#### **Infection Control in Dentistry**

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#### **Cross Infection**

• The passage of infection from one individual to another in a health care environment

#### **Severity of Infection**

- Depends on
  - The agressiveness
  - The number
  - The multiplication and resistance capacity

of the microorganisms

## **Routes of Transmission**

- direct contact with blood or saliva
- indirect contact
  - 1.injection or inoculation via sharp instruments or an open wound
  - 2. on fingers patient to patient , via intermediate surfaces: clothing , chair controls , records
  - 3.contaminated instruments
  - 4. aerosol, spray, splatter

## Potentially Pathogens in the Dental Healthcare Environment

VIRUSES

- Cytomegalovirus
- Hepatitis B virus
- Hepatitis C virus
- HIV virus
- Herpes simplex 1 and 2 viruses
- SARS-2-COVID-19 virus

## Micoorganisms that colonize in the oral cavity or in the airways, blood-borne pathogens

BACTERIA

- Mycobacterium Tuberculosis (TBC)
- Staphylococci
- Streptococci

#### **Cross infection control**

- Infection control procedures ought to prevent cross infection from all types of micro-organisms
- Implementing safe and realistic infection control procedures requires the full complience of the dental team
- Procedures should be regularly monitored during clinical sessions .

Most dangerous microorganisms causing diseases in the health care environment

- Hepatitis B virus
- Hepatitis C virus
- HIV virus
- The way of infection is
  - Injury by a sharp contaminated instrument
  - Contamination via the nose, the eye, or the skin

SARS2-COVID-19

virus

**Mycobacterium TBC** 

The way of infection is

- Via aerosol, spray
- Via dropplets
- Via air

## **Hepatitis** C

- Transmission is percutaneous via contaminated blood
- About 3.9 million cases in the USA
  - Most of them are asymptomatic men of 45-65 years of age, who were infected via blood derivates before 1987.
- Today
  - 60% of the infected patients are the injection drug users
  - 20% sexually infected
  - 14% unknown origin, but inferior social facilities
  - 10%:
    - 3% tattooing, and bodypiercing persons
    - 0.0001% transfusion
    - 1-2% health care workers
    - Home environment
    - Perinatally contaminated (commonly HIV-positive mother)
- 25% of the alcohol abusers are infected

#### Figure 1. Reported cases of acute hepatitis C by selected risk factors - United States, 1983-1996



Figure 2. Prevalence of hepatitis C virus (HCV) infection by age and race/ethnicity--United States, 1988-1994



Examination Survey, CDC.

#### In case of exposition the risk for being infected

- Hep B in case of a non vaccinated person:
  Injuried by a sharp instrument: 6-30%
- Hep C:
  - Injuried by a sharp instrument: 1.8 %
  - Eye, nose, mouth, skin infection is estimated to be low
- HIV:
  - Injuried by a sharp instrument: 0.1%
  - Eye, nose, mouth, skin infection: 0-0.1%

#### **Personal protection 1.**

- 1. Immunisation
- Hep B
- Hep C?
- HIV?

# Personal protection 2 (personal protection equipments - PPE-s)

- 2.Hand protection :
  - jewellery and watches shouldn't be worn
  - hand washing should be performed carefully, using a skin disinfectant
  - non-sterile gloves should be worn and changed after every patient
- 3.Eye protection (glasses, shields) and face masks
   protect against foreign bodies , aerosol , splatter
- 4.Surgery clothing



Verschiedene Schutzbrillen









## **Patient protection**

- Disposable patient's bib must be worn during rutine care
- Protective glasses

 Protects the patient's eyes against contamination from the aorsol splatter during tooth-preparations

## Surgery design

- Simple, uncluttered
- Well ventillated
- Floor covering should be impervious, nonslip and sleam free
- Junctions of the floor and the wall and of the working surfaces and the wall should be coved to aid cleaning

## **Three Hygiene Zones**

- Treatment zone
- Outer treatment zone
- Remainder of the room
- Contaminated items should not be returned to the clean areas, than on a waste tray or holding solution



#### **Treatment zone**

- The highest level of hygiene must be applied
  - where instruments and materials are placed
  - bracket table and mobile cart
  - surrounding worktop
- Unused materials and instruments out of this zone , covered
- Used materials stored here until the patient is dismissed



#### **Outer treatment zone**

- Commonly used items, treated with high level of disinfectant between each patient
  - handpiece housing
  - triple syringe
  - X-ray machine
  - operating light
  - suction hoses
  - spittoon
  - buttons of the chair, taps, sink
  - materials and containers













#### **Remainder of the room**

Non-critical areas of surgery

items for individual treatment procedures,
instruments and materials should be confined to trays or covered areas



#### **Disinfection of surfaces**

- Cleaning with disinfectant and a strong disposable tissue or gauze
- Disinfecting (sprayed surface , and the disinfectant left on the cleaned surface for at least 10 minutes)















## Cleaning and sterilization of instruments and equipment

- All instruments contaminated with oral or body fluids are sterilized
  - pre-sterilization cleaning
    - hand cleaning , detergent , brush
    - ultrasonic bath, detergent
    - disinfection, packing
  - sterilization
    - autoclaves
  - Aseptic storage



#### Hand-cleaning with a brush



Washing of the handinstruments after the disinfection time is over



#### Ultrasonic cleaning in detergent solution



Custom packed instruments for sterilization





Autoclave (stean air sterilizing device)



#### Air oven sterilizing device





Metal cassettes without perforation

#### Metal cassettes with perforation



Autoclaving with cassettes

# Suggested time and temperature sets for autoclaving

• • • • • • • • • • • • • • • • • • • •
3
10
15
30



Storing burs



#### Ultrasonic cleaning of the endodontic insturments



## Endocassette for sterilization and storing endodontic instruments





## **Antiretraction valve**









#### Waste disposal

- Sharp disposables should be placed in a solid sharps container
- Contaminated patient borne waste should be placed in a color coded (yellow) waste bin
- Liquid waste must be poured into a drainer toilet that is directly linked to a sewer sanitary system
- Amalgam scrap must be placed in designated containers
- WASTE MUST NOT BE DROPPED INTO THE COMMUNITY WASTE CONTAINERS IT MUST BE TRANSFERRED BY SPECIALIZED COMPANIES!!!

#### COVID-19

- SARS-CoV-2, the virus that causes COVID-19, is thought to spread primarily between people who are in close contact with one another (within 6 feet) through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- Airborne transmission from person-to-person over long distances is unlikely
- https://www.cdc.gov/coronavirus/2019ncov/hcp/dental-settings.html#section-1

#### Guidance for Dental Settings Special needs- aerosol and dropplet formation

- Contact the patient before treatment
  - Implement Teledentistry and Triage Protocols
    - symptoms, onnections, temperature assessment
  - History
- Implement Universal Source Control Measures
- Patient encounters -Waiting room
  - with moderate to substantial community transmission
  - Patients and visitors should, ideally, wear their own cloth facemask
  - Dental Healthcare Practicioners (DHCP) should wear a face mask or cloth face covering at all times .
  - Physical Distancing
  - Hand cleaning facility
- Office.

#### **Dental Office**

Use of rotary dental and surgical instruments, such as handpieces or ultrasonic scalers and air-water syringes.

- visible spray that can contain particle droplets of water, saliva, blood, microorganisms, and other debris.
- Surgical masks protect mucous membranes of the mouth and nose from droplet spatter, but they do not provide complete protection against inhalation of infectious agents.

#### **Implement Universal Use of Personal Protective Equipment (PPE)**

- DHCP should wear a surgical mask
- eye protection (goggles or a face shield that covers the front and sides of the face), a gown or protective clothing, and gloves during procedures likely to generate splashing or spattering of blood or other body fluids
- During aerosol generating procedures DHCP should use an N95 respirator or a respirator that offers an equivalent or higher level of protection

**Preprocedure rinsing with an antimicrobial product** (chlorhexidine gluconate or cetylpyridinium chloride) may reduce the level of oral microorganisms in aerosols and spatter

Aerosol generating procedures - use four-handed dentistry, high evacuation suction and dental dams to minimize droplet spatter and aerosols

## Thank You for Your Attention!!