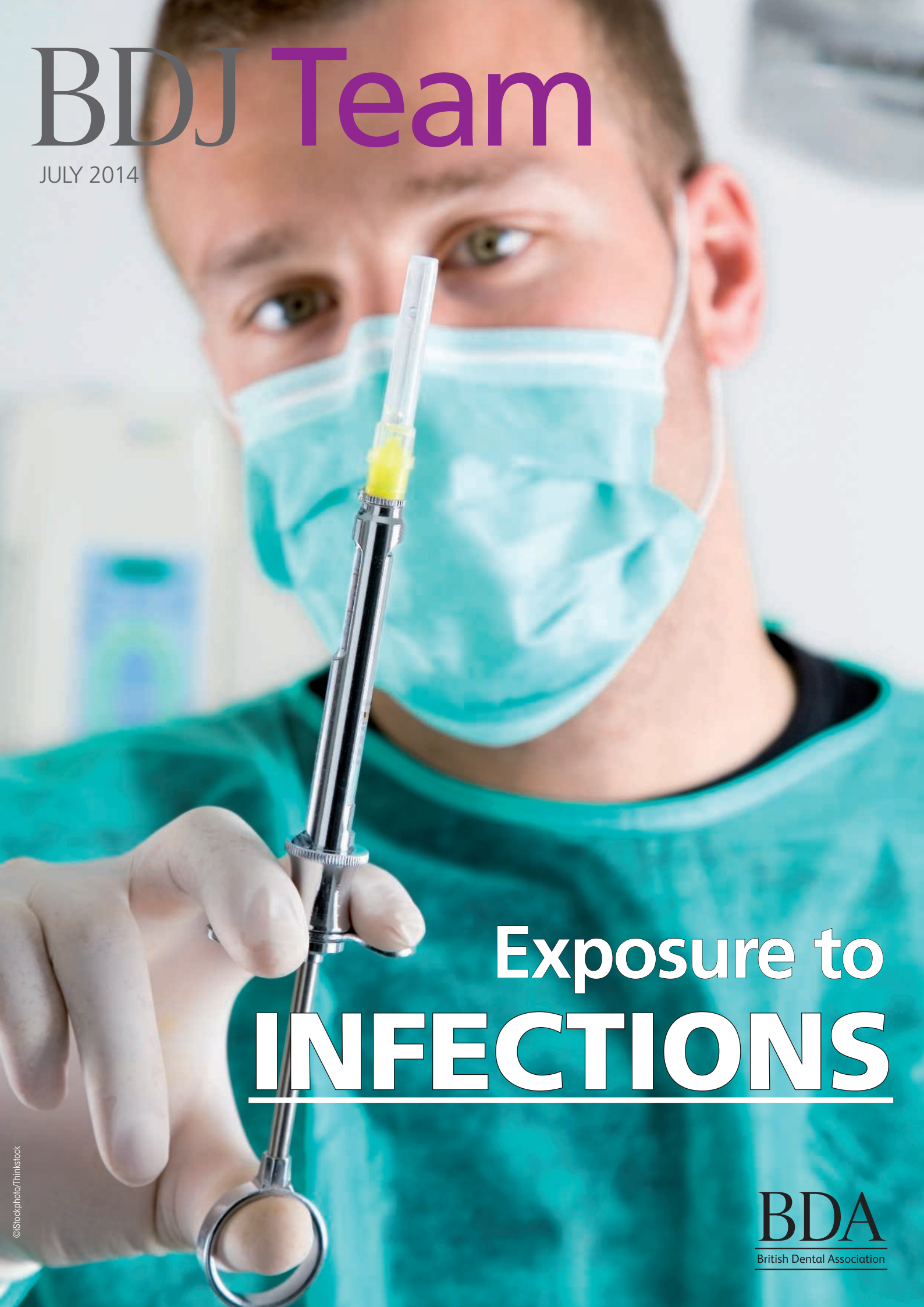
BDJ Team
JULY 2014



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July 2014

Highlights

Regulars

In this issue

BDA Good Practice

BDA
British Dental Association

A framework for continuous improvement

BDA Good Practice is a framework for continuous improvement that helps you build seamless systems and develop a confident and professional dental team. Our three key principles describe the fundamentals of BDA Good Practice:

Develop systems to enhance the efficiency of your practice.

Build an enthusiastic, motivated and engaged team and improve practice communications.

Create a loyal patient base and drive personal recommendation.

www.bda.org/goodpractice

All BDA members can now access the BDA Good Practice self-assessment via the BDA website.

Allow four to six months to work through all of the requirements.

Make an application

When your team has completed the practice self-assessment, download, complete and return the application form together with the fees:

- Application fee: £425
- BDA Good Practice membership: £300 (per year)

The application assessment usually involves an on-site assessment by a BDA Assessor. An on-site assessment is a valuable and collaborative experience to help you develop your practice. A summary report is provided.

Advertise

Member practices advertise their team's commitment to working to the BDA Good Practice standard with the exclusive BDA Good Practice membership plaque, member logo and are listed on www.bdasmile.org/gps.

www.bda.org/goodpractice | 020 7563 4598 | goodpractice@bda.org

HR tips for dental practices

By Claire Davies[1]

'WHEN DONE CORRECTLY, APPRAISALS CAN BE A FANTASTIC WAY TO MOTIVATE YOUR EMPLOYEES. IT HAS BEEN FOUND THAT APPRAISALS CAN ALSO REDUCE EMPLOYEE TURNOVER...'

HR TIPS

Clare Davies provides human resources (HR) support to dental practice clients of the law firm where she works. In this article she outlines her top HR and employment law tips for dental practices with the acronym HR TIPS:

H – HR policies

R – Recognition

T – Time off

I – Issues with staff

P – Performance management

S – Stress

HR policies

We've witnessed an increase in demand from our clients who require assistance to draw up and maintain policies and procedures ahead of their routine three-yearly NHS inspection. It's imperative that you remain on top of these legal requirements and by doing so you remain not only in line with your obligations as a service provider and employer but they can also add value to the management of the practice, which in turn naturally frees up dentists to spend more time treating their patients.

Recognition

Recognition of staff progression and achievements through annual appraisals are a vital part of an effective HR strategy. When done correctly, appraisals can be a fantastic way to motivate your employees. It has been found that appraisal systems can also reduce employee turnover, diagnose training and development needs of the future as well as provide clarity about the expectations you have for your employees' performance.

From an employment law perspective, appraisals provide you with legal protection if you use them for the monitoring of performance and capability, as they can give you a paper trail to rely on.

Time off

Summer holidays are a busy time for annual leave requests but patient care must remain the same within practices. It can be difficult to make sure everyone gets the annual leave that they request, particularly in smaller practices at peak times such as school holidays and Christmas.

An employee has a right to statutory annual leave but as an employer, you can state when leave can or cannot be taken pending adequate notice being given. I would recommend a clear system in place for booking time off and if a request has to be declined, ensure the full reason and confirmation of the business need for the decision is provided to the individual.

Issues with staff

At some point every business owner and manager will need to address an awkward situation. Whether that's an unhygienic employee, a chatterbox, vulgar language or inappropriate dress, a difficult conversation can make the difference between success and failure for a valued employee.

If an issue must be discussed, I would suggest a quiet meeting explaining that you have some difficult feedback to share. To avoid legal situations, establish whether there are any underlying medical problems that may be covered under the Equality Act 2010 that are affecting the problem, should it relate to body odour or behaviour. Reach an agreement on what the employee will do to address the situation and what you as a business can do to help then set a review date and follow up.

Performance management

Performance management has a significant role to play in enhancing organisational performance and the system you use to align your business goals with the work of your employees should incorporate performance improvement, development and the management of behaviour in the workplace.

A Performance Improvement Plan (PIP) is designed to facilitate constructive discussion between a staff member and his or her supervisor, and can help to clarify any area of performance that needs to be improved.

A PIP includes clarifying your expectations, stating the support you will give the employee and specifying the consequences of not meeting expectations. It also documents that you have offered a sufficient level of support to your employee, and in the event that you are left with no other option but to dismiss, will provide clear evidence to an employment tribunal in rebutting a potential unfair dismissal claim.

Stress

Stress in the workplace is a major issue facing employers today. Not only does it have an impact on workplace morale and productivity, but it can make the cost of employee absence rise significantly. Each case of stress, anxiety or depression leads to an average of over 30 working days lost.

There are a number of things you can do as an employer to help manage stress and protect your business and workforce. Have a 'stress' policy in place and conduct regular risk assessments. Develop a supportive work ethos and ensure that you follow the Health & Safety Executive's (HSE) management standards guidelines. I would also suggest communicating regularly with staff in person rather than by email to add a human element to your HR procedures.

bdjteam201478

[1] *Head of HR Services at law firm JCP Solicitors and provides HR support to many dental practice clients. www.jcp-healthcare.co.uk*

GDC ANNOUNCES **ASTONISHING ARF INCREASES**

Dental news and social media platforms were in uproar on 30 June 2014 when the General Dental Council (GDC) announced that it plans to increase the annual retention fee (ARF) for dentists by 64%.

#ARFhike

The GDC plans to increase the ARF for dentists from £576 to £945, and for dental care professionals (DCPs) from £120 to £128. For DCPs, many of whom have protested the £120 fee, this represents a 6.7% increase.

The GDC has launched a consultation on the level of the fee, following a consultation focussing on the policy used when setting the fee. It says that it is increasing the fees in order to collect an extra £18 million to enable it to deal with the extra volume of complaints and fitness to practise hearings it anticipates in 2014 and 2015. Complaints have increased by 110% since 2011, which the GDC says is the most expensive part of regulating the dental profession.

The British Dental Association (BDA) has slammed the proposal, calling it 'wholly unacceptable' and at odds with the actions of other regulators. Chair of the Principal Executive Committee, Mick Armstrong, said: 'The suggestion that the profession pay more to fund a Council that has been shown unable to do its job properly is frankly astonishing' and called for the GDC to investigate the underlying reasons for the increase in complaints about registrants.

For further information and to submit your views on the planned ARF price increases, visit http://www.gdc-uk.org/GDCcalendar/Consultations/pages/Consultation-on-the-Annual-Retention-Fee-(ARF)-Level-for-2015.aspx. The consultation is open until 4 September 2014.

DENTAL HYGIENIST WALKS 500 MILES FOR MOUTH CANCER

Dental hygienist Christina Chatfield has raised almost £20,000 for Mouth Cancer Action by walking 500 miles across the UK.

Christina, who owns Dental Health Spa Brighton, finished her '500 Miles for Smiles' walk on 19 June in Brighton.

The walk began at Christina's first practice in Kirriemuir, Scotland, a month earlier, and took in some of the east coast's most attractive cities. More than 300 people joined the walk on various legs of the route.

Christina said: 'I spoke to a number of people along the route and very few are aware of the link between mouth cancer and the human papillomavirus (HPV), one of the key factors behind the increase. It was a gruelling month for me, but making those people I met aware of mouth cancer was worth it'.

In addition to donations going to Mouth Cancer Action, a long-standing campaign run by the British Dental Health Foundation, fellow dental charity Heart Your Smile also received a share of the fundraising.

ADAM APPOINTS NEW PRESIDENT

Niki Boersma has been appointed new President of the Association of Dental Administrators and Managers (ADAM), the successor to Hannah Peek.

Niki (pictured) is practice manager at Identity Individual Dental Care in Billingham, Stockton on Tees and lives in Thirsk, North Yorkshire where she and her husband Mark run a guest house.

On her appointment during ADAM's AGM on 27 June at the BDA in London, Niki said that as President, she intends to create more opportunities for practice managers to get together: 'It can be a challenging and sometimes lonely job as a practice manager, so being able to meet with likeminded individuals, share experiences, and learn from each other is always time well spent.'
www.adam-aspire.co.uk

BADN INVESTIGATES NEEDLESTICK INJURIES

The British Association of Dental Nurses (BADN) is conducting a survey into the incidence of needlestick injuries among dental nurses working in the UK, on behalf of Initial Medical.

There are currently no statistics on dental nurse needlestick injuries. To take part in the survey, go to http://www.cvent.com/d/m-OP-8TJA0aL8pXDWHXLWw/snxs/P2/3B.

TONY DUE AT THE PALACE

Anthony (Tony) David Griffin has been appointed MBE in the Queen's Birthday Honours 2014 for services to dental technology.

Tony is Past President of the Dental Technologists Association (DTA) and Past Chairman of DTETAB (the Dental Technicians Education and Training Advisory Board); he is also Honorary Treasurer and an Elected Council member of DTA. Tony has dedicated his professional life to helping establish clinical dental technology and supporting dental technology and dental nursing within the healthcare provision of the dental team.

Tony worked for over 30 years in a variety of management roles starting at People's College of Further Education, Nottingham and with direct links to De Montfort University, Leicester. More recently he has developed a portfolio career that includes a national quality assurance role along with other paid and voluntary work.

DTA President Mike McGlynn said: 'This is terrific news for Tony and is well deserved recognition of his hard work and commitment to dental technology over many years. We are fortunate to be able to call upon Tony's wealth of experience here at DTA and are delighted that his services to our profession have been given a royal seal of approval!'

PHOTO STORY

Four dental nurses who appeared in the ITV's behind-the-scenes documentary 'The Dentists', filmed at Manchester's University Dental Hospital and broadcast on 16 June 2014. The nurses are, from left to right, Dawn Harrison, Lana Mellor, Jo Virgin and Sarah Hardman.

CALL TO ACTION ON CARIES IN CHILDREN

Following the broadcast of 'The Dentists', a behind-the-scenes documentary filmed by ITV at the University Dental Hospital of Manchester, the British Society of Paediatric Dentistry (BSPD) wants to make it easier for children with caries to get early access to a paediatric dentist.

BSPD representatives want to engage with the Department of Health and colleagues in the dental as well as health and social care professions in order to come up with a co-ordinated approach to tackling the issue of caries in children.

The Dentists showed the operations and procedures provided at the University Dental Hospital of Manchester, including two general anaesthetics on children undergoing multiple extractions and interviews with their parents.

Claire Stevens, a Consultant in Paediatric Dentistry at the University Dental Hospital of Manchester, and spokeswoman for BSPD, said: 'If these children had seen a paediatric dentist earlier, it might have been possible to save their teeth, instead of removing them and potentially triggering dental anxieties for life.'

The BSPD is concerned because some Community Dental Services are cutting back on paediatric dentists. The society is grateful to ITV for highlighting the challenges hospital dental teams face as well as the work of specialist paediatric dentists and their teams. What the programme did not show was the follow-up preventive advice to parents to get those child patients on the road to dental health and visiting a dentist.

Dr Stevens said: 'It should be borne in mind that some children are inherently more susceptible to dental decay than others. A number of our patients end up in hospital because of a hereditary or medical condition and not because their parents are at fault.'

A PERFECT STORM OF POSSIBILITIES FOR HYGIENISTS

The *Journal of Evidence-Based Dental Practice (JEBDP)* say that it is an exciting time in the profession of dental hygiene, with opportunities to take increased responsibility for oral health care and to deliver care in a more comprehensive way.

The US editors of *JEBDP* have presented the Annual Report on Dental Hygiene, a collection of cutting-edge research and practice updates in the field of dental hygiene.

In an introduction to the special issue, Guest Editor Dr Terri Tilliss RDH PhD of the University of Colorado School of Dental Medicine says: 'Societal, economic, political, and health care factors have converged to create a "perfect storm" of unprecedented possibilities for improved access to oral health care and growth for dental hygienists.'

The introduction goes on to say that dental hygienists are poised to assume a more independent and direct role in providing dental care - a key part of strategies to expand access to oral health and medical care to underserved areas and populations. The special issue of *JEBDP* presents 27 invited articles contributed by leading clinicians and researchers from dental hygiene, dentistry, and other disciplines.

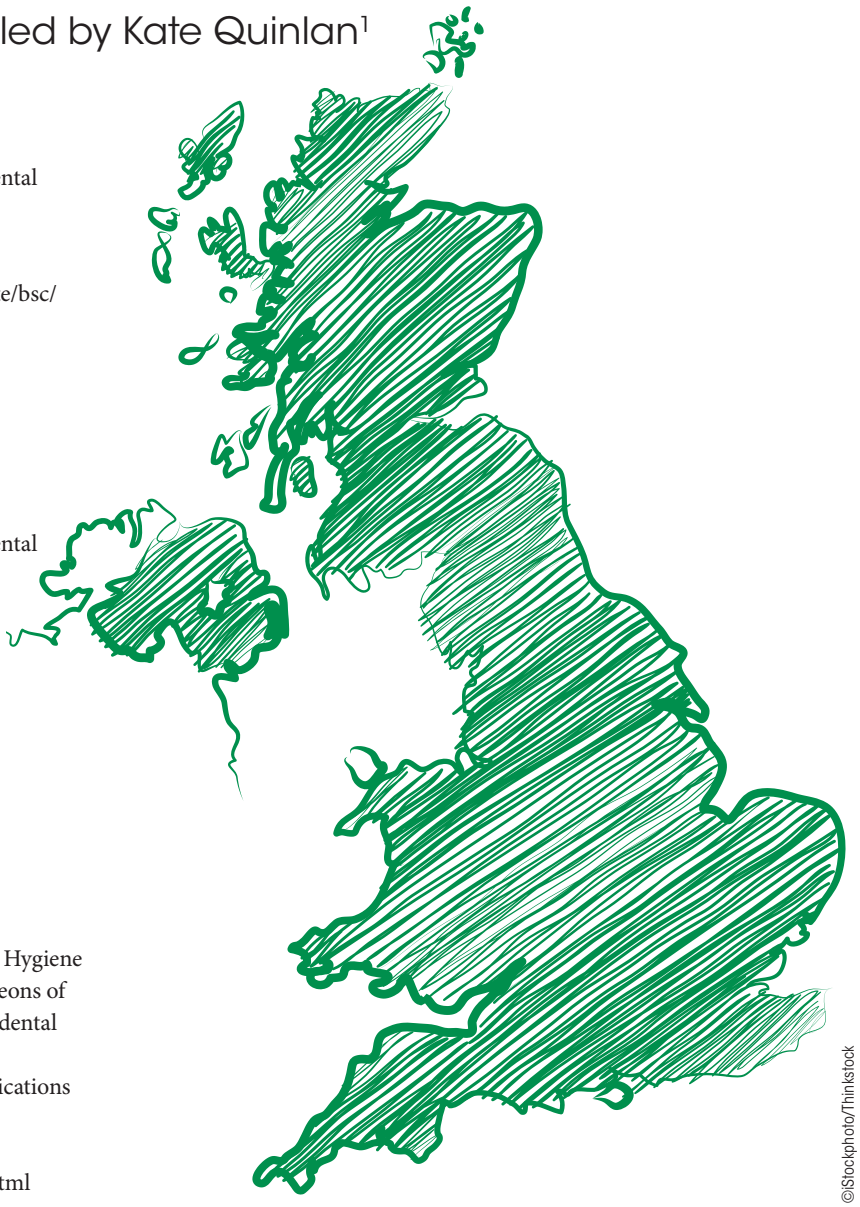
It reports on dentistry's role in managing shared risk factors for periodontal and medical diseases; assembles evidence on periodontal treatment, care of implant-supported restorations, approaches to fluoride therapy, and oral health; provides updates on dental professionals' contributions to managing a wide range of medical conditions; reviews changing public needs and access to care; and highlights professional growth opportunities for dental hygienists.

Copies of the Annual Report on Dental Hygiene published by Elsevier can be ordered by visiting www.jebdp.com.

Do you have a news story that you would like included in BDJ Team*? Send your press release or a summary of your story to the Editor at bdjteam@nature.com.*

DCP COURSE DIRECTORY 2014
THE NORTH-WEST

Compiled by Kate Quinlan[1]



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The University of Manchester School of Dentistry
BSc Oral Health Science
Location: Manchester
Summary: Provides the skills to register with the GDC as a dental therapist or dental hygienist.
Length: Three years full time
Places available: 12
Details: http://www.dentistry.manchester.ac.uk/undergraduate/bsc/coursedetails/
Telephone: 0161 306 0232
Email: ug-dentistry@manchester.ac.uk

Manchester Metropolitan University
BSc (Hons) Dental Technology
Location: All Saints Campus, Manchester
Summary: Provides the skills to register with the GDC as a dental technician.
Length: Three years full time or 5-6 years part time, with the option to undertake a year in practice prior to the final year. This course is available with a foundation year.
Details: http://www2.mmu.ac.uk/study/undergraduate/courses/2013/9909/
Telephone: 0161 247 6969

The Greater Manchester School for Dental Care Professionals
Diploma in Dental Hygiene and Dental Therapy
Location: Greater Manchester and Salford
Summary: Prepares candidates to take the Diploma in Dental Hygiene and Dental Therapy of the FGDP(UK), Royal College of Surgeons of England and register with the GDC as a dental hygienist and dental therapist.
Length: 27 months full time, commencing each January. Applications close in early July.
Places available: 10
Details: http://www.mandcp.co.uk/courses_dental_hygiene.html
Telephone: 0161 212 4809
Email: julie.horrigan@cmft.nhs.uk

University of Liverpool School of Dental Sciences
Combined Diploma in Dental Hygiene and Dental Therapy
Location: Liverpool
Summary: Leads to registration with the GDC as a dental hygienist and a dental therapist.
Length: 27 months full time. Applications open 1 September 2014 - 31 January 2015.
Details: http://www.liv.ac.uk/study/undergraduate/courses/combined-diploma-in-dental-hygiene-therapy/overview/
Telephone: 0151 706 5046
Email: dentenq@liverpool.ac.uk

University of Central Lancashire
Cert HE Orthodontic Therapy
Location: Preston
Summary: Designed to train dental care professionals as orthodontic therapists. Students who successfully complete the coursework and examination elements will then undertake the Diploma in Orthodontic Therapy final exams offered by the Royal College of Surgeons (Edinburgh) in order to register with the GDC as an orthodontic therapist.
Length: One year part time
Places available: 16
Details: http://www.uclan.ac.uk/courses/certhe_orthodontic_therapy.php
Telephone: 01772 895861
Email: meddent@uclan.ac.uk

[1]*Editor, BDJ Team*

Certificate in Oral Health and Application of Fluoride Varnish

Location: Royton, Oldham
Summary: A short course for dental nurses wishing to extend their knowledge and scope of practice in providing oral health care advice and application of fluoride varnish.
Length: One term or five weeks, part time
Details: http://www.uclan.ac.uk/courses/cert_oral_health_application_fluoride_varnish.php
Telephone: 0161 665 2882
Email: enquiries@vsmhealthcare.com

Dentrain

Location: Bolton and the north-west

Apprenticeship in Dental Nursing (Level 3 Diploma in Dental Nursing)

Summary: On successful completion of the course and qualification, you will be able to register as a dental nurse with the GDC and work legally in a dental surgery. Four days a week in a dental practice combined with one day a week attending the Dentrain Training Centre.
Length: 15 month paid apprenticeship (see Dentrain website for more information)

NEBDN National Diploma in Dental Nursing

Summary: Qualification for individuals working as a dental nurse, leading to GDC registration via completion of the theory, a record of experience and an exam at a centre near you.
Length: 10-12 months starting in June or January

Level 3 Diploma in Dental Nursing

Location: For students working within a 30 mile radius of Bolton
Summary: Leads to the City & Guilds Level 3 Diploma in Dental Nursing. For individuals working as a dental nurse. On successful completion of the course and qualification, you will be able to register as a dental nurse with the GDC and work legally in a dental surgery.
Length: 15 months; starts throughout the year.

Post-qualification courses - correspondence and classroom based

- Certificate in oral health education
- Certificate in sedation dental nursing
- Certificate in dental radiography
- Impression taking
- Assessors TAQA C&G
- Level 3 in education and training C&G
- First aid at work
- First aid at work refresher
- Emergency first aid at work.

CPD courses

- Radiography & Radiation Protection
- Disinfection & Decontamination
- Medical emergencies part 1
- Medical emergencies part 2
- Oral health promotion and preventive dentistry
- Communication
- Pain and anxiety control in dentistry
- Dental drugs, materials, instruments and equipment
- Oral surgery
- Restorative dentistry
- Assessing patients' oral health needs and treatment planning
- Patient care and management
- Anatomical structures and systems relative to dental care
- Legal and ethical issues in the provision of dental care
- Oral disease and pathology
- Orthodontic procedures.

For details of all Dentrain courses: www.dentrain.net
Telephone: 01204 528652
Email: info@dentrain.net

Training 2000

Location: Blackburn and Lancashire area

Dental nursing apprenticeships

Leading to the NEBDN Level 3 Diploma in Dental Nursing

NEBDN Certificate in dental radiography

NEBDN Conscious sedation

NEBDN Oral health education

Details: http://www.training2000.co.uk/category/dental#viewcourse
Telephone: 01254 54659

SMG Training

Location: Lancashire (online or classroom based)

Certificate in dental radiography

Certificate in dental sedation nursing

Certificate in oral health education (fluoride application and plaque indices)

Certificate in special care dental nursing

Certificate in orthodontic nursing

Prescribing and interpreting dental radiographs

Certificate in competency in impression taking

Certificate of competency in fluoride application

Details and more courses at: http://www.smgtraining.co.uk/
Telephone: 07967 531185
Email: info@smgtraining.co.uk

Aspiradent

Location: Based in Leeds but run courses at locations nationwide

Periodontal diagnosis, treatment planning and NSPT refresher

Local anaesthetic refresher

Prescribing and interpreting radiographs

Tooth whitening techniques

Hands on orthodontics for dental hygienists and therapists

Caries diagnosis and treatment planning

Implant care and maintenance

Clinical examination and assessment and recognition of oral lesions

Acute dental care

Standards for examination of the new patient and the recall patient

Details: www.aspiradent.com
Telephone: 0800 024 8668
Email: info@aspiradent.com

This is not an exhaustive list. BDJ Team *also recommends checking your local colleges and the North Western Deanery courses page: http://www.nwpgmd.nhs.uk/dentistry/courses.php. You can also find a number of online course providers using an Internet search engine.*

If you would like your course or education provider to be included in *BDJ Team*, please send the details to bdjteam@nature.com. The August 2014 *BDJ Team* will focus on Wales.

bdjteam201474

CORE CPD: ONE HOUR

Needlestick and occupational exposure to infections

A compendium of current guidelines, by **L. Samaranayake**[1] and **C. Scully**.[2]

Needlestick and occupational exposure to infections is a constant threat in dental practice. Many blood-borne infections, including human immunodeficiency virus (HIV) infection, hepatitis B and hepatitis C, may be contracted through this route. This article provides a useful compendium for dental professionals on current guidelines available to prevent such threats, as well as a simple flowchart on prophylactic measures that could be taken after an accidental exposure (Fig. 1).

As the threat of blood-borne and other infections always persists and new infections emerge constantly, it must be stressed that the practitioner needs to keep abreast of the current information through major websites such as those documented at the end of this article.

For this purpose, the HIV post-exposure prophylaxis (PEP) guidance published by the UK Department of Health Expert Advisory Group on AIDS (EAGA) should be read in full.[1] Complementary guidance on PEP following *sexual* exposure is available from the British Association for Sexual Health and HIV[2] and the British HIV Association (BHIVA) and EAGA produced a position statement on the use of antiretroviral therapy (ART) to reduce HIV transmission.[3] A summary of these and other current recommendations in relation to sharps injuries follows.

BLOOD-BORNE INFECTIONS

Accidental exposure to blood caused by needle injuries or injuries following cutting, biting or splashing incidents carries the risk of infection, particularly by blood-borne microorganisms which can include the following:

Main blood-borne transmissible agents[4] (not an exhaustive list)

Viruses:

- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- Human immunodeficiency viruses (HIV)
- Cytomegalovirus (CMV)
- Epstein-Barr virus (EBV)
- Parvoviruses.

Bacteria:

- Treponema pallidum (syphilis)
- Yersinia
- Parasites
- Plasmodium.

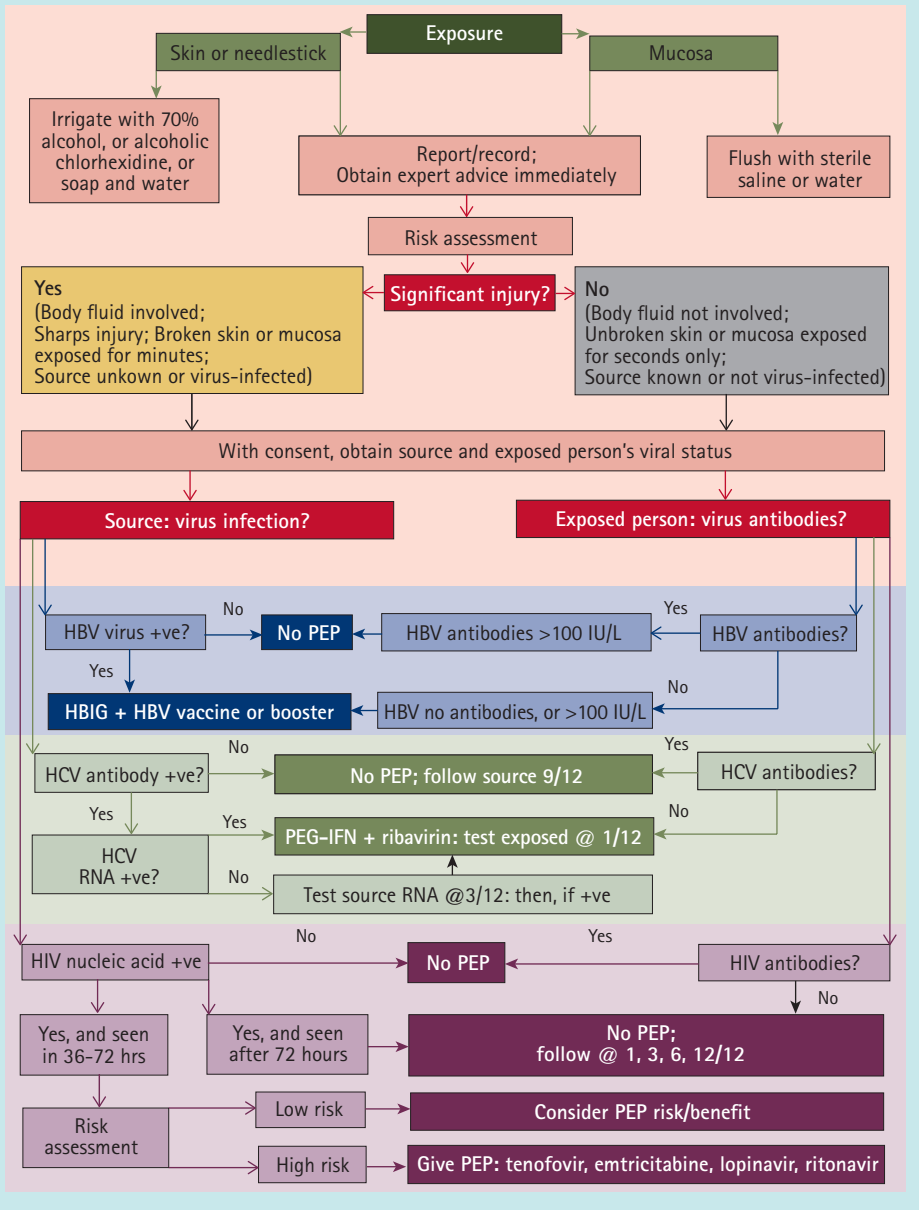
HEALTH CLEARANCE AND ADDITIONAL HEALTH CLEARANCE FOR NEW HEALTHCARE WORKERS

The UK Department of Health has guidance on health clearance for new healthcare workers (HCWs).[5] Health clearance is now classed as *standard*, and *additional*, for anyone who will be performing exposure prone procedures (EPPs). *Additional health clearance* includes hepatitis C and HIV screening. EPPs, as defined by the UK Department of Health, are those where there is a risk that injury to the HCW may result in exposure of the patient's open tissues to the blood of the HCW.[6]

These procedures include those where the HCW's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. Most procedures in dentistry including dental clinical training are defined as EPPs, with the exception of:

- Examination using a mouth mirror only
- Taking extra-oral radiographs
- Visual and digital examination of the head and neck

Fig. 1 Guidelines for post-exposure prophylaxis (PEP)

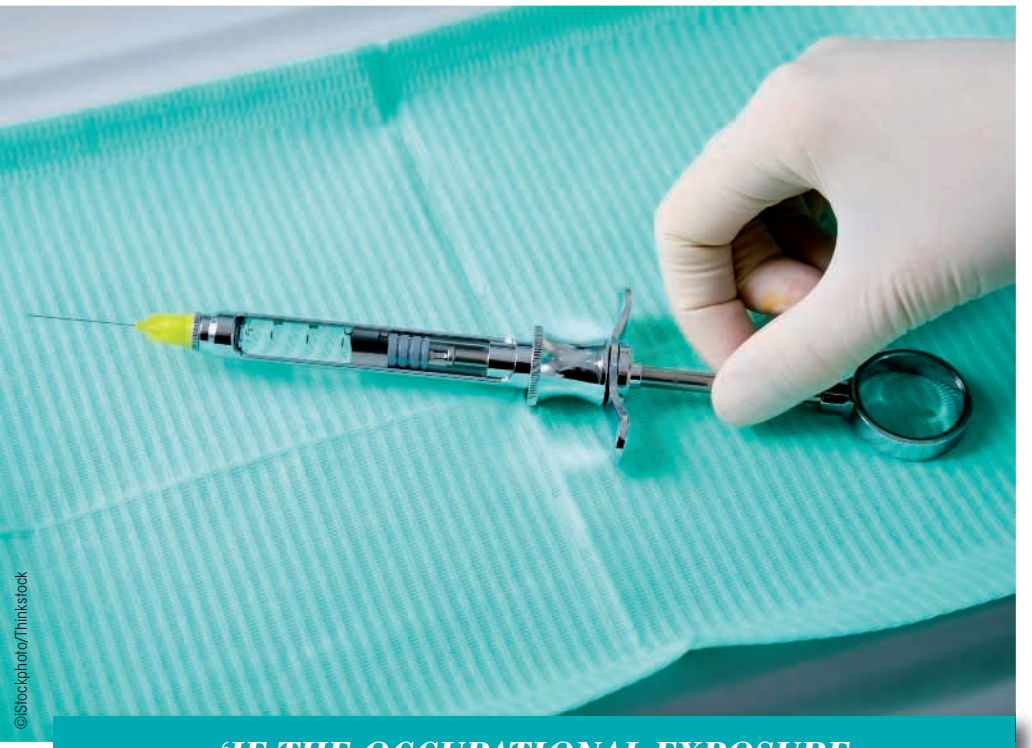


[1]*Dean and Chair of Oral Microbiology, the University of Hong Kong;* [2]*Professor Emeritus, University College London*

- Visual and digital examination of the edentulous mouth
- Taking impressions of edentulous patients
- Construction and fitting of full dentures.

However, taking impressions from dentate or partially dentate patients would be considered exposure prone, as would the fitting of partial dentures and fixed or removable orthodontic appliances, where clasps and other pieces of metal could result in injury to the dentist.

However, the risks may vary and the main organisms of concern are shown in Table 1.



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'IF THE OCCUPATIONAL EXPOSURE INVOLVES A KNOWN CARRIER OF A BLOOD-BORNE DISEASE, THIS IS CLASSIFIED AS A DANGEROUS OCCURRENCE AND REPORTING IS THEN NECESSARY.'

AVOIDING NEEDLESTICK INJURIES AND AVOIDING INFECTION

Avoiding needlestick injury is the optimal way to avoid infection. Constant vigilance is in order. The single most important measure to prevent needlestick injury is to avoid re-capping and re-sheathing. Use a rigid puncture-proof container close to hand to avoid the temptation of re-capping, for used needles. It is equally important to use proper protective clothing such as gloves, mouth mask and goggles.

Every HCW at risk should be trained in infection control and vaccinated against HBV (there are as yet no preventive vaccines available for HCV or HIV).

HIV POST-EXPOSURE PROPHYLAXIS (PEP)

HIV post-exposure prophylaxis (PEP) was outlined in 2008 by the UK Department of Health, Social Services and Public Safety.[7]

Action after exposure to potentially contaminated material may include the following. If a skin wound has been sustained, let it bleed and cleanse thoroughly using an ample amount of soap and water followed by 70% alcohol. Free bleeding of puncture wounds should be encouraged gently but wounds should not be sucked. Antiseptics and skin washes should not be used – there is no evidence of efficacy, and their effect on local defences is unknown.

In case of contact with mucous membranes, including mouth or conjunctivae, rinse immediately and thoroughly, using water or a saline solution only, not alcohol, and promptly report the incident to the department or person dealing with occupational accidents. This is critical for appropriate and rapid prescribing of PEP.

Record an occupational exposure to blood or saliva in an accident report Book. It is not usually required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) to report an occupational exposure to blood or saliva to the Health and Safety Executive (HSE)[8] but, if the occupational exposure involves a known carrier of a blood-borne disease, this is classified as a dangerous occurrence and reporting is then necessary – as it is where acute ill health results.

A risk assessment needs to be made urgently by an appropriately trained doctor *other than the exposed HCW* about the appropriateness of starting PEP. If the source of the blood is known the patient must be asked for permission to sample blood for a HCV and HIV test. If the patient refuses then it must be assumed the patient is a carrier. If the origin of the blood is unknown then any blood present on the needle can be used for a serological examination. A blood sample should be taken as soon as possible after the injury from the exposed person to act as a baseline value in case infection takes place. Further blood samples to test for HBV, HCV and HIV are collected after one, three, six and 12 months.

After a potential infection the actual risk depends on type of contact and on the amount of virus in the contaminated material. The risk of infection following exposure to blood is very small but factors which are associated with a higher risk are:

- Deep wounds (for example, needlesticks, scalpels wounds)
- Visible blood on the instrument
- Needlestick injury by using hollow-bore needles containing blood
- Intravenous or intramuscular injection of contaminated blood
- Blood from a patient with a high virus level (for example untreated or end-stage AIDS patients).

PEP should be considered after an exposure that has the potential to transmit infection, based on type of body fluid or substance involved, and route and severity of the exposure.

Table 1 Blood-borne viruses

	HBV	HCV	HIV
Estimated % risk of transmission by needlestick injury	30 (5-40%)	3 (3-10%)	0.3 (0.2-0.5%)
Prevalence of infection and risk is higher than average in people who	Are intravenous drug users, men who have sex with men (MSM), or are from developing countries	Have had multiple blood transfusions, in dialysis patients, and intravenous drug users	Are MSM, in intravenous drug users, or from areas where the condition is endemic

ASSESSMENT AND TESTING OF THE SOURCE PATIENT

If initial assessment indicates an exposure has been significant, consideration should then be given to the HIV status of the source patient. Since HIV PEP is most likely to be efficacious if started within the hour, an urgent preliminary risk assessment should assess if it is appropriate to recommend taking the first dose of PEP. A more thorough risk assessment should then be undertaken to inform a decision about whether to continue the PEP regimen.

The designated doctor should ensure that appropriate arrangements are made to approach a source patient whose HIV status is not known and ask for their informed agreement to HIV testing. As stated above, this approach should not be undertaken by the exposed HCW. A universal approach to asking source patients to agree to have an HIV test avoids the need to make difficult judgements, simplifies and normalises the process and avoids potential discrimination. Finally, in this context, starting PEP, where appropriate, should not be delayed to await the result of source patient testing.

EXPOSURE TO DISCARDED NEEDLE/ UNKNOWN SOURCE

Where it is not possible to identify the source patient (for example, needlestick injury caused by a discarded needle), a risk assessment should be conducted to determine whether the exposure was significant. PEP is unlikely to be justified in most such exposures.

Management is based on determining the level of a risk of contracting HBV, HCV or HIV, a decision made from whether or not the injured person is non-immune, partially or fully immune for HBV (from vaccination or otherwise). If there is only a limited immunity, then 5 ml intramuscular hepatitis B immunoglobulin (HBIG) should be given within 48 hours of the injury. After a potential HCV infection, combination treatment of pegylated interferon and ribavirin is the treatment of choice. A liver specialist should be consulted.

Some HCWs may have had occupational exposures which, after careful assessment, are not considered to have the potential for HIV transmission. Such HCWs should be advised that the potential adverse effects and toxicity of taking PEP probably outweigh the negligible risk of transmission posed by the type of exposure because it is considered insignificant, whether or not the source patient is known or considered likely to be HIV-infected.[1]

PEP should not be offered after exposure through any route with low-risk materials (for example, urine, vomit, saliva, faeces) unless they are visibly bloodstained (for example, saliva in association with dentistry); where testing has shown that the source is HIV negative; or if risk assessment has concluded that HIV infection of the source is highly unlikely.

PEP should be recommended to HCWs if they have had a significant occupational exposure to blood or another high-risk body fluid from a patient or other source either known to be HIV infected, or considered to be at high risk of HIV infection, but where the result of an HIV test has not or cannot be obtained. If the HIV status of the source cannot be established, the exposed HCW should have the opportunity to consider whether or not to continue PEP. Their decision should be informed by all that is known about the source patient in terms of past exposure to risk of HIV infection and also the nature and severity of the exposure. These aspects should be considered together with the potential for unpleasant short-term adverse effects and unknown long-term effects of taking PEP drugs. The relative risk of HIV transmission may be increased considerably if the source patient has a high plasma viral load (for example, at the time of seroconversion or in the later stages of HIV disease).[1]

All exposed HCWs should be encouraged to provide a baseline blood sample for storage and a follow-up sample for testing. PEP is not a licensed indication for any antiretroviral drugs, which are therefore prescribed on an 'off-label' basis.

PEP against HIV has been estimated to reduce the risk of transmission by 75% but should be carried out within one hour for maximum effect, so an initial assessment must be performed as soon as possible. Even if there is a delay however, it is still worth considering PEP within 24-72 hours of the exposure.[1]

PEP should be continued for at least 28 days. All HCWs occupationally exposed to HIV should have follow-up counselling, post-exposure testing and medical evaluation whether or not they have received PEP. EAGA recommends, as a minimum, that follow-up should be for at least 12 weeks after the exposure or, if PEP was taken, for at least 12 weeks from when PEP was stopped.[1]

ANTIRETROVIRAL AGENTS FOR PEP

Anti-HIV (antiretroviral agents)

Antiretroviral agents from three classes of drug are currently licensed for first-line treatment of HIV infection, namely: nucleoside/nucleotide analogue reverse transcriptase inhibitors (NRTIs); non-nucleoside reverse transcriptase inhibitors (NNRTIs); and protease inhibitors (PIs).

In HIV-infected patients, triple therapy has proved more effective than mono- or dual-therapy in suppressing HIV replication and avoiding the emergence of viral resistance. In the UK, a potent three-drug PEP regimen is preferred because resistance to antiretroviral drugs is found at significant levels in both treated and untreated infected individuals in the UK. PEP starter packs: generic regimen of two NRTIs plus boosted PI recommended for PEP following non-occupational exposure are: One Truvada tablet (245 mg tenofovir and 200 mg emtricitabine [FTC]) once a day *plus* two Kaletra film-coated tablets (200 mg lopinavir and 50 mg ritonavir) twice a day.

PEP for Hepatitis B

A course of hepatitis B vaccination with or without immunoglobulin may be recommended as PEP following exposure to hepatitis B.

PEP for Hepatitis C

No PEP agent is currently available for hepatitis C. However, early treatment of acute hepatitis C infection may prevent chronic hepatitis C infection. Follow-up of exposed patients should follow that described in management for occupational exposure to hepatitis C.

'PEP SHOULD BE RECOMMENDED TO HEALTHCARE WORKERS IF THEY HAVE HAD A SIGNIFICANT OCCUPATIONAL EXPOSURE TO BLOOD OR ANOTHER HIGH-RISK BODY FLUID FROM A SOURCE KNOWN TO BE HIV INFECTED…'

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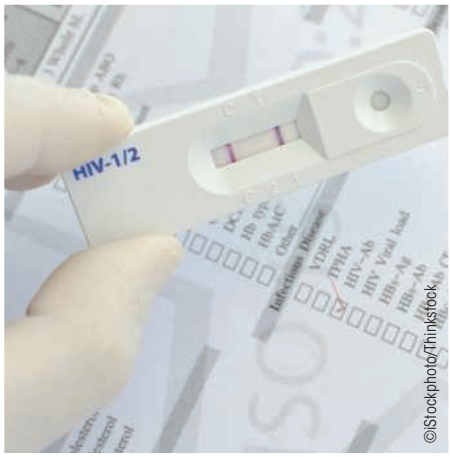

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DIALOGUE WITH THE INJURED PARTY

If PEP is advisable then it is important to discuss with the injured individual the advantages and disadvantages of PEP and follow-up examinations that are necessary (of liver and kidneys) after two weeks, one, three and six months as well as follow-up examination for infection itself (after one, three and six months), and finally the importance of avoiding transmission to sexual partner(s) (such as use of condoms). These aspects fall into the province of a trained clinician rather than the dental practitioner.

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bdjteam201475

'A dental nurse can achieve success at Master's level'

Jacqui Elsden[1] started out as a dental nurse but is now a Dental Education Facilitator and studying for a Master's degree.

Fainting on the job

In my final year of secondary school, I completed a week's work experience at the dental practice I attended myself as a patient. Although I fainted while observing an extraction, all I wanted to do after that was become a dental nurse. The dental team back then made me feel very welcome and encouraged me to return after the fainting episode!

My school careers officer advised me to apply for a London dental school for training as this would be recognised nationally. I didn't really receive any other advice and therefore I applied to all of them and they all offered me a place except the London Hospital. In the 1980s Guy's and King's were separate training establishments and, having attended the interviews, I chose King's College Hospital Dental School.

The training involved working in the dental department alongside the undergraduate dental students following lectures and seminars and of course assessments. The departments each had a senior nurse who supervised our training and development and we also had booked tutorials with the dental nurse tutor on a one-to-one basis. Rotating between each department ensured that all the practical skills were embedded into our training before entering general dental practice.

After the one-year dental nurse training course I successfully passed the King's College Hospital Dental School's examination in July 1983 and NEBDN's National Certificate examination in November of the same year.

After qualifying as a dental nurse, I was asked to remain with King's College Hospital as a senior nurse in the children's 'casualty' dental department. This role was to manage the student dental nurses who worked with the Senior House Officers (SHOs) in the department while the student dental nurses completed their training and the SHOs treated the young patients. It was a very interesting and rewarding role for me having just qualified myself.

Joining a practice

I left the senior dental nurse position in the children's department in 1984 as I had married my husband and moved to West Sussex. I was lucky to secure a dental nurse post in general practice in Crawley where I worked for a few years before having my family.

My two sons were born in 1988 and 1990. Following maternity leave, I returned to work in a practice in East Grinstead where the associate dentist from Crawley had opened up his own general practice and asked if I was interested in joining the team.

At this point I wanted to progress to dental hygiene; I decided to return to this dental nursing post to ensure I would be suitably prepared for any application I would make.

It was at this practice that I quickly decided that it was not possible (at this point in my life) to pursue a career in dental hygiene with a young family and therefore continued to concentrate on my dental nursing skills and to find a dental practice closer to home in Horsham, West Sussex.

Peripatetic assessor

In 1997 I began working as a dental nurse in a larger practice in Horsham where I became involved in the assessment of the NVQ qualification in dental nursing. Looking back, this was the beginning of a series of events that paved the way for my current role with Health Education Kent, Surrey & Sussex (HEKSS).

I became an NVQ Assessor to a number of trainee dental nurses who were enrolled at a local college providing them with an opportunity to gain their dental nursing qualification, a role that I enjoyed immensely. It was through this work that I was asked by the college's Internal Verifier (IV) to apply for an assessor role with the then NHS Kent Surrey & Sussex Strategic Health Authority

[1] *Dental Education Facilitator, Dental Department, Health Education Kent, Surrey and Sussex*

'TO BE HONEST, I ENJOY EVERYTHING ABOUT MY ROLE! I HAVE GREAT PLEASURE IN KNOWING THAT I HAVE BEEN INSTRUMENTAL IN ASSISTING OTHER DCPs IN ACHIEVING THEIR GOALS.'

(now integrated into Health Education Kent, Surrey & Sussex). I accepted this full-time post in 2004 and was responsible primarily for the assessment of NVQ students in Sussex but assisted my colleagues in Surrey and Kent when required. My job title back then was 'peripatetic dental nurse assessor', very different to the role that I hold now.

It was a big decision for me to make the transition from being a dental nurse working chairside to being an NVQ Assessor. It required a more than 100% increase in my working week and with my two sons at secondary school, I needed to be sure this decision would not adversely affect them. After much discussion with my family I decided to take up the role on a three-month basis; this was my get-out clause should the arrangement not be successful. Ten years later my role has evolved and developed as changes in the NHS have occurred; the latest change is the integration of the deaneries into Health Education England.

Education Facilitator

When General Dental Council (GDC) registration was introduced in 2008, I was working as a Dental Education Facilitator rather than chairside as a dental nurse, but

I still registered. I didn't mind registering as at the time I agreed that it was important for patients to receive care from dental care professionals (DCPs) that were regulated - and in fact, I still agree with this.

My current role involves planning continuing professional development (CPD) courses for DCPs in Kent, Surrey and Sussex within the dental department and in liaison with the three regional dental tutors, in particular post-registration and extended duties courses. I am in the process of finalising our scope of practice courses for Impression Taking and the Application of Fluoride Varnish in association with the third edition of the *Delivering better oral health* toolkit.

Our scope of practice courses are modular which allows for flexibility in study arrangements for our DCPs in Kent, Surrey and Sussex. The 'patch' is far reaching from east to west, therefore - due to budget constraints - we cannot provide all courses in all areas at any one given time. Instead we are led by 'expressions of interest' and we welcome these on our website at http://www.kssdeanery.org/dcps-dental-care-professionals.

I am involved in the planning process for our DCP conferences which are held annually, usually in July at a Gatwick location. We are now into our fourth year of this successful event which attracts mostly dental nurses but also hygienists, therapists and CDTs. In past years dental receptionists and practice managers have also attended.

I also work collaboratively with NEBDN as Chair for the Quality Assurance (QA) Committee and as an OSCE examiner for their National Diploma in Dental Nursing Qualification. The QA position involves decisions and processes being implemented for the accreditation of course providers wishing to deliver NEBDN's registrable qualification and NEBDN's post-registration qualifications.

Another strand to my role as Dental Education Facilitator with HEKSS is that of a Learning Set Facilitator for our DipCDT RCS Eng course. This is a two-year programme of study for student clinical dental technicians (CDTs) and as one of eight learning set facilitators I am responsible for steering my own learning set through their programme of study and deliver some of the teaching alongside other DCP and dental tutors.

Hectic but rewarding

As you can imagine my responsibilities ensure that I am always busy, meeting lots of interesting people along the way. The CDT role involves working away from home for a number of extended weekends throughout the year in addition to my full-time hours. Life becomes a little hectic at times. My working week varies enormously depending upon the focus of the planning programme at that time and as such all I can say is that there is not a regular pattern to my week which is why it is a very interesting role.

I am lucky to work with a large number of professionals from a number of different organisations within dentistry. Firstly, of course there is the HEKSS team where I would certainly be lost without Tynita Patterson, our Dental Team Administration Officer: she holds us all together on a daily basis without a single complaint. John Darby (Associate Dean) is my line manager and Stephen Lambert-Humble is HEKSS's Dean and the lead Dean nationally for DCPs, to whom I'd like to express my thanks for his continued support during my professional development journey. I also work closely with the rest of the dental department, and of course our student dental nurses and CDTs. I feel very privileged to have been working with this extensive group of people over the last few years.

To be honest, I enjoy everything about my role! I have great pleasure in knowing that I have been instrumental in assisting other DCPs in achieving their goals. For instance: with the post-registration radiography qualification, the majority of students who enrol on the course are a little unsure about the physics part of the syllabus. When you witness a 'light bulb moment' and it all clicks into place for them, that's when you know you enjoy your role. Another example was with a student CDT where he had convinced himself that he was not capable of achieving the Diploma qualification. With a little gentle persuasion and encouragement I was very proud to witness his graduation at the Royal College of Surgeons. It is moments like this that make the long hours seem worthwhile.

Back to uni

Training to become a dental nurse back when I was 17 meant forgoing sixth form and at the time I did not want to study anything else. Since qualifying I have completed NEBDN's post-registration qualifications in radiography, C&G's assessment and verification awards, the FGDP(UK) Certificate in Practice Appraisal and stage 1 teaching qualification. Deciding to study for an MSc, therefore, is a personal achievement for me. I am also undertaking the course to demonstrate to my peers that it is possible for a dental nurse to achieve success at Master's level. I hope I will inspire other dental nurses to do the same where opportunities present themselves.

The MSc in Advanced and Specialist Healthcare programme has been developed for healthcare professionals wishing to develop and enhance their specific professional area of practice. There are currently three pathways: Applied Dental Professional Practice, Minimal Invasive Surgery and Supportive and Palliative Care. All pathways seek to provide the skills to bring about improvement in patient care. The fact that I am not working in a clinical environment but in an educational environment is not a barrier in this respect.

My sons are now 24 and 25-years-old and it seemed like the right time for me to get back into education. I have learnt a great deal in my first year on the course, which has provided me with a newfound confidence to challenge my current practice. I can take this forward in my role as Dental Education Facilitator.

> *'WHEN YOU WITNESS A "LIGHT BULB MOMENT" AND IT ALL CLICKS INTO PLACE FOR THEM, THAT'S WHEN YOU KNOW YOU ENJOY YOUR ROLE.'*

Work-life balance

It is challenging to separate my working life from my family life - there are really not enough hours in the week! I have to be strict with myself in terms of study hours. In the beginning I allowed myself to become saturated with work and study and did not easily separate the two. I have learnt to turn off my work computer and mobile phone at 5.30 pm and turn my attention to my university books and assignments. I now complete my full-time working hours (and no more) and regularly set aside 20 hours of study per week to complete my assignments.

All being well I will graduate in the summer of 2016. We have a number of taught weekends throughout each year with an assigned personal tutor who helps steer us in the right direction. There are four of us in the current cohort: two of us are dental nurses and two are dentists.

My family and friends are extremely supportive. My husband Neil is my knight in shining armour as he talks me down from my moments of panic and builds me up in my moments of uncertainty. Neil knows and understands my desire to succeed with this qualification and delivers my supper to my study door when I have 'entered the assignment zone'; he even drives down to the local shops to buy more ink and paper when I run out at the crucial moment! My two sons are independent adults now and have great delight in checking that I am doing my homework! How the tables have turned in that respect… My friends also appreciate that I may not be available for that impromptu shop or coffee at the weekend for the time being, however we do have plans for the summer months.

If I do have any spare time I enjoy gardening and holidaying! Gardening allows me to relax and I am currently in the middle of landscaping my garden having moved in three years ago. Holidays are a must as a welcome break from routine.

The future

I'm not sure what my plans are yet for when I have graduated. I am still planning to continue in my role as Dental Education Facilitator with HEKSS. I am surrounded by a terrific team and many other (dental) professionals so there is always someone to talk to - and as such, I don't miss dental nursing.

I would encourage DCPs to undertake further training or academic study if it is right for them. I would advise to ask lots of questions to ensure you know what lies ahead and talk to tutors/ past students. Scope of practice training requires commitment to achieve success which includes a number of hours completing intercessional tasks and patient logbooks. Academic study requires more hours of commitment.

For further information about courses offered by KSS, please visit http://www.kssdentaltraining.co.uk/courses andbooking.

Interview by Kate Quinlan

bdjteam201476

MAKING THE RIGHT BUSINESS DECISIONS

BY ANDY MCDOUGALL[1]

PLANNING FOR PROFIT

Business planning is the only route to achieving the sustained levels of profitability you have always aspired to generate. It is the key that unlocks the door to improved business efficiencies and higher levels of profit.

So many dental practices just amble along, not knowing how they are performing financially from one month to the next. The only guide for principals and managers is usually a set of annual accounts that are 12 months old. Business owners are constantly working with information that is out of date.

It is never an enviable position to take action when you finally notice your practice turnover is on the decline, the appointment book has become patchy or your profits have taken a turn for the worse – yet that is what many practices do. A proactive practice will put measures in place to avoid the business ever getting into trouble in the first place and to monitor its performance monthly so preemptive action can be taken.

SPOT ON DECISION MAKING

A phrase coined by motivational guru Anthony Robbins underpins the vital nature of decision-making. He said, 'In the moments of decision your destiny is reached' and if you think about it, where you are in your life right now is inextricably linked to the decisions you made in the past: how you applied yourself at school, the college or university you attended, your chosen profession, marriage, family, where you live, etc.

The same is true of your business decisions. They will be the driving force behind your financial results. So it follows that where you will be in the future: three, five or even ten years hence, will be closely linked to the decisions you make in the years ahead. Business planning will ensure you make much better decisions – *making the right decisions is the difference that makes the difference!*

WHY SHOULD I BOTHER WITH BUSINESS PLANNING?

Business planning is generally misunderstood. Some people think it is a budget or some form of financial analysis. A business plan covers every aspect of your business, all of which is reflected in the financials. Everything from pricing, associate pay, recall and stock processes to brand, key performance indicators, performance management and monthly management accounts. It's like a sat nav: you know where you are, you know where you want to go, and the business plan is your map for the journey providing you with guidance, structure, focus and most importantly, an early warning of when you go off track and need to take corrective action.

YOUR EARLY WARNING SYSTEM

Management accounts that compare your actual monthly and year to date financial performance against a budget are an essential part of the business planning process as is quarterly forecasting to ensure nothing of note has changed that will impact your results.

TACTICAL PRICING

One key element of the business planning process is a more sophisticated way of pricing than the traditional hourly rate. Most practices claim to use the hourly rate but actually when you work through how they perform the calculation it is flawed. It's astonishing that most practices don't know which treatments make or lose them money. A more sophisticated method is tactical pricing, which normally adds considerable benefit to the bottom line.

PROFIT BY CLINICIAN

Similarly few practices can accurately calculate their net profit by income earner. Most suspect some clinicians are not profitable but can't prove it. Profitability by clinician enables you to have constructive discussions with your team and work towards solutions that work for both parties. It enables the discussions to take place on a factual rather than emotional basis. Again fixing this issue will add considerable profit to your bottom line.

IMPLEMENTATION

Lots of analysis will help determine why you aren't achieving the desired business results and then we plan to correct the broken parts. This most important part of the process is often where practice principals and managers falter because it always necessitates change and let's face it, none of us likes too much change!

[1] *Spot On Business Planning, www.spoton-businessplanning.co.uk*

Whatever the issues, be they pricing, associate pay, the necessity for refinancing the practice … business planning covers all facets of your business, ascertaining what is broken and finding optimum solutions.

FORECASTS

Every three months the budget is revisited to ensure the business is always being measured against accurate targets, ie quarterly forecast, lifting the business to higher and higher levels of performance. The process is continuous and helps principals and dental teams to get into a rhythm of business planning, reevaluation and implementation. The culture thus begins to change to one of performance measurement and management across all aspects of practice performance.

FINANCIAL MODELS

The Spot On methodology* has been refined to produce incredibly accurate models of how to run a dental practice at optimum performance. My background has enabled Spot On to deliver a methodology that follows the path of successful blue chip companies outside the dental industry that have been working with this commercially-proven business approach for decades.

Spot On's financial models incorporate the business plan in terms of a strategic plan, a budget, a quarterly forecast, monthly management accounts, cash flow, pricing, profitability by clinician, gap analysis, break even analysis and more. Each model is uniquely refined to reflect the nuances of that particular practice. It is definitely not a one size fits all approach.

YOU DON'T KNOW WHAT YOU DON'T KNOW

Very often, people with fantastic clinical skills have inadequate commercial skills. Implementing a proper business planning process will ensure that you remain focused on those aspects of practice management that will move you towards your financial goals and give you reassurance that the results you intend to achieve are in fact the results you do achieve.

LUCK VERSUS KNOWHOW

Improving your profits year on year comes from knowhow not luck. To achieve continual growth, choose to work with a business partner with the right qualifications and experience who is adept at the kind of number analysis your business will need to undertake.

The key to a sucessful and profitable business is planning

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UNDERSTAND WHAT'S BROKEN

The trick to transforming your business performance is to know what's wrong in the first place. A thorough analysis of your current business position is necessary but legitimate analysis of your net profitability is vital.

MAKING (THE RIGHT) DECISIONS

Making the right decisions and executing them is crucial to transforming your financial result. Don't underestimate the importance of decision-making – make considered decisions and plan for their execution.

BUSINESS PLANNING TECHNIQUES UNDERPIN BETTER DECISION-MAKING

Consider the financial impact of alternative courses of action before you implement any of them. Make your mistakes on paper first but execute the right strategy to achieve your result.

NOTHING CHANGES WITHOUT ACTION

Some principals will determine the changes necessary to transform their business performance but stall at the implementation. Success comes from making the right decisions and applying the changes to implement them – in other words, taking action!

ORDER AND SEQUENCE IS VITAL TO SUCCESS

Implementing decisions in the right order and sequence is paramount to achieving the best outcome. Knowing what to change is key but tackling issues in the right sequence is vital to achieving the desired outcome.

READING AND UNDERSTANDING METRICS

Having the right key performance indicators in place, understanding what drives them and reviewing them regularly means you will have control of your businesses' performance. Understand what to measure and why.

WHAT GETS MEASURED GETS DONE

It's vital to set up the right systems to keep score of the key drivers underpinning your strategy. Introduce early warning signals to highlight when you are off track and use this as your personal business sat nav.

YOU ARE THE LEADER – SO LEAD

You can't ask or expect a team to follow you if you don't know where you are heading, how you will get there or if you have achieved your goal. Business planning is a fundamental skill for every leader; it clarifies the vision and transforms it into a tangible plan that everyone can pursue.

IN THE MOMENTS OF DECISION YOUR DESTINY IS FORMED

Where you are today personally and professionally is the culmination of the decisions you have taken throughout your life. Where you will be in the next three years is linked to the decisions you have yet to make. Making good decisions is paramount to your success.

*The BDA run a business planning course together with Andy McDougall of Spot On Business Planning. To find out more about the approach of Spot On Business Planning and to get a good understanding of the principles of business planning and leadership, attend the BDA Training Essentials one-day seminar on 19 September in London. For more information visit www.bda.org/training or contact Spot On Business Planning directly for a free analysis of your financial accounts: email info@spoton-businessplanning.co.uk.

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CPD questions – July 2014

CPD ARTICLE: Needlestick and occupational exposure to infections – Pages 11-15

1. Which of the following is defined as an exposure prone procedure (EPP)?

A. construction and fitting of full dentures

B. taking extra-oral radiographs

C. taking impressions of edentulous patients

D. none of the above

2. In HIV post-exposure prophylaxis, which of the following actions should **not** be taken by a healthcare worker?

A. letting a skin wound bleed and cleansing it thoroughly after exposure to potentially contaminated material

B. in case of contact with mucous membranes, rinsing immediately using water or saline solution only

3. If a healthcare worker is injured by a needle from an unknown source, management involves:

A. determining the injured person's immunity status for HBV

B. giving a 5 ml intramuscular HBIG within 48 hours if the patient has limited immunity for HBV

C. treating with a combination of pegylated interferon and ribavirin after a potential HCV infection

D. all of the above

4. PEP should be offered after exposure to which of the following, if it is from a patient who is known or considered likely to be HIV-infected?

A. visibly bloodstained saliva in association with dentistry

B. vomit

C. saliva

D. faeces

C. sucking a bleeding puncture wound after exposure to potentially contaminated material

D. promptly reporting an incident to the person dealing with occupational accidents

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	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

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ACT EARLY AGAINST GUM DISEASE

As undiagnosed and untreated periodontal disease is one of the fastest growing areas of litigation and complaints in dentistry,[1] acting early against gum disease has never been so important. The Dental Defence Union (DDU) recommends use of the Basic Periodontal Examination (BPE) to help reduce the risk of a claim for failing to diagnose periodontal disease.

First produced by the British Society of Periodontology in 1986,[2] the BPE is a simple screening tool to identify your patient's periodontal status. All patients should have the BPE performed and their score recorded, which will enable you, as a dental professional, to advise them on how to best protect their gum health.

With over 30 years' gum care expertise, Corsodyl is committed to helping dental professionals to identify the signs of periodontitis as early as possible. Corsodyl has recently launched two free materials to help in the identification and prevention of gum disease, using the BPE.

Gum Health – A Practitioner's Guide is a handy booklet designed to refresh your knowledge of the BPE, as well as the signs, symptoms and risk factors. Visit www.gsk-dentalprofessionals.co.uk to request your free copy.

Compatible with iPhones and iPads, the Corsodyl *Guide to BPE & Gum Health* mobile app is designed to be a quick reference tool for the BPE. It features a description and clinical image of each BPE code and a summary of recommended treatment. To download the free app, visit the iTunes App Store and search 'BPE app'.

1. Dental Protection. Exercises in risk management. Periodontal monitoring. Available at http://www.dentalprotection.org/adx/aspx/adxGetMedia.aspx?DocID=1363 (accessed 12 May 2014).
2. British Society of Periodontology. Basic Periodontal Examination (BPE) guidance, 2011. Available at http://www.bsperio.org.uk/publications/downloads/39_143748_bpe2011.pdf (accessed 12 May 2014).

OFFER PERSONALISED ORAL CARE KITS

In aesthetic dentistry, preventive maintenance is one of the keys to increasing the success rate of cosmetic treatments and decreasing risks of failure due to poor oral hygiene. To achieve an unsurpassed level of oral hygiene leading to excellent gum health, the challenge is to eliminate odour causing Volatile Sulphur Compounds (VSCs) and bacteria associated with the build-up of plaque, tooth decay and gum problems.

UltraDEX bridges the gap between professional and home care. With clinically proven technology, powered by stabilised chlorine dioxide, UltraDEX works with the natural oral pH, helps **protect** against plaque, **restores** natural whiteness by gently oxidising organic stains and instantly **eliminates** bad breath compounds (VSCs) for 12 hours.

Free from alcohol and sodium lauryl sulphate, the UltraDEX Performance Oral Care range is gentle, effective and safe for long term daily use. Suitable for use in the surgery and at home, UltraDEX guarantees exceptional oral health on your patient's visits and for 363 days a year when not in your care.

To encourage patient compliance and help enhance treatment outcomes UltraDEX Oral Care Kits have been developed, which can be personalised with practice details. For further information, visit www.periproducts.co.uk or email dental@periproducts.co.uk.

UP-TO-DATE ADRENALINE INJECTOR

Med Systems Ltd has launched Emerade - a new design of adrenaline auto-injector - the first 'pen' to follow both the latest MHRA recommendations and the UK Resuscitation Council's guidelines.

To maximise the likelihood of achieving the necessary depth of intra-muscular injection, the new Emerade design features longer intra-muscular needles. The simplicity of its use can be seen in a short video on the Emerade website: www.emerade.com/instruction-video.

In order to reduce costs to the NHS, Emerade is manufactured with a 30-month shelf-life and is available on NHS prescription across the UK.

Visit www.emerade.com to find out more.