



The Effectiveness of Using Hydrogen Peroxide in Sterilizing Medical Instruments and Reducing the Incidence of Infection in Dental Clinics

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ABSTRACT

Dental clinics are a breeding ground for disease transmission, with oral secretions being the primary source of many human microbial infections. Accordingly, the occupational risks of disease transmission become clear in this context. Sterilization of medical instruments in dental clinics is one of the essential factors to ensure the health and safety of patients from infections that may be transmitted through contaminated instruments. In this context, hydrogen peroxide (H₂O₂) is a chemical that has high effectiveness as a disinfectant and sterilizer for medical instruments in various medical specialties, including dentistry. Hydrogen peroxide relies on a strong oxidation mechanism that makes it effective against a wide range of microorganisms that may be present on medical instruments. The main aim of this research was to investigate the effectiveness of using hydrogen peroxide (H₂O₂) in sterilizing medical instruments and reducing the incidence of infection in dental clinics. The use of hydrogen peroxide has proven to be a very effective approach to maintain biosafety and reduce the incidence of infection in dental clinics. The study showed that sterilization with H₂O₂ is an effective method to reduce the number of bacteria in the dental clinic environment.

Keywords: Dental Clinics, Hydrogen Peroxide, Sterilization, Medical Instruments, Incidence Of Infection

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INTRODUCTION

The diverse species of oral bacteria, which are abundant in both aerobic and anaerobic microorganisms, are the focus of dental care. Maintaining microbiological hygiene is an essential element of occupational safety in environments such as laboratories, hospitals, health centers, and dental clinics where there is a greater chance of infection from pathogenic microorganisms. Patients receiving care in a dental office may be carriers of other diseases or may be asymptomatic [1]. During clinical procedures, instruments used in medical and dental fields become contaminated with blood, bodily fluids, etc. Cleaning, disinfecting, and sterilizing these instruments using various techniques can reduce the risk of infection

among patients, between patients, and between patients and dentists [2]. In order to provide a safe and hygienic environment for both patients and dental professionals, it is of utmost importance to disinfect dental office facilities. In the dental office, cross-contamination is a serious problem, especially when microbial species are present. Understanding the potential origins of contamination requires careful examination of microbial communities, particularly those cultured from surface swabs. In the dental environment, microorganisms including bacteria, viruses, and fungi are common and may persist on surfaces, instruments, and in the air [3]. Identifying the most common microbial species and assessing their abundance provides important information about the effectiveness of cleaning procedures and the potential for cross-contamination. Bacteria are commonly found in the oral cavity and on a variety of surfaces, and can increase the risk of hospital-acquired infections if not handled properly. In addition, there is a better understanding of the dynamics of these bacteria and their potential role in the spread

of diseases in health facilities thanks to recently published investigations on microbial species in dental clinic environments [4]. Hydrogen peroxide fumigation, sometimes referred to as Hydrogen Peroxide Vapor Sterilization (HPV), is one of the best methods to ensure biosafety in dental clinics. Among the wide variety of biocides used and reported to date, Hydrogen Peroxide (H₂O₂) represents an attractive option due to its broad-spectrum sterilizing activity, its compatibility with surface materials and its safety for end users. Hydrogen peroxide vapor efficiently destroys a variety of microorganisms, such as bacteria, viruses, fungi and spores, by degrading proteins and enzymes [5]. One of the main benefits of this vapor is its ability to reach hard-to-reach places and complex surfaces in the dental clinic, ensuring a thorough cleaning. Most importantly, it decomposes into water and oxygen and leaves no toxic residues, making it an environmentally friendly and residue-free option. However, throughout the fumigation process, proper safety precautions are crucial, such as the use of personal protective equipment and ventilation [6]. The main purpose of this research was to investigate the use of hydrogen peroxide in sterilizing medical instruments and reducing the incidence of infections in dental clinics. The research focused specifically on the pros and cons of using hydrogen peroxide compared to other materials [7]. The results also aimed to provide insights into the effectiveness of H₂O₂ as a biodesinfectant to maintain biosafety in dental environments. This research reviews the effectiveness of hydrogen peroxide in sterilizing medical instruments, and its role in reducing the incidence of infections in dental clinics [8].

Research Problem and Questions

Dental clinics are fertile environments for the spread of diseases, with oral secretions being the main source of many human microbial infections. Consequently, the risk of disease transmission between staff and patients in these settings is obvious. In addition, it is difficult to identify people who carry infectious diseases, which further complicate the prevention and control of infection [9]. Found the bacteria in treatment water from dental units, water taps, and drinking fountains. In a dental school setting, subclinical *Legionella pneumophila* infections were caused by aerosols generated by

dental handpieces [10]. In their study of student and staff exposure in a dental office, found that 20% of 270 sera tested showed significantly greater IgG antibody activity to *Legionella* sp. pooled antigen than known negative controls. Found a high incidence of *Legionella pneumophila* antibodies among dental staff in a related seroepidemiological investigation [11]. Dental professionals (occupational exposure) and others are very concerned about these two pioneering seroepidemiological studies on known *Legionella* pathogens.

Infection in the dental office environment is one of the serious health problems that can be transmitted through poorly sterilized medical instruments. Although there are many disinfectants used to sterilize medical instruments, the question of the effectiveness of hydrogen peroxide compared to other materials still needs to be fully clarified [12]. In recent years, there has been a development in the field of sterilization devices with new technologies to enhance sterilization and infection prevention levels in dental clinics, such as hydrogen peroxide. Despite the widespread use of hydrogen peroxide in sterilizing instruments in dental clinics, there is still a need for comprehensive study on its effectiveness compared to other chemicals used in this field, and its impact on reducing infection and providing a safe environment for patients [13]. Therefore, the problem of the current research lies in answering the following main research question: What is the effectiveness of using hydrogen peroxide in sterilizing medical instruments and reducing the incidence of infection in dental clinics?

The main question is divided into the following sub-questions:

1. To what extent does the use of hydrogen peroxide affect improving and enhancing sterilization practices and reducing the incidence of infection in dental clinics?
2. What are the advantages and disadvantages of using hydrogen peroxide compared to other materials in dental clinics?
3. How do hydrogen peroxide contribute to reducing the incidence of infection in dental clinics
4. How does hydrogen peroxide contribute to sterilizing medical instruments in dental clinics?

5. To what extent does clinic staff accept the use of hydrogen peroxide in sterilization?
6. Are there any risks or side effects from using hydrogen peroxide in dental clinics?

Research Objectives

The main objective of this study is: "To identify the effectiveness of using hydrogen peroxide in sterilizing medical instruments and reducing the incidence of infection in dental clinics."

This main objective is subdivided into the following sub-objectives:

1. To evaluate the extent to which the use of hydrogen peroxide affects improving and enhancing sterilization practices and reducing the incidence of infection in dental clinics.
2. To identify the advantages and disadvantages of using hydrogen peroxide compared to other materials in dental clinics.
3. To compare the effectiveness of hydrogen peroxide with other materials used in sterilizing instruments such as alcohol, glutaraldehyde, and other disinfectants.
4. To identify risks or side effects from using hydrogen peroxide in dental clinics?
5. To find out the level of awareness and contact Clinic staff have with using hydrogen peroxide in sterilization procedures with regard to the problems it presents.

Research Significance

The importance of this research comes from the significance of sterilization and infection prevention in dental clinics which represent a worldwide issue and an important area of research. Studies of using hydrogen peroxide in sterilizing medical instruments and reducing the incidence of infection in dental clinics are scarce. Therefore, conducting such a research regarding this topic is expected to have a high positive reflections and significance that can be summarized as in the following:

1. This study is particularly important in light of the urgent need to improve sterilization and infection prevention procedures in dental clinics. Sterilization agents, including hydrogen peroxide, provide additional opportunities to improve patient and staff safety but require an understanding of their effectiveness compared to other chemicals in terms of impact and cost.

2. This study will add to the body of evidence that can help clinics make informed decisions to invest in modern sterilization agents that have practical uses to achieve improvements in safety standards and save money on financial costs over a long period of time.
3. The importance of the research lies in highlighting the effectiveness of hydrogen peroxide as a sterilization agent in dental clinics, compared to other chemicals.
4. The importance of the research lies in providing a scientific and accurate analysis of its effectiveness in preventing infection, which helps dentists make informed scientific decisions when choosing sterilization agents.
5. This study represents a good reference for future studies as long as it will provide researchers and scientists interested in the field of patient safety in dental clinics with valuable literature, recommendations and suggestions for their proposed studies.
6. Those interested in this study can benefit from its findings and recommendations in conducting deeper studies as well as developing the performance of their clinics based on the results of the study.

METHODOLOGY

Previous literature on innovations in sterilization materials in dental clinics will be reviewed, with emphasis on the effectiveness of using hydrogen peroxide in sterilizing medical instruments and reducing the incidence of infection in dental clinics [14]. The literature and scientific articles that dealt with the use of hydrogen peroxide in sterilizing medical instruments in dental clinics will be collected, and a comparison will be made between the effectiveness of hydrogen peroxide and other sterilization materials based on the evidence available in previous studies [15]. The evidence on the role of hydrogen peroxide in eliminating various microbes, and its effectiveness, will be reviewed in the dental clinic environment [16].

LITERATURE REVIEW

Sterilization in Dental Clinics

The essential elements of any infection control program in a hospital setting are sterilization and disinfection procedures. The use of

contaminated instruments or equipment can lead to illness [17]. Patient safety and the prevention of decreased productivity depend on effective and efficient infection control in the dental office [18]. In addition, a dental office may expose patients to cross-contamination if proper safeguards are not implemented. Sterilization is defined as the process of killing bacterial spores and other types of microbial flora. Additionally, it is the process of disinfecting a piece of writing, surface, or medium from all microorganisms, whether spores or flora [19]. By definition, disinfection is the process of eliminating harmful organisms, although not necessarily all microorganisms or spores. Heat-tolerant dental instruments can be sterilized using a variety of techniques [20]. These consist of the application of dry heat, steam sterilization, or unsaturated chemical vapor. In general, the sterilization time, temperature, and other operating conditions suggested by the equipment manufacturer should be adhered to it is also important to adhere to guidelines for the use of appropriate containers, packaging, and chemical or biological indicators [21]. For a number of reasons, any equipment that can withstand high temperatures should be sterilized using one of three heat sterilization techniques: steam sterilizer, dry heat, or unsaturated chemical steam [22]. Only heat is harmful to the body; liquid chemical disinfectants and sterilizers are the best option. All reusable dental instruments and equipment should be cleaned and sterilized as part of infection control procedures. To prevent injuries and puncture wounds, dental professionals should take care to ensure that all instruments are cleaned prior to sterilization, which is often done in a safe manner [23]. Using universal precautions with all patients (treating all patients and instruments as potentially infectious), preventing occupational infections in patients and staff, correcting any gaps in sterile technique, and reducing the risk of contamination by reducing the range of pathogens are the primary goals of infection control in dental practices [24]. When implementing infection control procedures, dental health care personnel are at lower risk when using closed-system strips [25]. In general, it is essential to consistently adhere to the manufacturer's directions when using sterilizers, washers, and ultrasonic cleaners. In order to ensure complete sterilization and prevent damage to dental instruments and devices, it

is also important to talk to the manufacturer as needed [26]. While a number of tests are performed to ensure maximum sterilization of instruments and devices, it is recommended that these tests be performed frequently to assess whether the sterilizer is working as intended and sterilizing all instruments and devices that are safe for use on patients [27].

Definition of hydrogen peroxide and its chemical composition

Hydrogen Peroxide (H_2O_2) is a powerful chemical used in many medical fields, including sterilizing medical instruments in dental clinics [28]. It has the ability to kill a wide range of microorganisms such as bacteria, viruses, and fungi, making it a popular choice for sterilization procedures. Hydrogen peroxide works by releasing oxygen when it comes into contact with microorganisms, which damages cell membranes, proteins, and vital enzymes within the infectious organisms [29]. This process destroys bacteria and viruses, reducing the risk of infection during medical procedures [30].

Hydrogen peroxide is manufactured in various compounds in water or gas, in aerosol form, or in vapor. It is administered directly as an aqueous solution at a concentration ranging from 3 to 9% (w/w) Many industries, including the food and beverage, agricultural, medical, pharmaceutical, and cosmetic sectors, as well as the water supply and public and commercial disinfection sectors, use hydrogen peroxide as a biocide [31]. Its liquid form is used in the food and beverage industry to preserve water, milk, and juices as well as to clean and sterilize food contact surfaces used to store milk and liquids [32]. In the pharmaceutical and cosmetic industries, hydrogen peroxide is used in liquid formulations at concentrations ranging from 3 to 9% (v/v) in a variety of products, such as contact lens disinfection, oral disinfection in dentistry, wound applications, and as a preservative in cosmetics [33]. Furthermore, foam rubber, chemical compounds, rocket fuels, and bleaches used in the paper and textile industries are manufactured using higher concentrations of hydrogen peroxide solutions. Examples of applications in the water industry and commercial sterilization include deodorization of wastewater, management of algae in water, and treatment of industrial waste [34]. In the medical field, hydrogen peroxide vapor is

frequently used for sterilization and disinfection [35]. Apart from its application against bacteria, hydrogen peroxide in vapor form has been shown to be effective against a range of species, such as prions and many difficult-to-kill nematodes, leading to its use in animal husbandry [36]. Hydrogen peroxide is widely used in many different sectors because, depending on its use, it can be considered the “ideal” biocide. In addition to being environmentally benign and chemically compatible with the surface to which it is applied, McDonnell (2017) defines the “ideal” biocide as one that is safe to use, convenient to store, easy to apply, and has a long-lasting effect [37].

Effectiveness of hydrogen peroxide in sterilizing medical instruments in dental clinics

Hydrogen peroxide spray is very effective in eliminating or significantly reducing the quantity of microorganisms, as shown in studies related to medicine or industry [39]. International regulations require disinfection, especially in laboratories with maximum confinement measures. But because of its effectiveness, this approach can also be used in other contexts, such as hospitals or health centers, especially during epidemics or times when respiratory diseases are more common [40].

Dentists must understand whether materials and equipment are compatible with hydrogen peroxide fumigation in order to ensure biosafety. Prior to fumigation, sensitive items should be carefully evaluated as they may deteriorate over time [41]. Furthermore, electronic instruments require specific protection or alternative disinfection techniques as they are particularly susceptible to damage. The effectiveness of sterilization should be confirmed through routine monitoring and verification using chemical strips and biological markers [42]. Following protocols and seeking advice from occupational safety and infection control specialists ensures that hydrogen peroxide fumigation in dental clinics not only meets strict biosafety requirements but also provides a safe environment for patients and dental health care personnel [43].

Hydrogen peroxide has antibacterial effects on bacterial cells through oxidative stress pathways. Reactive Oxygen Species (ROS), such as superoxide and hydroxyl radicals, are produced when hydrogen peroxide penetrates the cell membrane. These radicals disrupt the

cellular redox balance and cause oxidative stress [44]. Bacterial metabolism is disrupted by ROS, which target proteins and cause conformational changes and loss of function, especially in essential enzymes. Furthermore, hydrogen peroxide damages DNA by causing base changes and strand breaks, interfering with transcription and replication [45].

The integrity of cell membranes is compromised by lipid peroxidation, which also increases permeability and disturbs ion gradients that are vital for cellular processes. Metabolic pathways are disrupted by the release of metal cofactors, causing enzyme inactivation. Lysis of bacterial cells occurs due to direct degradation of the lipid bilayer, allowing cell contents to leak out [46]. All these diverse effects lead to bacterial cell death, underscoring the importance of hydrogen peroxide as an antibacterial agent in a range of applications.

Hydrogen peroxide fumigation is a laborious procedure that involves several stages to ensure effective disinfection in dental facilities. To ensure a controlled environment, the area to be treated is first sealed. Next, specialized equipment is used to vaporize the hydrogen peroxide solution, creating a fine mist of hydrogen peroxide vapor that fills the room. Since it can reach and disinfect hard-to-reach areas, this vapor phase is essential [47]. To ensure efficacy and the safety of the patient and dental staff, the concentration and duration of exposure are continuously monitored. Ventilation occurs after a certain period of time, allowing the hydrogen peroxide vapor to disperse and spontaneously decompose into harmless oxygen and water molecules [48].

Strict safety procedures are adhered to throughout the process to protect all parties, including the use of personal protective equipment and adequate ventilation. The effectiveness of the vaporization is confirmed by routine monitoring and verification, often using chemical and biological markers, ensuring a completely sterile and biologically safe dental environment [49].

Comparing the effectiveness of hydrogen peroxide with other materials in sterilizing dental instruments

Hydrogen peroxide, when used as an insecticide, effectively decontaminates a wide range of microorganisms. Hydrogen peroxide is less harmful than other disinfectants, such as

formaldehyde, ethylene oxide, methyl bromide, and chlorine dioxide WHO, 2004). In addition, when neutralized, it catalytically decomposes into oxygen and water [50].

According to research by, airborne microbial contamination (measured in CFU/plate) was four times greater during the work sessions than before the work sessions. The amount of aerosol particles in the air is significantly increased by treatment using a high-speed rotating device. These particles have the potential to spread infection to other patients and dental office staff. The length of exposure directly affects the success of the hydrogen peroxide (H₂O₂) fumigation process. Longer exposure increases the chance of effective disinfection by allowing hydrogen peroxide to fully interact with bacteria. However, the length of exposure must be consistent with variables such as hydrogen peroxide concentration, temperature and humidity levels, types of bacteria, organic matter present, and ventilation [51].

There are many sterilization technologies available on the market, and it is important to understand that they work differently with different types of materials. Many of the newly developed sterilization technologies rely on low temperatures. The most common, affordable, and efficient sterilization technology on the market today is the steam sterilizer. Additionally, many hospitals have historically used ethylene oxide-based sterilization systems, but have been looking for alternatives due to safety and environmental concerns. The white paper also discusses the Steris 1 and Sterrad systems, two popular low-temperature sterilization alternatives to ethylene oxide gas sterilization [52]. Sterrad's hydrogen peroxide plasma technology is the most effective and well-known low-temperature sterilization technology that bridges the gap between steam sterilization and ethylene oxide gas sterilization. Sterrad is an expensive sterilization technology, but it performs well and is adaptable [53]. Additionally, the VHP MD series system offers advantages and will become a more popular sterilization system in the future, even if it has a longer cycle time [54].

Pros and cons of using hydrogen peroxide compared to other materials

Hydrogen peroxide is a common chemical used as an antibacterial. It is used for sterilization,

disinfection, and preservation purposes in both liquid and gaseous form. Compared to other pesticides, its safety profile, versatility, and strong, broad-spectrum antimicrobial effect are among its benefits. Depending on the application, hydrogen peroxide has been shown to be effective against all types of microorganisms, including infectious proteins such as prions and known highly resilient latent forms, including bacterial spores and protozoa. In terms of its toxicity and environmental properties, it also offers benefits. Ultimately, however, how hydrogen peroxide is used—specifically, its concentration—determines its safety and effectiveness [55]. It is used directly as a preservative in aqueous solution with water, in goods, on the skin, including wounds, and on inanimate surfaces. Peroxide can now be formulated with other compounds to increase its antibacterial effect at lower target concentrations of the active agent thanks to recent technological advances.

The use of hydrogen peroxide gas in sterilization and disinfection is another common application. At lower concentrations and compared to its liquid form, the gas form works very well. Because of its rapid action, low temperature, compatibility with surfactants, and minimal toxicity concerns, hydrogen peroxide gas treatments have gained popularity as alternatives to traditional chemical and physical antimicrobial techniques.

The oxidative activity of hydrogen peroxide is related to a mechanism of action that is not fully understood. The various chemicals that make up the microorganism will be oxidized, causing significant structural and functional changes as well as loss of viability or infectivity. Despite this assumption, the antibacterial properties of hydrogen peroxide, including how it attacks proteins, nucleic acids, and lipids, can vary greatly across liquid formulations, formulations, and gas forms. Unlike many other types of anti-infective drugs or biocides, the general modes of action of hydrogen peroxide greatly reduce any chance of developing resistance to biocides over time.

With the right procedure and application, hydrogen peroxide-containing products can overcome microbial resistance to hydrogen peroxide, which is mainly caused by various natural differences in the growth and survival of microorganisms. Future and ideal developments

with this microbicide are attractive because of the many advantages of using liquid and gaseous hydrogen peroxide for antimicrobial applications. Here is a summary of the evaluation of Hydrogen Peroxide Vapor (HPV) in relation to the properties of an ideal biocidal.

Environmental Impact: How hydrogen peroxide is used has a direct impact on the environment. Because hydrogen peroxide gradually decomposes into oxygen and water, it is considered environmentally friendly. Thus, surfaces are free of hazardous residues. Its natural decomposition occurs due to a relatively unstable peroxide bond.

Ease of use: The technique of concentration and application of hydrogen peroxide influences how easy it is to use. For example, hydrogen peroxide works very well when applied in vapor form because it can easily get into cracks and other hard-to-reach places. Since multiple devices can be operated simultaneously, this can also be ideal for disinfecting large areas. When compared to traditional disinfection techniques, modern touchless HPV systems use fewer man-hours, reducing labor costs.

Stability: Depending on its purity and storage conditions, hydrogen peroxide can remain stable in water and other formulations. It is important to store hydrogen peroxide according to the manufacturer's recommendations. If hydrogen peroxide is stored incorrectly, decomposition may occur. This will reduce the hydrogen peroxide content in the solution, which will affect its effectiveness against microorganisms.

Surface compatibility: Depending on its application, hydrogen peroxide may be safe on surfaces. As an oxidizing agent, it can oxidize some plastic and metal surfaces when applied in liquid form at higher concentrations. However, by using H₂O₂ in vapor form, which is thought to be gentler on surfaces and electrical equipment – two essential components of hospital environments – these effects can be avoided. In their 8-year study, examined the effects of HPV room cleaning with microcondensation on hospital physiological monitoring and found no increase in maintenance service requests – in fact, an inexplicable decrease in maintenance was observed.

In addition, recent research on cleaning dental surgical sites using hydrogen peroxide in vapor

and aerosol phases found minimal surface damage. examined the effect of HPV on three metal materials and found no consistent effects on the tensile strength or corrosion resistance of the alloys after HPV treatment. The subtle changes were seen to be limited to areas adjacent to the exposed surface and were thought to be minor.

There are many different types of foggers, each using a different chemical dispersion agent, such as hydrogen peroxide aerosols, chlorine dioxide, and mixtures such as hydrogen peroxide and peroxyacetic acid. These agents are dispersed using sophisticated technologies that are grouped according to the size of the liquid particles and their dispersion properties. With concentrations ranging from 3 to 7%, hydrogen peroxide aerosol generators have powerful bactericidal and virucidal properties, especially when applied to surfaces and objects. On the other hand, dry hydrogen peroxide foggers increase their effectiveness against bacteria and viruses in both air and surface settings by breaking down particles to about 5 µm. Additionally, these devices are available in a variety of configurations, such as compressed air foggers that use compressors to disperse the structured disinfectant and turbo foggers that use high-speed turbines for effective spraying. Whether it is the superior mist quality of compressed air vaporizers or the efficient room coverage of turbo vaporizers, each type has its own benefits. These developments demonstrate an advanced method for room fumigation that meets a range of requirements in healthcare settings.

The quality of the mist produced by vaporizers determines both the concentration of the chemical and the effectiveness of the fumigation procedure. To ensure germ destruction, hydrogen peroxide plasma allows its concentration to be maintained in the air and on surfaces for a number of minutes. By chemically stabilizing the hydrogen peroxide, an alternative technique ensures that the disinfectant maintains the correct concentration after spraying and allows for storage for several months without significant degradation. Microbiologists often use culture methods to examine the composition of aerosols. This technique involves culturing bacteria from a sample on specific media, such as liquid and solid media, in order to promote colony growth.

Challenges and potential risks in using hydrogen peroxide in dental clinics

Last but not least, understanding the potential consequences of the microbial species evaluated on the development of diseases in dental environments was essential to discuss the importance of these species in research. Although the primary focus was on the management of aerobic bacteria, it is important to emphasize that according to the available data, anaerobic bacteria were a major contributor to the development of a number of dental disorders. In order to understand and treat the potential development of infections, it is of paramount importance to evaluate the specific bacterial species detected in dental clinic air during current investigation.

Hydrogen peroxide is a common substance used in dental clinics, especially in teeth whitening procedures and sterilization of instruments, but its use carries some challenges and risks that must be taken into account. The most prominent of these risks is related to the possibility of irritation of the soft tissues in the mouth and gums if used in high concentrations or incorrectly, which may lead to ulcers or inflammation in the mouth. In addition, excessive use of hydrogen peroxide may cause erosion of tooth enamel, making teeth more susceptible to sensitivity. Another risk that must be taken into account is the risk of inhaling or swallowing inappropriate amounts of hydrogen peroxide, which may lead to health problems in the respiratory and digestive systems. In addition, interactions can occur with some chemicals used in teeth, causing undesirable effects. Therefore, dentists must follow precise instructions and determine appropriate doses to avoid these risks and maintain patient safety.

Each of these bacterial species has distinct features and functions within microbial communities. Soil, water, and air are among the habitats in which *Micrococcus* and *Bacillus* species are frequently found. Implementing focused infection control strategies requires understanding these microorganisms as potential causes of contamination. During patient encounters, *Staphylococcus* species associated with the human skin microbiota—such as *Staphylococcus epidermidis*, *Staphylococcus saprophyticus*, *Staphylococcus aureus*, and *Staphylococcus warinieri*—may enter the oral

environment. Since these bacterial species may serve as a potential source of contamination and increase the risk of disease in dental settings, their identification and investigation are essential. Targeted prevention and control strategies become possible by understanding their dynamics, abundance, and prevalence. Furthermore, since certain *Staphylococcus* species are associated with the skin and may be associated with hospital-acquired infections, their presence is of great importance.

Despite the many benefits of using hydrogen peroxide in dentistry, it is essential that it be handled with caution and with a focus on patient safety. Dentists should be aware of the potential challenges and risks of this substance, provide proper instructions to patients, and take appropriate precautions to ensure the best results with the least possible risk.

Previous Studies

Various studies indicate that the use of hydrogen peroxide can be a very effective means of sterilizing contaminated surfaces and equipment, including pathogenic viruses and bacteria. Several studies have shown significant reductions in microbial counts in as little as 30 minutes after fumigation. After 30 minutes of exposure to vapor-phase hydrogen peroxide, demonstrated efficacy in reducing virus levels to less than 10 tissue culture infectious doses for human viruses and 0 embryonic lethal doses for avian viruses. Furthermore, after 6 and 7 minutes of exposure to vapor-phase hydrogen peroxide, demonstrated complete inactivation of proteolytic and non-proteolytic strains of *Clostridium botulinum* toxin-causing bacteria. Rogers et al (2005) also demonstrated significant efficacy in decontamination. Against *Bacillus anthracis*, *Bacillus subtilis*, and *Geobacillus stearothermophilus* after 20 min of exposure to hydrogen peroxide gas at a concentration of ≥ 1000 ppm. However, based on enrichment culture, found that only 1.2% of 85 swabs produced methicillin-resistant *Staphylococcus aureus* (MRSA) within 5 h of H₂O₂ fumigation after exposure to hydrogen peroxide vapor in six rooms. There appeared to be no adverse effects on laboratory equipment exposed to the gas. For the safe and effective removal of virus-contaminated items from biological containment level III laboratories handling viral agents of exotic animal diseases, vapor-phase hydrogen

peroxide disinfection can be suggested. The best bactericidal effect of H₂O₂ disinfection in medical settings is ensured by appropriately managing the exposure duration along with these factors, highlighting the critical role that time plays in achieving effective disinfection results. A pilot study by using a compressed air device showed that vaporization with 6% chemically stabilized hydrogen peroxide enabled the sprayed vapor to efficiently deliver a high concentration of disinfectant to different areas of a dental office, such as floor areas, window sills, open drawers of office cabinets, and the area around the assistant in the center of the office. The black color of the tests confirmed that the concentration of hydrogen peroxide spray in the tested office sections was accurate. Overall, these studies stand out as evidence of the ability of vapor-phase hydrogen peroxide to achieve effective disinfection in high-risk environments, emphasizing the importance of controlling timing and concentration to achieve maximum effectiveness in dental clinics.

CONCLUSION AND RECOMMENDATIONS

Over the past few decades, there has been a widespread rise in major infectious diseases, causing worldwide concern and fear and impacting how all medical professionals interact with patients in dental clinics. Today, the focus has shifted to reassuring and demonstrating to patients that they are adequately protected against the risks of infectious diseases. It is important for all oral health practitioners to understand sterilization and disinfection. Health practitioners benefit from understanding the need to adhere closely to sterilization procedures for medical instruments and reduce the incidence of infection. Protecting patients, professionals, and paraprofessionals is the ultimate goal. It is essential that all dentists practice in a manner that minimizes disease transmission and cross-contamination.

In dentistry, hydrogen peroxide is used as a bleaching agent and antiseptic solution to treat gum disease and whiten teeth. For whiter teeth and healthier gums, hydrogen peroxide can be safely used under the supervision of a dentist.

In conclusion, according to previous studies, hydrogen peroxide (H₂O₂) disinfection has been shown to significantly reduce bacterial contamination in dental clinic settings. The

effectiveness of this strategy is confirmed by the significant reduction in aerobic bacterial concentration, as demonstrated by a significant decrease in total bacterial colony counts after fumigation. The overall pattern demonstrates the accuracy of the method, even if some strains show small statistical changes. Using this method, medical instruments can be sterilized and the risk of infection in dental clinics can be significantly reduced, improving the environment for patients and healthcare providers. In this context, the researcher recommends the following recommendations:

1. Conduct a comprehensive study to evaluate the effectiveness of hydrogen peroxide in sterilizing various medical instruments in dental clinic environments.
2. Develop clear standards for the use of hydrogen peroxide in sterilizing instruments, including gas concentrations and optimal exposure times.
3. Enhance continuous training for dentists and staff on modern techniques for sterilizing instruments, with an emphasis on the importance of preventing blood-borne diseases.
4. Evaluate the long-term effects of using hydrogen peroxide on the effectiveness of sterilization and the quality of medical instruments, and ensure that it does not negatively affect equipment.
5. Raise awareness among dentists about the importance of using effective sterilization techniques, including modern options such as hydrogen peroxide, to ensure a safe working environment for both patients and workers.

These recommendations contribute to enhancing sterilization practices in dental clinics and reducing the risks associated with the transmission of infection, which enhances the safety of patients and workers in this field.

REFERENCES

1. Abdollahi, M., & Mehrpour, O. (2014). Aluminum Phosphide. *Encyclopedia of Toxicology*.
2. Alberta. (2023). *Standard of Practice: Infection Prevention and Control Standards and Risk Management for Dentistry*. CDSA.
3. Aruotu, J. O., Chikere, C. B., Okafor, C. P., & Edamkue, I. (2023). Microbial consortium for polycyclic aromatic hydrocarbons degradation from petroleum hydrocarbon polluted soils in rivers state, Nigeria. *Applied Sciences*, 13(16), 9335.
4. Atkinson, J., Chartier, Y., Lúcia Pessoa-Silva, C., Jensen, P., Li, Y., & Seto, W. H. (2009). *Natural ventilation for infection control in health-care settings*-World Health Organization. Technical report.

5. Atlas, R. M., Williams, J. F., & Huntington, M. K. (1995). Legionella contamination of dental-unit waters. *Applied and Environmental Microbiology*, 61(4), 1208-1213.
6. Avi Cohen. (2010). *Dental Sterilization Solutions*. Head of Medical Solutions, Objet Geometries Ltd.
7. Ayub, A., Cheong, Y. K., Castro, J. C., Cumberlege, O., & Chrysanthou, A. (2024). Use of Hydrogen Peroxide Vapour for Microbiological Disinfection in Hospital Environments: A Review. *Bioengineering*, 11(3), 205.
8. Barbot, V., Robert, A., Rodier, M. H., & Imbert, C. (2012). Update on infectious risks associated with dental unit waterlines. *FEMS Immunology & Medical Microbiology*, 65(2), 196-204.
9. Block, S. S. (Ed.). (2001). *Disinfection, sterilization, and preservation*. Lippincott Williams & Wilkins.
10. Bonar, E., Bukowski, M., Chlebicka, K., Madry, A., Bereznicka, A., Kosecka-Strojek, M., ... & Wladyka, B. (2021). Human skin microbiota-friendly lysostaphin. *International Journal of Biological Macromolecules*, 183, 852-860.
11. Boyce, J. M., Havill, N. L., Cianci, V., & Flanagan, G. (2014). Compatibility of hydrogen peroxide vapor room decontamination with physiological monitors. *Infection Control & Hospital Epidemiology*, 35(1), 92-93.
12. Bukłaha, A., Wiczorek, A., Majewski, P., Iwaniuk, D., Sacha, P., Tryniszewska, E., & Wiczorek, P. (2022). New trends in application of the fumigation method in medical and non-medical fields. *Annals of Agricultural and Environmental Medicine*, 29(2), 185-189.
13. Caplin, J. L. (2013). *Special Issues in Dentistry*. Russell, Hugo & Ayliffe's: Principles and Practice of Disinfection, Preservation and Sterilization. 537-549.
14. Colombo AP, Tanner AC. The role of bacterial biofilms in dental caries and periodontal and peri-implant diseases: a historical perspective. *Journal of dental research*. 2019 Apr;98(4):373-85.
15. Condrin AK. Disinfection and sterilization in dentistry. *Texas Dental Journal*. 2014 Aug 1;131(8):604-8.
16. Dominiak, M., Różyło-Kalinowska, I., Gedrange, T., Konopka, T., Hadzik, J., Bednarz, W., ... & Kuźniarski, A. (2020). COVID-19 and professional dental practice. The Polish Dental Association Working Group recommendations for procedures in dental office during an increased epidemiological risk. *Journal of Stomatology*, 73(1), 1-10.
17. Fernández, L., Gutiérrez, D., Martínez, B., Rodríguez, A., & García, P. (2019). Effective methods for disinfection and sterilization. *Antibiotic Drug Resistance*, 567-587.
18. Fichet, G., Antloga, K., Comoy, E., Deslys, J. P., & McDonnell, G. (2007). Prion inactivation using a new gaseous hydrogen peroxide sterilisation process. *Journal of Hospital Infection*, 67(3), 278-286.
19. Fotos, P. G., Westfall, H. N., Snyder, I. S., Miller, R. W., & Mutchler, B. M. (1985). Prevalence of Legionella-specific IgG and IgM antibody in a dental clinic population. *Journal of Dental Research*, 64(12), 1382-1385.
20. Gale, W. F., Sofyan, N. I., Gale, H. S., Sk, M. H., Chou, S. F., Fergus, J. W., & Shannon, C. G. (2009). Effect of vapour phase hydrogen peroxide, as a decontaminant for civil aviation applications, on microstructure, tensile properties and corrosion resistance of 2024 and 7075 age hardenable aluminium alloys and 304 austenitic stainless steel. *Materials Science and Technology*, 25(1), 76-84.
21. Grzech-Leśniak, K., & Matys, J. (2021). The effect of Er: YAG lasers on the reduction of aerosol formation for dental workers. *Materials*, 14(11), 2857.
22. Gumru, B., Tarcin, B., & Idman, E. (2021). Cross-contamination and infection control in intraoral digital imaging: A comprehensive review. *Oral Radiology*, 37, 180-188.
23. Györfi, A., & Fazekas, A. (2007). Significance of infection control in dentistry: a review. *Fogorvosi szemle*, 100(4), 141-152.
24. Halla, N., Fernandes, I. P., Heleno, S. A., Costa, P., Boucherit-Otmani, Z., Boucherit, K., ... & Barreiro, M. F. (2018). Cosmetics preservation: a review on present strategies. *Molecules*, 23(7), 1571.
25. Heckert, R. A., Best, M., Jordan, L. T., Dulac, G. C., Eddington, D. L., & Sterritt, W. G. (1997). Efficacy of vaporized hydrogen peroxide against exotic animal viruses. *Applied and environmental microbiology*, 63(10), 3916-3918.
26. Henry, M. C., Wheeler, J., Mofenson, H. C., Caraccio, T. R., Marsh, M., Comer, G. M., & Singer, U. J. (1996). Hydrogen peroxide 3% exposures. *Journal of Toxicology: Clinical Toxicology*, 34(3), 323-327.
27. Johnston, M. D., Lawson, S., & Otter, J. A. (2005). Evaluation of hydrogen peroxide vapour as a method for the decontamination of surfaces contaminated with Clostridium botulinum spores. *Journal of microbiological methods*, 60(3), 403-411.
28. Kampf, G., Todt, D., Pfaender, S., & Steinmann, E. (2020). Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents. *Journal of hospital infection*, 104(3), 246-251.
29. Kumar, P. S., & Subramanian, K. (2020). Demystifying the mist: sources of microbial bioload in dental aerosols. *Journal of periodontology*, 91(9), 1113-1122.
30. Kümin, D., Albert, M. G., Weber, B., & Summermatter, K. (2020). The hitchhiker's guide to hydrogen peroxide fumigation, part 1: introduction to hydrogen peroxide fumigation. *Applied Biosafety*, 25(4), 214-224.
31. Li, R., Jia, Z., & Trush, M. A. (2016). Defining ROS in biology and medicine. *Reactive oxygen species (Apex, NC)*, 1(1), 9.
32. Lin, S. M., Svoboda, K. K., Giletto, A., Seibert, J., & Puttaiah, R. (2011). Effects of hydrogen peroxide on dental unit biofilms and treatment water contamination. *European Journal of Dentistry*, 5(01), 047-059.
33. Ling, M. L., Ching, P., Widitaputra, A., Stewart, A., Sirijindadirat, N., & Thu, L. T. A. (2018). APSIC guidelines for disinfection and sterilization of instruments in health care facilities. *Antimicrobial Resistance & Infection Control*, 7, 1-11.
34. Liu, M. H., Chen, C. T., Chuang, L. C., Lin, W. M., & Wan, G. H. (2019). Removal efficiency of central vacuum system and protective masks to suspended particles from dental treatment. *PLoS one*, 14(11), e0225644.
35. Magnavita, N. (2009). A cluster of neurological signs and symptoms in soil fumigators. *Journal of occupational health*, 51(2), 159-163.
36. Matys, J., Gedrange, T., Dominiak, M., & Grzech-Leśniak, K. (2023). The impact of hydrogen peroxide (H2O2) fumigation on bacterial levels in dental office environments: a randomized clinical trial investigation. *Journal of Clinical Medicine*, 12(24), 7551.
37. Matys, J., Grzech-Leśniak, K., & Dominiak, M. (2020). Disinfectants and devices for surface and air disinfection in dental offices. *Journal of Stomatology*, 73(4), 200-205.
38. McDonnell, G. E. (2020). *Antisepsis, disinfection, and sterilization: types, action, and resistance*. John Wiley & Sons.
39. McEvoy, B., & Rowan, N. J. (2019). Terminal sterilization of medical devices using vaporized hydrogen peroxide: a review of current methods and emerging opportunities. *Journal of applied microbiology*, 127(5), 1403-1420.

40. Oppenheim, B. A., Sefton, A. M., Gill, O. N., Tyler, J. E., O'Mahony, M. C., Richards, J. M., ... & Harrison, T. G. (1987). Widespread *Legionella pneumophila* contamination of dental stations in a dental school without apparent human infection. *Epidemiology & Infection*, 99(1), 159-166.
41. Patil, S., Mukhit Kazi, M., Shidhore, A., More, P., & Mohite, M. (2020). Compliance of sterilization and disinfection protocols in dental practice-A review to reconsider basics. *Int J Recent Sci Res*, 4(11), 38050-38054.
42. Reinthaler, F. F., Mascher, F., & Stunzner, D. (1988). Serological examinations for antibodies against *Legionella* species in dental personnel. *Journal of Dental Research*, 67(6), 942-943.
43. Ríos-Castillo, A. G., González-Rivas, F., & Rodríguez-Jerez, J. J. (2017). Bactericidal efficacy of hydrogen peroxide-based disinfectants against Gram-positive and Gram-negative bacteria on stainless steel surfaces. *Journal of Food Science*, 82(10), 2351-2356.
44. Rogers, J. V., Sabourin, C. L. K., Choi, Y. W., Richter, W. R., Rudnicki, D. C., Riggs, K. B., ... & Chang, J. (2005). Decontamination assessment of *Bacillus anthracis*, *Bacillus subtilis*, and *Geobacillus stearothermophilus* spores on indoor surfaces using a hydrogen peroxide gas generator. *Journal of applied microbiology*, 99(4), 739-748.
45. Rutala, W. A., & Weber, D. J. (2007). How to assess risk of disease transmission to patients when there is a failure to follow recommended disinfection and sterilization guidelines. *Infection Control & Hospital Epidemiology*, 28(2), 146-155.
46. Saadi, S., Allem, R., Sebaihia, M., Merouane, A., & Bakkali, M. (2022). Bacterial contamination of neglected hospital surfaces and equipment in an Algerian hospital: An important source of potential infection. *International journal of environmental health research*, 32(6), 1373-1381.
47. Saccucci, M., Ierardo, G., Protano, C., Vitali, M., & Polimeni, A. (2017). How to manage the biological risk in a dental clinic: current and future perspectives. *Minerva stomatologica*, 66(5), 232-239.
48. Sher, M., & Mulder, R. (2020). Comparison of aerosolized hydrogen peroxide fogging with a conventional disinfection product for a dental surgery. *J Contemp Dent Pract*, 21(12), 1307-1311.
49. Shivakumar, K. M., Prashant, G. M., Shankari, G. M., Reddy, V. S., & Chandu, G. N. (2007). Assessment of atmospheric microbial contamination in a mobile dental unit. *Indian Journal of Dental Research*, 18(4), 177-180.
50. Sies, H., Belousov, V. V., Chandel, N. S., Davies, M. J., Jones, D. P., Mann, G. E., ... & Winterbourn, C. (2022). Defining roles of specific reactive oxygen species (ROS) in cell biology and physiology. *Nature reviews Molecular cell biology*, 23(7), 499-515.
51. Smith, G., & Smith, A. (2014). Microbial contamination of used dental handpieces. *American Journal of Infection Control*, 42(9), 1019-1021.
52. Wiench, R., Skaba, D., Matys, J., & Grzech-Leśniak, K. (2021). Efficacy of toluidine blue—Mediated antimicrobial photodynamic therapy on *Candida* spp. A systematic review. *Antibiotics*, 10(4), 349.
53. World Health Organization. (2004). Laboratory biosafety manual. World Health Organization.
54. World Health Organization. (2014). Infection prevention and control of epidemic-and pandemic-prone acute respiratory infections in health care. World Health Organization.
55. Zemouri, C., Volgenant, C. M. C., Buijs, M. J., Crielaard, W., Rosema, N. A. M., Brandt, B. W., ... & De Soet, J. J. (2020). Dental aerosols: microbial composition and spatial distribution. *Journal of Oral Microbiology*, 12(1), 1762040.