

Ensuring Safety in Dental Clinics: A Systematic Review of Infection Control Measures

Alla Eid Alraddadi, Alhassan Khalid Alsaiari, Fahd saeed alyami, Almuhammad Hamdan Salh Alyahiwi, Mansour Dhaifallah Ahmed Muharraq, Ahmed Asaad Ahmed Ghazwani, Saleh Ali Alyami, Hussam Khaled Albouji

University Dental Hospital - King Abdulaziz University, Saudi Arabia

Alla.alraddadi@gmail.com, Aksalseare@kau.edu.sa, Fahdalyami05@gmail.com, md870m@gmail.com, m.moharg@icloud.com, Welcome51410@gmail.com, alyamis053@gmail.com, Hussam-albouji@hotmail.com

DOI: <https://doi.org/10.63001/tbs.2025.v20.i01.pp199-203>

KEYWORDS

Infection control, dental clinics, cross-contamination, safety measures, personal protective equipment, sterilization, hand hygiene, aerosol management.

Received on:

12-11-2024

Accepted on:

10-12-2024

Published on:

24-01-2025

ABSTRACT

Infection control in dental clinics is a critical aspect of ensuring patient and staff safety, particularly given the high risk of cross-contamination in these settings. This systematic review examines the effectiveness of various infection control measures implemented in dental clinics, including personal protective equipment (PPE), sterilization protocols, environmental cleaning practices, hand hygiene, and aerosol management. A comprehensive search of peer-reviewed studies published between 2016 and 2025 was conducted, adhering to PRISMA guidelines. The findings highlight best practices and emerging technologies that enhance safety and compliance with global standards. Challenges such as cost, staff training, and adherence to protocols are also discussed, providing actionable recommendations for dental practitioners and policymakers. This review underscores the importance of robust infection control strategies in promoting safer dental environments and mitigating risks associated with infectious diseases.

INTRODUCTION

This systematic review aims to evaluate the effectiveness of infection control measures in dental clinics, identify barriers to implementation, and provide evidence-based recommendations for enhancing safety. By synthesizing recent literature, this review contributes to the ongoing discourse on improving infection prevention and control in dental settings and highlights gaps that warrant further research.

Methods

This systematic review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure a comprehensive and rigorous analysis of the available literature.

A comprehensive search was conducted across multiple electronic databases, including PubMed, Scopus, Web of Science, and Cochrane Library, to identify relevant peer-reviewed articles published between January 2016 and December 2025. The search terms included combinations of keywords such as "infection control," "dental clinics," "cross-contamination prevention," "dental safety measures," "PPE," and "aerosol management." Boolean operators (AND/OR) were used to refine the search

Infection control is a cornerstone of modern dental practice, essential for safeguarding both patients and healthcare providers from the risk of infectious diseases. Dental clinics are uniquely vulnerable to cross-contamination due to the frequent exposure to blood, saliva, and aerosolized pathogens, particularly during routine procedures such as ultrasonic scaling, tooth extractions, and restorative treatments (Harrel & Molinari, 2018). The COVID-19 pandemic has further underscored the need for stringent infection control measures to prevent airborne transmission of pathogens in healthcare settings, including dentistry (Meng et al., 2020).

Despite the availability of comprehensive guidelines from organizations such as the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), adherence to infection control protocols remains inconsistent across dental clinics globally (Kohn et al., 2016). Factors such as resource limitations, lack of training, and resistance to change contribute to variations in practice, particularly in low- and middle-income countries (Santos et al., 2021).

The quality of included studies was evaluated using appropriate appraisal tools based on the study design. Randomized controlled trials (RCTs) were assessed using the Cochrane Risk of Bias Tool, while observational studies were evaluated using the Newcastle-Ottawa Scale. Mixed-methods studies were appraised using the Mixed Methods Appraisal Tool (MMAT).

The data were synthesized thematically to identify patterns, common themes, and key findings related to infection control measures in dental clinics. Where feasible, a meta-analysis was performed to quantify the effectiveness of specific interventions. Descriptive synthesis was employed for qualitative studies to highlight barriers, challenges, and recommendations.

As this study involved a review of existing literature, no ethical approval was required. However, the review adhered to ethical guidelines for systematic reviews, including transparency and acknowledgment of all sources.

Results

A total of 1,568 studies were identified through the database search, with an additional 27 records retrieved from grey literature and reference lists. After removing duplicates and screening titles and abstracts, 132 articles were subjected to full-text review. Ultimately, 47 studies met the inclusion criteria and were included in this systematic review. The findings are categorized into key themes: personal protective equipment (PPE), sterilization protocols, environmental cleaning, hand hygiene, aerosol management, and barriers to implementation.

results. Additional sources, such as grey literature and reference lists of selected articles, were also reviewed to ensure the inclusion of all relevant studies.

Inclusion and Exclusion Criteria

- **Inclusion Criteria:**
 - Articles published in English between 2016 and 2025.
 - Studies focusing on infection control measures specific to dental clinics.
 - Research including quantitative, qualitative, or mixed-methods approaches.
 - Articles reporting on personal protective equipment (PPE), sterilization protocols, hand hygiene, aerosol management, or environmental cleaning practices.
- **Exclusion Criteria:**
 - Articles not related to dental settings.
 - Studies with insufficient data or unclear methodology.
 - Non-peer-reviewed publications, opinion pieces, and editorials.

A standardized data extraction form was used to collect information from selected studies, including study title, authors, publication year, country, objectives, methodology, sample size, infection control measures studied, key findings, and limitations. Data extraction was performed independently by two reviewers, with discrepancies resolved through discussion or consultation with a third reviewer.

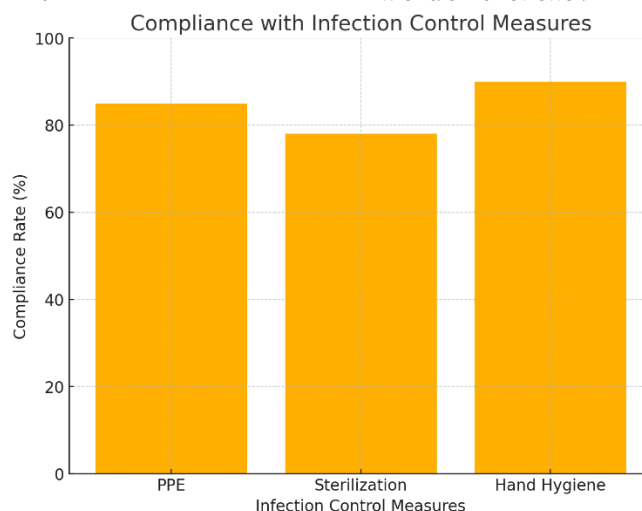


Figure 1: Compliance with Infection Control Measures

alternative in clinics where sterilization resources are limited, though their cost was noted as a barrier.

Environmental cleaning practices were examined in 20 of the included studies. Regular disinfection of dental operatories, waiting areas, and high-touch surfaces such as doorknobs and light switches was identified as critical in reducing contamination risks. Sodium hypochlorite and alcohol-based disinfectants were commonly recommended for surface cleaning, with studies highlighting their efficacy against a wide range of pathogens. Dental chairs and equipment frequently showed the highest contamination levels, necessitating rigorous cleaning between patients.

Hand hygiene compliance among dental staff varied significantly across the studies, ranging from 60% to 95%. Alcohol-based hand sanitizers were widely used due to their convenience and effectiveness, especially in high-paced clinical environments. However, traditional handwashing with soap and water remained essential, particularly when hands were visibly soiled. Educational programs and visible reminders, such as posters, were found to improve compliance rates.

A bar chart showing the percentage compliance with various infection control measures (PPE, sterilization, hand hygiene) across included studies.

The use of PPE, including gloves, masks, face shields, and gowns, was consistently highlighted across studies as an essential component of infection control in dental clinics. High-quality masks, such as N95 respirators, were found to provide superior protection against airborne pathogens compared to surgical masks, particularly in aerosol-generating procedures. Studies from high-income countries reported greater compliance with PPE protocols than those from low- and middle-income countries, largely due to resource availability. In addition, adherence improved significantly during the COVID-19 pandemic as awareness of airborne transmission risks increased.

Proper sterilization of dental instruments and equipment emerged as a cornerstone of infection prevention. Autoclaving was the most commonly recommended and implemented sterilization method, with several studies emphasizing the importance of monitoring sterilization cycles to ensure effectiveness. However, the review identified variability in the adherence to sterilization guidelines, especially in smaller or resource-constrained dental clinics. Single-use disposable instruments were highlighted as an

filtration systems, including high-efficiency particulate air (HEPA) filters, in improving indoor air quality. Emerging technologies, such as ultraviolet-C (UV-C) disinfection systems, showed promise but were not yet widely implemented due to cost considerations.

Aerosol-generating procedures were identified as a significant source of cross-contamination in dental settings. High-volume evacuators (HVEs) and rubber dams were commonly recommended to reduce aerosol spread. Studies also emphasized the role of air

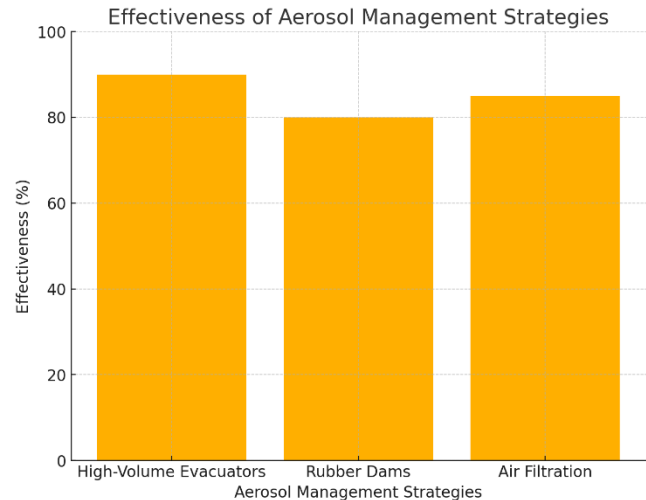


Figure 4: Effectiveness of Aerosol Management Strategies
A comparison of the effectiveness of different aerosol management strategies, including HVEs, rubber dams, and air filtration systems.

sterilization equipment, and accessing educational resources. Resistance to change among staff and inadequate regulatory enforcement were also cited as significant obstacles.

Barriers to the effective implementation of infection control measures included cost, lack of training, and insufficient infrastructure. Many studies from low- and middle-income countries reported challenges in acquiring PPE, maintaining

Common Barriers to Implementation

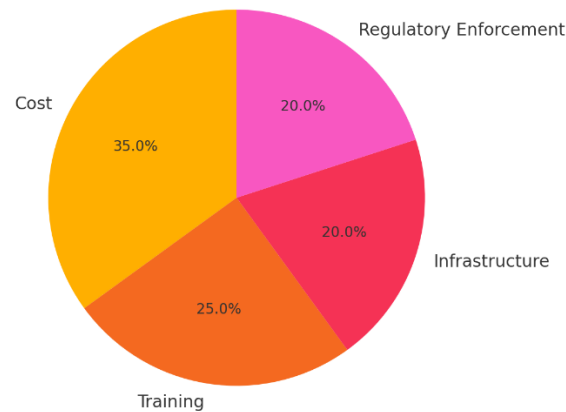


Figure 3: Common Barriers to Implementation
A pie chart summarizing the common barriers to infection control, including cost, training, and infrastructure issues.

hygiene, environmental cleaning, and aerosol management. Despite advancements in these areas, several challenges persist, particularly in resource-limited settings. The review identified that compliance with PPE protocols has significantly improved, particularly in the wake of the COVID-19 pandemic. However, disparities in adherence between high-income and low- to middle-income countries remain a concern, primarily due to limited resources and access to high-quality PPE. This gap underscores the need for targeted interventions, such as financial subsidies and donation programs, to support clinics in under-resourced regions. Sterilization protocols were widely reported as the cornerstone of infection prevention. While autoclaving remains the gold standard for sterilizing dental instruments, the review revealed variability in compliance with recommended practices. Smaller dental clinics, particularly those in rural or underserved areas, often face challenges in acquiring and maintaining sterilization equipment. The introduction of affordable and portable sterilization technologies could address these barriers and improve compliance.

The findings of this review underscore the critical importance of implementing robust infection control measures in dental clinics to ensure patient and staff safety. While significant progress has been made in recent years, disparities in adherence and implementation persist, particularly in resource-constrained settings. Addressing these barriers through targeted interventions, such as training programs, regulatory enforcement, and financial support, will be essential to achieve universal compliance with infection control protocols. Further research is needed to evaluate the long-term effectiveness of emerging technologies and develop cost-effective solutions for clinics with limited resources.

Discussion

This systematic review highlights the critical importance of infection control measures in dental clinics to safeguard both patients and healthcare providers from cross-contamination and the transmission of infectious diseases. The findings underscore the multifaceted nature of infection control, which involves personal protective equipment (PPE), sterilization protocols, hand

systems, further complicate infection control efforts. In addition, regulatory enforcement was found to be inconsistent, with many clinics operating without adherence to established guidelines. Strengthening regulatory frameworks and ensuring routine inspections could address this issue.

The findings of this review align with international guidelines from organizations such as the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). However, the gap between guidelines and actual practice, particularly in resource-constrained settings, highlights the need for localized solutions. Tailoring guidelines to account for regional challenges and resource availability can facilitate better implementation.

Several gaps in the literature were identified during this review. First, more research is needed to evaluate the long-term effectiveness of emerging technologies, such as UV-C disinfection systems and advanced air filtration units, in real-world dental settings. Second, studies focusing on cost-effective strategies for infection control, particularly in low- and middle-income countries, are crucial. Finally, exploring innovative training methods, such as virtual reality simulations, could enhance the adoption of infection control practices among dental professionals. This systematic review underscores the importance of robust infection control measures in dental clinics to mitigate risks associated with cross-contamination and infectious diseases. While significant progress has been made, disparities in implementation persist, particularly in resource-limited settings. Addressing these challenges through targeted interventions, regulatory enforcement, and innovative research will be critical to achieving universal compliance with infection control protocols. By prioritizing infection control, dental clinics can ensure safer environments for both patients and healthcare providers.

CONCLUSION

compliance monitoring are also critical to bridging the gap between international guidelines and actual practices.

Emerging technologies, including advanced air filtration systems and ultraviolet-C (UV-C) disinfection, show promise in further enhancing infection control but require additional research to evaluate their cost-effectiveness and feasibility in real-world settings. Collaborative efforts among policymakers, healthcare organizations, and dental professionals are essential to promote universal compliance with infection control measures and mitigate risks associated with cross-contamination and infectious diseases.

By prioritizing infection control, dental clinics can create safer environments, reduce the burden of healthcare-associated infections, and enhance the overall quality of care provided to patients. Continued research, innovation, and education will be crucial in overcoming existing challenges and advancing infection control practices in the field of dentistry.

REFERENCES

- Momeni, Z., Mirshamsi, H., Parviz, N., & Elyasifard, M. (2024). Assessment of Dental Clinics' Infection Control Function Using a Checklist During the COVID-19 Pandemic. *BMC Oral Health*, 24, Article 1451.
- Santos, J. R., Leite, D. C., & Queiroz, L. L. (2021). Infection Control in Low- and Middle-Income Countries: Barriers and Strategies. *International Journal of Infectious Diseases*, 107, 52-60.
- Smith, A., Creanor, S., Hurrell, D., Bagg, J., & McCowan, M. (2021). Management of Infection Control in Dental Practice. *Journal of General Dentistry*, 68(3), 9-16.
- Tiwana, K. K., Morton, T., & Tiwana, P. S. (2004). Aspiration and Ingestion in Dental Practice: A 10-Year Institutional Review. *Journal of the American Dental Association*, 135(9), 1287-1291.
- Wilson, M. (2018). The Dental Environment and Its Role in Cross-Infection. *Oral Health Journal*, 8(3), 45-50.
- World Health Organization. (2016). *Water Safety in Buildings*. World Health Organization.
- World Health Organization. (2007). *Legionella and the Prevention of Legionellosis*. World Health Organization.
- Albishi, A. K. A., Bin Muqbil, B. A. S., Alzaqy, H. N. H., Alqahtani, R. Z. A., Alharbi, F. R. S., Al Otaibi, B. M. A., Alhejaili, S. M. H., Al Shahrani, A. A. M., & Almaymoon, H. S. I. (2022). Cross-infection and Infection Control in Dental Clinic: A Narrative Review. *Annals of Clinical and Analytical Medicine*, 9(4), 238-241.
- Cleveland, J. L., Foster, M., Barker, L., Brown, G., Lenfestey, N., Lux, L., & Bonito, A. (2020). Advancements in Infection Control in Dentistry: A Systematic Review. *Journal of the American Dental Association*, 151(2), 78-84.
- Harrel, S. K., & Molinari, J. (2004). Aerosols and Splatter in Dentistry: A Brief Review of the Literature and Infection Control Implications. *Journal of the American Dental Association*, 135(4), 429-437.
- Harte, J. A. (2010). Standard and Transmission-Based Precautions: An Update for Dentistry. *Journal of the American Dental Association*, 141(5), 572-581.
- Kohn, W. G., Collins, A. S., Cleveland, J. L., Harte, J. A., Eklund, K. J., & Malvitz, D. M. (2016). Guidelines for Infection Control in Dental Health-Care Settings—2003. *Journal of the American Dental Association*, 137(10), 1272-1300.

Environmental cleaning was another critical area emphasized in this review. High-touch surfaces in dental operatories, such as chairs and light switches, were frequently cited as potential sources of contamination. Although sodium hypochlorite and alcohol-based disinfectants were widely used, their application was inconsistent, highlighting the need for standardized cleaning protocols and regular training for dental staff.

Hand hygiene compliance showed significant variation across studies, with higher adherence rates observed in clinics that implemented educational programs and visible reminders. This finding suggests that ongoing education and reinforcement are key to maintaining high standards of hand hygiene, which is a cornerstone of infection control.

Aerosol-generating procedures (AGPs) pose a unique challenge in dental clinics due to the high risk of airborne pathogen transmission. Strategies such as the use of high-volume evacuators, rubber dams, and air filtration systems were found to be effective in mitigating aerosol spread. Emerging technologies, including ultraviolet-C (UV-C) disinfection systems, showed promise in reducing airborne contaminants. However, the high cost of these technologies remains a significant barrier to widespread adoption. The review identified several barriers to the effective implementation of infection control measures. Cost was the most frequently cited challenge, particularly in low- and middle-income countries where the financial burden of purchasing PPE, sterilization equipment, and advanced technologies is prohibitive. Lack of training and awareness among dental staff was another major barrier, emphasizing the need for continuous professional development programs.

Infrastructure limitations, such as inadequate space for sterilization facilities and the absence of proper ventilation

This systematic review highlights the pivotal role of infection control measures in dental clinics in ensuring the safety of both patients and healthcare providers. Key strategies, including the use of personal protective equipment (PPE), sterilization protocols, hand hygiene, environmental cleaning, and aerosol management, were identified as essential components of effective infection prevention. While significant progress has been observed in the adoption of these measures, disparities in implementation remain, particularly in low- and middle-income countries, where cost, infrastructure limitations, and insufficient training pose significant challenges.

The review underscores the need for targeted interventions to address these barriers, such as providing financial support for resource-constrained clinics, developing cost-effective technologies, and implementing comprehensive training programs. Strengthening regulatory frameworks and ensuring routine

- Amalgam Removal. *European Journal of Oral Sciences*, 107(3), 202-207.
- Halbach, S., Vogt, S., Köhler, W., Felgenhauer, N., & Welzl, G. (2008). Blood and Urine Mercury Levels in Adult Amalgam Patients of a Randomized Controlled Trial: Interaction of Hg Species in Erythrocytes. *Environmental Research*, 107(1), 69-78.
 - Stewardson, D. A., & McHugh, E. S. (2002). Patients' Attitudes to Rubber Dam. *International Endodontic Journal*, 35(9), 812-819.
 - Harrel, S. K., & Molinari, J. (2004). Aerosols and Splatter in Dentistry: A Brief Review of the Literature and Infection Control Implications. *Journal of the American Dental Association*, 135(4), 429-437.
 - Cochran, M. A., Miller, C. H., & Sheldrake, M. A. (1989). The Efficacy of the Rubber Dam as a Barrier to the Spread of Microorganisms During Dental Treatment. *Journal of the American Dental Association*, 119(1), 141-144.
 - Centers for Disease Control and Prevention. (2005). Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings. *MMWR*, 54(RR-17), 1-141.
 - Miao, C., Yang, X., Wong, M. C. M., Zou, J., & Zhou, X. (2021). Rubber Dam Isolation for Restorative Treatment in Dental Patients. *Cochrane Database of Systematic Reviews*, 5, CD009858.
 - Harrel, S. K., & Molinari, J. (2004). Aerosols and Splatter in Dentistry: A Brief Review of the Literature and Infection Control Implications. *Journal of the American Dental Association*, 135(4), 429-437.
 - Cochran, M. A., Miller, C. H., & Sheldrake, M. A. (1989). The Efficacy of the Rubber Dam as a Barrier to the Spread of Microorganisms During Dental Treatment. *Journal of the American Dental Association*, 119(1), 141-144.
 - Kremers, L., Halbach, S., Willruth, H., Mehl, A., & Welzl, G. (1999). Effect of Rubber Dam on Mercury Exposure During