The case for... and against...

Infection Control

A dreadful case was heard at the GDC recently which clearly resulted 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 untaxed in the surgery basin, but presum-ably he ran water afterwards. His nurse and a patient ratted on him. Can’t think why, but dental pa- tients, not to mention the GDC, are very concerned about infec-tion control, and he was duly con- signed to the scrapheap where presumably he can indulge more and weirder perversions.

So should health-care profes-sionals be more concerned with infection control, and health and safety issues. If so, which? Here is a list of issues, by no means com-prehensive, about which we need to be concerned:

- Needle-stick injuries
- Handpiece sterilisation
- Medicolegal factors

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

Cost
- Life of instruments
- Clinical time management
- Waste disposal.

Here are ten good reasons, plus questions arising, why you would not wish to comply with full sterilisation procedure:

1. If you are seeing, say, 15 patients a day, you are using a minimum of 15 pairs of latex/non-latex gloves, probably double that number daily. The individual cost/item is not high, but the collective cost is, especially if one is allergic to latex. 2. Then there is the question of disposing of 60 gloves, per sur-gery per day. Should they be burned, buried in a hole in the ground (preferably in China), or are they biodegradable? Should we be using one pair of gloves that is repeatedly dis- fectable?
3. Other than disposable needles and scalpel blades, should we be using disposable hand in-struments? Points 1 and 2 above apply.
4. More cost of a steriliser today (why?) makes no means insignificant. Even if you have a good one, is it one capa-cible of sterilising and remov-ing the air from the lumini of handpieces?
5. A sterilisation by itself sufficient, or do we require washers/disinfec tors a priority? What is the cleaning/disinfec-tion/sterilisation procedures ex- cept on the physical makeup of in-struments, and in particular handpieces, is high. What can be done to minimise wear and tear?
6. Is the design of your sterilising room (assuming you have one) up to standards required by the Healthcare Commission? Do you have separate ‘clean’ and ‘dirty’ areas, and yet again sep-arate storage areas? Is it still acceptable to keep previously sterilised but unwrapped in-struments in a drawer in your surgery where they are sus- ceptible to aerosol spray?
7. What about the water we use? How sterile is it?
8. How much time has to be spent on clinical decontamination/ sterilisation procedures, and at what cost in terms of essen-tial resources such as electricity, and human labour?
9. Where do we stand from a medico-legal perspective if we are unable to show doc-umented proof of complian-cy with recommended infec-tion control protocol? (The an- swer? In front of the GDC.)
10. To sum up, the case against sterilisation rests on three factors: cost, time and effica-cy.

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 dent- al 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 hepatitis, and the biggest areas of concern are aerosol infection and water-borne contamination and needlestick injury. The good news is that companies such as Scipam, are addressing many of these issues.

Its Hydrum washer/disin- fector has the capability of per-fectly prepping instruments for sterilisation, and the very com- pact Stamat steriliser can sterilise handpieces in just eight minutes. Henry Schein is marketing the ‘Safe-point’ to mitigate the dan- gers 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 concerns about sterilisation compliance? Email the team at editor@dentaltribuneuk.com and let us have your views.

The 10th Dimension

The power of 10...

OCD Freakery

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 fol- lowing criteria? (write down ‘a’ for ‘always’, ‘s’ for ‘some- times’, and ‘n’ for ‘never’):
1. When travelling abroad, you like to get in the airport early
2. When packing for a holiday, you check the contents and weight of each family mem-ber’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-als after checking the list
8. You write very detailed notes to the laboratory, because they will get it wrong if you don’t
9. You don’t leave work till you have cleared your desk
10. At staff meetings, you make detailed notes of everything that is said

Assessing the results

It is obvious that if your ‘s’ predominates, 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-trol.

Those who have ticked mainly ‘s’s, are more laid back but still in control, able to relin- quish it when possible or ne- cessary, and are generally good team players or leaders.

If the ‘n’s have it, you are so totally laissez faire that you are not in control, leaving almost everything to others to do for you (assuming it is done at all). There is a fine line between being laid back and being irresponsible, be-tween delegating and abdicating: ‘n’s create ‘s’s, in other people—their behaviour is fertile territory for controlling individuals to sink roots and thrive.

Delegation trepidation

Do you sincerely believe that you are the only person who can do your job prop-erly?

Question two: Do you think that if you delegate a job to another person they will not get it right un-less you are there (or are there constantly or at least regularly)?

If you have answered in the affirmative to both these questions you are in the true vernacular, a control freak. Control freaks have been let down by others in the past and have learned that if something is to be done well, they have to do it themselves.

In denial

Control freaks do not see themselves as being control freaks, but they describe them-selves as ‘conscientious’. The dif- ference between people who ob- sess about control and those who are conscientiousness is that the former directly affects the work- ing lives of other people. I underly-ing their (my? your?) behaviour, fear and anxiety is often to be found. They must dominate every aspect of their environment. They collage huge volumes of data so they are not caught out; they pay acute attention to detail to create order where they perceive there is chaos. They set the agenda at meetings, interrupt others, and get hostile when challenged. Con- trol freaks are often bullies, often sexist and sometimes racist. They dislike patients who question their authority. In extreme cases they present with clinical symp-toms of obsessive-compulsive be-haviour.

Control freaks are often suc- cessful but not generally NICE; there are exceptions: one such is Julian Metcalfe, who runs the sandwich company Pret A Manger. Sandwiches have been just so, and dental restorations have to be just so too.

The OCD test

There are very simple ways of finding out where you are on the control spectrum. Check your blood pressure and sleep patterns. Ask your patients via a question- naire. Ask your staff. How many have been there for more than two years? How many have left in the past two years? Do you feel com-fortable about leaving the practice to go on vacation? Do you actually enjoy life and have fun? Ask your family. They’ll tell you the truth every time.

Do you have any comments on this article? Email the team at editor@dentaltribuneuk.com and let us have your views.