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### **EPSU Reply to the second phase consultation of the social partners on possible revisions of the Carcinogens and Mutagens Directive (2004/37/EC)**

The European Federation of Public Service Unions (**EPSU**) represents 8 million public service workers and their 275 trade unions in about 45 countries. EPSU covers health and social services; local, regional, national and European administration and energy, waste and water. EPSU is a member organisation of the European Trade Union Confederation (**ETUC**) and the European region of Public Services International (**PSI**). We are the **recognised EU-level trade union federation in the social dialogue committees** for hospitals/health care, local and regional government, national and European administration and electricity.

EPSU does not have the technical knowledge to give detailed answers to specific questions and insofar submits a reply in form of this **letter**. We focus on the economic sector that represents the biggest share of our membership, **health and social services**. EPSU also highlights the need for a better protection for **firefighters**, a professional group organised by EPSU affiliates. EPSU's firefighters' network has also dealt with these risks for many years.

**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, these drugs represent the most dangerous chemical risk factors in healthcare and some of the most hazardous chemicals ever developed. Studies show that hospital workers who handle cytotoxic drugs are three times more likely to develop malignancy. It is estimated that in Europe each year occupational exposure to hazardous drugs produces 2,220 new cases of leukemia alone which results in 1,467 additional deaths of healthcare workers each year.

**Hazardous drugs** (also referred to as cytotoxic, cytostatic or antineoplastic drugs) describe a group of medicines designed to destroy cells that grow in a rapid and uncontrolled manner, preventing their replication or growth. Worldwide, these medicines are increasingly being used in a variety of healthcare settings, prominently in the treatment of cancer. They also play an important role in haematology and rheumatology and are used to treat non-cancerous diseases such as multiple sclerosis, psoriasis and systemic lupus erythematosus, leading to a growing use of these drugs.

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The **cytotoxic drugs** available for current use are generally non-selective, meaning that they do not differentiate between malignant cells and normal healthy tissue and are therefore likely to damage normal (non-tumour) cells, resulting in adverse health effects.

Sold in powder or as a concentrated solution, a form where a drug is more stable, **cytotoxic drugs require individual manipulation for each patient** prior to being administered as infusions or bolus injections. This may lead to errors, spillages, needle stick injuries and (spread of) contamination, which pose clear health risks to healthcare workers. Moreover, cytotoxic drugs may evaporate and form a gas during normal handling which may result in inhalation of the 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.** For example, as cancer often takes decades to emerge, a case of leukaemia diagnosed in a nurse or in a pharmacist today might be the product of workplace exposures in the 1970s or the 1980s. Unfortunately, in many instances, the connection between work and disease is never made.

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, including EPSU's Spanish member CC.OO, with a hospital based awareness-raising and training campaign and legal action against non-compliant employers.

We consider that **Annex I should include a new entry:** "Work involving exposure to carcinogenic or mutagenic substances resulting from the preparation, administration or disposal of hazardous drugs, including cytotoxic drugs, and work involving exposure to carcinogenic or mutagenic substances in cleaning, transport, laundry and waste disposal of hazardous drugs or materials contaminated by hazardous drugs and in personal care for patients under treatment of hazardous drugs".

**For some specific drugs, it would make sense to include binding occupational exposure limits in Annex III** but it is quite clear that the huge diversity of drugs and the rapid development of new drugs would not justify to limit the legislative to the including of some specific substances in Annex III.

Yours sincerely,



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EPSU General Secretary