

Knowledge, Attitude and Practice Regarding Infection Control Procedures among Dentists of Karachi

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ABSTRACT

Aim: Infection control is crucial in any clinical setting. It is vital that all dentists must follow the infection control protocols in their clinics to prevent cross-infection. In a dental clinic, even simple dental procedures including extractions, scaling and root planning, dental crown preparations and root canal treatment, have a high risk of exposure to blood, which may cause transmission blood-borne diseases. Dentist's compliance with these guidelines and recommendations have been recently studied in different parts of the world. Hence this study was performed to evaluate the knowledge, attitude, and practice regarding infection control measures among private dental practitioners in Karachi, Pakistan.

Study design: Cross-sectional study

Place and Duration of Study: This study was conducted for a period of four months in Karachi, Pakistan.

Material and Methods: Present cross-sectional study was performed by interviewing 234 dentists via a questionnaire based upon various questions regarding infection control. Sample were collected using convenience sampling, from private dental clinics in Karachi, Pakistan.

Setting: Questionnaire were sent to 400 general dentist in Karachi, out of which 234 replied.

Results: Mostly (69%) dentists who took part in the study were males. Regarding infection control, most of the individuals had a comprehensive understanding of infection control techniques. Isolation was considered to play a vital role in cross-infection prevention by 97.3% of the dentists. 93.2% used autoclave for sterilization and majority had thorough knowledge of the process involved. Regarding preventive measures, 66.7% of the dentists were vaccinated against major infectious agents in our society and 92.2% took protective measures required to prevent cross-infection.

Conclusion: Knowledge, attitudes and practices regarding infection control of dentists in private clinic of Karachi, Pakistan are satisfactory.

Keywords: Dental Practice, Cross Infection, Infection Control, Patient Isolation, Infectious Disease Transmission, Professional-to-Patient

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INTRODUCTION

Cross-infection is defined as “the transfer of harmful microorganisms, usually bacteria and viruses”. Cross-infection can occur between persons, equipment, surfaces or within a person’s body through multiple routes. Common micro-organisms in our part of the region, that can be transmitted within a dental setting includes Human Immunodeficiency viruses (HIV), Herpes Simplex virus (HSV), Hepatitis B virus (HBV), Hepatitis C virus (HCV) and Mycobacterium Tuberculosis (1, 2). Micro-organisms can enter the body via direct contact with blood and/or saliva of an infected patient, e.g. when performing oral examination without the use of gloves. Contaminated needles, non-sterilized instruments or contaminated surfaces may result in indirect transmission of microorganisms. blood, saliva or air borne droplets are common source of cross-infection if protective measures including use of gloves, masks, eye wears or protective clothing are not used (3, 4).

In a dental clinic, even simple dental procedures including extractions, scaling and root planing, dental crown preparations and root canal treatment, have a high risk of exposure to blood, which may cause transmission blood-borne diseases (5).

It is a high possibility in our society that individuals coming to the dental clinic for treatment could be in the prodromal phase or may be a carrier of certain infectious diseases, without any sign and symptoms. In addition, some infectious diseases have prolonged incubation periods or post-infection “window period” during which antibodies can’t be detected, hence, dentist needs to treat every patient coming to the clinic as potentially infected. (6, 7)

It is necessary for the dental health care practitioners (DHCPs) to use protective measures as it puts them at a high risk of direct disease transmission within a dental clinic setting (3, 8, 9).

By practicing infection control guidelines and working safely, accidental contacts to infectious agents can be avoided in a dental setting. However, even after following infection control guidelines and working safely, there are some non-preventable exposures, hence immunization and proper post-exposure management becomes the important line of protection (10, 11).

According to the Centers for Disease Control and Prevention (CDC) extensive guidelines regarding dental settings, it is essential for DHCPs to use all protective measures such as wearing gloves, face-mask, eye-wears, protective clothing, as well as use of adequate high speed suction while using high and low speed rotary instruments (12).

Dentist’s compliance with these guidelines and recommendations have been recently studied in different parts of the world. (13, 14) These studies indicate that there are gaps in some dentist’s knowledge regarding modes of transmission of infectious diseases so the objective of this study was to evaluate the knowledge, attitude, and practice regarding infection control procedures among dentists of Karachi, Pakistan, therefore, we could then identify the areas where improvements can be made in a dental setting.

MATERIALS AND METHOD

Present cross-sectional study was carried out to collect data from private dental practitioners in Karachi, Pakistan. Using convenience sampling technique, we sent the questioner to 400 private dental practitioners, using paper forms, out of which 234 responded (58.4 % response rate). Study duration was from October 2018 to December 2018. The questionnaire was obtained from a previous study from Ali et al.(15) Ethical approval was obtained from “Ethics Review Committee” of Ziauddin University.

After acquiring data regarding the demographics of all study participants, they were then assessed on knowledge, attitude & practice for preventing infection control by filling up a questionnaire based on fourteen different questions. Descriptive statistics were applied. SPSS version 20.0 was used for data analyses.

RESULTS

Out of 234 dentists who took part in this study, 162 (69%) were males and 72 (31%) were females.

Knowledge

Majority had correct knowledge regarding the optimal temperature and minimum time required for the sterilization process using an autoclave. 218 (93.2%) agreed to the fact that ineffective sterilization may result in cross-infection between patients. When acquired regarding highest rate of disease transmission via saliva, 120 (51.3%) choose hepatitis B, 84 (35.9%) said tuberculosis and 18 (7.7%) choose acquired immune deficiency syndrome (AIDS). When asked about what action should be taken immediately in

case of contact with the blood of a HIV patient, 86 (36.8%) said that blood tests were the first thing to do whereas 56 (23.9%) didn't know regarding what course of action should be taken.

Awareness

Isolation was considered a key factor in controlling infections while treating the patients by most of the dentists 228 (97%). Majority of participants 214 (91.5%) were also aware that beside instrument sterilization, it is also important to disinfect the dental chair and clinic.

Practice

152 (65%) of the participants reported that they washed their hands before examining patients, whereas 82 (35%) said that they didn't wash their hands. When asked about washing hands after examining the patients, 216 (92%) responded positively. Those who washed their hands were further asked regarding what aid they used, 110 (47%) reported of using anti-septic solutions, 108 (46.2%) used liquid soap, 4 (1.7%) used soap bar and 12 (5.1%) washed with water only. Regarding the vaccination status, most of the participants 152 (66.7%) were vaccinated against all the listed diseases like Hepatitis B, Tuberculosis and Tetanus & BCG. Autoclaving the instruments is considered a key factor in controlling infection by 218 (93.2%) candidates. 216 (92.2%) used both gloves and mask to avoid cross-contamination in their practice, use of eyewear and protective clothing was seen in just two participants.

DISCUSSION

Due to increased spread of HIV, Hepatitis and other infections among the patients and DHCP, awareness regarding control of cross-infection has developed among dental practitioners. (16, 17). Better results were observed in this study regarding attitude of dentists towards sterilization and control of cross-infection. The most efficient and effective way of minimizing the risk of exposure for DHCPs is immunization. Our study shows that most of the dental practitioners were vaccinated against Hepatitis B. Quedeimat et al, Azodo et al, Peeran et al and Shitoot et al also confirmed these findings. (18-21).

It is recommended to wear gloves when coming in contact with the patient to prevent the contamination of hands, which also helps in reducing the spread of microorganisms from the hands of dentists and/or dental assistants to the patients during dental procedures and surgeries. Our study reported that majority (96.5 %) of the participants are changing gloves after every patient, which was in agreement with the studies by Quedeimat *et al* and Kanjirath *et al*. (18, 22) In our study protective measures included gloves and mask were adopted by majority (93%) of individuals. Our study also shows that majority of dental practitioners were washing their hand before and after dental procedures, which was in contrast with the Quedeimat et al and Stevenson's where less than half of the DHCPs were washing their hands after dental procedures. Spread of organisms and operator's risk increases by using gloves inappropriately (e.g., not changing gloves after a patient).

In dental clinics, staff members and patients could acquire several infectious agents by airborne transmission (23). Particular dental procedures, like ultrasonic scaling and cavity preparations produces higher levels of airborne oral microorganisms (24, 25). According to American Dental Association (ADA) infection control guidelines dental health care professionals should wear masks and eyeglasses with lateral protective shields during the procedures at all times. (12, 26). The results of the present study revealed that 92.2 % wore gloves and masks before every patient. **It can also be seen that only 1.7% dentists uses eye wear for protection, which is very low. Steps should be taken to improve knowledge and awareness regarding eye wear protections.**

It is a known fact that autoclaving the instruments is most efficient method of sterilization as it kills all the bacteria, viruses and their spores, disinfection alone is not adequate for sterilizing dental instruments (27). In our study 93.2% of dental practitioners sterilize the instruments using an autoclave, correct time was estimated by 70.1% and accurate temperature and pressure was known to 88.9%, which shows knowledge and practice is satisfactory among the dentists. In other studies, dental instrument were autoclaved by more than 90% of dentists but a study conducted in Turkey showed that hand pieces and instruments were autoclaved by only 18% dentists at the end of the day (28-30).

Most of the procedures performed at a dental clinic or hospital such as dental implant placement and oral surgeries relies upon a team of dentist, dental hygienist and dental assistants, hence, it is also necessary to take into account the knowledge and practice regarding sterilization and safety protocols of these dental auxiliaries. Proper training of these dental auxiliaries should be performed to eliminate any risk of cross-infection in a clinical setting as they are mostly responsible for carrying-out sterilization procedures.

Though there are sufficient sterilization protocols being followed in the private dental clinics, however, with the increase in number of dental quacks as compared to qualified practitioners in Pakistan, these untrained individuals are playing havoc with the lives of people as they have no or little concept of infection control and sterilization. Hence, a large number of population is at risk as they go to them for treatment because of low cost. We urge the dental community and the respective government departments to take action against these dental quacks. There is a need to put a ban on these dental quacks, as they are a major source of spread of transmissible diseases in our community.

CONCLUSION

In all, the infection control knowledge, attitudes and practices of dentists in private clinic of Karachi, Pakistan are satisfactory.

CONFLICT OF INTEREST

The authors certify that they have NO affiliations with or involvement in any organization or entity with any financial interest or non-financial interest in the subject matter or materials discussed in this manuscript

Ethical Approval

Ethical approval was obtained from "Ethics Review Committee" of Ziauddin University.

CONSENT

As per standard, participant's written consent form has been collected and preserved by the authors. Consent form was filled by each participant.

AUTHORS' CONTRIBUTIONS

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Table 1: Knowledge, attitudes and practice of infection control measures among dentists.

Questions	Answers	Number of participants (%)
1. Before examining patients, do you wash your hands?	Yes No	152 (65%) 82 (35%)
2. After examining patients, do you wash your hands?	Yes No	216 (92%) 18 (8%)
3. What do you use for washing hands?	Water only Soap bar Liquid soap Anti-septic Solution	12 (5.1%) 4 (1.7%) 108 (46.2%) 110 (47%)
4. Which of the listed diseases have you been vaccinated against?	Hepatitis B only Tuberculosis only Tetanus & BCG None of the above All of the above	40 (17.1%) 2 (0.9%) 8 (3.4%) 28 (11.9%) 156 (66.7%)
5. What protective measures do you take while working upon patients in your clinic?	Face Mask only Gloves only Eyewear only Protective clothing only Facemask and gloves	6 (2.6%) 6 (2.6%) 4 (1.7%) 2 (0.9%) 216 (92.2%)
6. What do you do after using gloves on a patient?	Discard them Wash and reuse Disinfect and reuse	226(96.5%) 6 (2.6%) 2 (0.9%)
7. How do you sterilize the instruments in your clinic?	Autoclave Washing/ Boiling Washing and disinfecting	218 (93.2%) 2 (0.9%) 14 (5.9%)
8. Minimum time required for autoclaving is?	5 min 10 min 15 min	10 (4.3%) 60 (25.6%) 164 (70.1%)
9. Optimal temperature required for autoclaving is?	100° C at 15 lbs 121° C at 15 lbs 150° C at 15 lbs	12 (5.1%) 208 (88.9%) 14 (6%)
10. Can ineffective sterilization result in cross-infection?	Yes No Don't know	218 (93.2%) 6 (2.6%) 10 (4.2%)
11. Which disease has the highest rate of transmission via saliva?	Hepatitis B AIDS Tuberculosis Don't know	120 (51.3%) 18 (7.7%) 84 (35.9%) 12 (5.1%)
12. What action should be taken immediately in case of contact with the blood of a HIV patient?	Anti-HIV Igs Anti-HIV drugs Blood tests	56 (23.9%) 36 (15.4%) 86 (36.8%)

	Don't know	56 (23.9%)
13. Is isolation necessary to prevent cross-infection?	Yes	228 (97.3%)
	No	6 (2.7%)
14. Besides sterilizing instruments, disinfection of dental chair and clinic is essential?	Yes	214 (91.5%)
	No	14 (5.9%)
	Don't know	6 (2.6%)

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