

M U N I
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AEROSOLS IN DENTISTRY

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Content



Basic information



Methodology of bacterial aerosol



How much aerosol is generated in the dental office?



Recommendations for safe work in the dental office

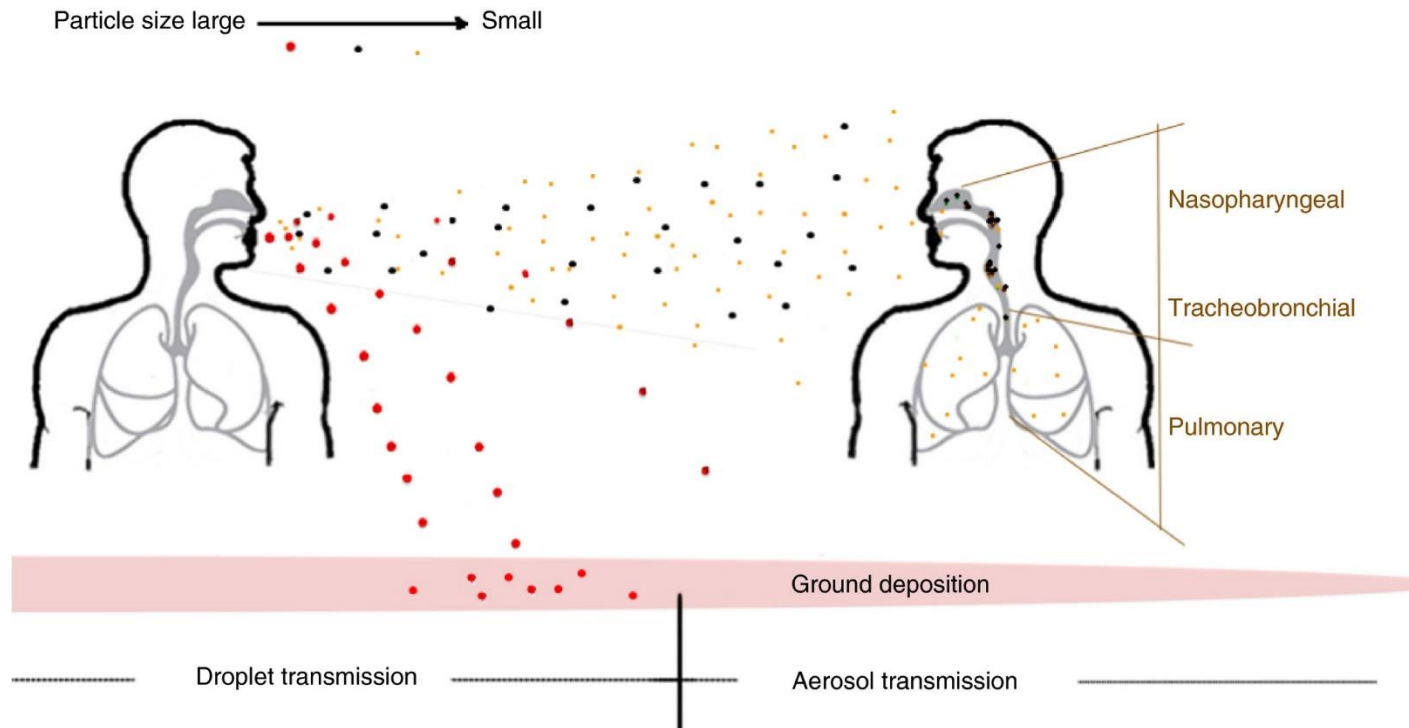
DEFINITION



Aerosols = liquid or solid particles suspended in the air by humans, animals, instruments, or machines.

Bio-aerosols = aerosols containing particles of any kind of organism.

DEFINITION



- Aerosol - particles less than 5 μm in diameter
- Splatter - particles larger than 5 μm in diameter

SIZE COMPARISON

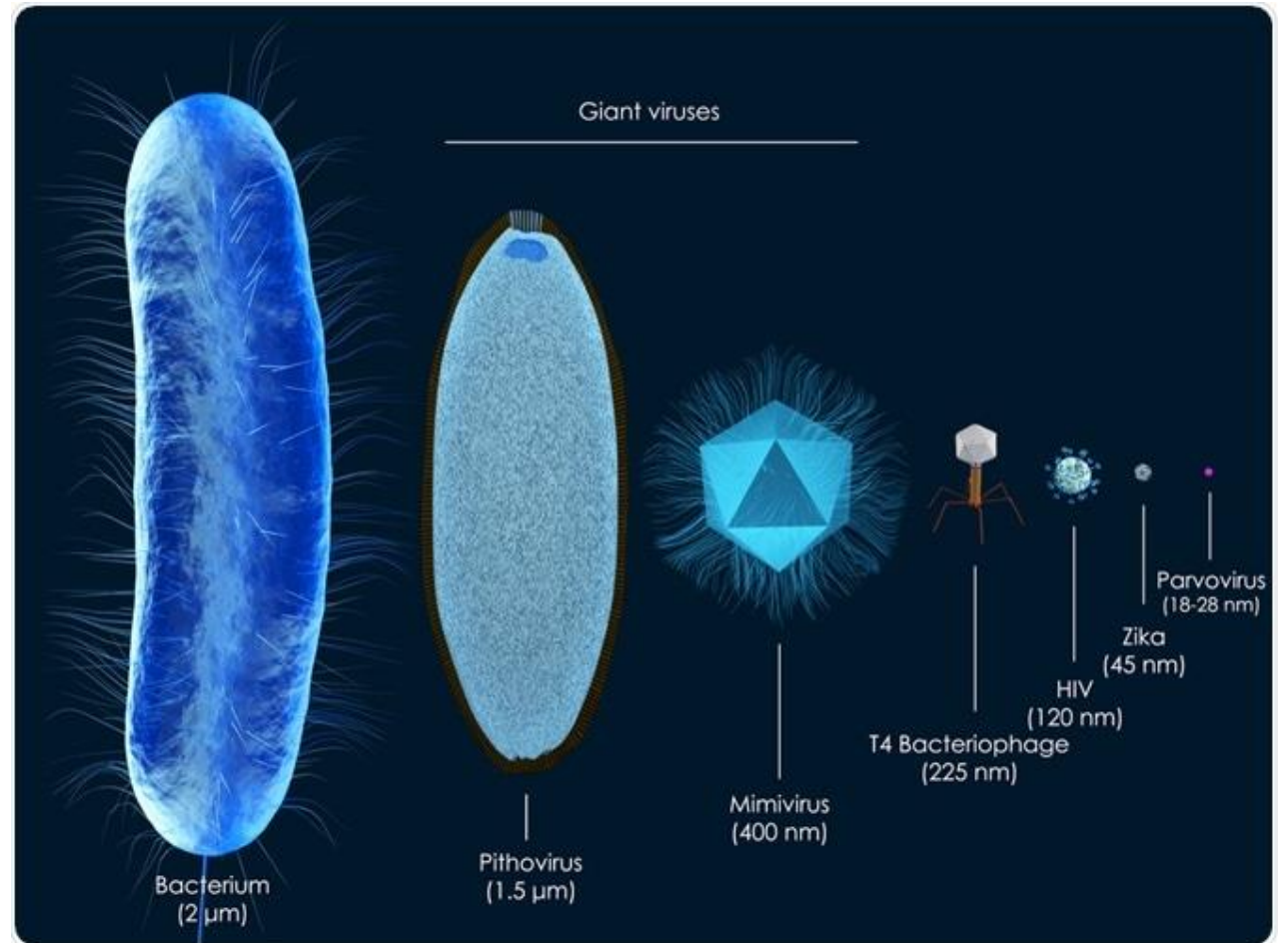
Aerosol particles: $< 5 \mu\text{m}$

Mycobacterium tuberculosis: $2 \mu\text{m}$

Staphylococcus epidermidis: $1,5 \mu\text{m}$

Coronaviridae: $90\text{-}150 \text{ nm}$

Influenza viruses: $80\text{-}120 \text{ nm}$



DISEASES KNOWN TO BE SPREAD BY DROPLETS OR AEROSOLS

Tuberculosis, Influenza, Legionnaires' Disease, Severe Acute Respiratory Syndrome, Measles, Pneumonic Plague, diseases caused by herpetic viruses (Varicella Zoster Virus), rhinoviruses



INFECTIOUS AEROSOLS IN DENTAL ENVIRONMENT

What is the composition of contaminated droplets or aerosols?

Complete overview micro-organisms identified in the dental setting.

Bacteria N = 19

Gram negative

Acinetobacter wolffii

Legionella spp.

Pseudomonas aureus

Staphylococcus aureus

Gram positive

Staphylococcus capitis

Staphylococcus lentus

Staphylococcus xylosus

Staphylococcus chromogenes

Staphylococcus haemolyticus

Staphylococcus epidermidis

Staphylococcus fominis

Micrococcus luteus

Micrococcus spp.

Micrococcus lylae

Bacillus pumilus

Diphtheroids

Corynebacteria

Bacillus spp.

Actinomycetes

Viruses N = 0

None reported

Parasites N = 0

None reported

Fungi N = 23

Alternaria alternata

Alternaria brassicicola

Alternaria citri

Arthrinium phaesospermum

Aspergillus

Aspergillus flavus

Aspergillus fumigatus

Aspergillus niger

Botrytis spp

Cladosporium cladosporiodias

Cladosporium cucumerinum

Cladosporium ramotenellum

Cladosporium sphaerospermum

Cladosporium spp

Cladosporium spongiosum

Geotrichum spp

Monocillim indicum

Monodictys glauca

Pencillium spp

Penicillium chrysogenum

Stemphylium spp

Stemphylium spp

Ulocladium alternariae

AEROSOL SAMPLING METHODOLOGY

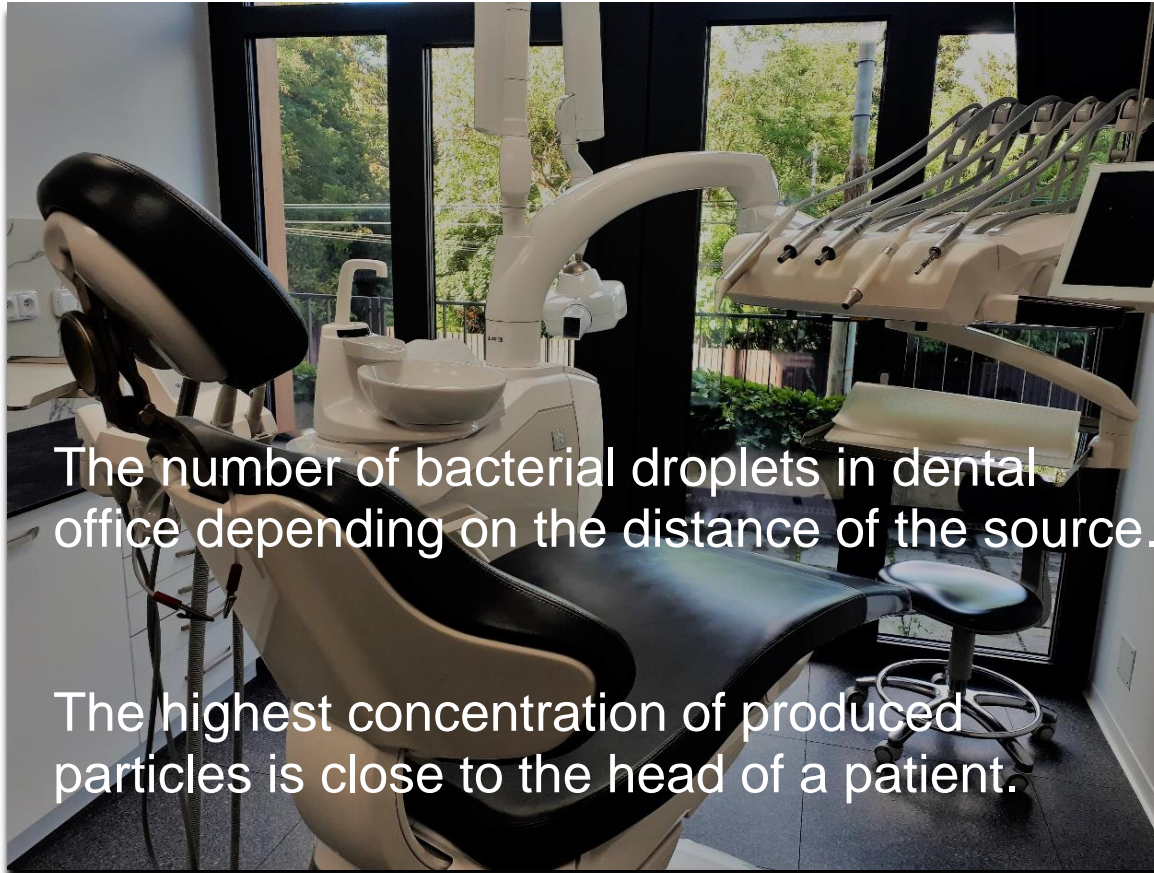
Passive air sampling

Active air sampling (air sampler)

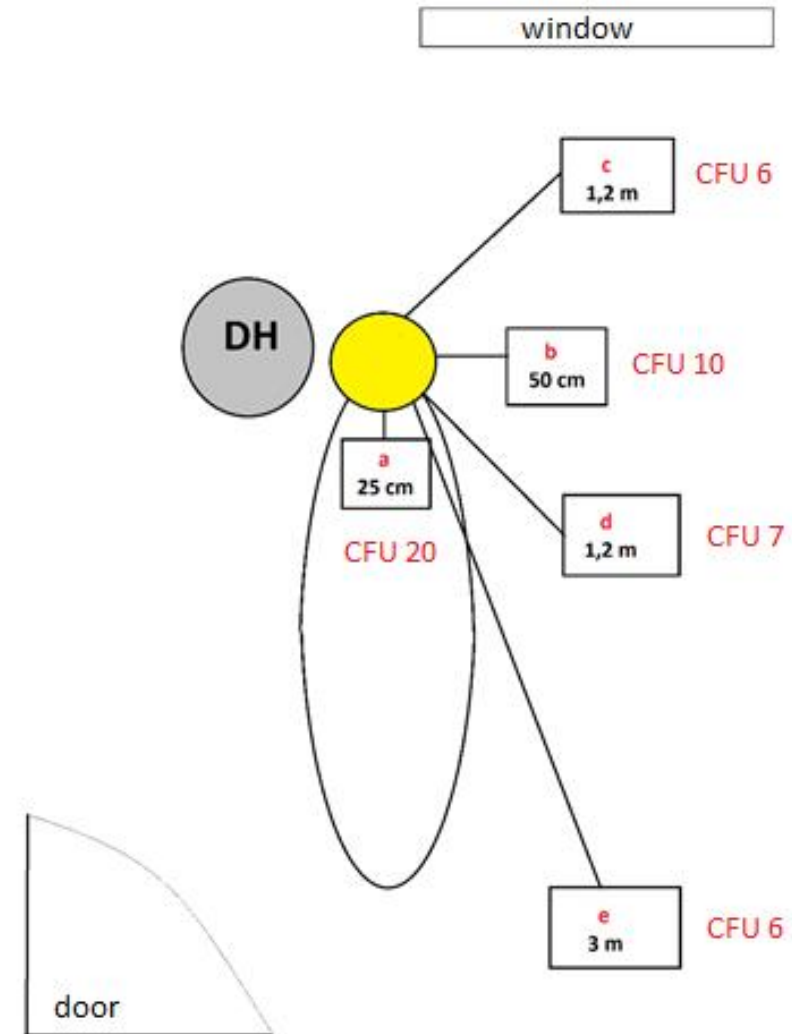


Note: viral particles such as influenza, rhinoviruses, SARS coronavirus and bacteria such as Mycobacteria tuberculi and strict anaerobic bacteria could not be measured if common culture medium and cultivation conditions were used.

PILOT MEASUREMENT OF BACTERIAL AEROSOL IN THE ENVIRONMENT OF A DENTAL CLINIC (JUNE 2021)



- The number of bacterial droplets in dental office depending on the distance of the source.
- The highest concentration of produced particles is close to the head of a patient.





WRONG







10 Dental office



RIGHT

MUNI
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KEY INFECTION CONTROL FOR DENTAL OFFICE

-  1) Adoption of contact precautions (Thorough hand washing, Personal protective equipment)
-  2) Use of pre-procedure mouthwash (0.12% chlorhexidine mouth rinse, povidone iodine...)
-  3) Use of rubber dam isolation
-  4) Removal of contaminated ambient air (High volume evacuation)
-  5) Reduce concentration of aerosols in dental office (ventilation, HEPA filters)
-  6) Decontaminate aerosols in the air (UV light, etc)

CDC: COVID-19: Guidance for Dental Settings

- The current guidelines are extrapolated from influenza and previous outbreaks of SARS-1 and are based on expert opinion
- **For DHCP working in facilities located in areas with moderate to substantial community transmission:**
 - **During aerosol generating procedures DHCP should use an N95 respirator or a respirator that offers an equivalent or higher level of protection**
 - If aerosol generating procedures are necessary for dental care, use four-handed dentistry, high evacuation suction and dental dams to minimize droplet spatter and aerosols.
 - Preprocedural mouth rinses (PPMR)
 - There is no published evidence regarding the clinical effectiveness of PPMRs to reduce SARS-CoV-2 viral loads or to prevent transmission. Although SARS-CoV-2 was not studied, PPMRs with an antimicrobial product (chlorhexidine gluconate, essential oils, povidone-iodine or cetylpyridinium chloride) may reduce the level of oral microorganisms in aerosols and spatter generated during dental procedures.

DHCP = dental healthcare personnel

12 Reference: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

Reference: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html#section-2>

COVID-19: RELEVANT INFORMATION

WHO

<https://www.who.int>

CDC

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Science

https://www.sciencemag.org/collections/coronavirus?intcmp=sci_cov

Actual information from Ministry of Health of the Czech Republic

https://onemocneni-aktualne.mzcr.cz/covid-19?utm_source=general&utm_medium=widget&utm_campaign=covid-19

It is good to know...



...humans produce infectious aerosols in a wide range of particle sizes, but pathogens predominate in small particles ($< 5 \mu\text{m}$) that are immediately respirable by exposed individuals.



...surgical masks might offer some respiratory protection in comparison to not wearing mask at all. Respirators offer more respiratory protection than surgical masks.



...proper hand hygiene is still one of the most important factors in preventing the spread of infectious diseases. Remember, all surfaces in your dental office are covered with aerosol and droplets.

Articles for extra knowledge

- **Interventions to reduce contaminated aerosols produced during dental procedures for preventing infectious diseases (Cochrane Library, Review, 2020)**
- Particle sizes of infectious aerosols: implications for infection control (Lancet, 2020)
- A systematic review of droplet and aerosol generation in dentistry (Elsevier,2021)
- Severe Acute Respiratory Syndrome (SARS) and the GDP. Part II: Implications for GDPs (Br Dent J, 2004)