AVEC CHAQUE VIE DÉSERVE L'AFFORDABLE SOINS HUMAIRES

INFORMATION AND EDUCATION

- Safety mechanism is activated while needle is being withdrawn, eliminating potential for needle stick injury
- A secured lock is confirmed by an audible and/or tactile click
- Activation of safety mechanism is done with one hand, allowing the other hand to apply pressure to venipuncture site as per usual
- Once the needle is protected, promptly dispose it in a sharps container.

PREVENTION OF NEEDLESTICK AND SHARPS INJURIES

1. SafeTouch™
2. SafeTouch™ Tulip™
3. AVF SafeTouch™ Catheter Needle
4. AVF SafeTouch™ Single Needle Catheter Needle

SAFETY FIRST

“With HIV and Hepatitis patients, I need to be extra careful.

Is there a way to reduce the risk of contamination?”

NURSE STEFFI
BECAUSE EVERY LIFE DESERVES AFFORDABLE CARE

1 HEALTHCARE PROFESSIONAL IN 10 WILL BE EXPOSED TO BLOODBORNE PATHOGENS IN THE COMING YEAR.

A needlestick injury is a serious matter and exerts extra pressure on hospitals and healthcare professionals alike.

Healthcare professionals

- After a NSI and before contamination is confirmed or denied:
  - Stress and decreased productivity
- For those who contract a disease as a result of their injury:
  - Lifelong consequences
  - Physical and emotional adjustment
  - Financial burdens
  - Inability to continue working in the healthcare profession in some cases

Hospitals

- Costs for testing viral contamination, compensation, and leave of absence
- Loss of professional knowledge and time spent training new persons

Globally, 1 in 5 patients in dialysis centers are considered “at risk.”

As a result of needlestick injuries, it is estimated that healthcare professionals contract the following viruses annually:

- 66,000 cases of Hepatitis B virus
- 18,000 cases of Hepatitis C virus
- 200 – 5,000 cases of HIV

The primary pathogens in dialysis are Hepatitis C and HIV, which could be present among 20% of patients in dialysis units.

WHAT ARE THE CONSEQUENCES & COSTS ASSOCIATED?

Sharps injuries as per job category:

- Nurses have the highest frequency of injuries, totaling 49.1%. This means the frequency of sharps injuries to nurses is nearly equal to that of all other professions combined.

The period after a needle stick injury can be a stressful period of doubt due to the incubation time of different infections:

- Hepatitis B virus = 40-160 days after exposure
- Hepatitis C virus = 14-180 days after exposure
- HIV = 4-8 weeks after seroconversion

During the period of unknown results, healthcare professionals experience high mental stress due to uncertainty. This waiting period usually requires the individual to refrain from work until results are conclusive. This presents further strain on the already limited human resources in the medical profession.

Direct costs for hospitals range from €150 in case of non-contamination to €922,000 in cases of contamination. The average costs comes to €1,966.

The goal is to prevent contamination without worrying about the costs.

IS THERE A WAY TO REDUCE THE RISK OF CONTAMINATION?

The European Council Directives recognize that, due to the nature of their profession, healthcare professionals are at risk everyday of serious infections, with more than 30 potentially dangerous pathogens, including Hepatitis B, Hepatitis C and HIV, as a result of needle stick injuries.

Clinical Practice Guidelines recommend different procedures to prevent contamination:

- Aseptic techniques:
  - For manipulation, connection and disconnection of the vascular access

- Prevention of needlestick and sharps injuries:
  - Risk Assessment:
    - Identify hazards
    - Identify workers at risk
    - Estimate the risk
    - Consider if the risk can be eliminated
    - Evaluate measurements
  - Inform and educate healthcare professionals:
    - On the risks
    - Prevention methods
    - Incident reporting

- The use of medical devices that incorporate “safety-engineered protection mechanisms” and the possibility of eliminating the unnecessary use of sharps devices are recommended measures to take in preventing sharps injuries.

  - Safety mechanism must be an integral part of the safety device, not a separate accessory;
  - Activation of the safety mechanism must be convenient and allow the care-giver to maintain appropriate control over the procedure;
  - A single-handed or automatic activation is preferred;
  - Activation of the safety mechanism must manifest itself by means of an audible, tactile or visual sign to the healthcare professional;
  - Safety mechanisms should not be reversed once activated.

Every year, healthcare professionals are affected by needlestick and sharps injuries. The World Health Organization estimates that 3 of the 35 million healthcare professionals worldwide are exposed to bloodborne pathogens each year as a result of these injuries. Almost 50% of injuries are not reported, which leads to a significant under-estimation.