



Sterilization and Disinfection process followed amongst Prosthodontists during Covid-19- Omicron time in Madhya Pradesh.

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5791

ABSTRACT

Objectives: The purpose of the short study was to know the type of sterilization and disinfection procedures followed by general practicing Prosthodontists, faculty, and postgraduate students in the state of Madhya Pradesh.

Material and Methods: The questionnaire was prepared in google forms and was circulated in social media to students pursuing their MDS, Faculty, and Prosthodontists who are into private practice. The questionnaire mainly included questions that were related to sterilization and disinfection for Prosthodontic procedures which was done to check the sterilization and disinfection procedures followed in clinics and college. The questionnaire was circulated using Google forms and the filled forms were obtained. Statistical analysis was done with Statistical product and service solution (SPSS) version 21 software.

Results: The participants were divided into groups of 3, Group 1- consists of MDS students, Group 2- consists of clinical practitioners, and Group 3- consists of academicians. A total of 500 participants took part which includes 242 MDS students, 97 academicians, and 162 Prosthodontists who are doing private practice.



Conclusion: A higher percentage of responses were from post-graduate students and MDS professionals which stated that most of them use proper sterilization and disinfection. This study shows that there is a strong need to implement periodic educational interventions and training programs on infection control practices for COVID-19 across dental care professionals. This study was done to find out what are the sterilization and disinfection protocols followed by Prosthodontists in their clinics and institutions.

Keywords: Prosthodontist, Covid-19, Omicron, Sterilization, Disinfection.

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Introduction

According to the WHO, on November 9, 2021, a new Coronavirus variant was detected in South Africa, which was classified as an Omicron Coronavirus variant (B.1.1.529).¹ This variant was later declared a variant of concern by the WHO on November 26, 2021. It is currently known that the transmission rate of the Omicron variant is much higher than existing variants, mainly due to the higher number of mutations.² The mortality rate of omicron was higher than other variants. Dental treatment involves generation of droplets and aerosol, which is combination of salivary secretions and water. And can be a potent source of spreading the infection. Though not many cases have been reported of spread of COVID 19 due to dental procedures, considering the high transmissibility of disease preventive protocols are required for safety of patients as well as operators.³ Dental treatment is an essential service and there is a need for the proper the sterilisation and disinfection protocols to be followed. There is a need to know the sterilization and disinfection practices followed by Prosthodontists in their day to day practice.

The purpose of this study was to test awareness of sterilization and disinfection practices in omicron time among Prosthodontists in Madhya Pradesh.

Method

A questionnaire was made as an online form was prepared in Google forms were circulated, consent to participate in study was obtained and participants were requested to fill the forms.

The open-ended questionnaire was made based on the sterilization and disinfection procedures followed in the college and clinics. The questionnaire mainly included questions related to disinfection and sterilization for Prosthodontic procedures which were done to check the procedures followed in their clinical setup and college. The questionnaire was sent via social media as a Google Form and the filled forms were obtained. Subgrouping was done in form of MDS students, Faculty, and, Prosthodontists who are doing private practice. Data testing was done in Microsoft Office Excel 2010 and analyses of results were done using Statistical product and service solution (SPSS) version 21 software. Descriptive statistics such as frequency and percentage were calculated. The p-value was fixed at 0.05. A Chi-square test was used to analyse responses between three groups.

RESULTS

The online questionnaire survey was to know the type of sterilization and disinfection procedures followed by general practicing Prosthodontists, Prosthodontist faculty, and postgraduate students in the state of Madhya Pradesh. The samples were divided into groups of 3: Group 1- consists of MDS students, Group 2- consists of clinical practitioners, and Group 3- consists of faculty. The total number of participants is 500 which included 242 MDS students, 97 faculty, and 162 clinical practitioners.

In almost all groups > 93% of subjects asked for Covid -19 vaccination certificate while in the academican group, 100% of subjects asked for a certificate. All subjects (>98%) in each group were fully vaccinated with a second dose. Most of the subjects (>58%) preferred wearing disposable surgical gowns



rather than using PPE Kit. Most Prosthodontists (>97%) were using isopropyl alcohol as a disinfectant. Most Prosthodontists were found to be using 0.2% chlorhexidine mouthwash (93%) before starting the procedure, and most Prosthodontists use (94%) open ventilation to reduce viral load. (**Table 1**)

MDS students (n=53), academicians (n=83), and clinical practitioners (n=50) used 2% Glutaraldehyde for disinfecting impressions, all Prosthodontists use an autoclave (99%) for disinfecting impression trays (97%), and MDS students and private practitioners mostly use sodium hypochlorite for disinfection of retrieved cast (75%). The Laboratory pickup person is fully vaccinated (100%), and most of the Prosthodontists prepare work by disinfecting it and putting it in a single-use plastic bag (59%). More than 85% of delivery or pick-up persons wear gloves and masks while taking the work. (**Table 2**)

Most Prosthodontists disinfect the prosthesis after it comes from the laboratory (90%), most of the Prosthodontists (89%) disinfected the articulators with isopropyl alcohol, and most of them stored the Prosthesis in mouthwash (53%). Prosthodontists used an N-95 (76%) mask as a nasal barrier as compared to 3 ply mask and respirator, Prosthodontists encouraged Geriatric patients for the precautionary dose (98%), and Prosthodontists were ready to treat the patient who are from clusters or less vaccinated place (86%) (**Table 3**)

DISCUSSION

Covid-19 first appeared in China in December 2019 which had a profound impact on the world economy. This covid-19 virus later underwent various mutations due to which 2 times world was shut down in the form of lockdown.. The omicron variation of the Covid has more way to undergo mutation when contrasted with beforehand existing variations that make its infectivity and contagiousness rates higher.

. As indicated by the WHO, the omicron variation has an extremely high rate of transmission and infectivity, hence, asking

people to keep on carrying out preventive measures, for example, social distancing, wearing masks, and hand sanitization.⁸

The reverse transcription-polymerase chain reaction (RT-PCR) tests are the gold standard in COVID-19 testing, also rapid antigen detection tests (RADTs) and self-RADTs have been introduced and widely used. With the rise of new variations, RADT awareness has not yet been accounted for. Presently, there is limited evidence for the affect of bioequivalent monoclonal antibody therapies, including Sotrovimab, Casirivimab, Imdevimab, Bamlanivimab, etc.^{12,13} against Omicron.¹⁴

This urgent care is necessary so that the patient can perform his or her normal duties without discomfort orally or visually. Some emergencies mainly related to prosthodontists are-

- denture fracture
- cementation of avulsed crown and bridges
- adjustment of prostheses to avoid soft tissue trauma
- various problems associated with implants and prostheses supported.¹⁵

More transparent omicron variety is a new chapter and needs to be studied more. As it spreads very fast than the previous variants and most of them consider it a mild disease. This variant can increase the speed of multiplication of the virus and increase the number of cases could once again overwhelm the unprepared health system.¹⁶

Omicron contains mutations associated with higher levels of immune evasion, Transmissibility, and increased ability to bind to cells. But there are also many mutations in the new variant, they are not yet understood. Since we have no idea what these new mutations still do, it makes sense to be cautious and responsible.¹⁷

The World Health Organization (WHO) has recommended guidelines to reduce viral loads Clean and disinfect areas and debris with antibiotics such as 0.1% sodium hypochlorite, 0.5% hydrogen peroxide, or 62% to 71% ethanol. Also several Policies and strategies



have been proposed to prevent infection and contain diseased dental clinics and laboratories. This includes proper oral and general hygiene care, Appointment for patient follow-up during COVID-19, disinfection with visual aids and dental equipment. Additionally, these guidelines are provided to strictly adhere to dental standards. Procedures with protective measures such as protective equipment (PPE kit), masks, Goggles, gloves, etc. These guidelines also suggest ways to reduce aerosol generation that occurs during dental treatment, such as B. tooth preparation, ultrasonic scaling, air polishing, etc. ¹¹⁻¹³ Sekhsaria et al. have suggested that the continued spread of the COVID-19 epidemic is associated with an increased likelihood of dentists being exposed to patients infected with COVID-19. Therefore, dentists should integrate all preventive measures into their practice and other safety measures. Precautions to be taken when treatment of patients with COVID-19 is required and all patients for the virus should be considered and all dental practices should review their infection control policies. ¹⁶ Many studies have been conducted in the form of open or closed questionnaires. COVID-19 to assess knowledge, attitudes, or awareness about changes in dental procedures and the impact of this disease on dental care. ¹⁷⁻²¹ Sabino et al. suggested that saliva may play an important role in transmission to humans and that saliva diagnosis could provide a simpler and less expensive treatment platform for COVID-19 infection. ²² Additionally, Mishra et al. A detailed compilation of symptoms, dental practice-specific recommendations for patient evaluation, infection control strategies, and patient management protocol is recommended. Past studies have shown a high susceptibility of SARS-CoV and MERS-CoV to povidone-containing mouthrinses. Therefore, 0.2% povidone-iodine as a preoperative mouthrinse could reduce the CoV load in saliva. Alternatively, a mouthwash containing 0.5% to 1% hydrogen peroxide can be used as it has non-specific virucidal activity against CoVs. ²⁴

Madanshetty et al. suggested that patients should be instructed to disinfect their prosthesis since it is in constant contact with saliva. Critical respiratory infections Coronavirus-2 can survive 3 days in uninhabited areas at room temperature, but there is no literature on the survival of SARS-CoV-2 on the resin surface. The disinfection of removable prostheses should be a concern that may be a source of transmission of SARS-CoV-2. Cobalt-chromium alloy castings should be immersed in 1:10 iodophor or hypochlorite for 10 minutes. Iodophors or chlorine compounds are preferred for heat-setting resin prostheses and all acrylic devices. Full dentures worn by the patient should be thoroughly cleaned with soapy water and a soft brush prior to disinfection. Prostheses should not be stored with disinfectant prior to insertion. After disinfection, dentures should be thoroughly cleaned with water and kept in diluted mouthwash until fit. ²⁵

Samaranayake et al conducted a study to evaluate the efficacy of bio-aerosol reducing procedures used in dentistry in which he concluded that, aerosol contaminated with microbes has the potential to enter the respiratory tract through the leaks in the mask. The dental operator may be contaminated with aerosol for 30 minutes after the dental procedure. Immediate removal of protective barrier after the dental procedure increases the chances of contact with contaminated aerosol. Therefore, to prevent the spread of COVID-19, the standard protective measures are not effective enough and it warrants additional infection control considerations. Since SARS-CoV-2 has very high transmissibility, and if there is a lack of stringent disease control it may jeopardize the first-line healthcare workers. When high-speed hand-pieces and dental ultrasonic devices are used, the production of saliva and/or blood-contaminated aerosol



or splatter can be reduced significantly using a rubber dam isolation. Extra high-volume suction for aerosol and splatter should be used when a rubber dam is applied during the procedures along with regular suction. Implementation of four-handed dentistry is necessary in such cases.²⁶

Although there are links to various content on infection control protocols, this study has collected important information on infection control and informed about the need to improve the knowledge of dental professionals worldwide. The limitations of this study include that it is a short study that can test associations rather than cause and effect. Likewise, the data was collected in a limited time, recalling that this epidemic has an immediate impact on new information on disinfection and its guidelines. We had access to dentists' knowledge and attitudes, but we were unable to study the impact of dental management practices among dentists, and this could be tested in many future studies once approved, which is for the United States didn't work. In addition, we do not receive any replies from dentists affected by the epidemic. The research is therefore not generalized. Although there are different guidelines for disinfection in SARS-CoV-2, current research has shown that dentists are unaware of the key characteristics of antimicrobial agreements. We also found an important and positive dental office for dental professionals in relation to the COVID-19 outbreak. This shows that our dentists have good intentions to practice properly but are not knowledgeable enough to apply disinfection guidelines, especially COVID 19 is safe and protect others from infection; this will help contain the spread of COVID-19. Dental professionals and post-graduate students showed adequate awareness of COVID-19 in the dental clinics. A higher percentage of correct responses were from post-graduate students and MDS professionals. This study shows that there is a strong need to implement periodic educational interventions and training

programs on infection control practices for COVID-19 across dental care professionals. Conducting periodic webinars and demonstrations for infection control protocols for educational intervention for all dental students and dental professionals including BDS & MDS groups could be a useful and safe tool to create more awareness.

CONCLUSION

MDS students, academicians, and clinical practitioners responded well. The highest responses were from the MDS students. This study is being done to check what are the sterilization and disinfection protocols followed by students pursuing their MDS, Faculty, and Prosthodontists who are doing private practice in their clinical setup. Being a specialist, the Prosthodontist should be aware of the recent infection control methods and has to keep an update on the latest symptoms of the variant of covid 19 that is omicron.

Conflict of Interest

None

5795

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TABLES

Table 1

| Responses | MDS students n (%) N=241 | Clinical practitioner n (%) N =162 | Academician n (%) N=97 | Chi square test | P value, Significance |
|--|--------------------------------|---|------------------------------|--------------------|--------------------------|
| 1.Do you ask for a Covid-19 vaccination certificate from the patient? | | | | | |
| Yes | 225 (93.4%) | 151 (93.2%) | 97 (100%) | 6.874 | P =0.032* |
| No | 16 (6.6%) | 11 (6.8%) | 0 (0%) | | |
| 2.Is your team fully vaccinated with a second dose? | | | | | |
| Yes | 241 (100%) | 162 (100%) | 97 (100%) | 0.0 | P =1.00 |
| No | 0 (0%) | 0 (0%) | 0 (0%) | | |
| 3.What do you prefer wearing during performing a procedure? | | | | | |
| Disposable surgical gown | 152 (63.1%) | 112 (69.1%) | 57 (58.8%) | 3.099 | p =0.212 |
| PPE kit | 89 (36.9%) | 50 (30.9%) | 40 (41.2%) | | |
| 4.How do you disinfect your operatory? | | | | | |
| Fumigator | 56 (23.2%) | 54 (33.3%) | 14 (14.4%) | 31.117 | P<0.001** |
| Isopropyl alcohol | 99 (41.1%) | 78 (48.1%) | 64 (66%) | | |
| Sodium Hypochlorite | 86 (35.7%) | 30 (18.5%) | 19 (19.6%) | | |
| 5.Before doing oral examination do you prefer using chlorhexidine mouthwash to the patient? | | | | | |
| Yes | 227 (94.2%) | 155 (95.7%) | 93 (95.9%) | 0.646 | 0.724 |
| No | 14 (5.8%) | 7 (4.3%) | 4 (4.1%) | | |
| 6.How do you minimize viral load in the operatory area? | | | | | |
| Open ventilation | 142 (58.9%) | 68 (42%) | 41 (42.3%) | 15.279 | p =0.004* |
| HEPA | 79 (32.8%) | 69 (42.6%) | 42 (43.3%) | | |

5797



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|--------------------------------|------------------|-------------------|-------------------|--|--|
| Negative Ion Generators | 20 (8.3%) | 25 (15.4%) | 14 (14.4%) | | |
|--------------------------------|------------------|-------------------|-------------------|--|--|

p>0.05 – no significant difference *p<0.05 – significant **p<0.001 – highly significant

Table 2

| Responses | MDS students n (%) N=241 | Clinical practitioner n (%) N =162 | Academician n (%) N=97 | Chi square test | P value, Significance |
|---|---|---|---------------------------------------|--------------------------------|--------------------------------------|
| 7.How do you disinfect impressions at the dental clinic | | | | | |
| 0.5% Sodium Hypochlorite | 88 (36.5%) | 80 (49.4%) | 47 (48.5%) | 8.006 | p =0.018* |
| 2% Glutaraldehyde | 53 (63.5%) | 82 (50.6%) | 50 (51.5%) | | |
| 8.How do you disinfect impression trays | | | | | |
| Autoclave | 181 (75.1%) | 119 (73.5%) | 53 (54.6%) | 14.897 | P =0.001* |
| 2% Glutaraldehyde | 60 (24.9%) | 43 (26.5%) | 44 (45.4%) | | |
| 9.How do you disinfect retrieved cast | | | | | |
| 0.5% Sodium Hypochlorite | 123 (51%) | 85 (52.5%) | 45 (46.4%) | 0.932 | P =0.627 |
| 2% Glutaraldehyde | 118 (49%) | 77 (47.5%) | 52 (53.6%) | | |
| 10.Is your delivery or pick-up person vaccinated? | | | | | |
| Yes | 238 (98.8%) | 162 (100%) | 93 (95.9%) | 7.55 | P =0.023* |
| No | 3 (1.2%) | 0 (0%) | 4 (4.1%) | | |
| 11. How do you prepare your work that has to be given to pick up | | | | | |
| Disinfect it and put it in single-use plastic bag | 161 (66.8%) | 112 (69.1%) | 81 (83.5%) | 10.514 | P =0.033* |
| Just give the work without keeping it in any container | 19 (7.9%) | 13 (8%) | 6 (6.2%) | | |
| Just wash it and give the work in box | 61 (25.3%) | 37 (22.8%) | 10 (10.3%) | | |
| 12. Is your delivery or pick- up person wearing gloves and mask while taking the work? | | | | | |
| Yes | 203 (85.7%) | 134 (84.3%) | 89 (91.8%) | 3.089 | P =0.213 |
| No | 34 (14.3%) | 25 (15.7%) | 8 (8.2%) | | |

5798



p>0.05 – no significant difference *p<0.05 – significant **p<0.001 – highly significant

Table 3

| Responses | MDS students n (%) N=241 | Clinical practitioner n (%) N =162 | Academician n (%) N=97 | Chi square test | P value, Significance |
|--|--------------------------------|---|------------------------------|--------------------|--------------------------|
| 13.Do you disinfect the prosthesis or appliance after it comes from laboratory? | | | | | |
| Yes | 211 (87.6%) | 147 (90.7%) | 81 (83.5%) | 2.992 | P =0.224 |
| No | 30 (12.4%) | 15 (9.3%) | 16 (16.5%) | | |
| 14.How do you disinfect articulators and facebow? | | | | | |
| Sodium Hypochlorite | 48 (19.9%) | 22 (13.6%) | 7 (7.2%) | 17.850 | P =0.001* |
| Isopropyl alcohol | 136 (56.4%) | 94 (58%) | 48 (49.5%) | | |
| 2% Glutaraldehyde | 57 (23.7%) | 46 (28.4%) | 42 (43.3%) | | |
| 15.How do you store a dental prosthesis before it is being inserted into patient mouth? | | | | | |
| Diluted mouthwash | 135 (56%) | 97 (59.9%) | 71 (73.2%) | 8.601 | P =0.014* |
| Container containing mouthwash | 106 (44%) | 65 (40.1%) | 26 (26.8%) | | |
| 16.what nasal barrier do you use in your clinic? | | | | | |
| 3 ply mask | 34 (14.1%) | 12 (7.4%) | 4 (4.1%) | 15.937 | P =0.003* |
| N95 mask | 181 (75.1%) | 116 (71.6%) | 75 (71.6%) | | |
| Respirator | 26 (10.8) | 34 (21%) | 18 (18.6%) | | |
| 17.Do you encourage or inform the geriatric patient for precautionary dose? | | | | | |
| Yes | 238 (98.8%) | 148 (91.4%) | 93 (95.9%) | 13.176 | P =0.001* |
| No | 3 (1.2%) | 14 (8.6%) | 4 (4.1%) | | |
| 18.Do you treat patients who are from low vaccinated areas or from clusters? | | | | | |
| Yes | 208 (86.3%) | 138 (85.2%) | 89 (91.8%) | 2.511 | P =0.285 |
| No | 33 (13.7%) | 24 (14.8%) | 8 (8.2%) | | |

p>0.05 – no significant difference *p<0.05 – significant **p<0.001 – highly significant

5799

