

# Policy Statement 6.1 – Infection Control

## Position Summary

Patients, dentists and allied dental personnel must participate in dental treatment with minimal risk of cross infection. Any authority which develops infection control regulations, codes, guidelines and standards relevant to dentistry should consult the ADA to seek expert dental opinion. The ADA's publicly available guidelines for infection prevention and control should be the primary reference for dental practitioners.

## 1. Background

- 1.1. The public concern over transmissible diseases has focussed attention on infection prevention and control. Various authorities have developed guidelines to minimise the risk of exposure to infection. The Board has used such guidelines to evaluate the professional conduct of dental practitioners.
- 1.2. Dentistry is performed in settings ranging from hospitals, offices, mobile vans and domiciliary environments. Infection prevention and control guidelines must be adaptable and economically feasible for these situations.
- 1.3. The Board has a Code of Conduct and infection prevention and control resources and requires dental practitioners to affirm their compliance as part of their registration renewal process
- 1.4. The ADA publishes guidelines for infection control and other related infection prevention and control resources.

## Definitions

- 1.5. BOARD is the Dental Board of Australia.
- 1.6. DENTAL PRACTITIONER is a person registered by the Australian Health Practitioner Regulation Agency via the Board to provide dental care.
- 1.7. A DENTIST is an appropriately qualified dental practitioner, registered by the Board to practise all areas of dentistry
- 1.8. ALLIED DENTAL PRACTITIONER are those dental practitioners other than dentists.

## 2. Position

- 2.1. All members of the dental team must take all practical measures available to minimise the risk of disease transmission within the dental environment including vaccination in accordance with the recommendations from the *Australian Immunisation Handbook*.
- 2.2. Any authority which develops infection control regulations, codes, guidelines and/ or standards, relevant to dentistry, should seek expert dental opinion from the ADA.
- 2.3. The techniques and routine work practices used for infection control should:
  - be documented in an infection control manual;
  - reduce the number of infectious agents in the dental practice environment;
  - prevent or reduce the likelihood of transmission of these infectious agents from one person or item/ location to another; and
  - make and maintain items and areas as free as possible from infectious agents.

- 2.4. Infection control regulations, codes, standards and guidelines for dental practice should be evidence based. However, where this evidence is not conclusive, then the philosophy of applying standard, common, or established practice should be adopted.
- 2.5. Dental Practitioners must abide by the Code of Conduct which makes reference to safe treatment and use of the self-assessment tool, and other relevant legislation, guidelines, standards and other jurisdictional public health directives.
- 2.6. The Board should adopt the publicly available "ADA Guidelines for Infection Prevention and Control Fourth Edition" as the primary reference for dental practitioners in Australia.
- 2.7. Infection control standards must recognise and accommodate for the difference in risk between the hospital sector and the primary care setting.
- 2.8. Regulatory authorities should allow for a flexible approach for the management of risk in varying dental environments, recognising the need for risk control measures to be practicable under the national work health and safety legislation.

#### **Policy Statement 6.1**

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