

In terms of nursing assistance and clinical enhancement, the results showed that Dental Hygienists and Dental Hygienist-Therapists working with the assistance of a Dental Nurse experience greater clinical efficiency in terms of time management and how that time is spent. Furthermore respondents could maintain good posture and prevent twisting and subsequent back pain. Respondents also reported feeling more relaxed having a chaperone present which enabled the clinician to concentrate on the patient and worry less about planning ahead for the next patient's arrival. Having the assistance of a dental nurse also appeared to reduce feelings of exhaustion and isolation.

When questioned about the patient experience, the qualitative results showed that patients seemed more relaxed when a dental nurse is present, and that efficient aspiration enhances comfort and peace of mind.

Here are some quotes from the reflective part of the survey:-

'The patient would have 100% of my attention for the whole appointment whereas at present, as we near the end of the appointment time I become distracted by what to do and what to get ready for the next patient.'

'The nurse is an extra pair of eyes to watch the patient and provide reassurance. It allows me to have extra time to explain treatment. Moisture control is better. I don't have three pairs of hands to do this well and the procedure is more comfortable for the patient.'

In terms of the law and ethics of nursing assistance, the professional and legislative bodies and indemnity organisations viewpoints need to be taken into consideration in terms of whether the dental hygienist should work alone.

The General Dental Council (GDC) 'Principles of Dental Team Working' document points 3.7 and 3.8 states²;

'When treating patients, make sure there is someone else – preferably a registered team member – present in the room, who is trained to deal with medical emergencies. There may be circumstances in which it is not possible for a trained person to be present. If this is the case, you are

the presence of a registered, trained and competent Dental Nurse ensures best practice

responsible for assessing the possible risk to the patient of continuing with treatment in the absence of a trained person.'

This could be deemed as sitting on the fence somewhat, but does provide clinicians with a framework for interpretation.

The British Dental Association (BDA) when questioned stated;

'Whilst it would be difficult to be absolutely definitive about this issue, we would be supportive of the principle that all operating dental personnel, be they Dentists, Dental Hygienists or Therapists, work with suitably trained and registered support. There will still be Dentists who choose to work without the sort of close four-handed support that many of us take for granted, so it is perhaps not surprising that not all Dental Hygienists are working with a Dental Nurse.'

It is vital to stress that where a Nurse is not provided, the appointment regime should be such as to allow sufficient time for the Dental Hygienist to fully comply with the cross-infection protocols of the practice and that as a registered professional, the Dental Hygienist should satisfy themselves that these protocols are adequate and within current guidelines.'

The other issue that is important is, of course that of chaperoning, often stressed with a male operator/female patient, this is just as important for all patient interactions

whatever the gender mix.

The BDA were more definitive when stressing the importance of chaperoning, the need for adequate change over time and the onus of responsibility on the practicing clinician. In regard to change over time the investigators were able to time decontamination and changeover of forty periodontal treatment surgeries at KCH during a practical test. The average time recorded was eight minutes, which excluded note taking.

The Dental Defence Union (DDU) advises Dental Hygienist and Therapist members, as well as those who employ or manage Hygienists and Therapists to consider carefully GDC guidance, 'Principles of Dental Team Working' and clarifies that;

'The GDC envisages circumstances when it may not be possible for a third person to be present in the room during treatment. If this situation arises, the individual registrant should assure themselves that it is safe to proceed with treatment given all the relevant factors.'

The DDU emphasises personal responsibility and that we need to be sure it is safe to proceed. However, this is a difficult area as working conditions are somewhat imposed in many organisations and practices.

Dental Protection (DPL) directed the authors' enquiries to a section on their website, answered in December 2009:

It is much more likely that a clinician could find themselves dealing with a medical emergency whilst treating a patient. Medical emergencies can arise irrespective of gender,

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