Keeping up appearances

Days of inadequate cold sterilisation using harmful chemicals are over, says Mhari Coxon who encourages all forward-thinking practices to make changes before a deadline is issued.

Although the holidays will be well and truly over by the time you read this, I am writing this piece on the count-down to spending six weeks with the kids. Both my children’s schools have had swine flu outbreaks, but there no longer seems to be the value of closure as new cases are increasing rapidly beyond the singular outbreak.

I sound like a broken record reminding each child to wash their hands before eating, avoid touching their eyes or mouth in class, and use a tissue if you need to sneeze or cough. These basic measures can reduce their risk of contracting H1N1. I notice a lot of people wearing masks (to decontaminate procedures in our centre. We are, at present, using ultrasonic baths to decontaminate, then hand rinsing and visually checking, and autoclavering in non-vacuum unit, before bagging instruments and dating them. Our “dirty area” is clearly marked, but is still one of the surgeries. We quality check our ultrasonic baths with full tests monthly and have our autoclave serviced regularly, while all ultrasonic baths are emptied at least daily. But we know we need to switch to using a washer system to reduce our contamination risk significantly.

The Department of Health has issued best practice guidance, available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PolicyandGuidance/DH_092443. This is what all dental health professionals should be working towards achieving in any dental environment.

The aim of the guidance is to improve the quality of disinfection and decontamination of reusable dental equipment. Over the next few years, every dental centre, both private and NHS, will have to be registered to show they offer a safe, clean environment for dental treatment, especially that they are using appropriate decontamination of dental equipment.

Most dental professionals registered with the GDC will have to improve their current practice to achieve this standard. Newly refurbished, and purpose-built practices will have installed these protocols as they developed.

A clean space

Our biggest hurdle is creating a separate area for this purpose. Our practice is small and there is little room for expansion. This means having a designated room for the purpose, which is going to be a challenge. One possible solution is to have a section of my large surgery partitioned off to create a room. We also want to purchase equipment that will work best with our practice and reduce the risk of downtime if there were any repairs required.

If I am honest, it is proving to be a headache. Forget the obvious expense – this is secondary. It is the number of clinical hours that will be lost in the process that is the problem. But after much deliberation, we have decided to invest in professional help, and as it happens, there are any well-read and versed individuals out there who can offer solutions to almost all situation; even the autoclave in the staff kitchen scenario (although I hope there are not too many of those left).

For instance, Martin Fulford is an expert in this field and is very in demand. He will be speaking at the London BSDHT meeting on 28 September as well as providing a workshop opportunity to problem solve and offer solutions. He will also be speaking at the BSDHT Annual meeting in Bournemouth in October and at Independent Seminars cure subject day in December.

Many companies, for example Prestige Medical, offer an evaluation service to practices. I feel it would be prudent for all the team to discuss the protocols followed in their practice and to familiarise themselves with the document.

Doing your groundwork

The Dental Showcase exhibition in Birmingham in November would be an ideal opportunity to gather information and ask knowledgeable representatives of companies related to cross infection and disinfection and decontamination any questions you have. I know that several, for instance Continu, are planning to offer verifiable CPD to help us gain a better understanding of the standards we are striving towards. There will also be CPD lectures running on a first come, first served basis on all three days. Considering this is a free event, I cannot see why we would miss this opportunity.

I believe that it is good for our profession to be registered and will offer reassurance to the public in this time for transparency and clarity. I also believe that the days of inadequate cold sterilisation with harmful chemicals have had its day. All forward-thinking practices should be looking to make changes before a deadline is issued. Remember, you have a duty to uphold these standards even if your employer does not feel the need. Perhaps it’s time to have that talk…

About the author

Mhari Coxon is a dental hygienist practising in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (BSDHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CPDforDCEP, which provides CPD courses for all DCPs.

If you would like to find out more about how Continu can improve your infection control results, please visit us on Stand L05 at the BDTA Dental Showcase in Birmingham from 12th – 14th November or contact us today: Nuview Ltd, Vine House, Stolesley Road, North Woodchester, Gloucestershire, GL5 5NN UK. Tel: +44 (0) 1453 872266 Fax: +44 (0) 1453 872288 Email: continu@nuview-ltd.com Web: www.voroscopy.co.uk

Continu

In her article, Mhari Coxon refers to the end of sterilisation using “harmful chemicals” yet we still see Dental Care Practitioners using alcohol gels that can irritate skin to the extent that the HTM 01-05 hand hygiene policy recommends using “a hand cream following hand washing” due to the discomfort. Why not simply use alcohol free anti microbial hand care products that prevent dryness and have a conditioning effect?

Alcohol based products are also still used to clean or disinfect surfaces but can lead to micro-cracking which provide the ideal habitat for harmful micro-organisms and reduce the useful working life of equipment. Continu alcohol free disinfectants are ideal for all cleaning procedures and are available as spray, wipes, liquid soap or hand cleansing foam. Respected Harley Street Endodontist, Catherine Thomas, states that “Nuview have come up with an excellent range of products. The hand wash and foam have proved very kind to skin and cross infection hand procedures are much easier”.

Nuview has also recently launched its new products – the Anti Microbial Dental Impression Mix and a combined surface cleaner/disinfectant. The surface cleaner offers a 2 in 1 solution that removes dirt or grease whilst disinfecting the treated area to ensure surfaces are clean as well as decontaminated. The Dental Impression Mix saves time by disinfecting impressions at source using Continu to mix the alginate, rather than water. Continu effectively inhibits fungal growth for up to 3 weeks.

Continu has been proven in tests to British Standards EN1276 and EN1650 to deliver many advantages over traditional solutions:

- Quick & Effective – A kill rate of 99.9999% within 30 seconds
- Infection Control – Does not cause micro cracking for bacteria to inhabit
- Long Lasting – Keeps working for several days after application
- Economical – Prolongs useful working life of surfaces and equipment
- Safe – With “hazard” rating of water it is harmless to patients and staff
- Dermatology friendly – Does not dry or damage skin
- Environmentally Friendly – No alcohol, acids or solvents to dispose of
- Versatile – Use on all surfaces including computers and equipment
- Odour Free – Attacks unpleasant odours, creating a fresh environment

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