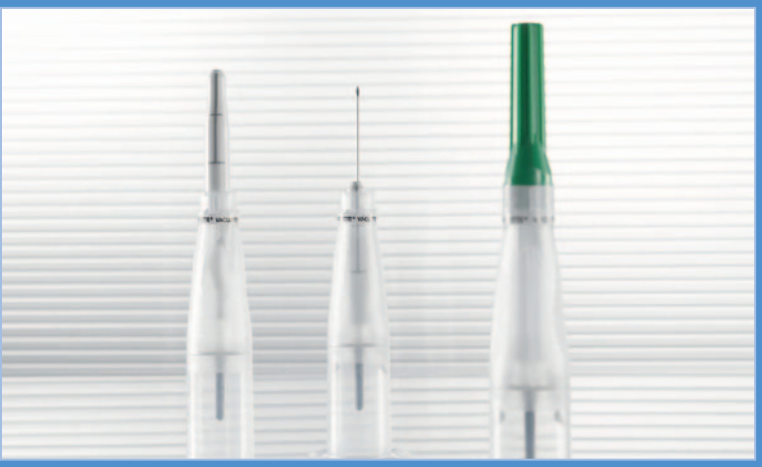
Your Power for Health

greiner bio-one



VACUETTE®
TUBE-TOUCH

Prevent needlestick injuries.
Automatically.

www.gbo.com/preanalytics

VACUETTE® 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]

Which devices provide absolute safety?

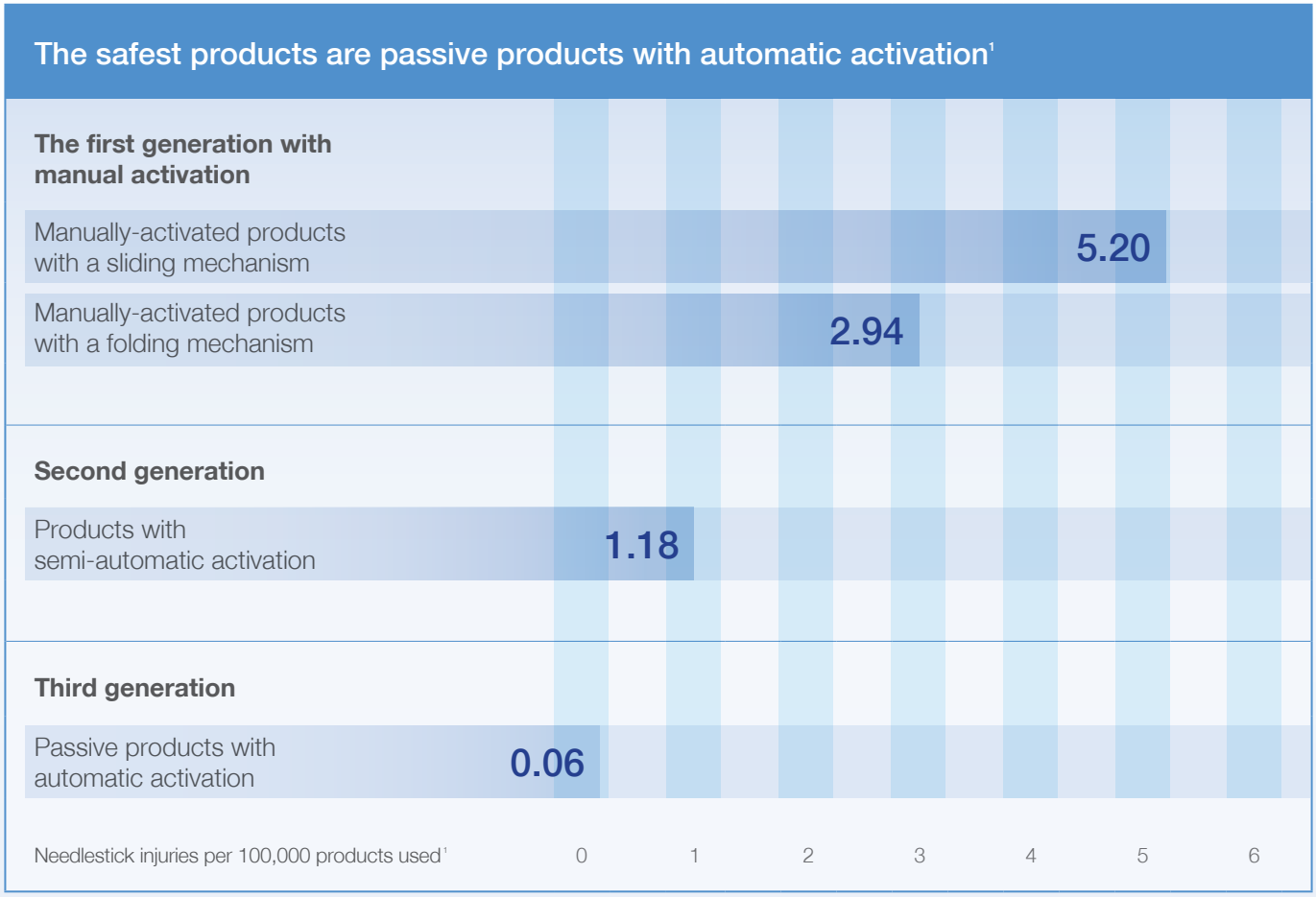
There are 3 generations of safety products on the market, all of which are in use. There are manually activated systems, semi-automatic systems and passive systems that do not need to be activated by the user. The activation of passive systems is fully automated.

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 containers.	**The first generation** of safety products appears on the market in the late 1990s: 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 cover the needle.	**The second generation** of safety products: Systems that are activated by pressing in an area or button whereby the needle is then retracted.	**The third generation** of safety products: "Passive" products with automatic activation of the safety mechanism such as the **VACUETTE®** TUBE-TOUCH.

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.



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

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**® TUBE-TOUCH, 20G x 1 1/4“	50 pcs.	800 pcs.
450257	**VACUETTE**® TUBE-TOUCH, 21G x 1 1/4“	50 pcs.	800 pcs.
450256	**VACUETTE**® TUBE-TOUCH, 22G x 1 1/4“	50 pcs.	800 pcs.

1. William Tosini, MD; Céline Ciotti, RN; Florian Goyer, RN; Isabelle Lolom, MSc; Francois L`Hériteau, MD; Dominique Abiteboul, MD; Gerard Pellissier, RhD; 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.

VACUETTE® 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 paper seal ensures the integrity of the product.
- 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. Specially positioned grips on the holder ensure a flat venipuncture angle.

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

Your Power for Health

greiner bio-one

For further information, please visit our website **www.gbo.com/preanalytics** or contact us:

Austria (Main Office)
Greiner Bio-One GmbH
Phone +43 7583 6791-0
Fax +43 7583 6318
E-Mail office@at.gbo.com

Brazil
Greiner Bio-One Brasil
Phone +55 19 3468-9600
Fax +55 19 3468-9621
E-Mail office@br.gbo.com

China
Greiner Bio-One Suns Co., Ltd.
Phone +86 10 83 55 19 91
Fax +86 10 63 56 69 00
E-Mail office@cn.gbo.com

France
Greiner Bio-One SAS
Phone +33 1 69 86 25 25
Fax +33 1 69 86 25 35
E-Mail office@fr.gbo.com

Germany
Greiner Bio-One GmbH/Preanalytics
Tel +49 7022 948-0
Fax +49 7022 948-514
E-Mail office@de.gbo.com

Hungary
Greiner Bio-One Hungary Kft.
Phone +36 96 213 088
Fax +36 96 213 198
E-Mail office@hu.gbo.com

India
Greiner Bio-One INDIA Pvt., Ltd.
Phone +91 120 456 8787
Fax +91 120 456 8788
E-Mail info@gboindia.com

Netherlands
Greiner Bio-One B.V.
Phone +31 172 4209 00
Fax +31 172 4438 01
E-Mail info@nl.gbo.com

Spain
VACUETTE Espana S.A.
Phone +34 91 652 77 07
Fax +34 91 652 33 35
E-Mail info@vacuette.es

Switzerland
Greiner Bio-One VACUETTE Schweiz GmbH
Phone +41 7 12 28 55 22
Fax +41 7 12 28 55 21
E-Mail office@ch.gbo.com

Thailand
Greiner Bio-One Thailand Ltd
Phone +66 38 4656 33
Fax +66 38 4656 36
E-Mail office@th.gbo.com

United Kingdom
Greiner Bio-One Ltd.
Phone +44 1453 8252 55
Fax +44 1453 8262 66
E-Mail info@uk.gbo.com

USA
Greiner Bio-One North America Inc.
Phone +1 704 261-7800
Fax +1 704 261-7899
E-Mail info@us.gbo.com

PEFC

980256 rev.01, 06.2013 e