LETTERS TO THE EDITOR

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SAFETY IN PRACTICE

Sharps injuries

Sir, healthcare workers face dangerous and potentially life-threatening infections, particularly as a result of needlestick and other sharps injuries. Concern about infectious agents such as prions (CJD), bacteria (eg MRSA) and viruses (eg hepatitis viruses or HIV)[1] – let alone others that are rare in the resource-rich world (such as Ebola) – has, for over 25 years, given rise to repeated advice to healthcare workers on infection control, and many reports have highlighted the hazards in dental practice which have been a major issue for dental nurses.[2,3] Furthermore, the emotional impact of a needlestick injury can be profound, even when an infection proves not to have been transmitted.

Legislation in this area aims to achieve a safe working environment and prevent injuries to healthcare professionals and others caused by all medical sharps, including needle sticks. The prevention of sharps injuries was covered during this period in UK legislation and the Department of Health guidelines HTM01-05.[4] Safe and effective sharps management has also been a feature of the dental practice inspection regimen and the Care Quality Commission (CQC) has been regulating primary dental care providers – both NHS and private – in England since April 2011. The UK and other Member states of the European Union also had until 11 May 2013 to implement the Council Directive 2010/32/EU Implementing the Framework Agreement on Prevention from Sharps Injuries in the Hospital and Healthcare Sector. Thus, the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 took effect then. These regulations are made under the Health and Safety at Work Act 1974, and they implement (in part) EC Directive 2010/32/EU as required under European law. It is also clear that employers have a duty to ensure the safety of their employees.[2]

It is, therefore, most disappointing that, in the 2014 survey conducted by the British Association of Dental Nurses, just over half of dental nurses in the UK and the Republic of Ireland had had a needlestick injury at some stage in their career.[5] This is probably their major occupational hazard[6] and a glance at the web shows this point has come to the attention of the legal profession.[7] A huge body of evidence shows that most of these injuries are avoidable if healthcare workers are provided with the correct readily available protection and procedures.[8] We have also recently published, in this Journal, a practical compendium of current guidelines on the management of needlestick injuries.[9]

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IMPLANT CHECKLIST

Sir, at dental practices that have recently started to offer implants as a treatment option, the risk of human error is higher in comparison to an experienced team familiar with the equipment (a multitude of small and often similar-looking instruments) and sequence of steps. At our teaching institution, we have noted higher error rates amongst trainees and novice implantologists. With a view to improving surgical safety in dental practices, I have modified the *WHO surgical safety checklist*[1] (with permission) and adapted it for dental implant surgery. This checklist is inspired by those used in the aviation industry.[2] It is my sincere wish that the personnel of dental practices venturing into implants use this to collectively 'run through' each item, section and coloured column on the checklist to comprehensively address areas of potential omission and to minimise human error.

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DENTAL REGULATION

Burden impacting patients

Sir, professional regulation is necessary and ideally should provide optimum protection to the public while imposing the lowest practical burden on dentists. Although there is a body of research on factors affecting the productivity of dentists,[1] there appears to be a dearth of quantitative, financially-oriented research, unlike in medicine.[2]

A poll recently conducted on GDPUK.COM (membership includes UK and non-UK dental professionals) provides some insight into the extent to which regulatory burden impacts on clinical efficiency, and by implication dental care provision and the costs of care to patients. It is hoped that the results, reported below, will stimulate related research which benefits both patients and the profession.

When asked if they 'firmly believe current regulatory demands and their associated risks cause them a higher level of ongoing stress than would occur under