



COURSE

Cross Infection Course

WHERE/WHEN

Tuesday 30th November 2010, 13.30 – 16.30 (Registration & Lunch 13.00 – 13.30)
Seminar Room 3, Clinical School, Addenbrooke's Hospital, Cambridge

This course is available to the dental team, including dental nurses, hygienist and all other members of the team

DENTAL MEETING

Speakers: Sarah Green
Infection Control Consultants, Schulke & Mayr

Learning Objectives and Anticipated Learning Outcomes:

- To provide a clear understanding of the reasons for implementing effective infection control procedures
- To provide a knowledge of the Micro-organisms which may be transferred through dental procedures
- To introduce the legislative aspects which relate to cross infection in the dental environment
- To provide a detailed explanation of the practices and procedures for implementing effective cross infection control as recommended in the BDA Advice Sheet – A12 'infection control in dentistry'

Course Summary

This course aims to provide practical information and advice enabling the dental team to ensure their work activities are carried out safely, reducing the risk to themselves and others who may be affected

TO ATTEND PLEASE REGISTER AT

https://secure.intrepidonline.co.uk/CourseManager/EOE/sys_Pages/Common/Login.aspx

Section 63 Approval has been given for **3 hours**. There will be a cost of **£25.00** per person to include lunch
Your application will be acknowledged from the Intrepid System.

For further information, please see our website: www.addenbrookes-pgmc.org.uk

REGISTRATION

Please fill in the form, use the back of the slip if more space is needed.

Please return to:

Mrs Deborah Leith
Postgraduate Medical Centre
Box 111
Clinical School
Addenbrooke's Hospital
Hills Road
Cambridge CB2 0SP
dl342@medschl.cam.ac.uk
Tel: 01223 217105

Contact Information

I would like to attend **Cross Infection Course** on **Tuesday 30th November 2010** and have enclosed a cheque for **£25.00** per person made payable to:
"Addenbrooke's NHS Trust"

Name (please print):

Position:

Practice Address:

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Telephone:

Email:

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GDC Number:

Intrepid Booking Ref:.....