Safety Engineered Devices:

Use and activation in 6 hospitals in US West

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"In addition to asking, "Are we using SED frequently enough?", we should ask, "Are we using the safest, clinically-acceptable SED available?" - Author

What was the study?

The study **'Safety engineered device usage and activation in 6 hospitals in US West'** examined the contents of Daniels Sharpsmart reusable sharps containers (RSC) to learn the practices of safety engineered device (SED) usage in five California hospitals and one Idaho hospital.

The contents were sorted into the following categories:

- Hollow-bore SED (Activatable and Non-activatable)
- Hollow-bore Non-SED
- Solid sharps and solid SED
- Non-sharp wastes

What were the results?

Of the 435 liters of contents from 30 RSC (from 6 hospitals), there were:

a) 429 (21%) non-SED

b) 1,493 (72%) activatable SED

- 1,442 (96.6%) were activated correctly
- 50 (3.3%) were not activated (or partially)
- 1 (.1%) tampered with

c) 167 (8%) draw-up SED

Of total hollow-bore needles:

a) 20.5% were not SED (12.4% capped needles, 8.1% uncapped needles)

b) 10.6% were discarded 'sharp' (i.e. uncapped/non-activated/tampered with)

These results are "significantly improved" compared to the SED Florida audit in 2013.

What does this mean for you?

Although these numbers show great improvement, and therefore signify safer practices, the national sharps injury rate is still increasing. This could be due to rushing, fatigue, and/or stress in healthcare workers.

We should aim for a 100% SED activation rate, zero SED tampering, and non-SED usage rate of <2% of all HBN. This can be reached with more education and less user-dependent SED.

A safe sharps containment system remains an essential part of Sharps Injury prevention

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International committee of Medical Journal editors

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