

THE MAGAZINE FOR DENTAL PROFESSIONALS IN IRELAND

Ireland's Dental

SPRING/SUMMER 2020

The background of the cover features a large, glowing, multi-layered circular portal in shades of blue and purple. A silhouette of a person stands at the bottom center, looking up at the portal. The ground is depicted with dark, wavy lines.

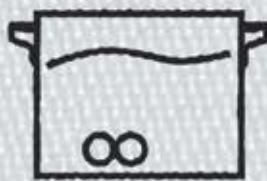
Welcome to the PC world

John Marley on dentistry post-COVID

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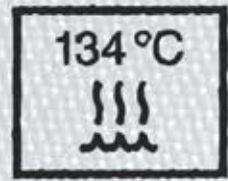
Disinfection bath



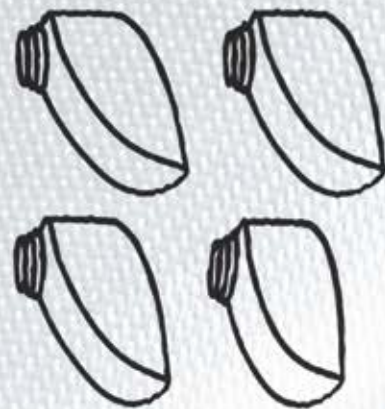
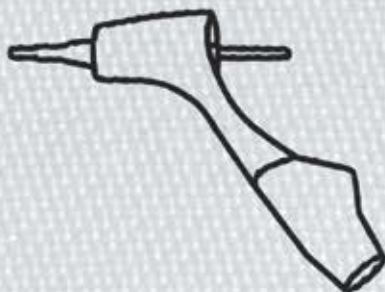
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- 05** Editorial
- 07** Word of Mouth
- 08** News

FEATURES




- 16** Return to practice
- 17** Dr Conor Irwin's view
- 18** Cover story: the PC world
- 22** Perio Master Clinic 2020

PROFESSIONAL

- 26** NSK: Handpiece aerosol and decon solutions
- 30** MC Repairs: Reducing aerosol in the dental practice
- 32** HDMS: The WINIX ZERO Pro air purifier
- 38** Swift Dental: Supporting practices during recovery
- 42** Braemar Finance: Financial solutions
- 44** Reps Profiles
- 46** Quintess Denta: Protecting dental professionals



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S W I S S  M A D E

Dentistry's future hangs in the balance

From mid-July, it is anticipated that routine dental care will return to Northern Ireland as part of phase three of the resumption of services. Phase two, which began on 29 June, saw the reintroduction of aerosol generating procedures (AGPs). In the Republic of Ireland, routine care resumed on 18 May.

In Northern Ireland, the Health and Social Care Board has established a working group to look at the immediate and longer-term oral health needs of the population.

In the Republic, attempts by the Irish Dental Association (IDA) to elicit any meaningful thoughts from the Government's Health Department on the future of dentistry, and the associated wellbeing of the population, have been rebuffed.

Indeed, as Fintan Hourihan, Chief Executive of the IDA, said: "Dentists have been left out in the cold by a Government which has merely paid lip service to the provision of PPE (personal protective equipment) and has not engaged regarding emergency adjustments to the medical card scheme or regarding support for dental practices in general, the vast majority of which have suffered significant shortfalls since the emergence of COVID-19."

However, while there may have been considerably more engagement by government with the profession in Northern Ireland during the pandemic, the future of dentistry there hangs in the balance also. At a Northern Ireland Assembly Committee for Health meeting on 25 June, the British Dental Association (BDA) said that dental practices were set to resume face-to-face care during July "at a fraction of their pre-pandemic capacity, limited by PPE costs and shortages, and requirements to meet strict social distancing and decontamination guidelines".

The combination of lower patient numbers and higher costs will have a "devastating impact on high street services," members of the committee were told. The system on which health service dentistry operates – the

item of service – which sees dentists remunerated on the basis of treatments delivered, will be unable to cope with an expected collapse in patient numbers unless the Government is willing to offer long-term support or change the current model. The Department of Health has intimated existing support packages could be wound down after August, and any future support will have to be "subject to the confines of the dental budget".

Richard Graham, Chair of the BDA's Northern Ireland Dental Practice Committee, told the committee: "The future of dental services in Northern Ireland now hangs in the balance. Without adequate ongoing support from government it is frankly impossible to sustain a model based on activity when activity has fallen through the floor. In addition, clarity on last week's commitment to provide PPE support is needed urgently. Dentists need support, and a conversation must start on finding a new way to restore confidence in the sector."

In our cover story (p18), John Marley, a Consultant Oral Surgeon in Belfast, and immediate past Dean of the Faculty of Dentistry RCSI, explores what will be required in a post-COVID (PC) world. We must start, as always, with the patient, he says. As well as being treated safely, expertly, efficiently and

effectively, patients expect to be treated in a timely fashion. In the PC world, waiting lists will increase significantly, "creating a tsunami of issues for an already understrength dental service especially as winter returns with the likelihood of a further 'surge'". Health services have survived this time by 'robbing from Peter to pay Paul' and 'redeploying' resources.

"However, with the demands of new and existing disease raising its head alongside a second surge or even just a chronic background of COVID, this may not be so easy the next time," he writes. Our patients deserve graduates, specialists and consultants who have appropriate training. This will require more, not fewer, human and general resources in the PC world. Marley concludes: "These ... interventions ... will all demand willpower, unity of approach and of course funding. The 'urgency of the now' is upon us and we must act together."

“
**A CONVERSATION MUST
START ON FINDING
A NEW WAY TO
RESTORE CONFIDENCE**”





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The three areas where service provision faces change

Firstly, for this particular column, I hope that everyone reading this has managed to shelter from the storm that is COVID-19. The word “unprecedented” has almost lost any meaning at this point. And for those of us with elderly, vulnerable or immuno-compromised relatives, friends and patients, it has been a particularly worrying time. The measures taken by the National Public Health Emergency Team (NPHE) – though drastic – have worked in the main. The community spirit evidenced throughout this time has shown that a united approach yields best results.

As the clouds begin to clear, and we begin to think of life after this extraordinary time, it is necessary to think about how clinical practice will look when we return to same. I am reminded of Cicero's famous maxim: “Salus populi suprema lex esto” – “The safety (health) of the people shall be the highest law”. Never have words uttered more than 2000 years ago been more fitting than today.

Our duty has always been to our patients and staff. As a profession, we have been consistent in our dedication to same. Science, ethics, guidelines and expectations govern these tenets and responsibilities. The sharp clarity that has always surrounded these core duties will remain constant. However, I believe that there are three fundamental areas where the provision of dental service for the immediate future will change as we await a vaccine – they are patient screening, cross infection measures and patient management.

Vaccine / therapy

At these early days, the hope is, of course, for a vaccine. We are still however, learning about the virus – its origin, behaviour and pattern. We can only hope that a vaccine will be found and perfected as soon as is safely practical. The immunologists tell us that this may take at least 12 to 18 months. Until such time as a trusted vaccine is available, we will all have to work under the assumption that every patient is a potential carrier of the disease.

This is not new for the dental profession. Our levels of cross-infection control are, (I would suggest) second to none in healthcare provision. We are all trained and practiced in the highest levels of cross-infection – it is the very nature of our profession. The unique challenge here will be the infectious nature and transmissibility of the disease – with its implications for other patients attending our surgeries, and our staff.

Patient screening

This is the obvious first step in protecting our patients who attend, the public health at large and our own staff. This will mean a stringent and replicable process of patient screening.

The guidance is clear – e.g. patients with higher temperature/fever/cough etc are advised to avoid dental surgeries. This important safeguard will help – although it's longer-term practicality will prove difficult, particularly during “regular” flu season – thereby potentially discriminating against or jeopardising routine treatment for patients suffering from the relatively innocuous “common flu”. The pre-attendance checks – featuring some key questions to prospective patients, etc – will be central to this strategy. The days of the “drop in” dental appointment are a thing of the past (for now).

Infection control strategies

Aerosol generating procedures (AGP) will be yet another challenge in a profession whose very essence is interventive. Already we are seeing medical air purifiers coming to the fore as new safeguards for patients. The merit and science behind these are both worthy of considered study. The provision of “clean air” management venting within our surgeries is also among the options which we may now have to consider. The use of adequate personal protective equipment (PPE) for routine dental treatment is another area that may become a more regular feature of future treatment provision.

Patient management protocol

Aside from the screening of patients before their attendance – it is obvious that the tenets of ‘social distancing’ will have to be maintained in the absence of any proven vaccine. How will this affect our appointment books? How will it affect our waiting rooms – both layout and disinfection? How will this affect our turnaround times for our surgeries and cross infection control measures?

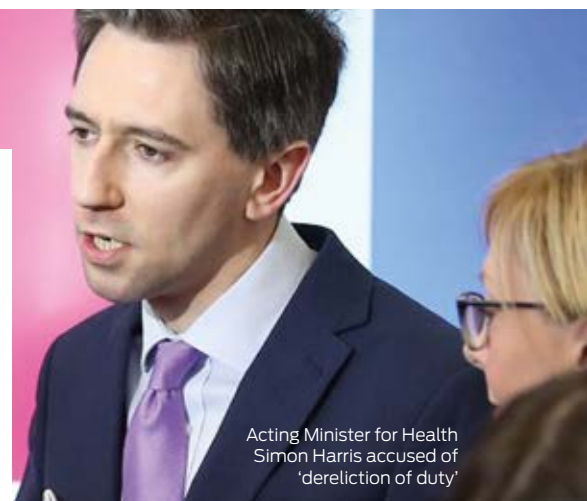
Finally, all of the above measures will bring added cost to treatment provision. The very nature of how we do business will change – and change utterly. This added financial pressure on top of an already challenging return to practice will require careful planning and government support.

But, as in previous generations that have faced adversity in the eye of pandemic, war, and recession, it is fitting to also end this month's column with another apt Cicero quote. This one bears special resonance for those who have survived the virus – “Dum spiro, spero” – “While I breathe, I hope”.



Government accused of 'oral health neglect'

Analysis shows dental profession is among those most at risk



Acting Minister for Health Simon Harris accused of 'dereliction of duty'

THE Irish Government has been accused of a "dereliction of duty" stemming from "inaction on the dental sector" and that its "neglect of oral health" will have significant consequences for the public.

Fintan Hourihan, Chief Executive of the Irish Dental Association, said: "Acting Minister for Health Simon Harris promised adequate personal protective equipment (PPE) to dentists and it is gravely disappointing that we have seen nothing since."

"This is a dereliction of duty from the Government; despite the fact that over 700 dentists have registered their need for such equipment, none has been provided which will have huge consequences for Irish people."

Hourihan said that the "inexplicable" delay meant that dentists had been left to review the viability of their practices as well as their participation in the Dental

Treatment Services Scheme (DTSS). "This is devastating for dental practices and for patients around the country, who will now face lengthy delays or have to rely on an already underfunded public dental service in cases where the DTSS is not available."

A Health Department spokesperson told Ireland's Dental: "The DTSS provides dental care free-of-charge to medical card holders aged 16 and over. These services are provided by independent dental practitioners who have a contract with the HSE."

"The department has no role in the setting of fees charged by independent dentists to their private patients. The Dental Council has a code of practice relating to the display of private fees in dental practices."

"Nevertheless, the minister is concerned to hear of instances of medical card holders being refused access to treatment on the basis of PPE costs. The Dental Council

advises that dentists should take a case by case assessment when deciding if additional PPE is warranted. The Health Protection Surveillance Centre has advised that regular PPE, which has always been used, is generally sufficient for routine dentistry. The department, in conjunction with the HSE, is examining the provision of PPE across all parts of the health service, including health service contractors.

"A review of the provision of dental care for those eligible for public services will be required in the context of the implementation of the National Oral Health Policy, Smile agus Sláinte, and any issue of fees paid to dentists for treating public patients will be considered in that context."

"In relation to social distancing costs, the Government has put in place a suite of measures to support small, medium and larger businesses that are negatively impacted by COVID-19."

Medical card scheme threatened as dentists withdraw

THE continued viability of dental treatment for medical card holders in Ireland – under the Dental Treatment Services Scheme (DTSS) – is under grave threat, according to the Irish Dental Association (IDA).

The association said that the lack of detail on dentistry in the recently published *Programme for Government* and "continued inaction by politicians" will have huge consequences. Delays in the provision of personal protective equipment (PPE) has led to reports suggesting that many dentists have had to impose levies on medical card patients in order to continue participating in the DTSS.

"The association has already

informed the Minister for Health that the critical problems that our members – both public and general practice – are facing and the huge extra costs being incurred by general dental practices are making the existing DTSS contracted service completely unviable," said Fintan Hourihan, Chief Executive of the IDA.

Hourihan said that the DTSS was a crucial scheme for people who most needed dental care. "Dentists want to be able to provide care for medical card patients, but the Government is leaving them with little choice but to minimise their involvement or withdraw."

Hourihan said that medical card patients are now faced with:

- › Delays while seeking treatment;
 - › Increased travel times while seeking that treatment; and
 - › Possible reliance on the already underfunded public dental service to provide care in areas where DTSS contracts are not in place.
- "Having promised the release of adequate PPE to dentists at a meeting on 8 May, the Department of Health has given no direction since," he said, "which is extremely disappointing for our members and devastating for patients waiting for care across the country."
- "Equally, we have received no proposals with regard to emergency adjustments for the

care provided to DTSS patients during the lockdown or regarding support for dental practices, the vast majority of which having suffered significant shortfalls since the emergence of COVID-19.

"Our members are dedicated to the safe provision of care to all patients, including those being funded through the DTSS. However, they are telling us that they cannot do so in a manner which imperils the viability of their practices and livelihoods. We believe the Department's actions could cause many thousands of patients being directed to seek dental care directly from the HSE dental services."



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Smart technology controls the release of fluoride for up to 12 hours after brushing

A new toothpaste for children aged three to six, which actively strengthens and protects teeth while it cleans them, has been launched in the UK and Europe. Developed by BioMin® technologies, the toothpaste – BioMin® F for Kids – is being released in two flavours and contains a 'smart effect' that means it is especially effective when children consume acidic foods and drinks.

While protecting children's teeth is a priority for all parents, the Oral Health Foundation reports that in primary schools across the UK around seven or eight children in every class will have already developed tooth decay. BioMin® F for Kids is based on the same clinically proven technology as BioMin® F, helping to strengthen and protect children's teeth and preventing them from damage.

"Traditional fluoride toothpastes become washed away by saliva in a relatively short time while, in contrast, BioMin's 'smart technology' controls the release of fluoride for up to 12 hours after brushing," said Professor Robert Hill. "It is not the quantity or high concentration of fluoride in a toothpaste that gives protection to teeth, but it is the continuing presence of low concentration fluoride in the mouth,"

Professor Hill worked with scientist

colleagues at Queen Mary University, London, to develop the toothpaste.

"BioMin® F for Kids contains a polymer that adheres the BioMin® particles to the teeth which is slowly dissolved by saliva, continuously releasing an optimum mix of fluoride, calcium and phosphate ions to produce fluorapatite on the tooth surfaces. It is this controlled release mechanism which means that a much lower quantity of fluoride is needed to have a greater effect," explained Professor Hill.

At the same time the 'smart effect' means that in the presence of acidic food and drink in the mouth, the toothpaste starts dissolving more rapidly. This restores the mineral equilibrium and starts the remineralisation process.

Launched in two flavours, melon and strawberry, the toothpaste is available to buy directly from BioMin's Ireland distributor Burbel (<https://burbel.co/collections/biomin-toothpaste>).

And, to make brushing fun and to support better oral health in children, BioMin® has created Bino, a friendly 'binosaur', as well as developing colouring sheets, stickers and a useful brushing chart.

BioMin® also offers two toothpastes for teenagers and adults, BioMin® F and BioMin® C (fluoride-free) which reduce

sensitivity and strengthen and protect the tooth surfaces.

BioMin® F for Kids has undergone all the appropriate cytotoxicity and biocompatibility studies ensuring its safety.

It is not tested on animals and is suitable for vegans and has halal certification. The fluoride concentration, at 530ppm, is the same as the adult version, which is safe for children of three years (or those weighing at least 10Kg) and above. The toothpaste is available in a silvery gel format which does not contain titanium dioxide.

For information on BioMin®, see www.BioMin.co.uk



AGPs to restart in NI from mid-July

But PPE 'remains elephant in the room', say practitioners

THE publication of a timetable for restoring high street dentistry in Northern Ireland was welcomed by the British Dental Association (BDA) but it warned that ongoing personal protective equipment (PPE) shortages could "easily jeopardise any progress".

The Department of Health confirmed last month phase two for recovery of General Dental Services, which allowed dentists to provide non-urgent care from 29 June. It was anticipated that this would increase the number of patients being seen from around 2,200 to an estimated 38,000 per week.

Permitted procedures include extractions, removing dental decay and placing temporary fillings and making dentures.

Phase three, which will allow dentists to carry out aerosol-generating procedures (AGPs), is scheduled to start from 20 July. A fast-track option of 1 July will be made available to practices able to demonstrate they can safely offer AGPs and non-urgent/routine care.

Owing to shortages, and the need for kit not previously required, the BDA has estimated the cost of PPE alone, ignoring other treatment costs, for treating a single patient has increased by up to 6,000 per cent. Costs for kit were around 35-45 pence pre-pandemic and could now stand at £20-30 depending on exact PPE requirements and usage.

Dentists are currently reliant on commercial wholesalers and have experienced severe and ongoing PPE shortages. The BDA believes the

integration of dental services into the wider government supply chain will be a prerequisite to any plan to restore routine care. No decision has yet been taken on whether dentists will have access to the central government supply of PPE.

Richard Graham, Chair of the BDA's Northern Ireland Dental Practice Committee, said: "PPE remains the elephant in the room. Practices face not only shortages but crippling increases in costs for vital protective kit. We can put out the welcome mat, but without access to government supply chains, we will be in no position to treat patients.

"But we will need help to survive the new normal. Without long term support, sky-high overheads and fewer patents could be the final nail in the coffin for the service in Northern Ireland. We trust the Department will step up to the plate."

Michael Donaldson, the Acting Chief Dental Officer at the Department of Health, acknowledged that dental practices have been heavily impacted by the pandemic.

"I would like to pay tribute to all dentists and staff who, throughout the pandemic, have gone the extra mile to ensure that patients in urgent need were able to receive the care that they required in very challenging circumstances.

"One of the key elements necessary to allow practices to move to phases two and three is the availability of suitable PPE. In recognition of this, the Department of Health will support dentists in restoring services by providing help with PPE supplies."

County Down implant specialist made Vice Dean of FGDP



SUSAN NELSON has been inaugurated as a Vice Dean of the Faculty of General Dental Practice (FGDP). Susan is Lead Dentist at Shore Road Dental & Implant Clinic, a private practice in Holywood, County Down, where she specialises in implant dentistry.

Graduating with Honours in 1993 from the University of Edinburgh, where she won the McGregor Gold Medal for the most distinguished dental graduate, Susan completed vocational training in Fife before joining the practice as an associate in 1994. A member of FGDP(UK) since 1998, she examined and sat on the core group for the MFGDP(UK) and MJDF for 16 years, and also served as Director of the Faculty's Northern Ireland division.

She was elected to represent the region on the Faculty Board in 2017, re-elected earlier this year and chairs the FGDP(UK) Education and Qualifications Committee. She is also Deputy Chair of the Northern Ireland branch of the BDA and will take on the role of Regional Clinical Lead for Portman Healthcare later this year.

Also elected as Vice Dean was Onkar Dhanoya, Principal Dentist at Honour Health, a mixed NHS-and-private dental group, since 1986, providing treatments including dental implants, facial aesthetics and orthodontics at its three practices across the North East of England.

Ian Mills, Dean of FGDP(UK), said: "On behalf of all members of the Faculty, I congratulate Susan and Onkar on their election as Vice Deans. They bring with them significant experience and insight into general dental practice, which will be of great benefit to myself, FGDP and the wider profession in their new roles."

They succeed Abhi Pal and Roshni Karia. Ian added: "I would also like to express my thanks and appreciation to Abhi and Roshni for their advice and hard work over the last twelve months, and in particular for their support throughout the current pandemic, and I am delighted that they will continue to play important roles on the Board."

Irish dentist wins IADT award

DR ELAINE SHORE has been awarded a prize in the International Association of Dental Traumatology (IADT) Case Report Competition 2019-2020.

Elaine is in her final year of the paediatric dentistry programme at the Dublin Dental University Hospital (DDUH), Trinity College Dublin, and submitted a case report entitled *Unpredictable outcomes following avulsion of immature incisors*.

It was based on patient care provided in the Trauma Clinic at the DDUH. Dental

trauma occurs commonly, and appropriate early care maximises successful outcomes. Most care can be provided by dentists, but a fraction of traumatic dental injuries require an advanced specialised service for complex care, which is provided in the Trauma Clinic.

The prize would have been presented at the World Congress on Dental Traumatology by the President of IADT, Anne O'Connell, last month. Due to COVID-19, the World Congress has been postponed to June 2021 in Lisbon.

UCC professor's teaching and learning award

CHRIS LYNCH, Professor and Consultant in Restorative Dentistry at University College Cork (UCC), has been announced as a recipient of one of Ireland's inaugural Teaching and Learning Research Fellowships.

The fellowships, introduced by the National Forum in partnership with the Irish Research Council, were presented to the



Professor Chris Lynch

five recipients from Irish universities. Congratulating the new Fellows, Dr Terry Maguire, Director of the National Forum, gave an insight into the work that lies ahead in the next 18 months.

"Fellows will work together and with the National Forum on projects of sectoral importance, bringing a new dimension to the research-led teaching and

learning culture in Irish higher education, and contributing to a robust evidence-base for future teaching and learning enhancement decision-making across the sector," he said.

Professor Frank Coton, of the University of Glasgow and International Advisor to the National Forum, said that the awardees "are truly outstanding individuals with the potential to make significant positive impact on higher education in Ireland".

Professor Lynch is also Vice-Dean of the Faculty of Dentistry at the Royal College of Surgeons in Ireland and is Editor-in-Chief of the *Journal of Dentistry*. He received a senior doctorate from Cardiff University in 2019 and achieved Principal Fellow recognition from the Higher Education Academy last year also – the fifth Irish-based individual to do so, and the first from UCC.

'Supersonic' tech to map AGPs

A COLLABORATION involving dentists and surgeons in Dublin is aiming to improve the safety of dental teams while conducting aerosol generating procedures (AGPs). They are investigating if so-called Schlieren imaging technology can be used to image dental aerosols.

Dr Peter Harrison and Dr Lewis Winning, of the Dublin Dental University Hospital, are working with Professor Ronan Cahill, of the Mater Misericordiae University Hospital, and Dr Kevin Nolan of the School of Mechanics and Material Engineering at University College Dublin.

Schlieren photography is a visual process that is used to photograph the flow of fluids of varying density. It was invented by the German physicist August Toepler in 1864 to study supersonic motion and is widely used in aeronautical engineering to photograph the flow of air around objects.

The study is still in its preliminary stages, but Dr Harrison said: "It does appear that the technology can be useful for imaging dental aerosols."

"Unsurprisingly, we saw that a significant aerosol is created by dental handpieces; this may be oriented towards dental staff, highlighting the importance of staff use of PPE. However, it does appear that well-positioned, high-volume suction is highly effective at reducing the aerosol and negating most large droplet spread."



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admconference.com

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A study in contrasts Return to Practice

The approach of governments in Ireland and Northern Ireland to the provision of dental care during the pandemic varied hugely

WORDS
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PEAKIN

The experience of dental teams in Ireland and Northern Ireland during the pandemic has been a study in contrasts. While the profession as a whole debated the absolute necessity to close all practices for face-to-face care – when at the very least, urgent care could probably have been provided using appropriate personal protective equipment (PPE) – the Irish Government's approach provoked shock and consternation amongst practitioners.

On 18 March, Dr Dymphna Kavanagh, Ireland's Chief Dental Officer, said there was no scientific evidence to justify denial of dental care to patients who do not have symptoms of the virus. In a letter to dentists, Dr Kavanagh said that the National Public Health Emergency Team (NPHE) had assessed the particular risks for the dental profession and their patients.

"Their advice is that there is no current scientific evidence to justify denial of dental care to members of the public who have neither fever nor respiratory symptoms. Neither is there scientific evidence to support the use of respirator masks for routine dental practice," she wrote. "To be clear, at this time, the advice is that dental practices can remain open and that there is

currently no need for a change in dental interventions."

Her view prompted an outcry, with more than 500 dentists signing an open letter to the Chief Dental Officer. "The statement ... is reckless beyond belief. It endangers all patients, dental workers and our wider society, as dentistry could potentially end up a substantial route of transmission of this virus. Her advice is at complete variance with that from almost every other jurisdiction."

The Irish Dental Association (IDA) called on the Health Service Executive (HSE) to establish a regional network of designated dental emergency centres in order to adequately treat patients during the COVID-19 crisis. "The IDA respects the hard work of the Health Protection Surveillance Centre (HPSC), but our members are clearly indicating that they have a different view of the dental services which should be provided at this stage of the COVID-19 curve," said a spokesperson at the time.

It said that the guidance should have been updated with input from the IDA, Cork Dental School and the Dublin Dental School. "We are urgently calling for the establishment of a structured, emergency care service in the form of a regional network of dedicated centres to support all patients, maximising the protection of the health of those providing it, maximising the effective

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RICHARD GRAHAM

and efficient use of personal protective equipment (PPE) and, very importantly, protecting the health of our patients.”

During this time, many private dentists had adapted their practices in line with international standards, limiting dental treatment for patients without symptoms to essential treatment, and ensuring patients with symptoms of COVID-19 were referred. But the vast majority of practices were limited to providing emergency treatment or had closed.

As the pandemic continued through April, the IDA accused the Government of “ignoring the effective collapse of the dental profession in Ireland”. In a letter addressed to Simon Harris, the Minister for Health, and Paschal Donohoe, Minister for Finance, the association’s Chief Executive, Fintan Hourihan, said: “I cannot overstate the sense of despair and panic in the dental profession at present.

“In normal times, 83 per cent of spending on dentistry is out of pocket rather than paid for by the State – now, dentists’ incomes are down by over 90 per cent on average during the COVID-19 pandemic as routine dentistry has been prohibited and emergency care cannot be provided in many cases due to unavailable or overly expensive PPE and other requirements.”

Hourihan said it was disappointing that dentists had not received a similar level of support given to the medical

and pharmaceutical professions, especially given dentists receive no capitation funding from the state. “Medics and pharmacists have, quite rightly, been offered extensive support from the Government in order to continue to operate in such challenging circumstances. However, dentists have been left utterly isolated.”

There was a meeting between the IDA and Simon Harris in May, but

it came to nothing and last month the association accused the minister of a “dereliction of duty” saying that the neglect of oral health would have “huge consequences” for Irish people in the months and years ahead”. By then, more than 700 dentists had registered for PPE promised by the Government, but by mid-June it had not been provided.

In Northern Ireland, practices remained open during the pandemic to provide limited face-to-face care to patients with an urgent dental care need. Around three-quarters of practices saw more than 2,000 a week, supporting provision of emergency dental care alongside five Urgent Dental Care Centres (UDCCs).

“The pandemic has changed the way so many of our health and social care services are being delivered and dental practices have been particularly impacted,” said Michael Donaldson, acting Chief Dental Officer for Northern Ireland.

“I recognise this has been a difficult time for dentists, some of whom have lost income as a result of the restrictions placed on their services and I’m also aware of the frustrations of those who have had to live with dental pain during lockdown.

“Our role at the Health and Social Care Board (HSCB)

has been to try and manage that delicate balance between preventing virus infection, looking after the oral health needs of the population and ensuring dental practices remain financially viable.”

Working with the five health and social care trusts, the HSCB established a network of UDCCs to ensure that dental care was available to those with the greatest needs. Practices played an essential role in dealing with patients’ dental problems during the pandemic. Dentists in all practices have been available to receive telephone calls to provide advice or see patients, if they felt it was safe.

During lockdown, 2,000 patients continued to be seen weekly in dental practices and a further 250 patients were seen at the urgent dental care centres. Dentists continue to staff the centres, the associated triage hub, and to provide support to care homes and other parts of the health and social care system as required. “I’m very thankful for the cooperation of dentists and practice staff for stepping up to the plate when required,” said Donaldson.

As part of the phased reopening of dental services, from 8 June practices could reopen to offer face-to-face urgent dental care while referring more complex care to the centres which have been able to carry out limited aerosol generating procedures (AGPs) where appropriate.

Phase two, beginning on 29 June, saw practices offering non-urgent care, but without AGPs.

It was anticipated that this would increase the number of dental patients being seen from around 2,200 patients a week to an estimated 38,000. Permitted procedures from then included extractions, removing dental decay and placing temporary fillings and making dentures.

It is hoped that practices would be able to return to routine care on 20 July, including the use of AGPs. Practices were also being given the option of fast tracking a full return to routine care by the beginning of July, providing key conditions around infection and prevention control are met.

“We are doing everything we can to ensure that we continue to provide safe, quality care to those in the most need, guided by the scientific and public health evidence,” said Donaldson. “A working group has been established with representation from the profession, the trusts, the board and the Department of Health. This working group has produced guidance for practices on how to prepare for increased patient numbers while protecting patients and staff.”

Two further working groups have been established, one looking at the immediate and longer-term oral health needs of the population and the other looking at developing solutions for the large numbers of children on Trust waiting lists for extractions under general anaesthetic.

Donaldson added: “I would like to pay tribute to all dentists and staff who, throughout the pandemic, have gone the extra mile to ensure that patients in urgent need were able to receive the care that they required in very challenging circumstances.”

Speaking on 18 June, Richard Graham, Chair of the BDA’s Northern Ireland Dental Practice Committee said: “We finally have a timetable. Dentists need time to prepare, but PPE remains the elephant in the room. Practices face not only shortages but crippling increases in costs for vital protective kit. We can put out the welcome mat, but without access to government supply chains, we will be in no position to treat patients.

“But we will need help to survive the new normal. Without long term support, sky-high overheads and fewer patients could be the final nail in the coffin for the service in NI. We trust the Department will step up to the plate.”

A practitioner's view

If we are to recover or even thrive, we must do it on our own

WORDS

DR CONOR IRWIN

I DON'T think any of us can have expected or experienced anything remotely like the assault on our businesses that was visited on us in March. As soon as we began to digest the scale of the pandemic, we quickly realised that as dentists we were front line and extremely exposed. The past three months have been sobering to say the least and for sure COVID-19 has left its mark on Irish dentistry. It is likely we will never return to practice as we did before.

There are a number of reasons for this. Some of us got to 'smell the roses' and came to realise that there may be more to life than being a slave to our work. The time off was strangely enjoyable and once we got used to it a few of us may have begun to contemplate taking some more time away from the coal face or perhaps even leaving it all behind.

However, for most leaving it all behind was not an option. We had patients, staff and our business to consider. We listened out for guidance and grasped for support. We desperately tried to restock with wretched PPE and keep up with the ever-changing



recommendations for safe practice. Sadly, we began to realise that we rank very lowly in the health sector. It was sobering to be rated below hairdressers and tattooists on the list of support services needed on the road to recovery. It was hurtful to hear that our profession alone would pay VAT on PPE.

The HSE emergency dental centres that many of us had volunteered for basically didn't exist and the PPE we were promised would never arrive. We could receive the COVID-19 payment of €350 per week and tend to emergencies as long as we received no remuneration for same. That the Health Minister was unable to attend an emergency meeting with the IDA on 26 May spoke volumes for many in our profession. It almost felt like we were being bullied.

It has to be acknowledged that

the support for staff wages was a great help and some restart grants are hopefully on our way. But we should never make the mistake that we have anything like the clout or influence of the medical profession. We are completely taken for granted or even ignored. The lockdown made that very clear indeed.

So now we are back to work, but not as we know it. Turns out that waiting areas are as important as the surgeries they serve. And the DTSS contract looks even worse than it ever did before. The cost of dentistry has risen sharply. And now we realise that shouting for help won't work because we don't matter very much. But we remain front line and we still provide an essential service and continue to be important to our communities and valued by them.

If we are to recover or even thrive, we must do it on our own. We must reassess our practices and the way we do business. It is likely we will have to make changes to both, and we will need to have the energy to reinvent ourselves and kick on. Some of us may prefer to smell the roses.

Dr Conor Irwin established the Ratoath Dental and Implant Centre in 1998.

“

WE ARE COMPLETELY TAKEN FOR GRANTED OR EVEN IGNORED. THE LOCKDOWN MADE THAT VERY CLEAR INDEED”

Dentistry in a POST-COVID WORLD

The “urgency of the now” is upon us and we must act together to help our patients

WORDS
JOHN
MARLEY

Dentistry and the patients it serves are in trouble. Occupational risk figures provided by the US Department of Labour suggest that in a post-COVID-19 (PC) world, dentistry is currently ranked very high risk.

Readers will be very well aware of the current financial and human impact on dentistry, as we have all suffered along with our patients over the past few months. It would be important at this time to draw out some potentially less recognised implications for the immediate and medium-term future. But to do so we must start, as always, with the patient.

The lack of services during this time, with the exception of rigidly controlled urgent dental care, means that there is already a sizeable cohort of patients with known disease awaiting treatment, in addition to those with disease yet to be diagnosed.

Our patients rely on several strands of dental service which work together to enable them to be seen and managed safely, efficiently, and effectively.

The first strand is an oncoming stream of undergraduate training, which has suffered enormously. While this year's final years have been nudged towards the dental school exits with the “comfort blanket” of virtual

examinations and the imprimatur of the respective Dental Councils, this cohort leaves with a sizeable professional development portfolio (PDP) of attainment work still to be met in their next phase of education as “safe beginners”.

For PDP read “IOU” and the problem arises that this particular IOU may not be easily cashed in as the GDP environment into which they enter will also be impacted.

The year behind will suffer more as they have not only lost around five months of clinical practice, but when they arrive back at their respective alma maters, they will be confronted by limited access to patients based on the exigencies of cross-infection control in the anxious PC world.

Dental schools themselves and their staff may be in jeopardy as most funding models will rely on a significant proportion of their undergraduate and postgraduate students being from overseas.

With the now well-described risk for those within the BAME community and the need to travel through a high-risk nexus of airports to get here; where COVID control is somewhat less advanced than many of their countries of origin, we may find that the current model will require significant university and Government financial support until the PC world has a cure or an effective prevention for the virus.

The postgraduate training of these “safe beginners” is in jeopardy also. Access to patients and consequent attainments will necessarily be reduced and some may feel it better to postpone applications for PG courses and higher training until the smoke settles, thereby introducing a massive hole in future provision.

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THESE INTERVENTIONS WILL
ALL DEMAND WILLPOWER,
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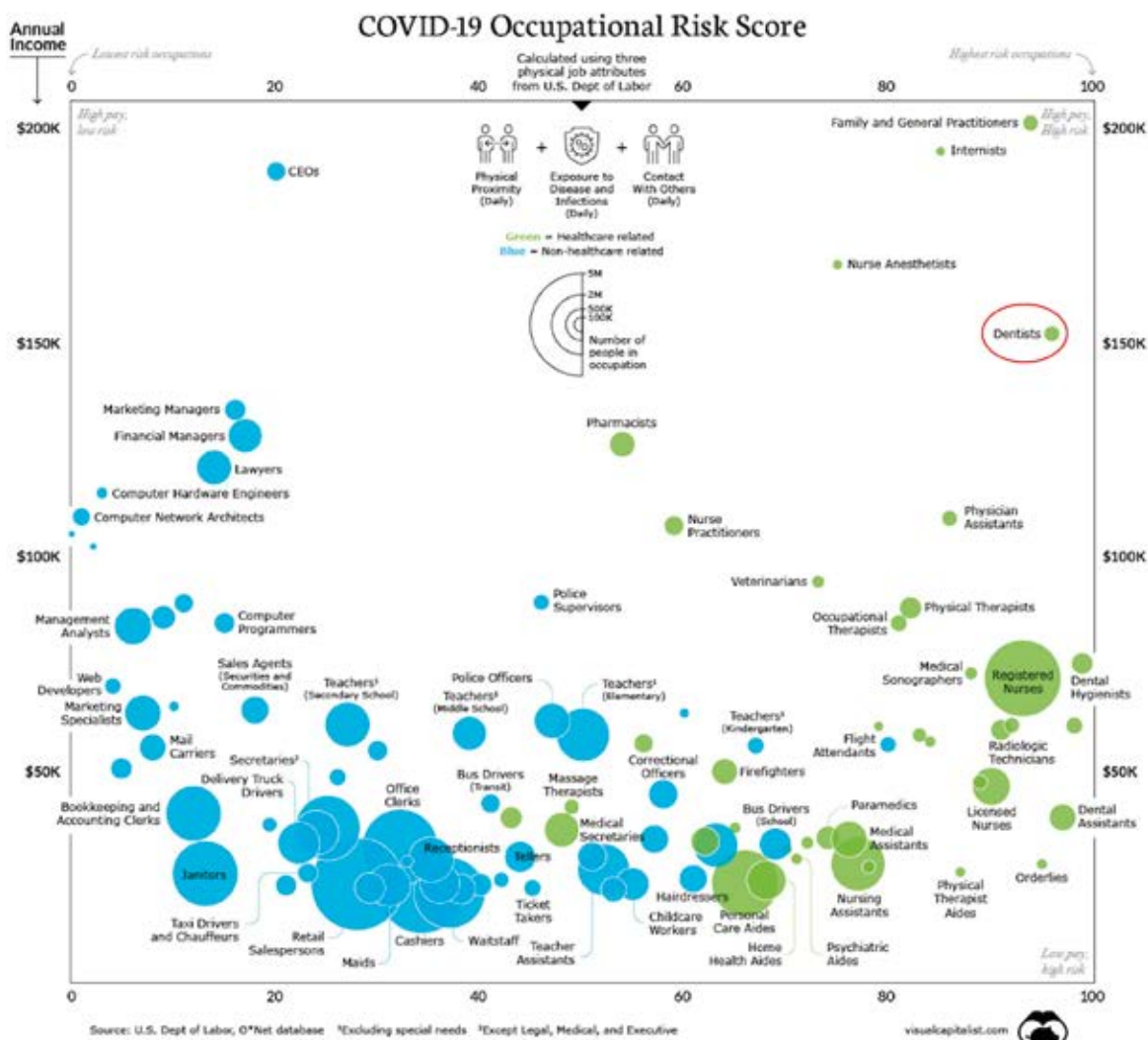
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The situation is compounded further by the data from the latest Dental Schools Council report suggesting that up to 20 per cent of the senior teachers will be retiring imminently. As well as being treated safely, expertly, efficiently and effectively, patients expect to be treated in a timely fashion. In the PC world, waiting lists will significantly increase so current disease progresses and new disease goes undiagnosed for longer, creating a tsunami of issues for an already understrength dental service, especially as winter returns with the likelihood of a further surge. This is also compounded further by the missed appointments for those who would normally have been seen in the dental schools by students but now seek a GDP input.

Health services survived this time by “robbing Peter to pay Paul” and redeploying resources. However, with the demands of new and existing disease raising its head alongside a second surge or even just a chronic background of COVID, this may not be so easy the next time.

So what are the solutions?

It is noteworthy that the USA Department of Labour risk assessment figures (see graphic), notes the risks of CEOs (and presumably senior managers) to be low. It beholds all of those responsible for the oversight of dental services to understand each other and work co-operatively and without foot-dragging with those providing the service at the coal face, to ensure that expectations are

managed and services attuned as best as possible to the anxious PC world.

Our patients deserve graduates, specialists and consultants who have appropriate training. This will require more, not less, human and general resources in the PC world. It will require:

- Shift work extended over the day and over seven days of the week.
- A funded programme to assist the PC graduate (and undergraduate) possibly increasing capacity through increase use of outreach into the “real world” of dentistry utilising available community poly clinic teaching or working co-operatively with larger multi-chair GDP practices generating income for them.
- Funded, regulated and appropriate CPD provision to assist these PC graduates using everything we can, including radically improved clinical teaching laboratory access to remediate the effects of clinical deskilling.
- Funded specialist and consultant training to provide a new generation of teachers and expert clinicians in their field in the PC world.

These (and more interventions like them) will all demand willpower, unity of approach and, of course, funding. The “urgency of the now” is upon us and we must act together.

John Marley BSc BDS PhD FDSRCS FDSRCS(Oral Surg) FFDRCSI
is a Consultant Oral Surgeon in Belfast.



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The *why, where, when* and *how*

Periodontal regeneration was the focus for European experts at one of the last dental conferences before lockdown

WORDS
DECLAN
CORCORAN

Around 650 periodontists from all over the world descended upon the Royal Dublin Society to attend Perio Master Clinic 2020, the fourth edition of the global perio conference organised by the European Federation of Periodontology (EFP) specifically for clinicians. The conference took place one week before the Irish Government introduced a ban on mass gatherings with the outbreak of COVID-19.

With the topic Hard and Soft-Tissue Aesthetic Reconstructions around Teeth and Dental Implants: Current and Future Challenges, the conference brought together 37 world-renowned specialists from 14 countries to share their knowledge and experiences in this specialist field of dentistry. Periodontal regeneration around teeth and dental implants is the most challenging area faced by practitioners working in this field today, and one of the most exciting too. The attainment of regeneration is the holy grail of dentistry. Perio Master Clinic 2020 proved to be the dental conference of 2020 worldwide.

The ultimate goal of periodontics is to regenerate the tissues around teeth that have lost periodontal support, yet hard and soft-tissue reconstruction represents a major obstacle for the clinician. Scientific and clinical evidence has proven that reconstructive techniques effectively improve long-term prognosis, aesthetics, and quality of life for patients. The increasingly advanced understanding of biology and biomaterials has helped create novel treatment concepts leading to predictable outcomes.

Yet regeneration remains the ultimate challenge faced by the clinician – it tests the clinical skills of the operator to the limit. Every day, every hour, of our working lives, we are faced with clinical situations that could benefit from regenerative techniques. But the question is: do we have the clinical skills or the confidence to carry these



Ioannis Polyzois

out for our patients? We need to build up clinical skills so that we can offer these procedures to our patients with the prospect of long-term success and with an acceptable degree of safety. It is only by developing our skills that we will begin to be able to offer these advanced surgical techniques to our patients.

Perio Master Clinic 2020 set out to help the delegates gain precisely these skills and the confidence to deploy them. The aim was to set the stage for predictable reconstructive procedures, asking the questions of why deploy them, when to use them, which techniques to adopt, and how to perform them.

These topics had not been addressed comprehensively in previous editions of Perio Master Clinic. But this time they received complete, undivided attention from speakers and delegates – an amazing exchange which turned out to be fruitful for all participants. All those attending our conference this year were keen to pitch their levels of knowledge and expertise against those of the world's experts, and in so doing they may have confirmed in their own mind if the techniques that they were deploying in their own practice were satisfactory – or, alternatively, if they needed to be modified. It certainly acted as a vehicle for upskilling for many of the delegates.

The number of participants was limited to 650 to ensure an optimal learning environment, so that dentists and periodontists could be informed of the current scientific research and trained in the latest therapeutic techniques. And, as planned, the single-track-lecture format ensured that each delegate got to see everything.

In the weeks before the conference it quickly became apparent to the organisers that changes needed to be made to the staging of the event to comply with guidelines being outlined by the Irish Government. A significant number of speakers were unable to travel to the conference because

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→ of personal circumstances or because of travel restrictions imposed in their own countries. A plan was hatched to arrange for live streaming of their presentations from their own homes. Very early on however it became evident that the quality of the remote talks was going to be put in jeopardy because of the internet connection and therefore we elected to have the lectures pre-recorded and then played live to the audience in the RDS. This solution proved very successful as it allowed for top quality presentations to be delivered. The speakers were on hand remotely to take part in the discussion section following their presentations.

Although there was a significant drop in the number of speakers who were actually physically present, the number of delegates only dropped by 10 per cent. As a profession that has been incorporating a high standard of cross infection control measures into our daily practice since 1982, the restrictions of physical distancing, hand hygiene, cough etiquette, and so on were not too onerous for the delegates to observe.

As the limited attendance event sold out very early on, a waiting list was set up. Those delegates who were unable to attend for one reason or another were offered a live streaming of the event at a reduced registration rate and the lectures were also available for viewing for a limited period after the conference. We, as an organisation, gained invaluable experience in incorporating live streaming and webinar type presentations into the conference, all of which will stand to us in good stead for the future.

Over the two days, attendees received a complete overview of the field of regeneration and uniquely witnessed high-quality videos that highlighted the practicalities of the procedures over nine different sessions:

- Reconstructive concepts in intrabony defects;
- Reconstructive concepts in furcation defects;
- Soft-tissue defects around natural teeth;
- Novel concepts: outlook for the future;
- Interactive case presentation (reconstructive surgery versus extraction and implant placement);
- Socket grafting;
- Ridge augmentation, both lateral and vertical;
- Soft-tissue grafting to maintain peri-implant health; and
- Complication management after reconstructive surgery at natural teeth and dental implants.

The scientific chair of Perio Master Clinic 2020 was Anton Sculean from Berne, Switzerland, a world-renowned expert in periodontal regeneration. He assembled a top-class team from Europe and the United States to provide delegates with a rich, global insight into the most advanced developments in this area. There were no weak links in the line-up of speakers, all of whom had been chosen based on past performance at international meetings. While each speaker and each session was a gem, there were a few speakers that are worthy of special mention.

The then president of the EFP, Filippo Graziani (University of Pisa) got proceedings off to a start on the

Friday morning by moderating a session on reconstructive concepts in intrabony defects. A critical issue in obtaining success in regeneration is the correct planning of flap design and this was covered by Leonardo Trombelli (Ferrara, Italy). This topic was further developed by Pier Paolo Cortellini (Florence) for the treatment of furcation defects.

One of the most sought-after speakers at the moment is Giovanni Zuchelli (Bologna, Italy), and he covered the topic of coverage of single and multiple recessions in the maxilla, while scientific chair Anton Sculean (Berne) took charge of this topic in the mandible. Digital techniques in optimising procurement of bone graft material offer great potential for the future and this aspect was covered by Lior Shapira (Tel Aviv). A session that proved very entertaining was the interactive session on the theme of reconstructive surgery versus extraction and implant surgery, where David Nisand (Paris) presented a clinical case and the difficult questions about the treatment plan were posed by the panel of France Lambert (Liège, Belgium), Andreas Stavropoulos (Malmö, Sweden), and Phoebus Madianos (Athens).

We all witnessed the very impressive techniques of Istvan Urban (Budapest) in the field of vertical ridge augmentation. In the same session, Ronan Allen (Dublin) addressed the topic of tissue augmentation and aesthetic implant placement. Mariano Sanz (Madrid) moderated a session on soft tissue grafting to maintain peri-implant health, an area that presents great challenges for the clinician. Recognising the fact that despite good treatment, complications can arise, we devoted the final session to complication management after reconstructive surgery at natural teeth and dental implants – a soul-searching session that was moderated by Ioannis Polyzois (Dublin) and Tiernan O'Brien (Galway), who posed the questions to the speakers; none other than Kevin Murphy (Baltimore, US), France Lambert (Liège, Belgium), Daniel Buser (Berne) and Markus Hürzeler (Munich).

We in the Irish Society of Periodontology were delighted to welcome our international colleagues to Dublin. And when all the hard work was done, we still had a few exciting networking sessions lined up for our visitors, which I'm sure will stay in the memory bank a long way into the future. Let's hope that the positive vibes generated by this congress will be taken on board by all of the attendees for the betterment of public health and society as a whole.

Dr Declan Corcoran was chair of Perio Master Clinic 2020. A Diplomate of the American Academy of Periodontology, he is one of a handful of board-certified periodontists in Ireland. He has been president of the European Federation of Periodontology (EFP), Ireland's representative of the EFP, editor of the Journal of the Irish Dental Association, and board member of the Faculty of Dentistry of the Royal College of Surgeons.

Watch the world's best periodontists at Perio Master Clinic 2020: www.efp.org/periomasterclinic/2020/webcast.html

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HANDPIECE AEROSOL AND DECON SOLUTIONS – REDUCING THE RISK

In relation to the current climate, I would like to give you an update on instruments and equipment and suggest possible solutions that can offer peace of mind going forward. Starting with high speed turbines, I will highlight the measures within product designs to minimise cross-contamination, then look at options that reduce aerosols, before addressing decontamination of the inside of handpieces (lumens).

MINIMISING AEROSOLS

NSK pioneered the first non-suckback air turbines with non-retraction valves, and the proven effectiveness of this system is more important today than ever. All NSK high-speed turbines benefit from a 'Clean Head System' (Fig. 1) which prevents suckback into the head of the handpiece. Also within the coupling, there's a non-retraction valve to stop contaminated fluids entering the handpiece water lines (Fig. 2).

However, there is still aerosol generation and the only option to reduce it is to use a rear venting turbine, such as the Ti-Max X450L used for minor oral surgery, which uses a water jet coolant rather than spray.

There is a more flexible alternative which allows you to also control the speed. This involves using a speed-increasing handpiece in combination with an electric micromotor to achieve low aerosols. Micromotors are electrically driven rather than air powered, the torque and power comes from the motor and it allows you to set the speed (Fig. 4). Current slow-speed handpieces also fit on the NSK micromotor as they have an e-type fitting (Fig. 3) and again, the speed can be controlled electronically.

On all new chairs, you are encouraged to go for the micromotor option, but in most cases it's a straightforward job for an engineer to install one on to your existing cart. Failing this, there are portable micromotors available.

A small amount of air is still used to atomise the spray within a speed-increasing handpiece. However, there's a unique solution available to overcome this. The Ti-Max Z45L has a switch facility which allows you to operate with a water jet coolant (water only) rather than spray (water and air mix) (Fig. 5). The water jet coolant significantly reduces aerosols and the built-in micro filter within the Z45L handpiece prevents particles from entering the water system. Using the water jet in surgical procedures also prevents subcutaneous emphysema. Speed-increasing options offer far more than safety, but also how any handpiece is maintained is vital.

INTERNAL DISINFECTION OF HANDPIECES

One issue within the decontamination process is the internal (lumens) disinfection of handpieces. Guidance for external processing is simple enough, but for the internal workings (lumens), a solution needs to ensure the durability of the handpiece in terms of disinfection and lubrication.

NSK has successfully manufactured automated handpiece lubrication machines for many years with

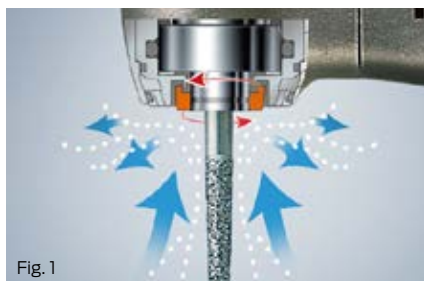


Fig. 1



Fig. 2



Fig. 3



Fig. 4



Fig. 5



Fig. 6



Fig. 7

great results for practices in terms of reduced repair bills. The next step is to maintain this durability, meet European standards and literally offer a solution that internally disinfects handpieces. The iCare+ was subsequently developed, each cycle composed of three stages – cleaning, disinfection (inside and out) and handpiece lubrication, all prior to autoclave sterilisation. Essentially it replaces the function of a washer-disinfector with the added benefit of lubrication in one validated, time-saving process.

On a practical level, the iCare+ is easy to use and processes up to four handpieces at a time (Fig. 6). Its footprint is just H355 x W400 x D405mm and requires a fitted 6mm air line. In the current climate, iCare+ offers peace of mind and has been tested to show it is effective against COVID-19.

INTERNAL STERILISATION OF HANDPIECES

The current climate has forced a re-evaluation of the decontamination process. In many cases this has highlighted that the UK lags behind the rest of Ireland and Europe in terms of sterilisation, where only Class B autoclaves using a full vacuum cycle are allowed to be used on a day-to-day basis. This guarantees items like handpieces are sterilised inside and out. To achieve this peace of mind, it requires investment, but is balanced by the extended life this gives to dental instruments.

As part of the NSK decontamination range, the iClave Class B autoclave (Fig. 7) features a powerful vacuum combined with a differentiated heating system to sterilise all materials and instruments, including the internal surfaces (lumens) of handpieces. The enhanced thermal efficiency of the chamber allows for lower running costs and the chamber design/shape offers 20 per cent more space than conventional 18 litre units, which means it is ideal for implant kits.

The efficient drying cycle eliminates many handpiece care and maintenance issues, including corrosion and discolouration. Pouching also eliminates contamination (soil/chemicals/oil) from other instruments and extends storage time, which limits over-reprocessing of less used instruments.

Our confidence in our autoclave has meant we are able to offer an additional six-month warranty on any NSK instrument, even for repairs.

As we all play the waiting game, I hope I've been able to offer you an insight, and give you some peace of mind that there are solutions available to combat current concerns over aerosols and decontamination.

For more information about NSK products and services in ROI and NI contact Jonathan Singh on +44 7464 675158, email JSingh@nsk-uk.com or call NSK on ROI 1800 848959 or NI 0800 6341909. www.nsk-ie.com/ Twitter: @NSK_LUK / Facebook: NSK UK Ltd / Instagram: nsk.uk



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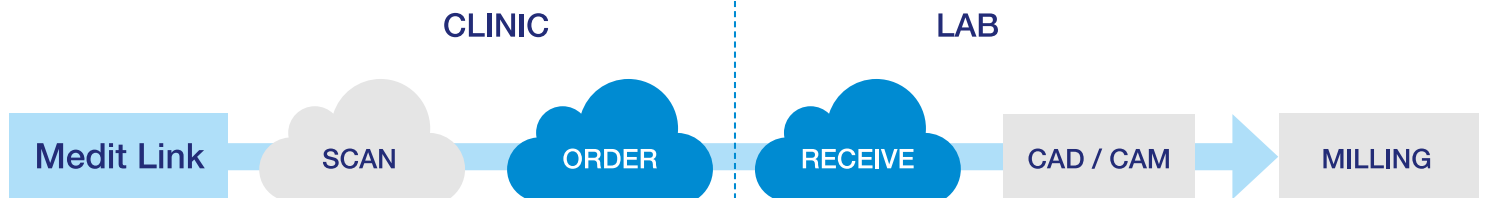
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REDUCING AEROSOL IN THE PRACTICE

From electric handpieces to automatic lubrication, MC Dental Equipment advises on options to reduce aerosol in dental practices

Reducing aerosol in the dental practice is now a significant talking point across the industry. Many doubt this will all be forgotten about in a few months and so we believe there is no time like the present to address this big challenge. This is not a new problem for the dental practice and there are already some great proven products that can help alleviate this problem.

Carl Wise from MC Dental Equipment recommends a few options for reducing aerosol in the practice.

ELECTRIC HANDPIECE

The main piece of equipment on this list is a replacement for the trusty old air turbine handpiece. Running at speeds of over 330,000 RPM and with coolant spray and air, the aerosol generated here is substantial.

The obvious choice is to upgrade your delivery unit to allow the use of electric motor and electric handpieces.

This can seem a very costly investment, however, if you work closely with your equipment provider, you will find there are a lot of different options which can suit all budgets and some where no engineer is required. This technology has been around now for some time and there are many solutions from all the top brands across the world.

Not only does using a speed increasing handpiece on an electric motor reduce aerosol, it also offers a superior working tool. Running at speeds of 200,000 RPM, it can offer the dentist more than 60 W of power and approximately 3 Ncm of torque. The electrically powered handpiece will not stall as you would expect from a turbine



handpiece and this enables continuous cutting through material. The added improvement to stability means greater precision, faster work, and less heating of the tooth substance during preparation.

PROPHYLAXIS 4:1 HANDPIECE

We see customers all the time using a 1:1 contra angle for cleaning and polishing. Professional tooth cleaning should be performed using a 4:1 handpiece. This immediately reduces the splattering of paste, gives a far gentler polish of surfaces and reducing the speed allows for greater cleaning efficiency.

Again, these products are manufactured by all the top manufacturers around the world and at low prices you would be surprised to see.



Do not forget when purchasing new equipment

- **Branded products:** Only buy products made by established manufacturers. You will often see special offers from cheap manufacturers. As the saying goes: "Buy cheap, buy twice."
- **After-sales service:** Comprehensive service of medical devices retains their value and extends their service life. Qualified service centres can also offer prompt assistance in case of problems with the product.
- **Warranty:** Compare warranty periods and find out which components are not covered by the warranty.
- **ROI (Return on investment):** Some products can cost a lot upfront but with minimal upkeep.
- **LED light:** Light is not simply light: find out what light values are achieved and, if possible, compare the size of the illumination field. The size of the illuminated area is particularly restricted with glass rods. LEDs integrated into the instrument head are the ideal solution.
- **Power and speed:** Do not be distracted by high speeds and high-power specifications. A test of the power under load will quickly show whether the product has sufficient power or not.
- **Buy or lease:** Finally talk through with your supplier, options where you can make the investment work for your business.

AUTOMATIC LUBRICATION SYSTEMS

An obvious choice in this category for reducing aerosol is the removal of the manual lubrication spray. Taking that handpiece from the patients mouth to the oil can and spraying through moves everything from inside out in to the open. Using a lubrication system eliminates this immediately as every spray is behind a closed door. Once again, there are so many top brands to choose from and different budgets to suit.

All the upgrades mentioned not only reduce aerosols but also offer many benefits, from cost savings, to performance enhancement to time savings – bringing the dental practice forward and allowing the team to provide a far more efficient service.

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WINIX AIR PURIFIER – COVID-19 SOLUTIONS FOR DENTAL CLINICS

Powerful and fully automatic air purifiers from HDMS can clean the dental clinic, waiting room or office environment

The current situation has led us to reconsider many of our habits and behaviours. The spread of COVID-19 forced us to stop everything, putting personal health protection at the forefront.

Now that we are going to start our activities again, HDMS has considered how to do it safely. Dental clinics are considered to be one of the environments most at risk of contamination from viruses and bacteria, thus becoming an important potential vehicle for the spread of COVID-19.

So what should you do to start your business safely, ensuring the protection of the health of operators and patients?

The measures to be taken to bring your work environment into conformity are few but fundamental:

- Have equipment / tools that can guarantee the disinfection and sanitisation of the environments, both during daily practice and at the end of the day.
- Always use compliant Personal Protective Equipment (PPE).
- Formulate and comply with ad hoc procedures created to counter the potential transmission and spread of diseases caused by viruses, bacteria or germs.

HDMS has prepared a selection of certified, safe and easy-to-use devices which, used in combination, can be of great help in guaranteeing a healthy and optimal environment by which to operate in compliance with standards and guidance in health protection.

The air purifier WINIX ZERO Pro is an extremely powerful and fully automatic air purifier that cleans your indoor air environment from allergies, fine dust (PM2.5), dust, pollen, pet dander, cigarette smoke, mould spores, VOCs and odours. This fully automatic air purifier WINIX ZERO Pro can be used in all rooms up to 120 m².

The air purifier WINIX ZERO Pro is an air purifier with a Dual Sensor technology. It uses a five-stage air purifier filtration system with a washable pre-filter, a washable active carbon filter, a antimicrobial True HEPA filter (99, 97%) and the unique WINIX PlasmaWave® technology.

The Dual Sensor technology ensures that this air purifier responds fully automatically to both the presence of particles and odours. All this together makes the air purifier WINIX ZERO Pro the most ideal air purifier for your dental clinic, waiting room or office.

It is available to order from HDMS with nationwide delivery.

- Designed for dental and medical use
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- Negates aerosol spray in surgery
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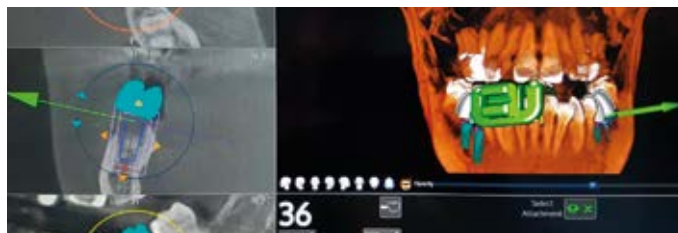
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Dr Wilson Grigolli DMD PhD is a specialist Oral Surgeon and Implantologist with enormous experience and excellent surgical skills. Wilson is a graduate of Sao Paulo University where he gained extensive experience in cleft lip and palate rehabilitation working closely with Per Ingvar Branemark (Sweden's father of Dental Implantology). In 2005 Wilson relocated to the Implantology Institute in Lisbon. He has lectured extensively throughout Europe is also an official lecturer for Nobel Biocare and on the Nobel Advisory Board. He returned to Ireland in 2015 and we are fortunate to have him on our team. In Ratoath Dental and Implant Centre Wilson has the benefit of superb equipment and technology including a Kavo 3D Pro CT scanner and the X Guide Dynamic navigation system. Full mouth rehabilitation including Zygomatic Implants and Sinus Lift procedures are comfortably within Dr Wilson Grigolli's skillset. To date he has placed in excess of 27,000 dental implants.



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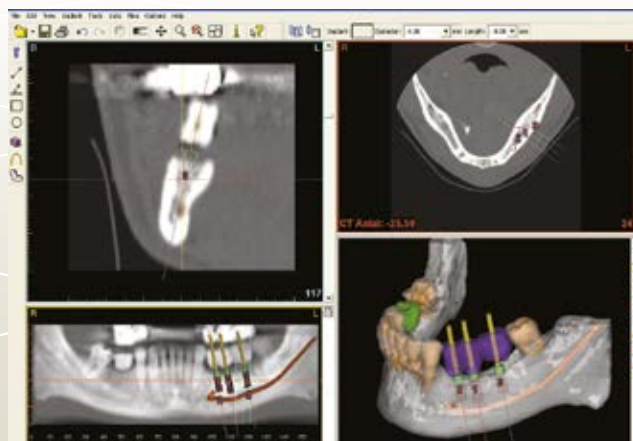
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SWIFT DENTAL GROUP'S COVID-19 JOURNEY

After some inspiring achievements during an unprecedented time, the team shares its plans to support practices during the recovery period

On 24 March 2020, Swift Dental Group made a decision to close its doors due to the COVID crisis. It was a moment of mixed emotions; relief for the safety of all our employees and customers, apprehension about what would happen next, and a sense of shock at the realisation of this global pandemic which is still affecting everyone's lives.

However, out of the most unprecedented event to affect us all, our team at Swift has accomplished some of its most inspiring achievements to date, and we are delighted to announce how we plan to help and support practices in the recovery period.

So far, we have manufactured and donated over 3,500 free face visors with the help of our 3D printer and our phenomenal staff who have volunteered their time. We have raised over £8,500 and supported thousands of NHS frontline staff and other key workers. We have had a few celebrities supporting this invaluable campaign along the way. Mark Halsey, David Potts and Johnny Vegas paid a visit to Swift HQ and commended us on the great work that we were doing.

Our phone line has remained open

throughout and it has been a pleasure supporting our customers both existing and new. Also, we have thoroughly enjoyed running numerous awareness and engagement campaigns, and we have definitely gained a great insight into what the industry views are on the 'new normal'.

Swift Dental Group embarked on a journey towards operational excellence in February 2020. This customer-centric journey is a strategic decision, using lean manufacturing principles and methodologies to create flow in our manufacturing processes, minimise waste – reworks, remakes, and rejects – within our production system, improve service level, delivery, and

customer experience to our valued customers.

The foundation to accomplishing the above goals is accountability, a sense of urgency and leadership.

Swift Dental Group will now use standard work to ensure consistency of our product within stable processes and problem-solving tools to ensure built-in quality. Swift would be delighted to show you around our redesigned facility and talk you through our lean journey.

At the beginning of May, we launched our online survey to all dentists and practice managers, with a view of understanding how and when they intend to return and what services they will be offering to their patients. These results have been

very interesting and informative. The data we have collated will assist the business in adopting the best processes to support practices when they reopen.

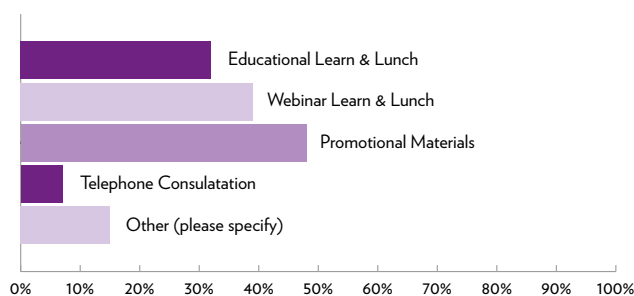
The responses thus far have been fantastic, and we hope to share these results with our clinicians soon. One of the questions asked was: How could we better support practices on their return?

As a result, we have produced a Practice Support Package which is available for all practices. Included in the pack are the following tools:

- Details of our upcoming webinar and how to book
- Patient information leaflets – *Providing confidence in laboratory-related devices*
- Support available
- Mouthguard and whitening tray promotions
- Collection and delivery protocol
- Swift's laboratory procedures
- Workflow chart.

You can access these documents via our website at www.swift dental.co.uk or request a pack by ringing our customer experience line on +44 (0) 1204 323 323.

To celebrate our industry's return, we would like to offer all customers (existing and new) two special offers.



Online survey of dentists and practice managers

swift dental
group

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Download **swiftdental's** customer support pack

We have produced a customer support pack for when you reopen, and it's available to all practices and dentists... Head to www.swiftdental.co.uk/customer-support-pack to download or call **01204 323 323** to request your copy!

The collage features several documents from Swift Dental:

- USEFUL INFORMATION**: A brochure detailing the laboratory's opening hours (Monday to Friday 9:00am-5:30pm), contact information, and a table of turnaround times for various dental services. It also includes 'OTHER USEFUL INFO' regarding lab tickets and payment terms.
- TURNAROUND TIMES**: A table listing services and their respective turnaround times, categorized by 'Time in the lab' and 'Additional information'.
- PATIENT INFORMATION**: A brochure with a flowchart titled '#ButterTogether' and '#StaySafe', providing instructions for patients on how to safely visit the laboratory.
- LABORATORY PROCEDURES...**: A brochure outlining safety protocols, including reduced staff numbers, one-way systems, social distancing, and the use of PPE.
- COLLECTION, DELIVERY PROTOCOL & DRIVERS**: A brochure with six panels illustrating the correct procedures for collecting and delivering dental work.
- Swift Dental's eCPD Webinar**: An announcement for an upcoming webinar on continuing professional development.
- SAVE 15% ON GUMSHIELDS FROM MAY TO OCTOBER**: A promotional offer for gum shields, featuring a 15% discount and a 'FLIP OVER FOR DUAL SAVING' incentive.
- SAVE 15% ON BLEACHING TRAYS FROM MAY TO OCTOBER**: A promotional offer for bleaching trays, featuring a 15% discount and a 'FLIP OVER FOR DUAL SAVING' incentive.

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FINANCIAL SOLUTIONS FOR WHEN THE CASH TAP IS TURNED OFF

Practice loans, hire purchase and leasing are among the options available

During normal times numerous business owners grapple with the question of what happens if the cash tap is turned off; the COVID-19 crisis has thrown this into sharp relief and made this possibility a reality for many.

When this happens, the options available to business owners – including dentists – can appear to be limited, but they needn't be because with many practices getting back to routine work, a corner appears to have been turned.

"We're still very much open to new business," says Joe Biesty, Area Sales Manager for Braemar Finance. "There are all sorts of ways for practices to get through the next few months and remain able to finance the new necessities, including PPE gear and practice refurbishments."

By way of example, Joe cites a customer who recently redesigned their workspace, including separate consultation rooms, to enable and ensure social distancing measures can be effectively implemented.

"Cash flow doesn't have to be a barrier to investment," explains Joe. "There are various

products available that are suitable for almost any purpose. We also work closely with all dental equipment suppliers in Ireland and have a recognised and trusted reputation."

Three key products are:

- **Practice loans** inject cash into a business when it's needed. This unsecured loan product can be used for a variety of purposes, including buying into or starting up a new business, a renovation, or simply to cover multiple overheads.
- **Hire Purchase (HP)** agreements allow outright ownership of an asset at the end of the agreement term. In addition, the asset could potentially be claimed against your taxable profit under capital allowances.
- **Leasing** allows you to maximise the use of equipment without the responsibility of owning it, giving you the freedom and flexibility you need.

WHAT DENTISTS SAID ABOUT COVID-19 AND HOW IT WAS AFFECTING THEM

Braemar Finance recently surveyed its Irish dental customers on a range of COVID-19



Joe Biesty,
Area Sales Manager
- Republic of Ireland
For more information,
please visit: www.braemarfinance.ie

issues – this is what they discovered:

- 23% would be closed completely until lockdown ended.
- 77% were open for emergencies only.
- Three in every five dentists were unsure when (or if) they'd be fully operational again.
- 54% would return with the same number of staff while 35% would employ fewer people.
- 62% made use of the government's temporary COVID-19 wage subsidy scheme for staff.

WHY BRAEMAR FINANCE?

As an established professions funder in Ireland and the UK with nearly 30 years' experience working with dental practices through all economic cycles – the fact is, there's very little we haven't seen or experienced, although the current crisis is proving to be the exception to the rule.

That said, our approach to helping new and existing customers remains unchanged. Our team of finance specialists understand how vital it is that you have what you need to both survive and thrive.

Supporting the dental profession through challenging times

For over 25 years Braemar Finance have been committed to supporting businesses through all economic cycles and that doesn't stop today.

We will work with you to understand your individual challenges and tailor the finance solution to suit your current needs.

- Equipment finance
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Speak to us today, we're here to help.

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NSK UK & IRELAND

Jonathan Singh
NSK Product Specialist
& Technical Services
Engineer, NI & ROI



AS ONE of the world's foremost manufacturers of dental handpieces and small equipment, NSK understands the dedication and commitment required to be a successful dental professional. NSK products are developed and designed with advice from the profession and the extensive product range includes some of dentistry's most advanced air turbines and contra-angles.

NSK opened its UK and Ireland headquarters in 2007, and in that time has built a solid reputation for high-quality products, which are recognised as some of the best and most innovative across the industry. The key to their success has been the combination of quality products and excellent customer service.

Jonathan Singh is NSK's Product Specialist & Technical Services Engineer for Northern Ireland and the Republic of Ireland. Jonathan, who is based in Belfast, has a wealth of experience in

the dental and medical industry, with a specialist focus in the maintenance and servicing of dental handpieces and autoclaves.

An experienced engineer, Jonathan recently attained his AP(D) (Authorised Person (decontamination)) qualification. This accreditation further supports his comprehensive knowledge of the methods, techniques and processes used in the validation and verification of all decontamination equipment, enabling him to be effective in the management of all engineering aspects of the dental practice's decontamination equipment.

Jonathan also has an in-depth knowledge of the NSK product range and is adept at advising and supporting practices about the most suitable handpieces and autoclaves to meet their individual needs.

NSK understands that today's busy dental practices face a serious challenge; to maintain or increase productivity while ensuring that patient safety remains a top priority. NSK has a range of high-performing autoclaves and customers across Northern Ireland and the Republic of Ireland can benefit greatly from Jonathan's vast experience in

decontamination and NSK product knowledge.

"Fast instrument cleaning is vital in a busy practice, so quick cycles, large chamber volume and low power consumption are key," according to Jonathan. NSK's iClave plus, with a highly conductive copper chamber and 20 per cent more capacity than conventional autoclaves, leads the way in these essential criteria.

For NSK the future is not only about continuing to improve its equipment, but the commitment to giving the best service and support. With his years of experience and in-depth knowledge, Jonathan is well-equipped to provide his customers with that and more.

For more information about NSK products and services in ROI and NI, contact Jonathan on +44 7464 675158 or +353 1695 0053 or call NSK on ROI 1800 848959 or NI 08006341909.

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GREAT DEALS AND EXPERIENCE BUILD CUSTOMER TRUST



Tom Fahy, Handpiece Harry
☎ 094 938 1122
✉ tom@handpieceharry.ie



TOM has more than 20 years' experience in dental, starting out as a dental equipment engineer with one of Ireland's leading dental companies. He set up his own dental equipment business in 2005, covering the west of Ireland.

Handpiece repairs requests were frequent and in 2009 the decision was made to introduce Handpiece Harry to dental. The decision to concentrate in the specialist handpiece area was aided by the shock experience of Tom becoming ill with meningitis which resulted in a reconsideration on life for Tom.

He enjoys a healthy mix between office base and out on the road meeting you dental professionals out there. He understands that finding the time to talk with reps is difficult, so he really appreciates the sacrifice you made to say Hello when he calls in.

Tom's free time consists of enjoying time with his

wife, Ann Marie and their 3 children, coaching, and enjoying the lovely countryside. The family are supporters of the Green and Red of Mayo and although Tom does not believe in the myth of the 'Curse', he continues to believe: 'This is our year'

Great deals and the experience to offer the customer the best solution for their requirements has built a customer trust that Tom and the team are proud of.

The backup team at Handpiece Harry are Marguerite, Ger and John. To find out more on Handpiece Harry, call 094 938 1122 or tom@handpieceharry.ie and you can browse at www.handpieceharry.ie

Take Care and Stay Safe in the return to the new normality of post Covid19 and after Tom's experience in 2009, remember..... Your Health is your Wealth.

KULZER, THE MARKET LEADER IN COMPOSITES AND IMPRESSION MATERIALS



Ryan Maguire
Northern Ireland & Ireland
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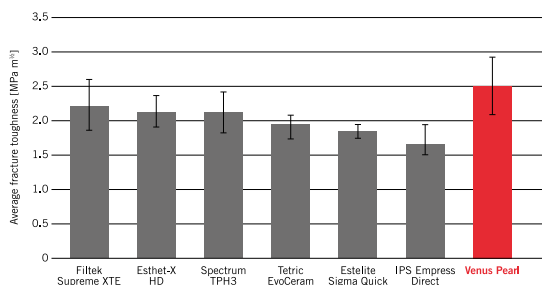
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Dr Jason Smithson



Source: PD Dr. Rosentritt, University of Regensburg, Germany

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IT'S A MATTER OF LIFE ... AND BREATH

Protecting dental professionals and their patients for more than a decade, the Jade is the world's best indoor air purifier

Now that dental practices are reopening after the recent COVID-19 lockdown, it is critical that they raise the bar when it comes to protecting the health and wellbeing of their patients and teams.

Quintess Denta are acutely aware of the challenges facing the dental sector and have been working hard to add PPE supplies to their range, along with a world-class air purification solution. Quintess Denta are delighted to offer the Jade air purifier through their new sister company, Surgically Clean Air UK and Ireland.

Surgically Clean Air's Jade air purifier is a medical-grade air system, one of the most advanced on the market. It is designed with premium service in mind, with beautiful contemporary styling on the outside, and sophisticated technology on the inside, and superb airflow performance throughout. Protecting more than 10,000 dental professionals and their patients for more than 10 years, these tried and tested units are simply the world's best indoor air purifiers.

STYLE

The clean lines, slim profile and rounded design give the Jade air purifier a contemporary and stylish look that stands proudly in dental practices.

PERFORMANCE

The air flow performance has been engineered to maximise the air change rate by moving large volumes without the air drag that often occurs in some air purifiers. Unlike other air purifiers, the air outlet design allows air to cascade out the top and efficiently flow throughout the room while keeping the sound volume at an industry-leading low level. It's as quiet as a standard household dishwasher. Household quiet, but with the strength to provide healthier air in even the most demanding of dental practices.

MEDICAL-GRADE

The Surgically Clean Air Jade air purifier offers excellent performance in hospitals, medical labs and dental practices to clean and sterilise the indoor air.

TECHNOLOGY

The Jade model utilises Surgically Clean Air's multi-stage air purifying technologies that work together to clean, purify and re-energise the indoor air. The multi-stage filtration system captures dust particles, pollen, volatile organic chemicals (VOCs), mould, allergens, viruses, odours (like formaldehyde and smoke), bio-aerosols, nitrous oxide, and many other pollutants that are found in the inside air in dental practices. The negative ion generator makes the indoor environment feel pure, clean and



energised to help combat fatigue. For an air purifier to deliver its benefits throughout the indoor space it needs to move large volumes of air through its filtration system effectively without impacting those people that are closest to it by creating a breeze or being too loud.

To learn more and receive your free consultation on how to improve the air quality in your practice, send your ceiling height, length and width of room by email to: admin@scaukandireland.com or visit www.scaukandireland.com

WHAT A DIFFERENCE A JADE MAKES...

"The first year we started using the Surgically Clean Air machines in our office the number of employee sick days went down to almost nothing and at first I didn't make the connection, but then I realised it couldn't just be a coincidence. It was the first year that we had started running the Surgically Clean Air machines in the office and every year since I don't think we've had really any employee sick calls."

"We purchased our Surgically Clean Air unit nine months ago and can't believe the difference! Less dust on surfaces, fresher smelling air, and increased patient comfort with our environment and concern for their health and safety. No more dental smell from acrylic and resin. We love our unit and would buy again!"

"Surgically Clean Air has truly provided a 'breath of fresh air' within our office since we installed two units roughly two years ago. The air is noticeably crisp, and don't even get me started about the particles that are captured and cleaned on a monthly basis. Employee sick days appear to have decreased, and energy levels may have even increased."

THE FOUR PILLARS OF AIR PURIFICATION TO CONSIDER BEFORE CHOOSING A PURIFIER

Airflow – What is the ACH (air changes per hour) and have the machines been tested with filters in place? Some units are not tested this way and the figures are falsified as a result.

Noise – The DB (decibel) levels are critically important as the difference in number may not seem like much, however it can often be the difference between having the sound of a vacuum cleaner all day and a whisper-quiet unit in an office.

Technology Mix – Ensuring you know the mix of technology and size of filters is important. Ours are 55,000cm,

but some machines do not state theirs so always check.

Maintenance – How easy are they to maintain and what is their history in dental? The Jade and Surgically Clean Air have been around for 10 years in dental and have over 20,000 unit in practices. We are based in Northern Ireland with UK service.

"I want my patients to be as safe as possible when they enter my clinic post COVID-19. When I closed my practice because of Covid, I started thinking of ways to achieve this and to give

them and my staff confidence and a feeling of comfort.

"The Surgically Clean Air Jade purifier is a great solution and makes logical sense to me. They are certified to a high standard with excellent technology, a high filtration efficiency, attractive design and can clean a large volume of air quietly.

"My patients and staff place their trust in me and I want to ensure that I give them the best"

**Dr Aislinn Machesney,
Cornelscourt Dental
Practice, Dublin**

#1 AIR PURIFIER FOR DENTISTS

IT'S TIME TO TACKLE
PERSON-TO-PERSON VIRUS SPREAD
STAFF & PATIENT ANXIETY
HEADACHES • FATIGUE
COUGHING • ITCHY EYES...



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PEACE OF MIND

NSK iCare+

The iCare+ handpiece decontamination unit performs three functions prior to autoclave sterilisation:

- cleaning/rinsing
- disinfection (inside & outside)
- lubrication



Effective against Covid-19

Also disinfects the inside of handpieces

Darren Hill APD (Authorised Person Decontamination)
Northern Health Social Care Trust

"We are a busy HSDU processing all dental handpieces for the Trust. We needed a validated solution to ensure handpiece lumens were cleaned, disinfected and met best practice guidelines whilst minimising handpiece repair costs.

NSK's iCare+ washer disinfectors provided the solution and along with the local support from NSK has met our requirements. During this period of uncertainty it has given us the confidence of being effective against Covid-19."



Call us on 01800 848959
or visit www.nsk-ie.com



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