

Infection Control in Dentistry

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Cross Infection

- The passage of infection from one individual to another in a health care environment:
 - direct contact with blood or saliva
 - indirect contact
 - injection or inoculation via sharp instruments or an open wound
 - on fingers - patient to patient , via intermediate surfaces: clothing , chair controls , records
 - contaminated instruments
 - aerosol , spray , splutter



Severity of Infection

- Depends on
 - The aggressiveness
 - The number
 - The multiplication and resistance capacity
- of the microorganisms



Routes of Transmission

- Direct contact
 - With blood, saliva or any other body fluids
- Indirect contact
 - Injection or inoculation via sharp instruments or contamination of an open wound
 - On fingers or via intermediate surfaces: clothing, chair controls, records
 - Contaminated instruments
 - Aerosol, spray, splatter

Potentially Pathogens in the Dental Healthcare Environment

- Cytomegalovirus
- Hepatitis B virus
- Hepatitis C virus
- HIV virus
- Herpes simplex 1 és 2 viruses
- SARS-2-COVID-19 virus
- Mycobacterium TBC
- Staphylococci
- Streptococci

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



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 compliance 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 droplets
- 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 derivatives 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

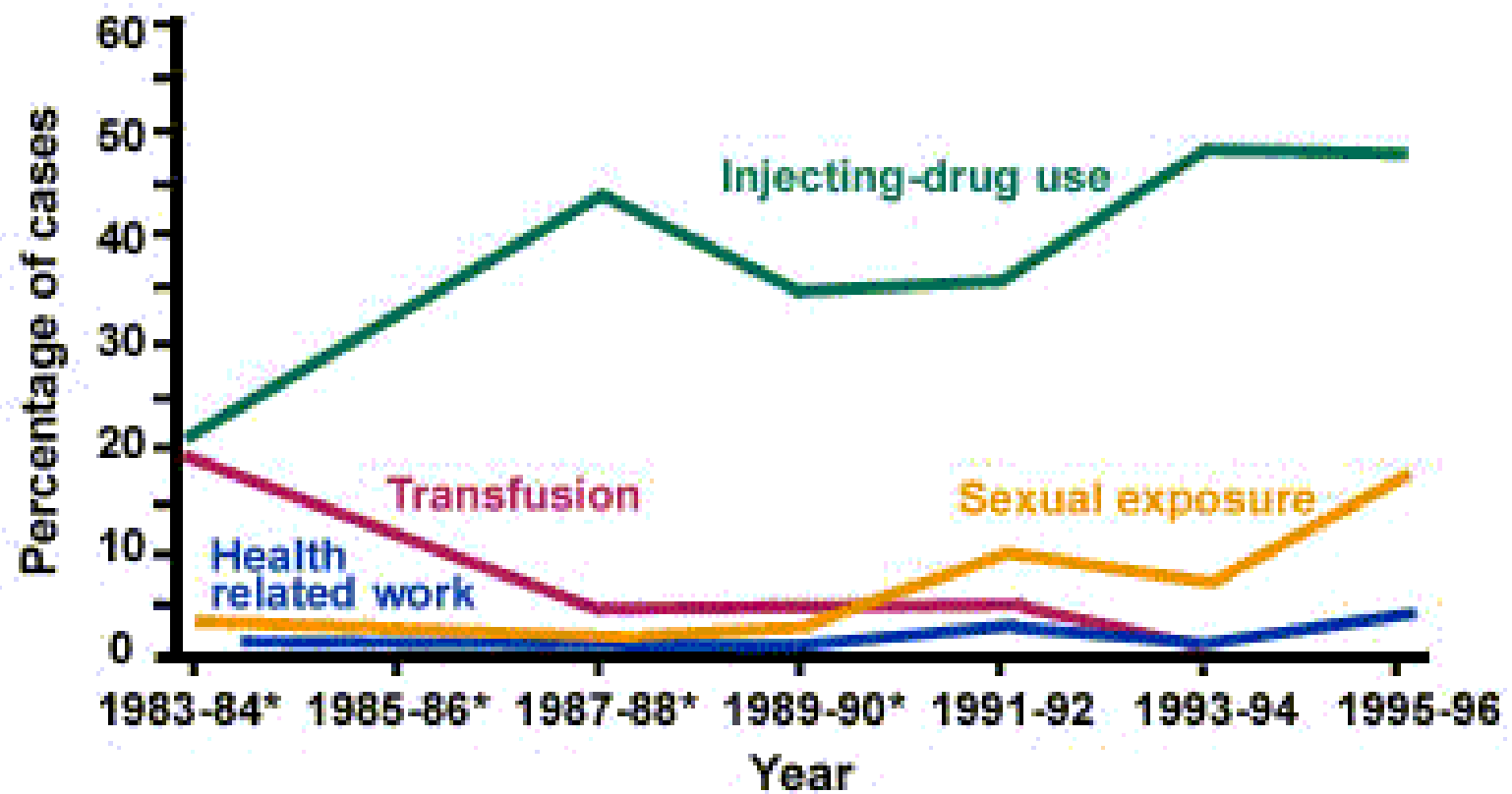
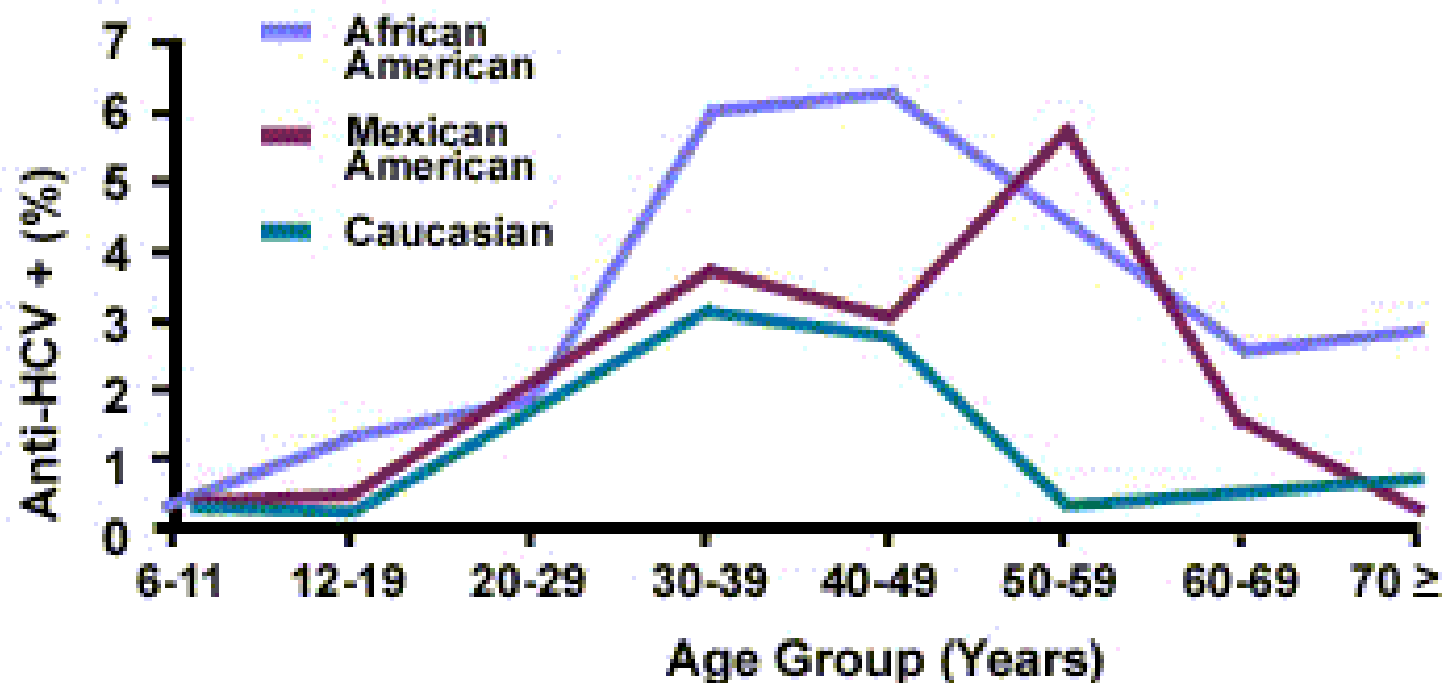


Figure 2. Prevalence of hepatitis C virus (HCV) infection by age and race/ethnicity--United States, 1988-1994



Source: Third National Health and Nutrition Examination Survey, CDC.



In case of exposition the risk for being infected

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

Personal protection

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



Personal protection

- 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 and face masks
 - protects against foreign bodies , aerosol , splatter
- 4.Surgery clothing



Schutz- und Berufskleidung ...



Verschiedene Schutzbrillen





Kopfhaube







Patient protection

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



Surgery design

- Simple, uncluttered
- Well ventilated
- Floor covering should be impervious, non-slip and steam 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



Einlegen der Instrumente in eine Wanne

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

KÉZMOSÓ

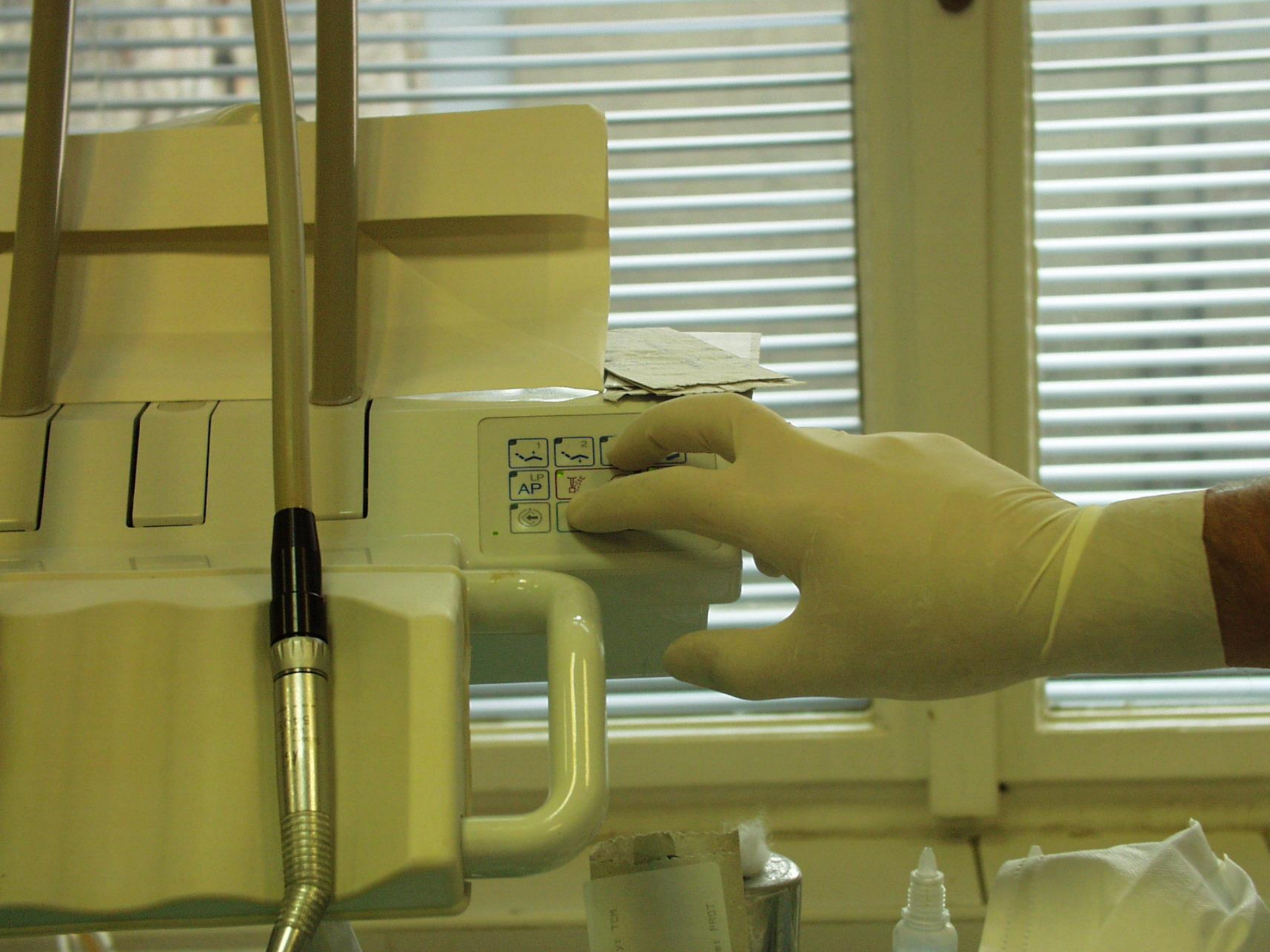










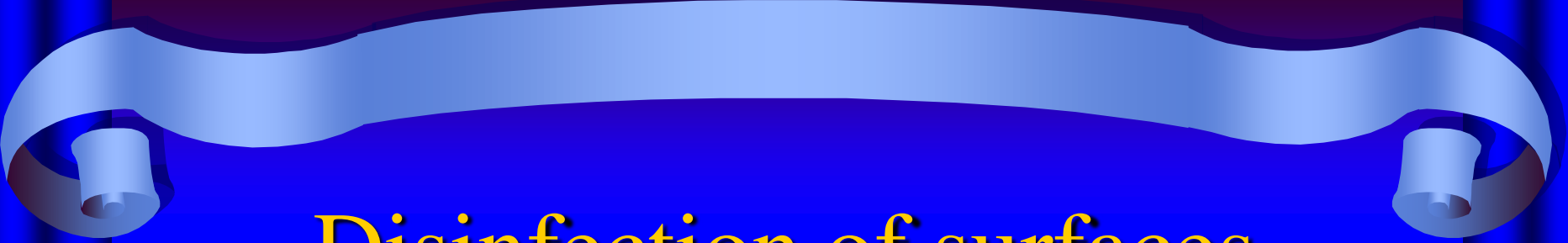




Remainder of the room

- 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



Kontrolle und Nachreinigung



Nach Ablauf der Desinfektionszeit: Abspülen unter Wasser



Ultraschallbad mit Desinfektionsmittel



Chirurgische Instrumente in Klarsichtsterilisier-
verpackungen





Heißdampfsterilisator (Autoklav)

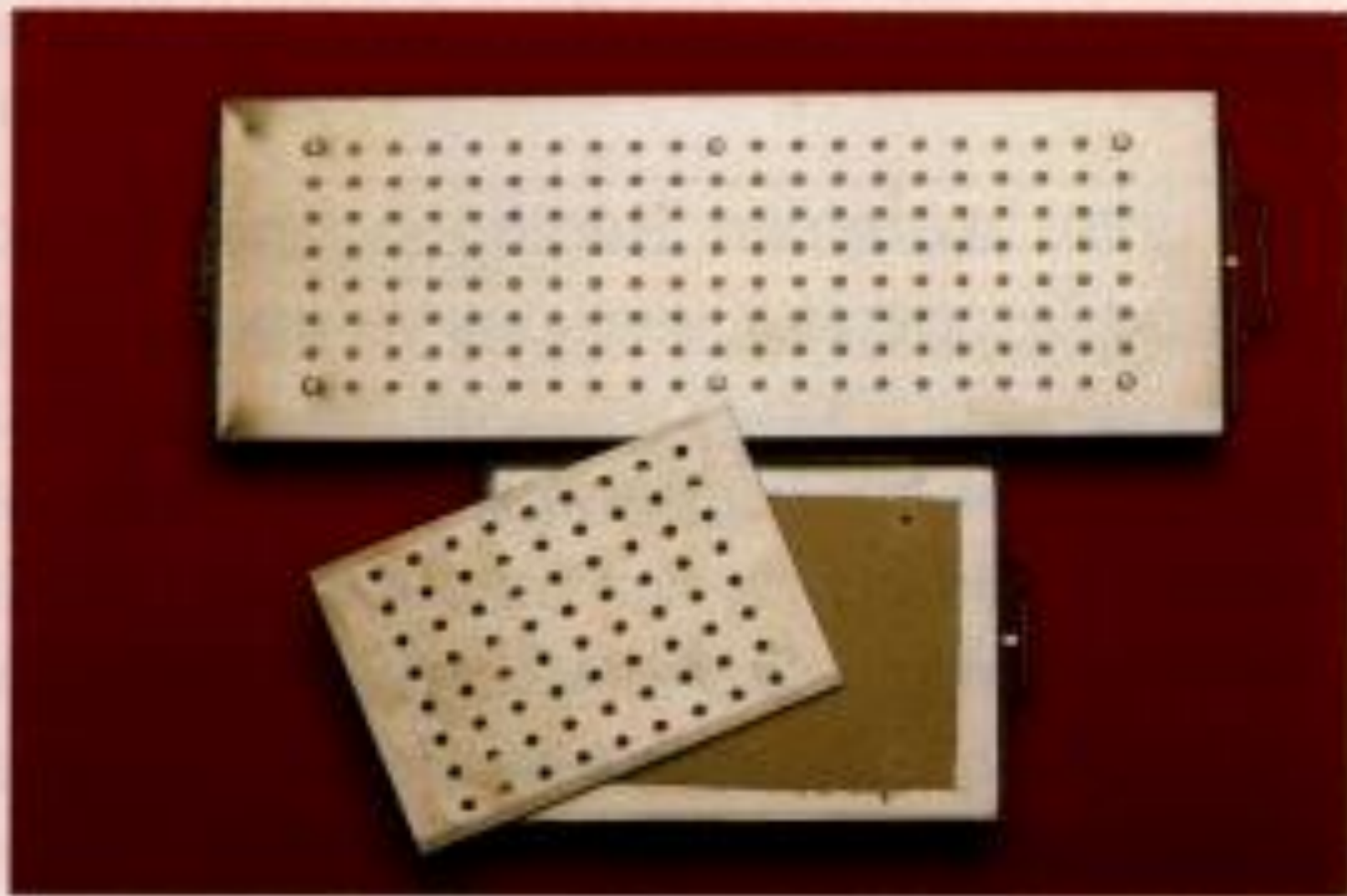


Heißluftsterilisator





Metallkassetten ohne Perforation.



Dentalkassette, Deckel und Boden oder Boden
perforiert, mit Filterpapier.



Autoklavieren von Normkassetten

Suggested time and temperature sets for autoclaving

Temperature °C

<i>134-138</i>	<i>3</i>
126-129	10
121-124	15
115-118	30



Einordnen in Bohrerständer



Ultraschall zur Unterstützung der Desinfektion



Endokassette zur übersichtlichen und sterilen Lagerung

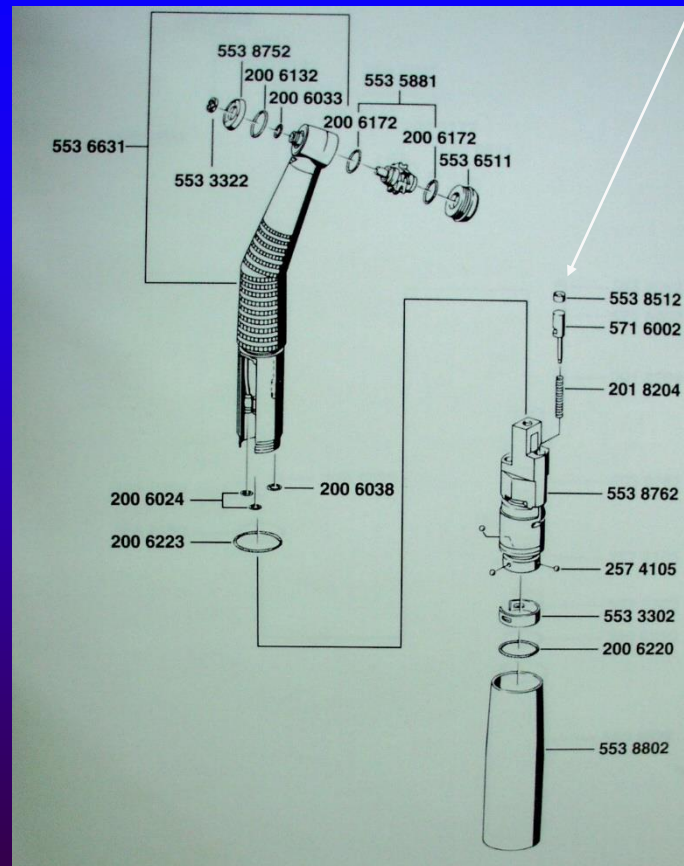


135°C

111

II

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/2019-ncov/hcp/dental-settings.html#section-1>

Guidance for Dental Settings

Special needs- aerosol and droplet formation

- **Contact the patient before treatment**
 - **Implement Teledentistry and Triage Protocols**
 - symptoms, connections, 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!!

