

Infection Control in Dental Practice [1]

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Merge of 'Human Immunodeficiency Virus Infection and Other Blood Borne Infections (2000)', 'Infection Control in Dentistry' (2007), and 'Sterilization and Cross Infection Control in the Dental Practice' (2005)

Current epidemiological data clearly indicate that the risk of oral healthcare professionals contracting diseases through the provision of dental treatment is minimized when recommended infection control procedures are routinely followed.

A key element of infection control is the concept of 'standard precautions', as a means to reduce the risk of disease transmission (e.g. the human immunodeficiency virus, hepatitis viruses and others) in healthcare settings. The primary precept underpinning this concept is the consideration that all patients are potentially infectious.

Standard Precautions

FDI World Dental Federation ('The FDI') urges all oral healthcare professionals to adhere to 'standard precautions' as set forth by the local or regional authorities, as appropriate.

General Measures

Members of the oral healthcare team are obliged to take adequate measures to protect themselves and their patients against blood-borne infections, including:

- Exercise special care when using cutting instruments and needles; remove them from the work area immediately after use. Use safety needles and scalpels when possible, and consider safer types of sharp devices when they become available.
- Follow protocols accepted and/or recommended by local authorities for the cleaning, disinfection, sterilization and disposal of used instruments and equipment.
- Make sure that sterile instruments are protected from contamination by the use of appropriate barrier packaging, and are sterile when used.
- Where possible, implement tracking, tracing and biological indicator monitoring systems for sterilization.
- Use single-use instruments if sterilization is not possible.
- Adopt the principles of cleanliness, and disinfect all exposed surfaces in the work environment.
- Adopt disinfecting principles for devices, prostheses, impressions, instruments and applicable items transported to and from the prosthetic laboratory and within the laboratory itself.
- Use disposable covers to protect documents, suction tubes and any other handling areas. Change the covers after each patient.
- Handle biopsy specimens with care and place in leak-proof containers labeled with the biohazard symbol.

Specific measures for clinic attendance

- Carefully wash hands with neutral pH liquid soap or use alcoholic hand gels prior to donning and after removal of gloves.
- Wear appropriate gloves and mask.
- Change gloves between patients, and masks when wet.
- Use protective eyewear with side-shields.
- Wear appropriate protective clinical attire.

Vaccination

FDI urges oral healthcare professionals who may be exposed to infectious risks to be appropriately vaccinated according to current guidelines issued by the local authorities, and to take advantage of other vaccines as and when they become available.

Exposure Incidents

FDI recommends that all oral healthcare professionals should be familiar with post-exposure protocols for the management of occupational exposures to blood-borne pathogens, and proprietors of oral healthcare clinics should institute policies in the work place to ensure appropriate and efficient management of such incidents.

Mandatory Testing

FDI opposes any legislation that mandates testing of oral healthcare professionals to determine their blood-borne pathogen status. However, oral healthcare professionals must recognize signs and symptoms in themselves which indicate the possibility of blood-borne and other infectious diseases and undergo the necessary diagnostic tests. An oral healthcare professional with a diagnosed blood-borne infection should comply with medical advice regarding continuation of practice.

Referral for Medical Evaluation

FDI urges all oral healthcare professionals to be alert for signs and symptoms related to blood-borne and other infectious diseases in their patients. Patients with medical histories or conditions suggestive of infection should be advised to undergo appropriate investigations. Such advice should be given in a supportive environment with due regard to privacy and sensitivity.

Patient Disclosure and Confidentiality

FDI believes that all patients infected with blood-borne pathogens should disclose their status as part of their medical history. The oral healthcare professional has to be cognisant of the complete medical history in order to make appropriate treatment decisions that are in the best interests of the patient.

FDI urges oral healthcare professionals to have an appropriate protocol, in accordance with applicable local laws, for the confidential handling of information on patients with infections. This should not prevent oral healthcare professionals sharing information pertaining to the patient's medical condition with other healthcare workers in the same practice/setting, as permitted by local regulations and with the patient's consent. Patients should be made aware of the Privacy Policy of the facility.

Public Information and Education

FDI recommends that local/regional dental associations should educate the public on both the efficacy of 'standard precautions' and the absence of a significant risk of contracting blood-borne diseases through the provision of dental care, when recommended infection control procedures are followed.

Professional Education

FDI recommends that all oral health care professionals keep their knowledge and skills current with regard to the diagnosis and management of those infectious diseases that may be transmissible in the clinical setting.

FDI recommends the development/updating of local and national educational programmes for the dental team that:

- address infection control recommendations in healthcare settings;

- address the management of the oral and systemic implications of blood-borne diseases; and
- address the role of medical practitioners in treatment.

FDI recommends that dental educators comprehensively address and incorporate current infection control recommendations in healthcare settings in curriculum content and clinical activities.

Access to Dental Care

FDI believes it is unethical for patients to be denied oral healthcare solely because of their blood-borne disease status.

References

1. Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings – 2003. December 19, 2003 / 52 (RR17);1-61. www.cdc.gov/OralHealth/infectioncontrol/guidelines/ [2] (Accessed 3 August 2009)
2. World Health Organization. Practical Guidelines for Infection Control in Health Care Facilities. 2004. South-East Asian Regional Organisation Regional Publication No. 41. www.searo.who.int/LinkFiles/Publications_PracticalguidelinSEAROpub-41.pdf [3]. (Accessed 3 August 2009)

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