



FDI POLICY STATEMENT (revision)

Infection Prevention and Control in Dental Practice

Revision submitted for adoption by the General Assembly: September 2019, San Francisco, USA,

Original version adopted by the General Assembly: September 2009, Singapore, Singapore

CONTEXT

Although the principles of infection prevention and control remain unchanged, new technologies, materials, equipment and updated data require continuous evaluation of current infection control practices¹ and continuous education for the oral health team.

SCOPE

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

DEFINITIONS

Infection prevention and control (IPC): scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers²

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

PRINCIPLES

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 recommended infection control work practice procedures.

POLICY

FDI supports the following statements:

- Recommendations, guidelines and regulations should be developed in consultation with the dental profession.
- Recommendations, guidelines and laws affecting standard precautions required of dental practices must be evidence-based or based on international best practices and receive adequate financial compensation for the additional costs that are incurred.
- 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 diseases through the provision of dental care.

- 34 • Dental educators must incorporate current infection prevention and control
35 recommendations in healthcare settings into the curriculum and during clinical activities.
36 This should include a blame-free critical incident reporting and learning system.
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38 **General**

39 Members of the oral health team are obliged to keep their knowledge and skills up to date with
40 regard to the diagnosis and management of infectious diseases that may be transmitted in the
41 clinical setting, adhere to standard precautions and where necessary transmission-based
42 precautions as set forth by the relevant authorities and to take appropriate measures to protect
43 their patients and themselves against infections.

44 These measures include:

- 45 • adopting the principles of cleanliness and disinfection of all exposed surfaces in the work
46 environment;
- 47 • following protocols accepted and/or recommended by relevant authorities for the
48 decontamination, disinfection, sterilization and reprocessing of reusable instruments and
49 disposal of clinical waste⁴;
- 50 • assuring that sterile instruments are protected from recontamination by using appropriate
51 barrier packaging;
- 52 • using single-use instruments if sterilization is not possible⁵;
- 53 • exercising special care with the use of sharps; removing them from the work area after use
54 and disposing them in a clearly labelled puncture-resistant container;
- 55 • adopting disinfection principles for devices, prostheses, impressions, instruments and
56 applicable items transported to and from the dental laboratory;
- 57 • handling biopsy specimens with care and placing them in leak-proof containers according to
58 the recommended guidelines.
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60 **Health Professionals**

61 FDI urges oral health professionals

- 62 • to be physically protected (surgical masks, gloves, protective eye wear and outerwear) as
63 appropriate for the care being provided;
- 64 • to be appropriately vaccinated against infectious diseases according to current guidelines
65 issued by the relevant authorities;
- 66 • immediately to initiate appropriate postexposure prophylaxis for occupational exposure of
67 blood-borne pathogens, including HBV, HCV and HIV⁶;
- 68 • to be personally aware of signs and symptoms which indicate the possibility of blood-borne
69 and other infectious diseases and undergo the necessary diagnostic tests when infection is
70 suspected. FDI opposes any legislation that makes universal screening of oral health
71 professionals for blood-borne pathogens mandatory;
- 72 • to comply with medical advice and relevant regulations regarding continuation of clinical
73 practice if an infection is diagnosed.
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75 **Patient**

76 FDI believes that all patients with communicable infections should disclose their status as part of
77 their medical history. It is unethical for patients to be denied oral healthcare solely because of their
78 blood-borne disease status.

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FDI urges all oral health professionals

- to be alert for signs and symptoms of blood-borne and other infectious diseases in their patients;
- to advise all patients with a relevant medical history or condition suggestive of infection to undergo 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 of information about patients;
- to make patients aware of the 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.

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)

KEYWORDS

Patient safety, Infection prevention and control, Hygiene, Standard precautions, Occupational exposure.

DISCLAIMER

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.

REFERENCES

- 1 <http://www.cdc.gov/OralHealth/infectioncontrol/index.html>
- 2 <https://www.who.int/infection-prevention/about/ipc/en/> Accessed 16 August 2019
- 3 Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health; 2016.
- 4 Reprocessing Medical Devices in Health Care Settings: Validation Methods and Labeling U.S. Department of Health and Human Services. Food and Drug Administration; 2015
- 5 FDI Policy Statement Sustainability in Dentistry 2017
- 6 Updated U.S. Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for postexposure prophylaxis; 2013