

## PROJECT PRAKASH

### KEY LEARNING POINTS

**Training:** Viral Hepatitis in Dentistry – *Spreading smiles; NOT hepatitis*

**Topic:** Infection Control and Sterilization in Dental Practice

**Faculty:** Dr. M Siddharth, Dean, SDS, Sharda University

Dr. Ajay Logani, Professor & Head, Conservative Dentistry & Endodontics,  
CDER, AIIMS

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**Period:** 2019 - 2020

**Attendees:** Dental Professionals

#### Modes of Transmission

- Direct contact with blood or body fluids.
- Indirect contact with a contaminated instrument or surface.
- Contact of mucosa of the eyes, nose, or mouth with droplets or spatter.
- Inhalation of airborne microorganisms or aerosols.

#### Sequence of Donning PPE:

- Gown / Apron
- Head Cap
- Eye shield
- Face Mask
- Gloves

#### Standard Precautions includes:

- Hand washing.
- Appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated.
- Compliance with latest/current infection control standards.
- DHCP (Dental Healthcare Professional) trained in infection control protocols.
- Reporting, monitoring & rectifying breaches of infection control protocols.
- Record of work place incidents & accidents (Sharps Injury).
- Immune status of DHCP.
- Immunization programme for DHCP.
- Safe handling & disposal of sharps and contaminated material immediately.
- Prevent & manage occupational exposure to BBV (HBV, HCV, HIV).
- Environmental infection prevention.
- Specialist medical management after potential exposure to BBV.

#### Aerosol Generating Procedures

- Protect all contact and aerosol, splatter, droplet.
- Aerosols - 100cm horizontal spread.
- 50cm vertical spread.
- Remains suspended for 20 mins.

- ✚ Intraorally, the greatest concentration of the HBV is at the gingival sulcus.
- ✚ Get a 3-dose series of Recombivax HB or EngerixB (dose#1 now, #2 in 1 month, #3 approximately 5 months after #2) oral 2-dose series of Heplisav-B, with the doses separated by at least 4 weeks.
- ✚ Non-immunized general dentist is at 3times higher risk while surgeons at 6 times higher risk of getting infection.
- ✚ Discharge water and air for a minimum of 20—30 seconds after each patient, from any device connected to the dental water system.

**Important:** After treatment of each patient and at the completion of daily work activities, countertops and dental unit surfaces that may have become contaminated with patient material should be cleaned with a recommended surface disinfectant (spray-mop-spray technique) using disposable tissues, e.g. Dental chairs and unit, operator stools, x-ray unit, instrument trolleys.

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