Sharps

Priya Sharma

Practice Management Consultant (Compliance)

As dental professionals we are inundated with a large spectrum of regulations and legislation. At all times we must comply with these and remain compliant.

Dental registrants must comply with the following: The European Council Directive 2010/32/EU (the Sharps Directive) and The Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. While these Regulations have been in place for close to seven years, it is important to revisit the key issues in order to determine if you are compliant.

What is a sharp?

The first thing that comes to mind is a needle. However a medical sharp is any object or instrument which is able to cut, pick or cause injury, for example, matrix bands, wires, scalpels, scissors, endodontic file and reamers, etc..

Risk assessment

It is imperative to prevent, control and manage all risks associated with the use of sharps. Firstly 'the use of medical sharps at work is avoided so far as is reasonably practicable' and secondly 'when medical sharps are used at work, safer sharps are used so far as is reasonably practicable'.

Each practice should carry out a risk assessment on the use of sharps. Consideration should be given to not using a sharp at all or using a safer alternative system that may keep the risk to a minimum.

Safer sharps

If it is not reasonably practicable to avoid the use of a sharp, then a safer sharp should be considered. 'A medical sharp that is designed and constructed to incorporate a feature or mechanism which prevents or minimises the risk of accidental injury from cutting or pricking the skin' is known as a safer sharp. For example, needles that have a shield that pivots to cover the needle post-use. Whilst using the safer sharp it should be fit for purpose, it must not compromise patient care and there must be a reliability of both the device and/or the procedure. Dental professionals should also be aware not to become complacent whilst using safer sharps as there is still potential of an injury. If your practice chooses to continue to use traditional syringes then you must have a robust policy and procedure in place.

Recapping sharps

As a general rule, re-sheathing of needles after use should be avoided unless a suitable appliance is used that manages the risk. If this will be undertaken, then the risk assessment would have indicated the process

of correctly re-sheathing the sharp in order to prevent a risk. Consideration should be given to the use of needle-blocks or traditional metal local anaesthetic syringes along with other measures.

Disposal of Sharps

The Control of Substances Hazardous to Health (COSHH) requires that all contaminated waste is disposed of safely. According to the Health and Safety Executive, clearly marked and secure containers be placed close to the areas where medical sharps are used. Instructions for staff on safe disposal of sharps must also be placed in those areas... sharps bins can be placed next to the healthcare worker so they can drop the used sharp straight into it. Ensure that the sharps container is at an appropriate height and away from general public access. Close the containers when not in use and do not fill these containers above the fill line.

Training

All dental staff should be adequately trained in the safe use of sharps. New staff should be inducted appropriately. They should also be aware of the practice's policies and procedures on sharps. This will include training on the steps to take in the event of a needlestick injury or sharps accident.

Sharps injury

All sharps injuries need to be reported at work. Robust policies and procedures must be in place and complied with in the event of a sharps injury. Inoculation injuries must be dealt with immediately. In the event of a possible transmission of an infection immediate contact should be made with your local occupational health services. After the event it is paramount to risk assess for the future in order to prevent recurrence.

Although sharps are routinely used in dentistry it is mandatory staff remain complaint and be vigilant while using sharps. ♦ <https://doi.org/10.1038/s41404-020-0353-4>

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