

Compliance to Infection Control Recommendations Among South African Dentists

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Issue: This study is a systematic review of available literature published between 1990 and 2007 on the adherence of South African oral health care professionals to infection control recommendations.

Project: Nine focus areas were investigated with regard to infection control practices: knowledge of infectious occupational hazards; personal hygiene and care of hands; correct application of personal protective equipment; use of environmental barriers and disposable items; sterilisation (recirculation) of instruments and handpieces; disinfection (surfaces) and housekeeping; management of waste disposal; quality control of dental unit waterlines, biofilms and water; as well as other special considerations.

Results: The study indicated some serious deviations from recognised infection control practices. Although gloves are worn they are not replaced for every patient and hands are not washed before and after donning them. Masks are worn by most dentists, but not their assistants, and are not replaced after every patient. Protective eyewear and clothing are not worn and cleaning of uniforms seems to be a problem. Hand scrubbing of instruments is still widely used. Most practitioners use autoclaves, but 90% of them have never used a biological indicator and many still use disinfectants. Boiling water is still used to sterilise appliances and waste segregation is not undertaken correctly. Handpieces are not sterilised between all patients and single-use items are re-used. Most of the dental practitioners seem to be immunised against hepatitis B, but many do not maintain boosters and most of the dental assistants are not immunised, while no data is available regarding cleaners. Waterlines are flushed, but no data is available with regards to the quality of the water from dental units used in South Africa.

Lessons Learned: In a country where the prevalence of infectious diseases ranks among the highest in the world, infection control in health care facilities should not be debatable. This unfortunately does not seem to be the case in South African oral health care facilities. Although South African studies are limited and most of them relied on self-reports, which could have resulted in a serious overestimation of compliance, even these studies indicate serious shortcomings with regard to infection control practices in oral health care facilities in this country.