

VACUETTE® PREMIUM

Safety Needle System Tube-Touch

A unique, state-of-the-art product for maximum safety

- Developed and tested in routine use to ensure optimised handling before, during and after the puncture.
- The safety device consisting of needle, tube holder and protective cap is ready-for-use and after venipuncture disposed of as one complete unit.
- Automatic activation after inserting the first VACUETTE® blood collection tube prevents needlestick injuries.
- Automated activation ensures safety, even if collection has to be ended abruptly or if the procedure is interrupted.
- Colour-coded needle cap indicates the needle gauge.
- The perforated cap label ensures the integrity of the product as well as an additional indication of needle gauge and length.
- The foil seal ensures product sterility and minimises packaging waste.

1. The special cut of the needle reduces pain and patient stress during venipuncture.

2. Ergonomic design with recesses for the fingers.

3. An indicator on the inner needle sleeve (safety mechanism) visualises the depth of the needle.

4. Specially positioned grips on the holder ensure a flat venipuncture angle.



Your Power for Health

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VACUETTE®

PREMIUM

Safety Needle System

Tube-Touch

Prevent needlestick injuries.
Automatically.

VACUETTE® PREMIUM

Safety Needle System Tube-Touch

Prevent needlestick injuries. Automatically.

Maximum safety

The aim of the EU Directive 2010/32/EU is to create the safest possible working environment for all health workers.²

This is to be achieved through the provision of information and instructions to increase risk awareness, and by focused risk prevention by means of appropriate safety measures, e.g. safe instruments with needle protection, preferably with an automatically activated protection mechanism.⁴

Safety products are becoming increasingly effective

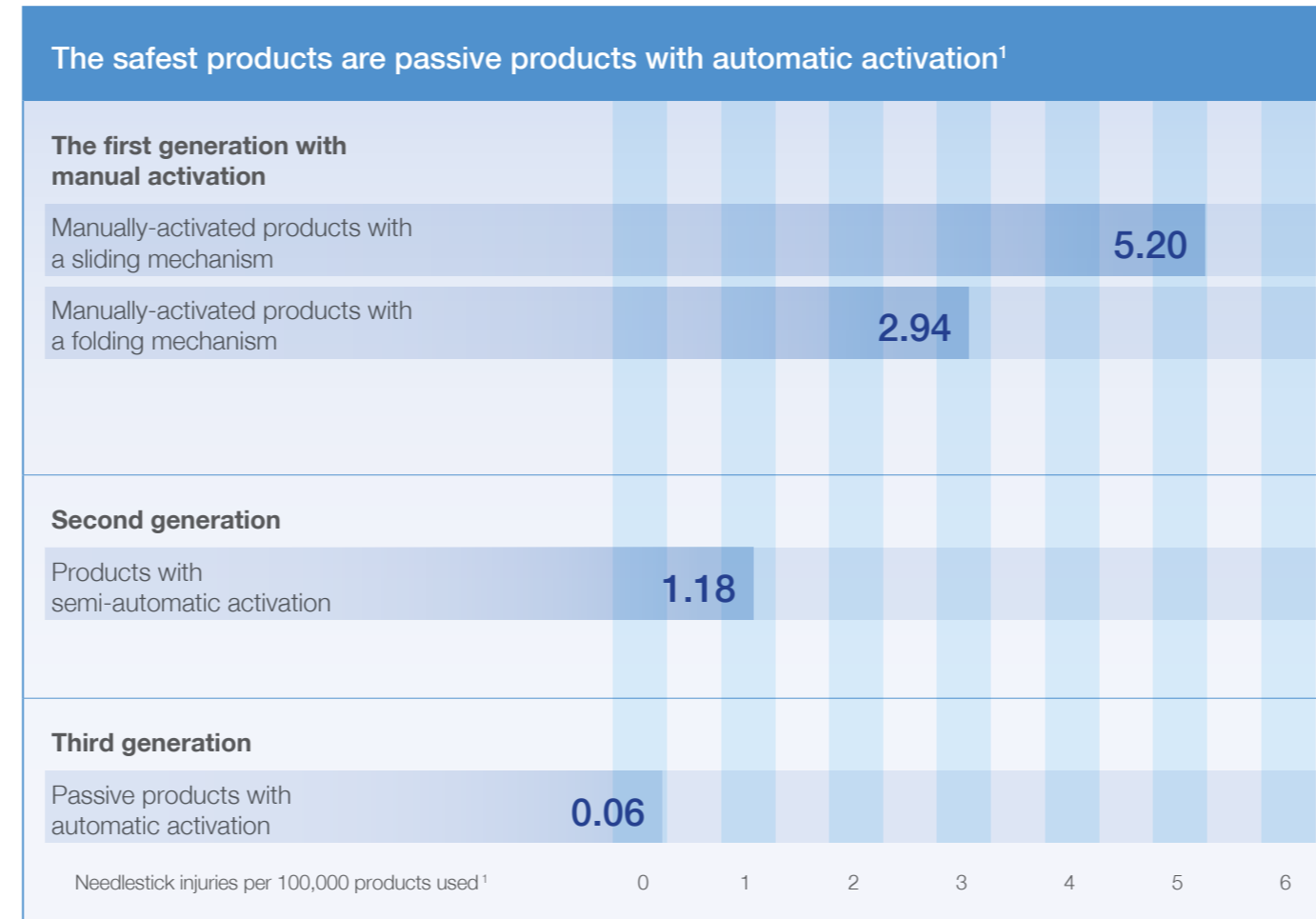
End of the 1980s	In the 1990s	1st half of the last decade	2nd half of the last decade
The first products to protect against needlestick injuries were protective cap holders in the 1980s and simple disposal boxes.	The first generation of safety products appears on the market: Safety products requiring manual activation such as blood sampling sets with protective caps, safety products with manual activation to drop the needle or products with protective shields that fold over the needle.	The second generation of safety products: Systems that are usually activated by pressing a button, such as VACUETTE® TIPGUARD Safety Tube Holder and products where the needle retracts following manual activation.	The third generation of safety products: "Passive" products with automatic activation of the safety mechanism such as the VACUETTE® PREMIUM Safety Needle System Tube-Touch.

Which instruments provide absolute safety?

There are 3 generations of safety products on the market, all of which are in use. There are manually activated systems, semi-automatic systems and passive systems that do not need to be activated by the user. The activation of passive systems is fully automated.

Studies comparing the effectiveness of these 3 product generations have given clear results:

A total of 453 needlestick injuries were reported in the use of 22 million safety products in 61 hospitals overall. On average, this represents 2.05 injuries for every 100,000 products used.



Why are manually-activated products less safe?

- Manually-activated products are sometimes not activated due to a lack of risk awareness.
- Injuries are possible during the activation process.
- In the everyday hectic, activation can be forgotten or not fully implemented.
- Incorrect or unforeseen patient behaviour can lead to risky situations.
- Manually-activated products are more difficult to handle.
- The required training for correct handling is often ignored.
- Contaminated products can be passed on to third parties before activation.

Such scenarios would not occur if safety products with automatic activation were applied.

Passive products are thus safer.

High cost in the case of transmitted infection

The costs vary a great deal, depending on the case being treated. The direct costs amount to between 356 and 3,465 euros.⁶ The American Hospital Society estimates the cost of a serious infection following a needlestick injury at approx. 1 million US dollars.⁵

This includes the costs of:³

- Immediate treatment of the injury
- Loss of job in health care
- Lost work time or even early retirement
- Years of taking medication with the associated side-effects and treatment costs
- Costs of legal disputes and court cases
- Costs due to the emotional stress and social limitations of the person affected by an HIV or HCV infection

All of these costs justify the use of the safest product alternative.

Item No.	Description	Packaging	
		Inner	Outer
450255	VACUETTE® PREMIUM Safety Needle System Tube-Touch, 20G x 1 1/4"	50 units	800 units
450257	VACUETTE® PREMIUM Safety Needle System Tube-Touch, 21G x 1 1/4"	50 units	800 units
450256	VACUETTE® PREMIUM Safety Needle System Tube-Touch, 22G x 1 1/4"	50 units	800 units

Needlestick injuries occur **80 times more** frequently when first generation safety products are used than when using passive products.

1. William Tosini, MD; Céline Ciotti, RN; Florian Goyer, RN; Isabelle Lolom, MSc; Francois L'Hériveau, MD; Dominique Abiteboul, MD; Gerard Pellissier, PhD; Elisabeth Bouvet, MD: Needlestick Injury Rates According to Different Types of Safety Engineered Devices: Results of a French Multicenter Study: Infection Control and Hospital Epidemiology, April 2010, Vol. 31, NO.4
 2. Council Directive 2010/32/EU dated 10 May 2010 for the implementation of the framework agreement concluded by HOSPEEM and EGÖD concerning the prevention of injuries by sharp/pointed instruments in the hospital and health sector, Brussels 10/05/2010
 3. Occupational Safety: Selected Cost and Benefit Implications of Needlestick Prevention Devices for Hospitals; United States General Accounting Office Washington, DC 20548
 4. European Biosafety Network: Guideline for the implementation of the EU framework agreement, the directive of the council and the associated national legislation. www.europeanbiosafetynetwork.eu
 5. Ernst, Dennis J., MT(ASCP) "Safety Needles." Dennis Ernst, To the Point. Vol. 1. Indiana: Center for Phlebotomy Education, 2007 Pg. 36
 6. Graf-Deuel E: Evaluation of needlestick injuries at the KSSG for 2000, 2001 and 2002, Personal-Ärztlicher Dienst St. Gallen 2002.

