

Policy Title: Infection control in Dental Clinic

Department/Unite:
General Clinics.

Policy Number:
UOJ-MSA-GC-P/04

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Revision History

Subject	Changes made	Done by	Revision date

1. **CONDITIONS:**
 - 1.1 All Dental clinic Staff.
2. **PURPOSE:**
 - 2.1 To provide guidelines on proper infection control practices in the Dental Clinic in MSA.
3. **DEFINITIONS:**
 - 3.1 **Cleaning:** The physical removal of foreign material (e.g. Dust, soil, organic material). This process entails scrubbing instruments and other items with a brush and using detergent and water.
 - 3.2 **Sterilization:** The sterilization process eliminates all microorganisms (bacteria, viruses, fungi, and parasites), including bacterial spores. Sterilization is recommended for instruments and for other items that will be Blood contaminated or tissues under the skin.
 - 3.3 **Standard Precautions:** It is a set of infection prevention practices that apply to care for all patients in all health conditions regardless of the presence of a confirmed or suspected injury agent. It is the main strategy for preventing the transmission of infectious diseases between patients and health care workers
 - 3.4 **DHCWs:** Dental Health Care Workers.
 - 3.5 **Critical instruments:** Instruments that penetrate sterile tissues or bone. Examples include Needles, forceps, scalpels, bone chisels, scalars, and burs.
 - 3.6 **Semi critical instruments:** Instruments that do not penetrate sterile tissues or bone but contact oral tissues and mucous membranes.
 - 3.7 **Noncritical instruments:** Instruments that come into contact only with intact skin. Examples include x-ray heads.
4. **Related Documents:**

N/A

5. POLICY:

- 5.1 The dental physician must obtain the current health status of the patient; and perform thorough head, neck and oral examination for the patient.
- 5.2 All DHCWs should practice standard precautions (hand hygiene, wear mask, gloves, goggles, face shield, gowns or aprons).
- 5.3 All susceptible DHCWs should obtain vaccination against hepatitis B.
- 5.4 Pre procedural mouth rinsing must be performed as a routine for all patients.
- 5.5 Every patient & instrument should be considered as infected by a transmissible microbe and hence should be treated under strict regulation of infection control standard.
- 5.6 The sterilization chain should be followed so that no infection occurs to dental practitioners, support personnel, or patients treated.
- 5.7 All instrument cleaning, disinfection, sterilization should be done.
- 5.8 All clean & dirty instruments should be transported to & from the dental CSSU by two separate trolleys in clean secured boxes.
- 5.9 All biopsy specimens should be transported in a sturdy container with a secure lid to avoid leaking.

6. PROCEDURES:

6.1 Before Patient treatment:

- 6.1.1 Flush hand pieces, suction tubing, ultrasonic scalars, and air/water syringes each morning, for Half a minute before the first patient and in between patients during the day.
- 6.1.1.1 The water inside hand pieces, Three-way syringes and ultrasonic scalars should be removed and flushed for several minutes into a container or high-volume evacuator.
- 6.1.1.2 Suction tubing should be flushed by placing the tube in a disinfectant solution.
- 6.1.2 Putting single-use covers (e.g. self-adjourning plastic cover) to prevent contamination of surfaces that have the potential to be touched by the dentist or the dental assistant as dental unit control, light handles, dental chair head and arm of X-ray tube, amalgamator, electric pulp tester, suction tubes and any surfaces that cannot be sterilized.

6.1.3 Make sure that a sufficient number of instruments are available in the clinic. A total of at least 4-6 high-speed turbine handpieces in a good condition should be available in each clinic.

6.2 During Patient Treatment:

6.2.1 Treat all patients as potentially infectious by using protective attire and barrier techniques when contact with body fluids or mucous membranes are expected.

6.2.2 Wear gloves and change them between each patient or during patient treatment if they become torn or cut.

6.2.3 Wash hands before and after removal of gloves by using disinfectant soap and water or Alcohol hand rub.

6.2.4 Wear a mask and change it between patients or during patient treatment if it becomes wet.

6.2.5 Wear protective eye shield when splashes of blood and body fluids is expected and disinfect the aprons with 70% alcohol after use.

6.2.6 Wear uniforms, laboratory coats, or gowns that cover personal clothing and skin.

6.2.7 Use the Unit- dose Concept as cotton rolls, cotton pellets, gauze, petroleum jelly, impression materials and waxes are all amenable to unit- dosage.

6.2.8 Use Single- use Disposable Instruments: as prophylaxis angles, prophylaxis cups and brushes, tips for high- speed air evacuators, and air/water syringes for one patient only and discard after use.

6.2.9 Use sterile water or saline as a coolant/irrigator when surgical procedures involve cutting bone or tissues.

6.2.10 Handle sharps carefully. Do not recap or re-sheath needles. Report any needle stick injuries/ blood and body fluid exposure to your supervisor.

6.3 After Patient Treatment:

6.3.1 Pour blood, suctioned fluids, or other liquid waste into a drain connected to the sewage system.

6.3.2 Place soiled waste contaminated with blood or other body fluids in sealed, sturdy impervious (Yellow) bags that are leak proof.

6.3.3 Flush hand pieces, suction tubing, ultrasonic scalars, and air water syringes for 30 seconds.

6.3.4 Change protective covering on light handles, X-ray unit head and other items.

6.3.5 Wipe work surfaces and countertops with absorbent toweling to remove debris and dispose of this toweling appropriately, then disinfect with suitable chemical disinfectant. (Minuten spray).

6.4 Disposal of infectious waste material:

6.4.1 Separate infectious waste from general waste and dispose of appropriately in the designated waste bag (yellow for infectious and black/blue for general). Remove amalgam waste using an amalgam separator and dispose of as hazardous waste. It should be prevented from entering the drains and sewers.

6.4.2 Manage immediately any blood, body fluid spillages and vomits as per the policy.

6.5 Instruments Cleaning, Disinfection, and Sterilization:

6.5.1 Pre-sterilization cleaning of soiled instruments

6.5.1.1 Soak the soiled instruments in dental clinic approved enzymatic cleaner and disinfectant for 20 minutes to prevent drying of organic materials and make cleaning easier.

6.5.1.2 The enzymatic disinfectant should be freshly prepared according to manufacturer and kept covered in designated deep trays.

6.5.2 Heat sterilize using autoclave class B for all critical items and disinfect non-critical items

6.5.3 Transportation of instruments:

6.5.3.1 All instruments should be transported to and from the clinical area in clean boxes with secure lid (sterilization cassette).

6.6 Cleaning and decontamination of Hand pieces, Anti retraction valves, and other Intraoral Dental Devices attached to Air and Water Lines of Dental Units:

6.6.1 Hand pieces, ultrasonic scalars, inserts/tips and air-water syringe tips where detachable should be flushed for 30 seconds, dismantled, cleaned, oiled where required, and autoclaved between patients.

6.6.2 Follow manufacturer's instructions for cleaning, lubrication of hand pieces and reusable prophylaxis angles to ensure effective sterilization and longevity of the instruments.

6.6.3 Install anti retraction valves (one-way flow check valves) in dental unit water lines to prevent fluid aspiration and to reduce the risk of transfer of potentially infective material. Ensure routine maintenance of anti-retraction valves.

6.6.4 Run high-speed hand pieces to discharge water and air for a minimum of 20-30 seconds after use on each patient. If possible, use an enclosed container or high velocity evacuation during discharge procedures to minimize spread of spray, spatter, and aerosols.

6.7 Decontamination of impression materials and the used appliances:

6.7.1 Cleaning and disinfection of impression and appliances will be performed before sending to the lab.

6.7.1.1 Rinse under running water immediately after removal from the patient mouth. If grossly contaminated use detergent, then rinse.

6.7.1.2 Disinfect with appropriate agent according to manufacture recommendation.

6.7.1.3 Rinse again in water before sending to the lab with the comment that it has been decontaminated.

6.8 Cleaning & Disinfection of Dental unit:

6.8.1 After treatment of each patient and at the completion of daily work activities, clean countertops and dental unit surfaces that may have become contaminated with patient secretions. Use paper towels, an appropriate cleaning agent, and water for cleaning.

6.8.2 Clean floors, walls, and other surfaces with Dental clinic approved disinfectants daily at the end of the shift and when contaminated.

6.9 Handling of Biopsy Specimens:

6.9.1 Place each biopsy specimen in a sturdy container with a secure lid to prevent leaking during transport.

6.9.2 Avoid contaminating the outside of the specimen container. If the outside is visibly contaminated, clean and disinfect it, or place it in an impervious bag.

7. **RESPONSIBILITIES**

7.1 Infection control Team:

7.1.1 To ensure adherence of dental healthcare workers (DHCW) to Infection control policies through surveillance, monitoring, feedback and education.

7.2 Dental Staff:

7.2.1 To use the equipment provided to protect their health and safety.

7.2.2 To care for the health and safety of patients by practicing appropriate infection control measures.

7.2.3 To follow and implement the policy.

8. **Appendix:**

N/A

9. **REFERRANCES:**

9.1 CBAHI Standards.

9.2 Ministry of Health Manual for Dental clinic.

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