

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

MODULE 9 — Dental Unit Water Quality

# **Modules in the Slide Series**

- 1. Introduction
- 2. Hand Hygiene
- 3. Personal Protective Equipment
- 4. Respiratory Hygiene/Cough Etiquette
- 5. Sharps Safety
- 6. Safe Injection Practices
- 7. Sterilization and Disinfection of Patient-Care Items and Devices
- 8. Environmental Infection Prevention and Control
- 9. Dental Unit Water Quality (this module)
- **10.** Program Evaluation

### **Dental Unit Waterlines**

- Narrow-bore plastic tubing that carries water to:
  - High-speed handpiece.
  - Air or water syringe.
  - Ultrasonic scaler.
- Factors that promote bacterial growth and development of biofilm:
  - System design.
  - Flow rates.
  - Materials.

# **Dental Unit Waterlines and Biofilm**

- Microbial biofilms form in narrowbore tubing of dental units.
- Biofilms serve as a microbial reservoir.
- Primary source of microorganisms is municipal water supply.









# **Microorganisms of Concern**

- Legionella species:
  - Transmission occurs primarily through inhalation of infectious aerosols.
  - Pontiac Fever, Legionnaires' disease.
- *Pseudomonas* species:
  - Bacterial infection that usually occurs in a hospital setting or in people with weakened immune systems.
  - Most common type infecting humans is *Pseudomonas aeruginosa*.
  - Can be mild or severe
- Nontuberculous *Mycobacteria*:
  - Can cause infection on skin and in soft tissue and organs.
  - Associated with outbreaks in health care and dental settings.

### **Dental Unit Water Quality**

- Using water of uncertain quality is inconsistent with infection prevention principles.
- Colony counts in water from untreated systems can exceed 1 million CFU/mL (CFU = colony forming unit).
- Untreated dental units cannot reliably produce water that meets drinking water standards.
- Removal or inactivation of dental waterline biofilms requires use of chemical germicides.

# **Recent Disease Transmission Associated with Dental Unit Waterlines**

- 2011 transmission of *Legionella*, Italy<sup>1</sup>:
  - 82-year-old woman.
- 2015 transmission of *Mycobacterium abscessus*, Georgia<sup>2</sup>:
  - 23 cases—all children.
  - All received pulpotomy procedures.
- 2016 transmission of *Mycobacterium abscessus*, California<sup>3</sup>:
  - Infections reported in children who had pulpotomy procedures.
  - As of May 2, 2017, 68 potential cases have been reported.

<sup>1</sup>Ricci ML, et al. *Lancet*. 2012;379(9816):684; <sup>2</sup>Lindsay, H, et al. Pediatric Dental Clinic Associated-Outbreak of *Mycobacterium abscessus* Infections. Oral Abstract Session, IDWeek 2016; <sup>3</sup>www.ochealthinfo.com/phs/about/dcepi/epi/dip/prevention/disease\_listing\_a\_z/myco

# **CDC Recommendations for Dental Unit Water Quality**

- Use water that meets US Environmental Protection Agency (EPA) regulatory standards for drinking water (i.e., <500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water.
- Consult with the dental unit manufacturer for appropriate methods and equipment to maintain the recommended quality of dental water.
- Follow recommendations for monitoring water quality provided by the manufacturer of the unit or waterline treatment product.

# **CDC Recommendations for Dental Unit Water Quality (Continued)**

- Discharge water and air for a minimum of 20–30 seconds after each patient, from any device connected to the dental water system that enters the patient's mouth (e.g., handpieces, ultrasonic scalers, air or water syringes).
- Consult with the dental unit manufacturer on the need for periodic maintenance of antiretraction mechanisms.



# **Improving Dental Unit Water Quality**

- Available Technology
  - Independent reservoirs.
  - Chemical treatment.
  - Filtration.
  - Combinations of technologies.
  - Sterile water delivery systems.
- DHCP should always consult with the dental unit manufacturer for appropriate methods to maintain the recommended dental unit water quality.

# **Monitoring Options**

- Water-testing laboratory.
- In-office testing with self-contained kits.
- Follow recommendations provided by the manufacturer of the dental unit and the waterline treatment product for monitoring water quality.

# **Oral Surgical Procedures**

- Involve the incision, excision, or reflection of tissue that exposes the normally sterile areas of the oral cavity.
- Examples:
  - Biopsy.
  - Periodontal surgery.
  - Apical surgery.
  - Implant surgery.
  - Surgical extractions of teeth (e.g., removal of erupted or nonerupted tooth requiring elevation of the mucoperiosteal flap, removal of bone or section of tooth, and suturing if needed).
- Use sterile irrigating solutions.

# **Sterile Irrigating Solutions**

- Use sterile saline or sterile water as a coolant/irrigator when performing surgical procedures.
- Use devices designed for the delivery of sterile irrigating fluids.





### **Dental Unit Water Quality Resources**

- CDC. Guidelines for Infection Control in Dental Health-Care Settings-2003
- CDC. <u>Dental Unit Water Quality website</u>
- CDC. <u>Summary of Infection Prevention Practices in Dental Settings: Basic</u> <u>Expectations for Safe Care</u>
- Montana State University <u>Center for Biofilm Engineering website</u>
- Organization for Safety, Asepsis and Prevention. <u>Safe Water, Safe Dentistry, Safe Kids webinar</u>
- Peralta G, Tobin-D'Angelo M, Parham A, et.al. *Mycobacterium abscessus* infections among patients of a pediatric dentistry practice—Georgia, 2015. *MMWR Morb Mortal Wkly Rep*. 2016;65:355–356

### **End of Module 9**

For more information, contact Centers for Disease Control and Prevention (CDC). 1-800-CDC-INFO (232-4636) TTY:1-888-232-6348 • www.cdc.gov

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