The Sceptic presents

The case for... and against...

Infection Control

A dreadful case was heard at the GDC recently, which if unchecked, could result 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 muttered 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 off 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
- Medical/legal factors

Should plastic gloves be burned or buried in a hole in the ground?

The 10th Dimension

The power of 10...

OCD Freakary

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 criteria? (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 materi-

Collective cost is, especially if one is allergic to latex:

2. Then there is the question of disposing of 60 gloves, per sur-

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8. You write very detailed
notes to the laboratory,

Assessing the results

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

If the ‘n’s have it, you are so totally laissez-faire that you are not really in control, leaving almost everything to others to do for you (assuming it is done all right). There is a fine line between being laid back and being irresponsible, be-

Delegation trepidation

‘Question two: Do you sincerely believe that you are the only
person who can do your job prop-
erly?’

8. You have separate ‘clean’ and ‘dirty’ areas, and yet again sep-

9. How much time has to be spent on clinical decontamination/ sterilisation procedures, and at what cost in terms of essen-
tial resources, electricity and human labour?

10. Where do you stand from a medico-legal perspective if we are unable to show doc-
umented proof of complian-

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

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 sanc-
tion practices that are non-com-
pliant.

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

Its Hydrim washer/dism-
fector has the capability of per-
fectly preparing instruments for sterilisation, and the very comp-
act Statim steriliser can sterilise handpieces in just eight minutes. Henry Schein is marketing the ‘Safe-point’ to mitigate the dan-
ger of needle-stick injury by fa-
cilitating quick and safe needle removal (without re-sharpening) and disposal at the point of use.

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

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In denial

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