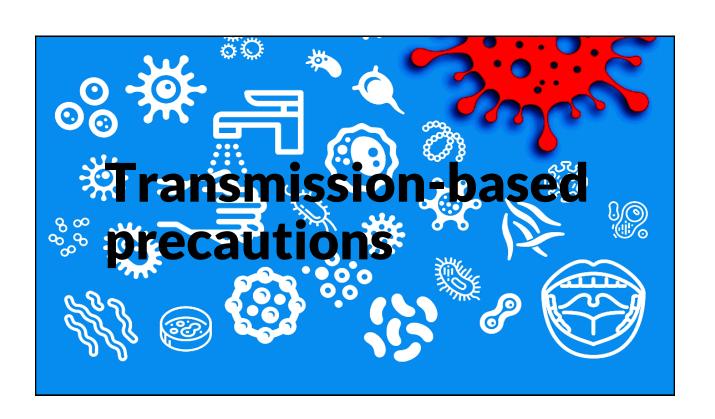
Contemporary Infection Control

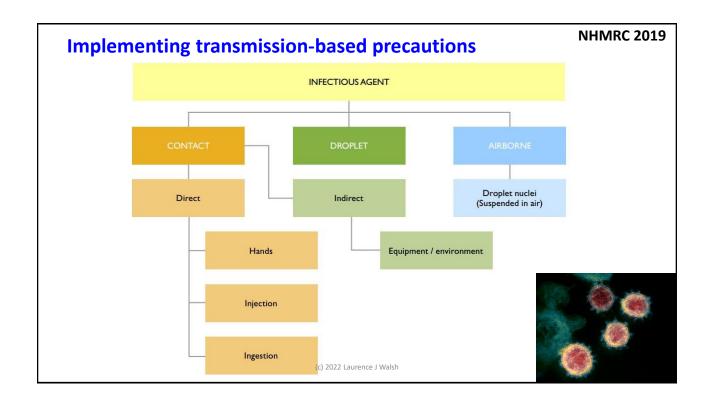


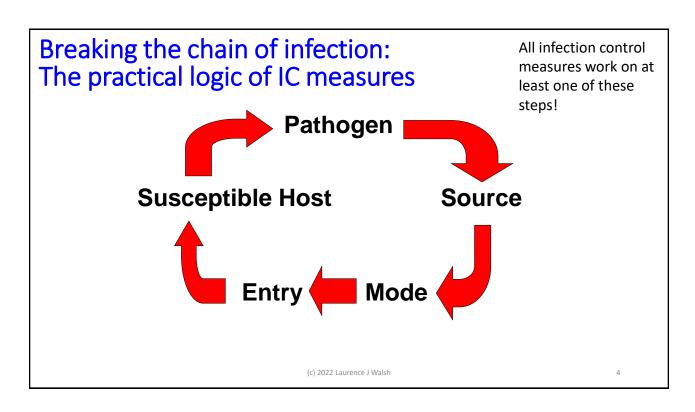
2022

Emeritus Professor Laurence J. Walsh AO

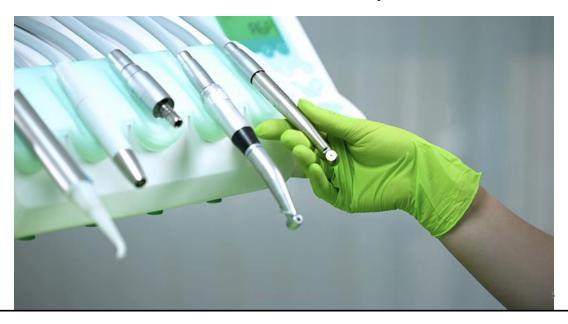
BDSc(Hons), PhD, DDSc, GCEd, FRACDS, FFOP(RCPA), FFDT RCS Edin
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AGPs we do vs. AGBs that the patient does



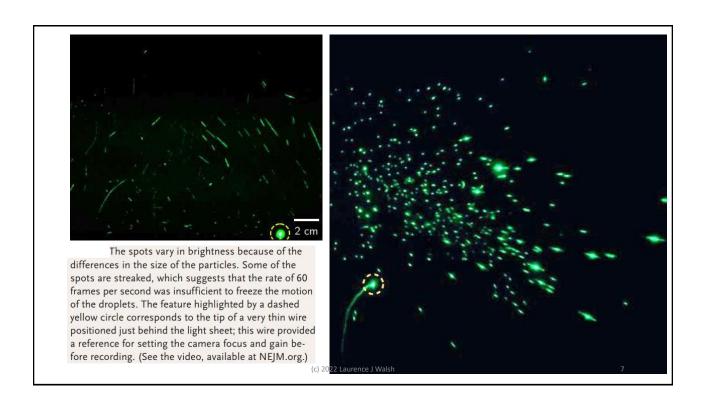
The airborne lifetime of small speech droplets and their potential importance in SARS-CoV-2 transmission

Valentyn Stadnytskyi^a, Christina E. Bax^b, Adriaan Bax^{a,1}, and Philip Anfinrud^{a,1}

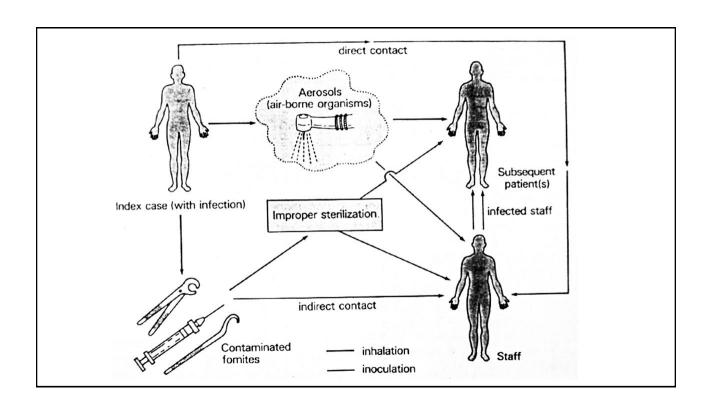
Speech droplets generated by asymptomatic carriers of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) are increasingly considered to be a likely mode of disease transmission. Highly sensitive laser light scattering observations have revealed that loud speech can emit thousands of oral fluid droplets per second. In a closed, stagnant air environment, they disappear from the window of view with time constants in the range of 8 to 14 min, which corresponds to droplet nuclei of *ca.* 4 µm diameter, or 12- to 21-µm droplets prior to dehydration. These observations confirm that there is a substantial probability that normal speaking causes airborne virus transmission in confined environments.

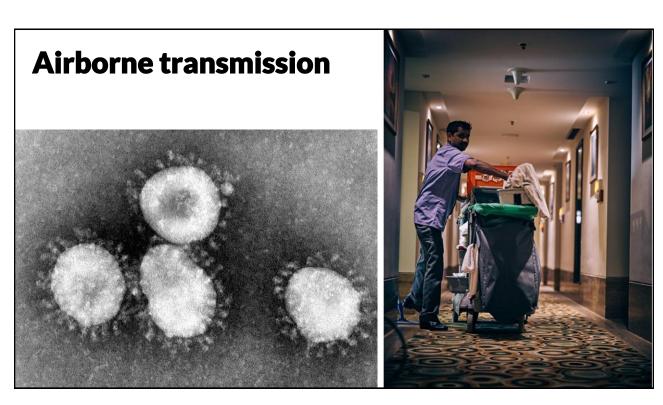
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Many dental instruments produce splatter, droplets and aerosols

"What if saliva were red?"

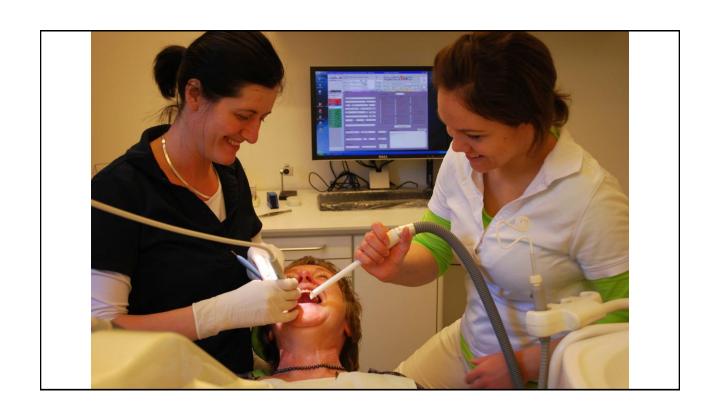


















Incorrect work practices leading to contamination





Many dental instruments produce splatter, droplets and aerosols

- Causes
 - -Ultrasonic scalers
 - –Air polishers/ particle beams
 - -Air abrasion units
 - -Triplex syringes
 - -Air turbine handpiece
 - -Slow-speed handpiece





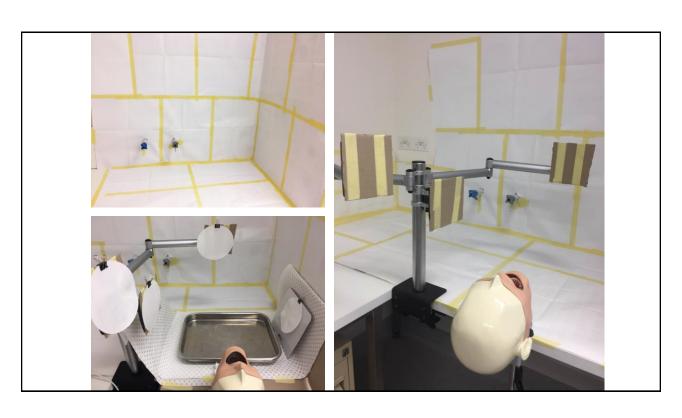


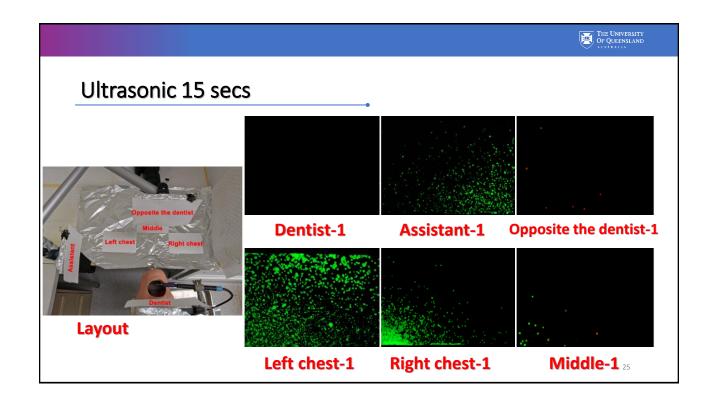


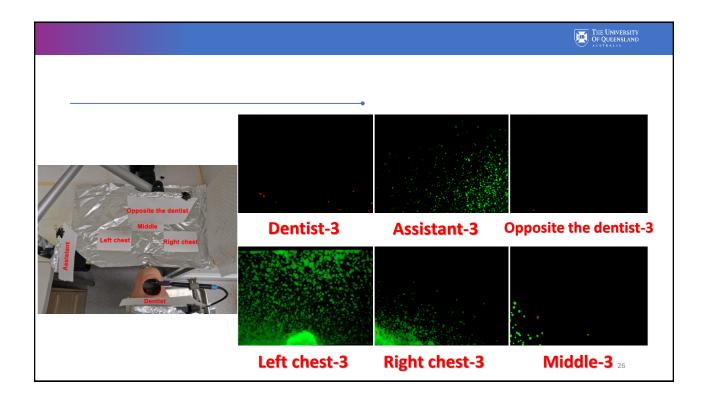


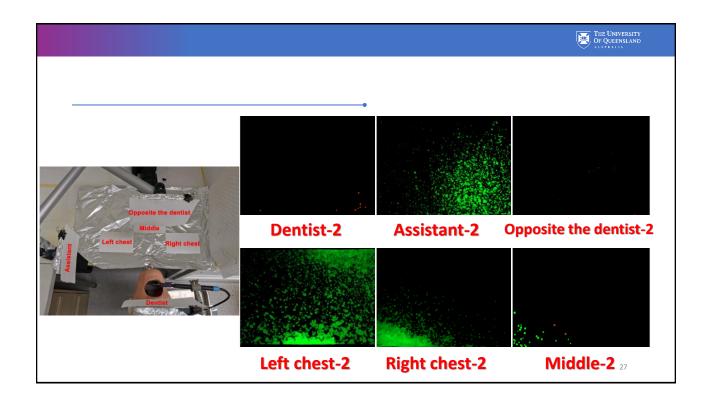


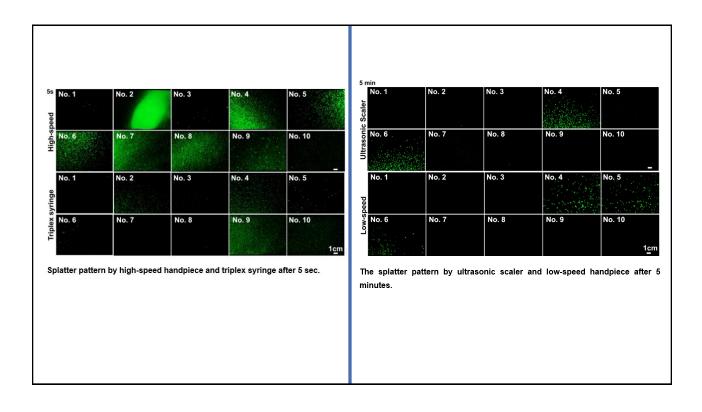


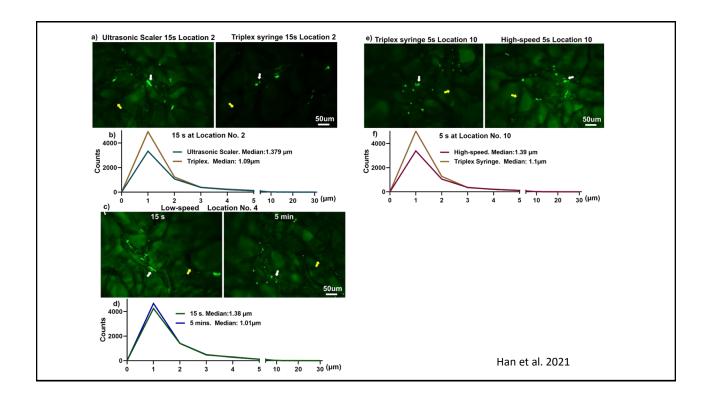












Virus in aerosols

Time for water density spheres to settle 5 ft (1.5 m)



- Typical droplet size is 1 to 10 μm
- Naked virus size is in average between 0.06 – 0.15 μm
- A single droplet can contain 100 to 10 000 viruses
- Contaminated droplets can float in the air for hours and infect others
- With air movement, contaminated aerosols are dispersed and stay suspended longer.

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Practical risk-based measures



- Triage by phone for Hx of respiratory infection symptoms
- Hand hygiene on arrival
- Physical distancing in the waiting room
- Reduce flow of patients
- "Resting" the operatory
- Pre-procedural rinse
- HVE (250 L/min)
- Dental dam

- Reduce or eliminate AGPs including use of triplex syringe and powered instruments
- Reduce water spray flow rate
- Use high filtration masks (rated for BFE and PFE)
- Use detergent combined with disinfectant, with known activity against COVID-19
- Frequent cleaning of patient high touch surfaces

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Minimizing aerosols when AGPs are being done

- Lower water spray in u/sonic scalers
- Fewer water jets in air turbine handpieces





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