

# Letters to the Editor



## Dear Editor

In response to the Letter to the Editor (Vol 1:6:p9, September 1996) from Dolly Oleson, Carolyn Wills, David Looke and Michael Whitby, I would like to address and alleviate their concerns regarding my paper "A Preliminary Evaluation of a Needleless IV Access System at the Gold Coast Hospital, Queensland, Australia" (Vol 1:5:p23, April 1996).

It's encouraging to see discussion generated from the publication of preliminary research findings. However, it appears the position presented in my paper has been somewhat misrepresented by Oleson et al. Even though I have been in contact with Ms Oleson by telephone to discuss their concerns, I thought it necessary to deal with each point raised in this publication as well.

The significant reduction in IV related needlestick injuries is **not** accompanied by a fall in non-IV related needlestick injuries. In fact, there was an increase in the total number of needlestick injuries in the six months post-implementation.

The theory attributed to decreased central venous catheter tip colonisation is simply stated in the methods section of the paper.

"It was standard practice (after implementation) to "close" all intravascular catheter hubs with an injection site at the time of insertion. It was thought this may minimise the risk of hub contamination when administration sets were changed (as the injection site remained in place at this time)."

Previously, with the traditional needle system, when administration sets were changed the catheter hub was exposed.

The rationale for implementing a needleless IV access system is stated in the first paragraph of the paper.

"The system was introduced in April 1994 in an attempt

to provide a safer working environment for both healthcare workers and patients."

My paper makes no claim that the type of needlestick injury prevented by a needleless IV access system is regarded as low risk. A paper that makes the claim is cited. However, this premise is argued in another paper cited by discussing a case of human-immuno-deficiency virus (HIV) seroconversion from a needle used for intermittent IV administration (reportedly low risk).

My paper did not suggest that Hepatitis B virus (HBV) has been transmitted by low risk needlestick injuries.

As clearly stated in the literature review section, predictions for the Australian healthcare industry (regarding the occupational exposure to HBV and HIV) have been mainly based on data from the United States, Centres for Disease Control.

The needleless IV access system was not implemented "solely because staff feel comfortable with them." Although I do believe as healthcare professionals committed to the delivery of quality service to our customers, subjective data is useful when evaluating new technologies.

I am pleased the group found the paper to be enthusiastic, however, it was not aimed to recommend but to simply provide a preliminary evaluation of the system as stated in the title of the paper itself. I encourage the group to share their findings in a subsequent issue of this journal.

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## SOMEBODY, SEND FOR THE BUG BUSTER!

by Marilyn Beattie



**INFECTION  
CONTROL  
IN AGED CARE  
IS  
DEFINITELY A  
CHALLENGE!**