The bi-annual meeting of the National Association of Specialist Dental Accountants (NASDA) has marked its tenth anniversary. At the meeting, members heard that hits on the NASDA website are rising with frequent enquiries from dentists seeking a NASDA accountant.

Attendees planned the publication of the NASDA annual benchmarking statistics - the earliest opportunity for an overview of UK dental accounts.

NASDA enables accountants with a significant commitment to dental clients to share knowledge and enhance their service. Lawyers can join as associate members of NASDA, which is forming a database of surgery sale prices.

Chairman, Nick Ledingham, of Morris and Co, paid tribute to NASDA founder, Paul Kendall, along with founder members, John Flewitt and Peter Howard.

Mr Ledingham said: ‘As a result of the 2006 dental contract, NASDA members find their specialist knowledge in greater demand. We are now more focused than ever before on sharing information with a view to providing a high level of service to the dental profession.’

The Department of Health has issued advice to dentists in the event of a flu pandemic. This includes contacting asymptomatic patients 24 hours before an appointment to ensure they are symptom-free and screening them when they arrive.

In the case of infected patients, treatment should be delayed until they are asymptomatic, if possible. PCTs will provide advice on additional precautions required for emergency care.

During a flu epidemic, dental practices should ensure excellent hygiene, with disposable tissues for staff to cover the face during and after sneezing, coughing and wiping or blowing the nose, or during and after contact with respiratory secretions and contaminated objects. Hands should be thoroughly washed with soap and water or alcohol rub for 30 seconds.

Coughing and sneezing patients in waiting areas should wear surgical masks. Non-essential items such as soft furnishings, as well as toys, books, newspapers and magazines) should be removed from reception and waiting areas.

Where patients with flu-like illness are seen at the same practice as non-flu patients, it is important that the two groups are separated or seen at different times.

Wherever possible, different teams of staff should care for influenza and non-influenza patients, possibly by two practices working together. Recovered staff should work in the ‘infected’ surgery and wear sterilized surgical masks, gloves and aprons.

Treatment of infected patients should be limited to relief of pain and avoiding aerosol generating procedures. Where this is not possible, turning on high volume aspiration before the turbine will help to reduce aerosol.

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