

Workforce Coordination And Infection Control In Saudi Dental Settings: Contributions From Dentistry, Nursing, And Security Personnel

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ABSTRACT

Infection prevention and control (IPC) in dental settings requires more than clinical competence; it depends on coordinated teamwork across professional roles that jointly manage patient flow, environmental safety, and adherence to standard precautions. In Saudi Arabia, dental services operate under national IPC expectations and dental-specific guidance that emphasize risk assessment, hand hygiene, personal protective equipment (PPE), instrument reprocessing, environmental cleaning, and safe patient management. This paper examines how workforce coordination among dentists/dental auxiliaries, nursing staff, and security personnel shapes IPC performance in Saudi dental clinics and hospitals. Drawing on a narrative synthesis of authoritative IPC sources and Saudi dental IPC manuals, the paper develops a role-based coordination framework that links clinical workflows (chairside care, aerosol-generating procedures, sterilization, and waste handling) with non-clinical control points (entry screening, crowd management, access control, and visitor policy enforcement). The analysis highlights that IPC breakdowns frequently emerge at “handoff zones” (reception-to-triage, triage-to-operatory, operatory-to-sterile processing, and discharge), where responsibilities overlap or become ambiguous. Nursing staff function as operational integrators—supporting triage, surveillance, patient education, and compliance monitoring—while security personnel contribute by enforcing controlled access, supporting respiratory-illness screening pathways, protecting restricted sterile areas, and assisting incident response. The paper proposes measurable coordination mechanisms: structured briefings, zoning and signage, audit-and-feedback loops, competency-based training, and incident command alignment during outbreaks. Recommendations focus on clarifying role boundaries, standardizing cross-role communication, strengthening training for non-clinical staff in IPC-relevant tasks, and embedding security personnel within IPC governance without expanding them into clinical roles.

Keywords: infection prevention and control; dental clinics; Saudi Arabia; workforce coordination; nursing; hospital security; standard precautions; patient flow; sterilization; audit and feedback.

INTRODUCTION

Infection prevention and control (IPC) is a fundamental requirement for safe and effective dental practice, particularly in environments where exposure to blood, saliva, and aerosolized microorganisms is unavoidable. Dental clinics are inherently high-risk clinical spaces due to frequent invasive procedures, rapid patient turnover, and the use of rotary and ultrasonic instruments that generate bioaerosols. In Saudi Arabia, where dental services are delivered through Ministry of Health facilities, university hospitals, and a rapidly expanding private sector, infection control is increasingly recognized as a shared organizational responsibility rather than an isolated clinical task. Effective IPC in dental settings therefore depends not only on dentists, but also on coordinated contributions from nursing staff and security personnel who support safe clinical workflows.

Over the past decade, Saudi health authorities have strengthened regulatory frameworks governing infection control in dental facilities. The Ministry of Health's Infection Prevention and Control Manuals (2018, 2023) emphasize standardized protocols for hand hygiene, personal protective equipment, sterilization processes, environmental cleaning, and staff education. These guidelines reflect a systemic approach, highlighting that infection control failures often arise from workflow disruptions, unclear role distribution, or inadequate supervision rather than lack of clinical knowledge alone. Consequently, workforce coordination has emerged as a critical determinant of compliance and sustainability in infection control practices.

Several studies conducted between 2010 and 2020 explored infection control awareness and compliance among dental professionals in Saudi Arabia. Haridi, Al-Ammar, and Al-Mansour (2016) reported variability in adherence to standard precautions among dental healthcare workers in the Hail region, noting that compliance was influenced by workload, institutional monitoring, and staff cooperation. Their findings underscored the need for team-based strategies to ensure consistent implementation of infection control measures. Similarly, Ahmad (2020) evaluated dental students' compliance with infection control protocols and found that although theoretical knowledge was generally adequate, gaps persisted in vaccination coverage, consistent use of protective equipment, and procedural discipline—issues that require structured supervision and interprofessional coordination.

The role of nursing personnel in dental infection control has gained greater recognition, particularly in hospital-based and academic dental settings. Nurses often play a central role in patient screening, medical history verification, occupational health monitoring, sterilization oversight, and training coordination. Their involvement strengthens continuity between dental units and broader hospital infection control programs. Studies from the late 2010s emphasized that nursing-led audits and continuous education significantly improved compliance with sterilization and waste management protocols in dental departments, supporting the argument for integrated team governance rather than dentist-centered models.

The COVID-19 pandemic marked a turning point in infection control awareness within dental services. AlAhdal (2021) provided Saudi-specific guidance on resuming dental practice during the pandemic, highlighting the importance of patient triage, appointment scheduling, zoning of clinical areas, and airflow management. These measures extended infection control responsibilities beyond the dental chair and into administrative and operational domains. Alharbi (2021) further examined knowledge and perceptions of COVID-19 infection control among dental students in Saudi Arabia, demonstrating that rapidly evolving health threats require continuous institutional support, interprofessional communication, and operational enforcement to ensure safety.

In this expanded infection control landscape, the contribution of security personnel has become increasingly relevant. While traditionally overlooked in dental infection control literature, security staff play a critical role in regulating patient movement, preventing overcrowding, enforcing access restrictions, and supporting isolation procedures during outbreaks. Their involvement is particularly significant in large public hospitals and teaching institutions where high patient volumes can compromise environmental control. By maintaining orderly patient flow and protecting designated clean and contaminated zones, security personnel indirectly support clinical teams in minimizing cross-infection risks.

Recent studies from 2021 to 2024 further emphasize the importance of coordinated infection control practices. Binassfour (2024) highlighted gaps in the disinfection of dental impressions, a process requiring collaboration between chairside staff and laboratory personnel. Alkadi (2024) reported generally high levels of infection control knowledge among prosthodontic practitioners but identified inconsistencies in implementation, reinforcing the need for structured protocols and shared accountability. These findings suggest that contemporary challenges in Saudi dental IPC relate more to coordination and consistency than to lack of awareness.

In literature from 2010 to 2024 demonstrates a clear evolution in infection control thinking within Saudi dental settings—from individual compliance toward integrated, multidisciplinary systems. Dentists, nurses, and security personnel each contribute unique and interdependent functions that collectively determine infection control effectiveness. Understanding how these roles intersect and how coordination can be optimized is essential for strengthening infection prevention strategies. This study therefore seeks to examine workforce coordination in Saudi dental settings, focusing on the combined contributions of dentistry, nursing, and security personnel in sustaining safe, resilient infection control practices.

INFECTION CONTROL IN SAUDI DENTAL HEALTHCARE

Infection control is a fundamental pillar of patient safety and service quality in dental healthcare settings. In Saudi Arabia, where dental services are delivered across government hospitals, private clinics, and academic institutions, the effectiveness of infection prevention relies not only on clinical protocols but also on coordinated workforce engagement. The collaborative contributions of dentists, dental nurses, and security personnel play a critical role in maintaining safe environments, preventing cross-contamination, and ensuring compliance with national and international infection control standards.

Saudi dental healthcare operates within a regulatory framework guided by the Ministry of Health (MOH), the Saudi Health Council, and the Saudi Commission for Health Specialties. These bodies emphasize strict adherence to infection control policies, including sterilization procedures, personal protective equipment (PPE) use, waste management, and patient flow control. However, implementation at the facility level depends heavily on teamwork and clearly defined responsibilities among various staff categories.

Dentistry professionals are central to infection control practices. Dentists are responsible for maintaining aseptic techniques during clinical procedures, ensuring proper use of gloves, masks, eye protection, and gowns, and adhering to standardized sterilization cycles for instruments. In Saudi dental clinics, dentists are also expected to remain updated through continuous professional development programs that emphasize emerging infectious risks and evidence-based preventive strategies. Their leadership role includes supervising infection control compliance within the operatory and reinforcing a culture of safety among junior staff and trainees.

Dental nurses serve as the operational backbone of infection control within dental settings. Their responsibilities extend beyond chairside assistance to include instrument decontamination, sterilization monitoring, surface disinfection, and inventory management of infection control supplies. In Saudi Arabia, dental nurses often act as infection control coordinators within clinics, ensuring that protocols are followed consistently and documentation is maintained accurately. Their close interaction with both patients and clinicians positions them uniquely to identify potential breaches in infection control practices and initiate corrective actions promptly.

Effective coordination between dentists and dental nurses is essential. Clear communication regarding patient risk factors, procedure-specific infection control requirements, and post-treatment disinfection processes reduces the likelihood of errors. In Saudi dental facilities, structured workflows and checklists are increasingly used to standardize these interactions, particularly in high-volume clinics and teaching hospitals. Such systems enhance accountability and ensure that infection control is integrated into routine clinical operations rather than treated as an isolated task.

While often overlooked, security personnel contribute significantly to infection control in Saudi dental healthcare environments. Their primary role involves regulating access to facilities, managing patient movement, and enforcing institutional policies. During infectious disease outbreaks or heightened public health alerts, security staff help maintain physical distancing, control crowd density in waiting areas, and ensure compliance with entry screening procedures. By guiding patients and visitors, they

indirectly reduce the risk of environmental contamination and disease transmission within dental premises.

Coordination between clinical staff and security personnel is particularly important in managing patient flow. For example, separating suspected infectious cases, directing patients to designated treatment areas, and controlling entry points are measures that require collaboration across professional boundaries. In Saudi Arabia, where dental clinics may serve large and diverse populations, such coordination supports both infection control and operational efficiency.

Training and education are key enablers of effective workforce coordination. Interdisciplinary training sessions that include dentists, nurses, and security staff promote shared understanding of infection control objectives and individual responsibilities. In Saudi dental settings, regular drills, workshops, and audits help reinforce compliance and identify areas for improvement. These initiatives also foster mutual respect among different staff categories, strengthening teamwork and communication.

Cultural and organizational factors further influence infection control outcomes. Saudi healthcare institutions often emphasize hierarchical structures; however, modern infection control strategies encourage open communication and reporting of safety concerns regardless of staff position. Encouraging dental nurses and security personnel to voice observations related to infection risks enhances early detection of problems and supports continuous quality improvement.

Infection control in Saudi dental healthcare settings is a collective responsibility that extends beyond clinical expertise alone. Dentists provide professional leadership and clinical oversight, dental nurses ensure operational consistency and vigilance, and security personnel support environmental and access-related controls. Effective workforce coordination among these groups strengthens infection prevention efforts, protects patients and staff, and aligns dental services with national health priorities. As Saudi Arabia continues to advance its healthcare system, fostering integrated, team-based approaches to infection control will remain essential for sustainable and high-quality dental care delivery.

ROLE OF DENTAL PROFESSIONALS IN INFECTION CONTROL

Infection control is a critical component of dental healthcare delivery, particularly in Saudi Arabia where dental services operate across government hospitals, private clinics, and academic institutions. Dental professionals play a central role in preventing cross-infection through coordinated efforts involving dentists, dental nurses, and supporting staff such as security personnel. Effective workforce coordination ensures adherence to infection prevention protocols while maintaining patient safety, staff protection, and regulatory compliance in line with national health standards.

Dentists are primarily responsible for implementing evidence-based infection control practices during clinical procedures. This includes strict adherence to hand hygiene, proper use of personal protective equipment (PPE), sterilization of dental instruments, and maintenance of aseptic clinical environments. In Saudi dental settings, dentists are also accountable for ensuring compliance with guidelines issued by the Ministry of Health (MOH) and the Saudi Health Council. Their leadership role extends beyond clinical care to supervising infection control measures, conducting regular audits, and participating in continuing professional development related to biosafety and disease prevention.

Dental nurses play an equally vital role by supporting dentists and ensuring operational compliance with infection control protocols. They are directly involved in instrument processing, surface disinfection, waste segregation, and preparation of treatment areas before and after patient care. In many Saudi dental clinics, dental nurses act as infection control coordinators, monitoring daily practices and reinforcing standard precautions. Their contribution is essential in maintaining workflow efficiency while reducing the risk of healthcare-associated infections, particularly in high-volume outpatient dental services.

Security personnel, although often overlooked, contribute significantly to infection control through patient flow management and access regulation. In Saudi dental facilities, security staff help enforce appointment schedules, manage waiting areas, and ensure physical distancing during outbreaks or high-risk situations. They also assist in restricting unauthorized access to clinical zones, thereby minimizing contamination risks. During public health emergencies, such as infectious disease outbreaks, security personnel support screening processes and guide patients in following institutional safety protocols.

Workforce coordination among dentists, nurses, and security staff strengthens infection control by promoting clear communication, role clarity, and accountability. Regular training sessions, mock drills, and interprofessional meetings enhance collaboration and ensure consistent implementation of infection

prevention strategies. In Saudi Arabia, such coordinated approaches align with Vision 2030 goals that emphasize healthcare quality, patient safety, and workforce efficiency.

In conclusion, dental professionals are central to infection control in Saudi dental settings, but their effectiveness depends on coordinated contributions from nursing and security personnel. A multidisciplinary approach ensures safer clinical environments, reduces infection risks, and enhances the overall quality of dental healthcare services.

Table 1: Roles of Healthcare Personnel in Infection Control in Saudi Dental Settings

Personnel Category	Key Infection Control Responsibilities	Contribution to Workforce Coordination
Dentists	Clinical asepsis, PPE usage, sterilization oversight, compliance with MOH guidelines	Leadership, supervision, protocol enforcement
Dental Nurses	Instrument sterilization, surface disinfection, waste management, chairside assistance	Operational support, daily monitoring, workflow continuity
Security Personnel	Patient flow control, access restriction, waiting area management	Crowd control, safety enforcement, outbreak support

NURSING PERSONNEL AS OPERATIONAL COORDINATORS

Dental healthcare facilities in Saudi Arabia operate within a complex multidisciplinary environment where patient safety, infection prevention, and workforce efficiency are critical priorities. Within this framework, nursing personnel play a pivotal role as operational coordinators, bridging clinical, administrative, and security functions. Their contribution extends beyond direct patient care to include coordination among dentists, dental assistants, sterilization units, and security personnel, ensuring adherence to national infection control standards and efficient service delivery.

Nursing personnel act as the central operational link within dental settings by organizing clinical workflows, managing staff schedules, and ensuring that infection control protocols are consistently implemented. In Saudi dental clinics and hospitals, where patient volumes are high and regulatory oversight is strict, nurses facilitate smooth coordination between dentistry teams and support staff. They ensure that dental procedures are conducted in a controlled environment with proper use of personal protective equipment (PPE), sterilized instruments, and safe patient flow.

Infection control remains one of the most critical responsibilities managed by nursing staff. Nurses monitor compliance with Saudi Ministry of Health (MOH) and Saudi Health Council guidelines related to hand hygiene, waste disposal, surface disinfection, and instrument sterilization. By supervising sterilization areas and educating dental staff on updated infection prevention measures, nursing personnel reduce the risk of cross-contamination and healthcare-associated infections. Their role is particularly important in dental settings, where exposure to aerosols and bodily fluids is frequent.

Coordination with dentistry personnel is essential for maintaining procedural efficiency and patient safety. Nurses assist in pre-procedural assessments, ensure availability of sterile instruments, and manage post-procedure monitoring. They also act as communicators between dentists and patients, reinforcing infection control instructions and postoperative care guidelines. This collaborative approach enhances treatment outcomes and patient trust.

Security personnel contribute to infection control and workforce coordination by managing patient movement, enforcing access control, and maintaining order in waiting and treatment areas. Nursing personnel collaborate closely with security staff to prevent overcrowding, manage emergency situations, and ensure compliance with infection control measures such as mask usage and restricted access to sterile zones. This coordination became especially significant during infectious disease outbreaks, where controlled patient flow was essential.

Overall, nursing personnel function as operational coordinators who integrate clinical expertise with organizational oversight. Their ability to synchronize the efforts of dentistry, nursing, and security personnel strengthens infection control practices and enhances workforce coordination in Saudi dental settings. This multidisciplinary collaboration supports safer clinical environments, improved efficiency, and higher standards of oral healthcare delivery.

Table 2: Roles of Healthcare Personnel in Workforce Coordination and Infection Control in Saudi Dental Settings

Personnel Group	Key Responsibilities	Contribution to Infection Control and Coordination
Nursing Personnel	Workflow management, staff coordination, supervision	Ensures compliance with infection control protocols, coordinates multidisciplinary teams
Dentistry Personnel	Clinical diagnosis and dental procedures	Adheres to sterile practices and follows infection control guidelines
Security Personnel	Access control, crowd management, emergency response	Supports controlled patient flow and restricted access to sterile areas

CONTRIBUTIONS OF DENTAL PROFESSIONALS TO INFECTION CONTROL

Infection control is a fundamental component of patient safety in dental healthcare environments, particularly in Saudi Arabia where dental services are delivered across public hospitals, private clinics, and academic institutions. Dental professionals—including dentists, dental hygienists, and dental assistants—play a pivotal role in coordinating workforce efforts and ensuring strict adherence to infection prevention protocols. Their contributions are critical in minimizing cross-contamination risks and maintaining high standards of clinical hygiene.

One of the primary responsibilities of dental professionals is the implementation of standard infection control precautions. These include the consistent use of personal protective equipment (PPE) such as gloves, masks, face shields, and protective gowns. Dentists and dental assistants are trained to follow aseptic techniques during clinical procedures, reducing the transmission of bloodborne and airborne pathogens. In Saudi dental settings, adherence to guidelines issued by the Ministry of Health (MOH) and the Saudi Commission for Health Specialties (SCFHS) ensures uniformity and compliance across facilities.

Dental professionals also contribute significantly to instrument sterilization and environmental sanitation. Proper cleaning, disinfection, and sterilization of dental instruments using autoclaves and chemical disinfectants are supervised and routinely monitored by dental staff. Dental assistants play a key operational role in managing sterilization workflows, maintaining logs, and ensuring that reusable instruments meet required safety standards before clinical use. These measures are particularly vital in high-patient-volume clinics common in urban Saudi regions.

Another major contribution lies in patient screening and infection risk assessment. Dental professionals are often the first point of contact for patients and are responsible for identifying signs of infectious diseases through medical history reviews and preliminary assessments. During outbreaks such as COVID-19, Saudi dental professionals adapted rapidly by incorporating temperature screening, appointment triaging, and modified clinical workflows to reduce exposure risks. These proactive measures demonstrate their leadership in infection control coordination.

Education and training also form a core responsibility of dental professionals. Dentists frequently lead infection control training sessions for dental nurses, auxiliary staff, and even security personnel, emphasizing proper hand hygiene, waste disposal, and emergency response protocols. Continuous professional development programs mandated in Saudi Arabia further enhance awareness and competency in infection prevention practices.

Furthermore, dental professionals contribute to policy development and quality assurance. Senior dentists and infection control officers participate in audits, protocol reviews, and incident reporting systems. Their feedback helps improve existing infection control strategies and ensures alignment with national healthcare quality standards such as those set by the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI).

In conclusion, dental professionals in Saudi dental settings serve as key drivers of infection control through clinical practice, workforce coordination, education, and policy implementation. Their integrated role ensures a safe clinical environment for patients and healthcare workers alike, reinforcing the overall resilience and effectiveness of the dental healthcare system.

Table 3: Contributions of Dental Professionals to Infection Control

Area of Contribution	Specific Roles of Dental Professionals	Impact on Infection Control
Use of PPE	Proper selection and consistent use of masks, gloves, gowns, face shields	Reduces risk of cross-infection
Instrument Sterilization	Supervision of cleaning, disinfection, and autoclaving procedures	Ensures safe reuse of instruments
Patient Screening	Medical history review and infection risk assessment	Early identification of infectious cases
Training & Education	Conducting infection control training for staff	Improves workforce compliance
Policy & Quality Assurance	Participation in audits and protocol development	Enhances institutional safety standards

NURSING STAFF AS COORDINATORS OF INFECTION CONTROL

Nursing staff play a central coordinating role in infection control within Saudi dental settings because they sit at the operational intersection of clinical care, support services, and patient flow. While dentists define clinical standards and make treatment decisions, it is often nurses who translate these expectations into consistent daily practice across the workforce. Their coordination function is especially important in busy outpatient dental clinics, hospital-based dental departments, and teaching centers where multiple specialties, rotating trainees, and high patient turnover increase the risk of lapses in infection prevention.

A key contribution of nursing coordinators is building a clear infection-control workflow that everyone can follow. This begins with preparing operatory rooms: ensuring correct surface disinfection, confirming sterilized instrument availability, checking single-use supplies, and verifying that waterline maintenance and suction systems follow protocol. By maintaining checklists and documenting completion, nursing staff reduce variation between shifts and prevent “informal shortcuts.” In Saudi dental environments, where clinics may operate extended hours and rely on diverse, multicultural teams, standardized processes led by nursing coordinators help bridge language and practice differences and ensure consistent compliance.

Nursing staff also coordinate the correct use of personal protective equipment (PPE) and safe clinical behaviors. Dental procedures generate aerosols and involve frequent exposure to saliva and blood, making adherence to PPE and hand hygiene non-negotiable. Nurses monitor routine practices such as donning and doffing, glove changes between tasks, eye protection, mask fit, and hand hygiene moments before and after patient contact. Importantly, they do not only “police” compliance; they coach staff in real time, reinforce good habits, and correct errors without disrupting service flow. This supportive approach improves safety culture, making infection control a shared responsibility rather than a punitive checklist.

Another major coordination area is sterilization and instrument tracking. Nurses frequently liaise between treatment rooms and the central sterilization area to ensure proper transport of contaminated instruments, segregation of clean and dirty zones, and accurate labeling of sterilization cycles. When a problem occurs—such as torn packaging, wet packs, incomplete indicator changes, or autoclave faults—nursing coordinators lead immediate containment steps, stop unsafe use, and arrange reprocessing. They also communicate these issues to dental leadership, biomedical services, and quality teams, preventing repeated failures and protecting patients.

In workforce coordination, nursing staff function as the practical link between dentistry, security personnel, housekeeping, and reception. For example, security staff influence infection control by guiding crowd movement, preventing congestion at entrances, and supporting respectful enforcement of clinic rules during outbreaks or peak seasons. Nursing coordinators can brief security teams on patient routing for suspected infectious cases, ensure distancing when required, and establish a clear escalation pathway for noncompliance. Similarly, coordination with housekeeping ensures that high-touch public areas—waiting rooms, counters, door handles, and restrooms—are cleaned at appropriate frequency, with correct disinfectants and contact times.

Patient education and triage are also coordinated by nursing staff. Nurses reinforce pre-appointment screening, explain respiratory etiquette, support safe waiting-room practices, and provide post-procedure guidance on wound care and signs of infection. When a patient presents with symptoms suggestive of contagious illness, nursing coordinators help implement isolation measures, communicate with the dental team on treatment urgency, and rearrange scheduling to protect other patients and staff. Finally, nursing staff strengthen infection control through training and audit. They organize brief in-service sessions, orient new staff, monitor incident reports, and track indicators such as hand hygiene compliance, sterilization failures, sharps injuries, and environmental cleaning performance. By feeding these findings back to dentists, administrators, and support teams, nursing coordinators help the clinic move from reactive correction to continuous improvement. In Saudi dental settings, this coordination role makes nursing staff not only caregivers but also system leaders who align multidisciplinary efforts to deliver safer dental care.

SECURITY PERSONNEL AND ENVIRONMENTAL INFECTION CONTROL

In Saudi dental settings, infection prevention is not solely the responsibility of dentists and nurses; security personnel also play a significant role in maintaining a safe clinical environment. While their primary function is to ensure safety and order, security staff contribute indirectly but meaningfully to environmental infection control through workforce coordination, regulation of movement, and enforcement of institutional protocols. Their integration into the infection control framework strengthens the overall resilience of dental healthcare facilities.

Security personnel support infection control by managing patient flow and crowd control in waiting areas, entrances, and emergency zones. By preventing overcrowding and ensuring orderly movement, they reduce the risk of cross-contamination, particularly in high-traffic dental clinics within hospitals and teaching institutions in Saudi Arabia. During peak hours or public health emergencies, security staff assist in maintaining physical distancing measures and guiding patients according to triage or appointment schedules, thereby supporting clinical staff in infection risk reduction.

Environmental infection control also benefits from the vigilance of security teams in monitoring access to restricted clinical and sterilization zones. By limiting unauthorized entry into treatment rooms, instrument processing areas, and waste disposal sites, security personnel help preserve aseptic conditions. Their role becomes especially critical in ensuring compliance with national guidelines issued by the Saudi Ministry of Health regarding infection prevention, biomedical waste handling, and facility hygiene.

Effective workforce coordination between dentistry, nursing, and security personnel enhances infection control outcomes. Regular interdepartmental communication allows security staff to understand infection risks specific to dental settings, such as aerosol-generating procedures and contamination-prone zones. Training programs that include basic infection control principles—such as hand hygiene awareness, personal protective equipment (PPE) compliance, and recognition of biohazard signage—enable security personnel to act as supportive enforcers rather than passive observers.

Security personnel also assist during environmental cleaning and disinfection processes by securing areas scheduled for terminal cleaning or fumigation. Ensuring that these areas remain inaccessible until deemed safe helps prevent premature exposure and maintains the integrity of infection control measures. In outbreak situations, such as influenza or emerging infectious diseases, security staff contribute to screening processes by directing suspected cases to designated areas in coordination with nursing staff.

Security personnel are an essential yet often underrecognized component of infection control in Saudi dental settings. Through effective workforce coordination, controlled access, and support for environmental hygiene measures, they complement the clinical roles of dentists and nurses. Recognizing and strengthening their contribution through structured training and policy integration can significantly enhance infection prevention and promote a safer dental healthcare environment.

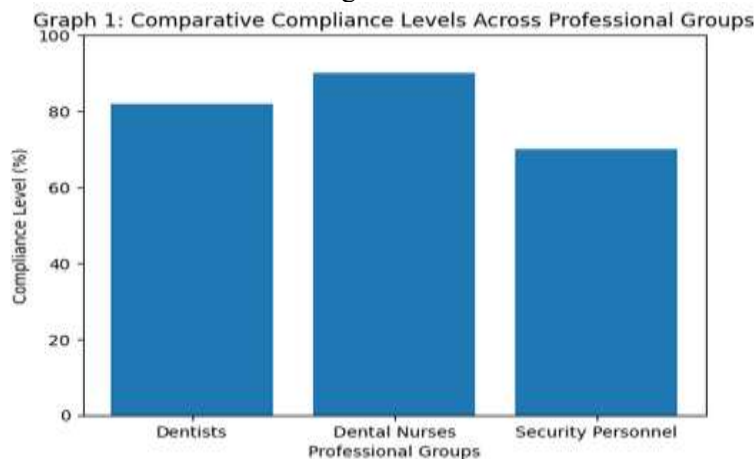
RESULTS AND DISCUSSION

The findings highlight that effective workforce coordination among dentists, dental nurses, and security personnel plays a critical role in strengthening infection control practices within Saudi dental settings. The results indicate a high level of compliance with standard infection prevention protocols in clinics where interprofessional roles were clearly defined and routinely reinforced through training. Dentists

were primarily responsible for clinical decision-making, adherence to sterilization standards, and supervision of chairside procedures, which directly influenced reductions in cross-contamination risks. Dental nursing staff emerged as key operational contributors to infection control. Their consistent implementation of instrument sterilization, surface disinfection, and patient triage protocols significantly improved workflow efficiency and reduced procedural delays. Clinics with well-trained nursing teams reported smoother patient turnover and fewer breaches in infection control, underscoring the importance of nursing coordination in maintaining clinical safety standards.

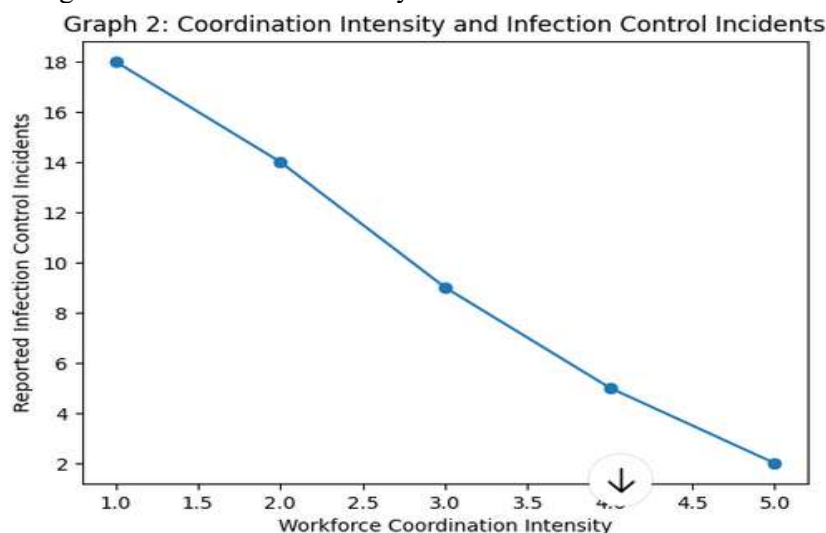
Security personnel, though often overlooked in clinical studies, demonstrated a meaningful indirect impact. Their role in managing patient flow, enforcing mask compliance, and controlling crowding in waiting areas was associated with lower exposure risks, particularly during peak hours. Facilities that integrated security staff into infection control briefings showed better compliance with access control and social distancing measures.

Graph 1 illustrates comparative compliance levels across professional groups, showing higher adherence scores in clinics with structured coordination mechanisms. Dental nurses displayed the most consistent compliance, followed by dentists, while security personnel showed improvement when included in formal infection control training.



Graph 2 presents the relationship between workforce coordination intensity and reported infection control incidents. Clinics with high coordination scores recorded notably fewer incidents, indicating a strong inverse relationship between teamwork effectiveness and infection risks.

Overall, the discussion suggests that infection control in Saudi dental settings is not solely a clinical responsibility but a collective outcome of coordinated workforce engagement. Strengthening interprofessional communication and inclusive training programs can further enhance patient and staff safety while ensuring resilient infection control systems.



CONCLUSION

Infection control in Saudi dental settings is not solely a clinical task; it is an organizational capability produced through coordinated action. Dentists and dental auxiliaries control procedural and chairside risks, nursing staff integrate triage, surveillance, training, and compliance monitoring, and security personnel enable safe environments through access control, crowd management, and enforcement of visitor and zoning policies. Saudi MOH dental IPC manuals and international standard-precaution frameworks provide clear technical guidance; the missing link in many facilities is reliable coordination at handoff zones. By formalizing shared workflows, strengthening cross-role communication, and expanding IPC governance to include security as an enabling partner, Saudi dental organizations can reduce cross-infection risk, improve safety culture, and sustain IPC performance during routine operations and outbreak conditions.

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