Book Reviews

The Faculty of General Dental Practitioners have issued a document **"Guidance for the management of natural rubber latex allergy in dental patients and dental health workers"**

It offers practical advice on the management of dental patients with NRL allergy plus guidance on the prevention and management of NRL allergy in dental healthcare workers.

Essential Guide to Dental Nursing – This book closely follows the NVQ Level 3 Oral Healthcare syllabus, although it would still be appropriate for those following the National Certificate course. Overall it would be an extremely useful textbook for student dental nurses. The key areas are well covered, with excellent photographs showing some of the less well known equipment.

Practice Standardisation Checks

During November 2006, the Regional Business Mangers swapped regions and visited practices to check them against the Standardisation Checklist.

We would like to thank you for all the time and effort put in to bring the practices to the level they are at now
and this showed in the feedback from these visits.

Practice Managers were invited to Head Office for a presentation ceremony.

Again thank you to everybody and well done to the winning practices.

The results were as follows

South West Region Derek Turner

1st	Frome	£1500
2nd	Taunton	£1000
3rd	Gillingham	£500

Central Region Howard Wright

1st	Epsom	£1500
2nd	Popley	£1000
3rd	Aldershot	£500

London/East Anglian Region Tim Ball

1st	Norwich	£1500
2nd	Holt	£1000
3rd	Mitcham	£500

Dental Quiz

Please return your answers to Amanda.codrington@adpco.net by Friday 23 March. The first person/practice, with all the correct answers, pulled out of a hat will win a bottle of bubbly.

Hepatitis is caused by?

- A bacterium
- A virus
- A fungus
- A prion

Who is the most appropriate person to advise on vaccination regimes for dental staff?

- Dentist
- General medical practitioner
- Occupational health physician
- Maxillofacial surgeon

Which of the following is not an item of personal protective equipment in the dental surgery?

- A visor
- Latex gloves
- Goggles
- An autoclave

Which of the following protocols is a method for avoiding cervical black lines?

- Subgingival margin placement
- Reinforcing oral hygiene procedures
- Providing metal ceramic restorations
- Making maxillary teeth longer

Youthful teeth are characterised by..?

- Greater mandibular incisor display
- Longer maxillary lip
- Greater maxillary incisor display
- Shorter mandibular lip

When do all dental nurses need to be registered with the GDC?

- 30 Jun 2008
- 30 April 2008
- 30 Jul 2008
- 30 May 2008

Which BDA Advice Sheet contains information about Infection Control in dentistry?

- A12
- A5
- A11
- A3

Quiz Winner

Sam Jarvis, practice manager at Kings Lynn was the winner of the quiz in the autumn issue of Incidentally. Congratulations!

Answers to Quiz October 2006:
1) c, 2) b, 3) c, 4) c, 5) a, 6) d, 7) c

ADP Dental Co. Ltd

Incidentally

Issue 9 Spring 2007

Acquisition of CDC

On the 15th December ADP purchased Community Dental Centres (CDC) a significant dental body corporate operating 9 practices in the South West of England.

This acquisition, along with the new practices won by tender process in the past months now brings the total number of practices operated by ADP to 64. Bharat Patel CEO of ADP commented: "ADP has been developing it's structure since 2003 and in the last few months it has embarked on a substantial programme of growth and I see the acquisition of CDC as important part of this strategy. I would like to take this opportunity to welcome all CDC staff to the new enlarged group".

CDC practices are operating in the following locations:

- Bridgwater
- Taunton
- Trowbridge
- Bath
- Bristol (Kingswood)
- Bristol (Emerson's Green)
- Bideford
- Barnstaple
- Chard (opening February 2007)

The acquisition of the CDC group strengthens the position of ADP as an important provider of NHS dentistry with a patient base in excess of 370,000. The number of practices

operated by ADP is set to increase further over the coming months with the acquisition of further surgeries and success with the tender process.

Steve Frampton
Operations Director

Next edition: May 2007.

If you have any ideas on what else you would like to see in incidentally or would like to send an article please contact Amanda Codrington, Comms & Compliance Manager, kingslynn.manager@adpco.net

We are keen to have information on staff & practice achievements, charity & social events.

Inside this issue:

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Eastern/London Region Expansion

It seems ages ago that we were first awarded the Leicester contract – the largest contract ever won by ADP – to provide 79000 UDAs, initially in four locations with 10 chairs.

Once awarded, securing the properties that we identified pre-tender began in earnest and the wheels of the opening 'machine' began to turn and gather momentum.

Initial properties were visited in Melton Mowbray, Coalville, Oakham and Uppingham (the latter 2 chair practices being combined into a four chair practice in Oakham), and Lyndon Brett and Blass designs were tasked with purchase, planning applications and designing how the new practices would look.

The process of applying for planning to determination normally takes 8 weeks, however planning departments have an unfortunate habit of waiting weeks to tell you they need additional

information and then informing you that they will not start the process until you send it! In addition, highways departments can introduce requirements 'left of field' such as asking us for a new zebra crossing in Oakham to enable patients to cross from the car-park to the practice!

Our Melton Mowbray practice is probably the most impressive, housed in a turn of the century building and containing 5 chairs over 4 floors – the dental surgeries in the first three and the PM's office and Staff room housed in the attic conversion! This 200 year-old building hosts a coal cellar (handy for the compressors) and had a shaft running up the centre of the house to enable coal to be lifted to the open fireplaces on every floor.

Our original location for Coalville was a residential property. However whilst preparing the drawings and planning applications, we were fortunate enough to be contacted by two builders who had already started to convert a property to a two chair dental practice and already had D1 planning in place. This then became one of the easiest properties we have had to complete.

Our Oakham building holds the award for being the oldest building in our

ADP Oakham

estate at nearly 300 years old! This quirky listed building set in a highly prominent position, boasts quaint features such as old internal gas lights and ceilings made of straw overlaid with plaster. Once completed, the building will boast 3 surgeries and a hygienist room. (and electric lighting!)

The Leicester project has been a great success – due in no small part to the hard work and determination shown by the project team of Lisa Stott and her PM's - Myra, Becky, Chris and Sam, all of whom helped out with the training and development of the new practice teams. My thanks and appreciation go out to all of them for their help with the project.

DCP Registration - Where are we now?

The General Dental Council (GDC) opened the register in July 2006 and Dental Nurses have until July 2008 to register – after that, dental nurses not registered with the GDC may not continue to work. The only exception will be new entrants to the profession, who are on approved training courses leading to a registrable qualification.

Dental Nurses who have paid a fee to their GP, or any other medical practitioner, to sign their application form may request a refund from the GDC. A refund form is available on the website.

The GDC recently confirmed that only those registered with the GDC may now use the title 'Registered Dental Nurse' or 'RDN'. Anyone using these titles who is not yet registered with the GDC could be prosecuted.

Sandwich practice finally opens!

The Mayor of Sandwich, Simon Leith, kindly agreed to open our new Kent Practice at 39 New Street, Sandwich on Monday 22nd January and also had the honour of being the first patient in the chair.

The practice boasts 4 chairs and a Hygienist Surgery and will amply serve the Sandwich population who have not had an NHS surgery in the last 8 years.

This has been one of our most frustrating and rewarding projects – frustrating as the planning application process has been very protracted (almost 6 months from application) due to the listed building status and our desire to satisfy the concerns of local residents, and rewarding from seeing the quality of the finished building and the look of awe on the patients faces.

My thanks go out to ABM Stanka Silva and PM Hayley Webb and her team for remaining positive throughout the project and seeing it through to conclusion.

Tim Ball
RBM Kent/London/East Anglia & Leicestershire.

Hungerford Opening

Hungerford finally opened its doors to the public on December 11th 2006, after much tooing and frowing from the planning office and Highways. It is a three surgery practice with two dentists Staffan Wap-Olsson and an IQE from Mitcham Ajay Menon. Nicky Giles the Hygienist will be starting soon. We are situated in the centre of Hungerford on a housing estate between an infant/junior school and a secondary school. Hungerford have not had an NHS dental surgery for a while now and the people of Hungerford are very pleased to have ADP there. We will be having our official opening on Friday 9th February by the Newbury MP Mr. Richard Benyon and the people of Hungerford have arranged for the town crier to cry out that ADP an NHS Dental surgery has arrived, they have also put buntings up to celebrate our opening.

Penny Cook
Area Business Manager

Shepton Mallet Opening

In October 2006 we were fortunate to win a contract for 1.5 dentists in Shepton Mallet, Somerset. This left us with a slight dilemma – do we open a 3 chair practice including a hygienist, or do we try something different, a purchase of an existing local practice and amalgamate the contract values. It didn't take us long to decide on the right approach….

We have recently taken over an existing 3 chair practice in Shepton Mallet.

Stage 1 was to meet all the staff and put their concerns to rest. We understood that anyone who found out that there was about to be a big change in their work place may be apprehensive, concerned and even possibly even a bit fearful. Both Steve Frampton and myself visited the practice and ran through a presentation on who ADP are, what we do, what people we have working for us, and gave then a viewing of some of our existing practices such as Wimborne and Haywards Heath. Both Steve and I were astonished at the positive attitude from every team member.

Stage 2 involved the introduction of computers and SOE to the practice. A program of works was compiled for a team member to work through all of the current patient records and scan them onto the pc to enable the dentists to proceed paper-free from day 1.

The next stage was to involve both Blass Design and Newey Installations in the planning of the redevelopment of the practice. We had the opportunity (which we took) to lease the ground floor retail space and include the vital disabled access surgery for our less mobile patients.

Stage 4 involved the building and reconfirmation of the current team at the practice. As previously stated, the team were very positive from the offset, so made our job easy. I'm glad to say that all of the team members are remaining with the practice, and the only recruitment needed was that of a Practice Manager. The vacancy was advertised locally and throughout ADP using the Weekly Bulletin. We had a number of applicants, both internally and externally, but after the interview process we recruited Donna Wraith to the position. Donna lives in Shepton Mallet and is currently PM at ADP Frome and has several years experience in the job. We wish her every success.

We finally took over the practice 2 weeks after initial plans, but early indications show us a strong team with a bright future. The practice will be redeveloped in coming months, and I'm sure that it will go from strength to strength.

I want to say thank you to my team of ABM's, both Ruth Hiscock for getting the initial plans underway, and to Donna Turton for taking the practice on mid way through the conversion. Both have worked as true professionals throughout the project. Finally, I want to wish everyone at the practice well. Your attitude, both individually and collectively throughout the changes has been a credit to each and every last one of you. I hope that you enjoy the experience of working with ADP.

Derek Turner

Regional Business Manager SW

Dental Nurse Successes

We would like to congratulate Penny Cook (Area Business Manager), Scott Hunt (ADP Bristol (Kingswood)) on passing their National Certificate in Dental Nursing and Kim Bootha (ADP Aldershot) for passing her NVQ Level 3 in Oral Healthcare.

A Success Story for ADP Salisbury Receptionists

Part time Receptionists Pam Stevens and Tricia Howard started an NVQ level 2 Customer service course in December 2005.

The course involved Pam and Tricia making a portfolio of their work covering many different customer service modules. They also had an external assessor come in and assess them during their normal working day at ADP Salisbury. They were awarded their certificates on Friday 8th December, having completed and passed all modules.

Hand dermatitis and latex allergy

Hand dermatitis affects up to one in three healthcare workers, and can be caused by contact with materials and chemicals used in dentistry. Dental workers are particularly at risk because of continuous glove use and frequent washing of hands. This Fact File describes three recognised types of hand dermatitis, including latex allergy, their causes and how to manage them.

What is hand dermatitis?

Hand dermatitis is a general term describing three different skin reactions:

- irritation;
- delayed (type IV) hypersensitivity;
- immediate (type I) hypersensitivity.

Their causes and characteristics are described below:

Skin Reaction	Common name	Cause	Characteristics
Irritation	Irritant (or non-specific) contact dermatitis	Skin damage from direct contact with chemical irritants (commonly in hand-washes and gloves). Worsened by physical irritation (commonly glove powder and frequent washing/drying) and by inadequate drying.	Redness (erythema), dryness and chapping of skin. Usually reversible but chronic if the cause is not removed. In some cases, irritation may progress to hypersensitivity, so the problem should not be ignored. Can look similar to allergic contact dermatitis (see below) if fissures and vesicles develop.
Delayed (type IV) hyper-sensitivity	Allergic contact dermatitis	A T-lymphocyte mediated reaction. Commonly caused by chemicals (for instance chemical residues in latex and non-latex gloves following manufacture, and also chemicals in handwashes).	Begins as a red rash on the back of the hands, reaching its maximum extent up to 48 hours after contact. Subsides if the allergen is removed. Skin temperature is raised sometimes, and skin may become fissured and develop blisters (fluid-filled vesicles). Long-term exposure to an allergen causes skin to thicken and become leathery. The reaction can extend beyond the hands if the cause is not removed.
Immediate (type I) hyper-sensitivity	Contact urticaria	An immunoglobulin E (lg E) response. Commonly caused by natural rubber latex proteins in gloves.	Occurs quickly, within 30 minutes of exposure. Symptoms are: localised or generalised redness and itching (urticaria); and swelling (oedema). If mucous membranes are affected, rhinitis, conjunctivitis and asthma may result. Generalised hives, respiratory distress and low blood pressure (anaphylaxis) can also occur within minutes of exposure and can be fatal. (To check how to deal with anaphylaxis in the dental surgery, refer to the current Dental Practitioners' Formulary.)

How common is hand dermatitis?

Irritant contact dermatitis is by far the most common reaction. Of the allergic reactions, delayed hypersensitivity is more common than immediate, although immediate hypersensitivity is potentially much more serious. Because allergies are preceded by a period of sensitisation, ranging from a few minutes to many years, anyone is at risk, at any time in their career. About one person in 10 coming into regular contact with latex gloves may develop sensitivity to latex proteins.

What can cause hand irritation?

At work, irritation can be caused or made worse by:

- chemicals / abrasives in handwashes;
- poor-quality gloves with high allergen levels;
- friction from glove powder;
- frequent washing / drying of hands;
- inadequate drying of hands;
- ill-fitting gloves;
- excessive sweating and bacterial proliferation under gloves.

Outside work, problems can arise from:

- contact with household detergents / cleaners / other chemicals (concentrated ones especially);
- failing to protect hands when gardening, working on motor vehicles or similar activities;
- cold weather and wind chapping.

What can cause allergy?

At work, allergies are commonly due to:

- chemicals in latex and non-latex gloves (mainly the accelerators - see table below);
- chemicals in handwashes;
- natural rubber latex proteins.

Chemicals added to latex and non-latex gloves causing delayed hypersensitivity reactions

Accelerators (to give strength and elasticity). Examples are mercaptobenzothiazoles, thiurams (for instance tetramethyl thiuram disulfide), carbamates (for instance zinc diethyl dithiocarbamate) and guanidines.

Antioxidants (to prolong the life of gloves). Examples are amine and phenolic compounds.

The likelihood of something causing an allergy depends on its allergenic potential, its concentration, an individual's predisposition to developing allergies and previous levels of exposure.

Generally, the higher the allergen levels, the higher the risk. Sensitisation can be brought on by repeated contact with high levels of an allergen but, once allergic, someone may experience reactions at much lower levels. Also, an already irritated and inflamed skin may be more susceptible to penetration by allergens if the skin's natural barrier is compromised.

Why do gloves used in dentistry cause problems?

Latex is used in the manufacture of most gloves because it still provides the best protective barrier against micro-organisms (especially viruses), whilst allowing freedom of movement and tactile sensitivity. After manufacture there may be detectable levels of extractable latex proteins and other residual chemicals which can cause allergy. Latex proteins cause immediate hypersensitivity reactions, whilst chemicals cause delayed hypersensitivity reactions.

Why is glove powder a problem?

The addition of cornstarch powder to latex gloves increases the risk of developing immediate hypersensitivity to latex. Powder acts as a carrier for latex proteins which, when air-borne, can reach the mucous membranes of the eyes and respiratory tract - thus increasing exposure to latex allergens. Powder itself may cause physical irritation, but allergy to it is extremely rare.

Who is at risk of developing latex allergy?

Allergy to latex is more common in those who have a history of:

- frequent, prolonged and intimate contact with latex devices (for instance gloves);
- general predisposition to allergies (known as atopic individuals);
- pre-existing skin conditions (for instance eczema);
- multiple surgical procedures (abdominal / urinary tract especially) where exposure to latex medical devices is frequent;
- Spina Bifida - all these patients should be assumed allergic to latex, due to the numerous operations which are needed to treat abnormalities during infancy;
- food allergies (fruits such as banana, avocado, chestnuts, kiwi fruit, peach, pineapple and papaya have similar protein structures to latex, and so the risk of developing a sensitivity to latex is increased).

How is the risk of developing hand dermatitis minimised?

Look after your hands as much as possible. Good hand-care is important for everyone, whether or not problems have developed. Remember, dermatitis can develop at any stage in your career. Exposure to potential irritants / allergens must be minimised and avoided where possible. Cuts and abrasions must be covered before putting on gloves, in order to reduce the risk of cross-infection and minimise skin penetration by irritants / allergens.

Hands confined in gloves for long periods create a warm, moist environment - good for microbial proliferation. Some skin bacteria are pathogenic, and all may irritate the skin.

Here are some tips on hand care:

- don't wear jewellery (for instance rings) during work, since this can encourage the build up of irritants;
- wash and disinfect hands at the beginning and end of each session, as well as between each glove change;
- use cool / tepid water when washing, to keep hand temperature down;
- use handwash agents sparingly;
- rinse thoroughly to remove all traces of handwash;
- pat skin dry rather than rubbing it;
- use soft towels (disposable);
- ensure hands are dry before putting on gloves;
- use non-powdered gloves with low levels of low molecular weight latex proteins and residual chemicals (ask the manufacturer for information if it is not supplied);
- choose the right size of gloves;
- minimise contact with other potential irritants / allergens in the surgery (for instance acrylic monomers / powders, or anti-microbial and pharmacological solutions);
- outside work, don't forget to protect hands when gardening, doing household chores and when working with motor oils, strong chemicals or detergents.

Do handcreams help?

Handcreams help preserve skin's elasticity and reduce dryness, making it less susceptible to irritation. Use a bland, emollient moisturiser. At work, avoid petroleum-based creams which may reduce the protective properties of gloves. "Barrier creams" can contain irritants or potential allergens, and may increase penetration of glove allergens into the skin. Ask your pharmacist for help when choosing.

What should I do if I suspect hand dermatitis or latex allergy?

The key message here is that if you have a problem, don't leave it - seek medical advice from your medical practitioner, local occupational health expert or dermatologist. This is particularly important if you think you may have become sensitised to latex. Latex allergy can be potentially life-threatening and expert advice must be sought immediately.

What treatment is available?

Management usually depends on the cause and severity, and medical advice is required to confirm a diagnosis and decide the best way to manage the problem. Various tests can be used to determine whether dermatitis is allergy-based. Failure to identify an allergen may then mean looking at potential skin irritants for the cause.

Management of many cases of hand dermatitis simply involves minimising exposure to potential irritants / allergens and aiming for prevention. It is important to maintain a positive approach. Make sure you are meticulous in your skin-care routines (both at work and at home) and try different combinations of gloves, handwash agents and handcreams to control the problem.

Creams and tablets may be prescribed. Corticosteroid creams are usually very effective, though prolonged use may thin the skin, and their use should be medically supervised. Sometimes it might be necessary to stop work for a while to give hands time to heal properly.

Can dental workers with latex allergy continue to practice?

It may be possible to continue working in a clinical environment, although the individual's level of reactivity will ultimately decide whether or not it is feasible. Guidance must be sought from an appropriate medical expert.

Some manufacturers provide non-latex gloves made of synthetic elastomers for people allergic to latex. Vinyl gloves do not guarantee protection against viral particles and may not be an appropriate choice. Other people in the workplace can help reduce levels of air-borne latex proteins by using powder-free gloves with the lowest levels of latex proteins, available from reputable manufacturers. The latex content of other work items, for instance rubber dam, must be determined (from the manufacturer) and contact with them avoided as much as possible. Non-latex and latex items (including gloves) must be stored separately. Also, everyone in the practice must be aware of the initial signs and symptoms of allergic reactions and look out for them (see the current Dental Practitioners' Formulary).

Where can I get extra support?

If your condition forces you to take time off work, or even give up altogether, you may want to talk to someone about your experiences. Groups such as the Latex Allergy Support Group (see below for details) offer practical advice and emotional support to health-care professionals and members of the public. Stress can exacerbate skin problems, and hand dermatitis is itself stressful. A vicious cycle of "stress inducing stress" can sometimes occur, and practising relaxation techniques may be helpful.

What precautions are needed for patients with latex allergy?

When taking a medical history, ask specifically about latex allergy to help identify these patients.

If a patient believes they are latex allergic, they should be referred to a medical expert for appropriate testing and advice. Warning signs of latex allergy include reactions to rubber household gloves / plasters / condoms, and also when blowing up balloons. Some individuals develop latex allergy more commonly than most (see list in previous section).

All contact with natural rubber latex during dental treatment must be avoided for patients with latex allergy. Possible sources of latex in the dental practice include gloves, prophylaxis cups, dental dams, gutta-percha, orthodontic elastics, tubing on equipment and seals in local anaesthetic cartridges and vials of IV drugs. Latex-free alternatives are becomingly increasingly available, although their selection and use must be considered carefully. Dental staff must wash their hands to remove latex residues before putting on latex-free gloves or handling latex-free items.

Dentists treating latex-allergic patients must ensure they have latex-free emergency drugs and resuscitation equipment available (stored separately from items containing latex). The dental team must be competent to deal with anaphylaxis or collapse should it occur (see the current Dental Practitioners' Formulary). Treat latex allergic patients at the start of the day when latex allergen levels from treating other patients are lowest. For patients not allergic to latex, routinely using powder-free latex gloves helps reduce latex protein levels in the surgery environment.

CPD - Have you done enough?

The first continuing professional development (CPD) cycle for dentists has now come to an end. Dentists in this cycle (2002 – 2006), who first registered with the council between 1 January 1990 and 31 December 2001will have until 8 March to let the GDC know the hours they have done in 2006, and to confirm their total for the whole five-year cycle.

Once the declarations have been received the GDC will contact a random sample of dentists who have completed their first five-year cycle, asking them to send in records of their verifiable CPD activities for the previous five years.

Dentists who cannot show that they have met the CPD requirements will be removed from the GDC register.

The GDC compulsory CPD scheme was introduced in January 2002 to encourage dentists to update and develop their skills and knowledge for the benefit of patients and the profession. Under the scheme, all dentists must complete 250 hours of CPD every five years. At least 75 hours of these must be spent on verifiable CPD, and documentary evidence of these activities must be kept.

Every year the GDC will write to all dentists in the CPD scheme to ask them to make a declaration of the numbers of hours they have spent on CPD.

The scheme was rolled out to all dentists in three phases. The table below shows when dentists will complete their first CPD cycle if you are already a registered dentist.

Date of first registration	End-date of 1st CPD cycle
Between 1 January 1990 and 31 December 2001 and on the register at 31/12/01	31 December 2006
Between 1 January 1990 and 31 December 2001 but not on the register at 31/12/01	31 December 2007
Between 1 January 1980 and 31 December 1989	31 December 2007
On or before 31 December 1979	31 December 2008
2002	31 December 2007
2003	31 December 2008
2004	31 December 2009
2005	31 December 2010

The GDC's new guidance is available from the GDC website (www.gdc-uk.org)

CPD Core Subject Guidance for Dentists

New guidance for dentists on CPD has been published by the GDC. The guidance, revised to include recommendations on core subjects for dentists' CPD, and was distributed to all dentists in November 2006.

'Continuing professional development for dentists' explains what dentists need to do to meet the requirements of the GDC's compulsory CPD scheme. The GDC is recommending that all dentists carry out verifiable CPD in the following core subjects from the beginning of their next CPD cycle:

- Medical emergencies (at least 10 hours per CPD cycle)
- Disinfection and decontamination (at least 5 hours per CPD cycle), and
- Radiography and radiation protection (at least 5 hours per CPD cycle).

In addition, the GDC recommends that dentists working in clinical environment carry out CPD (verifiable or general) to make sure they are up to date in:

- Legal and ethical issues
- Handling complaints

Dentists should start incorporating these core subjects into their CPD when you begin your **second** CPD cycle. Those who first registered with us in 2006, should incorporate these subjects into your CPD from the beginning of your **first** cycle, which will begin on 1 January in the year following the year in which you first registered (i.e. a dentist who registered in 2006 will begin their cycle 1 January 2007).

CPD is defined as "study, training courses, seminars, reading and other activities under taken by a dentist, which could reasonably be expected to advance his or her professional development as a dentist"