# Infection Prevention and Control in the Dental Office

## Personal Protective Equipment (PPE) for patients and/or dental health care professionals

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Description</th>
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</thead>
</table>
| Gloves | • single use items discarded immediately after use  
• reusable items cleaned and disinfected after use, per manufacturer’s instructions  
• must be worn when coming into contact with blood, bodily fluids or mucous membranes  
• discarded immediately after use (not washed and reused)  
• must not be used for more than one patient  
• heavy-duty gloves worn when processing contaminated instruments |
| Masks | • changed after each patient or when moist or visibly soiled |
| Clinical clothing | • changed and laundered as needed  
• clothing worn during procedures (e.g. scrubs, lab coats) should not be worn outside the dental office |
| Protective eyewear | |
| Hand hygiene | |
| Hand washing | • always wash hands before donning and after removing gloves  
• use plain or antimicrobial liquid soap and running water OR 70-90% alcohol-based hand rub  
• liquid soap should be provided in disposable pump dispensers  
• dry hands using disposable paper towels  
• avoid hand jewellery and artificial nails |

## Treatment areas

<table>
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<tr>
<th>Area</th>
<th>Considerations</th>
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</table>
| Dental unit waterlines | • purged at the beginning of each workday  
• activate handpieces for at least 20-30 seconds after patient care to purge  
• dental handpieces and intraoral devices attached to air or water lines must be sterilized after each patient use |
| Dental radiography equipment | • protected by barriers, or cleaned and disinfected/sterilized after each patient use  
• film holders/positioning devices must be sterilized after each patient use |
| Clinical surfaces | • cleaned and disinfected between patients and at the end of the day using low-level disinfectant  
• barriers may be used for surfaces that are difficult to clean and disinfect |

## Equipment

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<tbody>
<tr>
<td>Single use items</td>
<td>• do not reprocess and use on another patient; discard after use</td>
</tr>
<tr>
<td>Dental lab equipment (e.g. lab bars, polishing points, rag wheels)</td>
<td>• cleaned, disinfected and/or sterilized per manufacturer’s instructions</td>
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</tbody>
</table>
| Sterilizer | • daily operation is reviewed and documented  
• biological indicators (spore tests) must be conducted at least once a week for each sterilizer |

## Sharps

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</table>
| • kept out of the reach of patients  
• collected in a clearly labelled, puncture-resistant container  
• container placed immediately adjacent to the point of use  
• container(s) disposed of per B.C. legislation |

## Instrument processing

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| Processing area | • clear separation of clean and dirty areas, with separate sections for:  
• receiving, cleaning and decontamination  
 • wear appropriate PPE  
 • if cleaning is not performed immediately, place instruments in puncture-resistant holding container with a detergent or enzymatic cleaner  
• preparation and packaging  
 • after instruments are cleaned and dried, inspect and assemble into sets or trays  
 • package for sterilization in suitable packing  
 • hinged instruments are processed open and unlocked  
• sterilization  
 • mechanical indicators are checked and recorded for each load to the extent possible  
 • external chemical indicators used on each package  
 • drying and cooling per sterilizer manufacturer’s instructions |
| Flash sterilization | • is not to be routinely used in the dental office  
• unpackaged critical patient care items are to be used immediately for unplanned or urgent use, and not stored  
• unpackaged semi-critical patient care items must be used immediately or within a short time |
| Heat-sensitive semi-critical items | • cleaned, followed by immersion in a high-level liquid chemical germicide  
• confirm effectiveness of liquid germicide by using appropriate test strips |
| Ready-to-use multi-pack items that are tried in but not used | • should be cleaned, sterilized, and may be returned to their appropriate package (includes temporary crown forms, stainless steel crowns, pediatric space maintainers, etc.) |
| Storage | • done in a manner that maintains the sterility and integrity of sterilization packaging  
• if packaging is compromised, clean, package and re-sterilize instruments |

## Waste management

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| General office waste | • garbage containers are waterproof with a plastic liner and tight-fitting lids  
• containers are not overfilled, and do not contain objects that can cause the plastic liner to burst |
| Biomedical waste (both anatomical waste and non-anatomical waste) | • stored in colour-coded containers marked with the universal bio-hazard symbol  
• not disposed of with regular garbage |
| Extracted teeth (if not given to patient) | • should be disposed of appropriately |
| Other considerations | • disposal of all waste from the dental office must comply with applicable bylaws |

## Housekeeping surfaces

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<td>(e.g. cabinetry, floors)</td>
<td>• cleaned periodically or as needed if contaminated with blood, saliva, or other bodily fluids</td>
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This is a summary document. For more information, refer to CDSBC’s Infection Prevention and Control Guidelines at [www.cdsbc.org/infection-prevention-and-control-guidelines](http://www.cdsbc.org/infection-prevention-and-control-guidelines)

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