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ANN FELTON SCHOLARSHIP

Oral Health Education

The dental nurse who is awarded this exceptional prize will be allocated a free place on BDA Education's online Oral Health Education (OHE) course, which leads to the BDA qualification in OHE. All other scholarship applicants will be offered a £100 discount on 2014 OHE courses.

This scholarship has been created in recognition of the outstanding contribution made by Ann Felton to the dental profession and to careers of dental nurses across the country, and to continue her wish of seeing dental nurses gain access to new and exciting career opportunities.

Ann Felton (1942-2007) began her career as a dental nurse, before training to become a dental hygienist, and then an OHE tutor with the Bristol Dental Hospital. She then established her own highly respected course and became one of the country's leading OHE tutors.

With the BDA's online OHE course, you can:

- open up doors to your future
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- gain recognition and respect for your achievements.

To apply for the OHE Scholarship you need to answer the following question:

"Explain, using a maximum of 250 words, how you would use the OHE Scholarship to advance your career."

For more information about the scholarship and an application form visit www.bda.org/ohe/scholarship. **Closing date 6th June 2014**.

www.nature.com/bdjteam

April 2014

Highlights

Regulars

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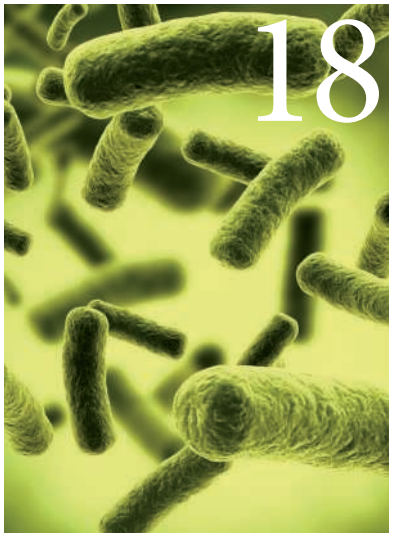
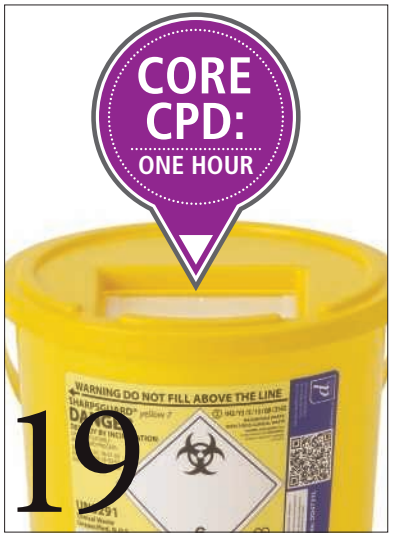


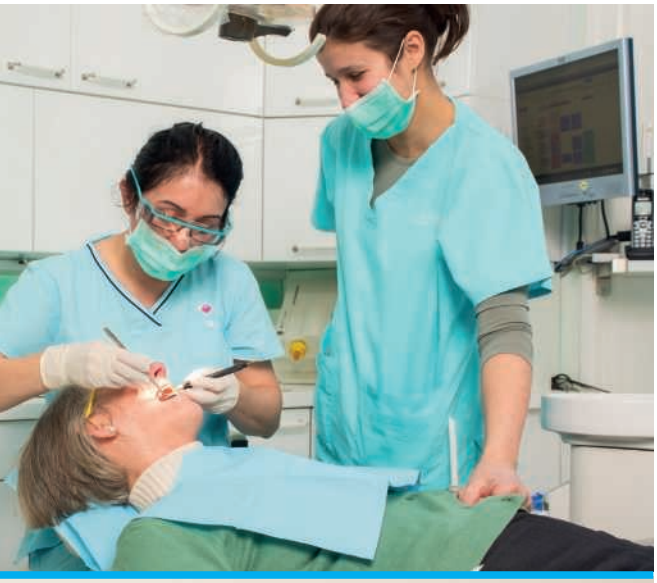


Training Essentials

BDA
British Dental Association

Courses for the whole dental team

Meeting all your verifiable and CORE CPD requirements



Leading the dental team
LONDON – 25/04/2014

Time management
LONDON – 02/05/2014

Clinical photography
LONDON – 09/05/2014

Reception and telephone skills
LONDON – 16/05/2014

Staff management: two day intensive course
LONDON – 22-23/05/14

Achieving high standard in infection control CORE
LONDON – 23/05/2014

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Ed's letter

CORE CPD: ONE HOUR

Find out about the BDA's Training Essentials p 12

Welcome to the second issue of *BDJ Team*! I hope you all enjoyed reading our launch issue which was published online on 28 March. Hot on the heels of our first issue, we then launched the *BDJ Team* CPD site at **www.nature.com/bdjteamcpd**. This year, we are offering readers ten free hours of verifiable CPD through our CPD site. Each of the ten hours of CPD will be available to readers until the end of 2014, so if you have not already done so, visit the website to request free access. Once you have read the radiography article in the March issue, you can answer the first set of multiple choice questions and chalk up your first hour of CPD.

In this issue we have another hour of CPD on offer which can be completed through reading our highly informative article on disposing of waste in your practice. It's not the prettiest of subjects but an essential read for all DCPs!

Continuing with our infection control theme, reader panel member Claire Deegan gives us the lowdown on legionella risk on page 18.

If your efforts to achieve a spick and span dental practice have left you exhausted and with an aching back, make sure you read our article about the Alexander Technique on page 13.

I hope some of you called by the *BDJ Team* stand at the British Dental Conference and Exhibition earlier this month in Manchester. We had a few freebies available - if you have a photo of yourself at the event or with a *BDJ Team* freebie I'd love to see it!

Are you putting your sharps in the right bucket? p 19

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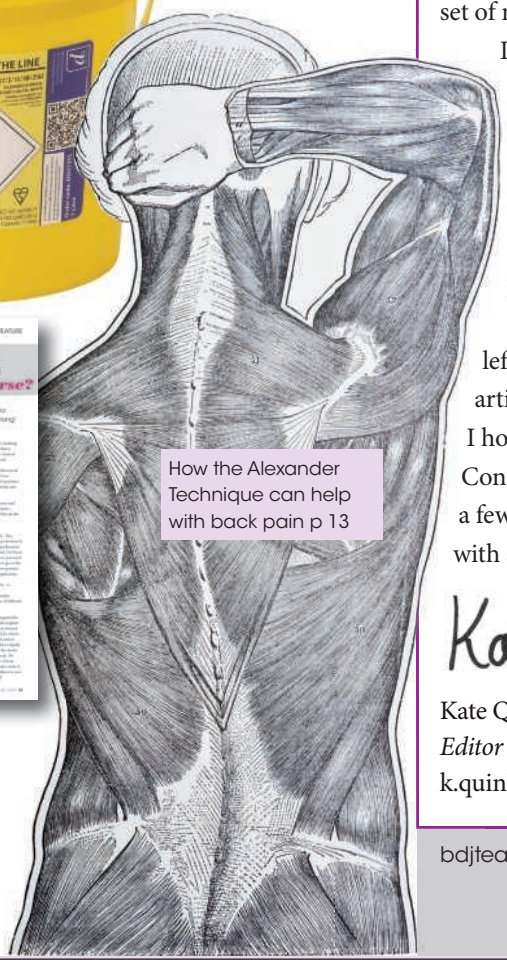

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Kate

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bdjteam201428

THE TEAM

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British Dental Association

Let us help your career blossom

Online course for DCPs

Dental Radiography

The most successful course available. Learn this crucial skill in your own practice with support from our tutors at BDA Education and gain the BDA qualification in dental radiography.

"Very easy to follow and I would recommend the course to anyone."

For more information
visit **www.bda.org/radcourse** or call **020 7563 6888**

40 hrs CPD VERIFIABLE

Online course for DCPs

Oral Health Education

Over 600 dental nurses have used BDA Education's Oral Health Education course to boost their career. Why not join them and gain the BDA qualification in oral health education.

"My OHE qualification has opened up so many opportunities for me."

For more information
visit **www.bda.org/ohecourse** or call **020 7563 4551**

40 hrs CPD VERIFIABLE

DENTAL NURSE GOES TO DOWNING STREET

Apprentice dental nurse Courtney Morgan-Jones attended 10 Downing Street in March for a reception to celebrate National Apprenticeship Week.

Courtney attended with Mustafa Mohammad, Managing Director of Genix Healthcare, owner of Sparkle Dental Labs and Chair for the Trailblazers programme in dental health. Mustafa has been a key figure in helping to promote apprenticeships in dentistry and Courtney, 17, is one of his protégées.

The pair met Chancellor George Osborne MP and Mustafa was congratulated on his ongoing commitment to apprenticeships and British jobs.

Courtney said: 'I had a sort of nervous and excited feeling beforehand, but it was fantastic'.

Mustafa heads up Trailblazers, a group of national associations, employers and educational institutions working to improve the quality of apprenticeships. To find out more or to get involved, email mustafa@genixhealthcare.com.

UK DENTAL TECHNICIAN ENTHRALLED IN SEATTLE

Dental laboratory manager Richard Elliott is the first UK dental technician to train at the world-famous Kois Centre in Seattle.

Richard Elliott of Queensway Dental Clinic in Billingham attended the internationally-renowned Kois Centre in Seattle for a five-day treatment planning and inclusion course.

Richard said: 'My first experience of the Kois Centre was incredible; I found the whole experience utterly enthralling. It's a state-of-the-art facility. What I learnt throughout my five days was invaluable. It has provided me with a better understanding of clinical management, which I am applying to my everyday role'.

The Kois Centre in Seattle offers a comprehensive nine-course curriculum and relies on up-to-the-minute evidence-based research. Delegates attend the course alongside dentists from around the world.

Richard and partners from Queensway Dental Clinic will be going back to Seattle to complete further stages of the curriculum later this year.

PICK UP A PODCAST

The British Dental Association (BDA) has produced a series of short podcasts called 'In 10'. The podcasts combine a news angle with some of the advice and services the BDA offers to members and feature interviews with BDA experts and officers.

The hot topics covered so far include tooth whitening, the Care Quality Commission (CQC), the NHS pilots and most recently, dental care professionals (DCPs).

In the DCP podcast, Judith Husband talks about the General Dental Council's (GDC's) ruling on direct access and the BDA's reaction to it then Ulrike Matthesius covers the practical impact direct access has on the profession. BDA legal advisor James Goldman discusses how the BDA can support members on employment and legal issues and Ulrike also highlights the BDA's resources for DCPs, including training courses and CPD.

The podcasts can be accessed at www.bda.org/news-centre/podcasts/in-ten/ (some require a BDA member log-in).

CORE CPD AND STUDY DAYS

Booking has opened for a five-hour core continuing professional development (CPD) session for dental care professionals (DCPs) taking place on Saturday 29 November 2014 in Worthing, West Sussex.

The session will cover legal and ethical issues; radiography; and child protection levels 1 and 2. The speakers will be Nick Torlot, Matt Fynn and Sue Ward.

To enquire about availability or to book email info@cpd4dentalhygienists.co.uk or info@cpd4dentalnurses.co.uk.

The British Association of Dental Nurses (BADN) is also planning a series of study days with verifiable CPD. The first will be held on Saturday 7 June 2014 at the New Cavendish Club, London.

The Joint Regional Study Day for dental nurses living and working in the London and the South East and South Central Regions will include presentations on needlestick injury, oral cancer – from both the practitioner and patient perspectives - and smoking cessation. Speakers are Dawn Piper of Initial Medical, Elaine Tilling of TePe and Christine Piff of Let's Face It.

The Practice Managers' and Receptionists' Study Day will feature Employment Law and CQC Compliance from Clive Oliver of Peninsula and Sylvie Sturrock respectively.

Both Study Days will start at 9.30 am, with registration at 9 am, are open to both BADN member and non-member dental nurses, with a discounted fee of £15 for BADN members, and offer 4.5 hours' verifiable CPD. Both will be opened by BADN President Fiona Ellwood.

For more information and a link to the online event registration, go to www.badn.org.uk/conference.

A third Study Day for those involved in the education of dental nurses will be held at the Comet Centre, Luton & Dunstable Hospital on 19 July – details will be available shortly.

'It is important to give patients **positives** about what they are doing right'

By Ruth Doherty[1]

[1] *Managing Editor,* BDJ; *r.doherty@nature.com*

Juliette Reeves is a dental hygienist and trained nutritionist. In this interview Juliette discusses what we should be eating in the future, what is in store for preventive dentistry and the importance of research in establishing the links between oral diseases, nutrition and general health.

Juliette Reeves qualified as a dental hygienist from Birmingham Dental Hospital in 1981 and has more than 30 years' experience in treating periodontal disease. She is also a trained nutritionist and has lectured internationally on the systemic associations between nutrition and oral health. Juliette writes regularly for the international dental press and is an editorial advisor to a number of dental journals, including Irish Dentist *and* Dental Hygiene and Therapy. *Her work has been translated and published in the USA, Asia-Pacific region and Eastern Europe. Juliette is a senior UK tutor to the Swiss Dental Academy and clinical director of Perio-Nutrition (www.perio-nutrition.com). She is also an elected Association of Dental Implantology UK (ADI) committee member. Juliette works on behalf of the Wrigley Oral Healthcare Program as a media spokesperson and is secretary to the Eastern Regional British Society of Dental Hygiene and Therapy (BSDHT) Group.*

'THE TURNING POINT TO THIS RESEARCH WAS PROBABLY TEN YEARS AGO WHEN WE STARTED TO LOOK AT THE SYSTEMIC ASSOCIATIONS. SUDDENLY THE MOUTH BECAME PART OF THE BODY...'

Why did you choose to study nutrition?

Back in 1993, I was working full time as a hygienist but was feeling disillusioned – a bit like a 'scale and polish machine'. I was considering taking a side step to something else healthcare related but I didn't know to what exactly. Then I saw a course on nutrition healthcare professionals which I decided to do as I already knew a bit about nutrition and felt it might be revision for me. What I learnt in the first two days of that course made me realise that I didn't know anything about nutrition at all!

A lot of the things I was learning about the biochemistry of nutrition was answering questions for me raised by my own patients' cases. For example, I had a young female patient, 20-years-old, with beautiful oral hygiene and perfect gum condition but still suffering gum recession. She hadn't changed her brushing, there was no plaque around and so there was nothing I could get a handle on to explain the recession. She wanted me to do something to help her to stop it happening but I couldn't do much aside from telling her to floss or brush more often, which I knew wouldn't work. It was on the nutrition course that I started to understand more about stress and calcium metabolism, and how this might be leading to her problems. That was 20 years ago when we didn't really think the mouth was part of the body. It was almost considered 'alternative' to consider it as part of the whole body.

At that point I started to look at the evidence base and research around nutrition and oral health. I decided that I would really like to understand nutrition more so I did a two-year course on the subject. Then I started to do my own research, pulling all the periodontal and oral health research together to try to marry the two. That's basically what I've been doing for the last 20 years. Hygiene is what I love and the nutrition element helped me to rediscover what it was about hygiene that I really loved.

The key turning point to this research was probably about ten years ago when we started to look at the systemic associations. Suddenly the mouth became part of the body and when that happened it opened the doors for everything else, particularly nutrition. Now we have some very eminent scientists working on inflammation and nutrition.

What is the most challenging aspect to being a hygienist?

The most challenging thing is changing patients' behaviour, whether it be encouraging them to use interdental brushes every day or changing their nutrition. Nutrition in particular is an emotional subject. When you start asking people about their diet they get defensive and can get upset, whereas if you ask them about their brushing you usually get a very different response.

Initially, when I was studying biochemistry I would give my patients all the background science about why they should eat certain things and generally they would respond with a glazed look on their face. I slowly realised that all they really wanted to know was what to eat and what not to eat. So now I simplify everything, and am supportive and encouraging. I'm not the kind of person who tells a patient off. It is important to give patients positives about what they are doing right and also helping them to see how that's going to change not only their oral health for the better but their systemic health as well.

Do you feel nutrition is as central as it should be to dentistry?

I think eventually it will become a key issue. We know from our own experience in practice that if you change a patient's diet their oral health gets better. This is anecdotal evidence which isn't valueless; in fact it's what drives research. However, what we need now is more long-term, focused research in terms of intervention and placebo-controlled trials. Unfortunately, long-term research is expensive. Ultimately, as we understand more about the role of oral health and its relationship with systemic health, as professionals we are going to find ourselves at the leading edge of preventive medicine, let alone preventive dentistry. Patients come to see a dental care professional whether they are sick or not – often at least twice a year – unlike the doctor. We are seeing them when they consider themselves healthy and so we are in a better position to offer preventive care.

What are the challenges to the public health message around nutrition?

There's a lot of fad diets and misinformation out there which patients seem to pick up on and that can make things difficult to spread the right message. That is why I always concentrate on the evidence base. In terms of getting oral health messages and nutrition messages to the public we rely on the media. For those patients that never come and see us (I think it is one in three patients don't have a dentist), we rely on the big organisations and their high profile campaigns. For example, the British Dental Health Foundation Smile Month campaign brings together leading companies who are able to put the information across. Once the patients are with us we can educate and advise them ourselves.

'FREE RADICALS ATTACK CELL MEMBRANES AND ANTIOXIDANTS ARE NEEDED TO QUENCH THE ATTACK. WE ARE NOT GETTING ENOUGH ANTIOXIDANTS FROM FRUIT AND VEG TO BALANCE OUT THE INCREASE IN FREE RADICALS.'

What has been the biggest breakthrough in dental hygiene and nutrition?

I think this has been our understanding of inflammation. We always thought that once you took away the causal factors for inflammation (ie removed the plaque or bacteria causing the infection) that it sort of died away on its own – a passive reaction. However, what we understand now is that inflammation has a biochemical trigger which needs to be activated for it to go from chronic to resolving. A lot of the work on this topic is being done by Professors Thomas Van Dyke and Charles Serhan who are looking at a new family of lipid mediators that resolve inflammation. They have just defined a family called resolvins, resolvins E and resolvins D, which come exclusively from omega-3 fatty acids, which are found in the diet. Essential fatty acids are not synthesised by the body, they are essential because we *must* get them from the diet. The work that Professors van Dyke and Serhan are doing is showing us that unless we have adequate amounts of omega-3 fatty acids in the diet then the ability for the body to trigger the resolution of the inflammation will be impaired. I'm sure that they will be awarded an amazing honour for this discovery because chronic inflammation underpins all diseases.

What effect do you feel the emerging links between periodontology and systemic health will have on dentistry in the future?

We are still looking for the bidirectional link that connects everything. We know that there are lots of associations between periodontology and other diseases, and that there are lifestyle and confounding factors that appear in all the systemic diseases. For me it's looking like the link may be chronic inflammation/oxidative stress. We know that oxidative stress can be attenuated by putting enough antioxidants into the body and that these come from the diet. If that is proved to be the link it would be hugely influential in the way in which we give our nutritional information and advice.

At the moment people are not getting enough antioxidants for a number of reasons. Fruit and vegetables are a major source of antioxidant intake and the UK government recommends that we eat five portions of fruit and vegetables a day. However, the last diet and nutrition survey for the UK showed that on average we are getting about 2.3 portions. So despite high profile campaigns people are still not eating even the basic amount. Five portions of fruit and vegetables a day is the minimum really; we should really be eating more. [Ed's note: since this interview was conducted new research suggests we should consume at least seven portions of fruit and veg a day.]

Another factor is that antioxidants are used up when there is a lot of free radical activity. Free radicals attack cell membranes and antioxidants are needed to quench the attack to prevent the membrane from breaking down. Free radicals come from many sources which include barbecued foods, environmental sources (pollution) and smoking. So there are lots of environmental influences which increase the amount of oxidative stress. We are not getting enough antioxidants from fruit and veg to balance out the increase in free radicals in our systems.

If you were Prime Minister what would you want to do?

I think the key thing has got to be to increase access to dental services. We need to give the public access to both the treatment and the information they need. Huge sections of the population can't get access to a dentist. People also need more access to education in terms of nutrition and oral health. Education should be taken out of the solely clinical setting and moved into the high street and other healthcare environments.

What do you see us eating for dinner in 20 years' time?

I think we've been through the fast food and processed food phase now. We have seen the cost of food being driven down by manufacturers manipulating it to make it appear to be something that it's not. I would like to see the whole system come right round again to where we have traditional farming methods and we are eating seasonal food. Food should be produced locally rather than being shipped halfway across the world in oxygen-free environments. We now eat food that we think is fresh but it is actually three months old. That is going to be hard to change but that's what I want. If I were Prime Minister for a year that's what I would do! Part of the problem is that it is time consuming and we are all out at work now. We no longer live off the farm so time management and eating the right food is a big issue.

What are your views on direct access?

I think direct access will benefit patients greatly. We often get patients in our practice who have their own dentist in another city but find it much easier to see a hygienist around the corner and they may not particularly want to ask their dentist for a referral.

I also see direct access as a way of channelling patients who would not normally come into the dental system back to dental practices for treatment. Seeing a hygienist may be their first experience and probably nine times out of ten they will come in for cosmetic reasons. But once we have them in the system we can educate them and send them to dentists to get the restorative work done and to look after their oral health. I see that as a positive thing. It is a net that will capture more of the population that are not coming regularly to the dentist.

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BDA Training Essentials

The British Dental Association (BDA) Training Essentials is an exciting portfolio of courses to help improve the provision of CPD for the whole dental team. Take advantage of training opportunities in a wide range of topics, not only to help meet your continuing professional development (CPD) requirements but to enhance your all-round skills, both professionally and personally.

Training Essentials

One-day courses

One-day courses will cover the all-important core and recommended CPD areas including law and ethics, infection control, complaint handling, radiography and radiation protection and management of medical emergencies. But there is also the opportunity to improve your business and management skills too with courses covering topics such as: business planning and financial management; leading the dental team; setting up in practice; staff management and appraisal training; reception and telephone skills; time management; online marketing and social networking.

Courses are mainly held at the BDA in London, and our most popular courses also take place at regional locations such as Bristol, Leeds and Manchester with the majority starting at 10 am and finishing at 4 pm to ensure the courses are as accessible as possible.

Oral cancer

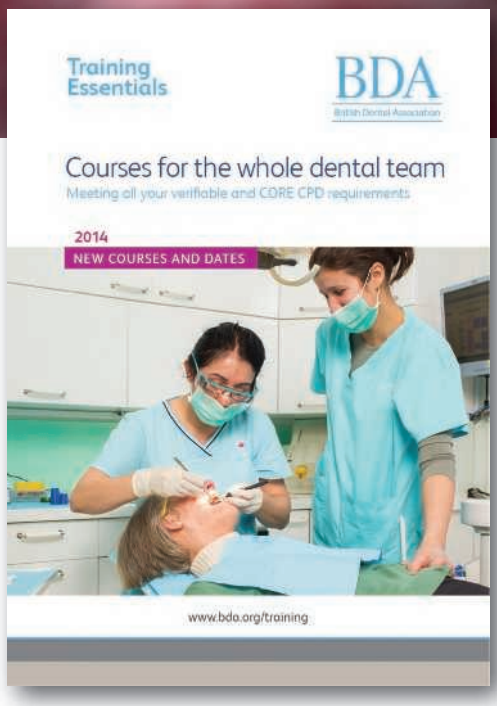
One of our most popular courses is 'Oral cancer: the dental team's responsibility' which helps define the dental team's duty of care, offering information and advice on how to manage oral cancer effectively and sensitively.

Saman Warnakulasuriya, Professor of Oral Medicine at King's College London Dental Institute, leads the day and highlights the epidemiology and risk factors for oral cancer, what to look for and how to look for suspicious lesions, programmes and campaigns to promote mouth cancer awareness, and the important role of the whole dental team in prevention of oral cancer.

Professor Warnakulasuriya has published over 180 scientific peer reviewed articles and lectures extensively on the subject of oral cancer and precancer from the levels of basic science to the management. He is an authority on global aspects on risk factors and screening for oral cancer, having conducted several field surveys in different population groups. He is the director of the World Health Organisation (WHO) Collaborating Centre for Oral Cancer and Precancer in the United Kingdom and is on the editorial boards of *Oral Oncology*, the *Journal of Oral Pathology and Medicine*, the *International Journal of Clinical Dentistry* and *Head and Neck Oncology*. He was the principal investigator of an epidemiological study on oral cancer in young people, the largest reported so far from Europe.

Over the next decade around 60,000 people in the UK will be diagnosed with mouth cancer. Without early detection an estimated 30,000 people will die. Worldwide, over 460,000 people are expected to die from the disease each year by 2030 (data from the British Dental Health Foundation).

The course is a must-attend event and as is so often the case with cancer, raising awareness among the public and health care professionals is key to early diagnosis. Being alert to symptoms, encouraging patients to 'if in doubt, get checked out' and targeting high risk groups such as middle aged smokers and drinkers are essential to combating this deadly disease. Furthermore, there is evidence to suggest that a growing number of patients are accusing their dentist of missing the signs and taking legal action.



Date for the diary

Oral cancer: the dental team's responsibility takes place on Friday 6 June 2014 in London and is designed for the whole dental team offering 5 core CPD hours. For further information or to book call the BDA Events Team on 020 7563 4590 or email events@bda.org.

Places for non-dentist members of the team are available for £135.

A full course listing of all Training Essentials courses with dates, location, programme outline and speaker details can be found at www.bda.org/training.

You can also follow us on Twitter @BDAevents; check this out for the latest news and insight into all things Training Essentials.

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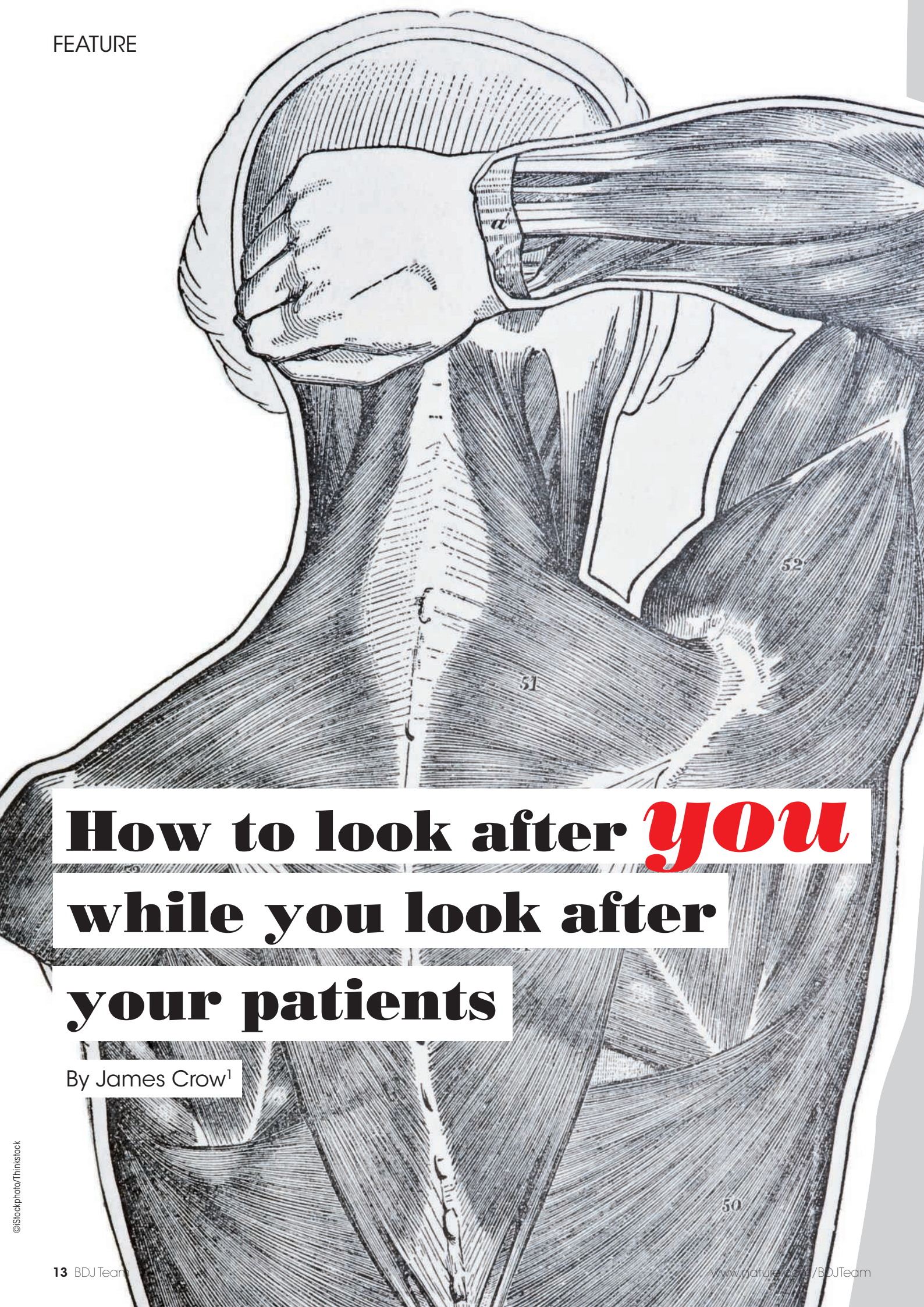
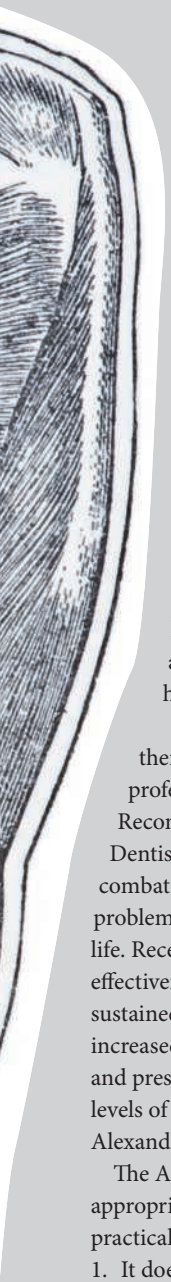


How to look after *you* while you look after your patients

By James Crow[1]



Burnout, back pain and repetitive strain injuries are just some of the outcomes of working as part of a dental team. Added to that, there may be other issues that can make your chosen career less of a joy and more of a millstone. It's such a tragedy when highly trained professionals are prevented from enjoying their jobs by chronic pain or stress through their work, and doubly so if they have to leave their career early, unable to truly capitalise on all the hard study, training, commitment and CPD hours. And let's face it, the resulting poor health and pain are hardly conducive to a happy approach to retirement.

In terms of prevention, however, there's an effective skill that dental care professionals can add to their armoury. Recommended by NICE and now by Dentists' Provident, this skill can help combat the physical and psychological problems which may occur in your working life. Recent studies have highlighted its effectiveness, with strong evidence of sustained benefit to chronic pain sufferers,[1] increased self-control, awareness, confidence, and presence in the world,[2] and lowered levels of stress. This skill is called the Alexander Technique.

The Alexander Technique is especially appropriate for dental professionals for four practical reasons:

1. It doesn't require any equipment
2. It can be practised whilst you're at work - and no-one will notice
3. You don't need a physio, massage therapist, chiropractor or osteopath
4. There's no effort required - you don't need to start rolling around on blue rubber balls, contorting yourself in doorways, or working up a sweat, either at work or the gym.

Let's take chronic back pain as an example. It's well known that as hygienists, therapists, dentists and dental nurses, you commonly suffer back and neck problems, due in no small part to bending forward at work and working within a static, limited range. As the equipment, dentist or patient are typically lower than and in front of you, there's a tendency to pull down the front of the body, to round the shoulders, and rotate your skull back and down a bit, into the neck. This can end up causing bad posture and ultimately chronic pain. Some people simply get away with it, but if you're like the majority, you may well be feeling some discomfort by now. This lack of control over your own well-being can lead you to worry about the future, your job security and longevity. What's more, if you are tired, stressed or sore you get much less job satisfaction and risk having to stop work entirely, potentially letting the rest of the team or your family down.

Working through chronic pain increases your likelihood of injury, not to mention increasing your levels of stress, anxiety and dissatisfaction. And it does nothing for your appearance either! When you feel stressed, in pain or anxious, your patients are more likely to feel that way too. When patients feel anxious during their treatment, their pain tolerance thresholds are reduced considerably. There's no reason why you shouldn't simultaneously help to keep yourself free from stress and anxiety, whilst helping your patients feel the same. When patients praise a dental team, their manner and personality are often just as important as the quality of their work!

As an Alexander Technique teacher, I'm no stranger to seeing large numbers of nurses and therapists, whose job often involves paying good attention to other people, often at the expense of their own well-being. In fact I'd say the majority of people I see day-to-day care for other people, one way or another. Workers in manually skilled, caring professions really do care about their patients and invest a lot of time, attention and energy ensuring they feel safe, comfortable and at ease. But it's often at the expense of the professionals themselves. Did you know that counsellors receive counselling to help them in their job? Massage therapists and physios often work on each other to keep them from burning out. But as a dental care professional, you don't receive any such support. During the rush of the day it's so easy to overlook your own well-being. Getting the job done comes first. Looking after yourself comes second. We all know this is completely the wrong way round – and often ignored! If you can create a healthy balance between looking after yourself and looking after your patients, everyone wins!

'WITH THE ALEXANDER TECHNIQUE YOU DON'T NEED TO START ROLLING AROUND ON BLUE RUBBER BALLS, CONTORTING YOURSELF IN DOORWAYS, OR WORKING UP A SWEAT, EITHER AT WORK OR THE GYM.'

My job as an Alexander Technique teacher includes teaching professionals to recognise and take stock of their posture, tension, and levels of stress. You can learn to reduce physical and mental stress by releasing tension, and then continuing to release tension as you go about your work and daily lives. It's an application that happens *in the moment*, a form of active mindfulness. By placing you, the individual, rightfully back at the top of your list of priorities again, rather than the procedure or the colleague being the focus of all of your attention, you can experience less pain, and less stress, with people often reporting feeling lighter and in better balance. It's a bit like when you're on a plane as the oxygen masks are demonstrated. You're advised to look after yourself first before looking after the people around you. This technique is like that. There's no need to worry, as people can't see that you're paying just as much attention to yourself, as to them!

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[1] *James Crow works with everyone from dental professionals to professional athletes and musicians, helping them make the most of their skills and reduce their pain. He describes the technique as a user's guide to the human body. He runs www.thecomfortabledentist.co.uk, a company devoted to improving skills, reducing pain, and helping the effortless enjoyment of work. James has developed a programme specifically for dental team members that you can easily squeeze into your day. He is based in Manchester but you can also find a good Alexander teacher at www.stat.org.uk.*

'IF YOU CAN CREATE A HEALTHY BALANCE BETWEEN LOOKING AFTER YOURSELF AND LOOKING AFTER YOUR PATIENTS, EVERYONE WINS!'

You'll no doubt remember being taught the importance of good posture, good lighting and magnification, and good ergonomic equipment. These are without a doubt vital to your well-being and career. A whole ecosystem of companies thrive on providing ergonomic equipment, lighting and seating. But unless you take the time to work out at the gym, or perform long stretching sessions in front of your patients, there's little or no time to look after yourself. By refining your kinaesthetic sense, your 'sixth' sense of your body's tension and movement in space, you can start to learn to avoid all the old, bad habits that cause you pain. For example, are you leaning down and in, as you read this? Sitting or standing badly? Here's a bad posture habit for starters! The Alexander Technique teaches you to be much more aware of how you're using your body over the course of a day, so you won't keep finding yourself with bad posture or in painful positions.

We all have the best intentions, and no doubt you remember being told to 'sit up straight', but all that advice goes out of the window once you're paying attention to something else. So while you're busily working away on that important job, how on earth are you supposed to remember to keep your bone 'A' at so many degrees whilst your bone 'B' is at another angle and all the time keeping 'this many' inches away from the dentist or patient? By contrast, the active form of attention that's taught in the Alexander Technique helps you move with more poise and comfort, and much less tension, so you don't end up rigidly fixed in static, tiring postures. Paying attention to the 'how' you do things is just as important as paying attention to 'what' you do. This way you can learn to look after yourself *whilst* you work, rather than having to spend your free time trying to recover.

Alexander teachers are used to helping people with back pain, repetitive injuries, and stress. A recent randomised controlled trial, published in the *British Medical Journal*, saw those who took a good course of Alexander lessons with a qualified professional drop their days with back pain by an average of 86%. The results were still that good a year later. A study of surgeons found they increased their postural endurance and comfort whilst simultaneously reducing the time taken to perform complex tasks.[3]

Dentists' Provident have seen the benefit and are keen to promote the technique to their members: *'Some dentists know very little about the Alexander Technique and how it can help their practising and personal lives, including pain control, prevention and stress relief. All of which can occur in a dentist's life and even cause them to take early retirement. Dentists find themselves in awkward positions trying to maintain maximum comfort for their patient, who may not want to be there at all, but dentists could be causing themselves unnecessary long term problems. In fact in 2012 35% of female and 26% of male claims paid were for musculoskeletal disorders (Dentists Provident claims statistics 2012).'*

There are some great benefits to be had from the Alexander Technique, including less pain, stress and anxiety, better posture, and happier patients. All of these can only be good for dental care professionals. If this contributes to your long and happy career, all the better.

1. Hollinghurst S, Sharp D, Ballard K *et al.* Randomised controlled trial of Alexander technique lessons, exercise and massage (ATEAM) for chronic and recurrent back pain. *BMJ* 2008; **337:** a884.
2. Yardley L, Dennison L, Coker R *et al.* Patients views of receiving lessons in the Alexander technique and an exercise prescription for managing back pain in the ATEAM trial. *Fam Pract* 2010; **27:** 198-204.
3. Reddy P P, Reddy T P, Roig-Francoli J *et al.* The impact of the alexander technique on improving posture and surgical ergonomics during minimally invasive surgery: pilot study. *J Urol* 2011; **186:** 1658-1662.

How YOU can get started on the basics...

(1) Aim to take a short break two or three times a day, maybe once before work, once at lunch, and once when you get home

- ***Lie down on a fairly firm surface**, like a mat or rug on the floor, with a couple of paperback books under your head to raise it slightly*
- ***Bend your knees with your feet flat** on the floor about shoulder-width apart*
- ***Let go of tension** in your neck, shoulders, and back to allow your spine to lengthen*
- ***Leave the problems of the world** and your day-to-day anxieties outside the door – this is 'you' time and you'll need to pay attention to get the best benefits*
- *This lying down practice doesn't take up much time, is very calming and relaxing, and great for your well-being - something you could fit into a lunch break with no problem. **Your back will thank you!***

(2) As you do this, see if you can balance your awareness between your new-found sense of your newly relaxed body and what's going on around you. Try not to focus intently on one body part or another; instead keep a relaxed, open focus

(3) After ten minutes or so, see if you can keep this awareness of both yourself and your surroundings going, particularly as you interact with people around you during your day. It's easiest to practise this on strangers at first – shop assistants, train and bus staff, bank clerks and so on

(4) Now you're getting more skilled, start to keep aware of your own body and its tension as you work. Don't just forget yourself the moment the boss or patient walks in. Keep mindfully aware of your posture as you interact with them. You'll find this easy to forget at first, but stick with it and you'll soon be using your body so much better at work!

bdjteam201435

Have you just qualified as a *dental nurse?*

©iStockphoto/Thinkstock

By Julia Armstrong[1]

Congratulations

You have successfully completed a training programme and/or examination that is required for registration with the General Dental Council (GDC) in the dental nursing category.

Your tutors have provided the theoretical knowledge and dental colleagues have supported you to achieve clinical experience and develop high standards of patient care.

Now what?

It's time to venture into the unknown and embark upon your professional career ... but how do you structure this? What are the rules? Who can help?

First things first

You have to register with the GDC. This organisation regulates the dental profession by setting standards, quality assuring education and ensuring patients are protected. For those of you who haven't already done so, you need to complete the application form to go on the 'register'. This register allows you to practise as a dental nurse. As well as the application form, you will need:

- Certified copy of photo identity – ie passport or driving licence
- Certified copy of your qualification
- Certified copy of name change (if different from qualification).

An initial payment of £140 is required by the GDC to enter your name on the register. Every July the GDC will request an Annual Retention Fee (ARF), currently £120, which you must pay, otherwise they will remove your name and you will not be able to legally work. Setting up a direct debit is the easiest way to ensure your payment is made. Do not rely on others to pay your fee. If your employer kindly offers to contribute, claim it from them but avoid relying on others to sort it out. You are now a professional!

[1] *DCP postgraduate tutor, Health Education Yorkshire and the Humber; email julia.armstrong@yh.hee.nhs.uk*

Once registered you must have professional indemnity to work.[1] This is stipulated in the *Standards* at 1.8, which state: '*You must have appropriate arrangements in place for patients to seek compensation if they suffer harm*'.[1] So, what's this all about? Indemnity is an insurance that covers you if someone complains about your professional competence. You can obtain this insurance either through the NHS/Crown (if you work in a hospital or community setting), a defence organisation (eg Dental Protection, Dental Defence Union), through joining the British Association of Dental Nurses (BADN), or as a named person on an employer professional indemnity policy. Do not make assumptions that you are covered; you need to see your name on a current, valid policy that is renewed every year. Yes, there is a cost for this too! Research your options and make sure you are protected. Remember that both the ARF and indemnity are a requirement for your job; therefore, you can claim tax allowance (contact your local tax office to discuss how to adjust your tax code).

Now I'm registered with the GDC

Being regulated by the GDC means adhering to nine core, ethical principles of practice. An updated document called the *Standards*[1] was published in September 2013 and clearly informs individuals about their responsibilities to behave professionally at all times. The *Standards* set out what you must do as a registrant and failure to follow the guidance could result in you being removed from the register. The nine principles are:

1. Put patients' interest first
2. Communicate effectively with patients
3. Obtain valid consent
4. Maintain and protect patients' information
5. Have a clear and effective complaints procedure
6. Work with colleagues in a way which is in patients' best interest
7. Maintain, develop and work within your professional knowledge and skills
8. Raise concerns if patients are at risk
9. Make sure your personal behaviour maintains patients' confidence in you and the dental profession.

CPD

In order to remain on the GDC register you have to be able to demonstrate that your knowledge and skills are up to date. This is known as continuing professional fevelopment (CPD) and is defined in law as an activity which contributes to your professional development and is relevant to your practice or intended practice.[2] Where do you start?

'THE GDC USE THE TERM "HIGHLY RECOMMENDED" THROUGHOUT THEIR CPD REQUIREMENTS. THIS IMPLIES THAT, UNLESS YOU HAVE A JUSTIFIED REASON NOT TO DO SOMETHING, YOU SHOULD DO IT.'

Well, it's a compulsory requirement so you have to embrace this lifelong learning in order to provide patients with the best possible treatments and care. There are a minimum number of hours that you must do within a five-year cycle. A cycle begins on 1 August after you register and currently expects you to undertake a total of 150 hours: 50 verifiable hours and 100 non-verifiable hours (dentists must do 250 hours). What does verifiable mean? Just that there is documentary evidence that you attended a learning event (sign-in sheet and certificate) and that it had concise aims and objectives, clear anticipated learning outcomes and appropriate quality controls. The type of event could be a lecture, course, seminar, and even an online training session. Point to note: you are responsible for checking the criteria of any training session and keeping appropriate documentary proof. Copies of certificates should be provided for the employer, not originals! So, what counts as non-verifiable CPD? This is any activity such as reading journals, peer meetings, clinical audits etc that advances your development and is relevant to your practice or intended practice. The GDC invite you to log your hours every year; however, you *must* provide all your CPD information at the end of the five-year cycle. Unless you are audited by the GDC, you don't need to send all your certificates, just stated hours. This is easily completed online through the GDC website (www.egdc-uk.org). Beware: if you have not undertaken enough hours, you could be removed from the register!

How do I structure what I need for CPD?

The GDC use the term 'highly recommended' throughout their CPD requirements. This implies that, unless you have a justified reason not to do something, you should do it. A personal development plan (PDP) is tagged with 'highly recommended' and is used to assist in planning a learning need and helps to prioritise CPD.

Another 'highly recommended' is the topics you need to cover in your CPD cycle:

- Medical emergencies – at least ten hours; recommended two hours a year
- Disinfection and decontamination – at least five hours
- Radiography and radiation protection – at least five hours.

Other specified CPD topics (either verifiable or non-verifiable) are: complaints handling, legal and ethical, and oral cancer: early detection.

Point to note: CPD must still continue by law, even if you have time off for personal reasons such as maternity leave.

That's all there is to it! Of course there is lots of helpful information on the GDC website (visit www.gdc-uk.org) and don't forget your local postgraduate deanery; most have DCP tutors who will be able to provide support with the world of professionalism.

1. General Dental Council. *Standards for the dental team.* Effective from 30 September 2013. Available at: www.gdc-uk.org/Dentalprofessionals/Standards/Documents/Standards%20for%20the%20Dental%20Team.pdf (accessed 3 April 2014).
2. General Dental Council. *Continuing professional development for dental professionals.* Effective from 30 September 2013. Available at: http://gdc-uk.org/Dentalprofessionals/CPD/Documents/GDC%20CPD%20booklet.pdf (accessed 3 April 2014).

BDJ Team *is offering ten FREE hours of CPD for dental care professionals this year! Visit www.bdjteam.co.uk/cpd.*

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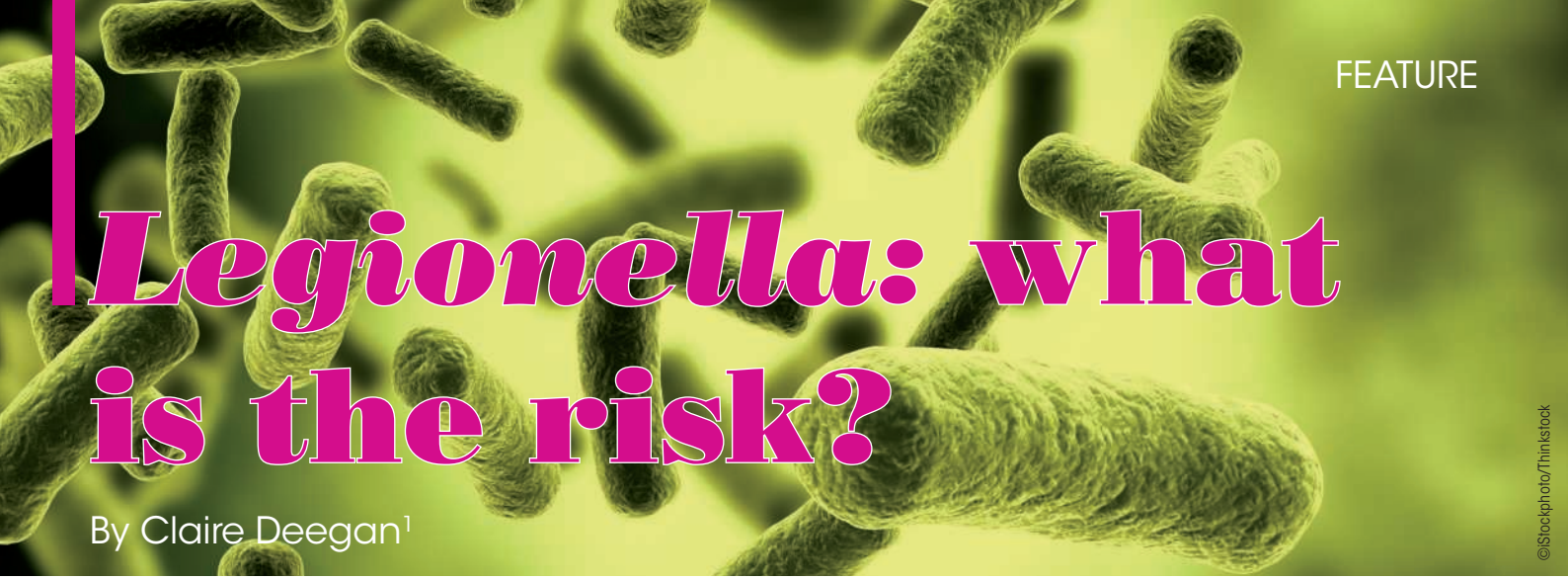

Legionella: what is the risk?

By Claire Deegan[1]

The risk of Legionella in the dental practice should not be taken lightly. As a practice support manager, quite often I am asked by dentists why they need a Legionella Risk Assessment and why those staff who have a responsibility for the management and control of Legionella need to receive training.

Legionnaires' disease

Legionella is a micro-organism, a bacterium (like Norovirus, *E. coli*, Hepatitis A, *Cryptosporidium* and *Pseudomonas*): a potential water contaminant, responsible for claiming millions of lives every year worldwide. Legionella pneumophila causes Legionnaires' disease (a type of fatal pneumonia). This bacterium makes its way into a susceptible host's respiratory system through small droplets of contaminated water that has been inhaled.

You may be familiar with how Legionnaires' Disease was first discovered. In 1976 at an American Legion Convention in Philadelphia, the first identified and recorded outbreak claimed 34 lives. Legionella outbreaks continue to increase, with 400-550 cases being reported in recent years in England and Wales alone. However, it is thought that one third of these reported cases were contracted outside of the UK.

Legionella in the dental practice

The first confirmed case of Legionella in a dental practice was as recent as 2012, where an 83-year-old woman who attended her dental practice in Italy later died from Legionnaires' disease, the source being traced back to the dental practice. Three individual samples were taken from the dental unit water lines and water pump and this confirmed conclusively the presence of the bacterium.

Everyone is potentially susceptible to Legionella. The highest at risk are those over 45-years-old (gulp!), smokers and drinkers, those with impaired immunity and patients who may be suffering from respiratory or kidney disease. Confirmed cases, usually through testing a urine sample, can be treated effectively with a course of antibiotics.

What do we need to know?

As dental care professionals we need to be aware that Legionella thrives between 20°C to 45°C but is at its happiest and most virulent at 37°C. Stagnant water grows great biofilms. A biofilm is a layer of bacteria, usually forming on the inside of pipework (water lines) and surfaces. This is why it is so important to purge your dental unit water lines (DUWLs) for two minutes at the start of the day and 20-30 seconds in between patients. This habit alone has been shown to decrease the levels of bacteria by up to 70%!

The science bit

When bacteria multiply they secrete polysaccharides, which act as a 'glue', and this helps the bacteria to attach to pipe walls. Protozoa will then feed on the biofilm (layer of bacteria) and the Legionella bacteria penetrate the protozoa, living and multiplying inside it.

Where's the problem?

In dentistry, water that is contaminated with organic matter grows much better biofilms, which help the Legionella bacteria to feed and grow. This is why it is imperative that dental equipment is fitted with anti-retraction valves to help limit that contamination.

What do we need to do?

To comply with CQC (England only) Regulation 15 outcome 10, a Legionella risk assessment needs to be completed by a competent person. A competent person is defined as being a member of the Legionella Control Association category A. The Legionella risk assessment needs to be reviewed regularly, and/or, reassessed if systems change. Records of the monitoring and management control of Legionella need to be retained as evidence for at least five years. This includes:

1. The names and positions of those responsible for performing various tasks under the written scheme
2. A Legionella Risk Assessment and written scheme of actions and control measures
3. Details of any precautionary measures that have been carried out
4. Staff that have a responsibility for the management and control of Legionella need to receive appropriate training to support them in their role.

Further information on compliance

- Health and Safety Executive. *Legionnaires' disease. The control of legionella bacteria in water systems. Approved code of practice and guidance*, 4th edition. 2013. Available at: http://www.hse.gov.uk/pubns/books/l8.htm (accessed April 2014).
- Department of Health. *Decontamination in primary care dental practices.* 26 March 2013. Available at: https://www.gov.uk/government/publications/decontamination-in-primary-care-dental-practices (accessed April 2014).
- Health and Safety Executive. *Control of Legionella in hot and cold water systems in care services/settings using temperature.* September 2012. Available at: http://www.hse.gov.uk/foi/internalops/sims/pub_serv/07-12-07/index.htm (accessed April 2014).

Claire Deegan works for DBG who have been supporting practices with training and compliance for 25 years. DBG offers bespoke training in Legionella and COSHH to meet Care Quality Commission (CQC) (England) regulations. Call DBG on 01606 861950.

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[1] *Claire Deegan works as a Practice Support Manager, has over 20 years' experience in dentistry as a qualified dental nurse and is a practice manager and member of* BDJ Team*'s reader panel.*

CORE CPD: ONE HOUR

Disposing of **clinical** and **dental waste**

By Rebecca Allen[1]

Dental professionals are under increasing pressure to understand and adhere to clinical waste regulations. Proper management and disposal of clinical waste is vital and there is strict legislation in place to prevent harm being caused to the environment and to human health.

To dispel some of the misconceptions around clinical waste and to enable organisations to clearly verify if they need to take further steps to become compliant with all regulations, this article outlines the considerations dental businesses must undertake when disposing of both clinical and dental waste safely.

Defining different types of waste

Clinical waste is defined as 'any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments'. This type of waste may prove hazardous to any person coming into contact with it unless it is rendered safe. Waste is defined as 'hazardous' when the waste itself or the material or substances it contains are harmful to humans or the environment. The other main waste stream is known as offensive waste, which primarily contains waste that is considered unpleasant due to its appearance and smell, for instance incontinence waste.

Fig. 8 Yellow lidded sharps

Amalgam waste is waste consisting of amalgam in any form and includes all other materials contaminated with amalgam. Amalgam waste is hazardous due to the potential of harm to humans and the environment caused by mercury. Any amalgam waste should be placed in a specialist dental container, with a mercury suppressant, to prevent the risk of harm to your dental team from the mercury vapours. In addition all dental practices should have an amalgam separator installed to capture any amalgam particulates in waste water. These should be fitted both to the dental chair and dirty sink.

Other hazardous waste streams typically found in dental practices are fixer and developer from X-ray machines. These must not be mixed prior to disposal and must be sent for disposal via recycling.

As well as this, dental study moulds contain gypsum which, when landfilled with biodegradable waste, can produce hydrogen sulphide gas. Hydrogen sulphide gas is highly toxic and malodorous. In accordance with the Environment Permitting (England and Wales) Regulations 2010, gypsum has been banned from normal landfill (containing biodegradable waste) and must go into a separate cell for high sulphate waste.

Healthcare waste legislation

There are many controls in place to ensure that clinical waste is managed safely and disposed of in a way that ensures human health and the environment remain free from harm. These controls are listed under

[1] *Category Manager, Initial Medical. Rebecca has worked in the Healthcare sector for the past 13 years and was a Research Chemist with Bayer Cropscience prior to joining Rentokil Initial in 2003. She keeps up to date on all developments within the clinical waste management industry and is an active member of the CIWM, SMDSA and BDIA.*

the Environment Protection Act 1990, where it states that it is 'unlawful to deposit, recover or dispose of controlled (including clinical) waste without a waste management licence, or in a way that causes pollution of the environment or harm to human health'.

All clinical waste handling and disposal procedures must comply with the following regulations:

- The Environmental Protection Act 1990 (including the Duty of Care Regulations)
- The Controlled Waste Regulations 2012
- The Hazardous Waste Directive 2011
- The Carriage of Dangerous Goods Regulations.

The statutory 'Duty of Care' applies to everyone involved in the waste management industry. It states that as a producer of any controlled waste it is your responsibility to ensure correct and proper management of the controlled waste your business produces.

The main principles of 'Duty of Care' are about documenting the transfer of waste and ensuring that your waste is handled correctly by waste carriers (eg are you using a registered carrier of waste? Are they are taking waste to suitably licensed/permitted sites?). You should only use a contractor who can provide proof of compliance with the legislation.

The importance of your waste transfer paperwork

Waste Transfer Notes:

For all transfers of waste appropriate documentation must be provided. For non-hazardous waste this is usually in the form of a waste transfer note. You will be provided with an annual waste transfer note covering all transfers of non-hazardous waste for a 12-month period. When you receive this documentation you must check this for accuracy purposes and the return slip must be returned to your waste contractor for full traceability.

Hazardous (England and Wales) or Special (Scotland) Waste Consignment Note:

All consignments of hazardous (special) waste must be accompanied by a hazardous or special waste consignment note.

This will include:

- All site addresses and personnel involved with the waste transfer
- A full description of waste type, including required shipping terms
- Correct European Waste Catalogue (EWC) code for each waste stream
- A required copy for you to store on your premises.

Waste pre-acceptance:

The Environment Agency has imposed a legal requirement in Environmental Permits for disposal sites to ensure that producers carry out audits of their waste before it can be legally accepted and disposed of. These are known as 'pre-acceptance audits'. Producers will also be required to periodically re-audit sites in the future.

To ensure your waste is suitable for any chosen method of disposal, all your waste streams must be audited, documented and this information relayed to your final disposal site. Failure to do this may leave you in breach of your duty of care responsibilities, which can lead to prosecution and unlimited fines.

Colour coding

It is essential to segregate clinical and dental at the point of production following the *Safe Management of Healthcare Waste* guidance issued by The Department of Health.[1] By using the national colour coding system detailed you can easily identify and segregate your waste, and help to drive waste minimisation and best practice within the industry.

Proper segregation of different types of waste is critical to safe management. The mixing of waste streams is prohibited by law in England and Wales, and best practice in Scotland and Northern Ireland. It also helps support waste minimisation and reduces the risk of exposure and injury to your staff.

All containers used for the disposal of clinical waste must be labelled in accordance with the details of the legal requirements for transporting and packaging waste. Your container labels should clearly identify the waste types present within, and should be signed by the producer ready for onward disposal.

Identifying your waste streams

Yellow - Infectious waste for disposal by incineration (Fig. 1)
Orange – Infectious waste for disposal by treatment or incineration (Fig. 2)
Yellow/Black (Tiger) – Offensive/hygiene waste for disposal by deep landfill (Fig. 3)
Blue – Medicinal waste for disposal by incineration (Fig. 4)
Purple – containing cytotoxic or cytostatic waste for disposal by incineration (Fig. 5)
Red – Anatomical waste for disposal by incineration (Fig. 6)
White – Amalgam waste for recycling (Fig. 7)

Safe management of sharps waste to prevent needlestick injuries

Under the new *Health and Safety (Sharps Instruments in Healthcare) Regulations 2013*,[2]

Fig. 1 Yellow - Infectious waste for disposal by incineration

Fig. 2 Orange – Infectious waste for disposal by treatment or incineration

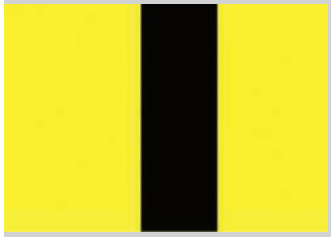

Fig. 3 Yellow/ Black (Tiger) – Offensive/ hygiene waste for disposal by deep landfill

Fig. 4 Blue – Medicinal waste for disposal by incineration

Fig. 5 Purple – containing cytotoxic or cytostatic waste for disposal by incineration

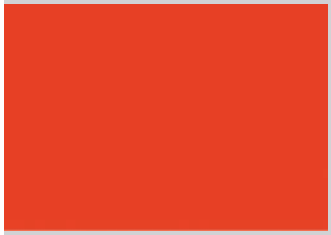

Fig. 6 Red – Anatomical waste for disposal by incineration

Fig. 7 White – Amalgam waste for recycling

Fig. 9 Orange lidded sharps

healthcare facilities need to assess the risk of exposure to blood-borne infections from sharps injuries, identify how to eliminate this and where exposure cannot be eliminated, put into place extensive prevention methods. The new legislation also requires a framework for the occurrence of a sharps injury. The directive is supported by a local, national and European-wide reporting system and employers need to revise their reporting procedures with health and safety representatives.

Key tips to make sure you comply with the new regulations:

- Implement safe procedures for using and disposing of sharp medical instruments and contaminated waste
- Eliminate the unnecessary use of sharps by implementing changes in practice and through providing medical devices incorporating safety-engineered protection mechanisms
- Provide sharps disposal equipment as close as possible to the assessed areas where sharps are being used or found
- Ban the practice of recapping
- Use personal protective equipment
- Train your practice staff on the correct use of sharps devices and the disposal of sharps waste.

It is essential that your sharps are segregated and disposed of correctly based on their medical contamination. The lid colour of the receptacle relates to how the waste should be treated and disposed of.

Consider the following in your dental practice:

Yellow lidded sharps (Fig. 8)

Yellow lidded: sharps that are contaminated with medicines (excluding cytotoxic or cytostatic medicines) for disposal by incineration.

Orange lidded sharps (Fig. 9)

Orange lidded: sharps that are not contaminated with medicines for disposal by treatment or incineration.

Blue lidded sharps (Fig. 10)

Blue lidded: waste medicines, such as used and unused LA cartridges for disposal by incineration.

The guide above should provide an overview of how to effectively dispose of your clinical waste to avoid compliance issues, and more importantly, harm to other people and the environment. If you have any further questions about safely disposing of clinical waste, contact an expert company, who provide tailored advice according to your business needs.

Choosing a clinical waste management company

The first and most important thing to check is that you are using a Registered Waste Carrier; you can do this by asking to see a copy of their licences. Following this, the **Top 10 Things** you need to look out for are:

1) Is the waste carrier licensed to take away the types of waste you are producing?
2) Are the service technicians that will be collecting your waste ADR licensed? This is essential when transporting dangerous goods such as clinical waste
3) Will you receive all the compulsory waste documentation to cover your waste transfers?
4) Will your waste be fully traceable from point of product through to end disposal?
5) Do all the products supplied to you meet legal requirements, such as UN approval for your sharps containers?
6) Will the supply of products be free of charge or are they an additional cost?
7) Will your waste be fully segregated on-site and during transportation to meet the current regulations?
8) Can the clinical waste management company guarantee your service delivery will happen on time, every time?
9) Has the service been tailored to your requirements?
10) Are there any hidden charges?

Fig. 10 Blue lidded sharps

1. This has been superseded by the following publication. Department of Health. Environment and sustainability. *Health Technical Memorandum 07-01: Safe management of healthcare waste.* 20 March 2013. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/167976/HTM_07-01_Final.pdf (accessed 4 April 2014).
2. Health and Safety Executive. *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Guidance for employers and employees.* 2013. Available at: www.hse.gov.uk/pubns/hsis7.htm (accessed 4 April 2014).

Look out for core CPD on MEDICAL EMERGENCIES in the May 2014 BDJ Team*!*

bdjteam201438

BDJ Team continuing professional development

CORE CPD: ONE HOUR

CPD questions – April 2014

CPD ARTICLE: Disposing of clinical and dental waste – Pages 19-21

1. Which of the following is **false**?

A. a container for amalgam waste should have a mercury suppressant

B. hazardous waste contains material or substances that are harmful to humans or the environment

C. fixer and developer waste can be disposed of with clinical waste

D. dental study moulds must go into a separate cell

How do I take part in *BDJ Team* CPD?

BDJ Team is offering all readers **TEN hours of free CPD** in 2014 through our website.

Just go to www.nature.com/bdjteam/cpd to take part!

2. Select the **incorrect** statement:

A. the disposal of waste from a dental practice is the cleaner's responsibility

B. for all transfers of waste, appropriate documentation must be provided

C. all of your practice's waste streams must be audited and documented

D. failure to correctly dispose of your waste is in breach of your duty of care

3. a) Offensive/hygiene waste for disposal by deep landfill. b) Anatomical waste for disposal by incineration. What colour are these waste container labels?

A. a) yellow/black; b) white

B. a) yellow/black; b) red

C. b) yellow; b) purple

D. a) black; b) red

4. What do you need to look out for when choosing a Registered Waste Carrier?

A. whether you will receive all the compulsory waste documentation to cover your waste transfers

B. whether the service has been tailored to your requirements

C. whether the products supplied to you have UN approval for your sharps containers

D. all of the above

Missed March's CPD?

You can complete *BDJ Team* CPD on **radiography** through our website, any time in 2014. Just go to www.nature.com/bdjteam/cpd to find out how!

BDJ Team CPD – through the post

Can I take part in *BDJ Team* CPD through the post?

YES! Just print off this page, complete the form and send it with your payment of £6, to cover administrative costs. We will check your answers to the CPD questions, process your payment and send you a certificate through the post.

You can participate in this *BDJ Team* CPD through the post until the end of December 2014.

BDJ TEAM POSTAL CPD FORM

1. Please PRINT your details below:

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I enclose a cheque for £6 made payable to Nature Publishing Group for **ONE** hour of CPD ☐

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3. I am answering the CPD questions in the _____ issue (please enter month):

	A	B	C	D
Q1	☐	☐	☐	☐
Q2	☐	☐	☐	☐
Q3	☐	☐	☐	☐
Q4	☐	☐	☐	☐

4. Please add any comments or feedback that you might have below or email bdjteam@nature.com.

Products & services

Product news is provided as a service to readers using text and images from the manufacturer, supplier or distributor and does not imply endorsement by *BDJ Team*. Normal and prudent research should be exercised before purchase or use of any product mentioned.

CREATE A BRIGHT AND PROFESSIONAL APPEARANCE

To create a bright and professional appearance for reception staff this spring, take a look at the new range of blouses and suiting from Meltemi, staff uniform specialists in officewear and healthcare.

The new blouse collection offers a choice of styles for wearer preference in the same prints and colourways for a uniform look. New Chloe and Ella prints are proving popular additions to the range. In a wide range of colourways and a choice of up to three styles, these blouses are in CoolWeave, an ideal fabric to keep staff cooler in a warm environment with a crease-free appearance for a smart look. Both styles are perfect with the new Essentia suiting range in a smart herringbone weave fabric in navy or charcoal.

Alternatively, why not request a healthcare range brochure, full of tunics, dresses, trousers and scrubs in a wide spectrum of colours and choice of fabric. Meltemi supply healthcare organisations across the UK and can offer preferential pricing for dental surgeries.

For more information, to receive brochures or request samples, contact Meltemi on: 01603 731332, email: marketing@meltemi.co.uk or visit www.meltemi.co.uk.

ACHIEVE GREATER POCKET REDUCTION

When you choose PerioChip as an adjunct to scaling and root planing in periodontal treatment, you can achieve greater pocket depth reduction..

PerioChip, indicated for pockets of 5 mm or more, contains 36% chlorhexidine digluconate, and eliminates 99% of subgingival periopathogenic bacteria.

To find out more email team@periochip.co.uk or call 0800 013 2333.

BPE GUIDANCE AT YOUR FINGERTIPS

GlaxoSmithKline Consumer Healthcare, manufacturer of Corsodyl mouthwash, has launched a new mobile app to help support dental professionals with the use of the Basic Periodontal Examination (BPE).

The app provides information on:

- Background to the BPE codes
- Description and clinical image of each BPE code
- Summary of recommended treatment.

Developed by the British Society of Periodontology, the BPE allows dental professionals to consistently and accurately assess their patients' gum health.[1] The assessment of gum health, together with the provision of support for patients to help prevent periodontal disease, will be of even greater importance once the Dental Quality & Outcomes Framework comes into force in the revised dental contract.[2]

The Corsodyl brand is committed to supporting dental professionals when educating patients on the importance of gum health and the early signs of gum disease. This app forms part of a range of materials that also includes the Corsodyl Gum Care Guidance Pack which can be requested for dental practices.

Compatible with iPhones and iPads, the app can be downloaded from the app store by searching 'bpe app' and further information can be accessed from www.gsk-dentalprofessionals.co.uk.

1. British Society of Periodontology. Basic Periodontal Examination (BPE) guidance. 2011. Available at www.bsperio.org.uk/publications/downloads/39_143748_bpe2011.pdf.
2. Department of Health. Dental Quality and Outcomes Framework, 04/05/11. Available at: www.gov.uk/government/publications/dental-quality-and-outcomes-framework.