

ABSTRACT

This study was done with the aim of assessing the quality of care provided by the dental surgeons to their patients with regard to infection control, and measures taken by them to protect themselves from cross infection, and to compare the state sector with the private sector with regard to same.

The study area was confined to the district of Kalutara due to financial and time constraints. In this district all the dental surgeons practicing during the period of April 1995 were selected. Data was collected using an interviewer administered questionnaire and analyzed using the computer package SPSS/PC+.

Overall, the care provided to patients, in respect of infection control was poor in both the sectors, and the measures taken by dental surgeons to protect themselves from cross infection was poorer.

The sterility of injection needles and syringes was high in both sectors, even though it was not 100% when the instruments had to be reused within the same session. The use of disposable instruments was high in the private sector, compared to the state sector, most probably due to the cost involved in procuring these items.

In both sectors, sterility of all other hand instruments was high at the beginning of a session, but

showed about 50% reduction when the instruments were reprocessed within the same session. Sterilization of dental hand pieces and burs were almost non-existent, which requires autoclaving facilities. The most commonly used method of sterilization was boiling water, in which sterilization cannot be monitored and which is susceptible for user misuse. Autoclaving facilities were more in the government sector compared to the private sector. Except in the use of disposable instruments and cleaning of instruments prior to sterilization, performance of dental surgeons in the government sector was noticeably higher than the performance of the dental surgeons in the private sector.

All these factors may point in one direction. That is, it could be due to lack of resources like availability of autoclaves in the surgeries and the availability of instruments to match the workload.

On the other hand, there was severe under utilization of facilities in the government sector. Out of the five government institutions where autoclaving facilities were available, only in one institution the dental surgeons made full use of it. This may be because the available autoclave was common to the entire hospital and there was no separate autoclave to the dental clinic except in one institution. Even in institutions where an autoclave was available, biological monitoring was done in only two of the institutions, where the monitoring frequency was highly

inadequate.

According to the WHO, infectious diseases are a major cause of disease worldwide. While new infectious diseases are emerging, some of the old diseases like plaque, tuberculosis and malaria, thought to have been brought under control are reemerging. Dental surgeons, being health care providers, it is unacceptable and unpardonable to be a source for spread of communicable disease. Sri Lanka dental profession is gaining recognition in the South East and Asia Pacific region. Under these circumstances, the care provided to patients with respect of infection control becomes very important and the neglect in this regard will be a serious hinderance to the future of our profession.