

Guidelines on infection control



Introduction

These guidelines have been developed by the Dental Board of Australia under s. 39 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law).

The relevant sections of the National Law are attached.

Who needs to use these guidelines?

These guidelines are developed to provide guidance to dental practitioners or those seeking to become registered in the dental profession. They apply to all dentists, dental prosthetists, dental hygienists, dental therapists, dental specialists and oral health therapists.

These guidelines address how dental practitioners can prevent or minimise the risk of the spread of infectious diseases in the dental setting.

Summary

Dental practitioners must practise in a way that maintains and enhances public health and safety by ensuring that the risk of the spread of infectious diseases is prevented or minimised.

Infection control

1 Documentation

- 1.1 Every place where dental care is provided must have the following documents in either hard copy or electronic form (the latter includes guaranteed Internet access). Every working dental practitioner and all staff must have access to these documents:
- a **manual** setting out the infection control protocols and procedures used in that practice, which is based on the documents listed at sections 1.1(b), (c) and (d) of these guidelines and with reference to the concepts in current practice noted in the documents listed under *References* in these guidelines
 - the Australian and New Zealand Standard **AS/NZS 4815:[current edition] Office-based health care facilities – Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment** (dental practitioners work under AS/NZS 4815 *unless* they work within an organisation that operates under

AS/NZS 4187:[current edition] *Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities*)

- Australian Guidelines for the Prevention and Control of Infection in Healthcare* published by the National Health and Medical Research Council (NHMRC) (available from <http://www.nhmrc.gov.au/publications/synopses/cd33syn.htm>)
- The current Australian Dental Association *Guidelines for Infection Control* (available at: <http://www.ada.org.au>)

2 Behaviours

- 2.1 Every dental practitioner and student must:
- ensure the premises in which he or she practises are kept in a clean and hygienic state to prevent or minimise the spread of infectious diseases
 - ensure that, in attending a patient, client or consumer, he or she takes such steps as are practicable to prevent or minimise the spread of infectious diseases
 - act in accordance with the requirements set out in the four documents referred to in Section 1 *Documentation* of these guidelines
 - be aware of his or her infection status for blood-borne viruses, seek expert advice appropriate for a dental practitioner infected with a blood borne virus, for example expert medical advice or advisory panel if diagnosed with a blood-borne virus and cease to perform exposure-prone procedures if viraemic.

3 Declaration

- 3.1 Applicants for initial registration or renewal of registration as a dental practitioner or student will be required to make a declaration that they are aware of their infection status for blood-borne viruses and that they will comply with the Communicable Diseases Network Australia's *Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood-Borne Viruses* **and** with the requirements of the Dental Board of Australia's Guidelines on infection control.

Definitions

Blood-borne viruses (BBVs) include Hepatitis B (HBV), Hepatitis C (HCV) and human immunodeficiency (HIV) viruses. These viruses are transmitted by blood-to-blood contact or, in some instances, with bodily fluids contacting blood or mucosa.

Exposure-prone procedures in dentistry are those oral surgical procedures where there is potential for direct contact between the skin, usually finger or thumb of the dental practitioner, and sharp surgical instruments, needles, or sharp body parts in the oral cavity. In these situations there is a higher risk of injury to the dental practitioner and thus greater potential risk of transmission of blood-borne disease between practitioner and patient because of blood-to-blood contact.

References

1. *Australian Guidelines for the Prevention and Control of Infection in Healthcare* published by the National Health and Medical Research Council (NHMRC) (available from <http://www.nhmrc.gov.au/>)
2. *ADA Guidelines for Infection Control* Current Edition Australian Dental Association
3. various Standards, the Australian Commission on Safety and Quality in Healthcare Standards www.safetyandquality.gov.au
4. *Australian National Guidelines for the Management of Health Care Workers known to be Infected with Blood-Borne Viruses*. Communicable Diseases Network Australia, Published by the Australian Government Department of Health and Ageing Endorsed February 2012 (available from <http://www.health.gov.au/cdna>)

Date of issue: 1 July 2010

Date of review: This guideline will be reviewed at least every three years

Last reviewed: 29 June 2012

Attachment A

Extract of relevant provisions from the *Health Practitioner Regulation National Law Act* as in force in each state and territory

Division 3 Registration standards and codes and guidelines

39 Codes and guidelines

A National Board may develop and approve codes and guidelines—

- a). to provide guidance to the health practitioners it registers; and
- b). about other matters relevant to the exercise of its functions.

Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

40 Consultation about registration standards, codes and guidelines

1. If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.
2. A contravention of subsection (1) does not invalidate a registration standard, code or guideline.
3. The following must be published on a National Board's website—
 - a). a registration standard developed by the Board and approved by the Ministerial Council;
 - b). a code or guideline approved by the National Board.
4. An approved registration standard or a code or guideline takes effect—
 - a). on the day it is published on the National Board's website; or
 - b). if a later day is stated in the registration standard, code or guideline, on that day.

41 Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is

admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.