embecta⁻

Needlestick injuries from insulin injections are an ongoing threat to the safety of healthcare workers¹





In a survey, **almost 1 in 4 nurses (~24%) experienced a needlestick injury** from giving injections to patients with diabetes^{1,2*}



In a study, insulin pens accounted for the **most frequent cause of needlestick injuries in nursing homes** (40%)^{3†}

Consequences run far beyond the moment of accidental needlestick injury^{1,4,5}



Biological

Needlestick injuries put healthcare workers at risk of bloodborne pathogens, such as **HBV**, **HCV**, and **HIV**⁴



Financial

Managing a needlestick injury incurs **direct and indirect costs**, with both present and future implications⁵



Psychological

Needlestick injuries may leave a lasting impact on healthcare workers' emotional well-being¹

Needlestick injuries occur at the front and back end of the pen needle.⁶

In a survey, 1 in 10 nurses reported a needlestick injury from the back end of a pen needle.^{6‡}

The BD AutoShield Duo™ Safety Pen Needle automatically conceals both ends of the needle after use, reducing the risk of accidental needlestick injury



After injection



BD AutoShield Duo[™] features a 5mm needle. Using 5mm safety pen needles without a pinch-up technique is recommended, minimizing the risk of needlestick injury through a skinfold.⁸⁵

Catalog Number: 329515 • NDC Number: 08290-3295-15 • Needle Size: 30G × 3/16 in. (5mm) • Quantity: 100 / Box



embecta is committed to being your trusted safety partner for diabetes injections

embecta offers a multifaceted approach to needlestick injury prevention with safety-engineered devices supported by comprehensive resources, education, and training. To learn more, visit embecta.com

*400 nurses in 381 different hospitals in the US voluntarily completed a survey. ¹The study was conducted in 45 nursing homes from April 2002 through December 2007. [‡]Survey of 634 nurses in 13 countries in western Europe and Russia who inject diabetes treatment. Patients <6 years old and very thin adults may require a pinch-up.

1. Frid AH, Kreugel G, Grassi G, et al. New insulin delivery recommendations. Mayo Clin Proc. 2016 (suppl appendix 14):1-3. 2. Lee JM, Botteman MF, Nicklasson L, Cobden D, Pashos CL. Needlestick injury in acute care nurses caring for patients with diabetes mellitus: a retrospective study. Curr Med Res Opin. 2015;21(5):741-747. 3. Kiss P, De Meester M, Braeckman L. Needlestick injuries in nursing homes: the prominent role of insulin pens. Infect Control Hosp Epidemiol. 2008;29:1192-1194. 4. Yang L, Mullan B. Reducing needle stick injuries in healthcare occupations: an integrative review of the literature. ISRN Nursing. 2011:1-11. 5. Mannocci A, De Carli G, Di Bari V, et al. 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; 37:635-646. 6. Costigliola V, Frid A, Letondeur C, Strauss K. Needlestick injuries in European nurses in diabetes. Diabetes Metab. 2012;38:S9-S14. 7. BD Pen Needle Compatibility Status Summary with Diabetes Care & Non-Diabetes Drug Delivery Devices; Document Number: 1490TH-0004-02 Rev W Dated: 02 Feb 2021. 8. Frid AH, Kreugel G, Grassi G, et al. New insulin delivery recommendations. Mayo Clin Proc. 2016;91(9):1231-1255.



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