



Royal College of Dental Surgeons of Ontario

Ensuring Continued Trust


Infection Prevention and Control

Presentation to the
Canadian Dental Protective Association
June 18, 2010

Infection Prevention and Control

Format of presentation:

1. Rationale and process for updating the old Guidelines
2. Brief review of the new Guidelines
3. Q&A period



Guide-Lines

Respecting Infection Control In the Dental Office

June 1995
(Replacing those issued in January 1983)

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO • 6 CRESCENT RD., FIFTH FLOOR, TORONTO, ONT M4W 1T1 • (416) 961-6555 1-800-565-4591

College Guidelines contain practice parameters and standards which should be considered by all Ontario dentists in the care of their patients. It is important to note that these Guidelines may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

I. INTRODUCTION

Over the years, infection control has been considered an integral part of patient care. Recent concerns regarding the possible spread of blood-borne diseases in the dental setting have prompted practitioners to reassess and update their infection control measures.

The Royal College of Dental Surgeons has revised its infection control guidelines to meet the needs of the profession and to provide the public of Ontario with safe dental care.

II. BACKGROUND TO INFECTION CONTROL

The infectious disease process involves three essential components: (1) a susceptible host, (2) a causative agent, and (3) a portal of entry. By eliminating any one of these components, an infection cannot occur. This principle forms the foundation of an acceptable infection control strategy.

Inherent in any infection control strategy are two significant concepts:

- (i) Universal Precautions, and
- (ii) Risk Assessment.

(i) Universal Precautions

These are a set of risk reduction measures for healthcare workers to use whenever they encounter blood or other identified body fluids. Although these precautions normally do not apply to saliva, in many dental procedures, saliva is often contaminated with blood. Therefore, it is recommended that universal precautions be applied to all dental procedures that may involve blood and/or blood-contaminated saliva.

The concept of universal precautions relates to the proper handling of sharps and the use of barriers as personal protection. It is based on the principle that medical histories and physical examinations cannot reliably identify all carriers of blood-borne diseases. Therefore, dental care providers must treat all patients as infective and apply appropriate infection control measures universally to all patients.

(ii) Risk Assessment

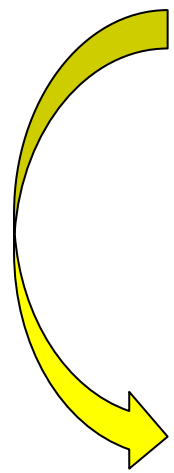
Important to the development of any infection control plan is the understanding that not all dental procedures carry the same risk of disease transmission and hence, may not require the same degree of personal barrier protections. Maximum barriers used in dentistry for this protective purpose are gloves, masks, protective eyewear, and clinical attire.

Clearly, blood is the most important transmitter of disease in the dental office.

Therefore, procedures involving blood, bloody body fluids, and non-intact tissues require maximum protection. On the other hand, procedures involving no anticipated exposure may not need these stringent barrier precautions.

Universal Precautions

1. Risk Assessment
2. Handwashing
3. Use of Personal Protection Barriers
4. Safe Handling and Disposal of Sharps



Universal Precautions

Standard Precautions

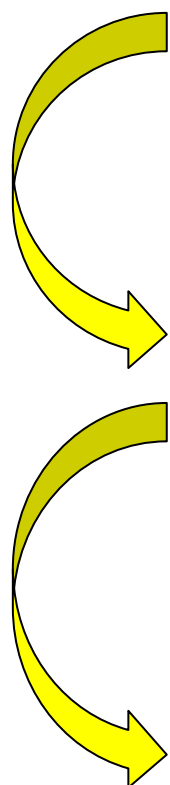
(Universal Precautions + Body Substance Precautions)



Routine Practices

Routine Practices

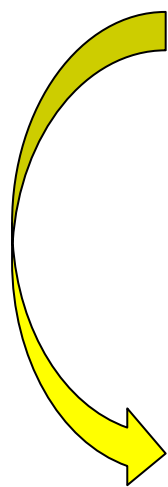
- all patients are potentially infective, even when asymptomatic
- the same safe standards of practice should routinely apply to contact with blood, body fluids and secretions, mucous membranes and non-intact skin



Antimicrobial Soap

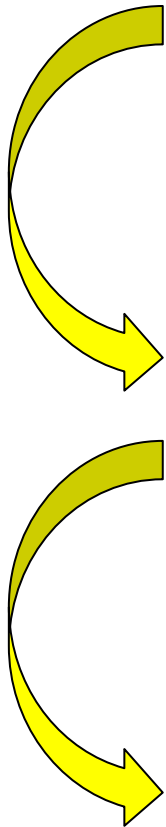
Plain Soap

Alcohol-Based Hand Rubs



Handwashing

Hand Hygiene



At least once per month

At least once per week

Each day a sterilizer is
used



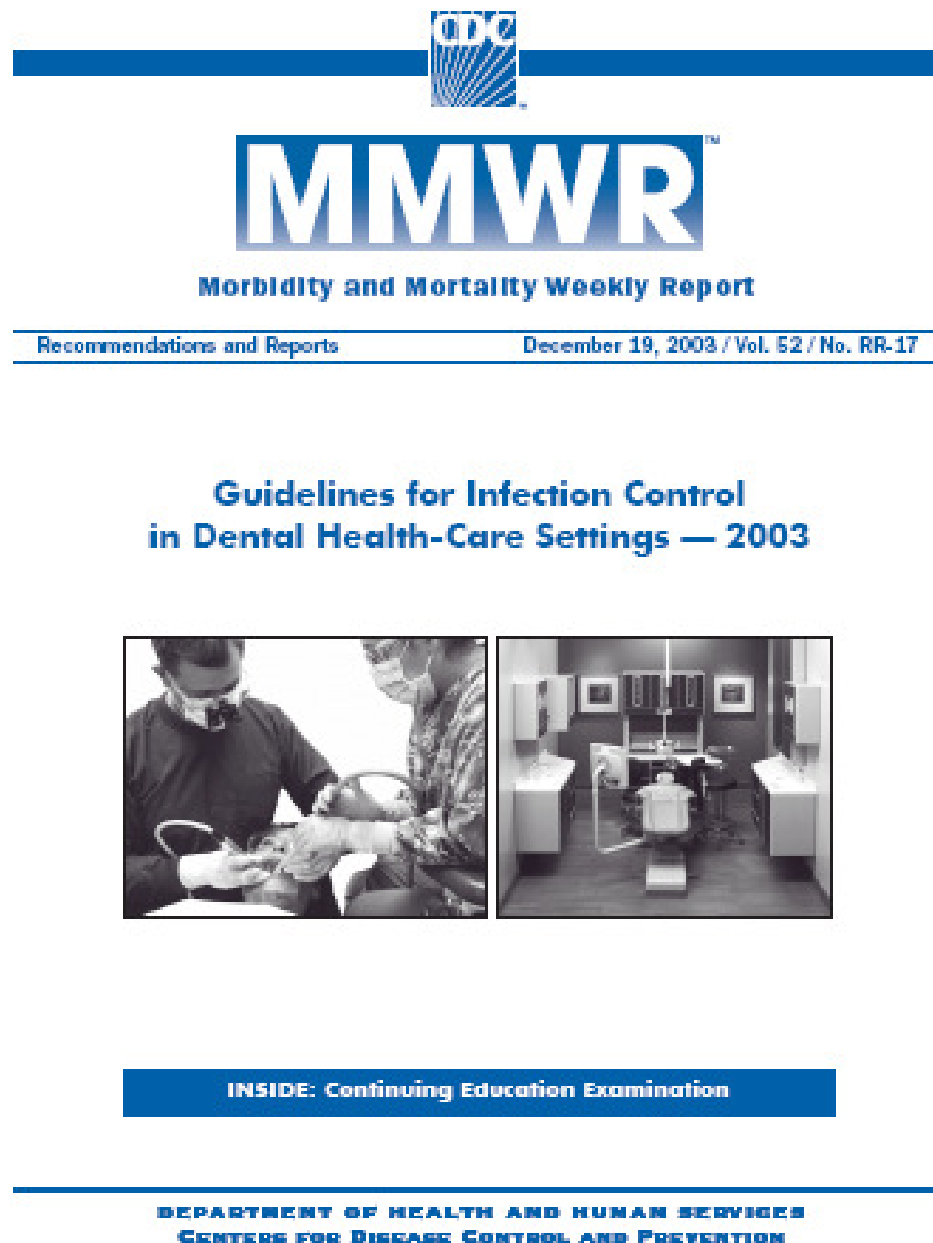
Intermediate-Level Disinfectants

Low-Level Disinfectants



Infection Control

Infection Prevention and Control





CANADIAN DENTAL ASSOCIATION

Infection Prevention and Control in the Dental Office:

*An opportunity to improve
safety and compliance*

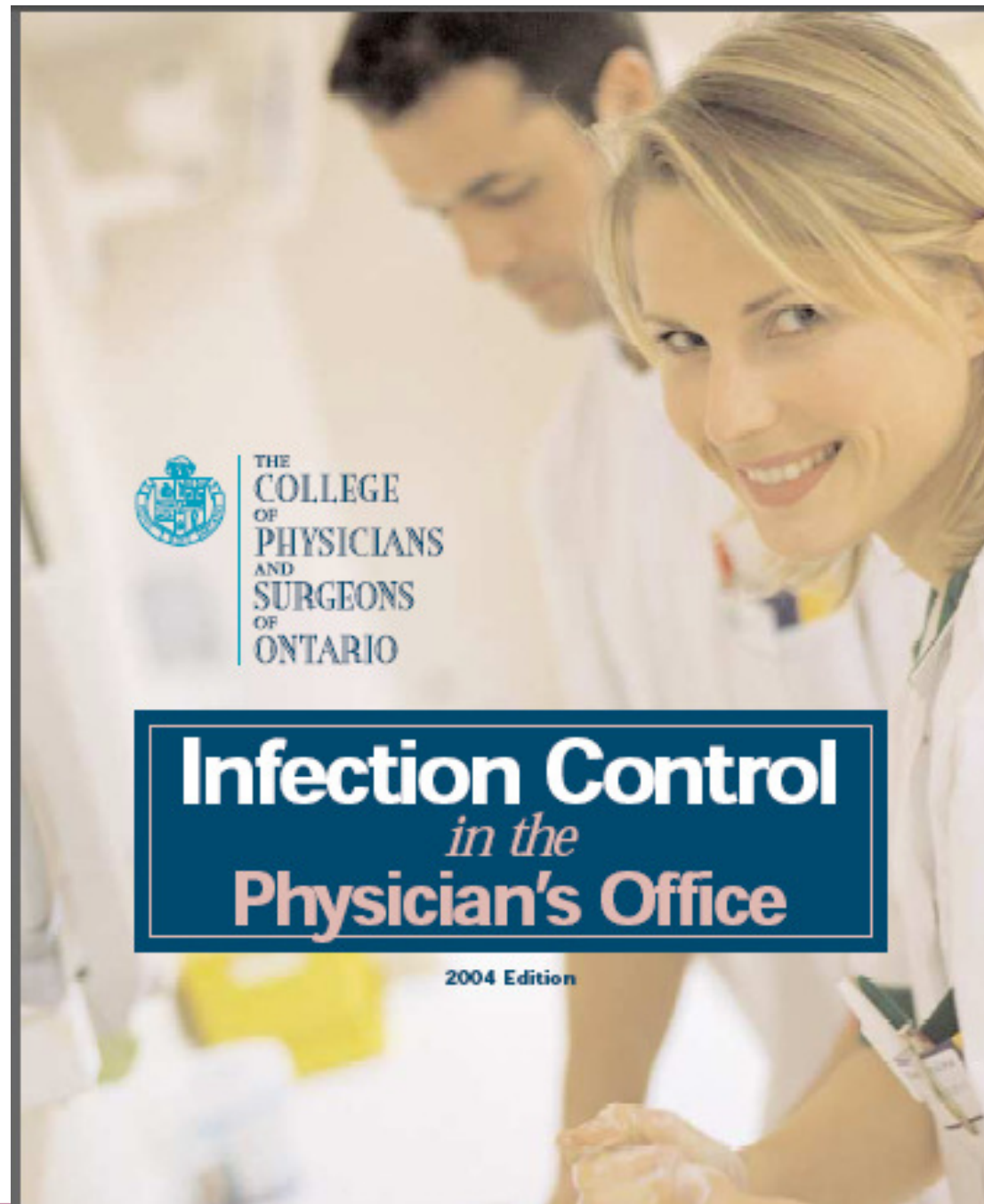
Dr. Trey L. Petty
Canadian Dental Association
Committee on Clinical & Scientific Affairs

June 2006

Infection Prevention and Control Standards Methodology



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Best Practice Manuals

- Cleaning, Disinfection and Sterilization
- Clostridium difficile
- Environmental Cleaning for Prevention and Control of Infections
- Febrile Respiratory Illness
- Infection Prevention and Control Programs in Ontario
- Hand Hygiene
- Infection Prevention and Control of Resistant Staphylococcus aureus and Enterococci
- Routine Practices and Additional Precautions In All Health Care Settings
- STI Case Management and Contact Tracing
- Surveillance of Health Care-Associated Infections

Presentations

Royal College of
Dental Surgeons of Ontario

Provincial Infectious Diseases Advisory Committee (PIDAC)

What's New

[Call for a Public Health Care Professional Member](#)

Best Practices Document : [Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings](#)

Best Practices Document : [Routine Practices and Additional Precautions in All Health Care Settings](#)

[Call for a Public Health Care Professional Co-Chair](#)

Best Practices Document : [STI Case Management and Contact Tracing](#)

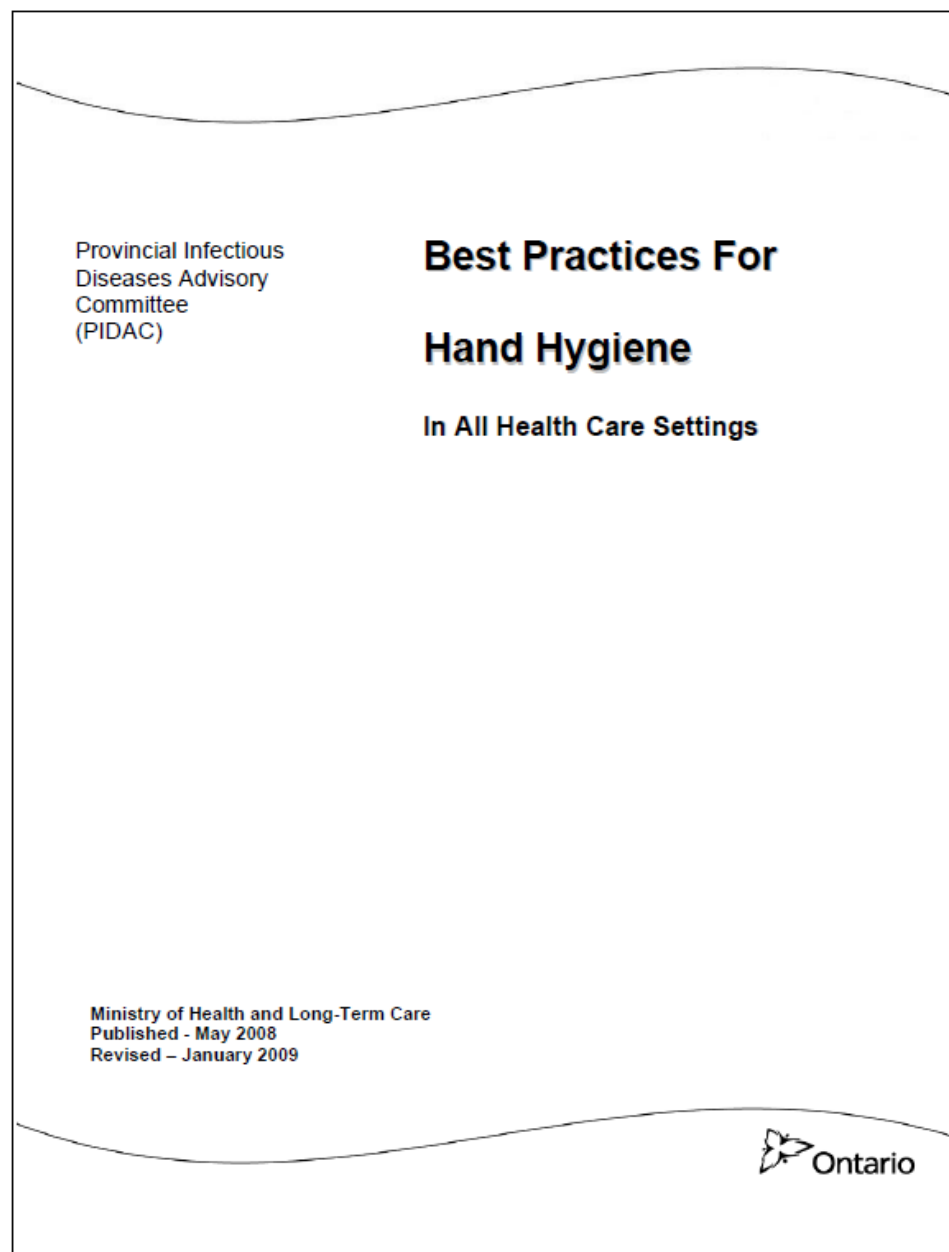
H1N1 flu virus : The H1N1 flu virus first appeared in Mexico in March of 2009. Surveillance and laboratory testing indicated that there were also H1N1 flu virus cases in the U.S., and in April cases were confirmed in Canada. The World Health Organization (WHO) reports the presence of H1N1 flu virus cases in

Ensuring Continued Trust

PIDAC

- Routine Practices and Additional Precautions, 2009
- Best Practices for Hand Hygiene, 2009
- Best Practices for Cleaning, Disinfection and Sterilization, 2006
- Best Practices for Environmental Cleaning, 2009

June 18, 2010



- 58 pages
- 111 references

June 18, 2010

Provincial Infectious
Diseases Advisory
Committee
(PIDAC)

Best Practices for Environmental Cleaning for Prevention and Control of Infections

In All Health Care Settings

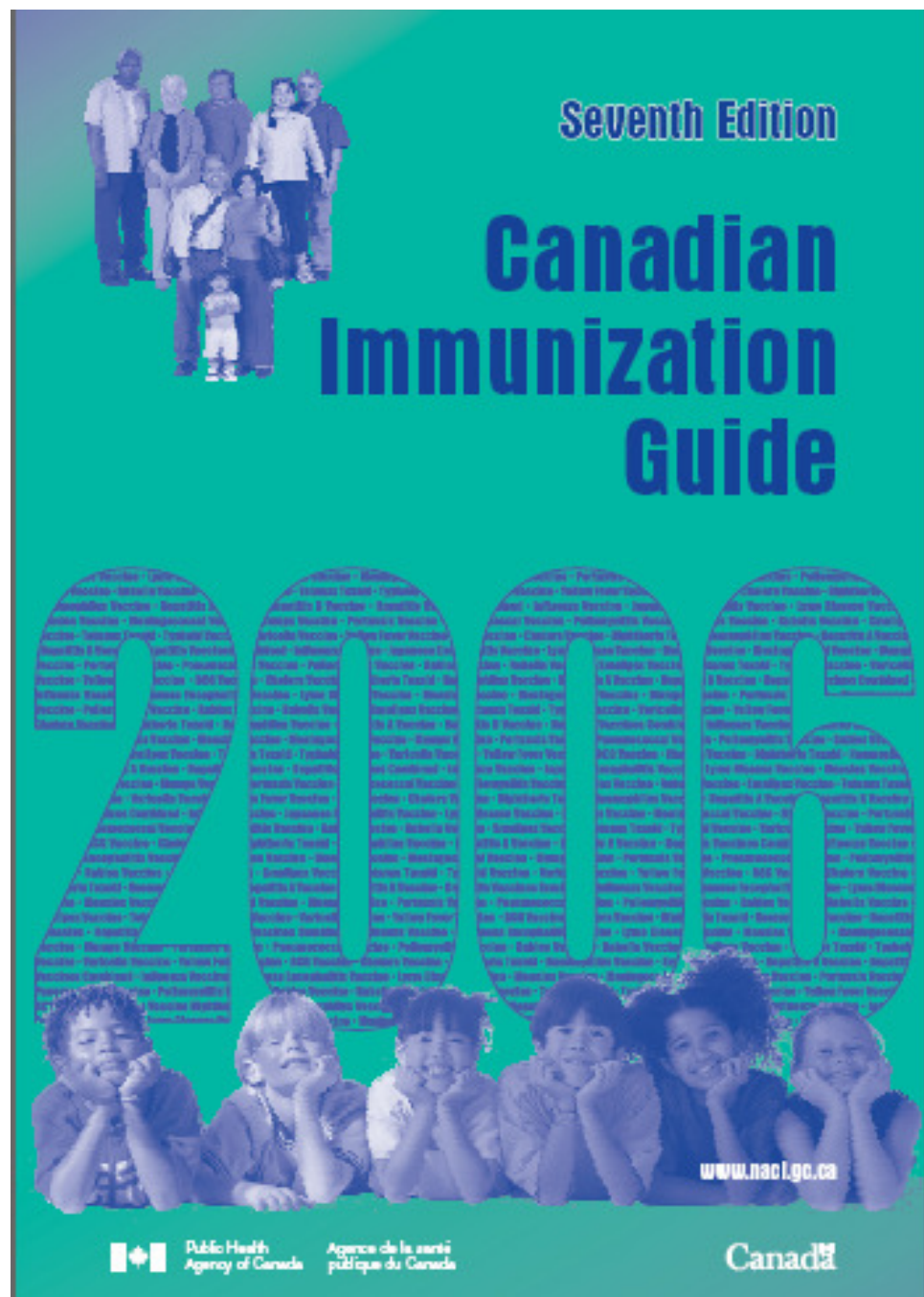
THIS DOCUMENT IS INTENDED TO PROVIDE BEST PRACTICES ONLY.

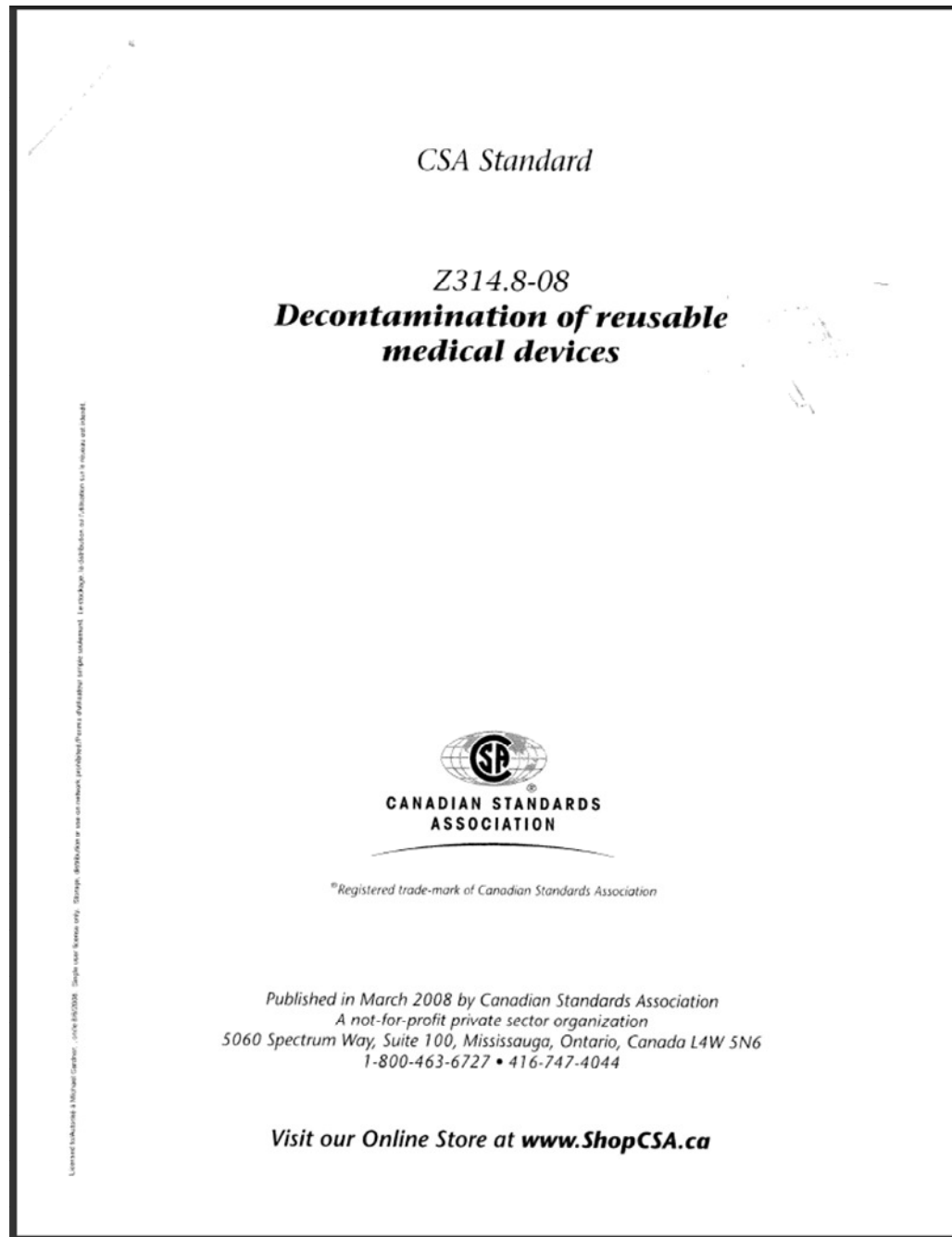
HEALTH CARE SETTINGS ARE ENCOURAGED TO WORK TOWARDS THESE BEST
PRACTICES IN AN EFFORT TO IMPROVE QUALITY OF CARE.

December 8, 2009



- 151 pages
- 214 references





GUIDELINES

Infection Prevention and Control in the Dental Office



Royal College of
Dental Surgeons of Ontario
Ensuring Continued Trust

RCDSO Guidelines

*“This document presents
“best practices,” reflecting
the best evidence and
expert opinion available at
the time of writing.”*

RCDSO Guidelines

- principles of infection prevention and control
- patient safety
- OHCWs' responsibilities and safety
- cleaning, disinfection and sterilization of items
- office cleaning, housekeeping and management of waste
- equipment and area specific practice guidelines
- general and surgical aseptic technique

Glossary of IPAC Terms

Additional precautions: A term used to describe infection prevention and control interventions that are taken in addition to routine precautions for certain pathogens or clinical presentations, based on the method of transmission (e.g. contact, droplet, airborne).

Asepsis: The absence of pathogenic (i.e. disease-producing) micro-organisms.

Aseptic technique: A term used to describe practices that prevent microbial contamination.

Biological Indicator (BI): A device that is used to monitor the sterilization process, which consists of a standardized population of bacterial spores known to be resistant to the mode of sterilization being monitored. BIs indicate that all the parameters necessary for sterilization were present.

Chemical Indicator (CI): A monitoring device that is designed to respond with a chemical or physical change to one or more of the sterilization process parameters. CIs do not verify sterility, but they do assist in the detection of potential sterilization failures, which could result from incorrect packaging, incorrect loading of the sterilizer or equipment malfunction. There are several classes of CIs:

Process Indicator (Class 1): An external indicator that is used to demonstrate that an item has been exposed to a sterilization process, and to distinguish between processed and non-processed items. Class 1 CIs are usually applied to or visible on the outside of packages (e.g. sterilization tape or packaging printed with colour-changing inks). Class 1 CIs are directly exposed to the sterilization environment, so they usually fail only when there is a gross malfunction of the sterilizer.

Specialty Indicator (Class 2): An indicator that is designed for use in specific test procedures in special sterilizers (e.g. dynamic air-removal sterilizers). Examples of Class 2 CIs include Bowie Dick and Dart products, which are used for steam sterilizers.

Single-parameter Indicator (Class 3): An internal indicator that responds to only one critical parameter of the sterilization process, usually time or temperature. It is important to note that the sterilization process has more than one critical parameter; all of them must be reached for sterilization to occur.

Multi-parameter Indicator (Class 4): An internal indicator that responds to two or more critical parameters of the sterilization process.

APPENDIX 1

Methods for Cleaning, Disinfection and Sterilization of Patient Care Items and Environmental Surfaces

Process	Result	Examples for Dentistry	Specific Indications	Comments
Sterilization	Kills all forms of pathogenic micro-organisms, including bacteria, fungi, viruses and spores.	Steam Dry heat	Critical and semi-critical items	Steam sterilization is the preferred method. Sterilization process must be audited and monitored with mechanical, chemical and biological indicators.
High-level disinfection (HLD) All disinfectants must have a Drug Identification Number (DIN) from Health Canada.	Kills vegetative bacteria, mycobacteria, fungi, enveloped and non-enveloped viruses, but not necessarily bacterial spores.	2% glutaraldehyde 3% accelerated hydrogen peroxide 0% hydrogen peroxide 0.2% peracetic acid 0.55% ortho-phthalaldehyde	Heat-sensitive semi-critical items	Not for use on environmental surfaces. Follow manufacturer's instructions regarding dilution, instrument preparation, immersion time, temperature and changing of solutions. Glutaraldehyde is non-corrosive to metals and compatible with most materials. Commonly irritating to skin and mucous membranes. Use in well-ventilated areas. Hydrogen peroxide is active in presence of organic matter, but is corrosive to aluminum, brass, copper and steel.
Low-level disinfection (LLD) All disinfectants (except household bleach) must have a Drug Identification Number (DIN) from Health Canada.	Kills most vegetative bacteria, as well as some fungi and enveloped viruses. Cannot be relied on to kill mycobacteria, including <i>Mycobacterium tuberculosis</i> or bacterial spores.	Chlorine-based products (e.g. diluted sodium hypochlorite or household bleach) 0.5% accelerated hydrogen peroxide, 3% hydrogen peroxide 60 to 95% alcohols Some iodophors, phenolics and quaternary ammonium compounds	Non-critical items and environmental surfaces	Follow manufacturer's instructions regarding concentration and contact time. Diluted household bleach is inexpensive and readily available, but must be prepared daily. Items and surfaces must be cleaned first, as chlorine-based products are inactivated by organic material. Corrosive to metals and may destroy fabrics. Hydrogen peroxide is active in presence of organic matter, but is corrosive to aluminum, brass, copper and steel. Alcohols are fast-acting, but are flammable and evaporate quickly. Items and surfaces must be cleaned first, as alcohols are inactivated by organic material. May harden plastic and rubber. Quaternary ammonium compounds are used for disinfecting non-critical equipment and environmental surfaces, but not instruments. They require careful dilution, as they may support microbial growth.
Cleaning	Physical removal of soil, dust and foreign material	Soap and water, detergents and enzymatic cleaners 0.5% accelerated hydrogen peroxide Quaternary ammonium compounds	All reusable items	Follow manufacturer's instructions regarding concentration and contact time.

APPENDIX 2

Additional Resources and Reference Materials Available on the Internet

Best Management Practices Flowcharts, 2003
Royal College of Dental Surgeons of Ontario
www.rcdso.org/pubs_resources/practice_resources/emalgam_waste.html

Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings, 2006
Provincial Infectious Diseases Advisory Committee
Ontario Ministry of Health and Long-Term Care
www.health.gov.on.ca/english/providers/program/infectious/diseases/best_pract/bp_cdh_2.pdf

Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 2009
Provincial Infectious Diseases Advisory Committee
Ontario Ministry of Health and Long-Term Care
www.health.gov.on.ca/english/providers/program/infectious/diseases/best_pract/bp_enviro_clean.pdf

Best Practices for Hand Hygiene in All Health Care Settings, 2009
Provincial Infectious Diseases Advisory Committee
Ontario Ministry of Health and Long-Term Care
www.health.gov.on.ca/english/providers/program/infectious/diseases/best_pract/bp_hh_20080501.pdf

Canadian Immunization Guide for 2006
Public Health Agency of Canada
www.phac-aspc.gc.ca/publicat/big-gci/pdf/big-gci-2006_a.pdf

Decontamination of Reusable Medical Devices (CSA Z314.8-08), 2008
Canadian Standards Association
www.csa.ca

Guideline C-4: The Management of Biomedical Waste in Ontario, 2001
Ontario Ministry of the Environment
www.ene.gov.on.ca/emission/env_reg/enr/documents/2001/BA0180033_g2.pdf

Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008
Centers for Disease Control and Prevention
www.cdc.gov/mcdc/dhsp/pdf/guidelines/Disinfection_Nov_2008.pdf

RCDSO Guidelines

Three main elements are required to spread infection:



RCDSO Guidelines

In the dental office, the three main modes of transmission of micro-organisms are:

- direct transmission
- indirect transmission
- droplet transmission

Universal Precautions

1. Risk Assessment
2. Handwashing
3. Use of Personal Protection Barriers
4. Safe Handling and Disposal of Sharps

Routine Practices

1. Risk Assessment
2. Hand Hygiene
3. Use of Personal Protective Equipment (PPE)
4. Safe Handling and Disposal of Sharps

Risk Assessment

The first step in the effective use of routine practices is to perform a risk assessment.

Risk Assessment

Perform a risk assessment before each interaction with the patient in order to determine the interventions that are required to prevent the transmission of infection.

Risk Assessment

- procedures involving exposure to blood, body fluids and secretions, mucous membranes and non-intact skin require the use of appropriate PPE
- procedures involving no anticipated exposure may require fewer precautions

Hand Hygiene

Hand hygiene is the single most important measure for preventing the transmission of micro-organisms.

Hand Hygiene

Hands should be washed with plain or antimicrobial soap and running water:

- when hands are visibly soiled (including with powder from gloves) or contaminated with body fluids
- following personal body functions

Hand Hygiene

If hands are NOT visibly soiled (i.e. the majority of instances), the use of a 70-90% alcohol-based hand rub is the preferred method of hand hygiene. This includes...

- before and after direct contact with individual patients
- after contact with environmental surfaces, instruments or other equipment in the dental operator
- after contact with dental laboratory materials or equipment
- before eating or drinking

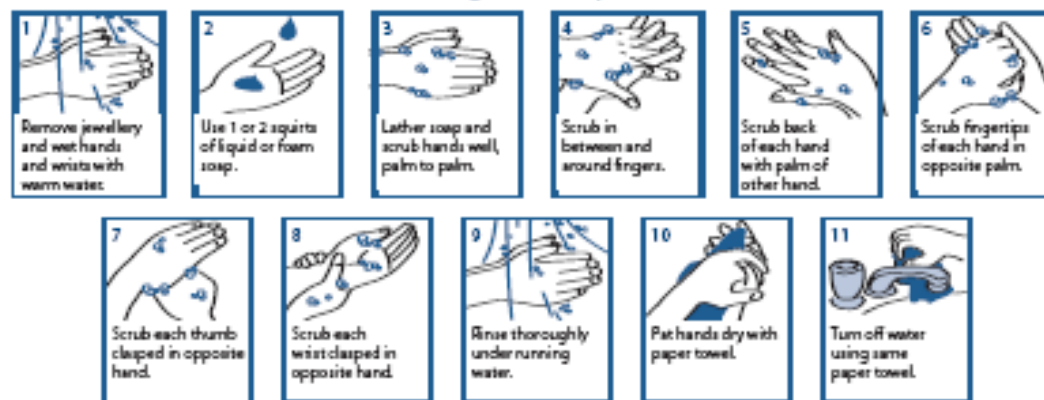
Hand Hygiene

There is sufficient evidence that alcohol-based hand rubs are superior to washing with soap and water, except in cases where the hands are visibly soiled or contaminated with body fluids.

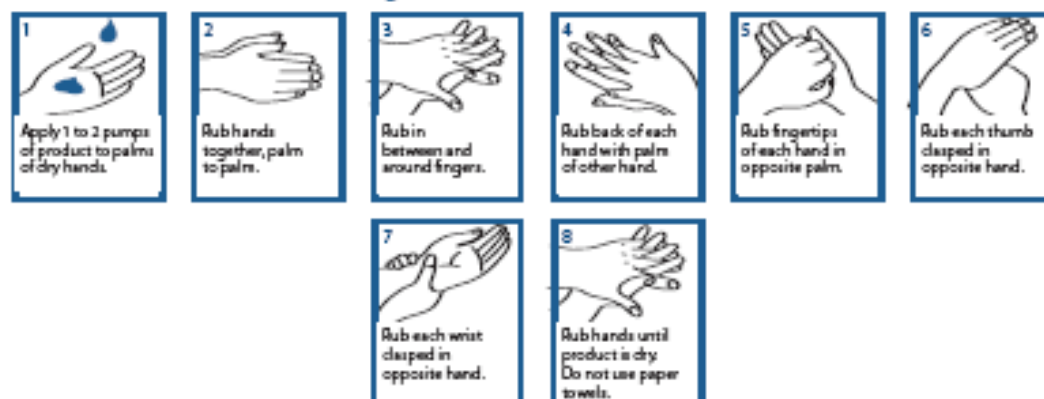
Hand Hygiene

Despite perceptions to the contrary, alcohol-based hand rubs have been shown to be less irritating to skin than soap and water. Select a product that contains emollients.

Handwashing with soap and water



Cleaning with alcohol-based hand rub



Return Safely

Source: Ontario Ministry of Health and Long-Term Care

Hand Hygiene

Use professional judgement for either procedure. If you think your hands have accidentally become contaminated with body fluids, wash with soap and water to remove organic matter.

Use of PPE

PPE serves as a barrier to protect the tissues of OHCWs from exposure to potentially infectious material.

Use of PPE

Primary barriers include:

- gloves
- protective eyewear
- masks
- protective clothing

Gloves

- gloves must be worn when contact with mucous membranes, non-intact skin or body fluids is anticipated
- the same pair of gloves must not be used for more than one patient

Gloves

- gloves should be put on immediately before the activity for which they are indicated
- gloves must be removed and discarded immediately after the activity for which they were used, and hand hygiene must be performed

Gloves

- gloves should not be worn outside any room or area where they are required for personal protection
- gloves must not be washed and reused

Safe Handling and Disposal of Sharps

Percutaneous injuries pose the greatest risk of transmission of blood-borne pathogens (e.g. HBV, HCV and HIV) to OHCWs.

Safe Handling and Disposal of Sharps

Definition of exposure-prone procedures:

A term used for the purpose of managing the risk of transmitting blood-borne pathogens. They are procedures during which transmission of HBV, HCV or HIV from a health care worker to patients is most likely to occur.

Safe Handling and Disposal of Sharps

- digital palpation of a needle tip in a body cavity, or the simultaneous presence of the health care worker's fingers and a needle or other sharp object in a blind or highly confined anatomic site
- repair of major traumatic injuries
- major cutting or removal of any oral or perioral tissue, including tooth structures

Safe Handling and Disposal of Sharps

- always use extreme caution when passing sharps during four-handed dentistry
- needles should remain capped prior to use
- needles should not be bent, recapped or otherwise manipulated by using both hands

Safe Handling and Disposal of Sharps

- following use, needles should be recapped as soon as possible by using a one-handed scoop technique or a commercial recapping device
- when suturing, tissues should be retracted using appropriate instruments (e.g. retractor, dental mirror), rather than fingers

Safe Handling and Disposal of Sharps

- remove burs from handpieces immediately following the procedure
- identify and remove all sharps from trays before cleaning instruments.
- used sharps must be collected in a clearly labelled puncture-resistant container

Safe Handling and Disposal of Sharps

- when cleaning contaminated instruments by hand, heavy-duty utility gloves, appropriate clothing and long-handled brushes should be used



Changes to Needle Safety Regulation Come into Effect July 1, 2010

COLLEGE CONTACT

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The Ontario government recently passed changes to the Needle Safety Regulation 474/07, made under the Occupational Health and Safety Act. These changes, which come into effect July 1, 2010, are intended to protect health care workers from needle-stick injuries by making the use of safety-engineered needles (SENs) mandatory where health-related services are provided, including dental offices.

Needle-stick and other percutaneous injuries pose the greatest risk of transmission of blood-borne pathogens (e.g. HBV, HCV and HIV) to health care workers.

The new regulation states that, when a worker is to do work requiring the use of a hollow-bore needle, the employer shall provide the worker with a SEN that is appropriate for the work.

The regulation also states that a SEN is not required if:

- the employer is unable, despite making efforts that are reasonable in the circumstances, to obtain a SEN that is appropriate for the work OR
- there are reasonable grounds to believe that, in the particular circumstances, the use of a SEN would pose a greater risk of harm than the use of a conventional hollow-bore needle.

The College has reviewed this issue and consulted with Dr. Dan Haas, Head of the Discipline of Dental Anaesthesia, Faculty of Dentistry, University of Toronto.

Although there are SENs available for the administration of intraoral local anesthesia, evaluations of these devices have reported concerns with their usability and, in some instances, an increase in needle-stick injuries. Accordingly, it appears that they are no safer and may pose a greater risk of harm than the conventional hollow-bore needles that dentists are currently using.

Safe Handling and Disposal of Sharps

- changes to Needle Safety Regulation come into effect July 1, 2010
- mandates the use of safety-engineered needles (SENs)
- protect health care workers from needle-stick injuries

Safe Handling and Disposal of Sharps

New regulation states that:

- when a worker is to do work requiring the use of a hollow-bore needle, the employer shall provide the worker with a SEN that is appropriate for the work...

Safe Handling and Disposal of Sharps

- the employer is unable, despite making reasonable efforts, to obtain a SEN that is appropriate for the work
- there are reasonable grounds to believe that the use of a SEN would pose a greater risk of harm than the use of a conventional hollow-bore needle

Safe Handling and Disposal of Sharps

For local anaesthesia:

- the available SENs are no safer and may pose a greater risk of harm than the conventional hollow-bore needles that dentists are currently using

Safe Handling and Disposal of Sharps

For parenteral sedation / anaesthesia:

- the available SENs are reasonable and dentists using these techniques should investigate options

Cleaning, Disinfection and Sterilization

Goals of safe processing of reusable patient care items:

- preventing transmission of micro-organisms to OHCWs and patients
- minimizing damage to items
- safe handling of chemical disinfectants

Category	Definition	Processing
Critical items	Penetrate soft tissue or contact bone (e.g. all surgical instruments, periodontal scalers, etc.)	Cleaning followed by sterilization
Semi-critical items	Contact mucous membranes or non-intact skin (e.g. mouth mirrors, amalgam condensers, reusable impression trays, handpieces, etc.)	Cleaning followed by sterilization*
Non-critical items	Contact intact skin, but not mucous membranes, or do not directly contact the patient (e.g. radiograph head/cone, blood pressure cuff, facebow, pulse oximeter, etc.)	Cleaning followed by low-level disinfection

* The majority of semi-critical items used in dentistry, including handpieces, are heat-tolerant and should always be heat-sterilized between uses. If a semi-critical item is heat-sensitive, at a minimum it should be processed using high-level disinfection.

Cleaning, Disinfection and Sterilization

Processing of Critical and Semi-critical items:

- receiving, cleaning and decontamination
- preparation and packaging
- sterilization
- storage

Cleaning, Disinfection and Sterilization

Critical and semi-critical instruments should be processed in a manner that will maintain sterility during storage.

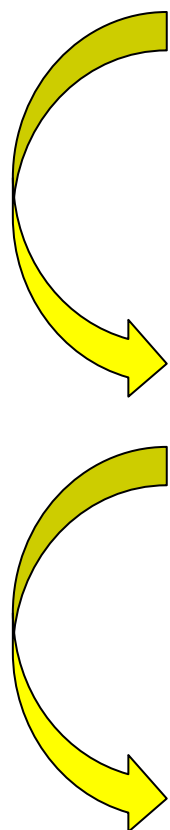
Cleaning, Disinfection and Sterilization

The information in this section of the Guidelines represents best practices for the monitoring of sterilization in the dental office, and is consistent with the recommendations of PIDAC and CSA. These are the prevailing standards for all health care settings in Ontario, including dental offices.

Cleaning, Disinfection and Sterilization

Monitoring of sterilization:

- mechanical indicators
- chemical indicators
- biological indicators (spore tests)



At least once per month

At least once per week

Each day a sterilizer is
used

Cleaning, Disinfection and Sterilization

“(I)nvestigators using biologic indicators have found a high proportion (15%–65%) of positive spore tests after assessing the efficacy of sterilizers used in dental offices.”

CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008

Cleaning, Disinfection and Sterilization

“In one study of Minnesota dental offices, operator error, rather than mechanical malfunction, caused 87% of sterilization failures.”

CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008

Cleaning, Disinfection and Sterilization

Common factors in the improper use of sterilizers include:

- chamber overload
- low temperature setting
- inadequate exposure time
- failure to preheat the sterilizer
- interruption of the cycle

Cleaning, Disinfection and Sterilization

Biological indicators are the most accepted means for monitoring of sterilization, because they directly assess the procedure's effectiveness in killing the most resistant micro-organisms.

Include a BI each day a sterilizer is used.

Cleaning, Disinfection and Sterilization

The daily operation of every sterilizer must be reviewed and documented. A logbook should be kept for this purpose.

Sample Log Sheet for Monitoring of Sterilizer

Type of Sterilizer: <input type="checkbox"/> Steam <input type="checkbox"/> Dry Heat <input type="checkbox"/> Chemical Vapor							
Date (d/m/y)	Time	Operator's Initials	Number of Packages in Load	Mechanical Indicator Results (Time/Temp)	Chemical Indicator Results (Colour Δ)	Biological Indicator Results (Pass/Fail)	Action Taken if Failed BI and Operator's Initials



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- Diagnosis & Management of Temporomandibular Disorders & Related Musculoskeletal Disorders.
- Implant Dentistry
- Infection Prevention and Control in the Dental Office
(For more information, visit Important Health Notices)
- Use of Sedation and General Anaesthesia in Dental Practice

GUIDELINES

Infection Prevention and Control in the Dental Office



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