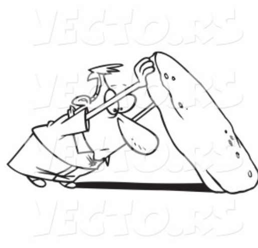
Can BDA advice ever be wrong?
Malcolm gives his personal view on BDA advice regarding local decontamination of dental instruments coming out of Scotland & Northern Ireland.

Are we once again in danger of being the 'odd one out' in Europe? "No bad thing" I can hear you say, the Euro myths of straight bananas and banning the imperial pint are a bit of an old chestnut now, but in regards to all things decontamination surely we influenced Europe and even the World! We have never been in danger of being short of home-grown experts where the seeds were constantly planted from our much cherished NHS and experts were produced in large numbers. Weighty, wordy & very worthy publications on decontamination set global standards that many countries translated & copied into their own national guidance and these have stood the test of time even in this rapidly changing world. More recently & closer to home HTM01-05 was the first purely dental guidance to come out of a whole series of new guidance on every subject you care to think about that needs to guide someone in the Healthcare environment on how and the best way to do it! Subjects such as, Fire Safety, Water Systems, Electrical Services, Medical Gasses, Environment & Sustainability, Heating & Ventilating to name but a few. The current HTM01-05 seems to have attracted few *likes* from the Dental Profession, already feeling overloaded with guidance, and few *likes* from this expert group that frequently reminisce to when HTMs were proper HTMs with a clarity and methodology to support every statement or test requirement. These endearing documents needed a robust shelf with sturdy bracketing to support not only the numbers

of documents but the collective weight of the publications! The original documents were of course 'technical' (the clue is in the title HTM) and not intended for a light read on holiday but a detailed reference point for design, management, specification and testing that set most of our current guidance on the road to where we are now.
Europe, some would say, was the reason for the change to these documents and others, say it was founded in the new political focus to phase out or archive the 'old style' HTM documents that were then re-incarnated as the new HTMs with more pictures less methodology and some would say more grey areas (now called *choices)*, but that they were intended to be read by all of the dental team, available digitally, were fluid (*it means may change soon*) and in general be easily understood and easily implemented. Methodologies for the technical departments were now just referenced to in European standard numbers where details could be found, for example: BSEN13060 bench-top sterilizer or BSEN ISO 15883 thermal washer disinfector standard. If you needed to know more, then you read these documents. The rigidity of the old style HTMs where you did what the document said

(no bad thing some may say) gave way to the new-era of *choices* and risk-assessment. The experts said it would lead to lowering of standards and confusion of taking different *choices* would lead to a different version of decontamination in each practice. The truth as I see from my experience is that standards within dental decontamination have raised significantly with many practices already far exceeding what was generally asked for as a progression towards Best Practice. Many that went straight to Best Practice have said yes, it has cost a lot, but equally how much it has saved in time and improved the processes of work-flow, the working environment, safety for staff and the benefits bought to patients and therefore the practice as a whole. This is of

course would never satisfy the doubters or the late-joiners that seemed still hooked on the plug-holes and overflows debate as a good reason not to consider improvements at this stage. However, when frequently visiting dental practices we are in real danger of a split, not the usual one of Dental Surgeon v Department of Health or even the North/South divide in house prices but a split with those dentists that have invested in some really practical improvements to the decontamination area, whilst the practice down the road or other side of town that has done little or nothing and their recent CQC inspection made no mention of the plug-holes or overflows found in their one sink, or indeed joints in laminate worktops, worn lino, manual washing, Type N displacement autoclave for handpieces, bagged instruments after process etc. This is the whole crux of the debate, a displacement Type N autoclave used for handpieces, then bagging instruments after process and being able to store them for 1 year, would mystify most of our European friends in dentistry who have long opted for the benefits of the now established Vacuum Type B or S cycle machines. But the BDA seem to find that going back is acceptable when all major manufacturers of autoclaves including good British 'household' names, have made great strides in developing the vacuum process to meet modern requirements of an ever-changing world, where safety, speed and economy, with the added feature that was not there say 10 years ago, reliability. It is indeed very bold of the BDA to state;
'..........*As such there is no requirement to use a vacuum phase autoclave for any instruments used in primary dental care, including dental handpieces...............'* Obviously this statement is supported by the low/no body count or lack of being able to find supporting evidence*



This may of course be a result of the recent massive improvements in decontamination and will be a body-blow (sorry about the pun) to thousands of UK dentists that are working happily with vacuum machines and have been for many years and wondering why they spent their money or PCT money on something they didn't appear to need. The only advantage then seems to be is sleeping easier because knowing it's what the handpiece manufacturer recommends in their 'Instructions for Use'! So this recent statement is definitely one-up then for the late-joiners who will of course say 'I told you so, it's better to wait'
It's not really a good comparison but worth saying anyway, of course you can be rest assured your local or regional hospital will have and has had thermal washer-disinfectors & vacuum cycle machines to process all instruments for many years and yes open heart or neuro surgery must be considered a higher risk category than dentistry. But why take the risk at all? It is not as if current technology is unavailable, it is and it is practical to use, is a fair price, and has been with us performing successfully for many years and that seems to have been totally ignored. I have a sneaking feeling this is one bit of advice that will be seriously considered by the dental team/estates management/decision makers and then ignored, for all the right reasons.
Next perhaps, mandatory use of washer-disinfectors........................that's another subject for another day!

Choices may form the title of the new name from HTM01-05, to CFPP - **C**hoices **F**or **P**rocedures and **P**rotocols but may only be adopted in England. Northern Ireland & Wales have adopted the HTM01-05 with local revisions. Scotland have not adopted the HTM01-05 but have excellent guidance and technical publications issued by the Scottish Department of Health. Recent communications from the Dental Officer in Scotland and BDA in Scotland & Northern Ireland are the basis of this personal view.

**Professor Andrew Smith British Dental Journal Volume 215 No2 Jul 27 2013 page 65. Decontamination technology assessments-who assesses the assessments?*