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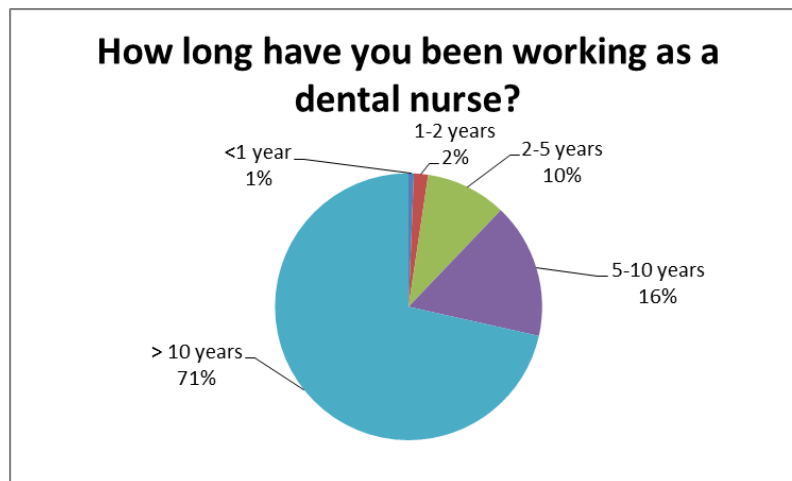


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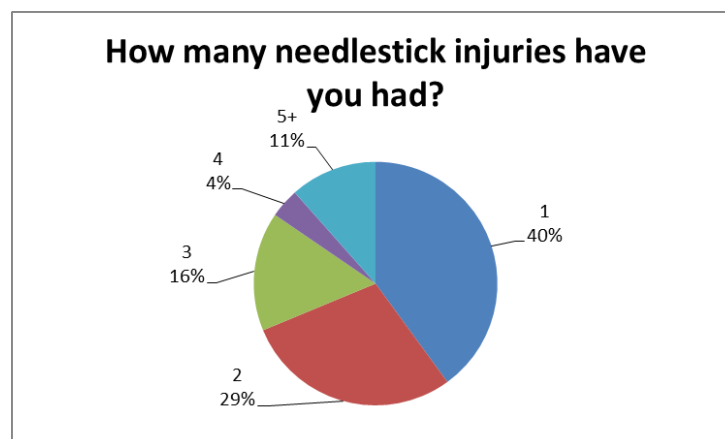
BADN/INITIAL MEDICAL NEEDLESTICK INJURY SURVEY 2014 REPORT

1. The survey was conducted on line between June and August 2014 and received a total of 1216 responses. 104 of these were not currently working as dental nurses in the UK or the Republic of Ireland and so were directed to the end of the survey. 99% of respondents were working in the UK and 1% in the Republic of Ireland.
2. The majority of UK respondents had been working as a dental nurse for more than 10 years:



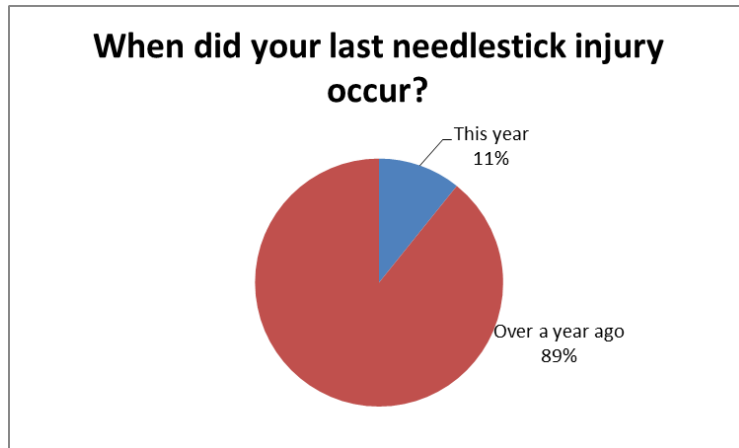
were GDC registered (98%)¹; a third were current BADN members; and of those who were not current members, 8% were working without indemnity cover, whilst 74% considered themselves to be included in their employers' cover.

3. Just over half of respondents had had a needlestick injury (51.17%) – with 60% of those having had more than one injury:

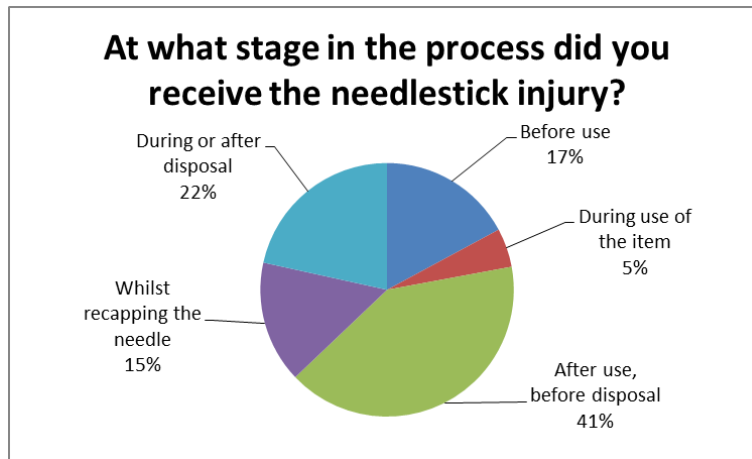


and 11% having had a needlestick injury in the last year:

¹ Of those not GDC registered, 57% were UK student dental nurses, 25% were dental nurses in the Republic of Ireland and 18% described themselves as "other" – these were newly qualifieds awaiting a GDC number, plus respondents who described themselves as "qualified dental nurse", "dental nurse" and "receptionist/decontamination lead".

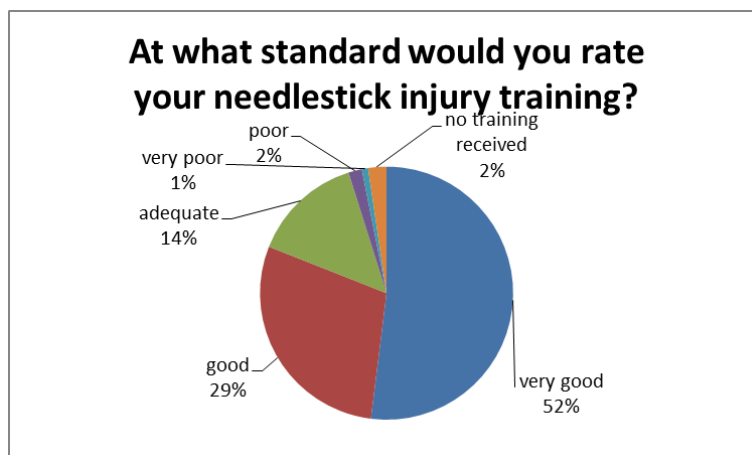


4. The majority of injuries occurred after use/before disposal (41%):

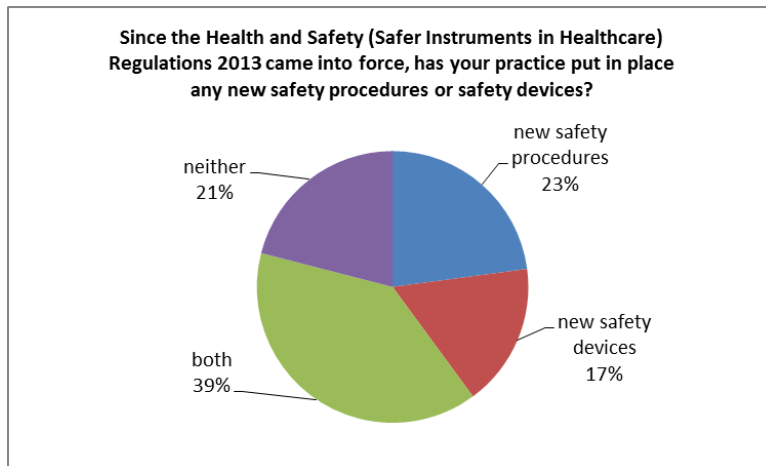


and of those who had needlestick injuries, 1.24% acquired a blood-borne virus as a result of the injury. 97.35% of respondents who had needlestick injuries did know what steps to take with regard to treating and reporting their injury.

5. All respondents were asked to rate their needlestick injury training:



6. All respondents were asked whether their practice had put new safety procedures or safety devices in place since the introduction of the Health & Safety (Safer Instruments in Healthcare) Regulations 2013:



7. The responses to the final question “Is there anything else you feel your practice should be doing to prevent needlestick injuries occurring?” are attached at Appendix 1.

APPENDIX 1

Responses to final question “Is there anything else you feel your practice should be doing to prevent needlestick injuries occurring?”

no, our practice is very keen to prevent needlestick injuries to nurses, so has implemented many protocols to ensure this.
all dentist should be responsible to making/taking apart needles
Work in an NHS hospital, I myself received excellent care but have had colleagues who haven't due to out of hours service and having to wait in A&E for hours
We have always endeavoured to use adequate measures to prevent needle stick injury. What always lets us down is the pressure from 3rd parties to do things differently. I currently work with 5 DF's and the only needle stick injuries that have occurred are those to the DF's when they are under pressure feeling underconfident unsure of their own name but then need to deal with sharps. It's a shame that people can't make the decision on what is best for who and when within their environment. Unhappy with SAFETY plus, not much safe about it when they fall apart and the name is very misleading. Always try to encourage people to refer to traditional methods of sharps as a safe traditional method.
My dentist ALWAYS leave me to dismantle the syringe.
Needlestick Injuries, policies protocols and procedures must be taught to ALL staff annually and if any updates are applicable immediately All staff should know how to proceed should they have a needlestick injury they should also know how to report it in the Accident Report Book and also to Occupational Health
Sharps are disposed of at point of use by dentists. We have been using Safety Plus system since it's introduction, long before 2013
dentists should re sheath their own needles and not expect us to do it.
make sure that all the operators remove their own needles
clinicians disposing of sharps themselves
Under the current situation to sustain and hit targets , surgery time has become more pressured and rushed .
Find access to occupational health for nurses to allow for prompt treatment if required instead of having to go to A&E and waiting for hours and then it's too late to have any anti viral Meds if they were needed
Dentists should dismantle and dispose of sharps Use safer equipment Training days should be available both in house and externally and companies should pay or at least help pay for their nurses to attend to raise awareness of needle stick injuries and what to do if one occurs and how to prevent them in the first place

The practice i work for have used Safety syringe devices for over 10 years and implemented "the person who uses it, disposes of it" policy about 3 years ago.
One use syringes
Our department rarely gets needle stick injuries. I have worked as a dental nurse for 36 years and always careful not to incur this type of injury.
Introduce the safety devices
Using new safety needles
Dentists are too lazy to do the needles themselves even though legislation states they should. They argue when asked by nurses to do them and many sharps boxes are placed on the nurses side of the surgery when they should go on the dentists side-this should become new legislation.
No, we are up to date with policies and safety devices
less rushing between patients, more assistance from dentists, identify who pays for treatments and blood tests. The manager was more concerned about who would pay than about the injury
Using needle guards or equipment to prevent needlestick injuries
using safer local sryinges
Dentists being more careful and considerate with used sharps ie. disposing of them themselves as per protocol instead of leaving them lying around.
Unsure about question 7
No. Our safety record regarding needlestick injuries is very good.
Nothing as clear guidelines already in Needle stick policy with appropriate risk assessments carried out
As part of the NHS we have enough policies and information on procedures to enable people to either avoid needlestick injuries or follow procedures post needlestick injury. My 1st and only needlestick injury was 30years ago.
I work within an NHS Dental centre so we have always had to adhere to policies and procedures on needlestick.
N/a we now.use the iname needle system
No, doing all that is necessary.
My current practice have been always been doing more than required in terms of trying to prevent needle stick injuries. We have been using disposable safety plus syringes for over 6years.
No. My employer removes needles and blades.
Where I work supplies jenker resheathing devises and safety plus is available.
stopping re sheathing needles
We are very good as a practice with our safety procedures.
For dentists to dispose of sharps and not nurses
not to use needle guards as they are not very good .
None at all we now do not have anything to do with the needles at all as nurses x

Using disposable matrix bands, as my injuries we're caused removing used bands from the holder.
regular training and updates with money spent on safety devices
They have only supplied the aids to re-sheathing the syringes which is not recommended any more. I feel they should be buying the all in one syringes but they say this is too expensive which is putting cost before safety. The training I have had I've done myself by going to seminars + reading + I feel in house training on this subject should be done
this injury was from an instrument that slipped from cassette I tried to catch it in future I will let it drop we try very hard to be a safe practice
Probably refresher training for some clinicians regarding the disposal of sharps and not leaving them lying expecting the nurse to dispose of them.
Stop rushing nurses. Allow adequate time for cleaning.
Implementation of alternative devices
More Training
No. Because the clinicians always remove the needles using the new needle safe system.
All areas are covered well within my workplace
more training for dental nurses on needle stick injuries.
Not sure
None than what we are already doing
It is moving to one use only as far as possible
Dentists need to take more responsibility for the disposal of sharps
The Dentists already dismantle the syringes they use
not really. My Needlestick injuries took place 20 years ago
No, not at this present moment...thank you
use ash jenkins
No ,I consider that the nurse must focus more when dispose the sharp instruments .
Stop re sheathing needles and dispose of rct files better
Change over to the new in safe syringe system
Follow the procedures that came in 2013. But they are too expensive apparently
Using disposable single use syringes
Dentist should dispose used needles
I think the nurses should not have to dispose of the needles but dentists should.
keep up to date with new latest products
Use of safety plus needles
Not mix with old syringes n safety ones. Use one sort or the other as staff get confused. Plus I feel the use of sharps pads shud be used at every treatment be it cons.surgery.orthodontics.
All dentists to resheath needles
we do have a little training on the subject but have been using the safety syringes for a long time
yes, use disposable sheaths but cost seems to be an issue

More staff meetings to keep staff members of the hazards and consequences of a needlestick injury
safety devices,
Not sure
I have worked in different practices , and find the single use LA syringes much safer, but I find very few dentist I have worked for use them
Not applicable as we are orthodontic practice
Disposable syringes
No most of the dentists in the practice now remove needles and sharps the bin is now on their side of surgery.
no - the dentist now deals with all needles within the surgery environment.
It's us that take the needles apart eg if you pull too quickly rushing etc... Make it a rule that if there is an accident go to A&E ASAP for anti viral injection cos I've have been made to feel I'm making a big fuss ...
The user should dispose of the sharp and not leave it for another person to dispose of it. This would help prevent accidents happening.
Need to get the disposable LA's. We use old method of needle and cartridge, re sheathing in an Ash Jenka on the bracket table. Dentist dismantles into sharps bin.
unsure as not aware of new H&S regulations.
Dentist sheathing the needle and then disposing of it after use
Better training and regular update training within the practice. The clinician should resheath and dispose of needles. Best practice should be disposable needle and syringe system.
As an agency dental nurse I work in many different practices. I am not in a position to make changes, but I can express my concerns in the hope that a colleague would be saved from a needle stick injury
We have two dentists in our practice - one disposes of all of his own sharps. The other dentist, with whom I was working when I had the injury, resheaths the needles but lets us dispose of them - she has since started to use disposables, which are so much safer to use.
We changed to safety syringes.
MORE TRAINING NEEDED & MADE MORE AWARE
Regular updates, especially for new starters.
There has been no training at my current practice Previous practices have been very good at supplying training in prevention of needlestick injury
dentists should put instruments back on tray as put out

<p>My needle stick injuries occurred many years ago and have been fortunate not to receive one since. In our practice i carried out a risk assessment based on the reported injuries. IN the last 5 years no member if staff has received an injury from a needle, so for that reason we have not implemented safety devices but have put a policy in place that outlines training and guidance on the safety and use. However it was evident from the audit that more injuries occur from dismantling siqveland matrix bands. You may like to consider a further survey as I believe this may be the case for many.</p>
<p>regular training/reminders to staff</p>
<p>new safety devices</p>
<p>ongoing training is provided, with posters in the surgery and verbal instructions given monthly, so not at this present time.</p>
<p>NEW SAFETY DEVICES</p>
<p>using all in one syringe safety system</p>
<p>I think we are practice with very good maners and very good infection control and health and safety as weel.</p>
<p>dentist should dispose of sharps themselves</p>
<p>in my previous workplace the dental nurses discarded the needles, this should be done by the administrator, if this was done i would not have got my injury, luckily where i work now i do not discard the needles.</p>
<p>none what so ever. My injury was when I first started nursing in the late 70's.</p>
<p>At the moment, no.</p>
<p>Not using matrix bands use omnimatrix</p>
<p>Safety and training</p>
<p>No I work for a hospital and they are very pro active</p>
<p>yes, 1 dentist is very aware of the procedures and new regulations & has changed to disposable equipment where possible. However, 1 dentist is aware of the new regs & procedures, but will not change anything, so therefore, still having problems with needlestick injuries.</p>
<p>Yes. The dentist should use the sharps bin provided on his side of the work surface</p>
<p>No, I feel that my practice have done pretty well on caring about us (the nurses).</p>
<p>Better training.</p>
<p>Dentist should remove needle prior to nurse cleaning instruments</p>
<p>disposable anaesthetic syringes</p>
<p>ensure that D.O. double click their safety needles when used.</p>
<p>Reiterating to dentist they should dispose of their own needles as it isn't the nurse's job and the use of rubber bunges should be essential, if not changing completely to safety plus syringes.</p>
<p>Many changes have been made to try and prevent needle stick injuries at work thankfully.</p>

<p>The practice should recognize that needle stick injuries are a valid danger and not treat it as something that comes with the territory. My employer was unconcerned about the injury and refused to even let me go and wash the cut out. Informing me that in his lifetime he had been stuck many times and these things are never harmful. Employers should have a legal obligation to provide training and put a protocol into place in the event of an incident. There should be a fine for any employer not following legislation or protocol. Nurses should be protected and not feel that we aren't able to seek medical treatment if we have concerns.</p>
<p>Yes i think both dentists should change to prevent needle stick injury as there is only one that is managing to stick to the new regs</p>
<p>Better training for other members of staff with 2+ injuries reported</p>
<p>the fact that the 'user' now disposes of, reduces needlestick injury substantially as its the nurse who is under pressure to be quick turning the surgery around</p>
<p>ANNUAL TRAINING UPDATES</p>
<p>Purchasing the new safeguard syringes although I am fully aware of the cost implications to the practice has resulted in training instead.</p>
<p>more training</p>
<p>no we use the safety plus syringes.</p>
<p>yes dentist should be re sheathing needles and also removing from syringes</p>
<p>In regards to question 7 - I am not sure whether my practice has put into place the new protocols- they are usually pretty good with updating protocols ect, so I'm guessing that as we haven't been told then it hasn't been updated.</p>
<p>Clinicians disposing of sharps without having to be constantly prompted.</p>
<p>Dentists should always dispose of there own sharps rather than letting the Nurse dispose of the, This would reduce the risk of injury.</p>
<p>No,we are well prepared.</p>
<p>I work with agency</p>
<p>We have constantly been asking for safety needles and for disposable omni-matrix bands and we are constantly told it is too expensive and not environmentally friendly. We are not convinced that the new regulations are worded strongly enough to make this change happen - we have a boss who is very good at finding a way out of what she doesnt want to do!</p>
<p>Dentist are supposed to dismantle needles in our practice but they still don't!!</p>
<p>I am the practice manager & have always trained everyone to use the no touch method which is why we have not needed to alter our procedures as everyone agrees this method works. Nobody in our practice has had a needlestick since I implemented this technique many, many years ago</p>

It should be made legislation that dentists dispose of needles, too many dentists think the job is beneath them. Sharps containers should be on the dentists side of the surgery as legislation, harsher punishments should be in place for dentists who make their nurses do the needles.
Dentist dispose
The dental surgery in which i work has excellent needlestick injury training and policies.
Yes. The dentist should dismantle the syringe with needle.
Should have needle stick injury prevention course. Dentist should remove needles after use. Sharps bins should be strategically placed for easier access, not on the Decon. room floor.
Dentists should remove sharpes to minimise injuries
Providing information to Clinicians on needlestick inuries for their safety aswell as their Nurse - to verbally state they have locked their syringes and removed burs from handpieces not being used. Nurses should never assume but complacency can occur.
no, all policies, procedures and training up to date and regularly reviewed
Only the operator should handle and dispose of the needle
Our post grads should get training in using our saftey plus needles as they don't always re-sheaf them properly.
I work in a hospital and all surgeons handle their own sharps. Nurses don't handle sharps.
Doing everything available
Enforcing the dentist to remove all sharps including matrix bands, burrs, endo files and scaler tips
safety devices
Single use syringes with LA as option otherwise is fine .
Our practice is up to date with current guidelines and needle stick inhury procedures are displayed in each surgery and decontamination room. Need stick injuries is also a common topic discussed at our staff meetings.
We were already using the Safety Plus system and luer lock syringes in our service therefore this is why I have ticked neither for number 7
Dentist are to remove and dispose of any sharps when used
No not really, I still feel it is safer to remove a needle with spencer wells instead of new fangled devices!!
Using safety needles
I'm not sure about the practice. In the end is our common sense to deal with needles carefully. I would say that dentists should be more aware to remember every time to put the safety cup back on top of the needle whenever they use it.
Better education of dentists
No the break down came with the hospital
No. We observe all safety aspects. My last needlestick injury was my own fault for being too hasty. Previous needlestick injuries were mainly 30+ years ago, when Health & Safety was not so rigorously implemented !!
the protocol seems adequate

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We already run to a very effective needlestick Procedure
We have for the last 10+ years used Safetyplus syringes to minimise the risk of needle stick injuries and also have a policy where the dentist is responsible for the placement of the 'sharp' in the sharps bin.
Dentists to re-cap and dispose of needles, instead of nurses. Better screening if you receive a needle stick injury, as some times it's a black area where to go for screening. Also I feel matrix bands are sharp and cause injuries, and I've obtained cut fingers from these in the past.
Changing to needle safe syringes
Educating older dentists that the reasonability is with them and not the nurse for dismantling and disposing off
Use of needle guards Dentists doing the sharps disposal Use of disposable matrix bands More time to clean instruments
Should have new safety devices in place
I am an agency nurse so it is hard to answer
Allowed to go to occupational health during work time & not made to wait till a 'day' off this is at a previous practice where I worked
No, training is excellent.
Dismantling their own sharps
No we have a new policy in place and nurses do not re-sheath
Education for dentists and students to prevent needle sticks and ensure that they are responsible for removing their sharps
Reinforcing training for the dentist, ensure the dentist conforms with polices and training guidelines, egg disposing of sharps (not just the needle) burrs, reamers and files, irrigation syringes
New safety devices
Needlestick injury was at previous employment. This employer has good safety procedures.
We made a decision as a practice that only the dentist should dispose of all sharps after use, which they all now do.
No my boss takes all responsibility for disposing of sharps
Compulsory dentist resheathing,
No my Practice is doing everything possible to protect staff & Pt.'s
More teaching
To have disposable. However it was discussed and agreed was too expensive, However all our team follow procedures in place at all times. Very rare needle stick injuries occurs. kind regards
dentists recapping needles

Dentists should discard needles themselves.
Allow more time between patients so that we are not in such a hurry. Also take the incident a bit more seriously, I had to really insist on a blood test and follow up
Already had procedures and new safety devices in place
regular training sessions
no, as i work in community needlestick injuries are less frequent now but sharps injuries still occur.e.g. matrix strips, etc.
It would be better if we could have the needles which are disposed of without having to remove the barrel ourselves.However, in NHS practice this is another expense which we cannot always absorb. More and more is required of us with less and less resources. It has improved that the dentists now use the resheathing device rather than leaving it to the nurses.
Because I work in a hospital all our guidelines are through trust polices and training is good. My injury was over 15 years ago. It was followed up as guidlines stated at the time.
I work in a dental hospital setting and we are in the process of rolling out the new safety devices. We also have a policy where the 'user is responsible for disposing of sharps' thus reducing the risk to the dental nurse. The needlestick injuries quoted in 5.2 are high in numbers - these would have been between 15 - 20 years ago. may not have been reported at the time as the Hep B vaccination was only being rolled out around this time and only then would we have been educated better regarding sharps injuries. In confidence and would appreciate ensuring I am not identifiable but my experience with interviewing over the years is that dental nurses are not necessarily up to speed on how to deal with a percuntaneous injury (including NSI's) and more CPD education might be beneficial on a regular basis.
Protocol is very good and clinician always disposes of sharps
Regular training not just from a computer
Training and improvement in disposal of used needles.
Only the operator should prepare and dispose of the syringe and needle. All burs should be single use and placed into the yellow stream waste by the operator, reducing risk of injury.
to have single use syringes
No They are currently looking in to having a contract with our local Health & Wellbeing provider as they have just been informed it is no longer free of charge.
give more time to clear up between patients and during decontamination
Policy inplace
the use of Sharpe pads.

Not at present as regular training is done at team meetings and all new protocol updated
Provide new equipment!
needs to put in safety devices
This occurred prior to the use of Safety Plus
I WORK IN ORTHODONTICS SO MAY NOT APPLY.
I think we do all we can to prevent this happening
Extra time needed when decontaminating instruments etc. less pressure to hurry up to see the next patient !!!!!
Dentists should be disposing of sharps after use and not left on the side or on the tray. minimises risk to nurse
Dentists taking more responsibility for disposing of sharps themselves
I work in a hospital so we were already aiming for gold standard
Operator should be disposing after use
No, we have an excellent system in place
no i work in hospital
No. I work in orthodontics so do not come across needles.
No...I am the practice manager I put all the measures in place, we have recently started using the insafe method, I highly recommend it
I work in the hospital service, our clinic is quite isolated and run by head nurse whose been there for 25yrs + no new changes, procedures or training implimated by her, considers the clinic run well, would love to drag the clinic in this centuary, but affraid of "stepping on toes"!!!
Enforce new guidelines that have been introduced more thoroughly.
Educating the dentists. Some still insist on having the local passed to them.
No.
Please note, my needlestick injury occured over 15 years ago
Dentists disposing of sharps
No, we have regular training and regularly update our practices as necessary
We nurses don't touch needles once contaminated. Only GDP's handler this
Using safety syringes which the principle dentist finds more difficult to use. They are only used when carrying out implant procedures.
unaware of saftey in healthcare regs 2013
Yes a lot more
We have recently changed to disposable matrix bands and have policies in place for needle stick injury everything is disposable such as scalpel blades we use safety plus needles anything else we require I would appreciate advice
Making sure training is available on a more regular basis to keep everyone up to date and their minds refreshed.
No as the dentist disposes of any sharps
Although we have the practice protocol to read, we do not have any active training. This maybe beneficial.

some dentists require to be more careful
Ensure that clinicians dispose of their sharps and ensure that staff remind them of this responsibility
More training and procedures. Having a domicilliary contract for the practise and carrying a sharps box that tipped over and spilled out needles on every car journey. I had a risk assesment while pregnant and was told there was zero risk so refused to sign,
Provide more disposable's.
to use the new disposable needles after looking at the finence for the year
No, feel my practice handles needle stick injury risks very well.
giving us more time to clean/clear away after patient treatment. so we are not having to rush and have accidents like needle stick/sharps injuries.
Dentist need to more aware of seathing needles after use as most are very poor at doing this and also the removal of Handpieces when they are finished!
Safety during decontamination
In our practice it is now only the dentists which use and resheath needles using a one handed technique. All injuries in the past few years to nurses have been during the decontamination of instruments. Adequate training is in place.
I feel that dentists should load and unload their own syringes , this would reduce nurse injuries
i work for a healthboard, i feel they have put all procedures into place
Just continual re-training
Maybe try new safety needles with specific sharps box.
Very clear needlestick training and a pathway diagram that clinicians and support staff alike should be fully versed with.
Providing us with current safety procudures.
Republic of Ireland did not have new prevention a in 2013. I am registered with the IDNA
Stop putting to much pressure on nurses
Unsure
Regular training update
my injury was from a suture needle - during perio surgery wiping/wetting the thread with saline to make it easier to use. We no longer do this since my incident. I think needle stick injuries only occur when people are not following the correct procedures and should therefore be shown/retrained how to avoid any further incidents.
Dentists should ALL handle their own sharps!!
No, i can say that this has never really been a problem in the 25 years i have been dental nursing
Starting some training would be great
Nothing- we have excellent cross a infection policy
no...all is updated regularly

I work in a large teaching hospital where we are strictly monitored on our training of needlestick injuries
Sharps containers could be wall mounted
Changing procedures
Our dentists should be a lot more diligent when handling sharps before they are passed to the nurse
I work in Ortho so I feel that some times the orthodontists don't think about how they dispose of their sharps ie; arch wire ends, I feel we should have a protocol where they dispose of them in a sharps container placed on the bracket table, some are very careless in throwing them on the tray hoping that it lands on the tray and not on the floor.
no as our practice caerry out regular training and updates.
Replacing scalp
Dentist should re sheath the lid and dispose of needle .
Kits to stop needlestick injury when resheathing
No already changed practice to safer use before regulations came in
Keep encouraging staff to use the guards
It's difficult as we havnt had any incidents
No very good standards
Put the policies in place
The Dentists in our practice always deal with the needles. some practices I have worked for in the past left them for the nurses
Using the blue safety caps (the name escapes me at the moment!) for the standard syringe. Changing to a safer brand so there is a much much lower risk of needlestick injury (sorry again the name of the product escapes me!) The dentist does re-cap the needle himself but he could put these items above into practice to stop himself from having a needlestick injury.
Current job- orthodontists should be responsible for discarding the sharps
No, all precautions already taken
Dentists communicating better with nurses if they have not re capped the needle. In case the nurse takes the tray and then has a needle stick / sharps injury that way.