

## Infection Prevention and Control in the Dental Office, 2009

### ABSTRACT

This document was developed by the Royal College of Dental Surgeons of Ontario (RCDSO) and approved by Council in November of 2009 and revised in 2010. These Guidelines, which replace those issued by RCDSO in January 2002, are significantly broader and reflect current knowledge of the transmission of infection and how to prevent and control it. The document is intended to provide all Oral Health Care Workers (OHCWs) with the knowledge to properly implement necessary infection prevention and control measures in their dental practice. This document specifically mentions the relatively new yet proven Accelerated Hydrogen Peroxide<sup>®</sup> (AHP<sup>®</sup>) technology as an effective disinfectant for non-critical devices, environmental surfaces and for the high level disinfection of semicritical devices.

### Summary of Key Recommendations with respect to Cleaning and Disinfection

1. Non-critical items and environmental surfaces within the dental operatory no longer require intermediate level disinfection. Low level disinfection has been deemed sufficient for these items.
2. Clinical contact surfaces (light handles, radiography equipment, drawer and faucet handles, countertops, etc.) should be cleaned and at least low level disinfected between patients and at the end of the workday.
3. Alternatively, clinical contact surfaces and equipment can be protected from contamination by the use of barriers (ie. Clear plastic wrap, plastic bags, etc.)
4. Housekeeping surfaces, such as floors and walls, have a limited risk of infection transmission and only require periodic cleaning with dilute detergents. Low/Intermediate level disinfectants can be used on those surfaces that are suspected to have become contaminated with blood or body fluids.
5. Dental Hand-pieces and other intraoral devices that contact mucous membranes should be sterilized after each patient use. Those components that are permanently attached to dental waterlines should be covered with barriers that are changed after each use. If contaminated, the item should be cleaned and at least low level disinfected.
6. Saliva ejector suction lines should be purged between patients using water and appropriate cleaning solution. At least once a week the suction lines should be flushed with an enzymatic cleaner or appropriate cleaning solution.
7. Dental Impressions, prostheses or appliances should be cleaned and disinfected as soon as possible after removal from the patient's mouth, before drying of blood or other organic debris. 8. Heat tolerant items used in the mouth, such as impression trays, should be sterilized after each patient use.
9. 0.5% Accelerated Hydrogen Peroxide has been listed as an approved disinfectant for Low/Intermediate Level Disinfection for Non-Critical devices and environmental surfaces. (pg. 31)
10. 7% Accelerated Hydrogen Peroxide has been listed as an approved disinfectant for High Level Disinfection of Semi-Critical devices. (pg. 30)

## CONCLUSION

This document will be an excellent tool to support the use of AHP® in Dental office environments. Not only does the document legitimize the use of AHP® but it includes a concise summary of best practices that covers cleaning and disinfection of environmental surfaces and noncritical devices encountered throughout the dental office.