



## FDI POLICY STATEMENT

### Infection Prevention and Control in Dental Practice

Revision: To be adopted by the General Assembly 27-29 September 2021,  
Sydney, Australia  
Adopted by the General Assembly:  
September 2019, San Francisco, United States of America  
Original version adopted by the General Assembly: September 2009, Singapore,  
Singapore

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

#### CONTEXT

Although the principles of infection prevention and control remain unchanged, new technologies, materials, equipment and recent data suggest the importance of continuous evaluation of current infection control practices<sup>1</sup> and continuous education for the oral health team.

#### SCOPE

This policy statement provides the basic principles of infection prevention and control. More detailed information can be found in the references and in relevant national legislation.

#### DEFINITIONS

**Infection prevention and control (IPC):** scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers.<sup>2</sup>

**Standard precautions:** Guidelines for the prevention of transmittable diseases including nosocomial infections. Standard procedures combine universal precautions and body-substance precautions for all patients regardless of diagnosis or possible infectious status.<sup>3</sup>

#### PRINCIPLES

It is the responsibility of dentists to establish a protocol that prevents or limits the spread of infection in dental practice for their patients, their staff and themselves. This can be accomplished by following the nationally/locally recommended infection control work practice procedures. Any patient is likely to be a carrier of pathology and so the precautionary principle must be applied to all.

#### POLICY

FDI supports the following statements:

- Recommendations, guidelines and regulations should be developed in consultation with the dental profession. Any legislation and/or guidance issued should be clear, feasible and practicable, and disseminated in a timely manner;

- 33 • Recommendations, guidelines and laws affecting standard precautions required in  
34 dental practices must be evidence-based or based on international best practices. In  
35 the absence of sufficient empirical evidence, the considered judgements of a widely  
36 recognised assembly of experts should provide the foundation for guidance;
- 37 • Practices should receive adequate financial reimbursement when additional costs are  
38 incurred related to compliance with new infection control guidelines that are  
39 implemented in the face of new risks;
- 40 • Governments, relevant national bodies and local/regional dental associations should  
41 educate the public on the importance of proper infection control in the dental office,  
42 the effectiveness of such recommended procedures and consequently the absence  
43 of a significant risk of contracting transmittable disease when dental care is provided;
- 44 • Infection prevention and control recommendations in healthcare settings must be  
45 incorporated into initial training (curriculum and clinical activities). This should include  
46 a critical incident reporting and learning system;
- 47 • Infection prevention and control in dental practice should be a recurring theme in  
48 continuing education.

49

## 50 **General**

51 Members of the oral health team are obliged to keep their knowledge and skills current  
52 regarding the diagnosis and management of infectious diseases that may be  
53 transmitted in the clinical setting. They must adhere to standard precautions and, where  
54 necessary, new IPC precautions as established by the relevant authorities, and take  
55 appropriate measures to protect their patients, their staff and themselves against  
56 infection.

57

58 These measures include:

- 59 • adopting the principles of cleanliness and disinfection of all exposed surfaces in  
60 the work environment;
- 61 • following protocols accepted and/or recommended by relevant authorities for the  
62 decontamination, disinfection, sterilization, ventilation, and reprocessing of  
63 reusable instruments and disposal of clinical waste<sup>4</sup>;
- 64 • assuring that sterile instruments are protected from recontamination by using an  
65 appropriate sterile barrier system;
- 66 • using single-use instruments where required;<sup>5</sup>
- 67 • exercising special care with the use of sharps and contaminated material;  
68 removing them from the work area after use and disposing them in a clearly  
69 labelled puncture-resistant container with traceability of disposal;
- 70 • adopting disinfection principles for devices, prostheses, impressions, instruments  
71 and applicable items transported to and from the dental laboratory;
- 72 • handling biopsy specimens with care and placing them in leak-proof containers  
73 according to the recommended guidelines;
- 74 • designing (new) dental clinics that ensure good air ventilation and sufficient air  
75 exchange rates to facilitate infection control.

76

## 77 **Health Professionals**

78 FDI urges all dentists and members of the dental team:

- 79
- 80
- 81
- 82
- 83
- 84
- 85
- 86
- 87
- 88
- 89
- 90
- 91
- 92
- 93
- 94
- 95
- 96
- to be physically protected (surgical respirators, masks, gloves, visors/face shields, protective eye wear and outerwear) as appropriate for the care being provided and the level of risk;
  - to be knowledgeable about, and protected from, health problems occurring from the use of enhanced personal protective equipment;
  - to be appropriately vaccinated against infectious diseases as a priority, according to current guidelines issued by the relevant authorities;
  - immediately initiate appropriate assessment to determine the need for post-exposure testing and prophylaxis following occupational exposure to blood-borne pathogens, including HBV, HCV and HIV<sup>6</sup>;
  - to be personally aware of signs and symptoms which indicate the possibility of blood-borne and other infectious diseases, and receive the necessary diagnostic tests when infection is suspected. FDI opposes any legislation that mandates universal screening of oral health professionals for blood-borne and other pathogens;
  - to comply with medical advice and relevant regulations regarding continuation of, or limitations to, clinical practice, in particular that of exposure prone procedures, if a blood-borne viral infection is diagnosed.

97

98

### 99 **Patient**

100 FDI believes that it is essential that all patients with communicable infections disclose  
101 their status to their dentist as part of the medical history to ensure safe and effective oral  
102 health care is provided. All patients should have access to oral health care regardless of  
103 their blood-borne or other infectious disease status

104 FDI urges all dentists and members of the dental team:

- 105
- 106
- 107
- 108
- 109
- 110
- 111
- 112
- 113
- 114
- 115
- 116
- 117
- 118
- to be alert and triage/screen for signs and symptoms of blood-borne and other infectious diseases in their patients;
  - to advise all patients with a relevant medical history of the need for referral to the most appropriate health care provider commensurate with their disease status or condition suggestive of infection. Patients should receive appropriate evaluation and treatment in a supportive environment with full regard to privacy;
  - to have an appropriate protocol, in accordance with applicable relevant laws, for the confidential handling and sharing of patient information;
  - to inform patients of the applicable privacy policy in all settings where dental care is delivered;
  - to share information pertaining to the patient's medical condition with other health workers as permitted by relevant regulations and with the patient's consent;
  - to educate patients regarding various aspects of blood-borne and other infectious diseases in the context of the management of oral diseases.

119

120 This Policy Statement replaces those on 'Human Immunodeficiency Virus Infection and  
121 Other Blood Borne Infections (2000)', and 'Sterilization and Cross Infection Control in  
122 the Dental Practice' (2005)

123

124 **KEYWORDS**

125 Patient safety, Infection prevention and control, hygiene, standard precautions,  
126 occupational exposure.

127

## 128 **DISCLAIMER**

129 The information in this Policy Statement was based on the best scientific evidence  
130 available at the time. It may be interpreted to reflect prevailing cultural sensitivities and  
131 socio-economic constraints.

132

133

134

## 135 **REFERENCES**

- 136 1. Centre for Disease Control and Prevention. Infection Prevention & Control in  
137 Dental Settings, 2019. Available from:  
138 <http://www.cdc.gov/OralHealth/infectioncontrol/index.html>
- 139 2. World Health Organisation. About Infection Control, 2019. Available from:  
140 <https://www.who.int/infection-prevention/about/ipc/en/>. Accessed 16 August 2019
- 141 3. Center for Disease Control and Prevention. Summary of Infection Prevention  
142 Practices in Dental Settings: Basic Expectations for Safe Care. US Department  
143 of Health and Human Services, Division of Oral Health; 2016. Available from:  
144 <https://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm>
- 145 4. United States Department of Health and Human Services. Food and Drug  
146 Administration; 2017. Reprocessing Medical Devices in Health Care Settings:  
147 Validation Methods and Labeling. Available from: [https://www.fda.gov/regulatory-](https://www.fda.gov/regulatory-information/search-fda-guidance-documents/reprocessing-medical-devices-health-care-settings-validation-methods-and-labeling)  
148 [information/search-fda-guidance-documents/reprocessing-medical-devices-](https://www.fda.gov/regulatory-information/search-fda-guidance-documents/reprocessing-medical-devices-health-care-settings-validation-methods-and-labeling)  
149 [health-care-settings-validation-methods-and-labeling](https://www.fda.gov/regulatory-information/search-fda-guidance-documents/reprocessing-medical-devices-health-care-settings-validation-methods-and-labeling)
- 150 5. FDI Policy Statement Sustainability in Dentistry, 2017. Adopted August 2017,  
151 Madrid, Spain. Available from: [https://www.fdiworlddental.org/resources/policy-](https://www.fdiworlddental.org/resources/policy-statements-and-resolutions/sustainability-in-dentistry)  
152 [statements-and-resolutions/sustainability-in-dentistry](https://www.fdiworlddental.org/resources/policy-statements-and-resolutions/sustainability-in-dentistry)
- 153 6. Centres for Disease Control and Prevention, 2013. Updated U.S. Public Health  
154 Service guidelines for the management of occupational exposures to HIV and  
155 recommendations for post exposure prophylaxis. Available from:  
156 [https://npin.cdc.gov/publication/updated-us-public-health-service-guidelines-](https://npin.cdc.gov/publication/updated-us-public-health-service-guidelines-management-occupational-exposures-human)  
157 [management-occupational-exposures-human](https://npin.cdc.gov/publication/updated-us-public-health-service-guidelines-management-occupational-exposures-human)

158