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To: EPBS
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Report European Biosafety Summit, London, 1 June 2012

The European Biosafety Network, UNISON, and the Royal College of Nursing welcomed delegates from all across Europe to the UNISON Centre, London for the 3rd European Biosafety Summit, on 1st June 2012.

Keynote speakers included representatives from the European Commission, EU-OSHA, the Health and Safety Executive and the Social Partners, EPSU and HOSPEEM.

The Summit highlighted the importance of the European Directive on Sharps Injuries (Council Directive 2010/32/EU) for the safety of patients and healthcare and support staff and provided a great opportunity to share best practice on the practical steps that employers and workers can take to prepare for the implementation of the Directive by 11th May 2013.

Speakers took the opportunity to report on the progress made in the implementation of the directive across EU member states.

Highlights from the conference:

- 70 per cent of the Health budgets are used for salaries for the Health Care Workers (HCW).
- 80 per cent of the HCW are women, and female will therefore get most of the needle injuries.
- In UK ½ million pounds are used for needle stick injuries (NSI) and prophylaxis every year.
- By implementing the directive it is possible to reduce these costs!
- Trade unions have a big role to play upon authorities and leaders because they will look upon this from an economic point of view.
- Safety devices protect HCWs from exposure to life-threatening diseases by preventing NSI.
- Safety devices can't eliminate all NSI, but more than a half can be prevented.
- The Council Directive will minimize the serious health risks caused by NSI.
- The Directive includes all workers that will be in contact with human blood, also workers who do piercing and tattooing.

Important elements from in the Directive:

- Risk Assessment
- Toolkit
- Guidance
- Implementation
- Education and training
- Partnership in Action
- Prevention
- Reporting
 - Locally

- Nationally
- European

Highlights from the workshops:

- Individual risk assessment must be done locally in every country
- Mandatory training with use of needle protections
- Cooperation with the producers of safety devices, to influence what devices can be useful, involve HCW
- Knowledge of blood born deceases
- Learn students to report
- E-learning
- Cooperation and culture changes
- Change the routines with the aim of reducing NSI
- Report, identify risk assessment and measure changes that has been done
- Publish the results

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