The Sceptic presents

Infection Control

A dreadful case was heard at the GDC recently, which actually resulted in a dentist being removed from the register. The dentist in question had some very strange habits indeed. He didn’t use latex or non-latex gloves, all the better to be able to clean his nails and ears with instruments he was about to use (one would hope he used different instruments for each purpose, as using the same would be very unhygienic indeed). Oh, and he also urinated in the surgery basin, but presumably he ran water afterwards. His nurse and a patient ratted on him. Can’t think why, but dental patients, not to mention the GDC, are very concerned about infection control, and he was duly signed to the scrapheap where presumably he can indulge more and weirder perversions.

So should health-care professionals be more concerned with infection control, and health and safety issues? If so, which? Here is a list of issues, by no means comprehensive, about which we need to be concerned:

- Needle stick injuries
- Handpiece sterilisation
- Medicolegal factors
- Cost
- Life of instruments
- Clinical time management
- Waste disposal.

Here are ten good reasons, plus questions arising, why you would not wish to comply with full sterilisation procedure:

1. If you are seeing, say, 15 patients a day, you are using a minimum of 15 pairs of latex/non-latex gloves, probably double that number daily. The individual cost/item is not high, but the collective cost is, especially if one is allergic to latex.
2. Then there is the question of disposing of 60 gloves, per surgery per day. Should they be burned, buried in a hole in the ground (preferably in China), or are they biodegradable?
3. Should we be using one pair of gloves that is repeatedly disinfectable?
4. Other than disposable needles and scalpel blades, should we be using disposable hand instruments? Points 1 and 2 above apply.
5. Cost of a steriliser today (why? no means insignificant. Even if you have a good one, is it one capable of sterilising and removing the air from the luminous of handpieces?
6. Is sterilisation by itself sufficient, or do we require washer/disinfector a priori?
7. The cost that cleaning/disfection/sterilisation procedures exert on the physical makeup of instruments, and in particular handpieces, is high. What can be done to minimise wear and tear?
8. Is the design of your sterilising room (assuming you have one) up to standards required by the Healthcare Commission? Do you have separate ‘clean’ and ‘dirty’ areas, and yet again separate storage areas? Is it still acceptable to keep previously sterilised but unwrapped instruments in a drawer in your surgery where they are susceptible to aerosol spray?
9. What about the water we use? How sterile is it?
10. Where do we stand from a medico-legal perspective if we are unable to show documented proof of compliance with recommended infection control protocols? (The answer? In front of the GDC.)

11. To sum up, the case against sterilisation rests on three factors: cost, time and efficacy.

The case for... sterilisation

The case for is much simpler and more persuasive: we have no choice. The creation of the Healthcare Commission whose influence is still felt by the dental profession, is the first major group to have the power to sanction practices that are non-compliant.

Without a doubt, two of the biggest concerns are the rising incidence and risk of HIV and hepatitis, and the biggest areas of concern are aerosol infection and waterborne contamination and needlestick injury. The good news is that companies such as SciCam, are addressing many of these issues.

Its Hydrim washer/disinfector has the capability of perfectly prepping instruments for sterilisation, and the very compact Statim steriliser can sterilise handpieces in just eight minutes. Henry Schein is marketing the ‘Safe-point’ to mitigate the dangers of needle-stick injury by facilitating quick and safe needle removal (without re-sharpening) and disposal at the point of use.

Do you have any concerns about sterilisation/compliance? Email the team at editor@dentaltribuneuk.com and let us have your views.

The Power of 10...

OCD freakery

Control freaks display variations of OCD—from being obsessive about crisp crumbs to dominating your every move. But beware, they are rarely NICE warns Ed Bonner

A bit of benchmarking: how do you rate against the following ‘control freak’ tactics? (write down ‘a’ for ‘always’, ‘s’ for ‘sometimes’, and ‘n’ for ‘never’):

1. When travelling abroad, you like to get to the airport early
2. When packing for a holiday, you check the contents and weight of each family member’s cases
3. Immediately after you finish a meal at home, you pack the dishwasher
4. You are the first to arrive at work and the last to leave
5. You deal with your new emails before you begin to see patients
6. You write all your own clinical notes yourself
7. You order all your own materials
8. You write very detailed notes to the laboratory, because they will get it wrong if you don’t
9. You don’t leave work till you have cleared your desk
10. At staff meetings, you make detailed notes of everything that is said.

Assessing the results

It is obvious that if your ‘a’s predominate, it is very important for you that you are in control of every aspect of your life. In fact you are out of control.

Those who have ticked mainly ‘a’s, are more laid back but still in control, able to relinquish it when possible or necessary, and are generally good team players or leaders.

If the no’s have it, you are so totally laissez faire that you are not bothered in control, leaving almost everything to others to do for you (assuming it is done at all). There is a fine line between being laid back and being irresponsible, between delegating and abdicating: ‘a’ creates ‘an’ in other people—their behaviour is fertile territory for controlling individuals to sink roots and thrive.

Delegation temptation

If the no’s have it, do you sincerely believe that you are the only person who can do your job properly?

Question two: Do you think that if you delegate a job to another person you will not get it right immediately, and be less control freak, because they present with clinical symptoms of obsessive-compulsive behaviour.

Control freaks are often successful but not generally NICE; there are exceptions: one such is Julian Metcalfe, who runs the sandwich company Pret A Manger.

There are very simple ways of finding out where you are on the control spectrum. Check your blood pressure and sleep patterns. Ask your patients via a questionnaire. Ask your staff. How many have been in for more than two years? How many have left in the past two years? Do you even know? Ask yourself. You will be surprised how many will be the same.

The OCD test

Control freaks do not see themselves as being control freaks, but they describe themselves as ‘conscientious’. The difference between people who obsess about control and those who are conscientiousness is that the former directly affects the work lives of other people. I undercover their (my?) behaviour, fear and anxiety are often to be found. They must dominate every aspect of their environment. They collate huge volumes of data so they are not caught out; they pay acute attention to detail to create order where they perceive there is chaos. They set the agenda at meetings, interrupt others, and get hostile when challenged. Control freaks are often bullies, often sexist and sometimes racist. They dislike patients who question their authority. In extreme cases they present with clinical symptoms of obsessive-compulsive behaviour.

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