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
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 (this module)**
9. Dental Unit Water Quality
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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
- 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. 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