Dental Practice Infection Prevention and Control Resource List

Standards & Guidelines		
Agency	Title	Edition (at time of printing)
Dental Board of Australia (DBA) www.ahpra.gov.au www.dentalboard.gov.au	*Dental Guidelines on Infection Control*	April 2011
Australian and New Zealand Standards (AS/NZS) 4815 **or see below** www.standards.org.au	***Office based health care facilities***- *Reprocessing of reusable medical and surgical instruments and equipment and maintenance of the associated environment*	Current : 2006
(Or) Australian and New Zealand Standards (AS/NZS) 4187 www.standards.org.au	*Reprocessing of reusable medical devices in health service organisations*	Current : 2014
Commonwealth of Australia – National Health and Medical Research Council (NHMRC) http://www.nhmrc.gov.au/guidelines/publications/cd33	*Australian Guidelines for the Prevention and Control of Infection in Healthcare*	Current: 2010
Australian Dental Association (ADA) www.ada.org.au	*Guidelines for Infection Control*	Current:2015

Accreditation / Educational Tools
Australian Commission on Safety and Quality in Healthcare
www.safetyandquality.gov.au

Hand hygiene
Agency: Hand Hygiene Australia
www.hha.org.au

Oral Health and Infectious Diseases
Agency: Australian Society of HIV, Viral Hepatitis, and Sexual Health Medicine
Publications: Dental and Orofacial Health and Hepatitis C and Dentist and HIV
www.ashm.org.au

Single Use Devices - Australian Regulatory guidelines for medical devices
Agency: Therapeutic Goods Administration
www.tga.gov.au

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(Oral) Surgery
Agency: Australian College of Operating Room Nurses (ACORN)
ACORN Standards for Perioperative Nursing
www.acorn.org.au

Staff Health / Occupational Exposures / BBV
Agency: Department of Health and Ageing, Communicable Disease Network Australia (CDNA)
Australian National Guidelines for the Management of Health Care Workers Known to be infected with Blood-Borne Viruses
www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm

Agency: Department of Health and Ageing
The Australian Immunisation Handbook 10th Edition 2013 updated June 2015
http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home

Triage - assessing the appropriateness of treatment /deferral. EG: Patient "I am sick, I have ……. Should I come to my appointment today?"
Agency: State or Territory Health Department
EG: Victorian Government of Human Services 2005
The Victorian Blue Book – Guidelines for the control of infectious diseases

https://www2.health.vic.gov.au/public-health/infectious-diseases

Agency: Australian Society for HIV, Viral Hepatitis, and Sexual Health Medicine
Publication: (New) Post Exposure Prophylaxis after Non Occupational and Occupational Exposure to HIV (2013) National Guidelines
www.ashm.org.au/Documents/Guide%20for%20the%20Management%20of%20Occupational%20and%20Non-Occupational%20Post-Exposure%20Prophylaxis.pdf

Waste Management
Agency: State or Territory Authority
EG: EPA Victoria
Clinical & Related Waste – Operational Guidance
www.epa.vic.gov.au/business-and-industry/guidelines/waste-guidance/clinical-waste-guidance

Related Infection Control and Sterilisation Associations

Australasian College of Infection Prevention and Control
www.acipc.org.au
Sterilising Research Advisory Council of Australia
www.sraca.org.au

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Questions and answers

Dental Infection control part 1

16 March 2016

1. Although herpes and cold sores are not blood borne viruses, what is the best method to approach this situation if your dental procedure creates a high level of water vapour?
   Answer: NHMRC 2010 [6] Section B5.2 Type and duration of precautions for specific infections and conditions – General: Standard Precautions. Specific: Contact Precautions apply. Section C2.3 Exclusion periods for Healthcare Workers (HCW) with acute infections.

2. Is it best to defer treatment to prevent spread of lesions on the patients mouth/face as well as reduce risk of contamination to practitioner and nurse (i.e. debris or water droplets going under margins of protective glasses like prophy sometimes can!)
   Answer: See above. When Standard precautions are indicated, deferral is often still suggested for the comfort of the patient. Appropriate used PPE should provide adequate protection for HCW and patients must always be fitted with appropriately fitted protective glasses.

3. What do you recommend to do with alginate impressions? We currently soak them in a 1:10 milton/water solution for three minutes.

   Answer: Milton's I understand to be a TGA registered product - 'hospital grade' disinfectant

   TGA
   1. MILTON ANTI-BACTERIAL SOLUTION HOSPITAL-GRADE DISINFECTANT
   Product Type Single Device Product **Effective date** 3/07/2002
   UMDN 30059 Hospital grade, non critical surface
   Intended purpose Not included on record

   AS/NZS4187:2014 1.5.28 Hospital Grade disinfectant: Suitable for general purpose disinfection of building and fitting surfaces….not involving instruments

   Read recommendation in ADA 2015[8] [Page 34] outlines how to manage impressions. There are also other commercial disinfectant products on the market; specifically for impressions should you consider disinfection necessary.

4. Are currettes for dental hygiene considered semi-criticial or critical items under spaulding classification?
   Answer: A curette may be either, depending on how it is used. If it is used to remove supragingival calculus it is not a critical instrument however, if the procedure results in working in an area that would normally be sterile tissue then it is a critical instrument. The level of risk to the patient depends on where and how the instrument is 'used', not what the instrument is. Hence the most efficient way to process instruments is in a packaged manner with a batch control identifier 'tracking details' applied, then a practitioner can 'track' if clinical use requires.

5. Would you be able to recommend a cold sterilisation liquid?
   Answer: Sterilisation can be achieved with a liquid sterilant. However, this requires exposure for extended time [hours] and the instrument grade product required has significant OH&S requirement, users must be educated and use must be in a specifically controlled environment. Hence, we do not use this mode of sterilisation in office-based practice. This question ['cold steri'] may be about 'disinfection' and is a great example of ensuring the terminology we use is current. To be covered in the upcoming session.

6. What's the current take on having barriers or plastic sheaths over bracket tables and the patient headrest? thank you
   Answer: NHMRC 2010[6] Read Section B1.4 outlining the recommendations I referred to in the lecture. Barriers are recommended for surfaces that will be touched by gloved hands, likely to be contaminated with blood and body fluid and are difficult to clean. I believe there is little infective potential from the headrest, however some practices use a barrier to prevent hair product and wiping solutions from damaging the chair upholstery. Excessive and poor use of barriers has undermined their true value if used appropriately. There is a good range of degradable products on the market now.

7. So should/can we soak LA in hot water to help make LA more comfortable for pt?
   Answer: I do not recommend this.
8. Are handfiles for patients in endo single use only? Or can they be sterilsed & reused? thank you
   Answer: For all products you should verify the manufacturer's recommendations – single use or instructions for use eg: how to reprocess. Read ADA 2015[8] page 36 and AS/NZS 4815:2006 clause 2.9.1
9. How should impressions be sterilised? e.g alginate? PVS? thanks should they be soaked in detergent or just washed in water?
   Answer: see above ADA reference. Impressions cannot be or could not tolerate, sterilisation. I believe you mean 'decontaminate or disinfect'.

10. Does surface barriers mean wiping of surfaces beneath it with e.g alcohol wipe are not required? thank you
    Answer: Read NHMRC Section B1.4 on barrier use. Also read the entire article [not just abstract] Stefano Petti DMD et al. American Journal of Infection Control 41 (2013) 836-40 Effect of disposable barriers, disinfection, and cleaning on controlling methicillin- resistant Staphylococcus aureus environmental contamination
    For surface wiping, in most instances 'neutral detergent' would be indicated. If you are going to use alcohol wipes you must first clean the surface. You will also find alcohol products will damage equipment with repeated exposure.
11. Are you aware of any risk assessments / research carried out in relation to recapping of used (Local anaesthetic) needles versus removing and disposing without recapping?
    Answer: Not published literature off the top of my head, unfortunately there is little literature that pertains to dental practice. Dentistry is unique, in that we use a 'reusable syringe' and disposable needle, and hence we need to remove the needle. In all other health settings they throw the entire injecting mechanism away in one piece [syringe and needle], hence reducing injuries. Unfortunately we cannot do this.
    There are engineered safety devices on the market to lessen the likelihood of injuries eg: Ultra Safety Plus | septodont the use of these will have implications on the size of sharps containers required.
    Read NHMRC 2010[6] C2.6

12. how often should you have immunisation/status tested when changing employment
    Answer: Read NHMRC 2010[6] C2.2 Your immunisation status should be ascertained and you should keep a record, you can then use this at the time of employment.*

    References
    6. NHMRC 2010 Australian Guidelines on the Prevention and Control of Infection in Health care settings. http://www.nhmrc.gov.au/guidelines/publications/cd33

    8. ADA 2015 Guidelines for Infection Control www.ada.org.au

    ***General Statement: Some facilities and Public Health services may have specific policies and procedures in addition to the regulatory requirements. Conditions of employment generally require you comply with these directives.

Questions and answers

Infection Control Part 2 webinar

23 March 2016

Does the clean and rigid container require a lid for transportation?

AS/NZS 4815 2.4 'the container shall be puncture resistant and leak resistant. They may require a lid or inner liner that can be closed'. AS/NZS 4187 A6.2.2.1 Designated containers …. should be (C) able to be surely sealed or locked to prevent tampering (where applicable)' In most organisations a lid is used to prevent spilling in the event of a trip or fall and also for aesthetic reasons if movement includes public corridors.

If a practice pre-cleans with an ultrasonic cleaner - is manual scrubbing still required with appropriate PPE?

AS/NZS 4815 2.9.3.3 (b)' rinse off blood and other visible soil before immersing the instruments in the water tank' Specific considerations …(iv) ' blood and gross debris should be rinsed off instruments prior to immersion in the water tank' . ** it is interesting to note the revised AS/NZS 4187 6.2.3 (d) 'an RMD shall have visible soiling removed before being processed using an ultrasonic …….after removal it is subject to a further manual or mechanical cleaning process.'

Do items that are being tracked have to itemise the item exactly eg: distinguishing between forceps, elevators, etc

No. Your clinical notes should indicate the extent of treatment eg: elevator forceps extraction or surgical removal. The details of all critical items used are recorded for this episode of treatment. In the event of a 'look back' all cycles implicated (by tracking information) in the treatment of the patient will be reviewed, along with the units 'cycle log', validation document, and maintenance history. Your practice manual will be reviewed to support your ANTT.

We use Foxplanes (placed in mouth for gauging if a registration rim is in line with campers plane when making a denture) If we are unable to put a Foxplane through an autoclave due to the type of plastic it's made of, what method of disinfection would you recommend?

A Fox occlusal plane is classified as a semi critical item. Despite being plastic it may well be sterilisable. In the first instance you should check the IFU. Unfortunately, if it is heat sensitive it requires [minimum] high level disinfection which is achievable by thermal disinfection or chemical means. As indicated in the lecture, I do not recommend the reintroduction of 'aldehyde' products in office base practice.

How would recommend we disinfect shade guides?

I would verify what the IFU indicate in the first instance. Manufacturers are obliged [ISO 17664] to provide validated recommendations for use and rending an item safe for reuse or deeming it 'single use'. By asking the question of the manufacture, we apply pressure to ensure they meet their requirements, in turn make our job easier. Despite progress to standardising reprocessing, there are still some items on the market that fall outside of the requirements. This will change overtime, however in the interim depending on the type of guide you are referring to, if thermal disinfection is applicable and available this is recommended. Read AS/NZS 4815 1.5 –items that cannot be sterilised or disinfected discusses barriers [ideal for intraoral cameras etc but not suitable when selecting shades] and reprocessing to the highest level possible between use. Immersion disinfection has the capacity to achieve intermediate or low level disinfection, however will the product impact the 'shade'. Sorry no simple answer here.

Hi Amanda, last session you mentioned that the brand of the hand wash and moisturiser should be the same. May I know why? Thank you.

Read NHMRC 2010 B1.1.3 page 39 'All hand hygiene products should be chemically compatible. It is advisable that HH and hand-care products are from a range made by a single manufacturer as this ensures compatibility between products.

In my workplace we put packaged items in the autoclave plastic side down, should we be putting them paper side down? Are the items successfully sterilised if the packages are plastic side down?

What is important here is the mechanism of air removal your steriliser uses. If you steriliser does not have mechanical air removal eg: downward displacement only, your load should be oriented vertically or paper side down. If you have a unit that uses mechanical air removal [type B cycle] whilst loading techniques are important, it is not as critical as in downward displacement. W&H Lisa units I believe are the only unit that indicate in their IFU; loading will be laminate side down. If this is the case and you have no issues with 'wet loads' you may continue based on their recommendation.

I may have missed the slide (or it was addressed last week) but I was wondering what the legal requirements are for clincal waste (i.e extracted teeth and bloody gauze)?

Due to the breadth of the audience I recommend you verify the requirements of your respective jurisdiction, as there is no National guide on clinical waste. Most State and Territory EPA have guidance documents also check with your 'clinical' waste contractor – what processes they use for terminal disposal this will dictate what you do with teeth and those that containing mercury. Read the ADA 2015 page 10

What is the shelf life for a product sterilized in house?

AS/NZS 4815 does not nominate a timeframe. Read Section 9 - 9.6.1 Shelf life.

If there is condensation in the pouches after sterilisation through autoclave, are they able to be used or do they need to be re pouched and sterilised again through autoclave?

Items that are wet on completion of a cycle are required to be reprocessed. If this is an ongoing issue you really need to address it. Consider the following: Ensure all items are dried prior to packaging. Significant amounts of polymer /plastic in the load are poor conductors and difficult to dry - try spreading the plastic items over several loads if possible. Load orientation - if the load contains packaged and unpackaged items – the unpackaged tray should be loaded under the tray of packaged items. Loading vertically using a rack or ensuring paper side down may also assist. Overloading can also be an issue - pouches overlapping or long pouches being folded over to enable more in the load. If all else fails, ask the technician at annual requalification to consider adjusting the time of the dry cycle.

How should extracted teeth and blood soiled gauze be disposed of ?Is there a variation to the method of disposal if the tooth has amalgam in it.

Please see response above .

How long is Sterilisation records kept for?

As you consider your patients records. Whilst seven years is often indicated, treatment of minors must be considered hence requiring retention for longer. Generating electronic records or scanning may eliminate the difficulties surrounding storage. You must consider the stability of your steriliser print outs – these may deteriorate quickly and an alternative must be sought eg: copying to ensure their integrity for the period of storage.

Recommendations for Cerec or orther I/O scanners?CEREC??

Like the shade guide question earlier, equipment such as these present a challenge. As the manufacturer is required to provide IFU these must include reprocessing instructions. Read AS/NZS4815 1.5 and 12.5.