

# Safety Engineered Devices:

## Use and activation in USA

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**“it is disturbing that 39.9% of conventional needles were capped prior to discard, and 42.5% of all devices were discarded as ‘naked’ sharps. In this sampling it is of concern that 12 years after U.S. SED legislation, 64.3% of healthcare professionals placed themselves at risk by capping or discarding naked needles. Many non-activated phlebotomy devices were visibly blood-contaminated.” - Author**

### What was the study?

The incidence of Sharps Injuries (SI) in the U.S. fell significantly with the mandatory use of safety engineered devices (SED) in 2001 but has remained static ever since. The extent of SED use in the USA and the proportion of SED activated correctly is unknown.

The study **‘Use and activation of safety engineered sharps devices in a sample of 5 Florida healthcare facilities’** took a sampling of sharps containers from five facilities in Florida. Contents were decanted, categorized and counted to identify the proportion of hollow-bore SED among the sharps present, and the proportion of SED correctly activated.

### What were the results?

69 Gallons of sharps (89.5 Pounds) from 18 sharps containers were examined:

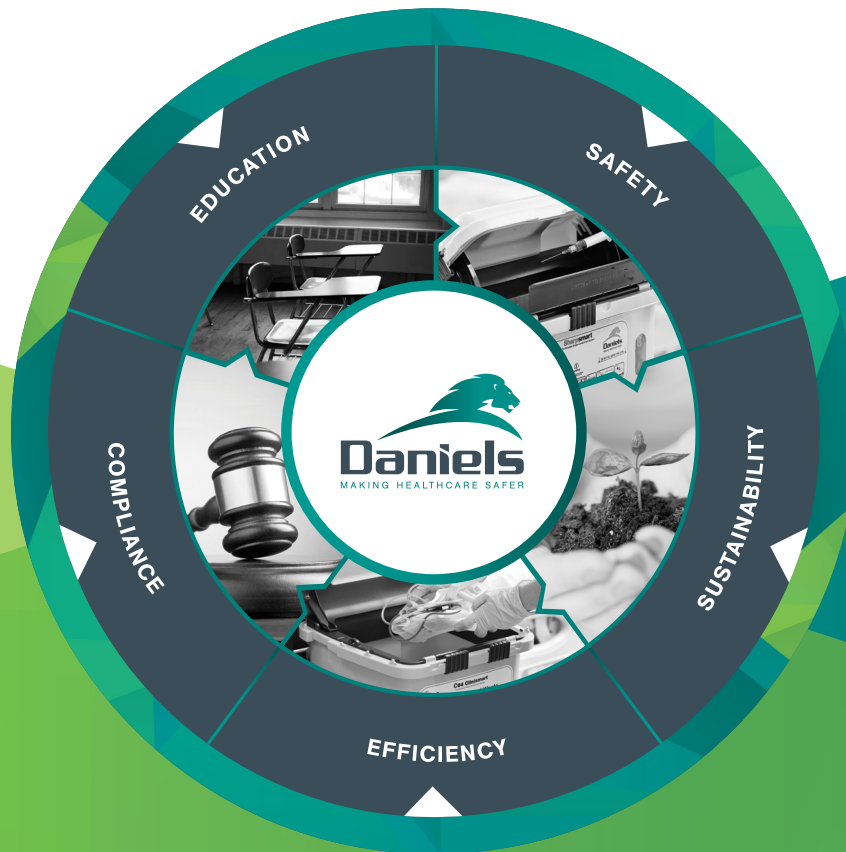
- 54.4% of hollow-bore sharps were conventional (non SED) sharps
- 39.9% of conventional needles were capped
- 45.6% of hollow-bore sharps were SED
- 21.6% of SED were not activated or activated incorrectly
- 42.5% of all devices were discarded ‘sharp’

### What does this mean for you?

- The fact that over 40% of all sharps were discarded ‘sharp’, indicates that SED alone are insufficient in preventing Sharps Injuries. A safe sharps containment system is an essential part of Sharps Injury prevention.
- A possible cause of the high incidence of sharps injuries may be related to insufficient SED being used, incorrect SED activation and/or needle-capping.
- To reduce Sharps Injuries, US hospitals need to use and activate SED more diligently, and ensure that any non-SED used are discarded uncapped. Additional training is required to ensure this.

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International committee of Medical Journal editors



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