MICHAEL SULTAN, clinical director of EndoCare, comes clean on washer-disinfectors...

WASHER-disinfectors are an expensive business. With their high initial cost; maintenance contract and validation; weekly protein tests; and monthly soil tests, the average practice can expect to pay more than £10,000 over the life-cycle of a single machine – assuming it survives until its 5th birthday.

And for what? Certainly a washer-disinfector allows for the effective cleaning and disinfection of instruments, in compliance with HTM 01-05, but isn't the whole process "cleaning overkill"?

I still believe that there are no proven benefits to a washer-disinfector over manual cleaning, ultrasonics and autoclaving. The problem is that it doesn't reliably remove debris. It can even bake on cement, meaning instruments are not suitable to go into the autoclave. At EndoCare, we've started to test the ultrasonic using aluminium foil – it usually comes out shredded, which is reassuring.

The prions we are aiming to destroy may stick to stainless steel surfaces and not be removed. There are reports that washer-disinfectors may be susceptible to bacterial colonisation, as well as harbouring the potential for fungal growth, which is highly resistant to the the machine.

HTM 01-05 says manual cleaning should only take place when instruments are not suitable for automated cleaning, or when the washer-disinfector is temporarily unavailable. For example, it's undergoing revalidation or it's broken down. It states the need for consistency in the cleaning process, but the only consistent thing about the washer-disinfector is that it breaks down consistently! It's getting to the stage now where it seems to be a basic requirement of each practice to own two washer-disinfectors – an extra one to use while the other is broken!

They currently seem to cause more hassle than they're worth, with little proven benefits. In addition, we're increasingly finding the need to double-up on equipment as the washer-disinfector drastically slows down our cleaning routine – adding an additional hour, which is another tangible expense.

With all the rumours about the efficacy of washer-disinfectors, and their real benefit to infection control, it seems strange that nobody has come out with any real definitive statement on the matter. The longer the silence goes on, the more I feel we have been sold yet another expensive white elephant.

The fact is, according to HTM 01-05, washer-disinfectors only constitute best practise, and not essential practise. It's strange that Scotland has different requirements to those of us south of the border. Does this mean Scottish bacteria/viruses/extra-terrestrial protein particles are different to English ones?

As long as we have a validated system for manual and then ultrasonic cleaning, we are compliant. But, many feel bullied into buying them – especially by our local PCTs.

I am still waiting to see some scientific evidence supporting the use of washer-disinfectors, but I won't hold my breath. ■

GDC's research manager, **GUY RUBIN**, details key findings from the *Patient and Registrant survey*...

LAST year, the GDC commissioned a survey of a representative sample of patients and the public; and a representative survey of GDC registrants from across the UK, to help inform our work. I'd like to share some of the findings with you and explain how we'll use the information we've gathered.

The patient and public survey found that 65 per cent of respondents had visited a dentist in the previous 12 months. Women were more likely than men to have had an appointment. A substantial majority of both patients and the public felt it's very important that dental professionals are regulated, qualified and registered.

The majority of patients who are aware of the GDC (84 per cent) think, that dental professionals follow GDC rules; a view shared by registrants. 83 per cent of respondents think dentists "follow the rules" and 81 per cent think the same of DCPs.

Both surveys explored attitudes to the qualities looked for in dental professionals, allowing for comparison between the perspectives of patients and registrants.

Key priorities identified by patients, included the hygiene and cleanliness of practices; knowledge and technical ability of staff; and treatment outcomes. Both patients and registrants also identified "treating patients with dignity and respect" and "good communication skills" as important qualities.

This evidence is borne out by many of the complaints received by both the GDC and the Dental Complaints Service (DCS). Both indicate that customer service and communication skills play a crucial role in a patient's decision to return to their dentis. A breakdown in this area can impact on patient confidence in dental professionals, and lead to complaints.

Full details of the surveys can be found on the GDC website: www.gdc-uk.org.

The GDC is committed to gathering the views of the public, patients and registrants to inform its work. In practice, this means using the insights from research evidence to shape our work.

The registrant survey found that confidence in the GDC is substantial; 68 per cent of respondents said the GDC is regulating dentists and DCPs effectively. We are far from complacent however, and are determined to improve in those areas singled out by registrants.

The GDC is redoubling its efforts to improve efficiency. We are overhauling our Fitness to Practise *processes to deliver cost effectiveness, fairness and proportionality to all those involved.*

Your views on the value to patients of empathy and good communication are helping to shape the Standards review. This is one of our most important pieces of work underway at the moment. But, we are always keen to hear more. You can find out about our latest consultations, registrants events and calls for feedback by logging on to our website.

The patient and pubic survey was carried out by COMRES in April 2011 and the registrant survey in May and June 2011 by Ipsos MORI. ■

Dry and disinfect hands for your patients' safety

After washing your hands, how do you dry and disinfect them? **SCHÜLKE** explains the importance of correct hand hygiene protocols, as part of an integrated system to ensure you don't put your patients' safety at risk...

HAND hygiene protocols are the most basic of routines for all dental health professionals, and of more relevance than ever in the context of the DoH's HTM 01-05 rules on patient care.

Human nature, however, is such that some parts of the daily routine, whilst never consciously ignored, are subconsciously taken less seriously than others.

Doing the job properly

When most children are taught to clean their hands after using the toilet, parents or guardians are often so relieved to have instilled the habit of simply washing hands. But, they tend to ignore other important parts of a thorough handcare routine.

A remnant of this attitude can persist even amongst trained adult clinicians. They may subconsciously feel that simply washing with soap "does the job", and this takes precedence over other parts of the procedure, such as drying hands after washing, or making use of alcohol rubs.

Completely drying and disinfecting hands before any contact with a patient's oral cavity, is every bit as important as the "main" action of handwashing.

In dental surgeries, clinicians should first wash their hands with soap and water, rinse (using the recommended handwashing technique), appropriately dry hands and then use an alcohol hand rub. This is the disinfection process prior to an invasive or non-invasive dental procedure.

The surface moisture retained on washed, but un-dried hands is likely to contain a variety of bacterial flora removed from the epidermal layer. This means that hands that are washed, but not properly dried, are more effective carriers of microorganisms than unwashed, but dry hands.

Hand drying methods

The differing methods of hand-drying have been a subject of academic study in recent years. The majority of research on this topic, concluded paper or cloth towels are the most effective at reducing the amount of bacteria present on hands.

A study from the University of Westminster in 2008, showed that two-ply, through-air dried paper towels, resulted in a 76.8 per cent reduction in pathogens on the palms.

Warm air dryers took longer than paper towels to achieve complete dryness (30-45 seconds). They were also shown to actually increase the number of micro-organisms by 254.5 per cent and spread them up to 25cm away from the dryer. This is because the warming effect of the hot air aids the reproduction of the organisms. Jet air dryers only resulted in a 14.9 per cent increase in bacteria, but blew them up to 2m away from the dryer, potentially contaminating other areas of the room or its inhabitants.

Drying one's hands with a disposable paper or cloth towel is therefore the preferred method in most dental surgeries. At least 20 seconds should be spent on the drying process; using either two single-use paper towels or two sections of a single-use cloth towel for 10 seconds.

The first towel, or section of towel used, clears away the bulk of the potentially dangerous moisture remaining on the area. The second renders the whole hand dry, and ready to be sanitised with alcohol rub, then covered with surgical gloves prior to dental procedures.

Alcohol hand rubs

Alcohol hand rubs should be used as part of the handwashing protocol after the treatment of every patient, regardless of the type of procedure. 3ml of alcohol rub should be used for 30 seconds before non-invasive procedures. This should rise to two uses of 5ml for over three minutes for invasive procedures. Unlike water, alcohol gels, foams and rubs, do not need to be dried off with a towel, as they evaporate naturally, quickly. It is important, however, that hands are allowed to dry completely (so that the alcohol can kill the maximum number of microorganisms possible), before surgical gloves are put on.

Rubs that have an ethanol base are more convenient than propanol-based products, due to their quicker drying time.

Avoid shortcuts

It is essential that no shortcuts be taken with any part of a dental clinician's hand hygiene protocols, even on the busiest of days. Handwashing, drying, disinfection, and putting on surgical gloves should never be seen as guaranteeing an acceptable degree of patient safety, unless all these actions are carried out as part of an integrated system.

The avoidance of all kinds of infection – from the mildest to the deadliest – should be a constant concern for dental professionals. This means that handcare procedures must be adhered to in full, even if it takes a little more time. Advances such as quick-drying alcohol rubs may shorten the process slightly, but the core components of the routine always need to be completely adhered to. ■

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