

# DENTAL BOARD of TASMANIA

*Dental Code*

A By-law pursuant to s11 of the *Dental Practitioners Registration Act 2001* for the purpose of providing practical guidance and direction to dental practitioners in matters of control of cross infection in dental practice, and to repeal *By-law No. 2003/1 Infection Control Guidelines*.

**Short title**

This By-law may be cited as **By-law No. 2007/1**  
**CONTROL OF CROSS INFECTION IN DENTAL PRACTICE**

**Commencement**

This By-law commences on the First Day of December 2007.

**Repeal**

*By-law 2003/1 Infection Control Guidelines* is repealed.

By-law No. 2007/1 was made by the Dental Board of Tasmania at a duly constituted meeting on 28<sup>th</sup> September 2007.

By-law No. 2007/1

**CONTROL  
OF  
CROSS INFECTION  
IN  
DENTAL PRACTICE**

This By-law commences on 1 December 2007

**This document must be kept on site at all times at all  
Dental Surgeries/Clinics**

# DENTAL BOARD OF TASMANIA

## BY-LAW No. 2007/1

### CONTROL OF CROSS INFECTION IN DENTAL PRACTICE

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## 1 OBJECTIVE

1.1 The purpose of the by-law is to provide practical guidance and direction to dental practitioners to assist in interpreting relevant primary infection control management principles as set down in

- The Commonwealth Department of Health and Ageing publication, ***“infection control guidelines for the prevention of transmission of infectious diseases in the DoHA publication health care setting”*** , and
- Australian Standards document AS/NZ 4815 as from time to time revised.

The by-law establishes the minimum standards against which a dental practitioner’s professional conduct may be measured by the Dental Board in exercise of its disciplinary powers.

1.2 Compliance with the minimum standards set out in this By-Law is a requirement of professional dental practice. Failure to comply with the By-Law may lead to disciplinary proceedings being taken against the Registered Practitioner pursuant to section 42(2) (b) of the Dental Practitioners Registration Act 2001.

1.3 A Dental Service Provider (DSP) shall provide dental services in accordance with the mandatory provisions of this By-Law. Failure to comply with the By-Law may lead to proceedings being taken against the DSP under the provisions of section 65 of the Dental Practitioners Registration Act 2001.

1.4 An employed Registered Practitioner cannot avoid liability for breach of this By-Law by assuming compliance with this By-Law by an employer Registered Practitioner or DSP. **It remains the obligation of the Registered Practitioner to ensure compliance with the provisions of this By-Law in respect of every procedure carried out by the Registered Practitioner.** If the Registered Practitioner knows or reasonably ought to know that the provision of dental services undertaken by them is in breach of this By Law they have an obligation not to provide that service until such time as the breach is rectified.

## **2. INTERPRETATION**

- 2.1 In this By-Law the expression "shall" is mandatory. The expression "should" is demonstrative of acceptable practise or procedures. Text in brackets is intended to be explanatory. Headings are for ease of reference only.
- 2.2 A reference to a Dental Health Care Worker (DHCW) includes a Registered Practitioner and Dental Service Provider pursuant to the provisions of the Dental Practitioners Registration Act 2001 as is appropriate.
- 2.3 A Dental Health Care Worker (DHCW) includes any person engaged in the provision of dental services.
- 2.4 A "critical instrument" is an instrument which enters or is capable of entering tissue that would be sterile under normal circumstances.

## **3 RATIONALE**

- 3.1 Cross infection in dental health care may have significant consequences. The reduction of the risk of cross infection therefore requires comprehensive and systematic preventative measures to minimise the risk.
- 3.2 The major risk of infection to patients and DHCW is exposure to blood and to mixtures of blood and saliva which may be contaminated with a wide variety of micro-organisms including blood-borne viruses.
- 3.3 Preventative measures are required to be universal. Medical histories and physical examinations cannot reliably identify all carriers of blood-borne diseases. Patients carrying blood-borne viruses may be asymptomatic and unaware of their carrier or infectious status. As a result all patients shall be considered as potentially infectious.

## **4 APPROPRIATE PRECAUTIONS AND PROCEDURES**

### **4.1 Medical History**

A Registered Practitioner shall ensure a thorough medical history in an appropriate form is obtained at the initial patient appointment and updated at all recall visits.

*(A thorough medical history assists in determining health disorders relevant to proposed dental treatments but should not be relied upon to identify patients as carriers. Significant numbers of patients are asymptomatic carriers or are unaware of their infectious state).*

### **4.2 Training and Review**

A Registered Practitioner shall ensure:

4.2.1 All DHCW engaged in the provision of dental services in which the Registered Practitioner is engaged are aware of this By-Law and,

have acknowledged their awareness by signing a copy of the compliance check list set out in this By-Law as **Schedule 1**. and,

a duly signed copy of Schedule 1 is kept at the practice.

4.2.2 A copy of this By-Law document is available in the practice.

4.2.3 Practice procedures in infection control are reviewed and updated regularly.

### **4.3 Hepatitis B Virus (HBV) Vaccination**

A Registered Practitioner shall ensure:

All DHCW are vaccinated against HBV except, in the event of refusal by any DHCW to vaccinate, counselling should be provided to the DHCW and the fact of the refusal recorded.

*(Registered Practitioners should seek legal advice in the event a DHCW refuses vaccination. Medical certification of DHCW current vaccination status or otherwise shall be provided to the Registered Practitioner or DSP, whichever is the employer. Vaccination is the most effective method of personal protection against acquiring HBV infection from patients. Vaccination does not reduce the need for strict adherence to effective infection control practices, as other chronic virus carrier states are known to exist for which there is no vaccine available).*

#### 4.4 Personal Hygiene

A Registered Practitioner should ensure a DHCW only provides dental services if they: -

- 4.4.1 Have short clean fingernails.
- 4.4.2 Are not wearing rings, watches and arm jewellery or any other object likely to harbour contaminate.
- 4.4.3 Prior to providing dental services to a patient wash their hands using liquid soap; rinse and dry with a disposable paper towel for routine dentistry. Refer to hand washing technique in AS/NZS 4815:2006.

*(Hand washing shall occur before and after every patient contact. Ideally, hand washing facilities should consist of a basin with elbow, wrist, floor operated or sensor taps, and a soap dispenser. Plugs in basins should not be used).*

- 4.4.4 Cover any cuts or open skin lesions with a waterproof dressing.

*(DHCW who have exudative lesions or weeping dermatitis of the lower arms/hands or face, should refrain from direct patient contact until the condition is resolved).*

- 4.4.5 Wear clean and freshly laundered outer protective clothing.

*(The clothing may be domestically laundered).*

- 4.4.6 Do not consume food and drink in the clinical and sterilising areas.

## 4.5 Personal Protective Equipment

A Registered Practitioner must ensure appropriate personal protective equipment (PPE) is worn by a DHCW providing dental services or when dealing with biological hazards. Appropriate PPE includes: -

4.5.1 Gloves must be worn for all patient examinations and procedures unless extraordinary circumstances apply. The following indicates glove type and their application:

- Non-sterile and surgical gloves must comply with the standard of AS/NZS 4011 and AS/NZS 4179 respectively.
- Non sterile gloves should be used for all non-invasive dental procedures and environmental/surface cleaning.
- Sterile surgical gloves must be used for any invasive procedures including but not limited to; incision into soft tissue or surgical procedures, or, handling or conveying critical instruments, or instruments required to be sterile at the point of use.
- Non sterile latex-free gloves should be used for instrument reprocessing and within the central sterilisation bays.

Note: Latex-free gloves should also be used by staff who have developed a sensitivity or allergy to latex and when assessing or treating patients that have indicated a sensitivity or allergy to latex.

*(Gloves are not a substitute for hand washing practices, as gloves may have defects that are not immediately obvious, or may become damaged during use. Gloves are single use items and must not be used on another patient. They must be replaced if damaged. Sterile or procedural gloves should be removed carefully and discarded to avoid contamination of hands or other surfaces).*

### 4.5.2 Masks/Chin-Length Shields

Masks must be worn whenever there is a possibility of splashing, splattering or contact of blood or other body substances, or where airborne infection may occur, i.e. during treatment of patients, when cleaning the clinical area including cleaning up spills and when manually cleaning dirty instruments. Masks must cover both mouth and nose when worn. Masks/shields must be removed as soon as practicable after they become moist or visibly soiled. In situations where a heavy aerosol is generated, masks/shields may need to be changed during the course of the treatment.

#### 4.5.3 **Protective Eyewear**

Protective eyewear must be worn by DHCW to protect eyes from damage from macroscopic particles, chemical injury, and microbial infection. Eyewear must be impact resistant and should afford peripheral protection. The use of visors should also be used over/in addition to prescription glasses, as prescription glasses may not provide adequate coverage/protection of the eyes. Patients shall be requested to wear protective eyewear during their treatment and informed consent obtained in the event they decline.

#### 4.5.4 **Outer Protective Clothing**

In clinical practice outer protective clothing shall be worn when undertaking procedures that involve the likelihood of blood or bodily fluid contamination. The outer protective clothing should be fluid resistant. Outer protective clothing should be changed at least daily and must be changed when visibly soiled. Outer protective clothing and protective equipment shall be removed before leaving the clinical area.

#### 4.5.5 **Footwear**

Footwear should be worn that is capable of protecting DHCW from injury or contact with sharp objects (e.g. if sharps are accidentally dropped).

#### 4.6 **Sterilising Environment**

A Registered Practitioner should ensure:-

- 4.6.1 The planning and construction of any sterilising area of a dental surgery incorporates the principles of environmental control in the sterilising facility so as to minimize particulate contamination and bio burden.

*(Consideration should be given to the workflow and wall and floor surface finish).*

- 4.6.2 Existing sterilising facilities conform to environmental control requirements.

#### 4.7 Work Methods

Transmission of infection can potentially occur from patients to DHCW and vice versa by a number of pathways in the dental surgery environment.

The Registered Practitioner shall ensure dental service provision procedures are developed so that the risks of cross infection are minimised by ensuring: -

##### 4.7.1 Primary Clinical Area

The development of the concept of a Primary Clinical Area around the patient.

*(Primary Clinical Area includes the work surfaces of both the registered practitioner and any assistant, but excludes clinical notes, computers and x-ray viewers, which should be kept away from the primary clinical working area).*

##### 4.7.2 Contamination by touch

That touching surfaces, stored instruments and materials by contaminated gloved hands is avoided.

*(Gloves should be removed and hands washed prior to dispensing materials from their containers into the clinical area. Alternatively, over gloves may be used. Drawers should be opened by elbow touch, degloving or a suitable no touch technique, e.g. use of transfer tweezers or single use barriers on handles. Retrieval of instruments or materials from drawers shall be by transfer tweezers that are kept separate from the other instruments. Transfer tweezers may be handled with gloved or ungloved hands during a case and should be sterilised at the end of each case. Pre-cut supplies of some materials e.g.; floss, cellulose acetate strips, gingival retraction cord and articulating paper, may be stored in drawers and predispensed before procedures or retrieved with transfer tweezers).*

##### 4.7.3 Sterile Instrument Delivery

4.7.3.1 A system of sterile instrument delivery is in use.

*(Each patient treatment should be planned so that all instruments and materials necessary for patient care are available within the clinical area. This provision reduces surface contamination. It is unnecessary to adopt measures of asepsis that are more appropriate for an operating theatre environment. However, when surgical procedures are being undertaken the sterility of instruments should be maintained by the use of packaged sterile gloves, the use of disposable sterile surgical drapes on bracket tops and, maintaining a no-touch technique. There is a danger of contamination being spread via aerosols. Consequently, critical items outside the primary clinical area should be stored under cover or removed from the bench tops.)*

4.7.3.2 Drawers and cupboards shall not remain open during treatment and in the event critical items have been exposed they shall be considered to have become contaminated. An effective cleaning of potentially contaminated equipment and surfaces shall be carried out between all patients).

#### 4.7.4 **Disposable Materials**

That disposable materials and equipment are used where appropriate.

#### 4.7.5 **Single Use Items**

4.7.5.1 That single use items are not be used on another patient.

*(e.g. endodontic files and reamers).*

4.7.5.2 A new sterile disposable needle and a new cartridge of local anaesthetic shall be used for each patient requiring local anaesthetic.

#### 4.7.6 **Sharps**

That written protocols for safe handling of sharps are in place and that DHCW are trained in the recommended handling techniques.

*(Particular care should be taken to avoid needle-stick injuries and cuts from sharp items. Needle-stick injuries offer the greatest potential for serious cross infection. Particular care shall be taken in managing injection needles, suture needles, surgical blades and sharp periodontal instruments. The person who has used a sharp instrument shall be responsible for its immediate safe disposal following its use. This shall be at the point of use wherever possible. Resheathing needles increases the risk of unintentional needle-stick injuries. Gloves do not provide protection against this injury. If a dental syringe must be re-capped a one-handed technique should be used, either a scoop technique or preferably with a protective recapping device. Needle recapping shall never involve two hands because of the potential for injury. Workflow practices should be developed to minimise cross-reaching by assistants and inadvertent needle-stick injury).*

#### 4.7.7 **Needle stick Injuries**

That all needle stick injuries are recorded as part of OH&S processes.

*(All OH&S emergency procedures and protocols in respect of DHCW investigation and treatment should be observed).*

#### 4.7.8 Minimising Aerosols and Splatter

That appropriate steps are taken to minimise the spread of blood and saliva.

In order to reduce the risk of disease transmission in the dental environment the spread of blood and saliva shall be minimised by reducing the generation of aerosols and splatter and reducing the bacterial load by:

1. Use of a high volume evacuator which exhausts externally during aerosol-creating procedures such as ultrasonic and air-turbine procedures.
2. Taking particular care with dental lasers and air abrasion devices that create particular bio aerosol hazards. Extra control measures for these aerosols, such as purpose built ventilators and high velocity suction devices, are required. Some pathogenic viruses such as human papilloma virus are not inactivated by laser or electro-surgery procedures, and appropriate filtration masks and suction are necessary to prevent inhalation. Air abrasion devices create alumina dust, which can become a respiratory irritant for both DHCW and patients. In such circumstances, high efficiency particle arrest filtration and vapour filtration are indicated.
3. Use of a rubber dam to reduce the risk of contamination by infective aerosols. Use whenever possible to isolate an area of the patient's mouth during treatment.
4. Use of an antimicrobial mouthwash by the patient for 30 seconds prior to any intraoral procedure - especially high speed instrumentation - to reduce the resident and transient micro-organisms which are capable of transmitting disease.

#### 4.8 Sterilisation

A Registered Practitioner shall ensure:

- 4.8.1 **AS/NZS 4815:2006 Office based health care facilities – Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment** is kept at the practice. In addition the Commonwealth Department of Health and Aging Publication 2004. "Infection Control Guidelines for the transmission of infectious diseases in the health care setting" shall be kept on site.

#### 4.8.2 **Steam sterilisation**

Except as provided by this part a steam steriliser or steam under pressure steriliser shall be used for sterilisation.

*(Sterilisation results in the complete destruction of all micro-organisms on an inanimate object or instrument. It is contrasted with disinfection which only results in the destruction of organisms in the non-spore or vegetative state by using either heat and water (thermal) or chemical means. Disinfection of instruments has been replaced by sterilisation. In dentistry, chemical disinfectants should not be used). Each practice should have a contingency plan for sterilisation in case of breakdown.*

#### 4.8.3 **Cleaning**

Cleaning occurs prior to sterilisation procedures.

Cleaning of instruments may be effected manually or preferably utilising an instrument washer/disinfector or an ultrasonic cleaner. Visible bio burden should be removed manually before the use of ultrasonic cleaners.

The use of utility gloves over clinical gloves during cleaning is highly desirable to reduce the risk of injury by sharp instruments.

Household detergents shall not be used as they interfere with the sterilisation process. Purpose designed detergents are available to facilitate cleaning. Ultrasonic machines may be used to remove non-visible bio burden. All items/instruments shall be rinsed after cleaning and prior to being placed in the ultrasonic machine.

Heavy items such as extraction forceps do not allow the ultrasonic machine to work well and should be placed into the ultrasonic machine separately.

All ultrasonically cleaned items shall be rinsed in warm to hot running water, dried and visually inspected.

#### 4.8.4 **Dry Heat Sterilisation**

In the event dry heat sterilisation is used for the sterilising of anhydrous items and items sealed within impermeable containers such dry heat sterilisation procedure conforms with AS/NZS 4815:2006, section 4. ***Sterilising Equipment.***

#### 4.8.5 Instruments to be sterile

That all instruments and other items that come into contact with the patient's blood, saliva, or mucous membranes, are sterile before reuse.

All hand pieces shall be sterilised. *(The majority of reusable dental instruments are heat stable and should withstand repeated exposure to heat sterilisation cycles).*

#### 4.8.6 Validation of Sterilisers

Any steriliser used in the provision of dental services is validated in accordance with the Standard AS/NZS 4815:2006 Appendix F **Office based health care facilities – Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment.**

*(Validation is an on-site test to establish that the loaded steriliser will consistently achieve sterilisation. It consists of 3 stages. Installation Qualification referred to as IQ, Operational Qualification referred to as OQ, and Performance Qualification referred to as PQ).*

#### 4.8.7 Records to be kept

4.8.7.1 Records of the Installation Qualification (IQ) of the validation process of a steriliser are kept and available on site for the preceding 7 years.

A steriliser shall be revalidated in the event of significant re-positioning within the sterilising environment and also revalidated following service or any modification of technique, packaging, load size or content, or technical changes to the steriliser. *(If there is no deviation from the validated sterilising process sterility of processed instruments can be assumed.)*

4.8.7.2 Records of the Operational Qualification (OQ) of the validation process of a steriliser are kept and available on site for the preceding 7 years.

4.8.7.3 A Performance Qualification report is obtained annually and verified by a Registered Practitioner.

4.8.7.4 As confirmation instruments have been exposed to the sterilisation process, indicators are included in every load/package.

*(Any change in colour, e.g. lightening, may indicate that the steriliser has become inefficient and cannot be relied upon to produce acceptable sterility).*

4.8.7.5 A steam steriliser has a device to allow recording and verification of each cycle and adequate records are kept of routine chemical and biological testing of the steriliser.

*(An adequate record is a documentary record which confirms the outcome of a cycle without the need for assumption. Note: Any failure of a biological test indicates a need for revalidation or service.*

*The steriliser shall be loaded and operated according to the manufacturer's instructions).*

#### 4.8.8 **A steam steriliser to have drying cycle**

A steam steriliser shall have a drying stage as part of its sterilisation cycle.

#### 4.8.9 **Sterile instrument storage**

Critical instruments that are to be stored are sterilised in correctly sealed packaging that is intended for storage purposes. Non-critical instruments shall be stored in a clean, dry and dust free environment following sterilisation.

## 4.9 Tracking

A Registered Practitioner shall ensure:-

### 4.9.1 Critical Instruments

Tracking of a critical instrument from a steriliser batch to the patient.

### 4.9.2 Records to be kept

That each critical instrument has batch control identification which designates:

- Steriliser identification number or code (if there is more than one steriliser within the office-based health care facility);
- Date of sterilisation;
- Cycle or load number; and
- The manufacturer's batch/lot number of any commercially prepared implantable materials.

### 4.9.3 Transfer to patient records

The information required in 4.9.2 hereof is transferred to the patient record.

## 4.10 Cleaning and Disinfection

A Registered Practitioner shall ensure:

### 4.10.1 Cleaning

That surfaces within the surgery are clean.

*(Surfaces most likely to become contaminated with bio burden (body fluid/soilage/splatter) as a result of treatment procedures should be cleaned after each patient consultation. These surfaces include, but are not limited to, the patient chair, dental tray, spittoon, overhead light handle, x-ray head and any items/surfaces which have been contaminated with bio burden from dental personnel gloves, e.g. composite syringes, capsules, spatulas, mixing slabs, curing light surfaces and drawer handles.)*

Disposable contact wrap or commercially available 'fitted' covers, where applicable, are used on frequently contaminated surfaces. The wrap/cover shall be changed between patients.

**Note:** Using a disinfectant on, for example, a bracket top between patients, does not result in a sterile surface and if incorrectly used, merely functions as a cleaner. Where sterility of instruments is to be maintained the bracket top shall be covered with a disposable sterile drape.

Appropriate cleaning agents are solutions manufactured for cleaning all items of equipment and environmental surfaces. They also assist in the removal of bio burden which shall always occur prior to any cleaning process.

Cleaning agents for surface cleaning should be:

- biodegradable
- non-corrosive
- non-toxic
- non-abrasive
- low foaming
- free rinsing
- mildly alkaline (pH range 8.0-10.8) to assist in protein breakdown

In addition, cleaning agents should not contain any of the following agents:

- perfumes
- chlorine
- fatty soaps
- glycerine
- lanolin
- optical brightener

Ready-to-use cleaning solutions are preferable because

1. Errors in dilution strength are avoided.
2. Appropriate labelling of product is self-evident.

If bulk concentrated solutions are used care shall be taken to follow manufacturers' instructions for dilution and dispensing.

#### 4.10.2 **Disinfection**

Disinfection takes place when there is the need to decontaminate after a blood, body fluid or vomit spill.

*(Over-use of disinfectants can have a negative impact on infection control practices. In general chemical disinfection is not indicated except under a number of exceptional circumstances; e.g. hypochlorites for use directly on blood and body fluids in the management of accidental blood spills from equipment.*

*Commonly Used Disinfectants in the Dental Setting include Hypochlorites (e.g. Milton, Domestos, Presept) which destroy a wide range of micro-organisms and are effective against the Hepatitis B and HIV viruses. Their activity is reduced in the presence of organic matter, and they are corrosive at concentrations necessary for environmental disinfection. For use directly on blood and body fluids - 10,000ppm or 1% Caution: Care shall be taken to obtain the correct dilutions. Not recommended for: upholstery (bleach/fade), bench top units, chrome and other metal surfaces. Recommended for floors, ceramic basins, body fluid contamination. Contact time: 10 minutes).*

#### 4.11 **Water lines and water quality**

A Registered Practitioner shall ensure:-

##### 4.11.1 **Anti retraction valves**

That dental unit water lines contain anti retraction valves to prevent dripping and avoid the potential which exists for infectious material to enter the water lines.

*(Anti retraction valves (one-way flow check valves) are required by Local Council Regulations to be installed to prevent fluid aspiration and reduce the potential for transfer of potentially infective material into the public water supply. Routine maintenance of these valves is necessary to ensure effectiveness. Unless otherwise stated manufacturers should be consulted to establish an appropriate maintenance routine)*

#### 4.11.2 **Flushing**

The water supply to hand pieces, air/water syringes and ultrasonic scalers is flushed for at least 30 seconds prior to the commencement of treatment each day and for at least 30 seconds after each patient.

(For dental units equipped with an independent water supply the manufacturer's instructions shall be followed).

#### 4.11.3 **Sterile fluid for surgery**

That fluids used for surgical procedures is sterile.

#### 4.11.4 **Potable water for rinsing**

Water used for mouth rinsing is of potable standard.

#### 4.11.5 **Potable water for irrigation**

Water required for irrigation, for tooth preparation and ultrasonic scaling is of no less than potable standard.

*(A hierarchy of water quality is required for dentistry.*

*Note: Bio film and dental unit water lines are an unknown hazard. It is prudent to treat immunocompromised patients using water in which the number of colony forming units (CFU) per ml is less than 200. CFU levels can be measured using commercially available test strips).*

#### 4.12 **Disposal of wastes**

A Registered Practitioner shall ensure:-

##### 4.12.1 **Contaminated sharps**

Contaminated sharp disposables are placed in a rigid impervious container which meet the requirements specified in AS/NZS 4031:1992 or AS/NZS 4261:1994 as appropriate and which is sealed prior to disposal.

#### 4.12.2 **Contaminated disposables**

All contaminated disposables reasonably likely to be infectious, including waste drugs and other surgical waste is placed bagged in a rigid impervious container.

#### 4.12.3 **Disposal of containers**

Disposal of any container set out in this part is not permitted in general refuse services provided by the local municipal council.

*(Contaminated sharp disposables; needles, scalpels and local anaesthetic cartridges should be handled with extreme care to avoid injuries).*

#### 4.13 **Technical Laboratory Items**

This part is for the guidance of Registered Practitioners.

All work going to the laboratory shall be washed with detergent and water, rinsed in running water and then inspected to ensure that it is free of blood or visible foreign matter, for example denture adhesives. The work should be placed in a plastic bag and sealed and labelled. If sealed items are transferred in laboratory boxes the boxes should be wiped with detergent and water prior to being used.

Completed appliances should be cleaned before insertion.

#### 4.14 **Instruments for Repair**

This part is for the guidance of Registered Practitioners.

All heat-stable instruments, including hand pieces, should be cleaned and sterilised and sealed in a suitable container as for normal patient preparation before being sent for repair. For the service person's information, the item should be labelled as 'has been sterilised'.

## Schedule 1

### COMPLIANCE CHECK LIST

#### General

- Staff training
- Documented infection control policy
- Policy reviewed, reinforced, updated.
- Practice follows "Standard Precautions"
- Bio burden removed prior to cleaning or sterilisation
- Hepatitis vaccination for staff or signed declination
- Staff aware of cuts and needle-stick potential
- Current medical histories for patients

#### Personal Hygiene

- Staff fingernails short and clean
- No hand jewellery
- Efficient hand washing before and after treatments
- Cuts and open skin lesions covered

#### Personal Protective Equipment

- New pair of gloves per patient
- Sterile gloves when required

#### Work Methods

- Work methods minimise risk of cross infection
- Designated primary clinical area
- No cross contamination of primary clinical area
- All environmental surfaces, floors and walls smooth and easily cleaned
- Sterilised instruments segregated
- Required instruments available in the primary clinical area
- Staff wear protective glasses and barrier face masks
- Patients wear protective eyewear
- Outer protective clothing worn/laundered/disposable/confined to surgery
- No food or drink in the clinical areas
- Disposable local anaesthetic and needles
- Protocol to be implemented for needle-stick/sharp injury/body fluid splash - OH&S
- Documentation of all needle-stick/sharps injury/body fluid splash - OH&S

## **Cleaning & Sterilisation**

- Only sterile instruments penetrate tissues.
- Only sterile gloves touch instruments which are required to remain sterile
- All heat stable instruments sterilised
- All heat sensitive equipment disposable and discarded
- Cleaning agents stored correctly
- Instruments precleaned, steriliser correctly loaded, stacked, suitable water
- Steriliser maintained, calibrated and sterilisation process validated
- Water lines flushed / anti- retraction valves / bottled sterile water
- Correct disposal of sharps, contaminated disposables, liquid wastes
- Impressions and models rinsed, labelled and contained for transport
- Instruments and hand pieces sterilised before dispatch for repair

## **Schedule 2**

### **References**

AS/NZS 4815:2006 – Office based health care facilities – Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment.

Australian Government, Department of Health & Aging 2004 (Infection Control Guidelines)

A.D.A Victorian Branch – Systematic Operating Procedures 2005

New Zealand Code of Practice - Control of Cross Infection in Dental Practice 2002.

AS/NZS 4031:1992

AS/NZS 4261:1994

AS/NZS 4011:1997 and Amendment 1 (1998)

AS/NZS 4179:1997