



PRESENTER'S SCRIPT

Module 8 Environmental Infection Prevention and Control

SLIDE 1

This slide series was created to complement the Centers for Disease Control and Prevention's (CDC's) publication titled, *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. This publication was developed to help increase adherence with established infection prevention practices.

This slide series provides an overview of the basic principles of infection prevention and control that form the basis for CDC recommendations for dental health care settings. It can be used to educate and train infection prevention coordinators, educators, consultants, and other dental health care personnel (DHCP).

The *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* can be found at www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf.

SLIDE 2

This slide series is divided into 10 modules. The first module provides an introduction to infection prevention for dental settings. It is followed by 9 additional slide modules—one for each element of standard precautions, as well as for dental unit water quality and program evaluation. Module 8 provides information on environmental infection prevention and control.

SLIDE 3

In the dental operatory, environmental surfaces—for example, a surface or equipment that does not contact patients directly—can become contaminated through touch, splash, or droplets generated during patient care. Certain surfaces, especially ones touched frequently—such as light handles, unit switches, and drawer knobs—can serve as reservoirs of microbial contamination. Environmental surfaces do not require decontamination procedures as stringent as those used on patient-care items.

SLIDE 4

There are two categories of environmental surfaces. Clinical contact surfaces have a high potential for direct contamination from patient materials either by direct spray or spatter generated during dental procedures or by contact with gloved hands of DHCP. These surfaces can later contaminate instruments, devices, hands, or gloves. Examples include light handles, bracket trays, switches on dental units, and computer equipment.

Housekeeping surfaces do not come into contact with patients or devices used in dental procedures. Therefore, they have a limited risk of disease transmission and can be decontaminated with less rigorous methods than those used on dental patient-care items and clinical contact surfaces. Examples include floors, walls, and sinks.

SLIDE 5

This slide shows examples of clinical contact surfaces, including a light handle, countertop, bracket tray, and dental chair (*shown by arrows*).

SLIDE 6

This slide shows examples of housekeeping surfaces, including walls, sinks, and floors (*shown by arrows*).

SLIDE 7

Clinical contact surfaces should be barrier protected or cleaned and disinfected between patients. Surface barriers must be changed between patients.

SLIDE 8

DHCP should use appropriate personal protective equipment, such as heavy-duty utility gloves, masks, and protective eyewear, when cleaning and disinfecting surfaces. In general, cleaning and removal of microorganisms is as important as the disinfection process itself. Cleaning removes organic material and large numbers of microorganisms from surfaces and should always precede disinfection. Follow the manufacturer's instructions for proper storage, dilution, and use of hospital disinfectants. Visit EPA's website for a list of selected EPA-registered disinfectants at www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants. Disinfectant products should not be used as cleaners unless the label indicates the product is suitable for such use. Because of their toxic nature, the use of sterilants or high-level disinfectants on environmental surfaces is NOT recommended.

SLIDE 9

Because clinical contact surfaces come into direct contact with contaminated gloves, instruments, spray, or spatter, their risk of transmitting infection is greater than for housekeeping surfaces. Clinical contact surfaces should be barrier protected or cleaned and disinfected between patients. Surface barriers are particularly useful for surfaces that are hard to clean, such as switches on dental chairs.

If surface barriers cannot be used, clean and then disinfect the surface with an EPA-registered, low-level hospital disinfectant that is effective against human immunodeficiency virus (HIV) and hepatitis B virus (HBV). If the surface is visibly contaminated with blood or other patient material, clean and then disinfect the surface with an EPA-registered, intermediate-level hospital disinfectant with a tuberculocidal claim.

SLIDE 10

Housekeeping surfaces, (such as floors, walls, and sinks) carry less risk of disease transmission than clinical contact surfaces and can be cleaned with soap and water or cleaned and disinfected if visibly contaminated with blood. Reusable mops and cloths should be cleaned after use and allowed to dry before reuse. Alternatively, use single-use disposable options. Prepare fresh cleaning and disinfecting solutions daily and according to the manufacturer's recommendations.

SLIDE 11

The majority of soiled items in dental offices are general medical waste and thus can be disposed of with ordinary waste. Examples include used gloves, masks, gowns, and lightly soiled gauze or cotton rolls. Some waste—such as gauze soaked in blood, extracted teeth, and used needles—carries a substantial risk of causing infection during handling and disposal and is regulated medical waste. Regulated medical waste requires special storage, handling, neutralization, and disposal and is covered by federal, state, and local rules and regulations. Some states do not require treatment of medical waste.

Regulated medical waste requires careful containment for treatment or disposal. A single leak-resistant biohazard bag is usually adequate to contain nonsharp, regulated medical waste. Puncture-resistant containers with a biohazard label, such as sharps containers, are used as containment for scalpel blades, needles, syringes, and unused sterile sharps.

Treatment of regulated waste can involve on-site or off-site autoclaving and incineration or alternative methods approved at the state level. Never include extracted teeth with amalgam in waste that will be treated with heat or incineration for final disposal.

SLIDE 12

For more information on environmental infection prevention and control, see:

- CDC. *Guidelines for Infection Control in Dental Health-Care Settings — 2003* at www.cdc.gov/mmwr/PDF/rr/rr5217.pdf.
- CDC. *Guidelines for Environmental Infection Control in Health-Care Facilities* at www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf.
- CDC. *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008* at www.cdc.gov/hicpac/pdf/guidelines/Disinfection_Nov_2008.pdf.
- CDC. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* at www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf.
- EPA. Medical Waste website at www.epa.gov/rcra/medical-waste.
- EPA. Where You Live – State Medical Waste Programs and Regulations website www.epa.gov/osw/nonhaz/industrial/medical/programs.htm.