Abstract:

Needlestick injuries (NSIs) carry the potential for transmission of serious blood-borne infections and pose a significant risk to patients and healthcare staff. These infections come with an estimated cost of £300 million per year in the UK (Saia et al, 2010). An EU directive mandated in May of 2013 has sought to minimise the risk of NSI though the introduction of needle-protection systems. The authors of this article set out to assess nursing knowledge of this legislation and ascertain which needle-protection systems for low-molecular weight heparin/anti Xa (for subcutaneous administration) were preferred in a large teaching trust. Approximately half of the nurses questioned had some knowledge of the legislation and almost all agreed that there is a need for needle protection systems. All four devices tested meet requirements for the legislation but the preferred devices were the needle protection system for enoxaparin and fondaparinux with a self-sheathing style device after activation.

Other intravenous and vascular access resources that may be of interest (External links – IVTEAM has no responsibility for content).

Guide for intravenous chemotherapy and associated vascular access devices from Macmillan.
An example of peripheral cannulation OSCE from OSCE Skills.