SOLUTION



neria[™] guard – protecting healthcare workers with a passive needle safety system and intuitive insertion technique.

neria™ guard product complies with EU, US and WHO guidelines and regulations on safer sharps, and is manufactured in accordance with ISO 23908 (Sharps injury protection)^{1,16,17,20}.









3. CONNECTION

IN SUMMARY

SAFETY

- ✓ Complies with guidelines and regulations on safer sharps^{1,16,17}
- ✓ Designed, approved and tested for subcutaneous
- ✓ Passive needle safety system
- ✓ Manufactured in accordance with ISO23908²⁰

EASE OF USE

- ✓ Intuitive^{18,21}
- ✓ Fully automatic
- ✓ Few user steps
- Can be used by everyone^{20,21}

COMFORT

- ✓ Soft cannula with no exposure to needle
- ✓ No exposure to visible needle
- ✓ Secure and gentle adhesion to skin



WE HAVE ASKED THE USERS ABOUT neria™ guard

HCPs & patients would change to neria™ guard infusion set due to ease of use and automatic insertion18.

100% of HCPs and patients prefer neria™ guard infusion set over current infusion set and would recommend it to others¹⁸.



- ✓ Smooth insertion technique



(III) ConvaTec

At ConvaTec, we exist to improve the lives of the people we touch. Our products are developed with this in mind and the latest result is the neria[™] guard infusion set. Neria[™] guard is the only commercially available infusion set with a fully automatic insertion technique for a safe and needle free operation.

Neria[™] guard meets the highest standards for needle safety regulations and could contribute to reducing the clinical, economic and humanistic burden associated with needle stick injuries.

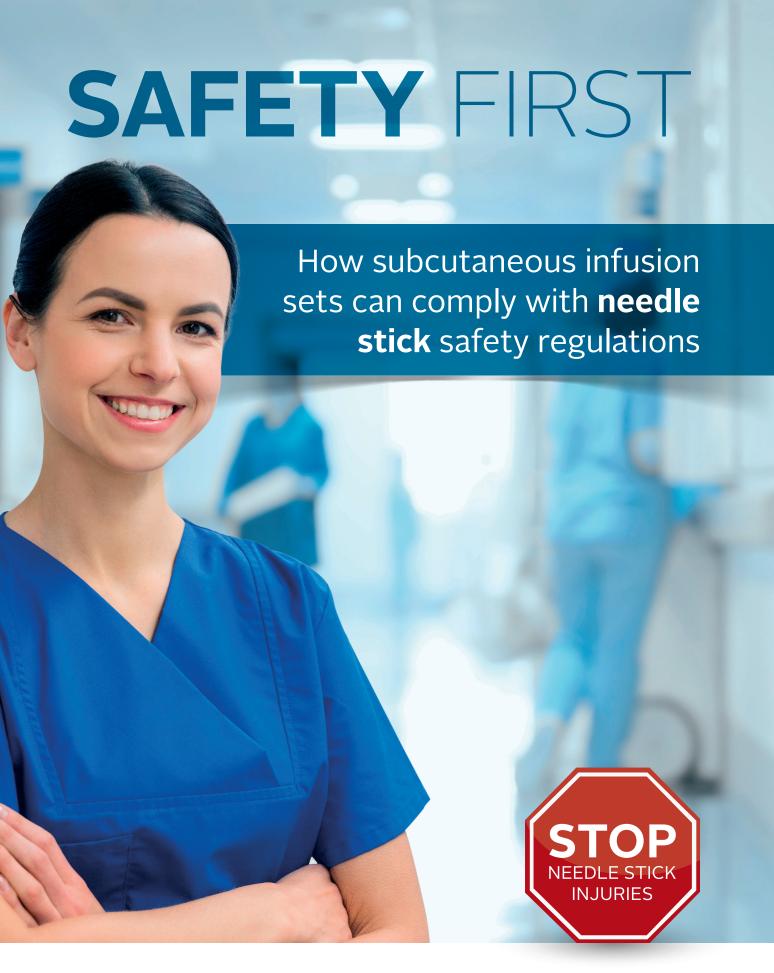
ConvaTec infusion Care is a leading manufacturer of infusion sets. Since the 1980s convaTec Infusion Care has sold millions of infusion sets world wide for use with continuous subcutaneous drug delivery.

ConvaTec Infusion Care is located in Denmark.

Please visit www.neria.com for more information about the neria™ infusion sets including instruction videos and brochure materials.

- 1. WHO 2016, "WHO guideline on the use of safety-engineered syringes for
- 2. Phillips EK, Conaway MR, Jagger JC. Percutaneous injuries before and after the Needlestick Safety and Prevention Act. N Engl J Med. 2012;336:670–671. 3. Cooke CE. Stephens JM.Clinical, economic, and humanistic burden of needlestick
- 4. Nkoko L. Spiegel J. Rau A. Yassi A. Reducing the risks to health care workers from blood and body fluid exposure in a small rural hospital in Thabo-Mofutsanyana,
- South Africa. Workplace Health Saf. 2014;62(9):382-388. 5. Talaat M, Kandeel A, El-Shoubary W, et al. Occupational exposure to needlestick injuries and hepatitis B vaccination coverage among health care workers in Egypt Am J Infect Control. 2003;31(8):469–474.
- 6. Memish ZA, Assiri AM, Eldalatony MM, Hathout HM. Benchmarking of percutaneous njuries at the Ministry of Health hospitals of Saudi Arabia in comparison with the Inited States hospitals participating in Exposure Prevention Information Network (EPINet). Int J Occup Environ Med. 2015;6(1):26-33.
- 7. EPINet. EPINet Report for Needlestick and Sharp Object Injuries. International Safety Center. Available from: https://internationalsafetycenter. org/wp-content/uploads/2016/08/Official-2014-NeedleSummary.pdf. Accessed April 12, 2017.
- 8. Balkhy HH, El Beltagy KE, El-Saed A, Sallah M, Jagger J, Benchmarking of percutaneous injuries at a teaching tertiary care center in Saudi Arabia relative to United States hospitals participating in the Exposure Prevention Information Network. Am J Infect Control. 2011;39(7):560–565.
- 9. Costigliola V, Frid A, Letondeur C, Strauss K. Needlestick injuries in European nurs in diabetes. Diabetes Metab. 2012;38(Suppl 1):S9–S14.
- 10. Panlilio AL, Orelien JG, Srivastava PU, Jagger J, Cohn RD, Cardo DM; NaSH Surveillance Group; EPINet Data Sharing Network. Estimate of the annual numbe of percutaneous injuries among hospital-based healthcare workers in the United States, 1997-1998. Infect Control Hosp Epidemiol. 2004 Jul;25(7):556-62.

- 11. Afridi AA, Kumar A, Sayani R. Needle stick injuries risk and preventive factors: a study among health care workers in tertiary care hospitals in Pakistan. Glob J Health Sci. 2013:5(4):85-92
- 12. Mannocci A, De Carli G, Di Bari V, Saulle R, Unim B, Nicolotti N, Carbonari L, Puro V, La Torre G.How Much do Needlestick Injuries Cost? A Systematic Review of the Economic Evaluations of Needlestick and Sharps Injuries Among Healthcare Personnel. Infect Control Hosp Epidemiol. 2016 Jun;37(6):635-46
- 13. Hanmore E. Maclaine G. Garin F. Alonso A. Lerov N. Ruff L. Economic benefits of safety-engineered sharp devices in Belgium - a budget impact model. BMC Health Serv Res. 2013;13:489. 14. Green B, Griffiths EC. Psychiatric consequences of needlestick injury. Occup Med
- (Lond), 2013:63(3):183-188. 15. Wittmann A, Hofmann F, Kralj N. Needle stick injuries - Risk from blood contact in dialysis. J Ren Care. 2007;33(2):70-73.
- 16. COUNCIL DIRECTIVE 2010/32/EU of 10 May 2010
- 17. Needlestick Safety and Prevention Act, NSPA (H.R.5178) Nov.6, 2000
- 18. User perceptions and preferences using the neria guard infusing set compared with conventional infusion sets indicated for the treatment of Pain. Parkinson's Disease, primary immune deficiencies, Thalassaemia and mild/m (Hypodermoclysis), April 2019, Data on file, Unomedical a/s.
- 19. Lee JM, Botteman MF, Xanthakos N, Nicklasson L. Needlestick Injuries in the United States. Epidemiologic, Economic, and Quality of Life Issues. AAOHN J. 2005;53(3):117-133.
- 20. Sharps injury protection Requirements and test methods Sharps protection features for single-use hypodermic needles, introducers for catheters and needles used for blood sampling (ISO 23908:2011)
- 21. DO20-000144 Summative Usability Test Report, August 2017, Data on file,





Improving the lives of the people we touch

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INTRODUCTION

NEEDLE STICK INJURY

- MORE THAN 3 MILLION NEEDLE STICK INJURIES PER YEAR WORLDWIDE¹

Definition

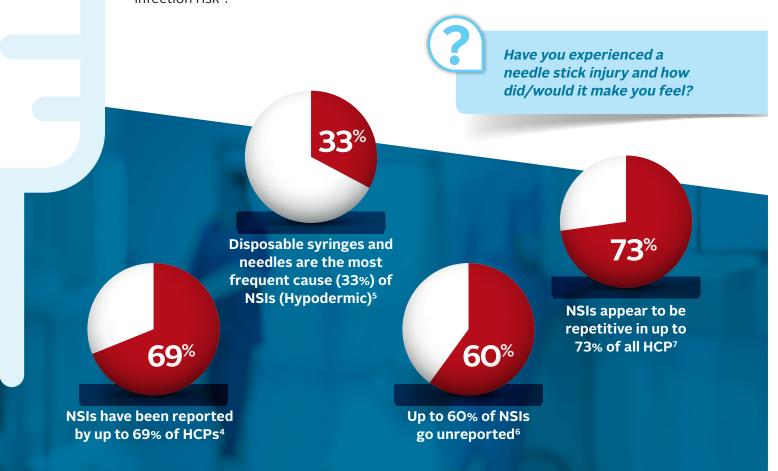
Needle Stick Injury (NSI) is an accidental piercing of the skin by a contaminated needle, which has been in contact with blood or other body fluids, with an increased risk of contracting serious infectious diseases.

Incidens

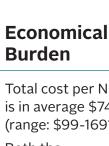
NSI caused by a contaminated sharps instrument usually a needle from a syringe including subcutaneous infusion sets is one of the most frequent routes of transmission in occupationally acquired bloodborne infections².

Burden and prevention

Safety-engineered devices for hypodermic injection demonstrate value by reducing NSI risk, and the associated direct and indirect costs, psychological stress on Healthcare Professional (HCP), and occupational blood-borne viral infection risk3.



BURDENS & COSTS



Total cost per NSI is in average \$747 (range: \$99-1691)8 Both the humanistic and economic burden of NSI could

be reduced by

safety needles9.

implementation of

Testing for infection in the ured worker and, if known, the patient on whom he needle/sharp had been used. 6. Post exposure **Legal** consequences prophylaxis to (litigation and prevent or manage **TOTAL** compensation potential bloodborn claims). COSTS \$747° 5. **Counseling** for injured workers.

Short- and longterm treatment o chronic blood-borne viral infections that are transmitted to injured workers.

virus transmission.

Staff **absence** and

PREVENTION & REGULATION

Preventive regulations have been reinforced

These legislations require that where risks have been identified, processes and devices must be put in place to reduce or eliminate the risk.

EU: 2010/32/EU (Among the prevention measures Safety Engineered Devices must be made available)¹⁵

US: NSPA (Needlestick Safety and Prevention Act)¹⁶



The World Health Organization (WHO)



recommends the use of safety injection devices and instructs governments to transition to their exclusive use by 20201.

Preventive interventions

Up to 100% of all NSI could be prevented3.

The preventive interventions (PI) that regulations recommend as contribution towards decrease of NSI frequency and the consequently economical and humanistic costs, could be:

- Administrative, behavioral, and technical interventions
- Safety Engineered Devices (SED)
- Education
- Prevent improper needle manipulations
- Provision of sharps containers

Despite preventive interventions, NSIs are still a significant global issue among HCPs and a continual focus is needed for both ethical and economic reasons³.



Cost-effectiveness review of safety devices showed US annual savings of \$228 million (HIV) and \$216 million (hepatitis)¹⁹.

Using safety devices instead of conventional needles was found to save money for tests, investigations, and treatment³.

Humanistic Burden

The human burden is playing a significant impact for the nurse.

Emotional effects after NSI11:

- Depressive symptoms and **Excessive Worry**
- Stress, including PTSD, Anxiety and panic Attacks
- Crying Spells and Adjustment disorder (AD)
- Tension in families

Nurses report changing their working habits/department or stop working the time after NSI12.



• 30 will become infected with

• 300 will become infected with

More than 20 blood-borne infections

infected patient, there is a risk that:

Hepatitis C • 3 will become infected with HIV14

Clinical Burden

may be transmitted by NSI¹³.

For every 1,000 NSIs from an



Can you identify any medical devices that could be replaced by a safety device in your workplace?

Hepatitis B

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