Eleven children were already known to social services before their admission, which was 40.7% of the sample. Data were unavailable in 4 cases.

Ten children (37%) came directly through the emergency department, 6 (22%) were referred by the dental hospital, and 11 (41%) were referred from their dentist or an emergency dentist. An average of 3.2 teeth were extracted, with a range from none to 11 teeth. The children's hospital stay ranged from 1 to 4 days with an average of 2.5 days.

Five patients were discussed with the safeguarding team during the hospital stay, with 1 becoming a new referral to social services. Three children were referred again for new safeguarding concerns.

DISCUSSION

Child neglect is associated with negative outcomes for children, and the effects can compromise their educational achievements, their physical well-being, and their psychological health. Forty percent of the children in this study were already known to social services when they came for care of a dental/maxillofacial space infection. Most were between ages 5 and 8 years, which suggests that this group is at high risk for harm and neglect. Therefore there is a need to have a pathway for care identified (Figure 2) that will help to meet all their needs.

Clinical Significance

Young children who have dental problems severe enough to be treated emergently by oral and maxillofacial surgeons appear to have a high likelihood of being victims of neglect or other forms of abuse. When these children come for care, health care professionals should refer them to social services in accordance with the policies of their health care facility. Having a pathway for care identified makes this referral and interventions more likely to be made in a timely fashion and to address both the oral and other health care needs of these children.

Schlabe J, Kabban M, Chapireau D, et al: Paediatric dento-facial infections—a potential tool for identifying children at risk of neglect? *Br Dent J* 225:757-761, 2018

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Facial focus of children

BACKGROUND

Dental fear and anxiety affect an estimated 9% of children, with higher proportions among younger children. Children who are fearful and anxious tend to be less cooperative and sometimes nearly impossible to treat in the dental setting. Managing these problems falls to the dentist to avoid these uncooperative and disruptive behaviors so that proper oral treatment can be delivered. Although dental factors, such as perceived pain or lack of control during treatment, as well as the sounds, smells, and pain associated with dental care, may influence the child's responses, there may also be non-dental factors that contribute. First impressions can be important in many interactions and likely is a factor that affects the child's later behavior. Measuring the focus of the child's eyes may provide an objective assessment of what the child is drawn to in that first encounter and subsequent interactions. Eye-tracking technology, which has been used in neuroscience and psychology research, was employed to determine what children notice the most when they look at the dentist.

METHODS

Forty-one Australian children age 4 to 12 years viewed 10 images of male and female dentists of varying ethnicities and dressed in different attires on a computer screen. Twenty-two children were between ages 4 and 9 years and 18 between ages 10 and 12 years. All had visited a dentist at least once previously. An eye-tracking camera was used to follow the location of the children's eyes as they observed the images. Areas of interest (AOIs) were predefined on each image and included, for example, the eyes, mouth, or shirt. Other images were interspersed with the images of the dentists. The number of participants who fixated and the mean length of fixation for each AOI were determined.

RESULTS

The data were used to formulate heat-maps of fixation concentration over time. The heat-maps indicated that the dentist's face was the area with the most fixations, followed by his or

her attire. The mean length of time spent fixating on the face was significantly longer for the face than for any attire.

For all of the images, the circum-oral area had considerably more concentration of fixations than the eyes. The numbers of children who fixated on the circum-oral area were significantly higher than the numbers of children who focused on the dentist's eyes. In addition, the length of time of the fixation was significantly longer for the circum-oral area than for the eyes regardless of the image. With respect to attire, dentist's images that included distractors, such as pens or ties, garnered a higher concentration and longer length of fixation than images that had no distractors included.

DISCUSSION

Children fixated on the dentist's face, especially the circum-oral area. This was true regardless of whether the image included the dentist wearing a mask, eyeglasses, or other distractors. The eyes were the next most common area focused on, followed by the dentist's apparel.

Clinical Significance

Dentists should consider how they appear to children as a standard course of behavior. Coming to a child with a simple smile could begin a positive interaction that may make the pediatric patient feel safe and secure. Having a more approachable appearance may be a technique dentists can use to help ward off the child's feelings of anxiety or fear of the dentist.

Celine G, Cho V, Kogan A, et al: Eye-tracking in dentistry: What do children notice in the dentist? *J Dent* 78:72-75, 2018

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SHARPS SAFETY

Addressing sharps safety

BACKGROUND

Sharps are dental instruments that can penetrate the skin and, when contaminated with body fluids, have the potential to cause a sharps injury. The United Kingdom medical profession experiences an estimated 40,000 sharps injuries annually, with a 0.3% risk of HIV transmission, a 2% risk of hepatitis C transmission, and a 5% risk of hepatitis B transmission. All members of the dental team are at daily risk of a personal sharps injury. In light of this, the UK implemented health and safety regulations to prevent sharps injuries in hospitals and other health care sectors. The regulations include information and training that must be provided for employees. These apply to all employers, contractors, and workers in the health care sector. Examples of sharps injury experiences, an approach to assess the risks of sharps injuries, and specific guidelines to help the clinical team address 6 common causes of injury, as well as barriers to preventive actions, were offered.

SHARPS INJURIES EXPERIENCES

Student/Recent Graduate Survey

A survey of student dentists and recent dental graduates in 2016/2017 assessed the sharps injury experience in the early days of a dental career. Of the 164 participants, nearly a third had already suffered a sharps injury, with just under half experiencing the injury within the past year. Half of the respondents knew a colleague who had at least 1 sharps injury. The most commonly reported injuries, in order, were needlestick injuries (32%), with 19% occurring while using a re-sheathable needle system; dental bur injuries (26%); and matrix bands injuries (24%). Twelve percent of the participants did not report a sharps injury.

About 20% of the participants did not feel confident managing a sharps injury. Twelve percent reported not receiving training in the past year, and 3% had not received any training. Even through 71% of the sample believed their sharps training was adequate and 22% believed it was excellent, 7% still believed they were inadequately trained (Box 1).

Box 1. Instructions to Manage a Sharp Injury

1. Don't suck the wound to make it bleed
2. Bleed the wound gently under running water
3. Wash with soap and water
4. Dry the wound and protect with a plaster
5. Identify source of contamination for example, patient details
6. Seek urgent medical advice (for example from your Occupational Health Service or Accident and Casualty Service) to assess the risk and take appropriate action. Effective prophylactic medications are available
7. Document and report the incident locally to your employer.

(Courtesy of Imran A, Imran H, Ashley MP: Straight to the point: Considering sharp safety in dentistry. *Br Dent J* 225:391-394, 2018.)