

Veterinary Dentistry Workplace

Introduction

Veterinary dental equipment and workplace ergonomics have changed beyond recognition in less than a decade. For many, the equipment pages of dental catalogues can be baffling.

This chapter describes the dental workplace and should enable you to:

- ✓ Describe the equipment required to practice modern veterinary dentistry
- ✓ Be able to select the correct equipment for the case presented
- ✓ Understand the need for and be able to set up an ergonomic dental workstation.

The Veterinary Dentist's Workplace

The room used for dental procedures should be well lit and ventilated. Sterile surgery should not be performed simultaneously or after dental procedures as a microbe laden aerosol will be present in the area for many hours after the use of powered dental equipment.

The operator should be seated so that the forearms and wrists can rest on the table with the knees underneath and the thighs horizontal to the floor. The chair should provide proper back support. Preferably the chair should be mobile with five castors to aid stability.

The table should be capable of being raised or lowered to provide an optimal working height for differently sized animals and operators. In addition, an incline will allow fluids to escape away from the working area. Fibreglass tabletops with drain channels aid the flow of fluids away from the patient and prevent soiling of the coat. Tub tables do not fulfil the criteria required for ergonomic dentistry.

Good quality lighting is essential. This can be ceiling or castor mounted. Head mounted halogens provide optimal directional lighting.

All power equipment and hand instruments should be within easy reach.

All personnel within 45cm of the patient should wear a dental mask and protective eyewear.

Single-use, disposable, latex gloves should be worn when examining the oral cavity and performing dental procedures.

Patient Positioning

The patient should be kept warm and dry during the procedure. A slightly tilted table with adequate drainage, combined with a heat pad under the body, is very effective. A circulating warm water blanket may also be placed around the patient to prevent hypothermia. The rectal temperature should be monitored.

Two patient positions should be considered, lateral and dorsal recumbency.

Lateral Recumbency

Most veterinarians and veterinary nurses prefer lateral recumbency.

Place a towel or sandbag under the neck of the patient and tilt the head downwards, so as to ensure adequate drainage of saliva, blood and irrigating fluid. A cuffed endotracheal tube and pharyngeal pack (Metropack™) is essential to prevent aspiration.

Dorsal Recumbency

Dorsal recumbency offers the advantage of superior visualisation of all aspects of the teeth, especially of the maxillary dentition.

The patient can remain in the same position throughout the procedure in a standard fibreglass cradle. The operator needs access to a 180-degree arc at the end of the table – preferably seated on a wheeled chair.

Pharyngeal Packing

One of the main hazards of dentistry and particularly dorsal recumbency is fluid aspiration. A cuffed endotracheal tube and pharyngeal pack is essential to prevent aspiration.

Ensure the palate is in a horizontal plane and lower the head end of the table.

Place a towel or sandbag under the neck of the patient to hyper-extend the neck. Use a gag to maintain the mouth in an open position, but always beware of over -opening the mouth and straining the TMJ's over a long period of time.

Hand Instruments

Basic Kit

Here is the equipment needed in the dental workplace for routine periodontal treatment and simple extractions . The tools should be treated carefully and kept in good condition.

A new, previously sterilised set of instruments should be used for each patient:

- Magnifying loupes
- Perforated metal instrument tray (756 481)
- Periodontal probe/Explorer
- TFI or Slimline ultrasonic scaling tip
- Extraction forceps
- Periosteal elevator
- Subgingival curette(s)
- Dental mirror
- Disposable prophylaxis angle or disposable prophylaxis cup and paste
- Scalpel handle and blade.

A suture kit should include the following:

- Suture material
- Fine needle holders
- Tissue forceps.

Periodontal Probe

This instrument has a graduated, blunt ended probe at one end, with a sharp shepherd's hook at the other. The blunt tip can be round or flat and graduated in mm or colour coded in bands. The periodontal probe is used subgingivally to explore the sulcus, mainly to determine pocket depth, but also for locating the subgingival calculus and other problems. The sharp opposite end (shepherd's hook) is used on the crowns, to distinguish caries from reparative dentine or staining, to determine presence of pulp exposure and, possibly, for other supragingival lesions.

Extraction Forceps

The principal size needed is the "Small Breed". Medium and large forceps are rarely required. The function of extraction forceps in veterinary dentistry is primarily to remove the root once it has been luxated loose. In

human dentistry, forcep blades are forced apically to push the root out of the alveolus. This is rarely possible in veterinary dentistry, due to the longer tapering roots of brachyodont teeth.

Periosteal Elevators

Periosteal elevators are mainly used to lift full thickness soft tissue flaps. The tips require protection and need to be kept very sharp otherwise shredding of the flap is likely. The most common types in use are the double ended Molt P9 but also the Molt 2 and Molt 4. Other types available are periosteotome, Fedi and Ochsenbein chisels. Flaps make it easy to visualise the area of interest during multiple extractions, particularly cat teeth, and in the creation of sliding flaps and other flaps in periodontal and oral surgery.

Supragingival Scaler

The supragingival scaler has a triangular blade in cross section, with cutting capability at all three points of the triangle.

It is used for removing supragingival calculus only. It is **never** used subgingivally.

It requires a modified pen grip. This instrument must be kept sharp. It is rarely used in vet dentistry now due to improvements in ultrasonic scaler tip technology.

Subgingival Curette

Subgingival curettes can be in a universal or Gracey configuration. The Gracey is more commonly used. The blade is angled at 70° to the shaft and has only one cutting edge. For universal curettes, the half moon shape blade is perpendicular to the shaft with cutting edges on both sides.

Gracey curettes are numbered and, the higher the number, the more caudal the area of the mouth in which they can be used. Due to better access in veterinary dentistry, only a few of the range of dental curette shapes are required. The most commonly used is Gracey 13/14, 11/12 and 5/6.

To use subgingivally, push the blade to the floor of the sulcus and engage the enamel or cement surface and clean off debris with a sharp, but sustained, up-stroke. The curette requires a modified pen grip with a fulcrum (or rest) on an adjacent tooth or the jaw.

Suture Kit

The oral cavity has limited operating space, particularly in cats, and suture instruments should be selected on this basis. Ophthalmic style instruments work best – e.g. fine Castroviejo or 5.5 inch Olsen Hegar needle holders with tungsten carbide jaws. Bishop Harmon tissue forceps and appropriate absorbable suture material in 3/0 (2 metric), 4/0 (1.5 metric) or 5/0 (1 metric) sizes.

Needle size and type also need to reflect the tough tissues of the oral cavity. Curved needles are most useful in confined spaces – for example for cats and caudal oral locations in dogs. Cutting or reverse cutting needles are required. Reverse cutting needles have the cutting surface on the greater (outer) curvature of the needle and are less likely to cut the tissue between the needle and the wound than cutting needles. This can be important when suturing gingival or buccal mucosa.

The most common materials used in the mouth are:

Monocryl® (Ethicon)

Polyglecaprone 25. Monofilament: Good knot security in the mouth (4 throws needed) and superior handling. Use reverse cutting FS2 needle. Lasts around 20 days in the mouth.

Vicryl[®] (Ethicon)

Polyglactin910 – braided multifilament. Poor knot security in the mouth – needs 5 throws plus. Retained for at least 28 days in the mouth.

Vicryl Rapide[®] (Ethicon)

As for Vicryl with faster absorption time in tissue. Expensive.

PDS 11[™] (Ethicon)

Polydioxanone. Monofilament with 56 days retention in the mouth and long (180+ days) absorption period.

Chromic Catgut

Reasonable handling but may dissolve before flaps are healed. Cheapest.

Tooth Luxators and Elevators

Coupland

The traditional style of elevator used in most human dentistry practices in addition to forceps. The blade is too broad and crude for dog and cat teeth.

Svenska Tactile Plus[™] System

A different concept to the Coupland. The blades are concave, with sharp edges and made of softer steel than the Coupland. They are pushed into the periodontal ligament space and rotated axially round the root. They need to be sharpened **daily** with a conical stone. They are easily damaged if dropped. They are available in sizes of 2mm, 3mm and 5mm, straight or curved.

Winged Elevators

These elevators are a newer (1997) design and provide the operator with a sharp blade and lateral wings to hold the long, conical roots of brachydont teeth. There are two tip shapes – standard and modified. The modified tip has a notch at the end, which makes finding the periodontal ligament space easier, with less risk of slippage. They are very efficient, but also need to be kept sharp daily.

Four sizes are available in both original and modified tip shape. – 1mm, 2mm, 3mm and 4mm.

Root Tip Picks

These are occasionally helpful for extraction of cat teeth and broken root tips. Extreme care is required when using to prevent slippage of the tip, which can lead to considerable collateral damage to adjacent structures.

Fahrenkrug Elevators

These are designed for canine (cuspid) teeth. They are double ended with one blade following the greater curvature whilst the other end follows the lesser curvature.

The Modified Pen Grip

The modified pen grip has been developed to provide human dental hygienists with a grip that provides good control of the blade whilst preventing fatigue during long procedures. Long term, it should protect against “Carpal Tunnel Syndrome” (CTS), which is an occupational hazard for those occupations that work with close control of hand instruments.

Hold the instrument between the thumb and index finger, then bring the other fingers down so that the shaft lies on the second finger and under the index finger. The normal pen grip is not recommended due to reduced control and, potentially, the development of CTS.

Hand Instrument Care

Hand instruments need to be handled and cleaned properly.

They should be stored in proper instrument trays, as individual kits. This prevents chipping of delicate blades and allows them to retain their sharp edges.

Dental instruments must be cleaned carefully to avoid chipped or broken tips. Soaking solutions traditionally contain either glutaraldehyde or formaldehyde (e.g. Gigasept™ and Cidex™).

Ultrasonic baths are the best method for cleaning instruments, followed by autoclaving at 124 degrees C minimum. Ultrasonic baths are initially expensive to buy (approx. £400), but save on cleaning effort, provide a fast instrument turn-around, and cause less tip damage.

Curettes, scalers, elevators, luxators and periosteal elevators need to be sharpened daily, before autoclaving with an appropriate stone. A sharpening kit contains the necessary Arkansas or oilstones and oil.

Ancillary Equipment

Introduction

Ancillary equipment improves the comfort and the practice of dental surgery. Simple improvements in work practices can make a tremendous difference to the quality of work produced. In some cases, it will be necessary to comply with health and safety at work legislation and written statements of work practices.

Protective Clothing

Splash-proof face shields are required for routine periodontal treatment. Surgical masks are an alternative and must be worn during any power scaling or drilling to prevent inhalation of the aerosol of infected water droplets. Be aware that they have a limited period of effectiveness.

Protective spectacles must always be worn, if a dental drill or scaler is used, to prevent calculus or other debris hitting the eyes and to reduce aerosol contact with the conjunctiva.

Magnifying Loupes

The use of magnification will greatly enhance the practice of dentistry. A factor of x2.5, with a focal distance of 15 to 18 inches, is the most commonly used magnification combination. This allows the operator to work erect, with the spine supported against the seat back.

A good light source is essential. Some loupes allow the attachment of high intensity halogen lights running from mains power or battery packs.

Magnifiers are available for less than £100 but good optics provides better quality vision. Suppliers of high quality optics are Keeler, SurgiTel and Designs for Vision.

Dental Mirror

The mirror is a very useful, frequently forgotten, instrument in veterinary dentistry. It should be used for checking the reverse side of the teeth for lesions and calculus. The 1/5 mirror is double ended. One end magnifies x5.

A mirror also doubles as a useful lip retractor or tongue depressor during use. During ultrasonic scaling it is very useful to have an assistant run air from the 3-way syringe over the glass to keep vision clear.

Dentistry Table

Dentistry is a very messy business.

Fibreglass tabletops fit over an existing operating or consulting room table. They have drain channels for fluids and areas where instruments can be laid. The recessed channels underneath the patient prevent excessive quantities of fluids or blood contaminating the coat and causing hypothermia.

Powered Dental Equipment

Introduction

The selection of powered dental instruments will depend most of all on budget and specific needs. Veterinary dentistry can be hard on equipment. It is, therefore, sensible to buy the best equipment that the practice can afford.

All powered dental equipment should be in proper working condition before the procedure starts. Ensure it is lubricated and tested before and after procedures.

Ultrasonic Scalers

Ultrasonic scalers are used to remove calculus rapidly from the tooth surface. The scaling tip vibrates in the **ultrasonic** range of 20-45 kHz (i.e. 20,000 to 45,000 times per second), with an optimum frequency between 18 kHz and 32kHz. Most of the scaling power is available at the tip, which is cooled with a jet of water. There are three basic types – magnetostrictive, piezo-electric and Odontoson™.

How It Works

The scaling tip vibrates and follows a pattern depending on power rating and type – elliptical, curved linear or figure of 8. The water is energised as it passes over the tip to provide cavitation, which results in a scouring action. Because of the heat generated at the tip, it is essential to keep the tip moving over the teeth. A good guide is that one should not spend more than 10 seconds on any individual tooth and **never** to press harder than one ounce of pressure. Pressing hard stops the tip from vibrating and reduces the effectiveness of the tip to that of a hand scaler. It also concentrates heat in one area with possibly lethal consequences for the pulp. Best practice involves selecting a group of three or four teeth and scaling them in sequence to prevent overheating any one tooth.

Different shapes are available for scaling tips and some units offer interchangeable inserts, which allow various functions to be performed, such as subgingival scaling, root planing and periodontal pocket management. The newer inserts, with thinner, longer tips, carry their own water supply with them (either through the tip itself or via an external “trombone”) and can, therefore, be used for subgingival pockets, disrupting and removing subgingival plaque and ultrasonically irrigating the area. The thinner the tip the finer the action.

Advantages

- Fast, effective scaling if used properly – light touch and short time on tooth.
- Subgingival work is possible with the correct type of insert (e.g. Focus Spray Insert (FSI), Slimline or Through Flow Insert (TFI)).

Disadvantages

- Iatrogenic heat damage to the tooth is possible if not used carefully.
- Standard beavertail shape tips cannot be used subgingivally. For subgingival use, FSI, TFI or Slimline inserts are required.

- Handpieces can heat up considerably during long scaling procedures, if water pressure is not consistent. Garden water bottle reservoirs generally fail to provide a consistent and useful level of water pressure. If an air compressor is available, plumbing the unit in provides a better result.

Sonic Scalers

Sonic scalers remove calculus from the surface of the tooth. These units are attached to an outlet yoke of an air driven dental unit.

How It Works

Sonic scalers work at an air pressure of 32-45 psi. The tip vibrates in the 1.50-6.3 kHz range. At best, they can provide one third of the power available to the ultrasonic tip – many provide much less than this.

Advantages

- They create less heat at the scaling tip than an ultrasonic machine. This reduces the risk of iatrogenic tooth damage – particularly for inexperienced personnel.
- They avoid the need to purchase a separate ultrasonic scaler unit.

Disadvantages

- They are extremely slow, relative to ultrasonic machines, with a low range of vibration and high tip amplitude. This hardly ever leads to cavitation of the water jet.
- They are noisy during use.
- They are erroneously thought to be cheap to buy. A basic sonic scaler costs around £250 and a good one around £500. (e.g. Titan S). Compare this with a good quality ultrasonic unit at around £400.

Rotosonic Scalers

Rotosonic scalers remove calculus from the tooth by both high-speed rotation and ultrasonic vibration.

They use eight sided friction grip (FG) burs inserted into the high-speed handpiece of an air driven dental unit.

They come in two shapes– flame and perio. They are no longer in common general use in veterinary dental practice as they are prone to cause damage to the enamel, dentine and gingival tissues, unless they are used with great care. Light pressure is required, as is copious irrigation, to prevent severe enamel damage.

How It Works

Rotosonic scalers rotate at around 400,000 rpm in the high-speed handpiece and vibrate in the ultrasonic range to clear the enamel of calculus. Their main use these days is in helping to dislodge composite or cement from a tooth surface when removing an appliance or crown.

Advantages

- They can be quick and effective in experienced hands.

Disadvantages

- Severe damage can be caused to enamel and dentine, if not used carefully.

Air Polishing

Air polishing is an alternative, non -contact, method of polishing teeth compared to polishing cup and paste. It requires a special ultrasonic unit (e.g. CaviJet TM: Dentsply) that allows use of this insert in the handpiece.

How It Works

Air polishing uses medical-grade sodium bicarbonate and water in a jet of compressed air to "sandblast" the surface of the enamel smooth. Examples include the Prophy-Jet® and Cavitron Jet® (Dentsply Ltd.). The nozzle is held 3 to 5 mm from the tooth, centred on the middle third of the tooth. Use at 60° to the long axis of the root. Do not direct into the gingival sulcus.

Advantages

- There is no physical contact with the tooth, therefore thermal injury is of no concern.
- It is ideally suited for teeth separated by wide diastemata and considerable in shape and size.
- It is particularly good for cats where teeth are so small that standard cups can create gingival damage.
- They are very efficient at removing stains from teeth.

Disadvantages

- Cannot point spray directly into the sulcus therefore subgingival polishing is not recommended. This means that a polishing cup is still required subgingivally.
- Air polishing generates aerosol of micro-organisms and powder - therefore personal protection (mask and eyewear) is very important.

Electric Micromotor Dental Units

Electric micromotor dental units are available alone, as slow speed handpieces for polishing and drilling, or combined with an ultrasonic scaler.

How It Works

The electric micromotor dental unit can polish or cut. The handpiece is driven by an electric motor in the handle. The polishing cup, or bur, can variably rotate from 0 to 30,000 rpm and go forward or reverse. It provides a very high torque. The handpiece can take a prophy angle, with polishing cups, or a contra-angle, with various attachments, including RA burs and polishing cups. Only a few units have a water-cooling facility.

Long HP burs can also be used in the nose cone (when the prophy angle is removed). They are used principally for trimming small herbivore cheek teeth.

Advantages

- Relatively inexpensive, compared with an air driven unit.
- Generally small, compact and mobile.

Disadvantages

- Very slow in dental terms therefore extremely limited efficiency.
- Burs 'walk off' teeth during cutting, due to slow speed.
- Handpieces vibrate and heat up after a few minutes.
- The torque is high. This is an advantage when polishing, but a severe disadvantage for drilling tissues, which will not be removed (e.g. bones).

Air Driven High Speed Dental Units

Air driven high-speed dental units provide cutting, polishing and other advanced functions. There are many types available on the market. In their simplest form, these units have an air compressor and three yokes, providing a high-speed handpiece, a slow speed handpiece and an air/water syringe. They can be bought as mobile units, on castors, or as a wall mounted control panel, with a compressor located elsewhere. More sophisticated units have multiple air outlet yokes and the capability of fibre-optic lighting at the bur tip. Suction is also available but its need is limited in veterinary dentistry.

How It Works

Air driven high-speed dental units are driven by an air compressor. The entry-level models all have three handpieces. They all provide a water reservoir. Some will provide a spare airline yoke for a second slow-speed hand-piece or a sonic scaler.

Advantages

- Very reliable and versatile, if properly maintained.
- Allows the practice to grow into more sophisticated level of work, with appropriate training.
- Leads to greater job satisfaction for operators.

Disadvantages

- Relatively high initial cost compared to other equipment (circa £2,000).

High-speed Hand Piece

The high-speed hand piece is capable of up to 400,000 rpm. It takes friction grip burs (FG) and has a water-cooling facility for the bur. The water flow supplied to the hand piece can be varied or switched off completely.

The handpiece provides low torque, which causes the bur to stall if pressed too hard onto the tooth (over 1-2 ounces of pressure).

It is used for the drilling of access points into teeth, for high speed sectioning of teeth during extraction and cutting or re-modelling of bone.

The handpiece needs regular lubrication during the session and can be autoclaved.

Air/water Syringe

The air/water syringe has two buttons – one to control water flow and one to control airflow.

It allows a stream of water, air or a fine mist.

Slow Speed Handpiece

The slow speed handpiece has an air-driven motor in the base. It is capable of forward and reverse movement and speeds of up to 30,000 rpm.

The control on the collar controls the speed and direction of the bur.

The slow speed handpiece has a very high torque. It is difficult to stall and can overheat the pulp if used for more than a few seconds on one tooth.

It is very versatile and can accept long HP burs in the nose cone, polishing cups in a prophylaxis angle and, with the contra-angle, right angle (RA) burs or any other type of latch tool. Other latch tools include polishing cups, sanding discs, root canal paste fillers and diamond discs.

Compressor

The size and type of air compressor you may require should be considered at the time of purchase. Reservoirs are available from 4 gallons to 12 gallons supplying between 6 -8 cubic feet/min (CFM).

A small compressor has the advantage of being lightweight, quieter and cheaper. However, if asked to work beyond its capacity, it will overheat and cut out. It is often suggested that if the practice intends to perform restorative work it is best to have an oil-less compressor, to prevent oil droplets in the airline contaminating the restorative material.

Compressors are available with motors from 0.5 horsepower (Hp) to a unit with dual 1Hp motors for heavy use.

Dental Burs

Dental burs are used for cutting hard tissues – tooth or bone. They are made of steel, stainless steel, tungsten carbide and diamond grit. There can be a bewildering range of dental burs in any dental catalogue, but for basic veterinary use only a few burs are needed.

All burs have a shank and a head. There are three main types of shank - Long Straight Shank (HP), Latch-type Shank (RA) and Friction Grip Shank (FG).

Long Straight Shank (HP)

These shanks fit into the nose cone of the slow speed handpiece once the prophylaxis angle or contra angle is removed. They are used for diamond cutting discs or long 40mm burs. The main use of HP burs is in the trimming of small herbivore cheek teeth.

Latch-type Shank (RA)

These shanks fit into the latch of the contra-angle on slow speed handpieces. They are generally 20mm long and available in the same shapes as FG burs.

Friction Grip Shank (FG)

These shanks fit into the turbine of a high-speed handpiece. The standard length is 20mm long, but longer surgical lengths are available and these are commonly needed for veterinary work.

Round Head

These heads are used for cavity preparation, creating access points, undercuts and channels for luxator blades in extraction. Sizes range from 1/4 to 9. The smaller the number, the smaller the head. The best sizes to use initially are 1, 2, and 4.

Pear Head

These heads are used for cavity preparation, access points and splitting roots of small teeth. The most useful sizes are 330 and 330L.

Crosscut Tapered Fissure Head

These heads are used for sectioning multi-rooted teeth and other similar functions. The most useful sizes are 700/700L and 701/701L.

Finishing Burs

These heads are used for finishing restorations, soft tissue recontouring, alveoloplasty, enameloplasty and odontoplasty. They can be obtained as 12 or 30 bladed burs in carbide steel or as diamond heads of various shapes. They are also available as white stone, for composite, or green stone, for amalgam.

Instrument Suppliers

Veterinary dental equipment can be obtained from specialist veterinary equipment suppliers or direct from human dental supply firms. Most suppliers will provide detailed catalogues on request. They also have web sites allowing browsing of catalogues and ordering on-line. If you are unsure of what you may need it may be worth using a veterinary firm or calling a colleague in vet dental referral work.

Vetdent Ltd
26 Birchfield Drive, Stourport on Severn, Worcs,
UK.
Tel: 01299 877 040

Henry Schein Procure
Merrick Road, Southall, Middlesex UB2 4AU, UK
Tel: 0208 235 5050
www.henryschein.co.uk

Veterinary Instrumentation
62 Cemetery Road, Sheffield, S11 8FT, UK
Tel: 0114 270 0078
Fax: 0114 275 9471
www.vetinst.com

Arnolds Veterinary Products Ltd
Tel: 01743 450500
Fax: 01743 461 300
E-mail: tele.sales@arnolds.co.uk
www.arnolds.co.uk

Ethicon Ltd
PO 408, Bankhead Drive, Edinburgh EH11 4HE,
UK
Tel: 0131 453 5555
Fax: 0131 458 5403
www.ethiconinc.com

Wright Cottrell & Co
Kingsway West, Dundee DD2 3QD
Tel: 0800 66 88 99
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17165 Newhope St, Fountain Valley, California,
USA
contact John Voskual
Fax: 001 714 540 9947
E-mail: dentalaire@aol.com
www.dentalvetcare.com

Sontec Surgical Instruments
7428 South Tucson Way, Englewood, CO 80112,
USA
Fax: 001 303 792 2606
Phone: 001 303 790 9411
www.sontecinstruments.com

Brasseler, USA. Dental Rotary Instruments
800 King George Blvd, Savannah, Georgia 31419,
USA
E-mail: brasseler@aol.com
Fax: 001 912 927 8671.

Odontoson
Odonto-wave, 1136 East Stuart, #4203, Fort
Collins, CO 80525, USA
UK Distributor: Wright Cottrell & Co
Kingsway West, Dundee DD2 3QD
Tel: 01382 833 8 66
www.odontoson.com/products/

Key Points

- ✓ You should now be aware of the different types of dental equipment available for current best practice and for specific conditions.
- ✓ Equipment must be properly maintained, cleaned, sterilised and stored between sessions for maximum benefit.
- ✓ The ergonomics of a dental station should be considered. Health and safety legislation requires you protect personnel from illness or injury. Good work cannot be performed in an uncomfortable environment.

Further Reading

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