

Practice hygiene - opportunity or threat?

There is an old saying that someone else's threat is another's opportunity. This is just the position in which we find ourselves with the increasing stress on dental practice decontamination processes and the inexorable progress towards the 'Gold Standard'.

In order to understand what the drivers are behind this move let's have a brief look at how the creation of HTM 01-05 began because the background may be helpful.

For some years now the accent on practice hygiene has been a major focus of attention driven by the underlying fear of patients acquiring infections in a dental environment. History does not seem to reflect that there have been incidences of infection from general dental sources. However, this may be serendipitous or simply because the blood supply to the mouth and jaws is good enough in most cases to compensate for any hygiene deficiencies – after all mouths are bacteria laden areas before dental treatment.

It all started when the threat of aids being spread emerged and some panic was created because patients of a dentist in America were believed to have been infected with the HIV virus in a practice environment. This was compounded by cases being reported of surgeons being infected when they cut themselves whilst working on HIV infected patients. The truth about the American dental patients will probably never be known for certain but the pundits believe that the dentist may have deliberately infected some patients by introducing his own blood into some injections.

Since all the above occurred there have been other infections which have created outbreaks of mild hysteria. Namely: hepatitis C and vCJD. The science base around the possible spread of these infections from dental treatment, and especially around vCJD, is rather poor but since the spread of

Aids from blood products took place in the mid 1990s when the evidence about that was not yet secure, the desire to err on the cautious side has been paramount: hence the creation of HTM 01-05.

In order to achieve the 'gold' standard a separate room, or preferably two rooms, are required to house the pieces of equipment which are believed to be essentials. However, despite all the hullabaloo there is no definitive evidence that vCJD prions can be transmitted through dental treatment nor can they be eliminated by our current sterilisation procedures. And no proper criteria have been produced about the workings of Washer disinfectant machines. Bearing this in mind and the pressure to

strive for excellence in the process it is surprising that we still hear of practitioners who do not sterilise instruments between patient nor change gloves – so there is still some way to go.

Now, it is obvious that for many practices there isn't enough space to create an extra room, let alone two rooms, in which to house a decontamination suite. There may be the possibility of building on an extra room but if the practice is situated on the upper floor of a building or is in leased premises this option might well be eliminated. Then there are the additional costs involved which in times of financial austerity and reduced practice profitability may well stretch the practice's pecuniary reserves beyond their limit.



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So what is to be done?

Clearly, if this trend towards decontamination gold standard is to continue – and that seems likely – some of the problems need to be resolved.

One possibility is the creation of some form of central sterilisation unit which is either run on a purely commercial basis or can be shared by several practices in a particular locality. The suggestion mooted by the Department of Health was to transport instruments to a hospital CSU but the turn round times were wholly impractical for a busy NHS practice.

If we are to avoid the wholesale purchase of masses of instrument kits then the turn round times must be quick. This is difficult because of the added time it takes to run instruments through the extended process including washer disinfectors followed by autoclaving. There will also be the necessity to ensure that the correct sets of instruments are returned to the right practice or a disaster in terms of productivity could occur. Imagine the chaos if Kavo handpieces were placed in a practice with W&H connectors. It doesn't bear thinking about – but this sort of error has occurred in hospitals.

Now, it is well recognised that dentists are very poor at co-operation with their colleagues on any level and pooling resources to create a central sterilisation unit is hardly likely to be an exception. This leaves the way open for others to exploit the situation by creating a decontamination unit which can handle the instruments from several local practices.

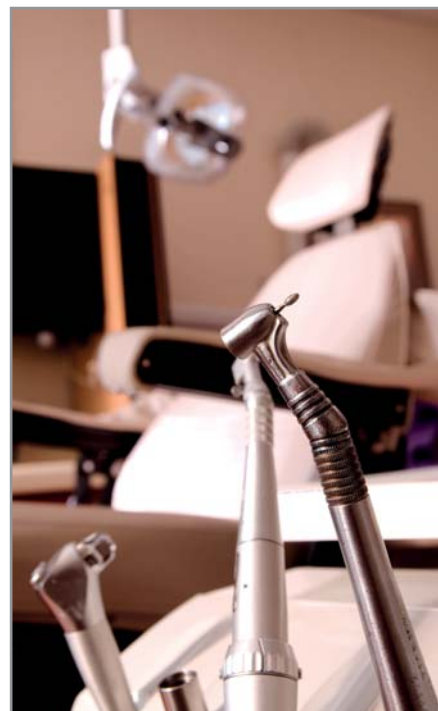
Obviously, with the necessity to turn round the instruments in short order there is a limit to how far afield one might venture to collect and deliver instruments and the number of sterilisers and washer disinfectors will also

have a major influence on time taken. If there are two autoclaves in use then there will not be the necessity for one cycle to be completed before another can be started; likewise with washer disinfectors. But, careful consideration needs to be given to the type of autoclaves being purchased. There should be at least one which has a vacuum programme so that the less frequently used instruments can be sterilised bagged and these will not need to be re-sterilised for 60 days. This does mean that that a process for dating the sterilised instruments has to be in place and transport of both dirty and clean instruments must be secure to ensure that no inoculation injuries occur and there is no danger of contamination of freshly sterilised instruments. Heat sealed film wrapping processes are more efficient and more cost effective than bagging if there are enough instruments being sterilised to justify the additional set up costs.

Whilst the operatives do not have to be dental nurses they will have to be trained in the processes needed and also supervised to be certain that the process is safe. Written log books of the various stages are essential to safeguard the efficacy of the cycles but, no more so than would be expected in a normal surgery process except that they have to be demonstrable through data logging or print out in order to re-assure the dental practices that they can be certain there are no loopholes in the process. There may be a necessity to bar code instrument packages to ensure traceability but this is not yet certain. However, there must be a fool proof way of knowing which instruments belong to which practice to be certain there is no confusion. Dentists are incredibly possessive about their own instruments and will not accept others even if they are similar.

Transport need not be sophisticated but does need to be reliable to deliver the instruments on time every time.

Having fired your enthusiasm for striding out on your own I need to add in a word of caution. Before embarking on such a project



make sure that all the stages of the process are carefully thought out and that you can secure both the finances and the premises at costs which allow you to charge appropriate fees for your work and also allow you to make an acceptable income.

Approach some of the dental practices in the area who might be struggling to meet the Gold Standard and offer your services together with the necessary assurance about the rigidity of the controls of the process and the charges you deem applicable. (Stress the fact that they will not have to employ additional staff nor outlay for expensive conversions of rooms or build extensions.) If there are some who are willing to take on your services then you can begin the processes of establishing your own Central Sterilisation Unit supplying the needs of local practices.

This short article is not meant to be a comprehensive guide to decontamination procedures nor is it meant to be anything more than a stimulant to possibly satisfying an unmet need whilst giving you some independence by setting up your own business.

● If further assistance is desired please feel able to contact us at:
lester@thedentistrybusiness.com