EPSU Reply Social Partner Consultation Revisions Carcinogens and Mutagens Directive

20 December 2017

On 10 November 2017 he European Commission had launched the **second phase social partner consultation on revisions of the Carcinogens and Mutagens Directive** (2004/37/EC). In close cooperation with the **ETUC** and the **ETUI**, leading on the trade union side on this dossier and having sent in a **reply** on 21 December 2017, **EPSU** had submitted its own **contribution** the day before. It focuses on the workers in the health care sector. In EPSU the prevention from exposure to carcinogens and mutagens and the protection against these chemical agents has always also been very important for the firefighters and been dealt with in meetings of EPSU's Firefighters Network.

EPSU shares the view of ETUC concerning the different elements needed for a global EU strategy against work related cancer. As the European trade union federation representing the interests of workers in the health care (and social services) sector, we want to insist on the need to provide a better prevention for more than 12.7 million healthcare workers in Europe, including millions of nurses, who are exposed to carcinogenic, mutagenic and reprotoxic hazardous drugs. According to EU-OSHA - the European Agency for Safety and Health at Work in Bilbao which will soon launch its new two years' **Healthy Workplace Campaign** exactly focusing on the management of dangerous substances - these drugs represent the most dangerous chemical risk factors in health care and some of the mosthazardous chemicals ever developed. Studies show that hospital workers who handle cytotoxic drugs are three times more likely to develop malignancy. EPSU insofar demands to the EC, the EP and to the EU MS in the forthcoming legislative process for 1) the inclusion of a new entry on the preparation, administration or disposal of hazardous drugs, including cytotoxic drugs, and work involving exposure to carcinogenic or mutagenic substances and 2) the introduction of binding occupational exposure limits for some specific drugs.

Surveys, conducted primarily with nurses, have associated workplace exposures to cytotoxic drugs with acute health effects and/or chronic effects

. Indeed, increased genetic damage has been demonstrated in nurses, particularly in day hospital nurses, the group handling the highest amount of drugs during the administration process. Importantly, the effects of exposure may be subclinical and not be evident for years or generations of continuous exposure. While patients receive concentrated doses of a limited number of cytotoxic drugs for a defined period of time, healthcare workers may be exposed to small doses of a broad range of with cytotoxic drugs over decades, with some workers being exposed every workday, year after year.

In recent years several of **EPSU's members** have done **targeted work to better prevent exposure to and/or to reduce risks linked to the manipulation or use of cytotoxic drugs**. One prominent example is EPSU's Spanish member **CC.OO**, with a hospital based awareness-raising and training campaign and legal action against non-compliant employers. A presentation - see the slide set used by Victoria Gómez García and Rosa Atienda Herraez, FSS-CC.OO in <u>ES</u> and in <u>EN</u> - of the **trade union interventions and actions needed in relation to awareness-raising, information and mobilisation of the workers concerned and also as to the "scandalisation" of lacking initiatives and measures by hospital employers to improve the protection of health workers against the risks stemming from hazardous drugs** was given at the Plenary Meeting 2017 of the Sectoral Social Dialogue Committee for the Hospital/Health Care Sector on 30 November 2017 in Brussels.

- Rosa Atienda Herraez presented how the regulations vary from implementation in the workplace, whereby she stressed that the adoption of preventive measures has been completely inadequate in most of the healthcare facilities due to either a lack of awareness about the issue or authorities underestimating the risks associated with handling these substances.Moreover, one of the contributing factors has been that, from a healthcare usage perspective, cytostatic drugs are not identified according to the criteria in the respective regulation or merely the lack of regulations specific to protection against hazardous drugs in the workplace.
- Victoria Gómez García provided six points of actions what needs to be done to improve the current situation. Firstly, a specific, compulsory European regulation has to be developed that governs protection measures for workers exposed to hazardous drugs. Secondly, practical training on the subject

throughout the employment cycle, administered by either the government or by employers. Thirdly, conducting scientific research on the effect of chronic exposure of staff to microdoses of drugs with possible effects, and those that are toxic in low doses or toxic for human reproduction is scarce. Fourthly, develop "integrated guides" that outline potential or verified negative aspects. Fifthly, keep a I record of staff exposed to the substances and adequately monitor their health throughout and after their employment. Lastly, raise awareness on the subject are required.

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