



CONSIDERATIONS RE: INFECTION CONTROL PROCEDURES

Dentists have always been concerned with preventing the transmission of infectious diseases. Infectious agents may be transmitted from patient to patient, from dental personnel to patient and from patient to dental personnel. All blood, saliva and other body fluids must be considered as potentially infectious.

Practical infection control in the dental setting may be achieved by reducing the number of pathogens, so that a person's normal resistance can prevent infection, and by breaking the cycle of infection and by eliminating cross-contamination.

Since medical history and examination cannot reliably identify all infected patients, infection control procedures should be consistently used for all patients. This concept is known as "Standard" or "Universal Precautions" and is the foundation of CDA's policies on infection control.

- An infection control manual should clearly describe protocols and procedures; each office should appoint an infection control officer, and a record of needlestick/percutaneous injuries to staff should be established.
- Up-to-date immunization status must be maintained for dentists and staff with patient-related duties. This includes hepatitis B, measles, mumps, rubella, and influenza.
- Hands should be washed with a germicidal soap prior to and immediately after the use of gloves.
- Gloves should be worn when contact with blood, saliva and body fluid is anticipated, and changed between patients.
- Masks should be worn to protect oral and nasal mucosa from splatter of blood, saliva and particulate matter.
- Eyes of dental personnel and patients should be protected with some type of covering to protect from splatter of blood, saliva and particulate matter.
- A high temperature wash cycle, with normal bleach concentration, followed by machine drying is recommended for clothing. Dry cleaning and steam pressing is also appropriate.
- Rubber dam should be used in restorative dentistry wherever possible.

- Appropriate sterilization methods should be used on all dental instruments.
- Handpieces and similar intraoral devices should be sterilized according to the manufacturer's directions; if not sterilizable, they must receive appropriate high level disinfection.
- Heat sterilizers should be biologically monitored as to their effectiveness at least on a monthly basis, and a record of this monitoring maintained.
- Counter tops, working surfaces and operator furniture, especially if aerosols and/or blood splatter will be generated, should be protected by disposable covers and/or disinfected by a suitable liquid.
- Disposable materials should be discarded appropriately. Sharp items, such as needles and scalpel blades, should be placed in puncture-resistant containers prior to disposal and discarded according to provincial and municipal requirements.

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