

DENTAL TRIBUNE

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News in Brief

Baby teeth

The parents of a baby boy born with teeth will have to take special care of their son's mouth to ensure he does not end up needing emergency dentistry work. Joanne and Lee Jones are proud parents of their first child, Oliver James, who shocked everyone at the Rosie Maternity Hospital in Cambridge when he was born with two teeth on December 30th 2010. Mum Joanne said that it was "a complete surprise" to see that Oliver had two teeth when he was born. "They are not little stumps, they are proper teeth. It is not unknown for babies to be born with teeth, but it is extremely rare," she commented. Oliver James will now have to go back to the hospital so staff can keep an eye on his teeth and avoid emergency dentistry in the future.

Leaf-cutter ants retire

Central American leaf-cutter ants "retire" from their cutting role when they grow old, switching to carrying when their jaws blunt with age. Leaf-cutter ants start their lives with razor-like jaws, or mandibles, to cut through the leaves they harvest. But as these "wear out", the insects tend to carry the leaves cut by their younger counterparts. They are reported in the journal *Behaviour Ecology and Sociobiology*. The study discovered that older ants were significantly less efficient at cutting leaves. The researchers, from the University of Oregon and the Oregon State University, supports previous research showing the survival of a leaf-cutter colony depends on the efficiency of its workers.

Turn back time

As teeth age, they become worn, brittle and discoloured. This is a commonly overlooked and untreated problem with many older adults because they are reluctant to undergo traditional and painful restoration procedures. Nevertheless, non-invasive aesthetic dentistry pioneer Dr Robert Ibsen has developed a cosmetic and structural restoration technique titled the ZERO-PAIN™ SmileSimplicity procedure. The SmileSimplicity procedure preserves healthy, natural tooth structure and enables dentists to restore and strengthen teeth while producing more vital, youthful-looking smiles without a single anaesthetic injection or removal of sensitive tooth structure.

www.dental-tribune.co.uk

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No 'quiet life' for Cameron as NHS debate rages on

Prime Minister defends NHS reforms, stating 'we cannot afford not to modernise', while resistance builds from medical associations

Last week Prime Minister David Cameron, (*pictured*), gave his speech on NHS Reforms, arguing that "fundamental changes" were required for the UK to catch up with European health care standards.

The general feeling throughout his speech was that without change, children will be poorly educated, patients will be unhappy with the NHS and public faith in law and order will be crushed. Adding that change should not be "put off any longer" Mr Cameron made it clear that "quietly standing still" was no longer an option. Mr Cameron added that there will be "new powers for GPs, who can join together in consortia, take control of NHS budgets and directly commission services for their patients."

"We are spreading choice, saying to any parent or patient: you can choose where your child gets sent to school or where to get treated and we'll back that decision with state money."

Mr Cameron confronted the fact that although there will be rising pressure on funds, technology and new medicine. "Put another way" Mr Cameron said, "it's not that we can't afford to modernise; it's that we can't afford not to modernise."

There has however been some concern over the proposed changes, one of which we see GPs taking control of commis-

sioning care. Commenting on the changes during a BBC interview, the Prime Minister said there was "enthusiasm" among the medical profession for the changes; however, according to other reports, the Royal College of GPs, the British Medical Association and trade unions have insisted that the upheaval is unnecessary.

The underlying issue lies with the fact that Britain re-




portedly spends £103bn on the NHS and yet it has fallen behind other European countries which spend similar amounts on healthcare, so surely something needs to be done instead of pumping more money into a system that obviously doesn't work to its full potential. Mr Cameron said: "There isn't a quiet life option because there is so little incentive in the NHS to improve the health of the nation."

On another level, Mr Cameron clearly emphasised how the poorer communities cannot escape bad GPs and NHS services and a result something needs to

be done. Providing power to GPs to give greater choice to patients is just one option to deal with this issue. Mr Cameron aims to "free professionals from top down control and bureaucracy" and most importantly "give choice to the user."

As further reports have suggested, this year will be a critical time for the Coalition's public service reforms, as they begin a process that will modernise public services, such as health, education and justice.

At this time of writing the Health Bill has yet to be published; however, what has been described as an "overhaul" of the health service will most-certainly come into practice as Primary Care Trusts will continue to be scrapped, and power and financial control will be handled to GPs.

Many have reportedly volunteered to pilot the reforms, demonstrating the appetite for change. 

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A year of communication

As Alison Lockyer, (pictured), marks her first year as Chair of the General Dental Council in January 2011, she's urging more registrants to get involved in the regulator's work.

"New Year is traditionally a time to make resolutions but

the GDC is already ahead of the game with its corporate strategy now firmly in place. Instead it's time for us to really get down to business with delivering the results we've promised registrants."

One of the biggest commitments in the strategy is to review *GDC Standards for Dental Pro-*

essionals. Alison said: "Our strategy pledged to ensure policy is developed on the basis of consultation and evidence. The Standards review is an example of this. Work is picking up pace in 2011 with a series of events helping us listen to the people who will be most affected by the changes we make – dental profession-

als. We know from the calls and emails we get that there are plenty of people with views on the standards we expect registrants to meet. Now is the chance to help shape this work. We're holding free registrant events across the UK from January onwards with workshops about this important issue."



Participation can count as two hours verifiable CPD. Details are on our website www.gdc-uk.org. The Standards review is one of a number of key projects moving forward in 2011.

Alison added: "We're looking at a number of other important issues. At the heart of this work is our aim of delivering regulation which is proportionate, targeted, consistent, transparent and accountable. Revalidation remains a focus for regulators and we will continue to seek the views of registrants as well as members of the public and other interested parties as we refine our draft plans. We're also gathering views on the GDC's Scope of Practice guidance – is it helpful or restrictive? Are there skills registrants think should be included but are missing?"

Alison had one clear message for dental professionals for 2011: "We believe one of the biggest strengths of the GDC is its 96,000 registrants. They are the ones who make the most visible difference to patients' lives and we want to learn from them. Taking part in consultations, coming to events or even emailing us some feedback can help us learn from their insights. I hope 2011 will be a year of communication for us all." DT

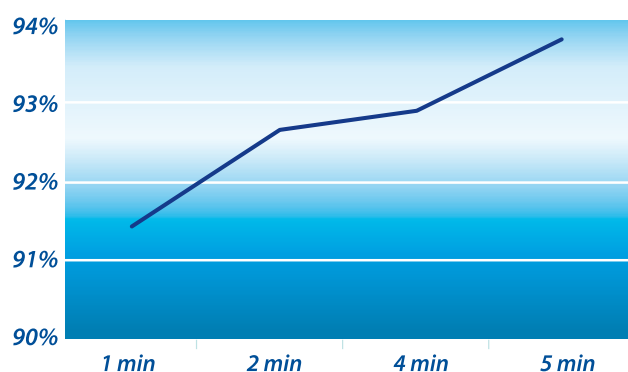
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Editorial comment


All eyes are on the government this week as the long-awaited updated Health Bill is published. David Cameron has already begun his defence of the

BADN salary survey

The British Association of Dental Nurses has launched its on-line 2010/11 Dental Nurse Salary Survey. The survey will cover the tax year which ended April 2010, and is open to all dental nurses in the UK. The salary information gathered by the survey will be used to lobby the GDC, MPs and other relevant authorities for a more realistic ARF for dental nurses.

The survey, which will close on 31 March 2011, will be conducted through the CVENT facility and several thousand dental nurses will be sent an e-mail invitation to participate. Others can access the survey via a link on the BADN website www.badn.org.uk. Participants will also be able to forward a personalised message to dental nurse colleagues inviting them to participate.

ARF survey results

- 97 per cent considered the increased fee of £120 to be too high for dental nurses
- 97 per cent felt that there should be a separate, lower, ARF for dental nurses
- 89 per cent felt that there should be a lower ARF for part-time workers
- 79 per cent paid their own ARF with no financial assistance from their employers. Employers of 16 per cent paid respondents' ARF in full and five per cent in part
- Of that five per cent, just over half paid between £30 and £40 towards the ARF; a quarter paid between £40 and £50
- 94 per cent stated that they would re-register in July 2011 – although most pointed out that they had no choice if they wished to continue working as a dental nurse!
- Of those respondents who stated that they would not be re-registering in July 2011, 68 per cent stated that it was because they could not afford the ARF/were leaving the profession
- 85 per cent expressed their willingness to lobby MPs regarding the ARF
- 29 per cent considered that an ARF of between £50 and £60 would be appropriate for dental nurses; with 19 per cent each considering ARFs of £40-£50 and £60-£70 appropriate for dental nurses. 11 per cent considered an ARF of £70-£80 acceptable, whilst 14 per cent considered £40 to be the acceptable limit for dental nurses. 

Bill before its publication in a speech delivered at Parliament. Medical associations have been expressing their concerns, calling the reforms 'an upheaval' or 'unnecessary'.

Does any of this sound familiar? I can hear the low mutterings of dentists saying 'welcome to our world'. Of course, the

Health Bill will have an effect on dentistry, and Dental Tribune will have comment and analysis on those parts of the Bill which will shake our world even more.

In other news, a shameless plug for Smile-on's upcoming Clinical Innovations Conference, to be held May 6-7 in London. With an excellent line up

of speakers, including Julian Webber, Nasser Barghi, James Russell and Eddie Scher, this really is the place to be for the latest developments in restorative and aesthetic dentistry (and you may even get to speak to me!). Go to page four for more details.

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

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BDA calls for a rethink

Proposals to introduce revalidation for dentists would be likely to increase paperwork, reduce the number of patients seen and add another layer of regulation. That's the verdict the British Dental Association (BDA) expressed in its response to the General Dental Council's (GDC) consultation on revalidation for dentists. The response argues that the proposals are onerous,

bureaucratic and inappropriate, and out of step with the GDC's repeatedly-expressed intention to develop a system which is proportionate.

Furthermore, it says that the evidence base for the proposals is unsound and that pilots for the proposals carried out in 2009 failed to cover a representative number of practitioners. It also calls for the pro-

posals to be subjected to a full cost-benefit analysis.

Dr Susie Sanderson, Chair of the BDA's Executive Board, said: "It is important that standards for professional revalidation in dentistry are transparent, consistent, and proportionate, and offer reassurance to patients. The BDA supports measures that meet those criteria. We also agree with the view ex-

pressed by the Working Group on Non-Medical Revalidation that the intensity and frequency of revalidation must be proportionate to the risks inherent in the work a practitioner is involved in.

"The BDA supports the work of the GDC as the regulator of dentistry in the UK, but we have some serious concerns about the proposals put

forward in this consultation and the wider context in which they have been presented. The circumstances confronting dentistry have changed since these proposals were initially mooted and it would be sensible to look at them again to assess the cost of changes and the benefits they might deliver. We would welcome the opportunity to input into that process."

The BDA's full response to the consultation can be accessed at: www.bda.org/dentists/education/revalidation.aspx. **DT**

Clinical Innovations Conference 2011

Education and training provider, Smile-on, is hosting this year's Clinical Innovations Conference, along with the AOG, the Dental Directory, FGDP and the ESCD. Now in its eighth year, the Clinical Innovations Conference (CIC) will be held on 6th and 7th May at the Royal College of Physicians in Regent's Park, London.

Promising to be the biggest conference yet, the CIC programme has been put together with the aim to update partici-

pants on new technologies, materials and techniques in dentistry.

The 2011 conference will host a line-up of highly prestigious international speakers alongside exhibitors offering the latest dental technologies from around the world. Confirmed speakers are: Nasser Barghi, Wyman Chan, Eddie Lynch, Tif Qureshi, Raj RajaRayan, Raj Rattan, Wolfgang Richter, James Russell, Julian Satterthwaite, Eddie Scher, Liviu Steier, Mahesh Verma and Julian Webber.

The conference holds opportunities where you can:

- Learn truly innovative solutions to achieve superior results
- Gain hands-on experience in the latest techniques
- Take away tips you can start putting into practice immediately
- Question and debate all ideas
- Receive your core subject 'Medical Emergency' certificate

A spokeswoman for Smile-on said: "Together with the AOG we have brought together an impressive programme that will be both inspirational and motivating, preparing your practice for the future and ensuring that you too are at the leading edge of dentistry."

After the success of last year's CIC, the Clinical Innovations Conference is growing and the 2011 conference is expecting delegate numbers in excess of 300 highly motivated dentists who are passionate

about learning.

To accompany the event, Smile-on and the AOG are pleased to announce The Annual Clinical Innovations Conference Charity Ball, which will be held on Friday 6th May. With more than 300 people expected this promises to be a night to remember. Traditional dress is encouraged.

For more information call 020 7400 8989 or email info@smile-on.com. **DT**

Is asthma linked to caries?

A recent thesis presented at the Sahlgrenska Academy has concluded that children and adolescents with asthma have more caries and suffer more often from gingivitis (gingival inflammation) than people of similar age without asthma.

The work presented in the thesis examined children, adolescents and young adults in the age groups three, six, 12-16 and 18-24,

with and without asthma. The first study revealed that three-year-olds who suffer from asthma have more caries than three-year-olds without asthma.

The scientists have also compared the oral health of adolescents aged 12-16 years who had long-term moderate or severe asthma with that of adolescents of the same age without asthma. Malin Stensson, dental hygienist and

researcher at the Department of Cariology, Institute of Odontology at the Sahlgrenska Academy said: "Only 1 out of 20 in the asthma group was caries free, while 13 out of 20 were caries free in the control group.

"One factor that may have influenced the development of caries is somewhat lower level of saliva secretion, which was probably caused by the medication taken by

those with asthma. Adolescents with asthma also suffered more often from gingivitis than those without asthma."

The work presented in the thesis also examined the oral health of young adults aged 18-24 years, with and without asthma. The results from this age group were nearly identical with those in the group of 12-16-year-olds, although the differences between those with asthma and those without were not as large.

Stensson points out that the

numbers of participants in the studies were relatively small, and it may be difficult to generalise the results. What is interesting, however, is that young people with asthma have more caries than those without asthma.

Such research emphasises how important it is that young people with asthma receive extra dental care early, and that a preventive oral health programme be established between the health care system and the dental care system. **DT**

Extra Ice with Xylitol

At the start of the year *Dental Tribune* attended the launch of Wrigley's new range of Extra ICE chewing gum, which was appropriately held at London's Ice Bar (minus the snow but still with freezing temperatures!)

Chilling out with a delicious lunch and ice drinks, the Wrigley's presented their new range of sugar free chewing gum, Extra Ice® Peppermint, Extra Ice® Spearmint and Extra Ice® White.

The highlight of the launch (putting aside the Eskimo coats and gloves we had to wear to brave the -7 temperatures in the bar) was that all three of the products contained 50 per cent Xylitol, an ingredient that has been proven to prevent plaque formation.

As well as the widely recognised benefits of sugar free gum on the production of saliva, Xylitol is an ingredient with proven dental benefits including preventing plaque formation, and gives it a unique role in preventive strategies for dental health.

Adrian Toomey, Oral Care Brand Manager at The Wrigley Company said: "Chewing Extra Ice sugar free gum with Xylitol between morning and evening brushings is a great way for patients to look after their teeth when they are on the go. It is proven that chewing sugar free gum like Extra Ice helps to neutralise plaque acids and maintain tooth mineralisation and we are very proud of our oral health-care products and their benefits related to maintaining good oral health." **DT**

Cloudy with a chance of fluoride

What if your toothpaste could tell you whether you needed to leave the house carrying an umbrella? Or how hot the day was going to be?

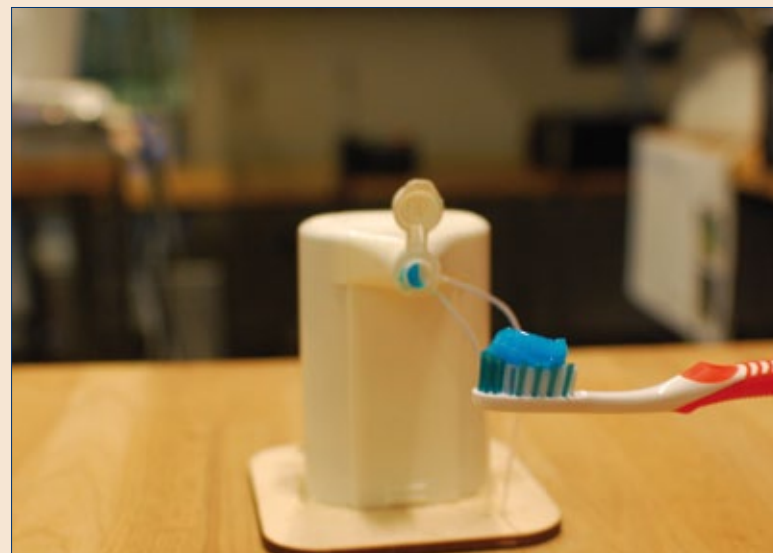
Odd as this may sound, a new product that does just this is currently being created by David Carr of MIT's Media Lab. The prototype product, "Tastes Like Rain" is a one of a kind invention that uses a computer and weather information from the internet to dispense different flavours of toothpaste depending on the weather.

One blog on the new toothpaste dispenser said: "The prototype is currently hooked up to a small Linux computer that pulls forecasts, using custom software to compare previous and cur-

rent temperatures and divvy up the flavours.

"In this case, toothpaste is modified to dispense one

of three flavours depending on the weather. If it's mint, you know it's colder out than yesterday. Cinnamon means it's hotter. Blue stripes indicate precipitation." **DT**



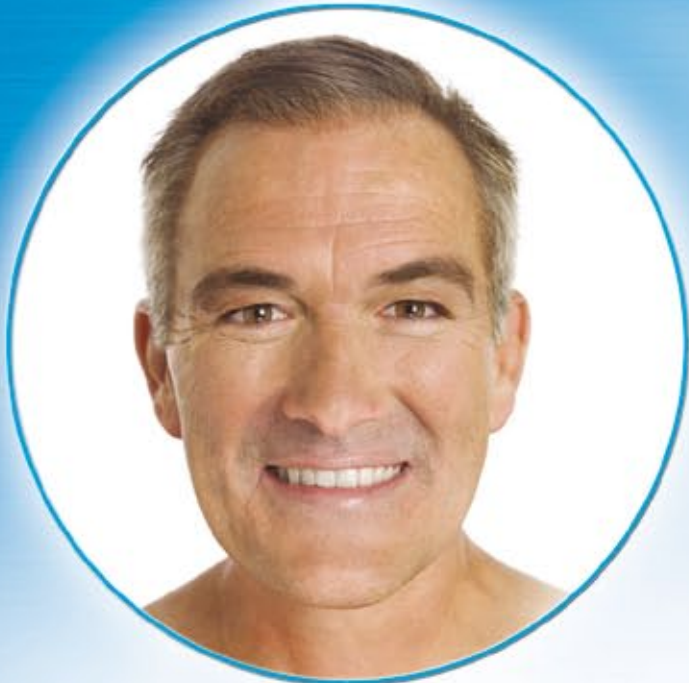
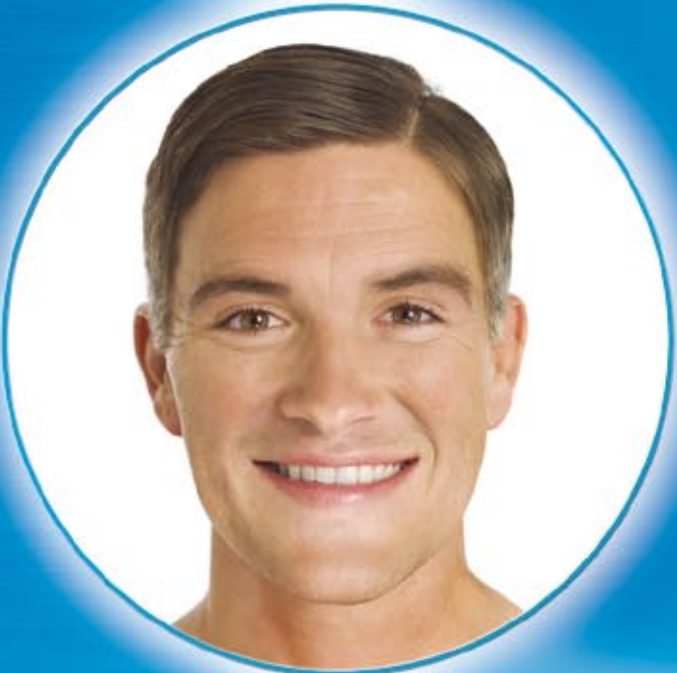
The toothpaste dispenser delivers toothpaste according to the weather



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\$0.5m donation for dental initiative

King's College London Dental Institute's Flexible Graduate Programme has received recognition with a \$548,000 donation from Henry Schein, Inc. The money will fund training, scholarships and awards.

Professor Nairn Wilson, Dean and Head of the Dental Institute, commented: "King's College London Dental Institute is grateful to Henry Schein for its most gen-

erous support of the Institute's innovative Flexible Graduate Programme which is anticipated to include 220 students in more than 30 countries in 2011."

The donation included: The supply of a package of dental products and materials to each first-year graduate student commencing the Flexible Graduate Programme; Five Henry Schein Scholarships per an-

num to support graduate students on one of the Flexible Graduate programmes; A Henry Schein Events Programme to support professional networking activities. The donation also included the Henry Schein Excellence Award which will honour a Flexible Graduate Programme graduate each year for exemplary application of their new knowledge and understanding. [DT](#)



L-R: Brian Millar, Nairn Wilson, Simon Gambold and Dale Cooper

Cancer strategy could save 5,000 lives a year

Detailed plans to transform cancer care in England and save thousands of extra lives each year have been announced by Health Secretary Andrew Lansley.

Overall, these plans will drive up England's cancer survival rates so that by 2014/15 an extra 5,000 lives will be saved every year.

'Improving Outcomes - A Strategy for Cancer', sets out how the Government, NHS and public can prevent cancer, improve the quality and efficiency of cancer services and move towards achieving outcomes which rival the best in Europe.

The strategy - backed with more than £750 million over

four years - sets out a range of actions to improve cancer outcomes, including:

- diagnosing cancer earlier
- helping people to live healthier lives to reduce preventable cancers
- screening more people
- introducing new screening programmes

• making sure that all patients have access to the best possible treatment, care and support

Health Secretary Andrew Lansley said: "Cancer affects us all. Everyone will have a story of someone they love battling the disease. In those instances we all need to know that the NHS will be there for us.

• Non-obstetric ultrasound - to support the diagnosis of ovarian and other cancers

• Flexible sigmoidoscopy/colonoscopy - to support the diagnosis of bowel cancer

• MRI brain scans - to support the diagnosis of brain cancer

In addition, the Government will provide extra investment to increase access to radiotherapy and ensure all patients are able to get this critical treatment.

'Improving Outcomes - A Strategy for Cancer', is the first of a number of outcomes strategies to be published following on from the White Paper, *Equity and excellence: Liberating the NHS*.

Outcomes strategies will play a crucial role in translating the underpinning principles of the Coalition Government's reforms of the health and care services into the steps it needs to take to drive improvements health outcomes; putting patients and the public first, empowering professionals and strengthening local accountability.

The strategy and related documents can be downloaded at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123371 [DT](#)

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"Our ambition is simple; to deliver survival rates among the best in Europe and this strategy outlines how we will make our first steps towards this.

Central to these plans is an investment of more than £450 million to increase earlier diagnosis. This money will fund increased GP access to diagnostic tests and more testing and treatment in secondary care. It will also go towards Public Health England - the new public health service - to promote screening and raise awareness of the signs and symptoms of cancer.

Over the Spending Review period, this will allow for primary care access to more than two million extra tests, in addition to funding increased testing and treatment in secondary care. Tests include:

- Chest X-ray - to aid in diagnosing lung cancer

Get 'Up To Date' with P&G

Oral-B has released the dates for their 2011 'Up To Date' scientific exchange seminars with guest speakers Prof Trevor Burke, Prof Iain Chapple & Prof Nicola West. The lectures are aimed at dentists, dental hygienists and therapists.

Clinical dental professionals are invited to attend a complimentary CPD accredited evening event at one of ten locations:

Torquay (Imperial Hotel, 16 Feb), Sheffield (Kenwood Hall, 8 Mar), Birmingham (National Motorcycle Museum, 10 Mar), Reading (Hilton Hotel, 31 Mar), Cardiff (St. David's Hotel, 7 Apr), Warrington, (The Park Royal, 14 Apr), Newcastle (The Life Centre, 5 May), Lon-

don (Royal College of Physicians, 12 May), Glasgow (Hilton Strathclyde, 23 Jun), Milton Keynes (Horwood House, 30 Jun).

Prof Iain Chapple will be speaking at all venues; Prof Trevor Burke will join Iain at Birmingham, Reading, Warrington and Newcastle; Prof Nicola West will lecture at the remaining venues. The evening will be hosted by Dr Stephen Hancocks.

Every delegate is invited to enjoy a complimentary meal at the beginning of the evening and a free gift which retails at £150. Contact Julia Fish on 07585-508550 or e-mail julia@ab-communications.com. [DT](#)

Staff support for B2A

Practice Plan, the leading provider of practice branded dental membership plans and Bridge2Aid, a charity providing primary dental care and education to communities in Tanzania, have always had a very close relationship. From sponsored walks and bike rides, to event sponsorship, marketing design support, Christmas cards or physically travelling over to Tanzania to carry out restoration work, Practice Plan has endeavoured to support the worthwhile charity year-upon-year.

However, the company has



Support worker Kibibi Kengia

Combat the fear

An innovative device which cancels out the noise of the dental drill could spell the end of people's anxiety about trips to the dentist. Experts at King's College London, Brunel University and London South Bank University, who pioneered the invention, have developed the device to help phobic's attend the dentist more easily.

It is believed that many people's fear of the dentist is rooted in the ubiquitous noise of the dreaded drill and is the prime cause of anxiety about dental treatment; however with this new device, the patient will be able to listen to their favourite tunes on an MP3 player. The headphones used with the device use noise cancelling technology, with inbuilt resistors that dull low frequency wavelengths.

The device works by using an 'adaptive filtering' technology, where the headphones block out certain wavelengths, allowing the dentist's voice to seep through unchanged. Containing a microphone and a chip that analyses the incoming sound wave, the device produces an inverted wave to cancel out unwanted noise.

Although the product is not yet available to dental practitioners, King's is calling for an investor to help bring it to market. [DT](#)

now decided to go one step further and actually delve into the heart of the charity and financially support the people on the ground in Tanzania, and so, Practice Plan now covers the salary for one of the charity's employees, a Com-

munity Support Worker called Kibibi Kengia. Chief Executive of Bridge2Aid, Mark Topley explained: "Practice Plan's sponsorship of Kibibi on our Community Development team has been a huge benefit to our programme at Bukumbi. It al-

lows us to commit confidently to regular work with a vulnerable and marginalised group of people, and bring hope, dignity and encouragement on a weekly basis. We're very grateful to Practice Plan for their continuing support which is helping to

change lives in Tanzania."

To find out more about the fundraising Practice Plan does, or to see how they can support you, please call 01691 684135 or visit www.practiceplan.co.uk for more details. [DT](#)



Pearl Dental Software for PRIVATE Practices

The screenshot displays the Pearl Dental Software interface for a private practice. The main window shows a 'Private Treatment Estimate' for a patient named PAUL BAKER (PRIVATE). The interface includes various tabs for patient records, treatment plans, and financial data. A text message notification is overlaid on the screen, reading: "Text message 10:42 am 24/09/10 From Paul Baker Dear Mr Baker, you have a dental checkup booked on 24/10/2010 at 9:30. Please call 0116 275995 if you are unable to attend. Regards Dr Sellier." The background shows a detailed patient record for Paul Baker, including personal details, clinical notes, and a treatment plan.

See a demonstration at
www.bhasoftware.com/pearl

www.bhasoftware.com

tel. 0800 027 2406

Living in the post-Christmas haze

Elaine Halley provides us with an MSc update

This will be my shortest blog to date as it is currently the 3rd January and I am coming out of the post-Christmas haze with the stark realisation of the amount of work I need to cover before the next two deadlines of 17th

January and 28th January. The scene at the moment as I have plugged in my laptop to finally face-up to the detail of what I need to accomplish, is that I have a three year old asking me to put the skirts on her Playmobile princesses and a nine year old

piano practice to lull me into concentration mode. And it is snowing AGAIN – although not badly, but still a good motivation to stay inside!

So, we have the final assignment of our clinical research module to complete.

This involves composing a research question, designing a structured search using terms such as Boolean Operators and MeSH terms – I’ll definitely need to refer back to my notes as I think the Christmas port must have deleted the part of my

brain which studied that in November! What research question will I come up with? Something to do with bonding I think, maybe even direct dentine bonding as I am such a Magne disciple (or is it groupie?). Or I could do something on bacterial

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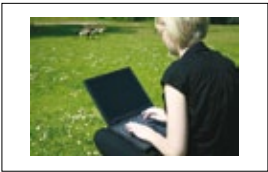
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Time to brush the dust off the laptop

testing in perio? The dilemmas continue... somewhere along the line I have to discuss relevant outcome measures and ethical issues so maybe I should start from there and work back? Oh help...


Then there are the final six clinical case studies for mod-

‘I think the Christmas port must have deleted the part of my brain which studied that in November!’

ule three. I have at least been organised enough to have the cases ready with all the photos uploaded (this takes forever in itself – I’m sure Smile-On will improve this platform for future students) – I only (!) need to write up the case reports – ooops, not quite, I’ve got five but I still need to find someone who needs complex whitening – know anyone with tetracycline staining in Perth? Send them along to me....!

So, Endnote references at the ready – here I go... Nothing like starting the New Year with a healthy dose of stress!! DT

About the author



Elaine Halley BDS DGGP (UK) is the BACD Immediate Past President and the principal of Cherrybank Dental Spa, a private practice in Perth. She is an active member of the AACD and her main interest is cosmetic and advanced restorative dentistry and she has studied extensively in the United States, Europe and the UK.

Infection control

Richard Musgrave discusses the importance of effective surface decontamination

With the ever increasing focus on the importance of infection prevention and control, particularly since the recent outbreaks of MRSA and C.Diff, the need to enforce stringent decontamination protocols has never been more relevant. Infection control has and always will be a subject of paramount importance in medical and healthcare environments; however, in recent years there has been an increased level of awareness, both within the field and amongst the public, of the risks associated with sub-standard cleaning procedures. This in turn has highlighted the obligation of every member of the dental team to strictly adhere to infection control procedures.

It is essential that all work surfaces and floor coverings are continuous, non-slip and where possible, jointless. It is a well established fact that surfaces are especially vulnerable to contamination from potentially infective microorganisms, and as such require strict and systematic decontamination that will significantly reduce the risk of infection to both patients and staff alike. Arguably the most effective way of ensuring that decontamination is executed as effectively as possible is a technique known as 'zoning'. Zoning is a preliminary step to surface disinfection, focusing on clearly defined areas that are prone to contamination and involving the separation of contaminated and clean areas along with the allocation of dedicated space to 'dirty' and 'clean' instrument storage. When zoning, the areas that must be included are:

- Dental chair and spittoon
- Work surfaces
- Controls/switches
- Floors

Practices must ensure that appropriate and sufficient training is given to all members of staff, and document it as evidence. It is essential that dental nurses always deal with treatment areas, although it is acceptable to employ a cleaner to take care of floors and public areas. When staff go through the process of cleaning and disinfecting, it is then that, damage and wear come to light, enabling them to be dealt with quickly so as to avoid bacte-

ria and dust accumulation.

Recent research indicates that the regular use of commercial bactericidal cleaning agents and wipes is effective in maintain-

ing cleanliness whilst potentially reducing viral contamination of surfaces. In the last few years, infection scares have highlighted the very real need to ensure that decontamination protocols, such

as the one below, are followed:

- Treat your patient
- Discard all disposable protection
- Remove and discard all disposable end fittings from the suction unit
- Disinfect the chair and hand controls
- Clean and disinfect surfaces, chairs, spittoons and other risk areas
- Add new disposable protections and fittings

- Treat your last patient
- Clean and disinfect all work surfaces, including those not visibly contaminated
- Clean and disinfect surgery floors
- Always clean from the cleanest area towards the dirtiest

The importance of strict and effective cleaning and decontamination cannot be overemphasised, it is essential to all dental practices and should be adhered to by all staff members. [DT](#)

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About the author

Richard Musgrave With a background in the industry spanning 18 years, Richard brought his knowledge and experience to schülke five years ago. Initially working to develop both the range of infection control products as well as the acclaimed infection control training division, Richard is now responsible for the UK marketing team.

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