

BladeCASSETTE 3in1 | Blade Remover

A simply safer way of removing blades in operating rooms.

Remove, contain and dispose of blades without the unacceptable sharps injury rates of two-hand removal techniques involving fingers, forceps or re-sheathing. The surgeons have their best tool and the nurses are protected.



The essentials of team safety

A simply safer way to stay focused on your job

Qlicksmart BladeCASSETTE provides a simply safer way to remove and contain used scalpel blades in sterile operating environments. This world-first single-handed scalpel blade remover prevents the dangerous injuries commonly caused by removing blades with fingers, forceps or re-sheathing techniques.



Continue to use the best tool for your job

Most surgeons prefer the balance, weight and ergonomics of a reusable steel scalpel but removing used blades manually compromises staff safety

Flimsy disposable plastic scalpels are not the answer because they are harder to use, too light to balance, too cumbersome to use, obstruct the line of sight and get entangled with the tissues. It's like eating dinner with a plastic knife and fork.



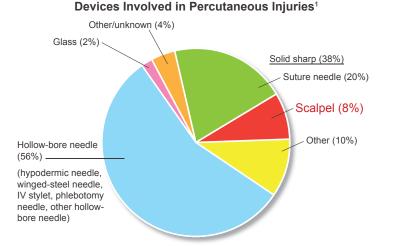


Minimise risks of injury and infection

Sharps injuries are a serious occupational hazard in healthcare settings. Scalpel cuts are not only more severe than needle stick injuries, they are also more likely to happen. The single-hand technique of removing blades minimizes your risk.

- 8-11% of sharps injuries are caused by scalpel blades.^{1,2}
- There are 662 scalpel injuries per 100,000 scalpel blades used, compared to 3.2 syringe and loose needle incidences per 100,000 disposable syringes and loose needles.³ Scalpel injury rates are 200 times higher than sharps injuries involving syringes.

These alarmingly common scalpel injuries cause pain, emotional distress, potentially fatal infections, and damage to digital nerves, arteries or tendons requiring microsurgery and extensive rehabilitation. BladeCASSETTE dramatically reduces the risk of scalpel blade injuries in operating theatres.



1. "CDC (Centre for Disease Control and Prevention) Sharps Injury Prevention Workbook 2008." from http://www.cdc.gov/SharpsSafety/index.html

Jagger, J., M. Bentley, et al. (1998) "A study of patterns and prevention of blood exposures in OR personnel." AORN Journal 67(5): 979-81, 983-4, 986-7 passim. Eisenstein, H. C. and D. A. Smith (1992). "Epidemiology of reported sharps injuries in a tertiary care hospital." J Hosp Infect 20(4): 271-80.

- 4. Fuentes et al. (2008) "Scalpel Safety: Modeling the effectiveness of different safety devices' ability to reduce scalpel blade injuries." The Internati 5. Matson, K. (2000) "States begin passing sharps and needle-stick legislation to protect health care workers." AORN Journal 72(4): 699-703, 705-72. ational Journal of Risk & Safety in Medicine 20(1-2):83-89

Make compliance a practical reality

Research shows that when a single-handed scalpel blade remover is combined with a hands free passing technique (HFPT) it is up to five times safer than a safety scalpel.4

BladeCASSETTE meets these essential safety standards:

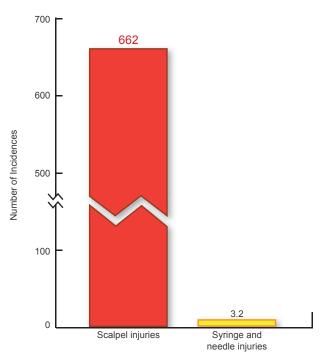
- OSHA Bloodborne Pathogen Standard "1910.1030"
- Australian/New Zealand Standard "AS/NZS 3825:1998"
- CE compliant

This essential safety solution makes compliance a practical reality and dramatically reduces injury costs. Healthcare workers in the United States alone report between 600,000 and 1 million sharps injuries per year. Many more go unreported.⁵ Occupational health and safety regulations worldwide are responding.

BladeCASSETTE ensures optimal safety based on speed and convenience for the end-user, ergonomic simplicity and passive, automatic and singlehanded safety principles.



Incidences per 100,000 devices used³



Bladecassette

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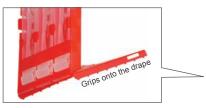


Remove and contain blades with one hand - push and click

With the single-use BladecASSETTE you can simply 'push and click' to change and contain blades during operating without risking the other hand. BladecASSETTE stands and grips firmly on the drapes, making single-hand removal of blades possible. The other hand is out of harm's way until the blade is safely contained in the remover.

The BladecASSETTE simple 'push and click' blade removal solution for steel scalpels:

- IMPROVES PATIENT SAFETY by enabling surgeons to use ergonomic precision steel scalpels
- IMPROVES STAFF SAFETY by ensuring the used scalpel blade is removed with a safe singlehanded technique and then safely contained until final disposal.





Contain blades immediately after use

Contaminated scalpels lying around on the mayo increases the risk of exposure to sharps injury and potential bloodborne pathogens. The sterile BladecASSETTE removes and contains contaminated blades for safe disposal immediately after use, eliminating lurking sharps hazards.



Counting of blades

BladeCASSETTE has been specifically designed to include three transparent cartridges, enabling easy and accurate counting of blades after use in theatre. It fits seamlessly into your standard operating room procedures.





Sterile device

BladecASSETTE can be included in sterile packs (e.g. custom kit or theatre pack), ensuring that the blade remover is immediately available for use when required. BladecASSETTE can be sterilised by ETO or gamma radiation.

6. Perry, J. and J. Jagger (2003). "Scalpel Blades: Reducing Injury Risk." Advances in Exposure Prevention 6(4): 37-48.

7. Alvarado-Ramy, F., E. M. Beltrami, et al. (2003). "A comprehensive approach to percutaneous injury prevention during phlebotomy: results of a multicenter study, 1993-1995." Infect Control Hosp Epidemiol 24(2): 97-104.

SOSHA Standard Interpretations. Standard Number: 1910.1030; 1910.1030(c)(1)(iv); 1910.1030(d)(2). "12/22/2005 - Use of passing trays and single-handed scalpel blade remover in a surgical setting."
Uniform Needlestick and Sharp-Object Injury Report U.S. EPINet Network, 2001, 58 Healthcare facilities.



Scalpel Safety vs Safety Scalpel

EPINet (Exposure Prevention Information Network) data published in 2003 by Perry et al. noted that in the year 2000-2001, there were 91 injuries caused by reusable scalpels and 42 injuries caused by disposable scalpels (described elsewhere in the text as safety scalpels).⁶

In the year 2000-2001, there was only a 10% market share of safety scalpels while 90% of the population were still using the traditional handle.

The conclusion would therefore be that the relative incidence of injuries is four times higher with the use of safety scalpels than it is for traditional reusable scalpel handles.

CDC, in a landmark study on active and passive devices, found that up to 90% of active devices had not been activated.⁷ Safety scalpels are active devices, and this could explain the higher relative incidence injury caused by safety scalpels.

Fuentes et al. reviewed the largest data set of scalpel injuries published at that time and found that the combination of a single handed scalpel blade remover when used with a hands free passing technique was as safe and up to five times safer than a safety scalpel.⁴ This is scalpel safety.



OSHA updates

OSHA in an update on December 22nd, 2005 stated:8

"... if the use of a particular engineering control, in this case a safety scalpel, compromises patient safety, its use would not be considered feasible... blade removal must be accomplished through the use of a mechanical device or one handed technique... The use of a single-handed scalpel blade remover meets these criteria..."



Ensure team safety and satisfaction

According to EPINet data in 2001, percutaneous injury rates show that nurses are most at risk (43.6%) of sustaining sharps injuries.⁹

With BladecASSETTE, surgeons use their preferred traditional steel scalpels while nurses are protected.



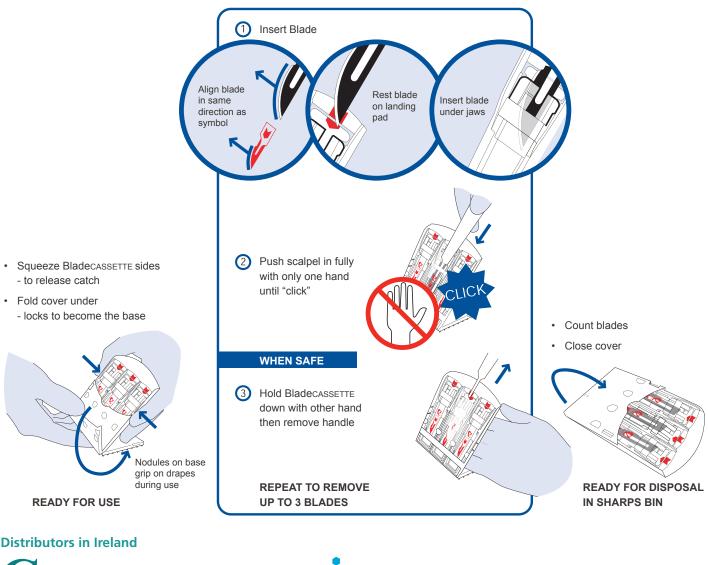
Specifications

Colour versions	Red - for USA Yellow - for all other countries	
Product code	QSSVCAS-3	
GMDN code	46236	
Blade capacity	3 blades - Each set of BladecASSETTE contains 3 single blade remover cartridges. Each cartridge is made to hold 1 blade each.	
Compatible Blades & Handles*	Handles: #3, 3L, 4, 4L, 5, 7, 9, baron, Lawton long handle, cylindrical handle Blades: #10, 10a, 11, 11P, 12, 14, 15, 15a, 15c, 16, 19, 20, 21, 22, 22a, 23, 24, 25, 25a, 27, 36, 6, 9, E11, Sabre D/15.	
Incompatible Blades & Handles	Beaver handle, Disposable handles	
Size (per unit)	Folded: Length 11cm Width 5.7cm Thickness 0.9cm	Standing: Length 7.3cm Width 5.7cm Height 10cm
Weight (per unit)	< 50g	

Accessories N/A Material Borealis polypropylene (PP) Latex No DEHP No Sterile Yes Sterilisation Gamma radiation or ETO method Re-usable No. Each unit removes 3 blades before disposal. Disposal method After the blade count has been performed, the whole Bladecassette set is disposed of as medical waste in a sharps container. Australia - Listed under TGA ARTG NO: 134623 Regulatory approvals USA - FDA listed Europe - Class I Sterile medical device under Council Directive 93/42/EEC and CE marked

* Most brands will work with Qlicksmart BladeCASSETTE

Instructions for Use





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