The Organization for Safety, Asepsis and Prevention Support of the International Healthcare Worker Safety Center 2011 Consensus Statement and Call to Action Concerning Sharps Safety in the United States

The Organization for Safety, Asepsis and Prevention (OSAP) congratulates the University of Virginia’s International Healthcare Worker Safety Center (IHWSC) for its development and recent release of an evidence-based, practical and progressive consensus statement concerning sharps safety in healthcare facilities. The Statement offers a rational set of suggestions that should help decrease the occupational risk for exposure to bloodborne pathogens.

As an organization, OSAP strongly supports the IHWSC’s Consensus Statement and Call to Action Concerning Sharps Safety in the United States. OSAP wishes to be “a sign-on” supporter as this effort moves forward.

OSAP also wishes to share with the IHWSC the sharps risks posed to dental practitioners.

Dentistry is a form of ambulatory care. However, it differs markedly from acute care and most other forms of ambulatory care. In 2008, there were 141,900 working dentists in the United States with over 85% being general practitioners. About 28 percent of dentists were self-employed and not incorporated. Very few salaried dentists worked in hospitals and physician offices. Almost all dentists work in private practice. According to the American Dental Association, about three out of four dentists in private practice are solo proprietors with 15 percent belonging to a partnership.

Other members of the dental team potentially at risk for percutaneous exposure include dental hygienists who hold about 174,100 jobs in 2008, about 96 percent in dental offices; and dental assistants numbering 295,300, about 93 percent in dental offices. The total of dentists, hygienists and dental assistants working in dental offices is approximately 583,665.1-2

Dentistry has found it difficult to take advantage of safety-engineered sharps devices since few currently exist that meet the unique needs of dental practice where rotating and sharp double-ended instruments are a challenge to safety. Exposures do occur, primarily during the use of sharp instruments in the mouth, when passing instruments, and when transporting and cleaning reusable instruments. Exposures can also occur during disposal of sharps. Dental assistants experience the greatest number of exposures. Due to significant underreporting and the fact that most of dentistry is provided in independent clinics, offering a realistic number of annual exposures per practitioner is not currently possible.3-7

However, other tenets of the Consensus Statement are quite applicable to dentistry. These would include employee training, understanding of applicable guidelines and regulations, use of correct regulated medical waste procedures, the presence of proper (size, fit and
appropriateness for a specific hazard) personal protective equipment and development of standard operating procedures that reduce the chances of exposure even further.

OSAP is particularly interested in Recommendations #5 and #7 - Health and Human Services agencies such as CDC/NIOSH and other government and non-governmental agencies and professional organizations support epidemiological research that evaluates risks to workers in a wide range of non-hospital settings and Professional organizations and medical product distributors for non-hospital care settings collaborate to make sharps safety a priority and ensure that appropriate devices and educational and training materials are available which are targeted for workers in these settings. Because these two issues are central to our new strategic plan, OSAP wishes to be an active participant in the advancement of these recommendations.

OSAP thanks the IHWSC for the opportunity to support its efforts to improve patient and practitioner safety and health – Because Safety Matters.

References