



DENTAL BOARD OF QUEENSLAND

POLICY #4

Infection Control Guidelines

Address: Level 19 Forestry House
160 Mary St.
BRISBANE QLD 4000

Postal: Executive Officer
GPO Box 2438
BRISBANE QLD 4001

Telephone: 61 7 3225 2508
Facsimile: 61 7 3225 2527

Website: www.dentalboard.qld.gov.au

POLICY #4 - INFECTION CONTROL GUIDELINES

BACKGROUND:

Many infectious agents are present in health care settings.

The purpose of infection control is to prevent the transmission of disease-producing microorganisms:

- from one patient to another;
- from dental practitioner to patient; and
- from patient to dental practitioner or other staff (such as an assistant, receptionist, laboratory technician).

Effective infection control requires attention to:

- (a) applying basic measures for infection control (this includes observing standard and additional precautions, identifying hazards, minimising risks and identifying who is at risk from what);
- (b) adopting quality management practices (this includes administrative arrangements such as a documented infection control program that educates and retrains staff regularly and understanding ethical and legal considerations that affect the delivery of dental care);
- (c) developing effective work practices and procedures to prevent transmission of infectious agents (such as correct handwashing and personal hygiene, use of personal protective equipment; environmental hygiene including premises design and maintenance, management of clinical wastes, handling and disposal of sharps, handling of blood, management of incidents involving exposure to blood or body fluid, environmental cleaning, spills management and protection for dental care providers including health status records, immunisation and testing of immune status);
- (d) managing specific infectious diseases (this includes identifying major risk factors and establishing management procedures for patients, dental care providers and staff, instruments and the practice);
- (e) identifying infection control strategies in a specialised health care setting (namely, identifying major risk factors and management procedures pertaining to dental practice).

(Taken from Commonwealth Government Department of Health and Ageing *Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting*)

The National Health and Medical Research Council publication, *Guidelines for the prevention of transmission of viral infection in dentistry* was previously circulated to all dentists registered by the Board.

The NHMRC/ANCA publication *Infection control in the health care setting: Guidelines for the prevention of transmission of infectious diseases* was circulated to all dentists registered by the Board in October 1996.

Following minor amendments in 1998, the revised document was provided to all new registrants until 2004.

The *Public Health Act 2005* provides instruction on the new requirements for infection control in health care facilities providing declared health services. The *Public Health Act 2005* requires dental practices to have an Infection Control Management Plan (ICMP).

An Infection Control Management Plan is a documented plan to prevent or minimise the risk of infection for:

- persons receiving services at a health care facility;
- persons employed or engaged at a health care facility; and
- other persons at risk of infection at a health care facility.

The following need to be included in Infection Control Management Plans:

- a) the infection risks associated with the provision of the service;
- b) the measures to be taken to prevent or minimise those infection risks;
- c) how the owner of the practice will monitor and review the implementation and effectiveness of the measures; and
- d) details of how you will provide training in relation to the ICMP should you engage other employees in the provision of health services; and
- e) how often the ICMP is to be reviewed.

If you are currently in practice, then you are obligated under the *Public Health Act 2005* to have an ICMP within six months of December 2006 commencement date. If you are establishing a new practice then you must have an ICMP prior to providing any declared health services.

Queensland Health's Centre for Healthcare Related Infection Surveillance and Prevention, Queensland Health (CHRISP) has developed tools to assist you in meeting this obligation. The web based tools will guide you through a process of self assessment with the outcome of developing your own individual ICMP. The tools have been piloted and evaluated by a select group of your dental colleagues



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and are now accessible at the Internet address www.chrispql.com/icmp.

REFERENCES:

Health Practitioners (Professional Standards) Act 1999 (Section 6)

Public Health Act 2005 (Chapter 4)

Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting, Commonwealth Government Department of Health and Ageing, January 2004 (available online at www.health.gov.au/internet/wcms/Publishing.nsf/Content/icg-guidelines-index.htm).

Australian and New Zealand Standard AS/NZS 4815 (current edition) Office based health care facilities not involved in complex patient procedures and processes – cleaning, disinfecting

and sterilizing reusable medical and surgical instruments and equipment, and maintenance of the associated environment.

Australian and New Zealand Standard AS/NZS 4187 (current edition) Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities.

Available from Standards Australia www.standards.com.au

19-25 Raglan Street, South Melbourne Victoria 3205
Telephone: 1300 654 646

POLICY:

Dental practitioners should follow current infection control procedures. The Board

recognises the Australian Government Department of Health and Ageing document *Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting* (January 2004) as appropriate guidelines for dental practitioners.

The Board requires that dental practitioners maintain a standard of infection control in the practice of dentistry consistent with that described in this document.

To help dental practitioners maintain appropriate infection control standards, the Board has circulated the Department of Health and Ageing document to all registrants in May 2005 and has developed a checklist of important issues to be considered (see below).

The Board expects registrants responsible for a health care facility will comply with the *Public Health Act 2005*.

Surgeries/Treatment Rooms

Checklist item	Yes	No	ICG Ref	Comments
1. Are floor coverings impervious with sealed joints, easily cleaned and in good repair?			11.2	
2. Are benchtops and work surfaces constructed of an impervious material with sealed joints and easily cleaned?			11.2	
3. Is a designated hand washing sink fitted with no touch taps present?			11.1, 11.6.1	
4. Is hand washing undertaken in dedicated (clean) sinks?			11.1, 11.6.1	
5. Is cleaning of contaminated instruments undertaken in dedicated (contaminated) sinks?			11.1, 11.6.1	
6. Are contaminated and clean zones clearly defined?			35.3	
7. Are all articles within the contaminated zone cleaned and disinfected or sterilised before the next patient treatment?			35.3	
8. Are clean instruments stored covered and protected from aerosols, dust and vermin?			35.1, 35.6	
9. Are instruments intended for use in sterile procedures and in critical sites correctly bagged or wrapped, correctly sterilised and stored protected from moisture, sharp objects, dust and vermin?			16.2.3, 16.2.44.4, 6.4, 35.1, 35.6	
10. Are materials not in use stored, covered and protected from aerosols, dust and vermin?			16.2.3, 35.6	
11. Are surgery floors clean?			18.1	
12. Are surgery floors cleaned daily?			18.1	
13. Are the designated clean areas of the surgery free of visible contamination?			35.6	
14. Are the following non autoclavable equipment cleaned or barrier protected after each patient use?			35.3	
• Bracket tables			35.3	
• Radiographic equipment			35.3	
• Curing lights			35.3	

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Surgeries/Treatment Rooms (cont)

Checklist item	Yes	No	ICG Ref	Comments
• Suction and handpiece tubing			35.3	
• Handpiece cradles			35.3	
• Triple syringes			35.3	
• Intraoral cameras			35.3	
• Hand operated controls			35.3	
15. Are contaminated work surfaces cleaned after patient treatment sessions?			18.1.1	
16. Are opened containers of gloves stored outside the contaminated area/ zone and protected from aerosols?			18.1.1	
17. Is a non-contaminating method used for retrieving clean instruments and materials from storage during a patient treatment procedure?			35.3	
18. Are covered waste receptacles opened by a no touch mechanism easily accessible?			15.4	
19. Are sharps containers complying with AS 4031 or AS/NZS 4261 located in the surgery/treatment room?			14.2 EPA	
20. Are sharps containers located in a safe position to avoid tipping over and out of the reach of children?			14.2 EPA	

Personal Protection Equipment

Checklist item	Yes	No	ICG Ref	Comments
21. Do dental HCWs wear appropriate protective eyewear during dental procedures and when manually cleaning instruments and equipment?			13.1, 13.3, 35.2, 35.3	
22. Are protective gowns/coats worn by all HCWs during dental procedures creating aerosols?			13.1	
23. Are protective gowns/coats removed before eating or leaving the practice?			13.1	
24. Are soiled protective gowns/coats changed if contaminated with blood, or at the end of the session?			13.5	
25. Are reusable soiled protective gowns/coats appropriately laundered?			13.5	
26. Are sterile gowns worn by HCWs during all aseptic procedures requiring a sterile field?			13.5	
27. Are gowns/coats/protective aprons worn by HCWs during instrument reprocessing?			13.1	
28. Are sterile gloves conforming to AS/NZS 4179 used for sterile procedures?			13.5	
29. Are masks conforming to AS 4381 worn by all HCWs during dental procedures likely to produce aerosols?			13.1, 13.4	
30. Are masks changed if moist and visibly soiled?			13.4	
31. Do masks cover both the nose and mouth?			13.4	
32. Are masks removed by touching the strings or loops only?			13.4	
33. Are masks removed and discarded rather than worn loosely around the neck between patient treatment?			13.4	
34. Are protective masks worn during manual instrument cleaning?			13.4	
35. Are gloves worn for all procedures when it is likely hands will be contaminated with blood or bodily fluids, or come in contact with mucous membranes?			13.1, 35.2	
36. Do non sterile single use gloves conform to AS/NZS 4001?			13.2	
37. Are single use gloves changed and discarded after each patient?			13.2	
38. Are single use gloves never washed and reused?			13.2	
39. Are utility gloves used by HCWs during instrument reprocessing?			13.2	

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Handwashing

Checklist item	Yes	No	ICG Ref	Comments
40. Do HCWs wash hands before donning and after removing gloves?			11.6.1	
41. Is a liquid hand wash used?			12.1	
42. Are cuts and open wounds covered with waterproof dressings?			12.3	
43. Are HCWs with skin problems such as exudating lesions or weeping dermatitis referred for medical assessment and excluded from patient care until the condition has resolved?			12.3	
44. Are disposable towels used to dry hands?				
45. Do HCWs remove rings, hand jewellery or artificial nails before washing their hands to don gloves prior to invasive procedures?			12.3	

Sharps Management

Checklist item	Yes	No	ICG Ref	Comments
46. Are sharps handled with care?			16.2, 14.1	
47. Are suture needles picked up with suture holders or artery forceps rather than fingers?			33.2.4	
48. Is soft tissue retraction prior to administering a local anaesthetic injection undertaken using a dental mirror or other instrument rather than the fingers?			33.2.4	
49. Is the passing of sharp instruments between HCWs by hand avoided?			6.2, 14.1	
50. Are sharps disposed of as soon as practicable and by the operator?			14.2	
51. Are sharps disposed of at the point of use (in the surgery/treatment room)?			14.2 EPA	
52. Are sharps disposed of in a sharp container complying with AS 4031 or AS/NZS 4261?			14.2 EPA	
53. Is a written protocol for sharps injury management easily accessible to all staff?			23.1	

Single Use Items

Checklist item	Yes	No	ICG Ref	Comments
54. Are single use items never reprocessed and reused on another patient?			16.2.4	
55. Single use items which have penetrated the skin, mucous membrane or other tissues are discarded immediately after use or at the end of the procedure?			16.2.4	
56. Are dental local anaesthetic cartridges stored in their blister packs?			16.2.4	
57. Is the sterility of implantable items (such as dental implants) verified before use on a patient?			35.7	

Water Lines

Checklist item	Yes	No	ICG Ref	Comments
58. Is all dental equipment that supplies water to the oral cavity fitted with non-return valves?			35.5	
59. Are dental units fitted with an independent water supply, or some other mechanism for reducing the accumulation of biofilm (for example chemical dosing systems)?			35.5	
60. Waterlines are flushed after every use?			35.5	
61. Are waterlines disinfected daily in accordance with the manufacturer's instructions?			35.5	



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Waste Management

Checklist item	Yes	No	ICG Ref	Comments
62. Does the practice segregate waste?			15.2, 15.3	
63. Is clinical waste disposed of in properly labelled containers?			15.3, 15.5	
64. Are clinical waste containers disposed of by an accredited waste disposer?			15.5	

Instrument Reprocessing

Checklist item	Yes	No	ICG Ref	Comments
65. Is the instrument reprocessing area separate from the surgeries/treatment rooms and dedicated for instrument reprocessing?			16.3.2	
66. Are HCWs who reprocess equipment and instruments properly trained?			16.2.1	
67. Are standard precautions followed by HCWs during instrument cleaning?			16.3	
68. Does the practice reprocess instruments and equipment based on their intended use?			16, 16.2.2	
69. Is gross soil removed from instruments immediately after use and as close as possible to the site of use?			16.3.3	
70. Are instruments contaminated with blood and body solutions cleaned immediately to prevent substances drying on the instruments?			4.4, 16.3.3	
71. Are instruments used in semi-critical sites which are not able to withstand sterilisation disinfected to a high level?			7.1, 7.2, 7.3	
72. Are items thoroughly cleaned before sterilising?			34.3	
73. Is an ultrasonic cleaner used in the practice?			16.3.6 AS2777.3 AS2777.2	
If so:				
• Is the solution changed daily?				
• Is the tank cleaned daily?				
• Are foil tests carried out daily?				
• Are lids closed during use?				
74. Is a high temperature thermal disinfectant (dishwasher) used?			16.4	
If so:				
• Is this method used as substitute to sterilisation?				
• Are the proper parameters ensured (temperature and time)?				
75. Are items dried before sterilisation?			16.3.4	
76. Are items inspected after cleaning?			16.3.4	
77. Are ultraviolet light units, microwaves, pressure cookers or domestic ovens used for sterilisation?			16.5	
78. Is a dry heat steriliser used in the practice. If so, does it conform to AS2487?			16.5.3 AS2487	
79. Is the steriliser used according to manufacturer's instructions?			16.5.3 AS2487	
80. Are appropriate systems used to monitor the process of sterilization in the dry heat sterilizer unit?				
81. Are cycle records for the dry heat steriliser kept for 7 years?			16.5.1	



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Autoclaves

Checklist item	Yes	No	ICG Ref	Comments
82. Is a steam under pressure autoclave used for sterilisation?				
83. Does the autoclave comply with AS 2192, AS 1410, or AS 2182?			16.5, *1	
84. Are staff properly trained in the use of the practice autoclave?			16.5, *1	
85. Does the autoclave have a printer attached?			16.5, *1	
86. Does the autoclave have a drying cycle?			16.5, *1	
87. Is the autoclave packed correctly?			16.5, *1	
88. Is the autoclave maintained correctly?			16.5, *1	
89. Is the autoclave calibrated by a technician annually?			16.5, *1	
90. Is the method used in the practice to monitor the sterilisation process consistent with AS/NZS 4815?			16.5, *1	
91. Is batch identification utilised?			16.5, *1	
92. Are autoclave validation reports kept for 7 years?			16.5,1	
93. Is the monitoring process appropriate for the steriliser?				

*1= AS/NZS 4187 or AS/NZS 4815

Practice Management

Checklist item	Yes	No	ICG Ref	Comments
94. Does the practice have a written Infection Control Management Plan?			8	
95. Do HCWs have appropriate immunisation?			5.2	
96. Do HCWs performing exposure prone procedures know their infectious status with regard to blood borne viruses such as hepatitis B virus, hepatitis C virus and human immunodeficiency virus?			5.2	
97. Do HCWs registered by the Dental Board comply with Board Policy #9?				
98. Does the practice use a comprehensive medical history form?				
99. Does the practice provide continuing education in infection control for staff members?			9.2, 22.1	
100. Does the practice have a system for reporting breaches of infection control protocols?			28.1	
101. Does the practice have a protocol for dealing with blood and body substance spills?			18.1	
102. Are staff eating areas separate from surgeries/treatment rooms and sterilising areas?			11.1, 11.4.1	

Approval Date: 5 February 2002

Amended date: 3 May 2005, October 2006, 5 December 2006, 7 August 2007

Next Review Date: December 2008