



PLANMECA®



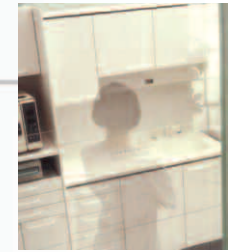
SCX5



PLANMECA®
tri:angle

Rigorous with Protocol Easy on Integration

Triangle's commitment to the dental profession through the development of intelligent products is well established. In 1991, Triangle introduced the 9000 Steri-Center, the first Sterilization Center designed for use in the dental practice. Creation of the Steri-Center was based on a comprehensive sterilization process called the "Triangle 11-step Instrument Recirculation Procedure" devised by Triangle as a result of scientific research on sterilization and infection control (based on CDC, OSHA and ADA recommendations). Our team combined forces to design ergonomic intelligent workstations that help dental personnel increase their efficiency while enjoying a safe and pleasant work environment. Since then, Triangle has launched 4 generations of the Steri-Center 9000 series and the current model, the SCX5, continues to be recognized as the standard in the industry.



1990: Steri-Center 9000X, to organize the sterilization procedures and to increase the efficiency of the assistant while reducing the risk of cross-contamination.



1992: Steri-Center 9000X.2, a module dedicated to pre-soaking is added for a more efficient precleaning.



1996: Triangle's reputation in the field is well respected with the improved Steri-Center 9000X.3



2002: Triangle introduces a Hands-Free Environment to provide a safe and efficient work area. The 9000X.4 series is presented to the market.



1 Protective Equipment

WHY?
To Protect dental workers and patients against hazards⁽¹⁾, access to medical waste by unauthorized people should be prevented⁽¹¹⁾. Dental workers and patients may be exposed to a variety of microorganisms via blood; oral fluids and other secretions; instruments and surfaces; airborne contaminant's; aerosols; droplets and splatters of blood^(1,4,7,10).

HOW?
According to OSHA⁽¹⁾; CDC^(2,4,5,7); ADA^(2,10,38); VA⁽²⁾; FDA⁽²⁾; NIDR⁽²⁾; CCDR⁽³⁶⁾, all dental workers should:

1. Wash hands and forearms before and after glove placement. Be careful to avoid splashing.
2. Use puncture resistant utility gloves which are excellent for handling potentially contaminated instruments and for operatory clean up⁽²⁰⁾. Utility gloves can be washed while wearing them and re-used later.
3. Wear glasses with side shields or a face shield.
4. Wear a mask with high filtration and a close facial fit⁽¹⁸⁾.
5. Use a gown that is fluid impervious with long sleeves and high neck.
6. Wear personal protective equipment for the entire sterilization procedure.
7. Create a central and easily accessible sterilization area for all dental staff. Carry instruments in a safe manner to minimize exposure.

TIP:
Use both hands to hold the tray or the cassette containing potentially contaminated instruments.

TRIANGLE'S EDGE

1. The **Built-In Handwash Station** is readily accessible for the dental staff when manipulating instruments⁽¹⁾.
2. The Automatic Soap, **Tissue and Glove Dispensers**^(36,37) allow you to choose the brand and type of product you prefer.
3. The exclusive **Built-In Soiled Instrument Storage** is a safe and temporary repository for soiled instruments. The **Red-Lit Soiled Instrument Storage Area** acts as a constant reminder of the contaminated instruments waiting to be sterilized emphasizing the workflow direction.

Always wash hands before going from the Red-Lit Soiled Area to the Blue-Lit Sterile Area. Make it a team rule.



2 Waste Management

Immediately or soon after use, contaminated sharps shall be placed in appropriate containers until properly processed. Regulated waste containers shall be easily accessible and located as close as feasible to the immediate area where sharps are used⁽¹⁾.

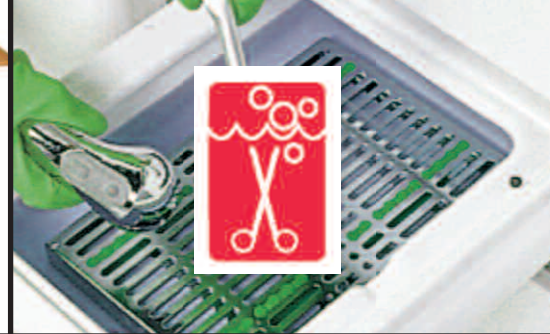
WHY?
To reduce the harmful impact of medical waste segregation with strategically placed receptacles, reduce the volume of waste requiring special attention and facilitate the recycling of materials whenever possible⁽⁴²⁾. To prevent access to medical waste by unauthorized people, avoid destruction or spillage of waste, and protect waste from insects⁽¹¹⁾. Centralization of waste in a protected area also maintains integrity of containers and prevents odor⁽⁸⁾.

- HOW?**
1. Store soiled instrument cassettes or trays in the **Red-Lit Soiled Instrument Storage** while awaiting waste management and instrument recirculation.
 2. Discard sharp items and human tissues in the operatory room^(2,4,10). If you have to handle any at the **Triangle SCX5**, use the hands-free **Knee-Opening Access** to the disposable sharp container and to the bio-waste receptacle. Discard the bio-hazard sharps with one hand^(1,3,4,6).
 3. Dispose of waste according to local or state environmental regulatory agencies.

- TIPS**
1. Minimize movements with sharps^(2,4,5,6,7,10) and contact of waste with surfaces.
 2. Always keep contaminated items out of sight. Trash or re-circulate immediately after use.

TRIANGLE'S EDGE

1. The **Red-Lit High Quality Textured Plexi-Glass® Insert Door** is operated by the quick **Electric Foot Activated Mechanism** (under 10 seconds) which eliminates manual contact and prevents cross contamination. This exclusive pneumatic system is tested over 35,000 times.
The **Waste Sorting Center** is operated by the **Knee-Opening Access** which is an exclusive hands-free feature. Besides regular waste, it gives you backup storage for sharps and bio-medical articles in accordance with OSHA rules.



3 Pre-Soaking

WHY?
To make cleaning easier and more efficient by preventing drying of patient material^(2,7). Pre-soaking is recognized as an essential part of the most effective methods for the removal of blood^(9,4). In addition, it reduces the level of airborne contaminant's by containing them in liquid⁽³³⁾. A holding solution may also begin the cleaning process by reducing the level of contamination of instruments^(24,29,35).

- HOW?**
1. Choose a no-touch technique to handle instruments safely for the entire sterilization procedure by using the Stainless Steel Transfer Baskets or any other system including IMS® (IMS® cassettes not included).
 2. Put the Stainless Steel Transfer Baskets or cassettes containing loose instruments in the Pre-Soaking Basins filled with water or disinfectant / detergent as soon as possible⁽⁷⁾.
 3. Keep them in holding solution until time is available for full cleaning^(27,32).

- TIPS**
1. Fill up basins by using the high-quality retractable chrome faucet.
 2. Drain liquid with the suction line (HVE included).
 3. Use the black holders located on the right side of the basins to hold the clear plastic lid. Rotate lid at 90 degree, if needed.
 4. Use the clear plastic lid to transfer the cassette or the Transfer Basket to avoid liquid spillage.
 5. Use the small Stainless Steel Transfer Baskets for instruments. The large ones can be used for surgical instruments, for liquid chemical "sterilization / disinfection" (10 hours) and for impression tray cleaning.

TRIANGLE'S EDGE

1. The **Pre-Soaking Drawers**, designed with a unique anti-wave rim, are adapted to cassettes and to the **Stainless Steel Transfer Baskets** for loose instruments.
2. One of the basins can be used for liquid chemical (sterilization / disinfection) and for impression tray cleaning.



4 Cleaning (Ultrasonic)

WHY?
To remove blood, saliva, tissue and other complex proteins that may interfere with the disinfection and sterilization process^(2,19).

The use of ultrasonic is recommended^(7,34) since it increases cleaning efficiency, reduces handling of sharp instruments, and the brushing splatter of manual scrubbing⁽²⁸⁾.

- HOW?**
1. Use the **Stainless Steel Transfer Baskets** or cassettes to hold instruments in tank.
 2. Always cover ultrasonic with lid to prevent splatter⁽²⁾ and sonic-induced aerosols⁽³⁰⁾.
 3. Operate machine.
 4. Drain solution and clean chamber daily.

- TIPS**
1. Never interrupt cycle; place instruments in the **Pre-Soaking Drawers** instead.
 2. Check ultrasonic cleaning intensity with an aluminum foil test once a month^(19,33,35).
 3. Use the **Stainless Steel Transfer Baskets** or cassettes to keep instruments at a proper distance from the bottom of the ultrasonic tank to improve efficiency (based on a no-touch principle).

TRIANGLE'S EDGE

1. The **Corian® Pull-Out Shelf** is designed with grooves to bring overflow liquids to the front, thus signaling instantly the necessity to drain and wipe.
2. The high-quality retractable chrome faucet can be used to full up the ultrasonic.
3. The suction line (HVE) can be used to collect excess water from all **Corian® Pull-Out Shelves** and to empty the **Pre-Soaking Drawers**.



5 Rinsing

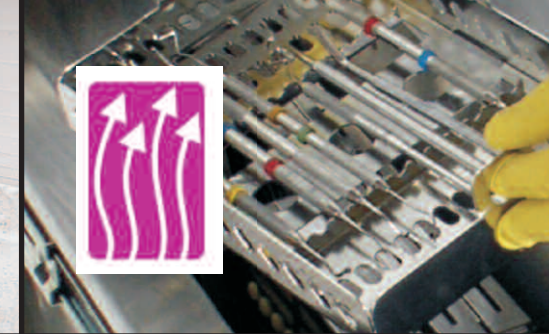
WHY?
To remove dislodged debris, microorganisms, detergent and residual cleaning solution, and to complete the cleaning process⁽²⁹⁾.

- HOW?**
1. Run tap water by pushing the **Water Foot Control Pedal**.
 2. Rinse instruments thoroughly in a **Stainless Steel Transfer Basket** or in a cassette.
 3. Be careful to avoid splashing^(1,36).

- TIPS**
1. To save time, soak instruments in the sink partially filled with water and rinse with the high-quality retractable chrome faucet.
 2. Carefully drain excess water retained in the **Transfer Baskets** or in cassettes for better drying.

TRIANGLE'S EDGE

1. The **Under Mount Stainless Steel Sink**, is stain resistant, easy to care and has a deep basin to accommodate many **Transfer Baskets** or cassettes for rinsing.
2. The **Water Foot Control Pedal**^(36,37,38) activates the high-quality retractable chrome faucet quickly with a no-touch, hands-free technique.
3. The **Triangle SCX5** offers a **Corian® Work Surface** for durability and hygiene.
4. The **high-quality retractable chrome faucet** provides flexibility and remarkable durability.



6 Drying

WHY?
Wetness of instruments interferes with all sterilization methods. A high initial pack moisture results in increased moisture gain which decreases steam quality, exposure of surfaces, and hinders diffusion of air during the sterilization cycle. Steam quality affects the degree of sterilization and dryness of processed materials⁽²³⁾. Also interfering with exposure prevents sterilization or extends the time required for sterilization⁽²⁹⁾. In addition, wet steam and wet material can serve as a passageway for microorganisms^(14,22,23,30). After cleaning, instruments should be dried prior to being wrapped or packaged and sterilized^(10,15,20,33,34). Drying also extends useful life of instruments by preventing corrosion, rusting, dulling and spotting^(22,29,30) besides making handling instruments more pleasant and preventing rupture of paper wrap.

- HOW?**
1. Put wet loose instruments in the **Stainless Steel Transfer Baskets** or in cassettes to use the Built-in Dryer System.
 2. Operate the **Dryer System**; the cycle is preset at 15 minutes for 50 instruments. Drying time may vary upon factory testing and setting. Cycle ends automatically or with the opening of the sliding door.

- TIPS: For optimum results:**
1. Shake instruments well to remove excess water.
 2. Place cassettes vertically.
 3. Empty the clear plastic recuperating bottle, located under the **Dryer**, regularly

TRIANGLE'S EDGE

- The **Built-in Dryer System** reduces risk to injury related to handling sharp tools by eliminating manual drying. This exclusive closed-air heating system provides a secure environment free from airborne contaminant's. In fact, a study conducted on our unit showed that no microorganisms* were disseminated into the work environment. Also when the tools were sterilized in a closed package and dried into the unit, they remained sterile⁽¹⁷⁾.
1. The system is adaptable. You can choose to use either cassettes or **Stainless Steel Transfer Baskets** for loose instruments.
 2. It also offers a larger drying compartment to put oral surgeon extra large **IMS cassettes**. A timer is also included for a technician to program various cycle lengths (30 seconds to 30 minutes).
 3. The **Foot Activated Pneumatic Mechanism** opens the sliding door with a no-touch, hands-free technique.

* **Serratia marcescens, Pseudomonas bu tanovora, Bacillus subtilis and Bacillus stereothermophilus were tested.**



7 Lubrication

WHY?

To ensure the effectiveness of the sterilization process for handpieces and their longevity⁽⁷⁾. Internal surfaces of handpieces and prophylaxis angles may contaminate patients^(21, 25, 26). Lubrication activities discharge patient material from those items and add new lubricant.

HOW?

1. Disinfect the instruments to be lubricated.
2. Remove burs.
3. Process the lubrication by following the manufacturer's instructions.



8 Corrosion Control

WHY?

A rust inhibitor protects items from corrosion and tarnishing^(22, 29, 30). Moisture is corrosive to non-stainless steel instruments and burs made of carbon steel.

HOW?

1. Put burs in a bur block or in the bur strainer.
2. Dip burs and instruments in beaker filled with "surgical milk" (e.g., sodium nitrite).
3. Drain off to minimize the moisture.

TIP

1. Repeat this step at every cycle to extend useful life of instruments.
2. Do not put certain instruments in the rust inhibitor such as mirrors, amalgam carriers, anaesthetic syringes and endodontic instruments⁽²²⁾. Follow the manufacturer's recommendations closely.



9 Packaging

WHY?

To protect items and maintain their sterility. Instruments that are not used immediately should be packaged before sterilization^(7, 10, 15). Unpackaged instruments are completely exposed to the environment as soon as the sterilizer door is opened and may be contaminated by dust or aerosols, by improper handling or by contact with contaminated surfaces⁽³⁰⁾. Instruments are also bagged as tray set-ups to increase efficiency⁽²²⁾.

HOW?

1. Use the **Corian® Pull-Out Work Surfaces** as standard work surfaces.
2. Make sure that instruments are clean and dry before wrapping them.
3. Arrange instruments in functional sets for use on a single patient^(22, 29).
4. Put a chemical indicator inside and in the center of each multiple instrument pack or cassette^(7, 9, 10).
5. Package instruments.
6. Keep instruments packaged until use⁽¹⁰⁾.

TIPS

Use heat-sensitive chemical indicators outside of package to identify packs that have been processed through the heating cycle⁽⁷⁾.

Indicate on the package both the name of the instruments and the date of sterilization.

Keep pouches, paper wrap, scissors, tapes accessible and out of sight.

TRIANGLE'S EDGE

1. The **Corian® Pull-Out Work Surfaces** can accommodate wrapping sheets for cassettes or pouches for loose instruments which were transferred from the **Stainless Steel Transfer Baskets**. The wrapping station is ready to use when the **Work Surface** is pulled out.

Pull-Out Work Surfaces minimize lateral movements.



10 Sterilization

WHY?

To protect dental personnel and patients from infection. Sterilization is a process that destroys all types and forms of microorganisms, including virus, bacteria, fungi, and bacterial endospores. Critical items such as those penetrating bone or oral soft tissue (e.g., mucosa or skin) must be sterilized after each use. As for semi-critical items like those touching mucosa, they should at least undergo high-level disinfection^(2, 7, 10).

HOW?

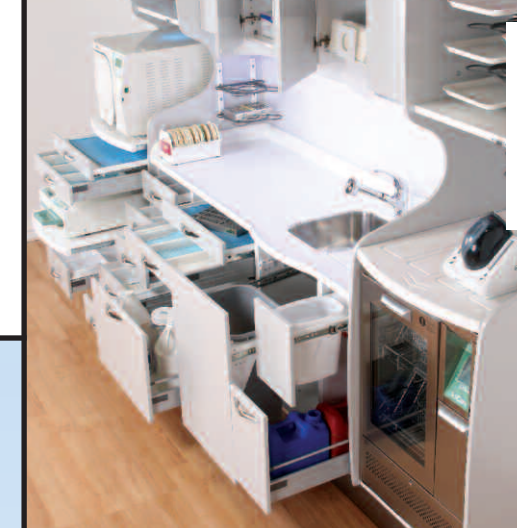
1. Follow the manufacturer's instructions closely for:
 - a. Loading (steam circulate freely around each item).
 - b. Sterilizing time and temperature.
 - c. Drying time
2. Sterilize only clean and dry instruments^(20, 35).
3. Operate machine and never interrupt a cycle.
4. Spore-test the sterilizer weekly^(2, 3, 12, 13):
 - a. Use Bacillus stearothermophilus strips for autoclave and chemical vapor.
 - b. Use Bacillus subtilis strips for dry heat or ethylene oxide gas.

TIPS

1. Check the level of liquid in the Statim® condenser bottle by pulling the shelf.
2. Use the suction line (HVE) to empty the Statim bottle.
3. Use the accessory "Tip-A-Dilly" to ensure a constant air intake.

TRIANGLE'S EDGE

1. The **Corian® Pull-Out Shelf**, made of thermoformed polymer and filled with an exclusive composite material, is designed with grooves to bring overflow liquids to the front, thus signaling instantly the need to drain and wipe.
2. The **Corian® Pull-Out Sterilizer Shelf** has a deep groove which retains more liquid besides reducing risk of water infiltration. It can support heavy equipment of up to 220 pounds and provide easy access for equipment care and maintenance.
3. A set of **Removable Racks** is located on the right side of the **Blue-Lit Sterile Instrument Storage** for the hot Statim® cassettes.



11 Storage

WHY?

Aseptic storage protects instruments from contamination by preventing package from tears or punctures or from becoming wet with splashed water, floor-cleaning products or condensation on pipes or walls^(29, 30). Good storage can also increase the efficiency of the dental personnel.

HOW?

Use the **Blue-Lit Sterile Instrument Storage Area** for sterile material. The storage area should be dry, dust free and away from heat, water and drain⁽¹²⁾. Adopt a "first-in first-out" system of stock rotation⁽³⁰⁾. Keep sterilized items wrapped until use. Re-sterilize paper-wrapped items after one month. Re-sterilize plastic-wrapped items after six months⁽²⁹⁾.

TIPS

1. Disinfect Removable Racks periodically and use them to store sterile instruments soon after the sterilization cycle is completed.
2. Use clean hands and/or put on new gloves before taking sterile instruments for the next procedure.

TRIANGLE'S EDGE

The **Blue-Lit High Quality Textured Plexi-Glass® Insert Door** is operated by the quick **Electric Foot Activated Mechanism** (under 10 seconds) which eliminates manual contact and prevents cross contamination. This exclusive pneumatic system is tested over 35,000 times. The **Blue-Lit Sterile Instrument Storage Area** emphasizes the workflow direction and gives a clean, sterile, streamlined appearance. It is equipped with a ventilator and **Removable Racks** which are easy to clean, disinfect, and very useful for storing cassettes of all sizes or the **Stainless Steel Transfer Baskets**.

The **6 Compartment Drawer**, made of thermoformed plastic, should be used as a central inventory for sterile instruments. It gives you easy access to pouches containing sterile instrument kits.

High Quality Textured Plexi-Glass® doors with low voltage LED lights in the upper center storage is optional.



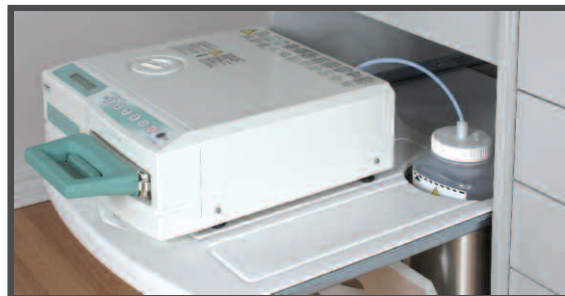
SCX5 features



New Design Corian® work surface with curved surface at the front of the sink, including wrap around backsplash.



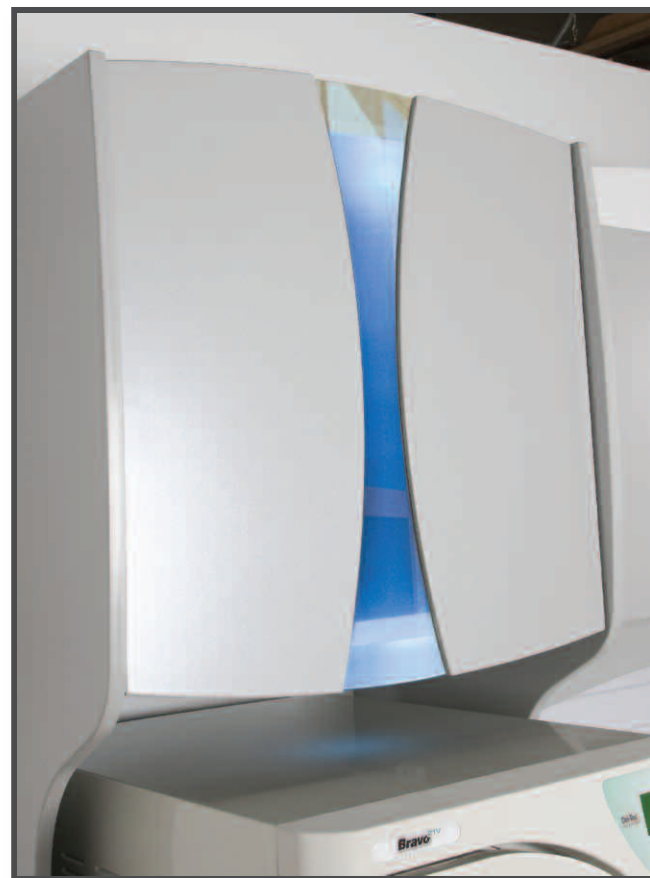
Corian® Pull-Out Shelves facilitate cleaning and drainage from sterilizing equipment through drainage channels allowing moisture to be easily expelled.



Statim® Pull-Out Shelf with stainless steel container for condenser bottle.



Corian® Wrapping Shelf with perimeter edges to prevent instruments from rolling off the work surface.



High Quality Textured Plexi-Glass® Doors for Soiled / Sterile Instrument Storage Area.



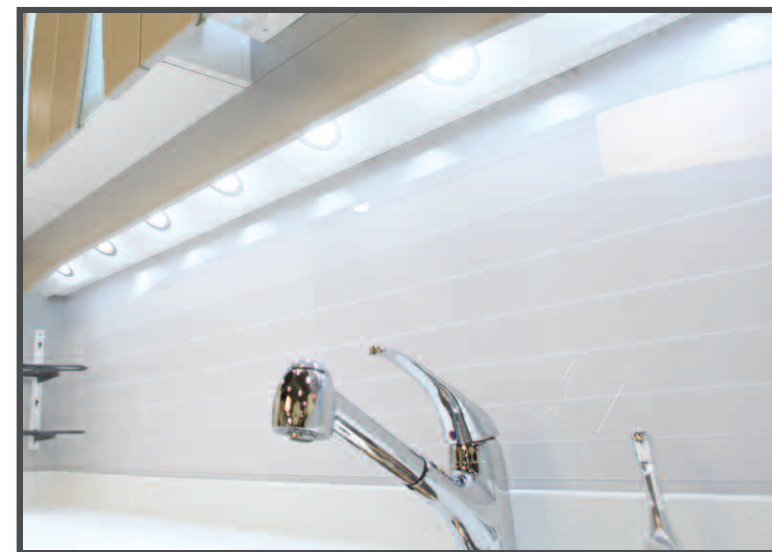
Stainless Steel Toe-Kick provides easy installation, cleaning and accessibility to all utilities anywhere under the cabinet.



Electric Foot Activated Mechanism for Soiled / Sterile Instrument Storage; provides smooth and silent opening and closing.



High Quality Textured Plexi-Glass® Doors with Low Voltage LED Light of the upper center storage provide visual access of all contents. (Optional)



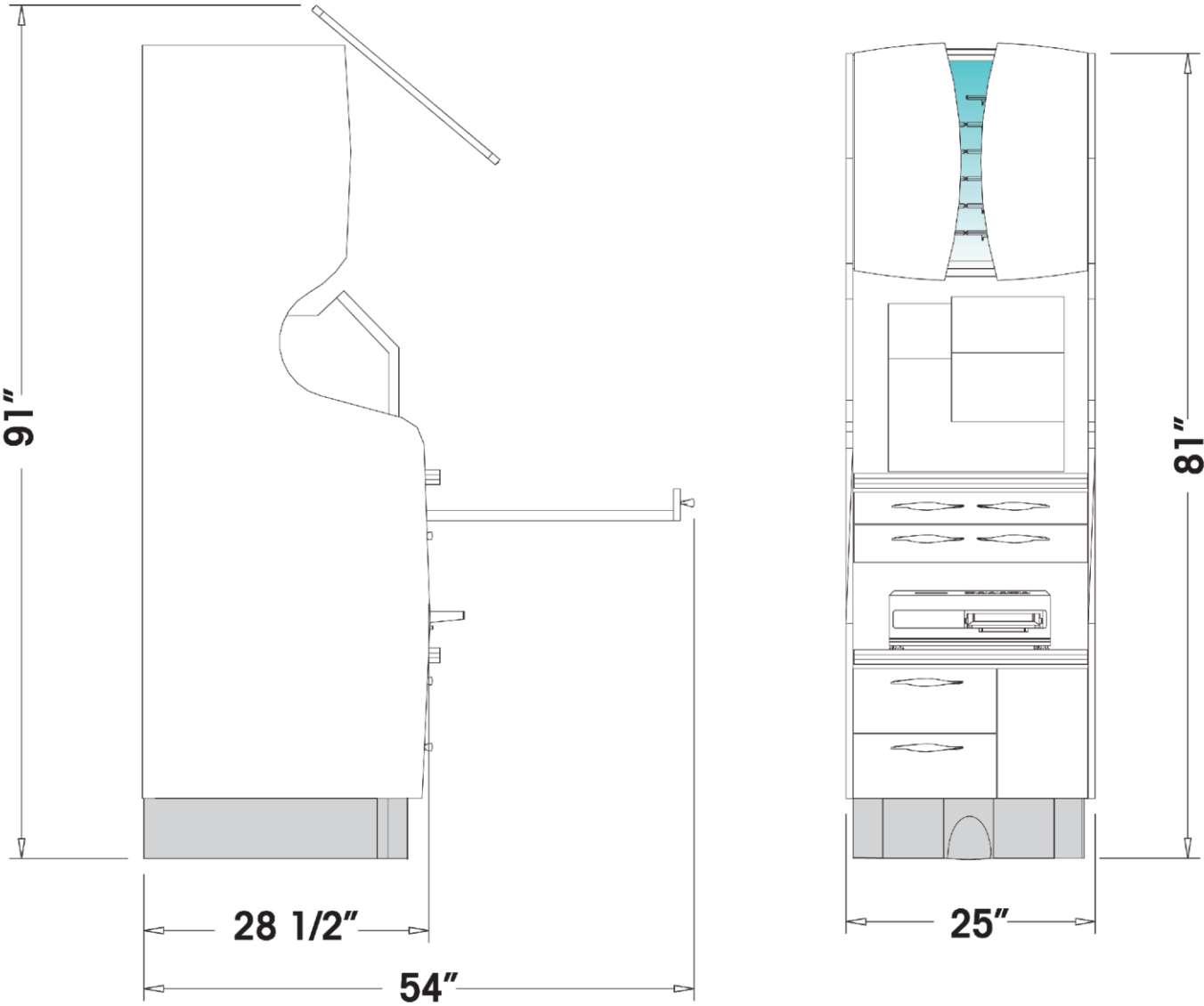
Low Voltage LED Light for work surface, Soiled / Sterile Instrument Storage providing brighter lighting while minimizing energy consumption.



Soft-Closure Mechanism for all drawers and doors.

Bibliography

1. OSHA. 29 CFR Part 1910, 1030, :Occupational Exposure to Bloodborne Pathogens; Final Rule." Federal Register, 1991; (56235):64004-182.
2. VA, ADA, CDC, FDA, NIDR, "Infection Control in the Dental Environment." Video and training guide." ADA, Chicago, 1989, pp,I-62.
3. CDC, "Recommended Infection Control Practices for Dentistry." MMWR, 1986; 35:237-42.
4. CDC, "Recommendations for Prevention of HIV in Health-Care Settings." MMW, 1987; 36(2S).
5. CDC, "Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus and Other Bloodborne Pathogens in Health-Care Setting." MMWR, 1988; 37(24):377-88.
6. CDC, "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safely Workers." MMWR 1989; 38(S-2):1-37.
7. CDC, "Recommended Infection-Control Practices for Dentistry." MMWR 1993; 41(RR-8):1-12.
8. ADA, "Infectious Waste Disposal in the Dental Office." Q&A, Chicago, 1989.
9. ADA, "Proposed American National Standard ADA Specification No. 59 for Portable Steam Sterilizers for Use in Dentistry." ADA, Chicago, 1991.
10. ADA, "Infection Control Recommendations for the Dental Office and the Dental Laboratory." JADA 1992; 123(8): 1-8.
11. ADA, "Steps to Come Into Compliance with EPA Regulations Concerning Medical Waste." ADA, Chicago, 1993.
12. AAMI. "Good Hospital Practice: Steam Sterilization and Sterility Assurance." Association for the Advancement of Medical Instrumentation, Arlington, VA, 1988.
13. CDMIE, CDCPDT. 'Biological Indicators for Verifying Sterilization." JADA 1988; 117(5):653-4.
14. Beck, W.C. Collette, T.S., "False Faith in the Surgeon's Gown and Surgical Drape." Am, J, Surg, 1952; 83:125.
15. Binhas, E., "Agencement de 10 salle de sterilization: nouvelle approche" Inf, Dent. 1995; 26:2019-24.
16. Bond, WW ef 01, "Survival of Hepatitis B Virus After Drying and Storage for One Week." Lancet 1981; 1 :550-551.
17. Canadian Centre for Industrial Innovation, Ecole Polytechnique-University de Montreal, McGill University of Montreal, "Evaluation Report for Instrument Drying Unit by Triangle." Montreal, 1993.
18. Christensen, R.P., Robison, R.A., Robinson, D.F. et al, "Efficiency of 42 Brands of Face Masks and 2 Face Shields in Preventing Inhalation of Airborne Debris." Gen. Dent. 1991; 39:414.
19. Christensen, R.P., "Maintaining Infection Control During Restorative Procedures." Dent. Clin. North Am. 1993; 37(3):301-27.
20. Catlone, J.A., Terezhalmay, G.T., Molinari, J.A" 'Practical Infection Control in Dentistry." Philadelphia, Lea & Febiger, 1991, pp, 1-215.
21. Crawford, J.J., Braderius, R.K., "Control of Cross-Infection Risks in the Dental Operator: Prevention of Water Refraction by Bur Cooling Spray Systems." JADA 1988; 116:685-7.
22. Finkbeiner, B.L., Johnson, C.S. "Comprehensive Dental Assisting, a Clinical Approach." St-Louis, Mosby-Year Book, 1995, pp, 27-338.
23. Joslyn, L.J., "Sterilization by Heat" In Block SS, Editor, Disinfection, Sterilization and Preservation, ed, 4, Philadelphia, Lea & Febiger, 1991, pp, 495-526.
24. Kneedler, J.A., "Darling, M.H., "Using an Enzymatic Detergent to Pre-Rinse Instruments, A research Study." AORN J 1990; 5:1, 326-32.
25. Lewis, D.L., Arens, M., Appleton, S.S, et 01, "Cross-Contamination Potential with Dental Equipment." Lancet 1992; 340: 1252-4.
26. Lewis, D.L., Boa, R.K., "Cross-Infection Risks Associated with Current Procedures for Using High-Speed Dental Handpieces." J. Clin. Microbiol. 1992; 30:401-6.
27. Miller, C.H., "Instrument Recirculation Prevents Infection Transfer." Reg. Dent. Hyg. 1989; 9:18-21.
28. Miller, C.H., "Sterilization: Disciplined Microbial Control." Dent. Clin. North Am. 1991; 35(2):339-55.
29. Miller, C.H., Palenik, C.J "Sterilization, Disinfection and Asepsis in Dentistry." In Block SS, Editor, Disinfection, Sterilization and Preservation, ed, 4, Philadelphia, Lea & Febiger, 1991, pp, 676-95.
30. Miller, C.H., Palenik, C.J., "Infection Control and Management of Hazardous Materials for the Dental Team." St-Louis, Mosby-Year Book, 1994, pp, 1-247.
31. Molinari, J.A., "Practical Infection Control for the 1990's: Applying Science to Government Regulations." JADA 1994; 125: 1189-97.
32. Runnells, R.R., "Practical How To's of Dental Infection Control." Fruit Heights, UT, I. C, Publications, 1987, pp, 39-55.
33. Runnells, R.R., "Infection Control in the Farmer Wet Finger Environment." Fruit Heights, UT, I, C, Publications, 1994, pp, 77-215.
34. Sanchez, E., "Macdonald, G., "Decontaminating Dental Instruments: Testing the Effectiveness of Selected Methods." JADA 1995; 126:359-68.
35. Wood, P.R., "Cross-Infection Control in Dentistry: A Practical Illustrated Guide." London, Mosby-Year Book, 1992, pp, 1-207.
36. Canada Communicable Disease Report, "Infection Control Guidelines; Supplement." ISSN 1188-4169 Health Canada, 1998;2458: 1-8.
37. CRA PCC Videocassette, "Infection Control Techniques - Step-By-Step." Rella P., Christensen, RDH, PhD, Brad Ploeger (Microbiologist); Valinda Johnston, CDA, 90 min" Pravo, Utah, 1999.
38. Hachney, R.W., Crawford, J.J., Tullis, 'Using a Biological Indicator to Detect Potential Sources of Cross-Contamination in the Dental Operator." JADA 1998; 129: 1567-1577.
39. Christensen, R., "Disinfectant: Do They Work Equally Well?" Dentistry Today, January 1994.
40. Dental Investigation Service (DIS)., "The Dental Infection Control & Safety Supplement to Dental Items of Significance." In Control 2000; 15.
41. OSAP, "Questions and Answers on Dental Health and Safety," www.osop.org/o-qna,htrn, 00-11.
42. International Council of Nurses, Position Statements, Social Issues "Medical Waste: Role of Nurses and Nursing (New 1998)", Geneva, SWitzerland, www.icn.ch
43. ADA, "Quarterly Survey of Dental Practice: 2nd Quarter 1996, Amount of Time Spent by Solo General Practitioners and Dental Team Members in Completing Selected Dental Procedures." ADA Survey Center, 1997.
44. JDQ, "L'organisation des cabinets dentoires au Quebec." Journal dentoire du Quebec, Oct./Nov,2002 (39) pp,470-473.



*For current color samples and personal configurations,
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THE ORIGINAL... Sterilization Concept



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