Keeping up appearances

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**A**lthough 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 HI N1. I notice a lot more people wearing masks (to questionable benefit unless the wearer is infected and trying to reduce transmission) on the train and Tube and most people are carrying tissues in case they do need to cough or sneeze, and those people that don’t feel the icy stares from fellow commuters.

I have also re-evaluated my cross-infection protocol in practice, but thankfully we are following best practice with regards to transmission of viruses within our limits.

**Our cleaning routine**

In my practice, I work with a floating nurse/oral health educator, so I’m often doing all my own instrument cleaning. Yes, this can be time consuming, but it’s one of the things I refuse to rush.

What we are working on is our move to improve our disinfection and decontamination procedures in our centre. We are, at present, using ultrasonic baths to decontaminate, then hand rinsing and visually checking, and autoclaving 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 to download at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PolicyAndGuidance/DH_089243. 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 this purpose, which is going to be a challenge. One possible solution is to sub-let a portion 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 many 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 26 September as well as providing an 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 CPDforDCP, which provides CPD courses for all DCPs.