

DENTAL ADVISOR™

Product insights you can trust.



SIMPLIFYING INFECTION CONTROL:

Surface Disinfection and Protective Barriers





What you need to know:

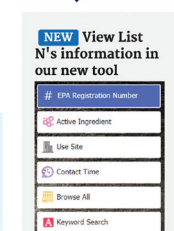
The EPA has a list of registered disinfectants (List N) that meet its criteria for use against SARS-CoV-2, the virus that causes COVID-19. EPA expects listed products to work, as most have proven data that their product kills stronger viruses.

Locate List N on epa.gov

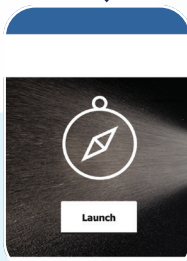
STEP 1 Look for the EPA registration number on your disinfectant.



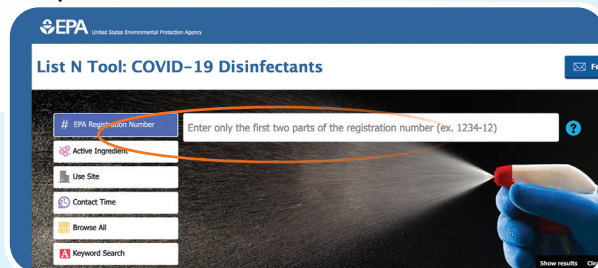
STEP 2 Locate the new information tool on epa.gov



STEP 3 Click launch.



STEP 4 Enter the EPA number in the search box.



- Many disinfectants are sold under a **different name**, but are the **same product** and have the **same EPA number**.
- Surface disinfectant products on List N **have not been tested specifically against SARS-CoV-2 (the virus that causes COVID-19)**, but may carry an emerging viral pathogen claim.

Surface disinfection: The facts

Do surface disinfectants work?



- Surface disinfectants are **very effective when used properly**.
- Instructions for use **must be read and followed for a product to be effective as claimed**.
- Note the contact time the surface should remain wet. The **disinfectant has to have time to kill** the virus indicated.
- Intermediate-level disinfectants are **strong enough to kill mycobacteria** as well as all of the less resistant microorganisms, including viruses.

What level of disinfectant is needed?

	What it kills:	Intermediate-level (hospital disinfectant with a tuberculocidal claim (TB))	Low-level (hospital disinfectant)
HIGH RISK	MYCOBACTERIA • Mycobacterium tuberculosis	✓	
	NONLIPID OR SMALL VIRUSES • Polio virus • Coxsackie virus • Rhinovirus	✓	
	FUNGI • Aspergillus • Candida	✓	
	VEGETATIVE BACTERIA • Staphylococcus species • Pseudomonas species • Salmonella species	✓	✓
	LIPID OR MEDIUM-SIZED VIRUSES • Human immunodeficiency virus • Herpes simplex virus • Hepatitis B and C	✓	✓
	CORONAVIRUS including SARS-CoV-2 (COVID-19)	✓	✓
LOW RISK			

Adapted from CDC Guidelines for Infection Control in Dental settings



ABCs of Surface Disinfection:

- A Clean it First!** Any visible debris must be cleaned from the surface before disinfecting.
- B If no blood or OPIM** (Other Potentially Infectious Material) is present, disinfect using a low- or intermediate-level of disinfectant. Surface must stay wet to be effective against the given microorganism. If your product evaporates before the listed contact time, it will not be effective.
- C If a surface has visible blood or OPIM**, disinfect with an intermediate-level product. Adhere to the same principle: Surfaces must be wet for the entire contact time to be effective.

Classifying areas of the dental practice for disinfection

HIGH RISK ↓ LOW RISK	AREAS	TYPES OF SURFACES	EXAMPLES	DISINFECTION METHODS
	OPERATORY	Clinical Contact: Surfaces that can be contaminated by spray, spatter or aerosols generated during dental procedures, or by contact with contaminated instruments, objects, gloves or ungloved hands	Light handles, chair controls, equipment controls, radiography equipment, operatory monitors, keyboards and mouse, drawer handles, faucet handles, countertops, pens, door knobs	EPA-registered intermediate- or low-level disinfectant, as indicated
	INSTRUMENT REPROCESSING AREA	Surfaces that do NOT come into direct contact with patients but do contain contaminated instruments and patient items that are a high risk for personnel, but not for patients	Cabinet handles, faucet handles, sink, counter top, trash receptacles, exterior surfaces of sterilizer, ultrasonic and instrument washer	Daily with an EPA-registered intermediate- or low-level disinfectant, as indicated. For the exterior surfaces of equipment, perform when soiled and follow the manufacturer's instructions.
	IN-OFFICE LABORATORY	Surfaces that do NOT come into direct contact with patients but may be in contact with contaminated impressions and patient appliances, if not first disinfected in the operatory	Lab handpiece, vacuform, model trimmer, drawer handles, faucet handles	Intermediate- or low-level disinfectant
	RECEPTION AREA	Surfaces that do come into direct contact with patients	Countertops, pens, refrigerator, coffee maker, TV remote	Intermediate- or low-level disinfectant
	REST ROOM	Surfaces that do come into direct contact with patients	Sinks, faucets, door handles	Intermediate- or low-level disinfectant
	HOUSEKEEPING SURFACES	Surfaces that are not clinical contact surfaces, do not come into direct contact with patients, and are low-risk for cross contamination	Cabinetry, sinks, blinds, floors, walls, ceiling	Wash with detergent and water or use an EPA-registered disinfectant/detergent depending on the nature of the surface, level and type of contamination
	KITCHEN AND/OR MEETING ROOM	Surfaces that do NOT come into direct contact with patients, patient-care items or contaminated PPE	Sinks, faucets, door handles, utensils, countertops, pen, refrigerator, coffee maker	Intermediate- or low-level disinfectant

Surface Disinfection



*Keep in mind that any area of the practice can become contaminated, however **risk of transmission from some surfaces is low**. Practicing good hand hygiene is still the best defense against transmission of microorganisms and disease.*



Notes on Cleaning and Disinfection:



CLEANING:

- **Some products are cleaners and some products are disinfectants.** Other products are a combined cleaner-disinfectant.
- **In order for a product to be used for both cleaning and disinfection** the product **must contain a detergent** for cleaning.

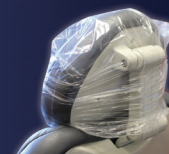
DISINFECTION:

- **Always wear appropriate PPE** when cleaning and disinfecting clinical contact surfaces.
- **Check the TB kill time** (or, for low-level disinfectant, the HIV and HBV kill time). If the product has a TB kill time, all lower-resistance microorganisms will be killed. (See chart on Page 2)
- **For dental chairs** (upholstery), always use a cleaner/disinfectant recommended by the chair manufacturer to help avoid damage to the surface.
- **Disinfection requires** that a surface already be clean.
- **One-step products can be used** as a one-step ONLY if there is no visible debris on the surface.
- **Make sure you use enough product.** Surface should remain wet for the contact time and air dry to properly disinfect.
- **The number of wipes needed to disinfect clinical contact areas** should be listed on the label.
- **If you cannot find an EPA registration number** the product is not EPA registered and should not be used.
- **Chemical sterilant/high-level disinfectant** (i.e., cold sterilants) should not be used on clinical contact surfaces

Ideal features of a disinfectant

- **Broad spectrum:** Widest possible antimicrobial spectrum
- **Fast-acting:** Rapidly lethal action on all microorganisms
- **Prolonged effect** on treated surfaces
- **Surface compatibility:** Should not compromise integrity of dental equipment and metallic surfaces and should not cause the degradation of upholstery, rubber, plastics, or other materials
- **Non-toxic,** non-allergenic, eco-friendly
- **Odorless**





Using barrier protection in practice

Protective barriers can be used in place of surface disinfectant. Barriers should not be wiped or sprayed with disinfectant, as they are single-use disposable.

• **Single-use, disposable FDA-cleared barriers are recommended** for use for a single patient only and must then be discarded.



Advantages of single-use, disposable barriers:

- **Reduces exposure** to chemicals.
- **Reduces the need for cleaning** and disinfection.
- **Protects areas that are hard to access** for cleaning and disinfection.
- **Protects areas that may be damaged or discolored** by disinfectants.
- **Using barrier protection on upholstery when possible** reduces cumulative long-term exposure of the upholstery to cleaner/disinfectant.

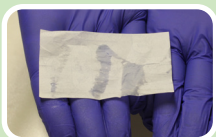
If surfaces are covered with **a protective barrier, disinfection is usually not necessary** after removing the barrier. Cleaning and disinfecting of the underlying surface **is still necessary if visible contamination** is seen on clinical contact surface after the protective barrier is removed.



Microbiology testing at DENTAL ADVISOR

Over the years DENTAL ADVISOR has studied the effectiveness of surface disinfectants and barriers.

For more information visit dentaladvisor.com



Can we use dry cleaning bags to cover our chairs, X-ray heads, and headrests?

No. Dry cleaning bags and trash bags are not FDA-cleared. In studies at DENTAL ADVISOR, it was shown that these do not offer adequate protection and are permeable. Choosing a reliable barrier provides protection from contamination.

