

Infection Control

Frequently Asked Questions - Extracted Teeth

- How do I dispose of extracted teeth in the dental office?
- Can I give patients their teeth after they have been extracted?
- What are the recommendations for using extracted teeth in educational settings?
- References

How do I dispose of extracted teeth in the dental office?

Extracted teeth that are being discarded are subject to the containerization and labeling provisions of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard. OSHA considers extracted teeth to be potentially infectious material that should be disposed into medical waste containers. Extracted teeth containing amalgam should not be placed in a medical waste container that uses an incinerator for final disposal. State and local regulations should be consulted regarding disposal of amalgam. Many metal recycling companies will accept extracted teeth with amalgam. Contact a recycler and ask about their policies and any specific handling instructions they may have.

^ Top of Page

Can I give patients their teeth after they have been extracted?

Extracted teeth may be returned to the patients upon request and are not subject to the provisions of the OSHA Bloodborne Pathogens Standard.

^ Top of Page

What are the recommendations for using extracted teeth in educational settings?

Extracted teeth are occasionally collected and used for preclinical educational training. The teeth should be cleansed of visible blood and gross debris and maintained in a hydrated state. Because the teeth will be autoclaved before clinical teaching exercises, using an economical storage solution (e.g., water or saline) may be practical. A liquid chemical germicide (e.g., sodium hypochlorite [household bleach] diluted 1:10 with tap water) could reduce bacterial accumulation during storage, although it does not completely disinfect/sterilize the tooth. Extracted teeth must be placed in a well-constructed container with a secure lid to prevent leaking during transport and labeled with the biohazard symbol.

Prior to being used in an educational setting, teeth should be heat sterilized to allow for safe handling. Pantera and Shuster demonstrated elimination of microbial growth using an autoclave cycle for 40 minutes. However, since preclinical educational exercises simulate clinical experiences, students enrolled in dental educational programs should still follow standard precautions. Autoclaving teeth for preclinical laboratory exercises does

1 of 2

CDC - Extracted Teeth - FAQs - Infection Control in Dental Settings -... https://www.cdc.gov/oralhealth/infectioncontrol/faq/extracted_teeth.htm not alter their physical properties sufficiently to compromise the learning experience. However, autoclave sterilization of extracted teeth does affect dentinal structure enough to compromise dental materials research.

The use of teeth that do not contain amalgam is preferred because they can be safely autoclaved. Extracted teeth containing amalgam restorations should not be heat sterilized because of the potential health hazard associated with possible mercury vaporization and exposure. If extracted teeth containing amalgam restorations are to be used, their immersion in 10% formalin solution for 2 weeks has been found to be an effective method of disinfecting both the internal and external structures of the teeth.

^ Top of Page

Selected References and Additional Resources

<u>Guidelines for Infection Control in Dental Health-Care Settings</u>, 2003. MMWR, December 19, 2003:52(RR-17);1–61.

Pantera EA, Schuster GS. Sterilization of extracted human teeth. J Dent Educ 1990;54:283-285.

Parsell DE, Stewart BM, Barker JR, Nick TG, Karnes L, Johnson RB. The effect of steam sterilization on the physical properties and perceived cutting characteristics of extracted teeth. J Dent Educ 1998;62:260–263.

Schulein TM. Infection control for extracted teeth in the teaching laboratory. J Dent Educ 1994;58:411-413.

Tate WH, White RR. Disinfection of human teeth for educational purposes. J Dent Educ 1991;55:583-585.

US Department of Labor, Occupational Safety and Health Administration. 29 CFR Part 1910.1030.

Occupational exposure to bloodborne pathogens; needlestick and other sharps injuries; final rule.

(http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051) Federal Register 2001;66:5317–5325. Updated from and including 29 CFR Part 1910.1030. Occupational exposure to bloodborne pathogens; final rule. Federal Register 1991;56:64003–64182. Accessed 9/21/09.

US Department of Labor, Occupational Safety and Health Administration. <u>Enforcement procedures for the occupational exposure to bloodborne pathogens (http://www.osha.gov/pls/oshaweb /owadisp.show document?p table=STANDARDS&p id=10051)</u>. Washington, DC: US Department of Labor, Occupational Safety and Health Administration, 2001; Directive Number. CPL 02-02-069. Accessed 9/21/09.

Xie B, Dickens SH, Giuseppetti AA. Microtensile bond strength of thermally stressed composite-dentin bonds mediated by one-bottle adhesives. Am J Dent 2002;15(3):177–184.

^ Top of Page

Page last reviewed: July 10, 2013 Page last updated: July 10, 2013

Content source: Division of Oral Health (/oralhealth), National Center for Chronic Disease Prevention and Health

Promotion (/chronicdisease)