



# British Association of Dental Nurses®

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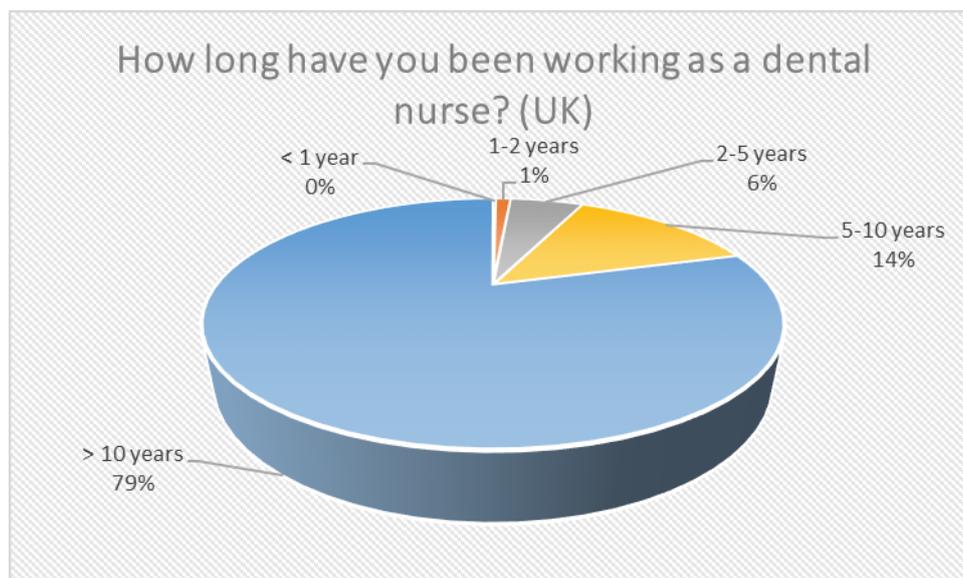
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## BADN/INITIAL MEDICAL NEEDLESTICK INJURY SURVEY 2017 REPORT

# Initial

The Experts in Healthcare  
Waste Management

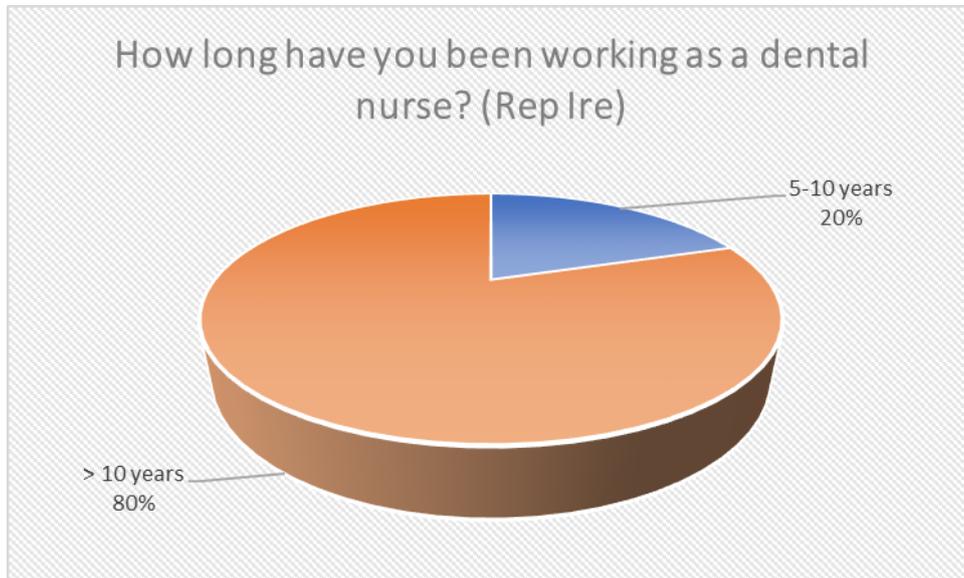
1. The survey was conducted on line between February and May 2017 and received a total of 1058 responses. 59 of these were not currently working as dental nurses in the UK or the Republic of Ireland and so were directed to the end of the survey. 99% of respondents were working in the UK and 1% in the Republic of Ireland.
2. The majority of UK respondents had been working as a dental nurse for more than 10 years:



were GDC registered (99.5%)<sup>1</sup>; just under half (44%) were current BADN members; and, of those who were not current members, 1% were working without indemnity cover, whilst 80% considered themselves to be included in their employers' cover.

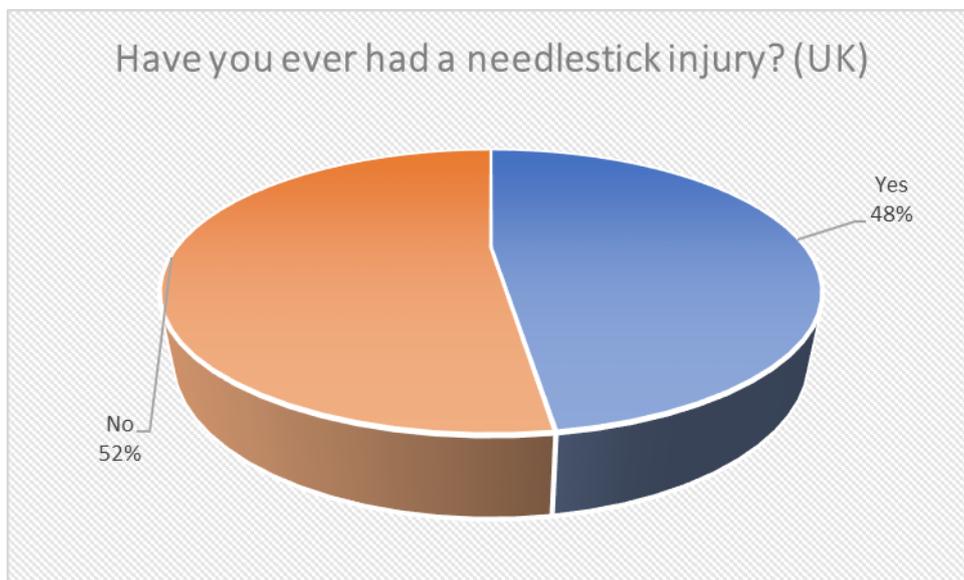
2.1 The majority of respondents from the Republic of Ireland had also been working as a dental nurse for more than 10 years:

<sup>1</sup> Of those not GDC registered, 50% were UK student dental nurses, and 50% "Other" – one was a newly qualified dental nurse awaiting GDC registration and the other described herself as a "decom nurse".

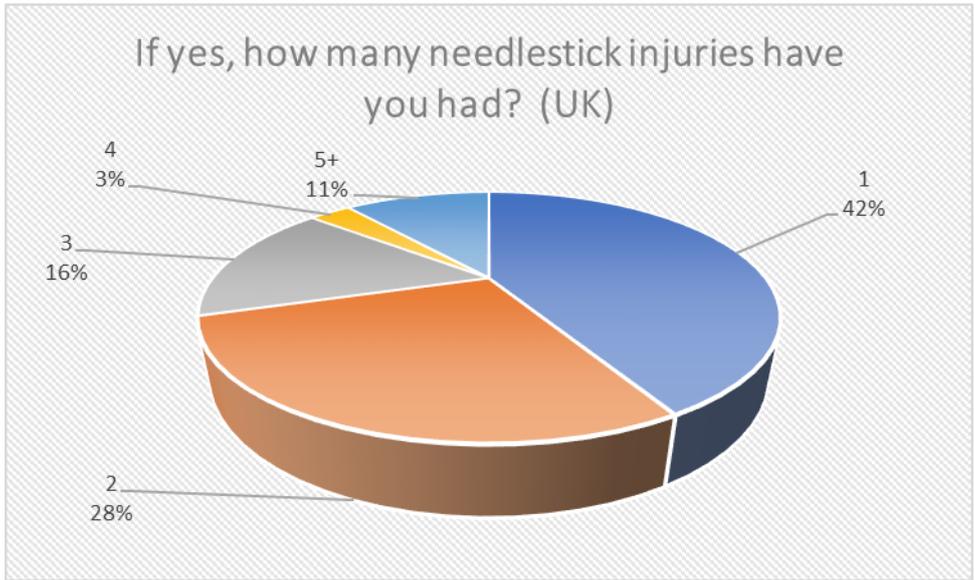


and none were GDC registered or BADN members.

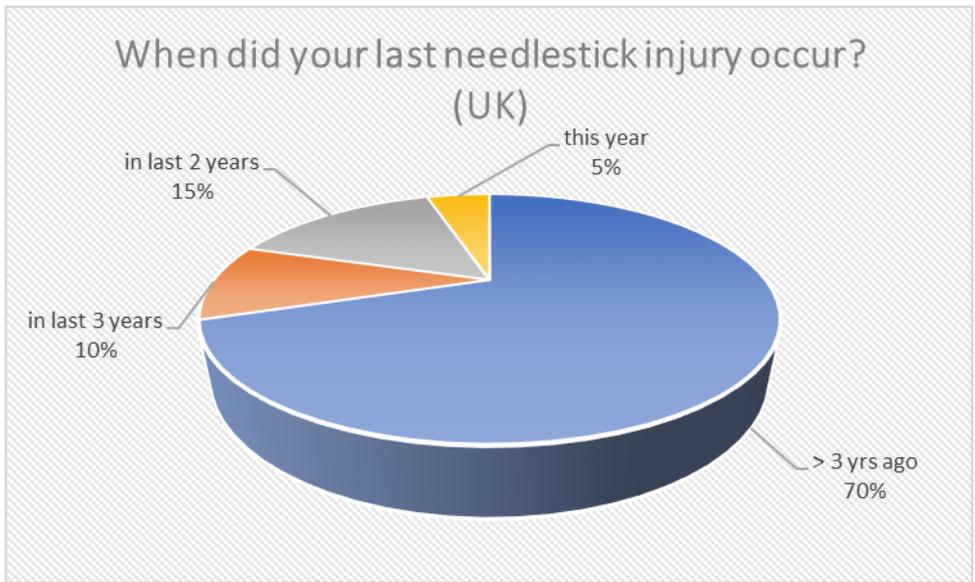
3. Just under half of UK respondents (48%) had had a needlestick injury:



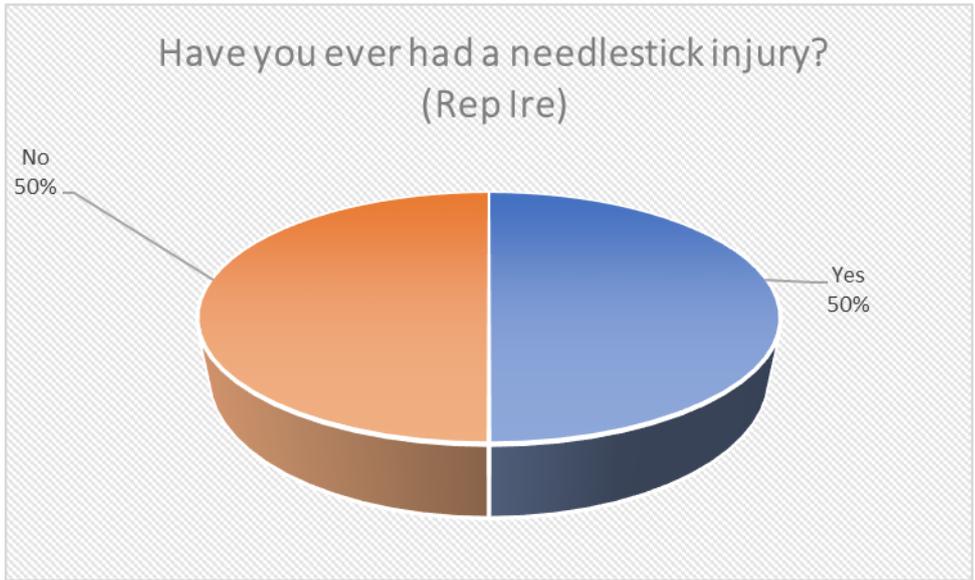
with 58% of those having had more than one injury:



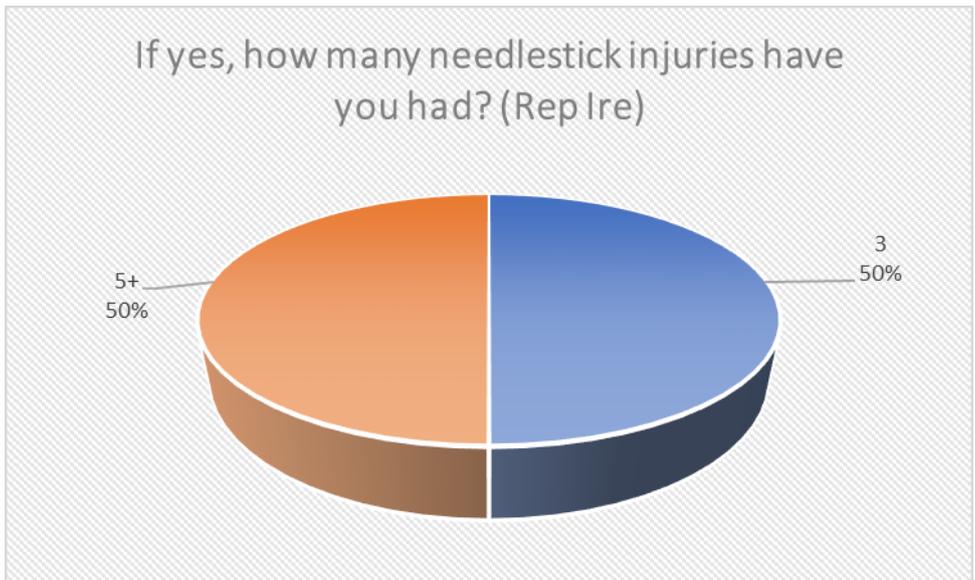
and the majority of these having occurred more than three years ago:



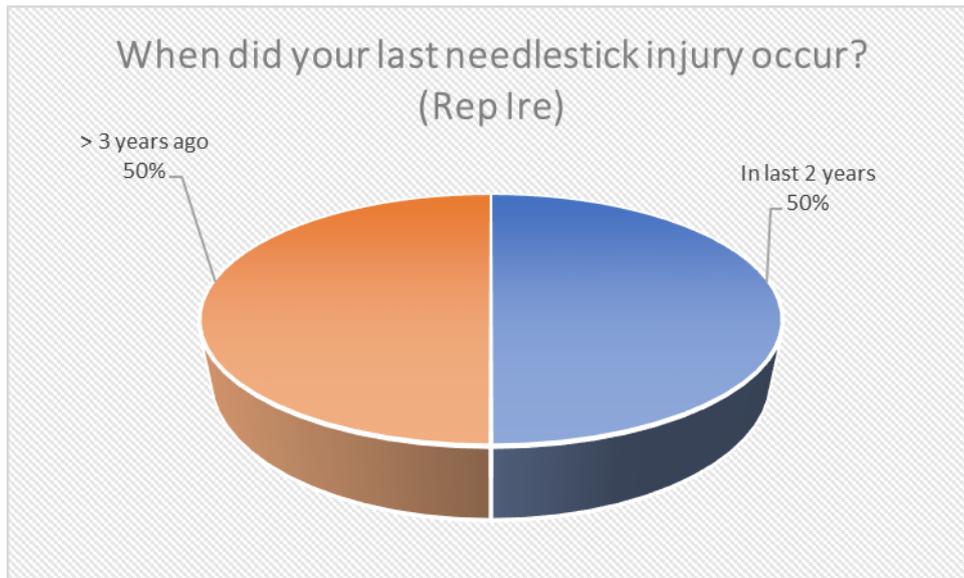
3.1 Figures were slightly higher in the Republic of Ireland, with half of respondents having had a needlestick injury:



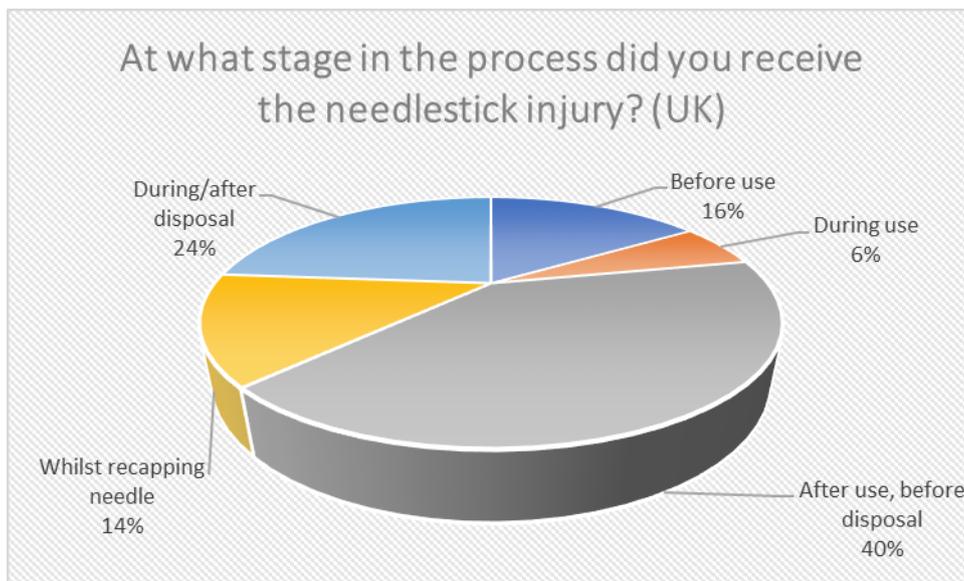
and all of those having had more than one injury:



none of which had occurred in the last year:

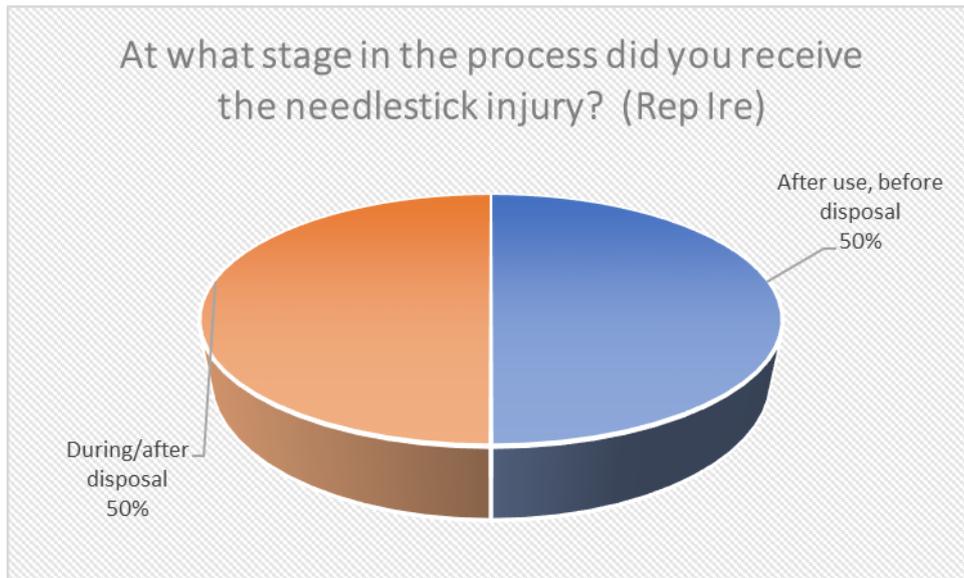


4. The majority of UK injuries occurred after use/before disposal (40%):



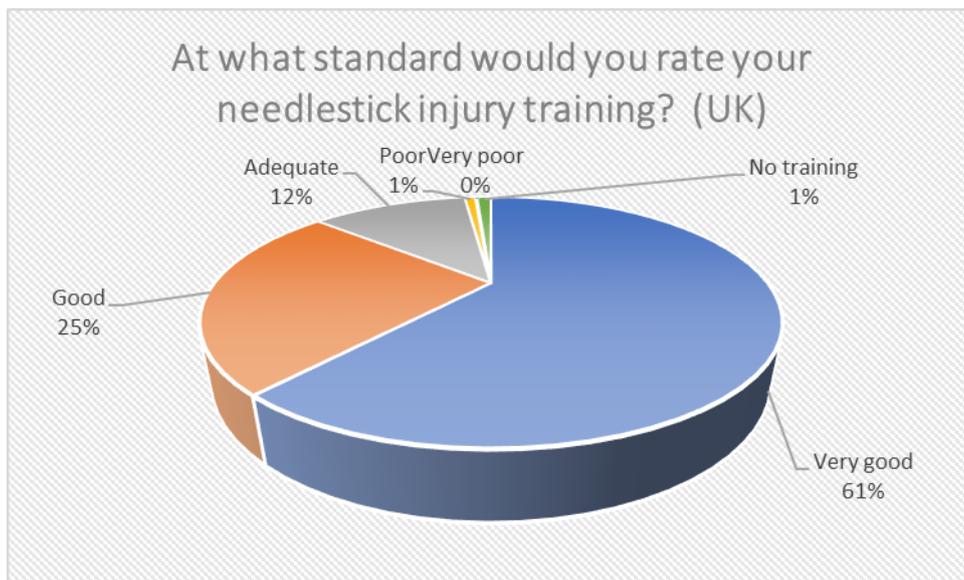
and of those who had needlestick injuries, 1.4% acquired a blood-borne virus as a result of the injury. Only 1 of the UK respondents did not know what steps to take with regard to treating and reporting needlestick injuries.

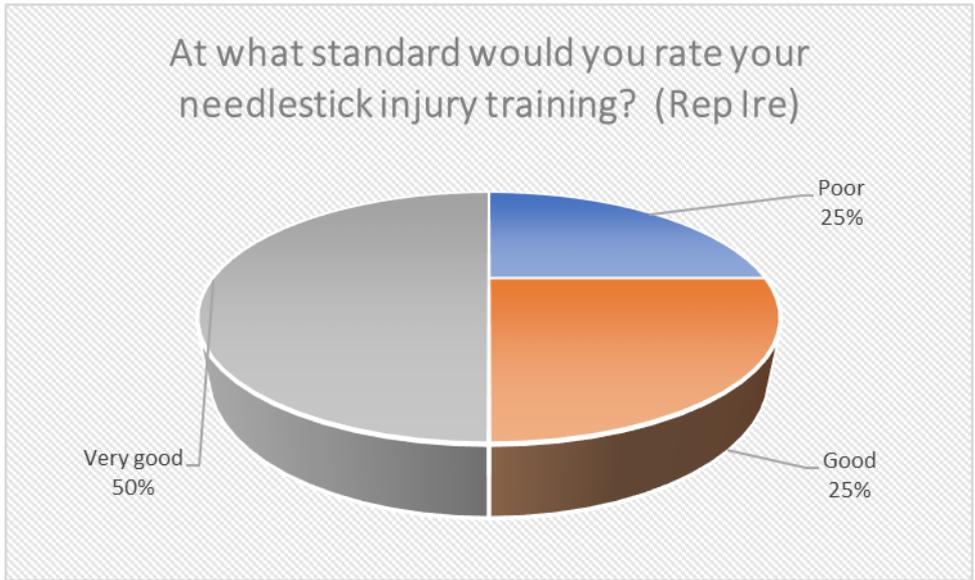
4.1 In the Republic of Ireland, injuries occurred either after use/before disposal or during/after disposal:



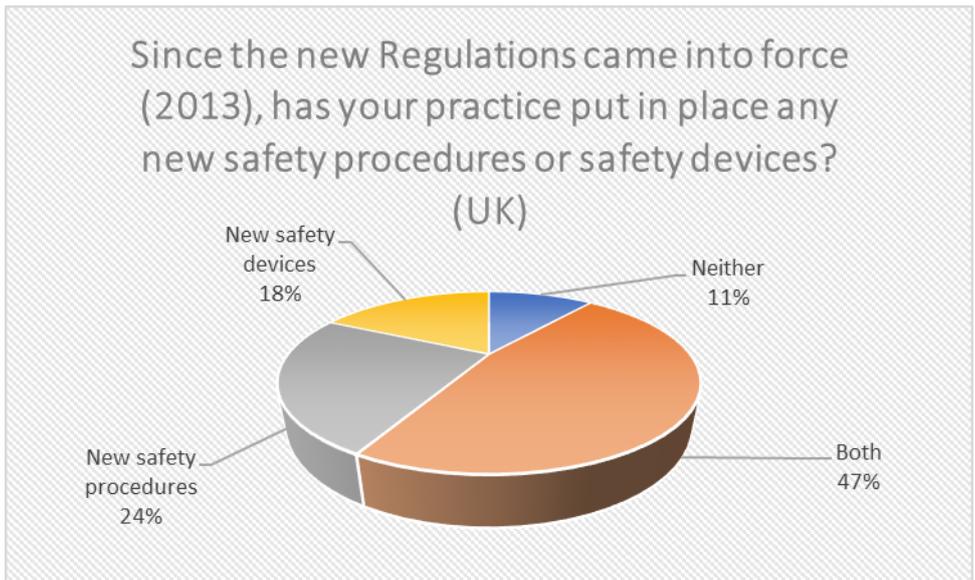
and of those who had injuries, none acquired a blood-borne virus. All of the Republic of Ireland respondents knew what steps to take with regard to treating and reporting needlestick injuries.

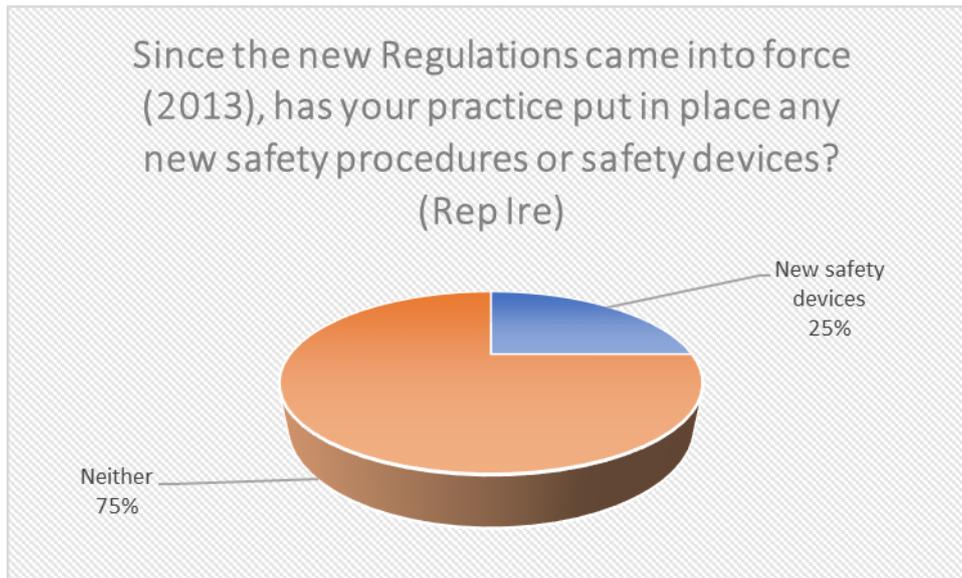
5. All respondents were asked to rate their needlestick injury training:



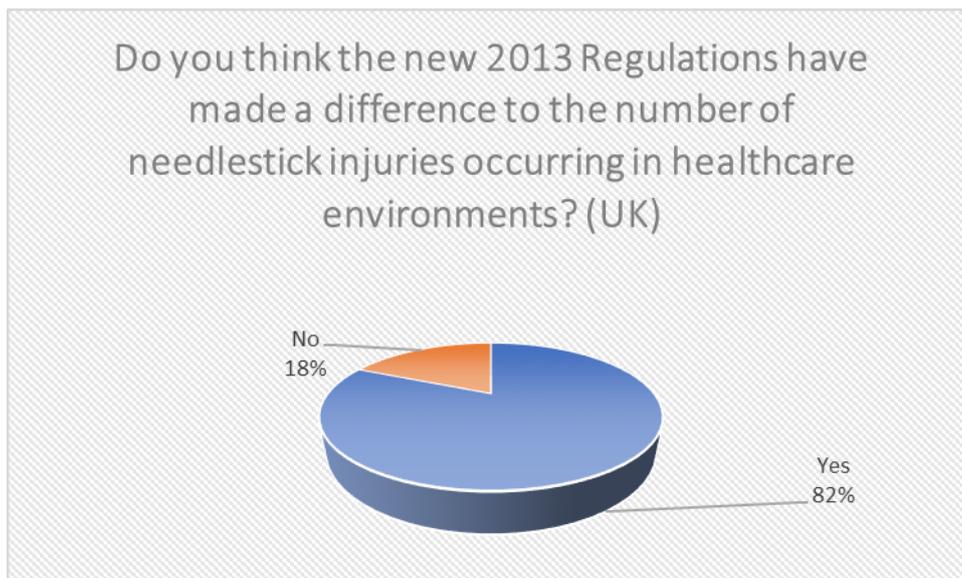


6. All respondents were asked whether their practice had put new safety procedures or safety devices in place since the introduction of the Health & Safety (Safer Instruments in Healthcare) Regulations 2013:

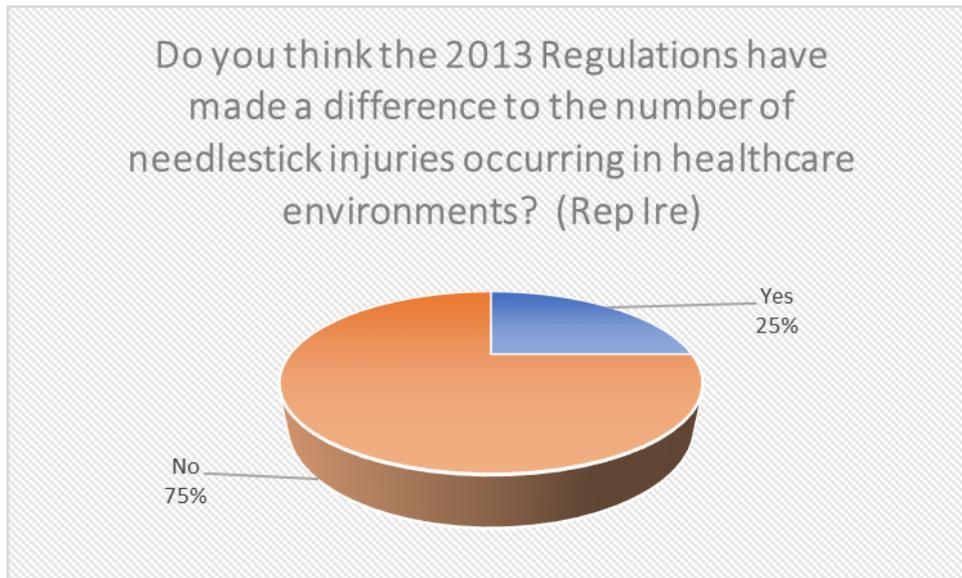




7. All respondents were asked if, in their opinion, the 2013 Regulations<sup>2</sup> had made a difference to the number of needlestick injuries in healthcare environments:



<sup>2</sup> Regulations are UK only, but do implement EU Council Directive 2010/32/EU on the prevention of sharps injuries in the hospital and healthcare sector. Ireland equivalent is The European Union (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014 (S.I. No. 135 of 2014).



8. 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. All of these are from UK respondents; no respondents from the Republic of Ireland made any additional comments.

**APPENDIX 1**

**ADDITIONAL COMMENTS/IS THERE ANYTHING ELSE YOU FEEL YOUR PRACTICE SHOULD BE DOING TO PREVENT NEEDLESTICK INJURIES OCCURRING?**

Reprimanding of dentists that continually fail to re sheath or lock the safety needles
Dentists to regularly dispose of their own sharps.
I think instrument cassettes help, I know of overloaded washer disinfectors and rushed nurses grabbing handfuls of instruments in a hurry, needlework incident waiting to happen in my opinion. Also good training for trainee nurses right at the beginning and frequent reminding until the message sinks in and good habits are formed helps.
Not all of our dentists use safer sharps but we have carried out a risk assessment for those 2 dentists.
Clinician only to dispose of sharps. Use safety needles only and single use all in one blades
Encourage all dentists to resheath and dismantle/dispose immediately after use and use fresh needles if need to top up
It is up to the individual professional to ensure that they are working safely, not just to protect themselves but others also. As professionals we should ALL be working to Gold standard.
Make it compulsory to use the safety needles with the locking sheath.
Yes the dentists should empty all there sharps into the containers , that was the training I had from H&S but it doesn't happen and a nurse can't reinforce it
Luckily we haven't had any needlestick injuries in my current practice in the 3 years I've been there. I'm sure they could implement more of the new regs such as disposable needle syringes. But it's all very costly.
Fully disposable needles, with autoclaveable handles
Ensuring all sharps are disposed of straight away by the dental officer
no not the practice can. but I work with lots of different dentist in many sites any most do not know that they should be disposing of ALL the sharps not just the needles ie burrs matrix bands ect
None. In the 6 years I have been working in the practice we have had 0 needlestick injuries.
As dental nurses I believe we are no longer supposed to be handling needles (making them up or dismantling them)  The biggest threat I have now from needle stick, its from cleaning instruments.  Emptying patients treatment tray to dirty instrument box. Emptying dirty instrument box to decon room to be scrubbed  all dental practices need to address this danger area
The Clinician disposes of most of the sharps. He dismantles his own LA syringes
Follow the instruction
Could use disposable self contained needle and syringe packs
Use of ultra safety plus system
I have moved from the practise I got the injury from but feel the nurses would benefit from more safety measures. They are in place but the owner prefers to use old metal syringes and hides them when the cqc come

The dentist should be disposing the needles as soon as they finish using it and not wait for the nurse to do it
Our dental nurses only load a cartridge syringes and do not dismantle after use
Dentist need to be more careful sometimes
My injury was from an suture needle left pointing upwards,surrounded by gauze, - so training for clinicians would be useful
No- I think we work in a safe place and are up to date with all procedures and policies concerning needlestick injuries and prevention of this
The dentist is in control of disposing the needles and sharps to reduce needle stick injuries. Using a safe gard system also as a preventative
yes, we are a 2 dentist practice, while one of the dentists is mindful of the new regulations and does not let us anywhere near the needles. One dentist despite numerous requests does not always dispose of used needles and leaves it for the nurse to handle. It is very frustrating as a dental nurse, as you have to keep reminding your boss on the new procedures.
No as my place of work has robust policies & procedures in place which if followed should prevent any sharps injuries occurring.
Dentist's should dispose of the needle and cartridge themselves
Use only disposable syringes
rein-force: operator to dispose the sharps in the sharps bin. more training Dentist
making sure clinicians are responsible for all sharps, this should be a must from all the staff members
No they have covered all areas. We even do spot checks making sure staff all following guidelines correctly
There are updates and posters that be downloaded and placed in staffing areas to remind them of the correct procedures. There should be update training carried out in dental practices / clinics when doing any Health and Safety or Cross Infection training modules with the staff.
no nurse should get a needle stick injury. If you use the in safe set up, not even the dentist has to break down the syringe, you just push and twist, the needle is removed within the case and you dispose of the cartridge in the sharps box.
<b>SOME DENTISTS ARE STILL REFUSING TO USE THE SAFER SHARP NEEDLES</b>
Nothing regarding needles although some practitioners do not dismantle their own sharps. However the incidence of injuries in practice comes from dismantling siqveland matrix bands.
Orthodontic practice so use of needles is minimal
Use disposable matrix bands or tofflemires
Use safety plus syringes
As a registered experienced dental nurse I try to make sure the dentist covers the naked needle after administering a local anaesthetic !
Disposable matrix bands
No the practice holds routine update training on safe handling of all sharps and what to do in the event of an injury.
sharp injuries - like Matrix Bands cuts, or other sharp instruments (scalpels, callers etc) should be covered by survey or should be point of concern
Yes use ultra safty plus syringes and please make sure that it is LOCKED when used. Make sure that the sharps container is not on the floor under a work top, which you can't see when full. Please please reemphasize this to dentist as there are still a lot doing this and not placing them up higher.
None as we have a strict policy & procedure.
Dentist should dispose of all used sharps

Advising dentists to dispose of used needles instead of passing to nurses
Not really, we are a small single handed practice, and therefore it is easy to keep protocols in place
Use of safer sharps devices
new practices should be put in place, dentist should always remove needle not just sometimes
Dentists should dispose of their own sharps.
the clinician who uses the sharp disposes of the sharp.
I think all practices should be using the single use disposable syringes.
Ensuring clinicians double lock safety syringes and dispose of own sharps
It is impossible to describe multiple injuries as the Q6.3 will only allow 1 answer. I think I must've had about 3 over the years covering all 3 options; before, during & after use. Also it seems to assume that the needlestick injury is with a needle but I think that it is important to consider all sharps injuries e.g. incidents with scalpels, scalers, matrix bands, etc as well.
Our practice is fully aware of all the requirements My personal opinion (as a dental nurse of 30+ years) is that there are more injuries caused by sharp instruments (RCT instruments, sharp hyg instruments etc) than needlestick injuries and this is certainly the case in our practice. We have had two needlestick injuries within our practice over the last 10 years
Do annual update of safe practice, use and disposal of sharps
I think we are doing all we can already prior to the new regs coming in. We're all very experienced older nurses.
Although safer sharps needles were introduced, some dentists have refused to use them and some also forget to dispose of them!
We use disposable locking syringes
I believe the dentist should dispose of needles and scalpels after procedure.
Our practice was already using the safety needles
The last information I found was that you could no longer go to occupational health and that if you receive a needle stick injury you have to go to A&E. Our A&E is so busy here I doubt I would be seen quick enough to make a difference. I feel every day I put my life on the line because of this, so I try really hard to be careful but accidents still happen.  Sometimes the new procedures are adhered to and sometimes not. Depending on time and the dentist or hygienist we are working with
buying a device so no one has to handle needles
We use disposable sharp to lower the risk of needle-stick injuries
We're considering the introduction of the all-in-one syringe/needle system
Purchase safety devices.
Should be more vigilant in Clinician making them safe for nurse to dispose of.
we are an ortho practice, no needs as such used, but we do have wires etc
Perhaps only the dentist should only handle needles
My practice policy is that no nurse is to handle any needles it is all the dentists responsibility to load and dispose of needles
The practice has done all it can do- I think Nurses are quite switched on when it comes to needlestick safety, it is normally the dentist who needs reminding of the policies.
Disposal needle syringe carriage system or needle guards as a 2nd option
Dental nurses should not be disposing/handling needles - the operator should have soul responsibility
At present I don't work with needles so doesn't really apply

no good standard
As a locum i still come across dentists that do not dispose of needles and only last week at a practice i was working at the dentist left needles on the instrument trays totally open (not re sheathed or made safe) and was totally unaware of the risks. I will not return to this practice until the dentist takes responsibility. Perhaps dentists should be made more accountable and think about the risks to staff.
Use of safe needles would be better.
No, My practice has put into place the dentist has to now deal with all sharps!
I have worked as a Dental Nurse for 37 years I have accrued these injuries of needle stick during my earlier days. Some from not following protocol. Equipment and the nurses knowledge, training have changed dramatically hence preventing needlestick injuries.
The sharps injury i had within the last two years was due to a hand scaler.
Some DCP's de-sheath the needles themselves which is the better option so us nurse's don't come into contact with dirty needles.
Obtain equipment so that unscrewing the needle would no longer be necessary
our dentist now assembles and dismantles all needles so risk is greatly reduced
Fortunately I work in a very pro- active practice where policies and procedures are of a high standard even before the new guidelines were implemented.
Educating some of the dentists and oral surgeons to sheath the needle after use. With the new safety needles it is so simple and quick.
Don't work in a practice . I work with in a hospital. Needstick safety is done as a learn pro module
I didn't receive my injury with a needle, it was with a used matrix band. We are all very careful when dismantling instruments but when you are busy accidents happen. As long as the correct procedure is done afterwards at occupation health and the support off the practice then it's all ok.
Dentist should be disposing of needles nor nurses
we use safer sharps which I think are better and safer from a nurses point of view but the dentists say they feel they have to touch the needle more. one of our dentists refuses to use the safer sharps properly and never clicks the sheath / cover part over the needle at all.
Better equipment
Updates for all new staff. Trying to change dentists views on different types of syringes and encouraging them to new ways of delivering LA
Disposal of matrix bands by dentists
Work cds and also in out of hours so work with many operators... too many operators still expect nurse to dispose of sharps
Supporting nurses when they raise to management that dentists are not dismantling sharps. Too many dentists leave this to the nurse to do despite HTM clearly stating it is the operators responsibility
we have changed needles to ultra safety plus and the dentists have to dispose of needles
The practice now uses septodont ultra safety plus disposable needles.
I work with the NHS and the procedures are adhered to however when we have students who have also received, training and development, we are all now have to complete a learn pro certificate and send to HR
Only dentists touch needles nowadays
Some clinicians don't dispose of sharps immediately after use and leave it for the dental nurse to dispose of.
WE WERE USING SAFETY DEVICES ANYWAY AND DENTIST REMOVE THE NEEDLES/CARTRIDGE AND DISPOSE

Some dentists dispose of their own needles while others leave it for the nurse to do. My needle stick injury training is through CPD, not through training in work
As dental nurses this was always part of our role, now more surgeons/gdp / students are disposing of sharps themselves, more incidents are being reported. Re-enforce teaching and re-iterate responsibility to both DCP & GDP, with GDP understanding that it is also OUR responsibility.
At present it is the Dentist responsibility to disassemble and dispose of needles at our practice. We could update training .
Always take correct precautions when handling needles using appropriate safety shields
The needle stick injuries I have obtained are during decontamination of instruments not needles.
Move sharps boxes to clinicians side
Having worked in previous Dental practices I think dentists need to be reminded that it is their responsibility to dispose of the needles and not the Dental Nurse this is still happening in some practices.
I have never had a problem with needle stick injuries at either practice I have worked in. We put into practice the contraguard re-sheathing system to be more compliant and increase safety but I feel it has just increased the costs by having to buy the sticky sheaths and the sharps bins fill much quicker. I suppose in some practices accidents happen and it helps to have these rules for those cases
It would be safer if all dentists detached the syringe and disposed of the needles straight into the sharps boxes every time.
Keep current & updated
I work in hospital
working for the health board with have procedures and policies that we need to abide to
would be useful if dentists were more considerate putting sharp instruments on trays ie. facing same way/ not jumbled or put back way they were presented. unobstructed view also of sharps with nothing placed on top of used instruments ie. gloves, gauze, cotton wool etc.
Use disposable syringes
The Dentist should dispose of all needles
Dentists should recap needles themselves or use safe disposable needles
We clean instruments by hand, it will better is they are obligated to use the clean and washer disinfectant as a regulation that will reduce needle stick injury.
All of our sharps are disposed of by the clinician at the point of use, we also use safer sharps. As a new measure included on the new 2013 policy I think what would be massively helpful would be to include fully disposable matrix bands. This again would reduce the needle stick injury problem.
We have been advised to leave ALL the stages when dealing with needles to the dentist only. However I'm sure in general practice this rarely happens.
Only the dentist handles the used syringes/needles. He does not allow nurses to dismantle them after use.
Being most vigilant not to over fill the sharps bin.
No. Its up to me as an employee to avoid touching sharps. The dentists now dispose of sharps in our practice as they "create them". It is my job to follow the safety procedures in place to avoid injury.
Enforce that dentists dismantle and dispose of the local anaesthetic equipment after use instead of leaving the dental nurse or decontamination nurse to do this

<p>some clinicians will not dispose of there needles leaving them for the nurses to get rid of , I think this should be grounds for disciplinary action , I received a needle stick because the dentist had not locked the safety device</p>
<p>The user should always dispose of the sharps</p>
<p>doing everything possible to prevent</p>
<p>I have never heard of the safer instruments in healthcare.</p>
<p>As I work with on a regular basis with 5th year dental students and final year dental nurses not enough needle stick training is given to them on either courses. Most of them need further education with needle stick injuries and what to do if they should happen.</p>
<p>allowing more time to process instruments as we do not always have a sterilisation nurse our dentists didn't get on with the safety needles so we no longer use these. One dentist mostly unsheaths his own needles but one doesn't. It would be better if they both took care of their own sharps</p>
<p>Needle stick incidents in our practice are from metal matrix bands rather than needles</p>