

# *Infection Control Protocols*

Quality assurance protocols in  
the dental school  
environment

## Quality Assurance

- Infection control officer?
- Continuing education – regular updates
- CSSD
  - *Ideal but not practical in most schools*
  - *Multiple SSU: compromises sterility*
- Infrastructure
  - Facility
  - Disposal services
- Specifics:
  - Sterility testing (e.g spore tests)
  - Sterility of handpieces

## Dispensing instruments

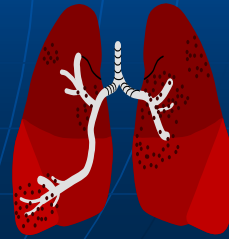
- Most Asian schools students bring their own instruments
- Central supply area electronically monitored
- Retention of a fee for losses and breakages
- Need for a survey?
- What is the best practice?

## Waterline protocols

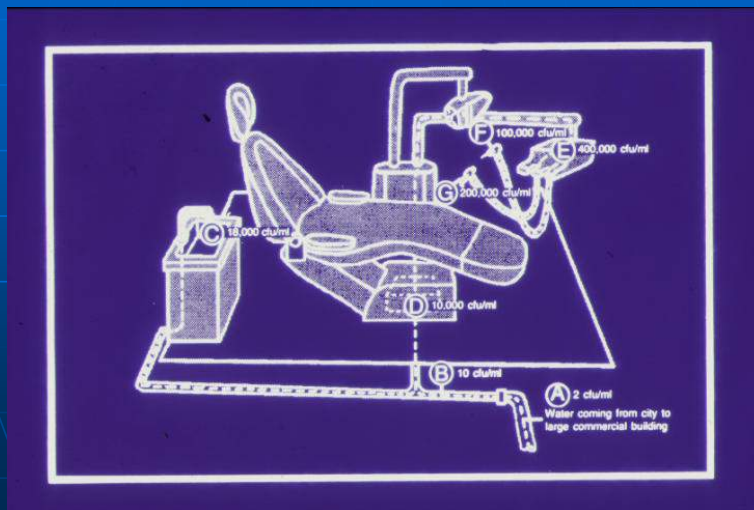
- Quality of water supply unknown in most schools?
- Danger of such investigation?
- Hong Kong: 30 secs flush between patients
- Need for a survey
- State of the art:

## Biofilms in Dental Unit Water Systems: Degree of the problem!

- Water stagnation
- Patient organisms
- Environmental contamination
- Nutrition - from debris
- Adherence and multiplication



## Degree of the problem?



## Old Guidelines - 1993

- In 1993 CDC advised:
  - Anti-retraction valves
  - Flush 2-3 min at the start of day
  - 20-30 secs between patient sessions
  - Sterile water for bone cutting procedures
  - **200 colony forming units (cfu)/mL**

## New Guidelines -2003

- Concern of possible infection with pathogens such as Pseudomonads, Legionellae etc.
- < 500 colony forming units (cfu)/mL of heterotrophes (potable water)
- Flushing at the start of day ineffective
- But, 20-30 sec flush between sessions recommended

## Irrigation on surgery

- Previous: sterile water only for bone exposure
- Now incision, excision or reflection of tissues that exposes any sterile area
- New definition includes:
  - Biopsies
  - Periodontal surgery
  - Complicated extractions with MP flaps
  - (? Simple extractions, scaling)