

6. Tunis SR, Hayward RS, Wilson MC, et al. Internists' attitudes about clinical practice guidelines. *Ann Intern Med* 1994;120:956-963.
7. Woolf SH. Practice guidelines: a new reality in medicine, 3: impact on patient care. *Arch Intern Med* 1993;153:2646-2655.
8. Joint Commission on Accreditation of Healthcare Organizations. Surveillance, prevention, and control of infections. *Joint Commission on Accreditation of Healthcare Organization's 1995 Accreditation Manual for Hospitals*. Oakbrook Terrace, IL: JCAHO; 1994:437-450.

Safety Devices Reduce Injuries

by **Gina Pugliese, RN, MS**
Medical News Editor

Dr. Mary Chamberland and colleagues from the CDC recently reported the findings of a study that showed a significant reduction in percutaneous injuries during phlebotomy when safety devices were used.

Baseline surveillance of needlestick injuries in six hospitals revealed that the proportion of needlestick injuries varied significantly by occupation: 89% for phlebotomists, 65% for nurses, 40% for medical students, and 32% for residents. Following a period of baseline surveillance, the hospitals implemented safety devices that required user activation of the safety feature (eg, resheathable or blunable needles for vacuum tube blood collec-

tion needles and winged steel needles).

From January 1993 through November 1994, percutaneous injury rates per 100,000 phlebotomy procedures (adjusted for underreporting and use of safety devices) were reduced 41%, from 3.9 with standard devices to 2.3 with safety devices; for vacuum tube blood collection needles, rates were reduced 82% from 3.4 to 0.6, and for winged steel needles, rates were reduced 16% from 4.3 to 3.6 per 100,000 procedures.

An inventory of the sharps disposal containers found that safety devices were not activated approximately 25% of the time.

Of the 27 percutaneous injuries associated with safety devices, 15 (56%) occurred before activation of the safety feature was appropriate, 5

(18%) during activation, and 1 (4%) after activation.

The researchers concluded that safety devices may prevent at least 40% of percutaneous injuries during phlebotomy. However, underreporting of injuries and variations in use and activation of safety devices also must be considered when evaluating the impact of the safety device.

FROM: Chamberland M, Short L, Srivastava K, et al. Implementation, impact, and compliance with use of safety devices to reduce percutaneous injuries during phlebotomies. In: Abstracts from the Conference on Bloodborne Infections: Occupational Risks and Prevention; June 8-9, 1995; Paris, France.