GRIP IN WET ENVIRONMENTS

Sir, we write concerning the potential effect on tactile sensitivity with the wholesale introduction of latex-free gloves within dentistry. We do not deny their importance in patient safety and prevention of a potential anaphylactic reaction, yet we have concerns that they could create unnecessary strain, reduce the technical ability and affect the fine control required of dental surgeons, therapists and hygienists.

The problem with the majority of non-latex glove is their grip in wet environments becomes compromised. This can increase the risk of needlestick injury where perforation in latex-free gloves has been shown to be significantly higher than in the latex containing gloves.¹ There is also a reduction in tactile sensation and reduced grip which can make procedures even more challenging and many of these procedures demand holding equipment ie a handpiece, for long periods. Therefore grip, digit force and technique to avoid cramp and injuries such as repetitive strain injury (RSI)³ are important for those with potentially a 40year career in a manual field.

Many regular procedures such as enamel bonding, composite resin

new *Scope of practice* relating to referral for radiography, justification of X-ray examinations, selection of appropriate radiographs and clinical evaluation (reporting) of images. Hygienist and therapist colleagues should therefore be cautious about taking on the new roles and only do so if they have evidence of adequate training. Employers should also be aware of the issues surrounding adequate training.

In our opinion, training schools will need to respond quickly to incorporate teaching, learning and assessment in radiology that is broadly equivalent to that currently received by dental students. For qualified hygienists and therapists, it will be necessary to undertake additional training, but the content and duration of that training is currently uncertain. The British Society of Dental and Maxillofacial Radiology (BSDMFR) is planning to produce a curriculum for training dental therapists and hygienists, which will outline the requirements for acting as a referrer, practitioner and interpreting bitewing and periapical radiographs. The BSDMFR feel that occlusal, dental panoramic and skull

restorations, negotiating sclerosed canals, identification of subgingival calculus and multiple crown preparations require sensitive tactile sensation and prolonged dexterity. These are unique skills which to dental surgeons, dental therapists and hygienists are essential.

Could these difficulties with grip in wet environments have a negative effect on the quality of dental treatment being provided?

May it also have an effect on the skills of our future clinicians as well as cause possible RSI which could be a potentially costly work-induced injury?

Do we feel this issue is of any concern? Should we try to implement a change and would there be any merit in working with glove manufacturers to provide costeffective latex-free gloves with suitable grip when wet?

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views should remain outside the scope of practice of dental therapists and hygienists.

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DENTAL PATIENTS

Vital tooth

Sir, a longstanding patient came in recently and prior to treatment I informed him that he would not need local as the tooth was non-vital. Quick as a flash he replied 'It may not be vital to you but it's a very important tooth to me'. That comment reminded me of Tony Hancock in The Blood Donor who after having had his blood tested said 'It may only be a smear to you doc but it will be life or death to some poor wretch'.

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