

Infection Prevention and Control in Dental Practice: Revised version adopted by the General Assembly 27-29 September 2021, Sydney, Australia Revised version adopted by the General Assembly: September 2019, San Francisco, United States of America Original version adopted by the General Assembly: September 2009, Singapore, Singapore.

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This policy statement provides the basic principles of infection prevention and control. More detailed information can be found in the references and in relevant national legislation.

Infection prevention and control (IPC): scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers. 2

Standard precautions: Guidelines for the prevention of transmittable diseases including nosocomial infections. Standard procedures combine universal precautions and body-substance precautions for all patients regardless of diagnosis or possible infectious status. 3

It is the responsibility of dentists to establish a protocol that prevents or limits the spread of infection in dental practice for their patients, their staff and themselves. This can be accomplished by following the nationally/locally recommended infection control work practice procedures. Any patient is likely to be a carrier of pathology and so the precautionary principle must be applied to all.

FDI supports the following statements: • Recommendations, guidelines and regulations should be developed in consultation with the dental profession. Any legislation and/or guidance issued should be clear, feasible and practicable, and disseminated in a timely manner;

Recommendations, guidelines and laws affecting standard precautions required in dental practices must be evidence-based or based on international best practices. In the absence of sufficient empirical evidence, the considered judgements of a widely recognised assembly of experts should provide the foundation for guidance;

Practices should receive adequate financial reimbursement when additional costs are incurred related to compliance with new infection control guidelines that are implemented in the face of new risks;

Governments, relevant national bodies and local/regional dental associations should educate the public on the importance of proper infection control in the dental office, the effectiveness of such recommended procedures and consequently the absence of a significant risk of contracting transmittable disease when dental care is provided;

Infection prevention and control recommendations in healthcare settings must be incorporated into initial training (curriculum and clinical activities). This should include a critical incident reporting and learning system;

Infection prevention and control in dental practice should be a recurring theme in continuing education.

Members of the oral health team are obliged to keep their knowledge and skills current regarding the diagnosis and management of infectious diseases that may be transmitted in the clinical setting. They must adhere to standard precautions and, where necessary, new IPC precautions as established by the relevant authorities, and take appropriate measures to protect their patients, their staff and themselves against infection.

These measures include: • adopting the principles of cleanliness and disinfection of all exposed surfaces in the work environment;

following protocols accepted and/or recommended by relevant authorities for the decontamination, disinfection, sterilization, ventilation and reprocessing of reusable instruments and disposal of clinical waste 4 ;

assuring that sterile instruments are protected from recontamination by using an appropriate sterile barrier system;

using single-use instruments where required; 5

exercising special care with the use of sharps and contaminated material; removing them from the work area after use and disposing them in a clearly labelled puncture-resistant container with

traceability of disposal;

adopting disinfection principles for devices, prostheses, impressions, instruments and applicable items transported to and from the dental laboratory;

handling biopsy specimens with care and placing them in leak-proof containers according to the recommended guidelines;

designing (new) dental clinics that ensure good air ventilation and sufficient air exchange rates to facilitate infection control.

FDI urges all dentists and members of the dental team: • to be physically protected (surgical respirators, masks, gloves, visors/face shields, protective eye wear and outerwear) as appropriate for the care being provided and the level of risk;

to be knowledgeable about, and protected from, health problems occurring from the use of enhanced personal protective equipment;

to be appropriately vaccinated against infectious diseases as a priority, according to current guidelines issued by the relevant authorities;

immediately initiate appropriate assessment to determine the need for post-exposure testing and prophylaxis following occupational exposure to blood-borne pathogens, including HBV, HCV and HIV 6 ;

to be personally aware of signs and symptoms which indicate the possibility of blood-borne and other infectious diseases, and receive the necessary diagnostic tests when infection is suspected. FDI opposes any legislation that mandates universal screening of oral health professionals for blood-borne and other pathogens;

to comply with medical advice and relevant regulations regarding continuation of, or limitations to, clinical practice, in particular that of exposure prone procedures if a blood-borne viral infection is diagnosed.

FDI believes that it is essential that all patients with communicable infections disclose their status to their dentist as part of the medical history to ensure safe and effective oral health care is provided. All patients should have access to oral health care regardless of their blood-borne or other infectious disease status.

FDI urges all dentists and members of the dental team: • to be alert and triage/screen for signs and symptoms of blood-borne and other infectious diseases in their patients;

to advise all patients with a relevant medical history of the need for referral to the most appropriate health care provider commensurate with their disease status or condition suggestive of infection. Patients should receive appropriate evaluation and treatment in a supportive environment with full regard to privacy;

to have an appropriate protocol, in accordance with applicable relevant laws, for the confidential handling and sharing of patient information;

to inform patients of the applicable privacy policy in all settings where dental care is delivered;

to share information pertaining to the patient's medical condition with other health workers as permitted by relevant regulations and with the patient's consent;

to educate patients regarding various aspects of blood-borne and other infectious diseases in the context of the management of oral diseases.

This Policy Statement replaces those on 'Human Immunodeficiency Virus Infection and Other Blood Borne Infections (2000)', and 'Sterilization and Cross Infection Control in the Dental Practice' (2005)

The information in this Policy Statement was based on the best scientific evidence available at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-economic constraints.