention.

Risk assessment includes:
- Assessing who is at risk from exposure.
- Being aware that the highest risk is from hollow-bore needles.
- Being proficient in high-risk procedures, such as blood collection, intravenous cannulation and percutaneously placed syringes.
 Prevention includes:
- Eliminating the unnecessary use of sharps by implementing changes in practice, providing medical devices incorporating safety-engineered protection mechanisms or both.
- A ban on recapping needles.
- Safe disposal "as close as possible" to areas where sharps are being used.
- Safe systems of work.
- Health surveillance.
- Vaccination free of charge.

Unsafe medical care is a major source of morbidity and mortality throughout the world. Patient safety is the most critical component in the quality of healthcare. However, the care of people with diabetes depends on maintaining a safe working environment for the many workers who provide that care. FIT4Safety has taken the initiative to use the EU Directive to develop the recommendations as mentioned earlier with a wide group of interested parties. The completed document will be available this summer as a hard copy as well as online at www.fit4diabetes.com. Don't forget to get your copy! ∎