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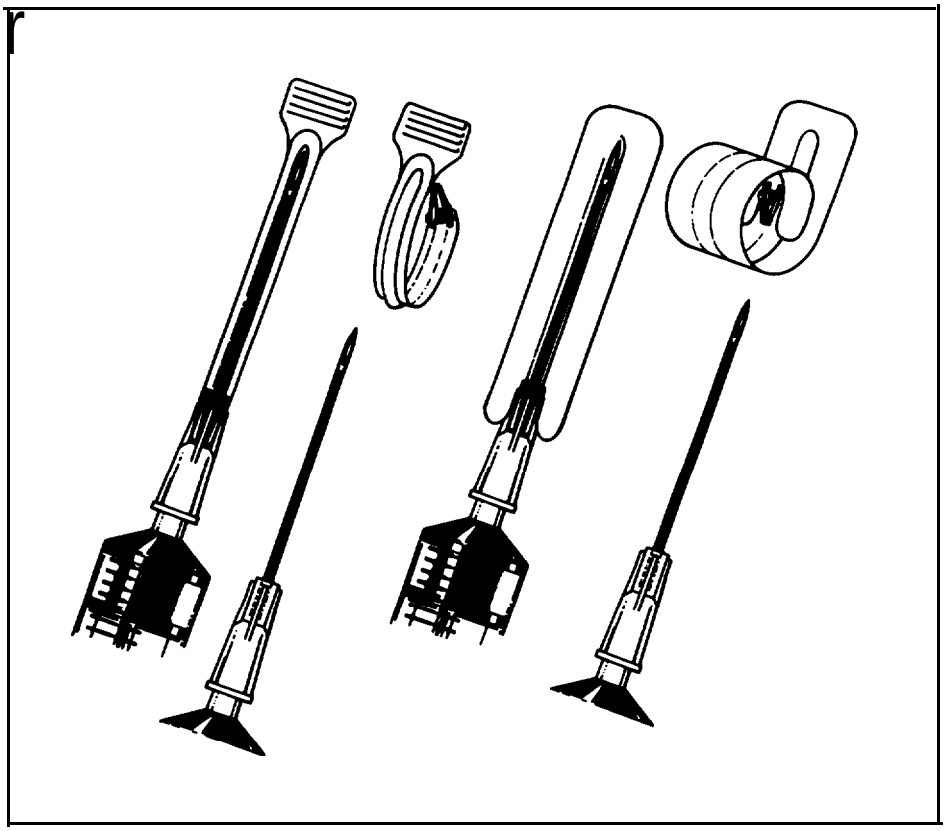
Needlecaps with Special Provisions to Prevent Needlestick Injuries

To the Editor:

Needlestick injuries in health care workers occur to a substantial proportion during attempts to recap needles. Several studies found this mechanism to account for 25%,[1] 23%,[2] and 15%" of needlestick injuries. The incidence is probably much higher since 40% to 75% of needlestick injuries are never reported.[4] Current recommendations call for all sharp objects (including needles) to be discarded into accessible, puncture-proof, and nonoverflowing containers." In spite of these policies and the high stakes in terms of acquiring an infection, education had no impact on this mechanism of injury in two separate prospective studies.",' In one of these recent studies, 10% of the needles causing the injuries were contaminated with blood from patients with AIDS."

Because education obviously fails, it might be necessary to remove the possibility, and thus the temptation, for recapping. Needlecaps which would recoil once removed (Figure) might be suited for this purpose and discourage recapping.

The financial savings from reduced hepatitis testing and prophylaxis, as well as avoiding the anxiety of eventually having acquired HIV infection, might make this change worthwhile for our hospitals.



Needle caps recoil after the needle is removed; a possible recoil into a spiral form with the opening retracting into the spiral is not shown.

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