



Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care

MODULE 8 — Environmental Infection Prevention and Control

Modules in the Slide Series

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2. Hand Hygiene
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5. Sharps Safety
6. Safe Injection Practices
7. Sterilization and Disinfection of Patient-Care Items and Devices
- 8. Environmental Infection Prevention and Control (this module)**
9. Dental Unit Water Quality
10. Program Evaluation

Environmental Surfaces

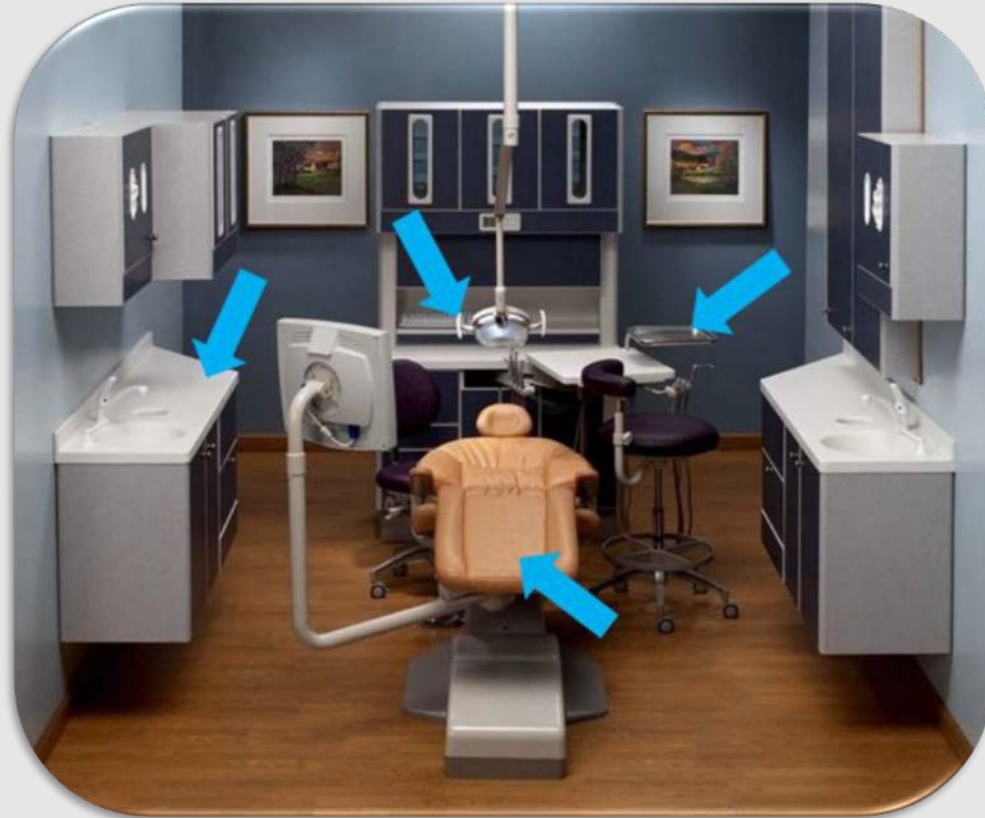
- A surface or equipment that does not contact patients directly.
- Can become contaminated through touch, splash, or droplets generated during patient care.
- Can serve as reservoirs of microbial contamination.



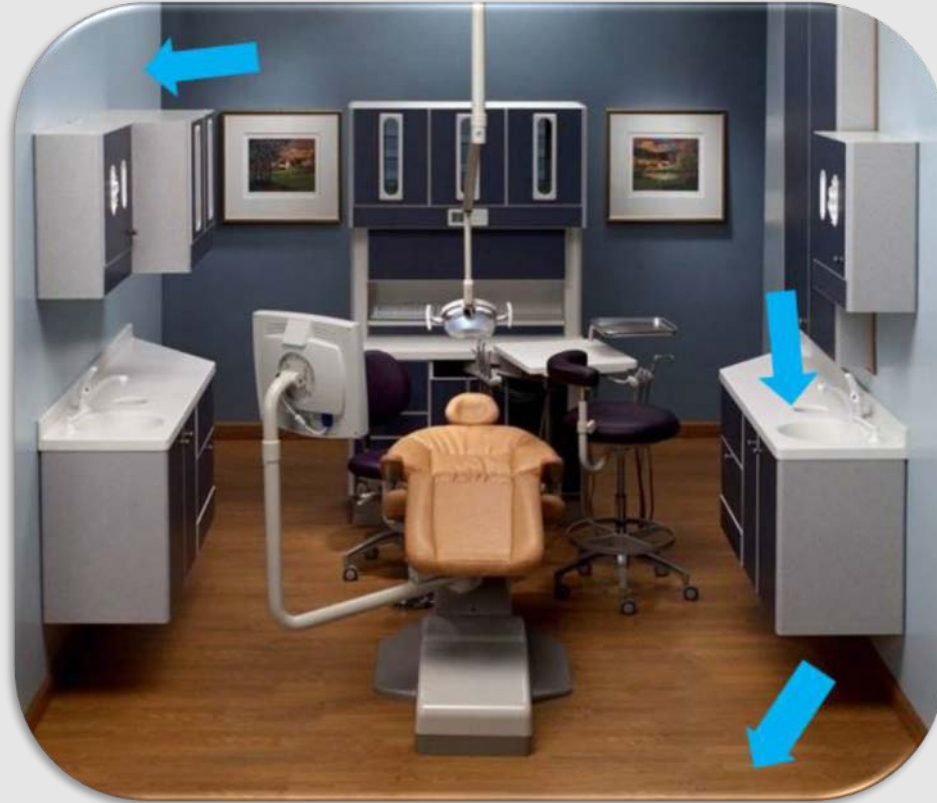
Categories of Environmental Surfaces

- Clinical contact surfaces:
 - High potential for direct contamination from spray or spatter or by contact with gloved hands of dental health care personnel (DHCP).
 - Emphasis for cleaning and disinfection should be placed on these surfaces.
 - Examples: light handles, bracket trays, switches on dental units, computer equipment.
- Housekeeping surfaces:
 - Do not come into direct contact with patients or devices.
 - Can be decontaminated with less rigorous methods than those used on dental patient-care items and clinical contact surfaces.
 - Examples: floors, walls, and sinks.

Clinical Contact Surfaces



Housekeeping Surfaces



Surface Barriers

- Barriers protect clinical contact surfaces, especially those that are difficult to clean (e.g., switches on dental chairs, computer equipment).
- Change barriers between patients.



General Cleaning Recommendations



- Use personal protective equipment (e.g., heavy-duty utility gloves, masks, protective eyewear).
- Cleaning should always come before disinfection.
- Follow manufacturer's instructions for proper use of hospital disinfectants registered by the US Environmental Protection Agency (EPA).
 - EPA-registered disinfectants
- Do not use liquid chemical sterilants or high-level disinfectants.

Cleaning Clinical Contact Surfaces

- Risk of transmitting infections greater than for housekeeping surfaces
- Barrier protect and change between patients

OR

- Clean followed by disinfection with an EPA-registered low-level (HIV/HBV claim) to intermediate-level (tuberculocidal claim) hospital disinfectant.



NOTE: HIV/HBV=human immunodeficiency virus/hepatitis B virus.

Cleaning Housekeeping Surfaces

- Routinely clean with soap and water or an EPA-registered hospital detergent/disinfectant.
- Disinfect if visibly contaminated with blood.
- Clean mops and cloths after use and allow to dry thoroughly before reusing (or use single-use disposable options).
- Prepare fresh cleaning and disinfecting solutions daily and according to manufacturer's instructions.

Regulated Medical Waste Management

- Infectious waste that carries a substantial risk of causing infection during handling and disposal.
 - Examples: gauze soaked in blood, extracted teeth, and contaminated sharp items.
- Requires special storage, handling, neutralization, and disposal and is covered by federal, state, and local rules and regulations.
 - Proper containment to prevent injuries and leakage.
- Never include extracted teeth with amalgam in waste that will be treated with heat or incinerated.



Environmental Infection Prevention and Control Resources

- CDC. [Guidelines for Infection Control in Dental Health-Care Settings—2003](#)
- CDC. [Guidelines for Environmental Infection Control in Health-Care Facilities](#)
- CDC. [Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008](#)
- CDC. [Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care](#)
- EPA. [Medical Waste website](#)
- EPA. [Where You Live – State Medical Waste Programs and Regulations website](#)

End of Module 8

For more information, contact Centers for Disease Control and Prevention (CDC).
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the CDC.