

POLICY PROTOCOL

SHARPS, SYRINGES & SAFETY ENGINEERED SYRINGES (SES)

DENTAL OFFICE

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POLICY REGARDING SAFETY ENGINEERED SYRINGES (SES)

After much science and research regarding Safety Engineered Syringes (SES), there are many reasons why they present a considerable amount of challenges. There was a research study done by Work Safe BC in October 2010, concluded that SES were considered as follows;

1. instability of the needle apparatus and its' ease of separation from the syringe handle while engaging the safety feature which would compromise patient safety.
2. possibility of deflection of the needle upon and during injection which again would compromise patient safety.
3. visualization challenges during aspiration causing patient safety concerns.
4. failure to tell if the safety feature is fully engaged, increasing a chance of injury to the operator.
5. the SES would require more physical manipulation to load and retrieve the cartridge than a conventional syringe.
6. it is more difficult to learn how to use the SES than a conventional syringe.

Our clinic policy recognizes the Legislation requirement of Occupational Health & Safety (OHS) Part 35, respecting this provision we have listed below procedures where it is clinically not appropriate to use Safety Engineered Syringes (SES).

Injection Sites for Local Anesthesia include;

1. Inferior Alveolar Nerve Block
2. Long Buccal Nerve Anesthesia
3. Posterior Superior Alveolar Nerve
4. Middle Superior Alveolar Nerve
5. Anterior Superior Alveolar Nerve
6. Nasal Palatine Anesthesia
7. Palatine Anesthesia

PROTOCOLS REGARDING CONTAMINATED SHARPS

According to OSHA (Occupational Safety and Health Administration), when handling Contaminated Sharps, the process should be as follows:

Recapping, bending, or removing needles is permissible only if there is no feasible alternative or if such actions are required for a specific medical or dental procedure. If recapping, bending, or removal is necessary, employers must ensure that workers use either a mechanical device or a one-handed technique. The cap must not be held in one hand while guiding the sharp into it or placing it over the sharp. A one-handed 11scoop11 technique uses the needle itself to pick up the cap, and then the cap is pushed against a hard surface to ensure a tight fit onto the device. Also, the cap may be held with tongs or forceps and placed over the needle.

In addition, best practices implemented to prevent needle-stick and other percutaneous injuries, include the following:

- Always use extreme caution when passing sharps during four-handed dentistry.
- Needles should remain capped prior to use.
- Needles should not be bent, recapped or otherwise manipulated by using both hands.
- Following use, needles should be recapped as soon as possible by using a one-handed scoop technique or commercial recapping device.
- When suturing, tissue should be retracted using appropriate instruments (e.g. retractor, dental mirror), rather than fingers.
- Remove burs from handpieces immediately following the procedure.
- Identify and remove all sharps from trays before cleaning instruments.
- Used sharps must be collected in a clearly labeled puncture-resistant container.
- When cleaning contaminated instruments by hand, heavy-duty utility gloves, appropriate clothing and long-handled brushes should be used.