

The most dangerous professions: fireman, policeman... dentist!

Dr Raj Panesar asks: is procedural change required for sharps disposal after May this year?

If you have been lucky enough to have avoided a needlestick injury at work, you will have no doubt heard horror stories from those who have or know someone who has, and were forced to undergo six months of uncertainty, anxiety and not least the costs associated with such an accident.

On Googling needlestick injuries, you may be surprised to learn that this type of injury happens approximately 100,000 times per year in the UK (and 1,000,000 in the EU)¹.

Dental staff is one of the main categories concerned with this problem. Moreover, the risk of infection following a percutaneous injury has been estimated at one in three for HBV, one in 30 for HCV and one in 300 for HIV².

You are probably thinking that these are “just” figures, and it is unlikely to ever happen to me; after all it hasn’t happened yet and I have good procedures already in place... until it happens!

One mistake through tiredness, a momentary distraction or a clumsy gesture is enough to inflict a member of my team with months of anxiety, while awaiting a series of test results, and then as their employer I become responsible to cover the costs of these tests. Last I heard they could be in excess of £15,000.

In the UK, an expert panel concluded that 56 per cent of all percutaneous injuries and 80 per cent of venepuncture and injection injuries could probably or definitely have been prevented through the use of safety devices³.

Googling some more, I found that the reason these test costs are so high is largely due to the incubation time of HIV, Hep B and C. Like a time bomb, I or

a member of my staff would have the worry of not knowing whether we had been infected or not.

This is why, I’m sure, HSE (Sharp Instruments in Healthcare) Regulations 2013 will be implemented in law this year, and will implement those parts of Directive 2010/32/EU that are not specified in existing health and safety law.

The expected date for these Regulations to come into force is 11th May (HSE website: <http://www.hse.gov.uk/consult/condocs/cd244.htm>) which in essence will mean we will all have to modify our sharps procedures – and which made me look into a new system.

With this in mind I have been trialling the InSafe Dental Syringe from Panadent, and I have to say I have found it to be excellent. There are three factors that really suit me. First, I can use my usual needles. This is particularly useful for paediatric work where I use smaller sized needles, so no need to use “a one size fits all” – just switch from my traditional syringe...easy.

Second, the sleeve covering the needle is easily locked into place by a simple twist action. Align the arrows and you know for certain there is no chance the needle will be exposed. Expelling the used needles can also be done one-handed through an ingenious small box that apparently holds up to 150 needles.

Finally, after the initial investment, the on-going cost is less than 6p per injection.

The body of the syringe is a little chunkier than I am used to, but I have to say I have got used to it very quickly, and do not find it a problem.

I also find myself more inclined to pass the syringe to my nurse, rather than lay it down on the tray, safe (or rather “InSafe”) in the full knowledge that she cannot contaminate herself by dropping it on her foot!

My recommendation: do not wait to be told by the Care Quality Commission that your sharps procedure needs bringing up to date or for you or a member of your staff to be injured. Update your practice to the ingenious little InSafe Syringe System.

1. 2010 Biomedicine International report: Needlestick Injuries: Incidence and Cost in the United States, United Kingdom, Germany, France, Italy, and Spain and European Parliament: Preventing needle-stick injuries in the health sector, 11th February 2010.

2. Health Protection Agency, Eye of the Needle, 2012.

3. Cullen BL *et al.* Potential for reported needlestick injury prevention among healthcare workers through safety device usage and improvement of guideline adherence: expert panel assessment. *J Hosp Infect* 2006; **63**: 445-451.



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**PANADENT STRIP
3 x 4**