

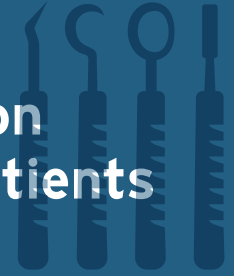


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Information About Infection Prevention and Control For Patients



CONTENTS

- ▶ Does the College have any written information about infection prevention and control in the dental office? 2
- ▶ How do dentists clean their hands between patients? 2
- ▶ Do dentists need to wear gloves and masks? ... 2
- ▶ Do dentists need to sterilize instruments between patients? 2
- ▶ How do dentists evaluate the sterilizing conditions and the effectiveness of sterilization procedures? 2
- ▶ How do dentists disinfect surfaces and what do they do with surfaces that can't be disinfected? 3



Information About Infection Prevention and Control For Patients



Does the College have any written information about infection prevention and control in the dental office?

Yes, the College has Guidelines on Infection Prevention and Control in the Dental Office. [Click here](#) to access the Guidelines.

How do dentists clean their hands between patients?

Hands should be washed with plain or antimicrobial soap and running water or, if hands are NOT visibly soiled (i.e. in the majority of instances), the use of a 70-90% alcohol-based hand rub is the preferred method of hand hygiene.

Do dentists need to wear gloves and masks?

Personal protective equipment such as gloves, protective eyewear, masks and protective clothing, should be used consistently during the treatment of patients.

Do dentists need to sterilize instruments between patients?

The majority of instruments used by dentists are heat-tolerant and should always be heat-sterilized between uses. Those semi-critical instruments that cannot be heat-sterilized are intended for single use and are to be disposed of after use or at a minimum, they should be processed using high level disinfection.

How do dentists evaluate the sterilizing conditions and the effectiveness of sterilization procedures?

Dentists evaluate the sterilizing conditions and the effectiveness of sterilization procedures through a combination of mechanical, chemical and biological indicators.

Mechanical indicators are the gauges or displays on the sterilizer for the cycle time, temperature and pressure.

Chemical indicators use sensitive chemicals to assess physical conditions during the sterilization process. For example, heat-sensitive tape, applied to the outside of a package, changes colour rapidly when a given temperature is reached. This signifies that the package has undergone a sterilization cycle.

Biological indicators (or spore tests) are the most reliable means for monitoring of sterilization, because they directly assess the procedure's effectiveness in killing the most resistant micro-organisms.

How do dentists disinfect surfaces and what do they do with surfaces that can't be disinfected?

Clinical contact surfaces (those that are frequently touched in the course of patient care) are cleaned and disinfected between patients and at the end of the workday using an appropriate low-level disinfectant. Alternatively, clinical contact surfaces and equipment can be protected from contamination by the use of barriers. Barriers are particularly effective for those surfaces that are difficult to clean and disinfect, due to their shape, surface or material characteristics. Barriers should be removed and discarded between patients, the underlying surfaces examined, cleaned and disinfected if they have become inadvertently contaminated, and clean barriers should be placed prior to the next patient.

Housekeeping surfaces, such as floors and walls, usually require only periodic cleaning with dilute detergents. If a surface is suspected to have become contaminated with blood, saliva or other bodily fluids, it should be cleaned first and then disinfected with an appropriate low-level disinfectant.