

**Table 4 Assessment of safety of phlebotomy practices to patients and providers in the public and private health sectors, Oman, 2007**

Indicator	Public sector			Private sector		
	n	N	% (95% CI)	n	N	% (95% CI)
<b>Assessing risk to patients</b>						
Phlebotomies prepared on a clean, dedicated table or tray where contamination of the equipment with blood, body fluids or dirty swabs is unlikely	55	64	86 (78–95)	22	29	76 (56–95)
Skin at the puncture site is prepared before a phlebotomy using CHG 2%, povidine-iodine or alcohol before skin puncture	53	61	87 (78–95)	18	28	63 (35–91)
For each phlebotomy, the device used was taken from a sterile packet or fitted with caps	59	62	96 (90–100)	28	29	96 (87–100)
<b>Assessing risk to providers</b>						
Providers appropriately secured the patient and the intended puncture site so that the patient could not move during the procedure	56	61	92 (86–99)	25	29	85 (69–100)
Phlebotomists wear a new pair of gloves for a phlebotomy	29	62	46 (33–59)	11	28	38 (15–62)
Uncapped needles were not removed from phlebotomy holder/adapters using only hands	46	61	75 (64–86)	6	27	22 (0.0–53)
No 2-handed recapping of any needles after performing phlebotomies	17	62	27 (15–39)	17	28	62 (34–89)
Blood was not transferred from a syringe/needle directly into a vacuum tube using a 2-handed technique	12	40	29 (14–44)	11	18	60 (21–99)
Provider disposed of sharps immediately after the procedure in an appropriate sharps container	55	61	90 (82–98)	26	28	92 (80–100)
Immediately after the procedure, the provider disposed of non-sharps infectious waste in a container specific for non-sharps infectious waste	56	62	91 (83–98)	20	28	58 (30–85)

n = weighted proportion numerator, N = proportion denominator, CI = confidence interval; CHG = chlorhexidine gluconate