



GUIDE LINES FOR INFECTION CONTROL

Asst. Prof. Noor Muhammed Hasan Garma



INTRODUCTION

Infection control is crucial for providing safe and effective dental care. The College of Dentistry at the University of Baghdad is dedicated to maintaining the highest standards of infection control to protect patients, healthcare workers, and the community from infectious diseases. The infection control guidelines outline detailed protocols and procedures to effectively prevent and control infections in our dental surgery environments, ensuring a safe working environment for all.

OBJECTIVES

- Establish effective systems for infection prevention.
- Delineate the responsibilities of oral health care workers (OHCWs).
- Outline necessary systems and protocols to safeguard the health and safety of all individuals in our dental facilities.

Instrument Classification

Correct classifying and handling of dental instruments is essential for effective sterilization. Instruments are categorized based on their risk of transmitting infections:



**Critical
instruments**



**Semi-
critical
instruments**



**Non-critical
instruments
and devices**

Instrument Classification



Critical instruments

Critical instruments are surgical and other devices that penetrate soft tissue or bone, enter or contact the bloodstream

Instrument Classification



Semi-critical instruments

Semi-critical instruments that come into contact with oral mucous tissue or damaged skin without piercing soft tissue or bone. These tools must undergo heat sterilization. If heat sterilization is not possible, it is necessary to provide them with a highly adequate level of disinfection.

Instrument Classification



Semi-critical instruments

After each patient, it is necessary to heat sterilize dental handpieces and their accompanying attachments, such as low-speed motors. High-level or surface disinfection is not sufficient. Despite being classified as semicritical, researches has indicated that the internal surfaces of these devices can become contaminated with patient secretions while in use.

Instrument Classification



Semi-critical instruments

Digital radiography sensors are classified as semi-critical and should be shielded with a barrier that has been approved by the Food and Drug Administration (FDA) to minimize contamination during usage. After each use, the sensors should be cleaned and sterilized with high-level or medium-level (i.e., tuberculocidal claim) disinfection before being used on another patient.

Instrument Classification



Non-critical instruments

Non-critical instruments and devices are those that only come into touch with intact skin.

The recommended procedure for handling them is as follows: If an object is free from visible contamination - cleaning and disinfection using a mild disinfectant. If an object is visibly polluted with blood, it should be cleaned and disinfected with an intermediate level disinfectant.

TABLE OF CONTENT

These guidelines cover various aspects of infection control, including These guidelines cover various aspects of infection control;

The use of personal protective equipment, hand hygiene, sterilization of instruments,

Environmental infection control,

and waste management.

Department Name, College of Dentistry/ University of Baghdad

Undergraduate / Postgraduate clinic

Infection Control assessment

Value of infection control assessment =20% of total case score.

Value of Domain A=100%, B=75%, C=50%, D<50%.

- A. Student wear gloves, mask, and safety glasses or face shield (during procedures likely to generate splashes of body fluids or sprays of blood), White coat or gown with his/her badge. Surfaces are covered with a barrier when practical and are cleaned with an approved disinfectant between patients and after finishing. All the instruments must be sterilized, and the dental chair is prepared well; later, the chair and instruments are cleaned, and the instruments should be returned to the sterilization unit. Behave professionally with supervisors, staff, patients, and colleagues.
- B. Defect in one or two of the above-mentioned rules.
- C. Defect in three or four of the above-mentioned rules.
- D. Defect in five or more rules, the final total score of the student's case is reduced by 50%.

PERIODONTIC DEPARTMENT



Department of Periodontics, College of Dentistry
University of Baghdad
Undergraduate 2023-2024
Infection control and behavioral assessment (5 marks)

Value of Domains: A= 3 marks, B= 2 marks, C= 1		
I. Infection control: (3 marks)		
A. Student wear gloves, mask, and safety glasses, white coat or gown with his/her badge. Surfaces are covered with barriers when practical, and are cleaned with an approved disinfectant between patients and after finishing. All the instruments must be sterilized and dental chair are prepared well, later the instruments cleaned and returned to the sterilization unit.		
B. Defect in one or two of the above-mentioned rules.		
C. Defect in three or more of the above-mentioned rules.		
II. Behavior and attitude: (2 marks)		
B. Attended on time and behave professionally with supervisors, staff, patients and colleagues.		
C. Attended late OR did not behave professionally with ONE of the above-mentioned staff.		
Grade out of 5 marks		Signature

Note:
In case of failure to obtain a score > 2 marks, the final score of the case will be reduced by 50%

PROSTHODONTIC DEPARTMENT

Liquid soap dispenser

waste bags

RESTORATIVE AND ESTHETIC DEPARTMENT



vice o

ce a c

d repa
ically



beginning

ed water o

damp clo



ORTHODONTIC DEPARTMENT

Instrument Processing Room



Orthodontic Department, College of Dentistry/ University of Baghdad


Undergraduate / Postgraduate clinic

Infection Control assessment

Value of infection control assessment =20% of total case score.

Value of Domain A=100%, B=75%, C=50%, D<50%.

- A. Student wear gloves, mask, and safety glasses or face shield (during procedures likely to generate splashes of body fluids or sprays of blood), White coat or gown with his/her badge. Surfaces are covered with a barrier when practical and are cleaned with an approved disinfectant between patients and after finishing. All the instruments must be sterilized, and the dental chair is prepared well; later, the chair and instruments are cleaned, and the instruments should be returned to the sterilization unit. Behave professionally with supervisors, staff, patients, and colleagues.
- B. Defect in one or two of the above-mentioned rules.
- C. Defect in three or four of the above-mentioned rules.
- D. Defect in five or more rules, the final total score of the student's case is reduced by 50%.

COLLEGE OF DENTISTRY/ DEPARTMENT OF ORTHODONTICS (Postgraduate)																																															
Patient's Name: _____						<div style="text-align: center;">  </div> <p>Student's Name: _____</p> <p>Date: _____</p> <p>Case No.: _____</p>																																									
Date of Birth: _____ Age: _____ Gender: _____																																															
Phone No.: _____																																															
Address: _____																																															
Chief Complaint: Esthetic <input type="checkbox"/> Function <input type="checkbox"/> Phonetic <input type="checkbox"/> Others <input type="checkbox"/>																																															
Medical History: Airway Problems: No <input type="checkbox"/> Yes <input type="checkbox"/> _____ / Drugs: No <input type="checkbox"/> Yes <input type="checkbox"/> _____																																															
Hospitalization: No <input type="checkbox"/> Yes <input type="checkbox"/> _____ / Others: _____																																															
Dental History: No <input type="checkbox"/> Yes <input type="checkbox"/> _____ / TMJ Dysfunction: No <input type="checkbox"/> Yes <input type="checkbox"/>																																															
SKELTAL EXAMINATION (CLINICALLY):																																															
<i>Anteroposterior Relation:</i> C1 I <input type="checkbox"/> C1 II <input type="checkbox"/> C1 III <input type="checkbox"/> / <i>Facial Convexity:</i> Straight <input type="checkbox"/> Convex <input type="checkbox"/> Concave <input type="checkbox"/>																																															
<i>Vertical Relation:</i> Normal <input type="checkbox"/> Increased <input type="checkbox"/> (Upper <input type="checkbox"/> Lower <input type="checkbox"/> Decreased <input type="checkbox"/> (Upper <input type="checkbox"/> Lower <input type="checkbox"/>																																															
<i>Horizontal Relation:</i> Symmetrical <input type="checkbox"/> Asymmetrical <input type="checkbox"/> Deviation to: R-side <input type="checkbox"/> L-side <input type="checkbox"/> / <i>Chin Position:</i> _____																																															
SOFT TISSUE EXAMINATION (CLINICALLY):																																															
<i>Tongue Function:</i> Normal <input type="checkbox"/> Tongue / Lower Lip Seal <input type="checkbox"/> Tongue Thrust: Endogenous <input type="checkbox"/> Adaptive <input type="checkbox"/>																																															
<i>Lips:</i> Competent <input type="checkbox"/> Incompetent <input type="checkbox"/> Potentially Competent <input type="checkbox"/> / <i>Lip Line:</i> Normal <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/>																																															
<i>Upper Lip Length</i> _____ (22 ± 3 mm) <i>Lower Lip Length</i> _____ (48 ± 5 mm)																																															
DENTAL AND LOCAL FACTOR EXAMINATIONS:																																															
<i>Angle's Classification:</i> R _____ L _____ / <i>Canines Classification:</i> R _____ L _____ / <i>Incisors Classification:</i> R _____ L _____																																															
<i>Space Analysis:</i> Space Available _____ - Space Required _____ = _____																																															
<i>Crowding</i> _____ <i>Spacing</i> _____ / <i>Upper Incisors Show at Rest</i> _____ (1 mm- 4 mm)																																															
<i>Dental Midline:</i> Normal <input type="checkbox"/> Shifted <input type="checkbox"/> Upper: R-side <input type="checkbox"/> L-side <input type="checkbox"/> Lower: R-side <input type="checkbox"/> L-side <input type="checkbox"/>																																															
<i>Bolton's Ratio:</i> Lower MD _____ (37-38 mm) Upper MD _____ (48-49 mm) Ratio _____ (Anterior teeth= 77.2%)																																															
<i>Overbite</i> _____ (2-4 mm) <i>Overjet</i> _____ (2-4 mm)																																															
<i>IOTN: DHC</i> _____ <i>AC</i> _____ <i>Missing Teeth</i> _____ <i>Supernumerary Teeth</i> _____																																															
<i>Crossbite:</i> Anterior <input type="checkbox"/> _____ Posterior <input type="checkbox"/> _____																																															
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr style="background-color: #e6f2ff;"> <td style="padding: 5px;">Unerupted</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Erupted</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr style="background-color: #e6f2ff;"> <td style="padding: 5px;">Unerupted</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												Unerupted												Erupted												Unerupted											
Unerupted																																															
Erupted																																															
Unerupted																																															
<i>Impacted Teeth</i> _____ / <i>Extracted Teeth</i> _____ / <i>Anomalies: Type</i> _____																																															
<i>Periodontal Status:</i> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> / <i>Oral Hygiene:</i> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> / <i>Gingival Recession:</i> No <input type="checkbox"/> Yes <input type="checkbox"/>																																															
<i>Habits:</i> No <input type="checkbox"/> Yes <input type="checkbox"/> _____ / <i>Clefts:</i> Cleft lip <input type="checkbox"/> Cleft Palate <input type="checkbox"/> _____																																															
CEPHALOMETRIC ANALYSIS:																																															
<i>SNA</i> _____ (81° ± 3°) <i>SNB</i> _____ (79° ± 3°) <i>ANB</i> _____ (2° - 4°) <i>Max.P/MP</i> _____ (27° ± 4°) <i>S-N-Pog</i> _____ (80°)																																															
<i>UI/Max.P</i> _____ (110° ± 5°) <i>LI/MP</i> _____ (90° ± 3°) <i>UI/LI</i> _____ (130° ± 5°) <i>UI/N-Pog</i> _____ (4 ± 2 mm) <i>LI/N-Pog</i> _____ (0 ± 2 mm)																																															
<i>Upper Lip / E-Line</i> _____ (2-3 mm) <i>Lower Lip / E-Line</i> _____ (1-2 mm) <i>Nasolabial Angle</i> _____ (102° ± 8°)																																															

[illegible]

[illegible]


COLLEGE OF DENTISTRY/ DEPARTMENT OF ORTHODONTICS																																															
Patient's Name: _____						Student's Name: _____ Date: _____ Group: _____																																									
Date of Birth: _____			Age: _____									Gender: _____																																			
Phone No.: _____																																															
Address: _____																																															
Chief Complaint: Esthetic <input type="checkbox"/> Function <input type="checkbox"/> Phonetic <input type="checkbox"/> Others <input type="checkbox"/>																																															
Medical History: Airway Problem: No <input type="checkbox"/> Yes <input type="checkbox"/> / Drugs: No <input type="checkbox"/> Yes <input type="checkbox"/>																																															
Hospitalization: No <input type="checkbox"/> Yes <input type="checkbox"/> / Others: _____																																															
Dental History: No <input type="checkbox"/> Yes <input type="checkbox"/>																																															
SKELETAL EXAMINATION (CLINICALLY):																																															
Anteroposterior Relation: C I <input type="checkbox"/> C II <input type="checkbox"/> C III <input type="checkbox"/>						Facial Convexity: Straight <input type="checkbox"/> Convex <input type="checkbox"/> Concave <input type="checkbox"/>																																									
Vertical Relation: Normal <input type="checkbox"/> Increased <input type="checkbox"/> (Upper <input type="checkbox"/> Lower <input type="checkbox"/> Decreased <input type="checkbox"/> (Upper <input type="checkbox"/> Lower <input type="checkbox"/>																																															
Horizontal Relation: Symmetrical <input type="checkbox"/> Asymmetrical <input type="checkbox"/> Deviation to: R-side <input type="checkbox"/> L-side <input type="checkbox"/> Crossbite <input type="checkbox"/>																																															
SOFT TISSUE EXAMINATION (CLINICALLY):																																															
Tongue Function: Normal <input type="checkbox"/> Tongue / Lower Lip Seal <input type="checkbox"/> Tongue Thrust: Endogenous <input type="checkbox"/> Adaptive <input type="checkbox"/>																																															
Lips: Competent <input type="checkbox"/> Incompetent <input type="checkbox"/> Potentially Competent <input type="checkbox"/> / Lip Line: Normal <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/>																																															
DENTAL AND LOCAL FACTOR EXAMINATION																																															
Angle's Classification: R _____ L _____				Canine Classification: R _____ L _____				Incisors Classification: _____																																							
Space Analysis: Space Available _____ Space Required _____ = _____																																															
Overbite _____ (2-4 mm) Overjet _____ (2-4 mm)																																															
Crossbite: Anterior <input checked="" type="checkbox"/> Posterior <input type="checkbox"/>																																															
Crowding _____ Spacing _____ Missing Teeth _____ Supernumerary Teeth _____																																															
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>Unerupted</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Erupted</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Unerupted</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												Unerupted												Erupted												Unerupted											
Unerupted																																															
Erupted																																															
Unerupted																																															
Impacted Teeth _____				Extracted Teeth _____				Anomalies: Type _____																																							
Periodontal Status: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> / Habits: No <input type="checkbox"/> Yes <input type="checkbox"/> / Oral Hygiene: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>																																															
Other Notes: _____																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Problems List:</th> <th style="width: 33%;">Treatment Plan:</th> <th style="width: 33%;">Appliance Design:</th> </tr> <tr><td>1.....</td><td>1.....</td><td>1.....</td></tr> <tr><td>2.....</td><td>2.....</td><td>2.....</td></tr> <tr><td>3.....</td><td>3.....</td><td>3.....</td></tr> <tr><td>4.....</td><td>4.....</td><td>4.....</td></tr> <tr><td>5.....</td><td>5.....</td><td>5.....</td></tr> <tr><td>6.....</td><td>6.....</td><td>6.....</td></tr> </table>												Problems List:	Treatment Plan:	Appliance Design:	1.....	1.....	1.....	2.....	2.....	2.....	3.....	3.....	3.....	4.....	4.....	4.....	5.....	5.....	5.....	6.....	6.....	6.....															
Problems List:	Treatment Plan:	Appliance Design:																																													
1.....	1.....	1.....																																													
2.....	2.....	2.....																																													
3.....	3.....	3.....																																													
4.....	4.....	4.....																																													
5.....	5.....	5.....																																													
6.....	6.....	6.....																																													
Diagnostic Aids: Photographs <input type="checkbox"/> Study Model <input type="checkbox"/> Radiographs: PA <input type="checkbox"/> or <input type="checkbox"/> Cephalometric <input type="checkbox"/> STARTING: _____																																															

[illegible]

[illegible]

We need to **broaden** the
cooperation



A wide-angle photograph of a beach at sunset. The sky is a mix of soft pinks, oranges, and blues. The ocean is a deep blue-green with white-capped waves breaking onto the shore. In the foreground, the wet sand is highly reflective, mirroring the birds and the sky. A large group of seagulls, mostly with white bodies and grey wings, are scattered across the wet sand and in the shallow water. Some are standing, while others are in small groups. In the background, a long wooden pier extends into the sea, with a small boat moored nearby. The overall mood is peaceful and serene.

THANK YOU, BUNCHES