

ADA Environmental Cleaning and Disinfection Guidance for Dental Practitioners in the Context of COVID-19

The following Guidance is provided as a summary of critical information for dental teams based on:

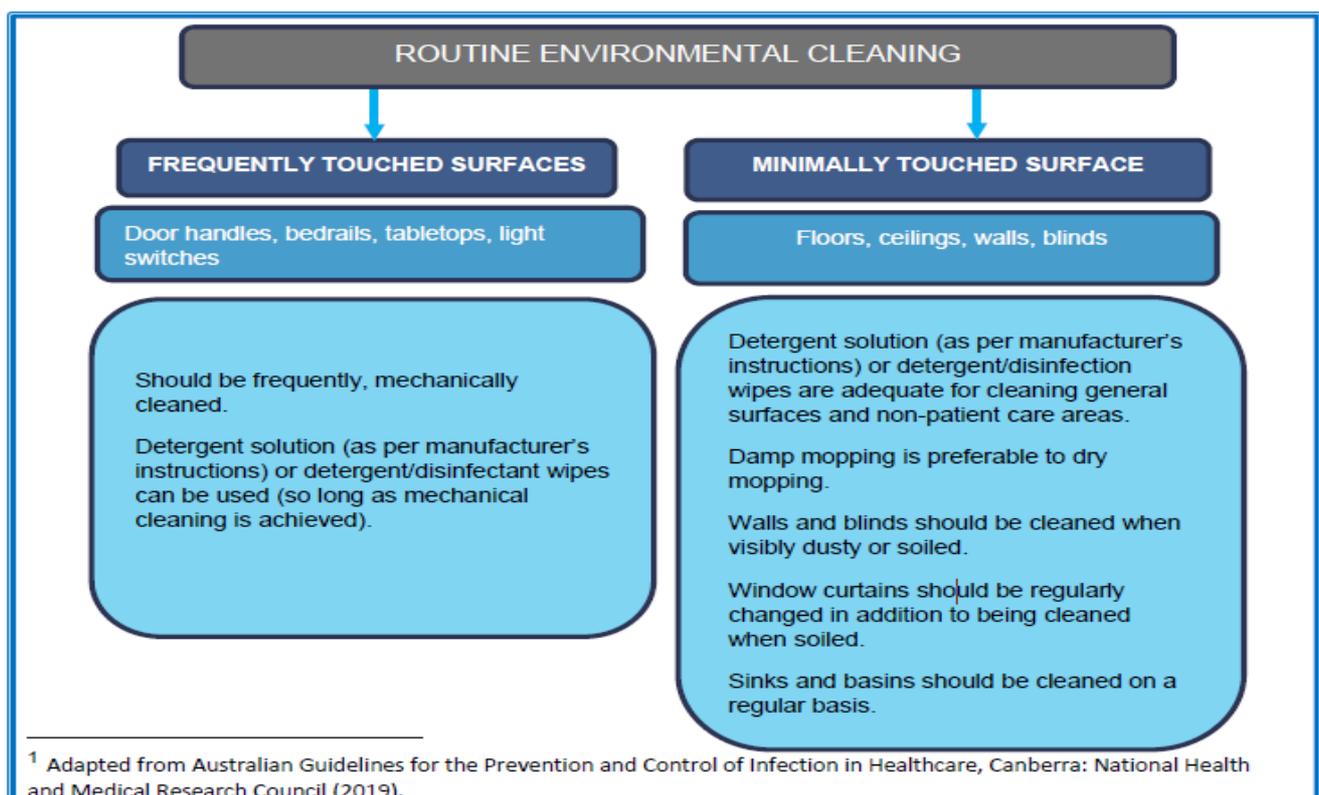
- Information within the *Environmental cleaning and disinfection for health and residential care facilities* document available on the [Australian Department of Health website](#), and
- [Series of National Guidelines \(SoNG\)](#) developed in consultation with the Communicable Diseases Network Australia and endorsed by the Australian Health Protection Principal Committee (AHPPC).

Environmental cleaning is an important part of standard precautions in dentistry, and cleaning is an essential part of disinfection. Ineffective cleaning results in retention of organic matter on surfaces which can inactivate many disinfectants. Cleaning reduces the soil load, allowing the disinfectant to work. Coronaviruses can survive on surfaces for many hours but are readily inactivated by cleaning and disinfection.

During an outbreak, the frequency and efficiency of environmental cleaning should be **increased** to ensure any contaminants are removed, as the risk of contact transmission exists if environmental surfaces are not regularly decontaminated. The need for environmental cleaning and disinfection processes is based on a risk assessment based on individual patient risks as well as community risks of disease transmission.

Remember: The dental team must always use appropriate PPE when undertaking cleaning processes.

Routine environmental cleaning requirements can be divided into two groups¹:



The current Communicable Diseases Network of Australia (CDNA) Series of National Guidelines indicate that all frequently touched surfaces should be cleaned frequently, with disinfection not normally required unless specific contamination risks have been present. The ADA recommends cleaning frequently touched services using a detergent solution a minimum of 4 times/day (dependant on patient load), however, combined detergent/disinfectant wipes can be used, as long as mechanical cleaning is achieved. Environmental cleaning should include areas that are predictably touched often by patients in the waiting room (door handles, countertops, waiting room chairs, etc).

Dental practices may **elect** to routinely use a two-step or 2-in-1 clean based on the assessment of an individual patient and/or community transmission risk, however, each wipe should be used only once, used on only one surface, used in only one direction and then immediately disposed of after use in solid waste – do not flush). (Ramm et al., 2015)

If a patient is suspect, probable or confirmed Covid-19 positive, **frequently touched areas** should be cleaned as per transmission-based precautions, with a combined detergent/disinfectant or two-step clean. TGA approved Hospital Grade Disinfectants approved to display a 'Kills COVID-19' label claim can be accessed at on the [TGA website](#).

Contaminated hands spread disease



Contaminated hands spread disease.

In the dental setting, identify

- Surfaces that are touched regularly by patients on entry to the practice and within any waiting areas
- Surfaces that may be touched prior to entry into the dental surgery
- Surfaces that are touched regularly by patients on departure from the dental surgery, on re-entry to the waiting or reception area, that are touched as part of accounts payable process e.g. EFTPOS machine
- Surfaces that are touched on departure from the practice
- All surfaces on the way to and from the treatment area (including lunchrooms and bathroom areas) that are touched regularly by members of the dental team.

Mitigate

- Patients and visitors should use a TGA approved alcohol-based hand rub (ABHR) or hand wash
 - upon entry to the practice, and
 - after treatment before exiting the dental surgery.

CONTAMINATED SURFACES SPREAD DISEASE



Contaminated surfaces spread disease.

In the dental setting, identify:

- All surfaces touched by a patient in the dental surgery (including where the feet rest on the dental chair)
- All surfaces within the dental surgery that could be contaminated by aerosols, expired droplets, and aligned/within the cough zone (approximately 2m) in front of the patient/dental chair
- All surfaces within the dental surgery or area that are touched regularly by clinicians or other members of the dental team.

Mitigate:

- Identify dedicated area within the dental surgery for patients to leave their personal possessions prior to sitting in the dental chair
- clean/disinfect all surfaces that patients have directly been in contact with or have been exposed to respiratory droplets
- Clean and disinfect frequently touched surfaces in patient treatment areas with detergent and disinfectant wipe/solution between each episode of patient care (according to normal infection prevention and control practice)
- Gross contamination of an area following a patient may require a terminal clean (see below).

In accordance with the Australian Government Department of Health Environmental Cleaning principles, when a patient is suspected or confirmed as Covid-19 positive and Aerosol Generating Procedure (AGP) is performed, (or gross environmental contamination occurs), a '**terminal clean**' is required.

Terminal cleaning in the dental setting

A terminal clean is also known as an 'infectious clean' and requires both cleaning and disinfection. In this situation, normal cleaning using a detergent should be followed by or combined with a disinfectant process:

- **2-step clean**
 - Physical cleaning with detergent followed by disinfection with a TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) or a chlorine-based product such as sodium hypochlorite.
- **2-in-1 clean**
 - A physical clean using a combined detergent and TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) or a chlorine-based product such as sodium hypochlorite, where indicated for use i.e. a combined detergent/disinfectant wipe or solution.

Other key principles for a dental setting **when a terminal clean is required** include:

- Wear PPE – surgical mask, protective eyewear, gloves and gown
- Damp dust all surfaces, furniture and fittings
- Clean windows, sills and frames
- Mop floor
- Remove PPE and perform hand hygiene.

References:

1. Series of National Guidelines available from:
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>
2. NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) available at
<https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>
3. Advice on *Environmental cleaning and disinfection for health and residential care facilities* is available on the Australian Department of Health website: <https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities>
4. Ramm L, Siani H, Wesgate R, Maillard JY. Pathogen transfer and high variability in pathogen removal by detergent wipes. *Am J Infect Control*. 2015;43(7):724-728. doi:10.1016/j.ajic.2015.03.024
5. TGA approved Hospital Grade Disinfectants approved to display a 'Kills COVID-19' label claim can be accessed from:
<https://www.tga.gov.au/disinfectants-use-against-covid-19-artg-legal-supply-australia>