The Systematic Operating Procedures (SOP) are a guide only. The Australian Dental Association Victorian Branch Inc. (ADAVB) cannot be certain that implementation of these guidelines will ensure a health professional will be operating safely and in accordance with the law at all times.

The SOP must be used in a considered manner, under the close supervision of a registered dentist. These guidelines are designed to assist practitioners. They do not provide the answers to all issues involving infection control, occupational health and safety, radiation safety, waste management, record keeping, drugs and poisons management and antibiotic cover. Practitioners should always use their judgement as to acceptable practices within the dental surgery for each patient and staff member.
1. INTRODUCTION

1.1 RATIONALE
1.1.1 Promotion
1.1.2 Efficiency

1.2 LEGAL, MORAL AND ETHICAL ISSUES
1.2.1 Emergency Care
1.2.2 Ethical Obligation
1.2.3 Occupational Health and Safety

1.3 PRINCIPLES AND DEFINITIONS
1.3.1 Principles of Infection Control
1.3.1.1 Success
1.3.2 Definitions
1.3.2.1 Sterilisation
1.3.2.2 Disinfection
1.3.2.3 Standard Precautions
1.3.2.4 Additional Precautions
1.3.2.5 Invasive Procedures
1.3.2.6 Exposure Prone Procedures
1.3.3 Spread of Infection
1.3.3.1 Infection may spread between:
1.3.3.2 For an Infection to be transmitted the following conditions are required:
1.3.3.3 Microorganisms can spread in the surgery by:
1.3.3.4 The microorganisms can gain access into the body by what are known as Portals of Entry.
1.3.3.5 Strategies used to avoid cross contamination include:
1.3.3.6 Risk classification is as follows:

1.4 STAFF INDUCTION AND TRAINING
1.4.1 Successful Employment
1.4.2 Amendments to the SOP: form 1.4.4.
1.4.3 Staff meetings
1.4.4 Accident Record and WorkCover
   Form 1.4.1 Induction Record Listing
   Form 1.4.2 Vaccination Record
   Form 1.4.3 Accident Record & WorkCover
   Form 1.4.4 Amendments to SOP
   Form 1.4.5 Infection Control Protocols: Statement of Completion
   Form 1.4.6 Temporary Staff and Cleaner’s Information
   Form 1.4.7 Staff Meeting Agenda
   Form 1.4.8 Staff Meeting Summary

1.5 CONFIDENTIALITY
   Form 1.5 Practice Confidentiality Declaration

1.6 PATIENT HISTORY SHEETS
1.7 PATIENT RECORDS
Form 1.7 Dental Records Protocol

1.8 ASSISTING MEMBERS OF THE DENTAL TEAM WITH OCCUPATIONALLY ACQUIRED BLOOD BORNE VIRUSES

1.9 DENTAL PRACTICE BOARD OF VICTORIA INFECTION CONTROL CODE OF PRACTICE NO C006 (BULLETIN 007 AUGUST 2004)

1.10 INFECTION CONTROL INFORMATION

1.11 THE OCCUPATIONAL HEALTH AND SAFETY ACT

2. PROTECTION OF THE DENTAL CARE PROVIDERS AND PATIENTS

2.1 GENERAL PERSONAL HYGIENE

2.2 HANDCARE
2.2.1 Routine Handwashing
2.2.2 Handwash Prior to Non-surgical Procedure
2.2.3 Alcoholic Chlorhexidine
2.2.4 Handwash Prior to Surgical Procedures
2.2.5 Hand Cuts and Abrasions
2.2.6 Gloves
2.2.6.1 Nonsterile Powder Free Examination (Procedural) Gloves
2.2.6.2 Sterile Powder Free Surgical Gloves
2.2.6.3 Gloving Efficacy
2.2.6.4 General Purpose, Utility Gloves
2.2.7 Latex Associated Allergies
2.2.7.1 Allergy Precautions
2.2.8 Fingernail Care

2.3 UNIFORMS

2.4 PROTECTIVE CLOTHING
2.4.1 Gowns and Aprons
2.4.2 Laundering
2.4.3 Protective Eyewear (Safety Glasses)
2.4.4 Masks
2.4.5 Footwear
2.4.6 Hats and face shields

2.5 HAIR

2.6 RUBBER OR SYNTHETIC DAMS

2.7 DISINFECTION OF MUCOSA AND DENTITION

2.8 IMMUNISATION

2.9 THE PREGNANT HEALTH CARE PROVIDER
2.9.1 Rubella (German measles)
2.9.2 Hepatitis B
2.9.3 Human Immunodeficiency Virus (HIV)
2.9.4 Cytomegalovirus (CMV)
2.9.5 Varicella Zoster Virus (VZV) – chickenpox and shingles
2.9.6 Tuberculosis
3. PREPARATION OF CLINICAL AREAS

3.1 DESIGN AND MAINTENANCE OF PREMISES

3.1.1 Lighting
3.1.2 Ventilation
3.1.3 Vacuum
3.1.4 Other Features which should be considered during the design of the surgery include:
3.1.5 Surfaces
3.1.6 Sinks and Taps are:
3.1.7 Waste Management
3.1.8 Small equipment such as:
3.1.9 Dental units should be designed
3.1.10 Dental Chair, headrest and stools are designed

3.2 DESIGNATING CLINICAL (OR PROCEDURAL) AREAS

3.2.1 Clinical Area Zone 1 - Treatment zone (also known as the Operating field)
3.2.2 Clinical Area Zone 2 - Treatment periphery
3.2.3 The designated zones within the Clinical Area

3.3 SET-UP FOR CLINICAL PROCEDURES IN THE TREATMENT ZONE

3.3.1 General considerations in procedure set-up
3.3.2 Procedures
3.3.3 Management of Instruments and Tracking
  3.3.3.1 Brief consultation / examination/ review appointments
  3.3.3.2 Rinsing
  3.3.3.3 Restorative procedures
  3.3.3.4 Local anaesthetic (LA) kit
  3.3.3.5 Minor Oral Surgery, including Exodontia, Periodontal Surgery, Endodontic Root Surgery, Implants, Biopsy
  3.3.3.6 Prosthodontics
  3.3.3.7 Endodontics
  3.3.3.8 Fissure sealing
  3.3.4 Sterile technique

3.4 RETRIEVAL OF ADDITIONAL INSTRUMENTS AND MATERIALS

3.5 RADIOGRAPHS

3.5.1 Radiographic safety precautions
3.5.2 Radiation management protocol
  3.5.2.1 Radiation monitoring
  3.5.2.2 Radiation management plan for dental practices
  3.5.2.3 Duties of the Radiation Safety Officer as specified by the Department of Human Services

3.6 PATHOLOGY

3.7 OTHER ITEMS

3.8 CLEANING DURING PATIENT TREATMENTS

3.9 CLEANING BETWEEN PATIENT APPOINTMENTS

3.9.1 Surface management
3.9.2 Suction units (aspirators, evacuators)
3.9.3 Dental unit waterline management protocol
  3.9.3.1 Maintenance of self-contained water systems or self-disinfecting systems for
dental unit water lines
3.9.3.2 Irrigation for surgical procedures
3.9.4 Handpiece Management
3.9.5 Sorting of items, waste management
3.9.6 Laboratory protocol
3.9.6.1 Cleaning of impressions
3.9.6.2 Cleaning of laboratory work
3.9.6.3 Laboratory management

3.10 DAILY PROCEDURES
3.10.1 Start of day
3.10.2 End of day

3.11 WEEKLY PROCEDURES

3.12 MONTHLY PROCEDURES

3.13 CLERICAL AREAS

3.14 PROCEDURES (OR PERFORMANCE) MONITOR
Form 3.3 Procedures Monitor
Appendix Chapter 3: Photographic – Diagrammatic Explanation

4. PROCESSING OF RE-USEABLE EQUIPMENT [INSTRUMENT RECIRCULATION CENTRE (IRC)]

4.1 REPROCESSING OF INSTRUMENTS AND EQUIPMENT
4.1.1 Handling used items from the treatment room to the INSTRUMENT RECIRCULATION CENTRE (IRC)

4.2 INSTRUMENT RECYCLING

4.3 INSTRUMENT CIRCULATION CYCLE
4.3.1 Flow pattern for the sterilisation of instruments
4.3.2 Clean and inspect the instruments
4.3.3 Cleaning of instruments and equipment in the IRC
4.3.3.1 If a thermal disinfector (i.e. mechanical instrument washer) is used:
4.3.3.2 Ultrasonic cleaners
4.3.3.3 Inspection
4.3.3.4 Drying
4.3.3.5 Assembly / preparation of pack and kits
4.3.3.6 Packaging of instruments

4.4 TRACKING AND TRACEABILITY

4.5 STERILISATION CYCLE OF INSTRUMENTS AND EQUIPMENT
4.5.1 Steam Sterilisers (also known as steam-under-pressure sterilisers)
4.5.1.1 Validation of the sterilisation process
4.5.1.2 Commissioning - installation qualification and operational qualifications
4.5.1.3 Performance qualification
4.5.1.4 Microbiological report
4.5.1.5 Report 5 - Finally prepare a summary table which is the validation report
4.5.1.6 Service technician's report
4.5.2 Routine monitoring of the steriliser
Table 4.1
Table 4.2

4.5.2.1 The following table is used as the recognised international temperature-pressure / time relationship for steam-under-pressure sterilisation:
4.5.2.2 Current recommendations for steam sterilisers include: 17
4.5.3 Daily tests 17
4.5.4 Loading of sterilisers 18
4.5.5 Loading of portable (bench top) downward displacement and pre-vacuum sterilisers 18
4.5.6 Unloading of sterilisers 19
4.5.7 Steriliser Indicators and Monitors 19
4.5.8 Maintenance of Equipment 21
4.5.9 Steriliser maintenance records 22
   Table 4.3 Steriliser servicing log book 22
4.5.10 Loaner steam steriliser 23

4.6 DRY HEAT STERILISATION 24
4.6.1 Loading of dry heat sterilisers 24

4.7 STORAGE OF STERILISED ITEMS 25

4.8 INSTRUMENTS REQUIRING SPECIAL PROCESSING 25
4.8.1 Dental handpieces 26
4.8.2 Hinged instruments 26
4.8.3 Suction units (aspirators, evacuators) 26
4.8.4 Curing lights 26
4.8.5 Laser equipment 27
4.8.6 Intraoral cameras 27
4.8.7 Radiographic machines 27
4.8.8 Computers 27

4.9 DISINFECTANTS 28
4.9.1 Special use disinfectants 28

4.10 SUMMARY 29
   Appendix Chapter 4: Photographic – Diagrammatic Explanation 34

5. WASTE MANAGEMENT 1

5.1 LEGAL REQUIREMENTS FOR WASTE DISPOSAL 1
   5.1.1 General Waste 1
   5.1.2 Prescribed waste 1
   5.1.3 The challenge 2

5.2 IMPLEMENTATION 3
   5.2.1 Waste management 3
   5.2.2 The five steps to best-practice waste management 3

5.3 STEP 1 - CARRY OUT A WASTE AUDIT 3
   Table 5.1 The separate waste streams 5

5.4 STEP 2 - DEVELOP A WASTE MANAGEMENT PLAN 6

5.5 STEP 3 - TRAIN STAFF 7

5.6 STEP 4 - MONITOR PERFORMANCE AND REVIEW THE PLAN 7

5.7 STEP 5 - AMEND THE PLAN AS REQUIRED 7

5.8 MANAGEMENT OF WASTE 8
   5.8.1 Sharps Management 8
   5.8.2 Soft Infectious Waste Management 9
   5.8.3 General Waste Management 11
   5.8.4 Recyclable dental waste 12
5.8.5 Recyclable general waste
5.8.6 Pharmaceuticals
5.8.7 Other waste

5.9 HOME DENTAL CARE WASTE
Form 5.1 Audit - Waste Generated by the Practice
Form 5.2 Improving Waste Sorting and Minimisation
Form 5.3 Waste Management Plan Review
Appendix Chapter 5: Photographic – Diagrammatic Explanation

6. MANAGEMENT OF BLOOD AND BODY FLUID SPILLS

6.1 FIRST AID
6.1.1 Know what to do for CPR
6.1.2 Needlestick and blood accidents

6.2 MANAGEMENT OF SPILLS
6.2.1 Spot cleaning
6.2.2 Small spills (up to 10cm)
6.2.3 Large spills (greater than 10 cm diameter)
Form 6.1 CPR Instruction
Appendix Chapter 6: Photographic – Diagrammatic Explanation

7. QUALITY CONTROL MECHANISMS

7.1 RECORD KEEPING
7.1.1 Patient records
7.1.2 Monitoring of the sterilisation process
7.1.3 Electrical Equipment

7.2 INITIAL AUDIT
7.2.1 Infection Control Audit
7.2.2 Waste Management Audit

7.3 CHECKLISTS
7.3.1 Procedure (or performance) monitor
7.3.2 Occupational Health and Safety Update
7.3.3 Verification
Form 7.1 Hazard Alert Pro forma

7.4 THE DENTAL PRACTICE BOARD OF VICTORIA INSPECTION OF PRACTICES
7.4.1 Documents
7.4.2 Staff
7.4.3 Premises
7.4.4 Personal Hygiene: Provider & Assistant
7.4.5 Surgery
7.4.6 Sterilising/Disinfecting Area
7.4.7 Laboratory
7.4.8 Records

7.5 SUMMARY
Form 7.2 Initial Audit
8. APPENDIX

8.1 SUPPLIERS

8.2 DEFINITIONS, ACRONYMS

8.3 REFERENCES
   8.3.1 Texts
      8.3.1.1 Australian Government Publications
      8.3.1.2 Others
   8.3.2 Journals 1994 to February 1999
      8.3.2.1 ADAVB Inc.
      8.3.2.2 ADA Inc.
   8.3.3 Journals February 1999 to December 2004
      8.3.3.1 ADAVB INC.
      8.3.3.2 ADA INC.
   8.3.4 The Dental Practice Board of Victoria Bulletins
   8.3.5 Standards

8.4 EMERGENCY NUMBERS
   8.4.1 ADAVB Needlestick Hotline
   8.4.2 Alfred Hospital
   8.4.3 Royal Melbourne Hospital
   8.4.4 Our nearest accident and emergency centre is:

9. CONTINUING PROFESSIONAL DEVELOPMENT REVIEW

INTRODUCTION
   9.1 Chapter 1 Questions
   9.2 Chapter 2 Questions
   9.3 Chapter 3 Questions
   9.4 Chapter 4 Questions
   9.5 Chapter 5 Questions
   9.6 Chapter 6 Questions
   9.7 Chapter 7 Questions
FOREWORD: TRAINING COMPLIANCE

These Systematic Operating Procedures (known as the SOP) 2005 have been developed by
the Infection Control Committee of the Australian Dental Association Victorian Branch Inc and
are based on the "Infection Control Guidelines for the Prevention of Transmission of Infectious
Diseases in the Health Care Setting" which has been endorsed by the Communicable Diseases
and Medical Research Council's (NH&MRC) guidelines “Infection Control in the Health Care
Setting” (1996). These protocols have been prepared to enable your dental team to adapt the
material to meet the individual needs of your practice. Spaces have been allocated to insert
product details, contact information, flow patterns, coding of areas, staff positions/names
responsible for tasks, checks and audits etc. These Protocols complement much of the
information in the ADA (VB) Inc Human Resources Manual for Practices and the ADA (VB)
Inc Privacy Manual for Dental Practitioners.

These SOP protocols ensure that procedures are understood and practised by the entire dental
team, accessible to all, and are based on current and accurate information. The SOP provides a
framework for the practice to show how the practice maintains asepsis in compliance with the
requirements of the Dental Practice Board of Victoria Code of Practice on Infection Control
c006). The maintenance and updating of the SOP is the responsibility of the SOP Officer. The
SOP Officer may be a practice principal or nominated staff member.

The appointed SOP officer is ……………………………………………………………………………………

To assess and direct the use of the SOP, the nominated officer must review these protocols at
established periodic intervals. Such reviews not only ensure updates and changes are made in
a timely and efficient manner, but also enable staff to meet and share any concerns regarding
their infection control responsibilities and procedures.

While ‘learning by doing’ may be a preferred learning mode, staff must be able to independently
locate and reference any matter pertaining to infection control protocols within your practice.
Time should be allocated for customising these SOP to your practice and for ongoing review
and training.

ON-GOING STAFF TRAINING AND CURRENT INFORMATION ARE ESSENTIAL TO
MAINTAINING A HIGH STANDARD OF PATIENT CARE.

Update your infection control in accordance with the Code of Practice for Continuing
Professional Development (C005) from the Dental Practice Board of Victoria. The Dental
Practice Board of Victoria has mandated that infection control knowledge is updated for a
minimum of three hours every two years. By completing and returning the questionnaire in
Chapter 9 with 9 correct answers per chapter, one Scientific/Clinical CPD hour will be gained
per chapter towards satisfying Dental Practice Board of Victoria requirements. This can be
classified as infection control (scientific).
COMPLETING THE MANUAL

These protocols are to act as a guide to implementing infection control procedures in your own personal practice. It is understood that practise does vary from surgery to surgery. These protocols act as a template and contain opportunities for practices to personalise these SOP by completing sections with specific details of procedures, personnel involved, equipment names and supplier details. It is recommended an SOP Officer is appointed to fill in the spaces provided and review the material at the allocated times. Changes to the SOP may also be required to accommodate the practice’s personal style. This manual reflects the importance of accountability, documentation, transparency, verification and validation in maintaining good infection control and safe procedures.

INSTRUCTIONS FOR USING SYSTEMATIC OPERATING PROCEDURES

1. All staff members should read these SOP thoroughly.
2. Instructions for using Systematic Operating Procedures:
   - Fill in designated areas (shaded and boxed) as a group, after all staff have read these SOP.
   - Areas to be filled in are highlighted by this symbol.
   - Areas of special note are highlighted by this symbol.
3. If more space is required for information relating to your practice, add extra sheets.
4. If there are sections (such as kit set-ups) which require alteration to adapt to the specific practice, suitable amendments should be made.
5. It is recommended that each practice site complete these SOP.
6. In order to further customise these SOP, adding photographic and diagrammatic explanations may be beneficial. Photographs and diagrams may be added at the end of the relevant chapter.
7. Please send suggestions regarding amendments to these SOP addressed to:
   SOP
   Infection Control Committee
   ADAVB Inc.
   PO Box 434
   TOORAK 3142
   Or email adavbinfo@adavb.com.au

Please note: These SOP are a guide for your practice. Amendments may be required to adapt these SOP to your individual practice.

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The purpose of these protocols is to compile contemporary information that has been disseminated over the years into a practical and workable format, specifically for the State of Victoria. Infection control has taken prominence in dental practice through the tireless efforts of many workers in this field. The efforts of these individuals and organisations are acknowledged as forming the basis of these protocols. If any individual or organisation has inadvertently not been included, the Australian Dental Association Victorian Branch Inc. would be happy to acknowledge their input in creating these SOP in future documentation. Acknowledgement is consequently given to the following individuals, organisations, and publications providing the frames of reference for these Infection Control Systematic Operating Procedures.

1. The National Health and Medical Research Council
2. Dental Health Services Victoria
3. Australian Dental Association Victorian Branch Inc.
4. Standards Australia
5. Control (The Infectious Disease Newsletter)
6. Dr Bill Palmer
7. Dr Peter Foltyn
8. Westmead Hospital
9. Monash Medical Centre and Southern Health
10. Further references are provided in section 8.3
11. Australian Dental Association Inc.
12. Centres for Disease Control-USA
13. Organization for Safety and Asepsis Procedures (OSAP)
15. Andrew Melloy, Lon Bruso. Austmel Pty Ltd
16. AGPAL
17. WorkSafe Australia & National Industrial Chemical Notification and Assessment Schemes part of the National Occupational Health and Safety Commission
18. Radiation Safety Unit (Dept of Human Services)
19. Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) (Australian Department of Health and Ageing)
20. Communicable Diseases Network of Australia (Australian Department of Health and Aging)
21. International Standards Organization
22. World Health Organization
23. Federation Dentaire International
24. AMADA-joint ADA/AMA initiative
25. Therapeutic Goods Administration-a division of the Commonwealth Department of Human Services & Health
27. Dental Practice Board of Victoria
28. EPA Victoria guidelines for waste management/water board/local government
29. Department of Human Services
30. Victorian WorkCover Authority - Health and Safety
31. Victorian WorkCover Authority
32. Lin Lochead
33. Australian Dental Industries Association
34. Judy Elliott ADA VB Inc
35. Andrew Stray – Dentalife
36. Bill Davis – GKE Australia
37. David Ruschena, Health Legal
WARNING REGARDING THE USE OF THESE GUIDELINES

The Systematic Operating Procedures (SOP) are a guide only. The Australian Dental Association Victorian Branch Inc. (ADAVB) cannot be certain that implementation of these guidelines will ensure a health professional will be operating safely and in accordance with the law at all times.

The SOP must be used in a considered manner, under the close supervision of a registered dentist. These guidelines are designed to assist practitioners. They do not provide the answers to all issues involving infection control, occupational health and safety, radiation safety, waste management, record keeping, drugs and poisons management and antibiotic cover. Practitioners should always use their judgement as to acceptable practices within the dental surgery for each patient and staff member.

STEERING COMMITTEE

Thanks are extended to the members of the Infection Control Committee of the Australian Dental Association (Victorian Branch) Inc who have contributed over the recent years:

Doctors Besly, Cherry, Condon, Cottrell, Farmer, Hardi, Harrison, Kong, Morris, Ozeer, Palmer, Rodan, Silva, Steinig and Terry.

Dr Renato Simionato
Chairman ICC 2005

Dr Phillippe O Zimet
Editor, SOP
1. INTRODUCTION

These Systematic Operating Procedures are not a substitute for the relevant State and Commonwealth Government legislation, Australian standards and CDNA guidelines. These publications should be considered the “textbooks” which outline the minimum requirements. The SOP becomes the “workbook” in which the practice protocols are recorded in reference to the legislation, standards and guidelines. The total list of federal and state legislation as well as the list of those regulatory agencies which impact on the practice of dentistry is beyond the scope of this workbook. It will therefore be necessary for practices to possess current copies of the legislation, Australia & New Zealand standards and the CDNA guide in order to maintain the SOP as an up to date and workable document for their practice. This workbook documents those procedures as undertaken in this practice.

1.1 RATIONALE

1.1.1 Promotion
When a dentist promotes their membership of the Australian Dental Association, the dentist seeks to establish that they are conducting a practice which adheres to principles of best patient care. Critical to this level of care is the expectation that all staff will be trained to undertake standard operating procedures as outlined in this manual which is customised for individual practice situations. The Systematic Operating Procedures is therefore the management tool which enables implementation of the various requirements of safe and successful dental practice.

1.1.2 Efficiency
Systematic operating procedures (SOP) enable the dental team to function effectively and efficiently, as each staff member becomes familiar with the required practice protocols and work methods. Such procedures are also essential for the training of new staff members and the regular review of the work practises of current staff. The SOP may also provide financial efficiencies by focusing on attention to detail and adhering to uniform practices, which translate into greater throughput.

Any changes in practice procedures must be communicated to staff to ensure consistency within the practice. A well-functioning dental team trained in effective procedures delivers a high standard of dental service to its patients, who in turn provide word of mouth recommendations to others.

1.2 LEGAL, MORAL AND ETHICAL ISSUES

1.2.1 Emergency Care
Health care establishments and their staff have an ethical requirement to provide care for all patients seeking emergency treatment. If care cannot be provided at the practice, an appropriate referral should be arranged by the dentist.

1.2.2 Ethical Obligation
The Australian Dental Association (Victorian Branch) Inc. Code of Ethics and the ADA Inc Principles of Ethical Standards states “1. Dentists must practice their profession conscientiously and to the best of their ability, realizing that their prime responsibility is the health, welfare and safety of their patient”.

SOP – MARCH 2005  CHAPTER 1, PAGE 1
In complying with their legal and ethical responsibility it is incumbent upon Health care establishments to provide staff and patients with:

- risk assessment guidelines;
- adequate protection;
- effective instruction and ongoing education;
- appropriate facilities and equipment;
- occupational health services; and
- health screening programmes.

1.2.3 Occupational Health And Safety

While there is an overlap between State and Federal legislation in many areas which govern infection control and occupational health and safety, in Victoria it is through The Dental Practice Act 1999 that The Dental Practice Board of Victoria is charged with a number of functions. They can “issue guidelines about appropriate standards of practice of dental care providers” (Section 69 (i) (f) (iii)-Dental Practice Act 1999). In doing so the Board may “promulgate Codes about the practice of dentistry” (Section 69 (i) (e)-Dental Practice Act 1999). The Board issued a memorandum in Bulletin Number 1 dated July, 2001 and later amended as Code of Practice C006 in which the Board reminded dental practitioners what the current Code of Practice on Infection Control is; i.e.

Every practitioner must:

- ensure the premises in which he or she practises are kept in a clean and hygienic state to prevent the spread of infectious disease; and
- ensure that in attending a patient he or she takes such steps as are practicable to prevent or contain the spread of infectious disease.

In its role of administering such Regulations, The Dental Board of Victoria has adopted two documents on which it has based its 2005 “Infection Control Code of Practice No C006”


A copy of the Code of Practice and the explanatory Infection Control Information is attached as section 1.9 and 1.10 respectively (with permission from the DPBV) or may be downloaded from http://www.dentprac.vic.gov.au/

The Board may investigate complaints regarding inappropriate infection control procedures.

Other Acts which impact on the practise of dentistry include:
The Victorian Occupational Health and Safety Act 2004 requires an employer to provide a safe and healthy working environment and employees have a duty of care for the health and safety of others in the workplace (Section 4 (1), Section 20, Section 21, Section 22, Section 23). WorkSafe Victoria is the Victorian WorkCover Authority’s (VWA) occupational health and safety arm. Broadly the responsibilities of WorkSafe Victoria include helping employers and employees to avoid workplace injury and disease as well as enforcing Victoria’s occupational health and safety laws. The Act covers many issues including the need for employers to consult with employees on occupational health and safety issues. In case of a serious incident the Victorian WorkCover Authority is to be contacted. Information regarding WorkCover and WorkCover policies may be obtained at www.workcover.vic.gov.au.

The Victorian Accident Compensation Act 1985 (as amended) outlines the responsibilities of the employer and employees subsequent to workplace injury. It is necessary to have a summary of these responsibilities readily accessible. (Section 101 (1));

The Victorian Health Act 1958 (as amended). Under this Act it is an offence to knowingly or recklessly infect another person with an infectious disease;

The Victorian Drugs, Poisons and Controlled Substances Act 1981 and Regulations 1995 and their amendments stipulate specific practices required for the safe administration and storage of drugs;

The Victorian Health (Radiation Safety) Regulations 1994 (as amended) specify the licensing and practices required for the safety of patients and staff in the handling of radiographic equipment and materials and the taking of radiographs. Upon registration and renewal of the license and registration of the radiographic apparatus, conditions may be imposed at the discretion of the Chief General Manager of the Department of Human Services (Section 108 AC, Section 108 AE part (ii), Section 108 AF, and Section 108 AF part (iii));

The Victorian Environment Protection Authority (EPA) oversees the safe disposal of equipment and materials, according to the Victorian Environment Protection Act 1970 and its amendments;

Victorian Accident Compensation (WorkCover Insurance) Act 1993 & Victorian Accident Compensation (Occupational Health and Safety) Act 1996 and their amendments. These acts outline many of the functions of the Victorian WorkCover Authority;


Victorian Dangerous Goods (Storage and Handling) Regulations 2000;

Victorian Dental Practice Regulations 2000 and its amendment;

Victorian Equal Opportunity Act 1995;

Victorian Environment Protection (Prescribed Wastes) Regulations 1998;

Victorian Freedom of Information Act 1992;


Victorian Health (Infectious Disease) Regulations 2001;

Victorian Health Records Act 2001;
• Victorian Occupational Health & Safety (Incident notification Regulation) 1997;
• Commonwealth Government Privacy Act 1998; and
• The Commonwealth Therapeutic Goods Administration (TGA) oversees the implementation of the Therapeutic Goods Act 1989. This Act provides a national framework for the regulation of therapeutic goods in Australia which ensures their quality, safety and efficacy. Any item used in the surgery, such as gloves, is covered by the Act. Any product for which therapeutic claims are made must be entered in the Australian Register of Therapeutic Goods (ARTG) before the product can be supplied in Australia.

1.3 PRINCIPLES AND DEFINITIONS
The following extract is reprinted from the publication The National Health and Medical Research Council’s (NH&MRC) “Infection Control within the Healthcare Setting, Guidelines for the Prevention of Transmission of Infectious Diseases (April 1996)”, as a ready reference within these protocols.

1.3.1 Principles of Infection Control

*A successful infection control strategy is based on the following principles:

• appreciation of basic microbiology and modes of disease transmission;
• implementation of work practices which prevent transmission of infection;
• conscientious hygiene, including appropriate handwashing (routine, aseptic, surgical) and regular cleaning of work areas, equipment and instruments;
• adoption of nationally recommended procedures for sterilisation and disinfection;
• modification of clinical procedures which may be affected by or affect an underlying infectious disease, as well as consideration of alternative, non-invasive procedures;
• single-use or sterilisable equipment used routinely where this is practical;
• appropriate use of antibiotics;
• support for occupational health and safety policies and practice, including:
  o vaccination against infections which are a potential risk in the health care setting;
  o surveillance of nosocomial/iatrogenic and occupationally acquired infection;
  o ongoing quality management and quality improvement activities, with attention to detail during treatment;
  o legal and ethical considerations;
  o ongoing education and training for all levels of staff involved in provision of health care, to improve awareness and to encourage compliance with national infection control standards; and
  o risk minimisation techniques.
1.3.1.1 Success

The success of an infection control strategy depends on:

- a facility wide application;
- integration into a comprehensive quality management program;
- a total organisational commitment;
- ongoing assessment; and
- regular evaluation of effectiveness.

1.3.2 Definitions

1.3.2.1 Sterilisation

The complete destruction of all microorganisms, including spores.

1.3.2.2 Disinfection

The inactivation of non-sporing microorganisms using either thermal (heat alone, or heat and water) or chemical means.

1.3.2.3 Standard Precautions

Standard precautions stipulate the work practices required for the basic level of infection control. Standard precautions require the assumption that all blood and body substances are potential sources of infection, independent of perceived risk. Standard precautions are recommended for the treatment and care of all patients, and apply to non-intact skin and mucous membranes as well as all body fluids, secretions and excretions (including sweat), regardless of whether they contain visible blood (including dried body substances such as dried blood and saliva). Standard precautions include good hygiene practices, particularly washing and drying hands before and after patient contact; use of Personal Protective Equipment (PPE’s) which include gloves, gowns, plastic aprons, masks, eye shields or goggles; appropriate handling and disposal of sharps and other biocontaminated or infectious waste and the use of aseptic techniques. Standard precautions are effective against HIV, hepatitis B & C.

1.3.2.4 Additional Precautions

Additional precautions are required when standard precautions may not be sufficient to prevent the transmission of infectious agents, eg, tuberculosis, methicillin-resistant Staphylococcus aureus (MRSA), Creutzfeldt-Jakob disease (CJD). Additional precautions are tailored to the specific infectious agent concerned and may include measures to prevent airborne, droplet or contact transmission and health care associated transmission agents. (CDNA 2004)

This publication does not deal with the modifications to standard precautions that are required for the management of patients with the above diseases. Often these patients require management in appropriately equipped institutions such as dental hospitals or the dental clinics of major hospitals.

Information regarding these diseases may be found in the 2004 publication of the Communicable Diseases Network of Australia’s “Infection Control Guidelines for the prevention of Transmission of Infectious Diseases in the Health Care Setting”. Chapter 31 of this publication advises on the management of patients with Creutzfeldt-Jakob disease. Table 31.7 advises standard precautions apply for routine dental procedures on lower-risk CJD individuals. Additional precautions are advocated for maxillofacial surgery and endodontic procedures. (This is reprinted as table 1.1 in this document) As for all procedures involving body fluids, standard precautions should also apply. Single-use items, clothing and equipment,
including dental syringes, should be used wherever possible. Dentists and other HCWs should wear masks, protective eyewear, single-use gloves and gowns during all dental procedures. Dentists should take an appropriate medical history of all patients. Dental work on higher-risk patients which involve maxillofacial surgery or endodontic procedures should be carried out at a central referral facility designated by the relevant State/Territory health authority (such as a specialist dental hospital or a dental unit in a major hospital) and by HCWs who are familiar with CJD infection control procedures. A separate isolated water supply and separate isolated suction should be used for all higher- and lower-risk patients involved in maxillofacial surgery and endodontic procedures. A separate isolated water supply and separate isolated suction should be used for all patients in the higher-risk group involved in any other operative dental procedures, although it is not necessary to manage routine dentistry for high risk patients in a tertiary referral center.

Table 1.1

<table>
<thead>
<tr>
<th>Patient risk category</th>
<th>Maxillofacial surgery and endodontic procedures</th>
<th>Other procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Higher-risk patient</strong></td>
<td>Patients should be treated in a specialised facility.</td>
<td>A separate isolated water supply and suction should be used. Disposable handpieces should be used. OR hand pieces should be reprocessed using additional levels of steam and/or chemical sterilisation (see Table 31.9) and quarantined for the exclusive use of the individual patient in the course of therapy.</td>
</tr>
<tr>
<td></td>
<td>A separate isolated water supply and suction should be used.</td>
<td>Disposable handpieces should be used.</td>
</tr>
<tr>
<td></td>
<td>Disposable handpieces should be used.</td>
<td>OR hand pieces should be reprocessed using additional levels of steam and/or chemical sterilisation (see Table 31.9) and quarantined for the exclusive use of the individual patient in the course of therapy.</td>
</tr>
<tr>
<td></td>
<td>All burs, broaches, reamers, files, matrix bands and hard-to-clean small instruments should be disposed of as sharps, reprocessing incurs unacceptable OH&amp;S risks.</td>
<td>All burs, matrix bands and hard-to-clean small instruments should be disposed of as sharps, reprocessing incurs unacceptable OH&amp;S risks.</td>
</tr>
<tr>
<td></td>
<td>All other instruments should be destroyed or provided that OH&amp;S concerns are satisfied, all other instruments should be reprocessed using additional levels of steam and/or chemical sterilisation (see Table 31.9) and quarantined for the exclusive use of the individual patient in the course of therapy and then destroyed.</td>
<td>All other instruments should be destroyed or provided that OH&amp;S concerns are satisfied, all other instruments should be reprocessed using additional levels of steam and/or chemical sterilisation (see Table 31.9) and quarantined for the exclusive use of the individual patient in the course of therapy and then destroyed.</td>
</tr>
<tr>
<td><strong>Lower-risk patient</strong></td>
<td>A separate isolated water supply and suction should be used.</td>
<td>Routine infection control procedures should be applied.</td>
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<td></td>
<td>All burs, broaches, reamers, files, matrix bands and hard-to-clean small instruments should be disposed of as sharps, reprocessing incurs unacceptable OH&amp;S risks.</td>
<td>Anti-retraction (non-return) valves in water lines should be checked and functioning.</td>
</tr>
<tr>
<td></td>
<td>Provided that OH&amp;S concerns are satisfied, all other instruments should be reprocessed using additional levels of steam and/or chemical sterilisation (see Table 31.9).</td>
<td>All burs, matrix bands and hard-to-clean small instruments should be disposed of as sharps, reprocessing incurs unacceptable OH&amp;S risks.</td>
</tr>
</tbody>
</table>

Table 1.1

### Table 1.2

Additional precautions are not required beyond standard precautions for patients with blood borne viruses such as HIV, hepatitis B or C, unless there are complicating factors present, such as pulmonary tuberculosis, or unless the procedure performed on these patients has an established risk, such as generation of aerosols. Aerosols may be avoided with the suitable use of high speed evacuation and rubber dam.

These SOP are based on the implementation of standard precautions, unless otherwise stated.

1.3.2.5 Invasive Procedures
An invasive procedure is any procedure that either pierces the skin or mucous membrane or enters a body cavity or organ. This includes surgical entry into tissues, cavities, organs or repair of traumatic injuries. Consideration should be given to employing appropriate risk minimisation techniques to avoid injury to the operator or assistant.

1.3.2.6 Exposure Prone Procedures
Exposure prone procedures are considered to be a sub-set of ‘invasive procedures’. It is a term usually characterised by the potential for direct contact between the skin (usually finger or thumb) of the health care worker and sharp surgical instruments, needles or sharp tissue (spicules of bone or teeth) in body cavities or in poorly visualised or confined body sites (including the mouth).

1.3.3 Spread of infection
The spread of infection is also known as cross contamination or cross infection. In order to prevent the spread of infection the general concepts of cross infection must be understood.

1.3.3.1 Infection may spread between:
- patients;
- health care workers;
- instruments and equipment; and
- the health care environment.

1.3.3.2 For an Infection to be transmitted the following conditions are required:
- a pathogenic organism (capable of causing disease) in enough numbers to cause disease;
- a source that allows the pathogen to survive and multiply (e.g., blood);
- a method of transmission from the source to the host;
- a portal of entry through which the pathogen can enter the host; and
- a susceptible host (i.e., one who is not immune).
1.3.3.3 Microorganisms can spread in the surgery by:

- direct contact from one person to another;
- indirect contact via instruments; and
- droplets or aerosol / spray.

1.3.3.4 The microorganisms can gain access into the body by what are known as Portals of Entry.

The microorganisms may be:

- inhaled;
- implanted;
- injected; and
- splashed on to the skin or mucosa.

1.3.3.5 Strategies used to avoid cross contamination include:

The PREVENTION of the spread of microorganisms using:

- limiting surface contamination;
- high personal hygiene;
- personal (barrier) protection;
- disposable products as required; and
- risk minimisation techniques.

The DESTRUCTION of microorganisms by sterilisation

When sterilisation can not be employed disinfection or decontamination is undertaken. As not all instruments carry a high risk of cross contamination, consideration is given to how instruments should be decontaminated. The instruments are classified according to the degree of risk associated with cross contamination.

1.3.3.6 Risk classification is as follows:

- Critical instruments where instruments enter or penetrate into sterile tissue, cavity or bloodstream. The instruments used must be sterile;
- Semicritical instruments which contact intact mucosa or non-intact skin. Instruments should be sterilised where possible; and
- Noncritical instruments which contact intact skin. Instruments should be cleaned and disinfected.
1.4 STAFF INDUCTION AND TRAINING

1.4.1 Successful Employment

The function of an effective induction program is to establish sound working relationships with colleagues and develop efficient and effective work practices.

Please complete the following which are essential elements of the new staff members' induction program:

Staff Induction and Training:

All staff members are expected to be familiar with the SOP. The person (or position) responsible for meeting, introducing and advising a new employee on his/her first day and subsequently during the induction program is: ..............................................................

(This person is also ensures each staff member has completed the Induction Record Listing-Form 1.4.1) The staff members are then provided with The Infection Control Protocols - Statement of Completion (form 1.4.5) which is completed, signed by the staff member and trainer, dated and copied, with the original being placed in the employee’s personnel file, and a copy given to the employee.

Staff handbooks relevant to the employee’s work and position in the practice are:

1. Vaccination Records: form 1.4.2 (see also section 2.8)
2. Accident Record: form 1.4.3 (see also section 1.4.4)
3. Systematic Operating Procedures (this book). This is located ..........................................
4. Human Resources Manual (ADAVB Inc.): available from the Australian Dental Association (Victorian Branch) Inc. This is located .................................................................
5. Privacy Manual for Dental Practitioners (ADAVB Inc.): available from the Australian Dental Association (Victorian Branch) Inc. This is located .................................................................

1.4.2 Amendments to the SOP: form 1.4.4.

SOP are revised and updated as new information comes to hand. List any amendments in form 1.4.4.
1.4.3 Staff meetings

Staff meetings provide a forum to discuss changes in work practises.

**Staff Meeting Agenda-Discussion Matters: form 1.4.7**

The team meets to discuss matters which have been noted on the Agenda* (Form 1.4.7) every (day/week/month) … … … … … … … … … … … … … … … … … … … … … … … … … … … … … … … … … … … … … ….

* An agenda for the staff meeting is provided to all practice members at the meeting. (form 1.4.7)

**Staff Meeting Minutes:**

A summary of the staff meeting is then provided to all practice members (form 1.4.8). Any subject which cannot be resolved to the satisfaction of all staff is referred to a delegated member of staff, who is responsible for researching relevant information and providing feedback to the staff at the next meeting, or if necessary, identifying suitable training courses for staff to attend. The application of any new techniques or practices arising from such training programs is to be discussed with the entire dental team, prior to introduction into this practice.

1.4.4 Accident Record and WorkCover

The employer must notify the Victorian WorkCover Authority through the WorkCover insurer, if the incident resulted in:

- medical treatment within 48 hours;
- immediate medical treatment as an inpatient in a hospital; or
- immediate medical treatment for a serious eye injury, head injury or serious laceration.

To make a WorkCover claim, complete a WorkCover claim form, available from any Post Office or the WorkCover insurer.

**All Incidents should be listed in the The Accident Record Form 1.4.3**
## Form 1.4.1 Induction Record Listing

<table>
<thead>
<tr>
<th>DATE</th>
<th>NEW STAFF MEMBER</th>
<th>SIGNATURE: NEW STAFF MEMBER</th>
<th>TRAINING STAFF MEMBER</th>
<th>SIGNATURE: TRAINING STAFF MEMBER</th>
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Form 1.4.2 Vaccination Record

The significance of immunisation (vaccination) is discussed in Chapter 2.8. This record should be maintained according to the appropriate privacy legislation.

<table>
<thead>
<tr>
<th>DATE</th>
<th>STAFF MEMBER</th>
<th>VACCINATION TYPE</th>
<th>MEDICAL PRACTITIONER</th>
<th>ANTIBODY STATUS AS NECESSARY</th>
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</table>
### Form 1.4.3 Accident Record & WorkCover

**WorkCover Insurer:**

Name of WorkCover Insurer: ..................................................................................................................

Tel: ........................................ Fax: ......................................... Email: ..........................................................

Name of Employer: ..................................................................................................................................

Address: ..................................................................................................................................................

<table>
<thead>
<tr>
<th>DATE</th>
<th>STAFF MEMBER</th>
<th>ACCIDENT DESCRIPTION (INCLUDING TIME, DATE, LOCATION AND PATIENT IF BODY FLUIDS INVOLVED)</th>
<th>ACTION TAKEN AT TIME OF INCIDENT (INCLUDING MANAGEMENT OF INJURY)</th>
<th>INCIDENT REPORTED TO:</th>
<th>PRECAUTIONS FOR FUTURE EVENTS</th>
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</table>
### Form 1.4.4 Amendments to SOP

<table>
<thead>
<tr>
<th>SECTION AMENDED</th>
<th>WHERE REMOVED</th>
<th>PAGE WHERE ADDED</th>
<th>PAGES</th>
<th>DATE SUGGESTED</th>
<th>DATE CHANGED</th>
<th>SIGNATURE</th>
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**SOP – MARCH 2005**

**CHAPTER 1, PAGE 15**
INFECTION CONTROL PROTOCOLS
STATEMENT OF COMPLETION

........................................................................
Staff Member

has completed training in

SYSTEMATIC OPERATING PROCEDURES

for the Dental Practice of

........................................................................
Dentist Practice

........................................................................
Dentist                Date

........................................................................
Staff Supervisor       Date
Establishing and maintaining the highest standards in the treatment of patients is a commitment. The standardized and consistent conduct of all staff including adherence to practice protocols is a prerequisite. Therefore ongoing staff training should be a priority. Training for all members of the dental team should occur on a regular basis. It is essential that training includes all new staff members, such as dentists, hygienists, chair-side assistants, laboratory staff or administrative staff.

Furthermore, when temporary staff or cleaners are employed at the practice, it is important that they are made aware of waste management and cleaning procedures (form 1.4.6)

1. Ensure the information provided to temporary staff and practice cleaners includes:
   - Handwashing (Chapter 2.2);
   - Preparation of clinical areas (Chapter 3.2- 3.5);
   - Processing of equipment (Chapter 4.1- 4.9); and
   - Waste management (Chapter 5.8).

2. Ensure an updated immunisation status exists.
**Form 1.4.6 Temporary Staff and Cleaner’s Information**

<table>
<thead>
<tr>
<th>DATE</th>
<th>STAFF MEMBER</th>
<th>TRAINING STAFF MEMBER</th>
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</table>
**Staff Meeting Agenda**

Staff Meeting held on: .............................................................. at ................................ am/pm
Chairman of the Meeting: .................................................................................................................................

**AGENDA**

1. Welcome to all staff

2. Attendance
   2.1 Present
   2.2 Apologies

3. Business arising from previous meeting
   3.1
   3.2
   3.3

4. New items for discussion
   4.1 Procedural (treatment related)
   4.2 Secretarial
   4.3 Occupational Health & Safety

5. Other items raised by staff
   5.1
   5.2

6. Date of next meeting
# Staff Meeting Summary

## Form 1.4.8 Staff Meeting Summary

- **Staff Meeting held on:** ................................................................., at..................... am/pm

<table>
<thead>
<tr>
<th>Item</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Staff members and invited guests welcomed</td>
</tr>
<tr>
<td>2.</td>
<td>Attendance</td>
</tr>
<tr>
<td>2.1</td>
<td>Present</td>
</tr>
<tr>
<td>2.2</td>
<td>Apologies</td>
</tr>
</tbody>
</table>

### Actions arising from decisions taken at the meeting

<table>
<thead>
<tr>
<th>Item</th>
<th>Action</th>
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<tbody>
<tr>
<td>3.</td>
<td>Business arising from last meeting</td>
</tr>
<tr>
<td>4.</td>
<td>New items for discussion</td>
</tr>
<tr>
<td>5.</td>
<td>Other items raised by staff</td>
</tr>
<tr>
<td>6.</td>
<td>Date of next meeting</td>
</tr>
<tr>
<td>7.</td>
<td>These SOP have been amended according to items discussed</td>
</tr>
<tr>
<td>8.</td>
<td>Staff members not present at the last staff meeting have been informed of any changes.</td>
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</table>

- **Staff Meeting held on:** ................................................................., at..................... am/pm
1.5 CONFIDENTIALITY

Respect for the privacy of patients and staff requires strict protocols for the maintenance of confidentiality. Each member of the dental team should be trained in the confidentiality protocols of the practice. Patient details cannot be discussed outside the practice environment. Any matter requiring discussion is to be conducted in private. The legal obligations for collecting, using, maintaining and disclosing patient information are covered by two recently amended acts. The Victorian Health Records Act 2001 and the Commonwealth Government Privacy Act 1998.

Patient paper records must be stored to prevent public view and access. Computer screens should be placed away from public view. Printouts are to be processed away from public view.

Telephone calls involving patient or staff details should be handled discreetly, and cognizant of patients in adjacent reception rooms or surgeries who may overhear conversations.

A patient’s details cannot be disclosed to any person or practitioner outside the practice without the consent of the patient (refer to section 1.6). In specific instances it may be required to obtain a patient’s further consent, prior to the release of information regarding the patient to third parties, such as solicitors, health funds etc. Patients are required to sign a release allowing the practitioner to discuss the patient’s case with other treating practitioners.

All staff must sign a written confidentiality declaration upon employment (refer to form 1.5). The form should then be placed in the employee’s personnel file.
Form 1.5 Practice Confidentiality Declaration

Patients may be unwilling to divulge personal, financial and medical information because of concerns about the maintenance of confidentiality of the information supplied by them. It is your responsibility to reassure patients that any information given by them is maintained in a confidential format.

Given the increased potential for litigation, a confidentiality agreement is required to be signed by all staff members.

Staff may become aware of patient information of a medical, personal, occupational, social or financial nature. This patient information may be provided by the patient voluntarily, obtained from another practitioner or staff member, from documentation and other sources. All patient information obtained must be regarded as strictly confidential, and cannot be discussed with unauthorised persons.

Failure to respect patient confidentiality is a breach of the Commonwealth Privacy Act 1998 and failing to respect patient confidentiality may lead to the termination of employment. This obligation of confidentiality applies during your employment and after the termination of your employment regardless of reason.

I declare I have read and understand the importance of maintenance of patient confidentiality, and understand my duties in respect of confidentiality.

Name: ……………………………………………………………………………………………………………………………………………………………………………

Date: ………………………………………………………………………………………………………………………………………………………………………

Signature: ……………………………………………………………………………………………………………………………………………………………

Signed in the presence of: (name) ………………………………………………………………………………………………………………………………………

Signature: ……………………………………………………………………………………………………………………………………………………………
1.6 PATIENT HISTORY SHEETS

All new patients are to be courteously asked to complete a patient history sheet. Reasons for this request are:

- to provide a high standard of care;
- to deal effectively with any medical concerns;
- to notify of any appointment changes; and
- for administrative and billing purposes.

Patients are offered the opportunity to discuss privately with the dentist any details of their medical history. The dentist should confirm the answers to the medical history verbally with the patient. This medical history should be reviewed annually by the dentist.

When referring a patient to another practitioner, the referring practitioner should advise of any known infectious conditions that are relevant to the purpose of the referral. The patient’s consent should be sought before the release of any sensitive information, this is usually obtained in the declaration of the privacy policy.

Copies of the patient history sheet may be obtained from the Australian Dental Association Victorian Branch Inc.

Address:  49 Mathoura Road, Toorak, Victoria, 3142

Phone:   (03) 9826 8318

Fax:   (03) 9824 1095

Email:  adavbinfo@adavb.com.au
PATIENT HISTORY SHEET

In order for this dental practice to provide the highest standard of care, it is requested you fill in the form carefully and thoroughly.

Surname: ..........................................................  Title: ..........................................................
Other Names: ..........................................................  Date of Birth: ..........................................................
Home Address: ..........................................................  Business Address: ..........................................................
..................................................................................  P/Code: ..........................................................
..................................................................................  P/Code: ..........................................................
Ph: ..........................................................  Mobile: ..........................................................  (BH) Ph: ..........................................................
Email: ..........................................................
Postal Address (if different to above): ..........................................................
Name of Person responsible for Fees: ..........................................................
Address (if different to above): ..........................................................
Emergency Contact: ..........................................................
Address: ..........................................................  Relationship: ..........................................................
..................................................................................  P/Code: ..........................................................
Medical Doctor: ..........................................................
Address: ..........................................................  P/Code: ..........................................................
Who recommended this practice to you? ..........................................................

NOTICE TO INSURED PATIENTS REGARDING DENTAL BENEFITS INSURANCE
Item numbers on our statement represent as accurately as possible the procedures performed, but in no way are they a claim on anyone other than the patient for whom they were performed. The eligibility of the patient, or the procedures, is subject to review, and the rates of those procedures, are determined by the conditions of the patient's Health Insurance Policy. We accept no responsibility to either party, for any decision the insurer may make regarding the refund of moneys to the patient.

HAVE YOU EVER HAD ANY OF THE FOLLOWING? PLEASE INDICATE:

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart ailment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma, wheeze or breathing problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach or bowel problems (e.g., ulcer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney disease</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you smoke? Yes [ ] No [ ] How many ____________/day Would you like to stop? Yes [ ] No [ ]
List any other previous illnesses: ..........................................................

Would you like to discuss these questions in private with the dentist? [ ]
Do you have an artificial hip, heart valve or other prosthetic implant? [ ]
Have you ever had problems with dental treatment? [ ]
Are you presently under medical care? [ ]
Are you taking any drugs, medicines or tablets? (Please list) [ ]
Female patients, are you pregnant？ [ ]
Do you have allergies? [ ]
List any medicines or products you are allergic to (e.g., Panadol, Laxrol) [ ]

I have completed this Questionnaire to the best of my knowledge, and understand that failure to make a full disclosure may place ME at undue medical risk. I understand that notes, radiographs (x-rays) or models relating to my treatment may need to be seen by other dental practitioners to aid them in my treatment and consent to this. I also give my permission for the practice to use the above contact details to send me appointment and checkout reminders.

Signed: ____________________________ Date: ____________________________

ON FUTURE VISITS ANY CHANGES TO THE ABOVE SHOULD BE ADVISED.
WORKING FOR THE COMMUNITY'S DENTAL HEALTH © ADAVB INC. 2004
Your Health Information - Privacy Consent Form

In accordance with the Victorian Health Records Act 2001 and Federal Privacy Act 1988

Our practice respects your right to privacy. We realise that it is important that you understand the purpose for which we collect details about your health, as well as how this information is used at our practice and to whom this information might be disclosed.

The policy of our practice is to follow these procedures:

1. The information collected will be used for the purpose of providing treatment to you. Personal information such as your name, address and health insurance details will be used for the purpose of addressing accounts to you, as well as processing payments and writing to you about our services and any issues affecting your treatment.

2. We may disclose your health information to other health care professionals, or require it from them if, in our judgement, that is necessary in the context of your treatment. In that event, disclosure of your personal details will be minimised wherever possible.

3. We may also use parts of your health information for research purposes, in study groups or at seminars as this may provide benefit to other patients. Should that happen, your personal identity will not be disclosed without your consent to do so.

4. Your medical history, treatment records, x-rays and any other material relevant to your treatment, will be kept here. You may inspect or request copies of our records of your treatment at any time, or seek an explanation from the dentist. Statutory fees will apply in relation to the types of access you seek. If you request an explanation of our records or a written summary, our usual fees apply to these services.

5. If any of the information we have about you is inaccurate, you may ask us to alter our records accordingly.

You can otherwise rest assured that your health information will be treated with the utmost confidentiality. Disclosure will not be made to any person not involved in either your treatment or the administration of this practice, without your prior written consent. If you have any queries or concerns about our handling of your health information, please do not hesitate to raise these concerns with our practice.

Otherwise, please sign this form as confirmation that you have read and understood our privacy policy, and consent to the use of your health information in this way.

Signed: ______________________________

Date: ______________________________

Patient/ Parent / Guardian Name: ______________________________

Dependants: ______________________________

© ADA/VIC Inc. 2002

Page 1 of 1  Section 4.2.2
1.7 PATIENT RECORDS

Be aware of the importance of good records. Records should be kept in accordance with
the guidelines of the Dental Practice Board of Victoria (Code of Practice C003).

Form 1.7 describes the minimum requirements for dental records. This is, in the Board's view,
the minimum standard for public safety. The details that are recorded for any specific patient
will be determined on a case by case basis, but practitioners must always be guided in their
decisions by the purpose for which records are kept, as detailed in this Code of Practice.

DPBV Bulletin 5, 12 August 2003
Next Review Date: 12 August 2006

Form 1.7 Dental Records Protocol

**PRACTICE DETAILS:**

1. **PREAMBLE**

This protocol has been developed to reflect the commitment of this practice to comply with the
requirements of the Dental Practice Board of Victoria’s Code of Practice with regard to Dental Records. It
also reflects the commitment to comply with Privacy and Health Records legislation.

2. **STRUCTURES, SYSTEMS & RESPONSIBILITIES**

Record Formats ……………………………………………………………………………………………………………………………….

Privacy Officer ……………………………………………………………………………………………………………………………….

Practice Principals ………………………………………………………………………………………………………………………….

Other Registered Dental Care Providers …………………………………………………………………………………………….

Back Up Routines …………………………………………………………………………………………………………………………….

Firewalling & Encryption ………………………………………………………………………………………………………………….

Key Contacts …………………………………………………………………………………………………………………………………….
3. INFORMATION RECORDED

The practice has adopted the following arrangements to ensure compliance with requirements established by the Board and by legislation.

Information to be recorded:

1. Dental record must be made at the time of the appointment or as soon thereafter as practicable.
2. Entries on dental records must be made in chronological order.
3. Records must be accurate and concise and be promptly retrievable when required.
4. Dental records must be readily understandable by any third party (particularly another dental care provider).
5. Corrections made to records must not remove the original information – the person must strike out the incorrect words and rewrite the correct words.
6. All comments must be couched in objective, unemotional language.
7. The treating dental care provider must not delegate responsibility for the accuracy of medical and dental information to another person. What information is to be recorded?
8. Identifying details of the patient.
9. The date of each visit.
10. Clear documentation which describes:
    - the presenting complaint;
    - relevant history;
    - clinical findings;
    - diagnosis;
    - treatment plans; and
    - patient consent.
11. Completed and up to date medical history questionnaires. The medical history is recorded by the patient filling out a medical history on initial presentation. This record is verified verbally. The medical history is formally updated with a new written record every ............ years. The patient is questioned verbally at all treatment appointments regarding any changes to the medical history.
12. Information about the type of examination that has been conducted.
13. All findings, observations made and procedures carried out.
14. Any relevant communication with or about the patient.
15. Details of people contributing to the dental record.
16. The date, the treatment and identification of the dental care provider for each appointment.

17. Drugs prescribed or administered or other therapeutic agents used (name, quantity, dose, instructions).

18. Radiographs and other relevant diagnostic data and findings.


20. Estimates or quotations of fees.

21. All referrals to and from other practitioners.

4. OTHER MATTERS

Patients have a right of access to their own health records under the terms of privacy legislation. This access can take a variety of forms e.g. inspection, provision of a copy or summary and/or an explanation of the contents of the records. Patients can also seek to have information held about them corrected, if it is shown to be inaccurate, incomplete or not up to date.

The circumstances in which records may be deleted or transferred are detailed in privacy legislation and dental care providers must comply with those legal requirements. Subject to the specific provisions of the legislation:

- records must be kept for at least seven years after the final entry; and
- records relating to the treatment of children should be retained at least until the individual attains the age of 25 years.

Dental care providers should bear in mind the forensic use of dental records and wherever practicable retain records beyond these legislated minimum periods.

All patient information should be treated as confidential, in accordance with the practice Privacy Policy and Manual.

Consent for all treatment is vital, so dentists should assist all patients to make well-informed decisions about treatment procedures.

5. ITEMS SPECIFIC TO THIS PRACTICE

(Please add sections if there are other specific things about the records system that you wish to record, e.g. how you transfer from a card to a computer.)
1.8 ASSISTING MEMBERS OF THE DENTAL TEAM WITH OCCUPATIONALLY ACQUIRED BLOOD BORNE VIRUSES

The dental team has an ethical responsibility to know one's own infectious status. It is each staff member’s responsibility to act appropriately according to that staff member’s status. This may, on occasion require an infected staff member to advise one's employer.

Any staff member infected with a blood borne virus MUST be assessed by that staff member’s treating medical practitioner, in consultation with an infectious diseases specialist. This consultation is required to be on an on-going and regular basis. If the infectious diseases specialist considers that restrictions on practice be applied, then the infected staff member’s situation should be considered on an individual case-by-case basis by a specialised panel. The panel quorum should include an infectious diseases physician and a dental practitioner, to advise on the restriction level - if required.

Presently in Victoria, this specialised panel can be provided to infected dentists and staff via the Quality Assurance Committee of the ADAVB. A confidential call to the Chairman of this Committee can commence this process under Statutory Immunity. The ADAVB may be contacted on (03) 9826 8318.

Further advice may be obtained from the ADAVB Infection Control Committee Chairman or the Dental Practice Board of Victoria.

Staff members’ responses to enquiries pertaining to the health status of staff by patients or prospective patients, patients’ relatives or friends, shall assert that infection control procedures are in place to protect both staff and patients. If patients seek referral elsewhere for such advice or information, the ADAVB contact number may be offered.

1.9 DENTAL PRACTICE BOARD OF VICTORIA INFECTION CONTROL CODE OF PRACTICE NO C006 (BULLETIN 007 AUGUST 2004)

INFECTION CONTROL CODE OF PRACTICE NO: C006

Issue Date: 1 March 2005
Next Review Date: 1 March 2008

PREAMBLE

Purpose

1. This code of practice has been developed pursuant to section 69(1)(e) of the Dental Practice Act 1999 (the Act). Its purpose is to ensure that dental care providers 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 minimized.

Scope

2. This code applies to all persons with current registration under the Act.
REVIEW

3. This code of practice will be reviewed and updated regularly to ensure it accords with legislation, national and international standards and any developments in the provision of dental care.

INTRODUCTION

4. Many infectious agents are present in health care settings.

5. The purpose of infection control is to prevent the transmission of these disease-producing microorganisms:
   - from one patient to another;
   - from dental care provider to patient;
   - from patient to dental care provider or other staff (such as an assistant, receptionist; and
   - laboratory technician.

6. Effective infection control requires attention to the following matters:

   - applying basic measures for infection control (this includes observing standard and additional precautions, identifying hazards and minimizing risks, identifying who is at risk and from what);
   - adopting quality management practices (this includes administrative arrangements such as a documented infection control program in which staff are educated and regularly retrained, understanding the ethical and legal considerations that affect the delivery of dental care);
   - developing effective work practices and procedures that prevent the transmission of infectious agents (such as correct handwashing and personal hygiene, use of personal protective equipment; environmental hygiene including the design and maintenance of premises, management of clinical wastes, handling and disposal of sharps, handling of blood, the management of incidents involving exposure to blood or body fluid, environmental cleaning and spills management and protection for dental care providers including health status records, immunisation and testing of immune status);
   - managing specific infectious diseases (this includes identifying the major risk factors and establishing management procedures for patients, dental care providers and their staff, instruments, the practice etc); and
   - identifying infection control strategies in a specialized health care setting such as dental premises (i.e. identifying the major risk factors and management procedures that specifically pertain to dental practice). [Taken from Commonwealth Government Department of Health & Ageing Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting]
REQUIREMENTS

Documentation

7. Every place where dental care is being provided must have the following three documents in either hard copy or electronic form. “Electronic form” includes guaranteed internet access. Every working practitioner 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 b. and c.;
- the Commonwealth Government Department of Health and Ageing’s Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting (published January 2004); and

Behaviours

8. Every practitioner must:

- ensure the premises in which he or she practises are kept in a clean and hygienic state to prevent the spread of infectious disease;
- ensure that in attending a patient he or she takes such steps as are practicable to prevent or contain the spread of infectious disease; and
- act in accordance with the requirements set out in the three documents referred to at point 7 above.

NON-COMPLIANCE

9. The Board may take disciplinary action against practitioners who fail to comply with these infection control requirements.

RESOURCES

10. Department of Health & Ageing’s Infection control guidelines is available online at: http://www.icg.health.gov.au
12. Dental Practice Board of Victoria’s publications are available from: http://www.dentprac.vic.gov.au, Ph: +61 3 9694 9900
13. An example of a procedures manual for infection control in dental practice can be found at the Australian Dental Association Victorian Branch Inc’s website at: www.adavb.com.au (under Member Services/Infection Control)


1.10 INFECTION CONTROL INFORMATION

DPBV Infection Control Information

PURPOSE OF THIS DOCUMENT

1. This document provides background information about the infection control standards that registered persons are required to follow.
2. It should be read in conjunction with the Board’s Code of Practice on Infection Control (C006) – see section 1.10.

BACKGROUND

3. Maintaining a safe environment for patients, dental care providers and staff is an important aspect of the professional responsibilities of practitioners.
4. The code of practice has been developed to help ensure that a standard of infection control is maintained within practices that minimizes the risk to the health and safety of the public.
5. Successful infection control is based on good hygiene around a range of practices that arise from identifying hazards and implementing risk management for those hazards. This involves understanding:
   - the infectious agents and their mode of transmission;
   - the work practices that prevent the transmission of infection in different settings; and
   - management systems that support effective work practices.

DOCUMENTATION REQUIRED

6. The code of practice identifies 3 key documents that are needed.
   
   Document 1: Procedures manual

7. This document is a detailed guide to the day to day implementation of the infection control principles and practices, having regard to the local situation of the particular practice and is based on Documents 2 and 3 (see below).
8. The manual documents how staff should practice good infection control processes in their daily work.
9. The manual must be accessible to all staff and be maintained so that it is current and accurate.
10. All staff must be properly trained / educated in the protocols set out in the manual and must follow them.
Document 2: Commonwealth Government Department of Health and Ageing’s Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting

11. This document establishes the principles of infection control; covers the design of premises, choice and type of equipment used (sharps reduction, ease of cleaning and sterilising), occupational health and safety considerations, safe disposal of clinical waste, regular monitoring of infections, effective and ongoing education and training programs for all levels of staff, the incorporation of infection control into a comprehensive quality management program; as well as providing current technical information for infection control.


12. Dental care providers work under AS/NZS 4815 unless they work in an organization and that organization 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).

13. Together, Document 2 and Document 3 establish the basic principles behind successful infection control. They provide the rationale against which individual dental practices can develop and implement their own effective protocols and systems for infection control.

BEHAVIOURS

14. Under the terms of the Equal Opportunity Act 1995 a dental care provider cannot refuse to treat a person on the grounds of impairment. (Part of the definition of impairment in that Act is “… the presence in the body of organisms that may cause disease”). This means that a person cannot be refused treatment on the grounds that he or she has Hepatitis B or Hepatitis C or human immunodeficiency virus or is a carrier of one or more of these diseases.

15. The use of standard precautions (as detailed in the Infection control guidelines publication) will minimize the transmission of infection for all patients including known carriers or individuals with clinical disease.

DECLARATION

16. An applicant for registration or renewal of registration will be required to make the following declaration:
   I am familiar with the Board’s Code of Practice on Infection Control and undertake to comply with it whenever I am practising dentistry in Victoria. I understand that if I fail to do so the Board may take disciplinary action against me.

17. The requirement for this additional undertaking will take effect from the date of issue of the code of practice.

INFECTIVITY STATUS

18. The Infection control guidelines publication specifies that practitioners who undertake exposure-prone procedures should know their antibody status for Hepatitis B, Hepatitis C and human immunodeficiency viruses.

19. Exposure-prone procedures are defined in the Glossary of the Infection control guidelines as:
   A subset of ‘invasive procedures’ characterised by the potential for direct contact between the skin (usually finger or thumb) of the health care worker (HCW) and sharp surgical
instruments, needles, or sharp tissues (spicules of bone or teeth) in body cavities or in poorly visualised or confined body sites (including the mouth). In the broader sense, and for the purpose of these guidelines, an exposure-prone procedure is considered to be any situation where there is a potentially high risk of transmission of blood-borne disease from HCW to patient during medical or dental procedures.

20. That document also defines an invasive procedure, which is:

“Any procedure that pierces skin or mucous membrane or enters a body cavity or organ. This includes surgical entry into tissues, cavities or organs, or repair of traumatic injuries.”

21. Modification of work practices through risk reduction techniques, such as using instruments rather than fingers for retraction during local anaesthesia, can reduce the number of potential exposure-prone procedures.

22. The risk to patients from HCWs infected with BBVs (blood borne viruses) is discussed in the (CDNA) Infection Control Guidelines Section 4.3.2 and (CDNA Infection Control Guidelines) Table 4.1. What should dental care providers who have a blood borne virus do and what role does the Board have?

23. Dental care providers who carry a blood borne virus have a professional and ethical responsibility to review the way they practice dentistry to ensure that they minimize the likelihood of transmission of infection to their patients.

24. They should:

- obtain and follow the advice of their treating specialist physician;
- generally avoid exposure-prone procedures if they are viraemic; and
- advise the Board. Practitioners with a blood borne virus have a responsibility to review their work practices and this is most effectively done in co-operation with the Board and, where appropriate, their treating physician. There is provision in the Dental Practice Act 1999 that if a practitioner makes a satisfactory confidential undertaking to the Board to alter the way in which he or she practices, no publicly accessible condition need be placed on the practitioner’s registration. Alternatively the Board and the practitioner may determine by mutual agreement, a condition, limitation or restriction on the individual’s registration that will protect the public while enabling the practitioner to remain in the profession. For more information please contact the Chief Executive Officer of the Board, Mr Peter Gardner.

TRACKING

25. The Infection Control Guidelines stipulate “Health care establishments should have systems in place that allow key items (for high risk procedures, see Table 4.1) of equipment to be tracked.” Table 4.1 describes high risk procedures as “any submucosal invasion with sharp hand-held instruments, or procedures dealing with sharp pathology/bony spicules, usually in a poorly visualised or confined space (e.g. oral surgery.)” Such key items would depend on the procedure the instrument was used for, but could include exodontia instruments, periodontal curettes and instruments used for surgical endodontia and implant placement.

26. The Infection Control Guidelines also stipulate that “implantation ...of prostheses ...(requires) ... records which must cross reference patients with the batch and manufacturer code detail”. Practitioners placing implants would be required to keep such records.

27. In the points above, there is a hierarchy of language; “MUST” means just that. The recording requirement for implants has to be followed. “SHOULD” means that tracking generally would be expected, but allows for professional judgement by the practitioner for a particular case. The dental care provider may be required to offer proof as to why tracking was not necessary.
RESOURCES TO ASSIST IN THE IMPLEMENTATION OF THE CODE OF PRACTICE

28. The Board will produce a document (along the lines of its current publication for dental prosthetists Infection Control for Dental Prosthetists) to assist in the practical implementation of the code of practice. Of course such a document would be a guide to the standards and cannot be considered as a substitute for the documents required under the code.

29. The Australian Dental Association Victorian Branch Inc has available on its website a comprehensive document which provides the framework for a procedures manual. This document can be customized to suit the particular dental practice. Similar documents are available from various commercial providers.

OBTAINING THE DOCUMENTS REFERRED TO IN THE CODE OF PRACTICE

30. Department of Health & Ageing’s Infection control guidelines is available online at: http://www.icg.health.gov.au


32. Dental Practice Board of Victoria’s publications are available at: http://www.dentprac.vic.gov.au, Phone: +61 3 9694 9900

33. For an example of a procedures manual for infection control, see the Australian Dental Association Victorian Branch Inc’s ‘Systematic Operating Procedures – Protocols For Infection Control In Dental Practice’ which is available at: www.adavb.com.au (under Member Services/Infection Control)


1.11 THE OCCUPATIONAL HEALTH AND SAFETY ACT

Adapted from David Ruschena, Health Legal


Main obligation

1. The main obligation imposed on employers is to maintain a safe place of work and eliminate risks to health and safety. The new Act describes the way the duty is expressed as taking whatever measures are "reasonably practicable". Employers should therefore continue to work on the basis of eliminating risk in the workplace wherever it is practicable to do so. Where it is not practicable to eliminate risk, the risk should be minimised.

2. The obligation to ensure that the workplace is safe extends to include the safety of members of the public, not merely employees and subcontractors. WorkSafe prosecutions generally occur when there has been an injury. Employers should
therefore examine the state of the workplace when it is not being used, and the means of access to the workplace by non-workers.

3. The obligation to eliminate risks to health includes psychological health. This formalises the modern interpretation of the Act which has imposed a responsibility on employers to prevent work-related psycho-social hazards such as discrimination, bullying, fatigue, violence and excessive stress.

Additional obligations and penalties

4. The new offence of ‘conduct endangering persons at a workplace’ provides that employers found to have knowingly exposed a person to serious risk of injury or death face up to five years in jail.

5. The employer is required to consult with the employees about health and safety issues. A fine may be imposed if this does not occur.

6. A two-year limitation period on the commencement of prosecutions for indictable offences has been introduced. That is, an employer must be charged with a specific breach of the Act within two years of the circumstances which gave rise to the “offence”. If this does not happen, the employer cannot be prosecuted.

7. If an authorised representative of a registered union reasonably suspects that there has been a contravention of the Act, the representative can obtain a permit issued by the Magistrates’ Court to enter the relevant workplace. If it is found that the representative was using this power solely to harm the employer, the power can be withdrawn from the representative.

Sentences

8. The maximum penalty for a contravention of the Act is $920,250 for a corporation and $51,125 to $184,050 for an individual. This brings Victoria into line with other States.

Courts are also given sentencing options that may be imposed in addition to or instead of penalties. These include adverse publicity orders, orders to undertake safety improvement projects, and health and safety undertakings.

It is important for employers to be aware of their obligations, and to comply with those obligations. To this end, WorkSafe provides up to three hours of free safety assistance to any Victorian business with less than 50 employees from an independent health and safety consultant. Details can be obtained from the WorkCover Advisory Service on 1800 136 089.
2. PROTECTION OF THE DENTAL CARE PROVIDERS AND PATIENTS

2.1 GENERAL PERSONAL HYGIENE

Introduction

Each staff member should pay particular attention to ensure their personal hygiene is of the highest standard. This is essential in reducing the health risks associated with occupational duties and the working proximity to patients. A series of personal protective strategies are employed to protect personnel and patients in the surgery.

- Personal protective equipment (PPE), including gloves, masks, gowns and protective glasses are worn; and
- Intact skin is a proven and effective barrier to infectious agents. Therefore judicious care in the prevention of hand injury should be exercised by ensuring hands are protected at all times during various occupational activities and practices including non-workplace activities such as gardening, cleaning etc.

Technique

1. Remove all jewellery, including bangles, watches and rings from hands and arms.
2. Treat compromised, broken or injured skin appropriately.
3. Ensure hands and forearms are clean and bare! If there is risk of forearm exposure or contamination by bodily fluids such as blood or saliva, then forearms must be covered.
4. The sleeves of personal clothing must not extend below the elbow and must be covered by a clinical gown’s short sleeves. Long sleeved casual clothing are not to be worn under short sleeved clinical gowns.

2.2 HANDCARE

Handwashing is the most effective method in reducing potentially infectious microorganism levels on the skin.

Gloves complement handwashing and are not a substitute to proper handwashing.

Use liquid handwash from dispensers where possible. When replenishing the liquid handwash in the dispenser, clean the dispenser first before refilling with liquid handwash.

2.2.1 Routine Handwashing

TO BE USED:

- Before and after eating or smoking; and
- After going to the toilet, blowing nose and other routine grooming.
Technique

1. Wet hands thoroughly and lather vigorously using a neutral pH soap for 10-15 seconds.
2. Rinse under running water.
3. Pat dry using paper towel.

2.2.2 Handwash Prior to Non-surgical Procedure

TO BE USED:

- Before any non-surgical procedures which require aseptic / sterile techniques (i.e. devoid of living microorganisms);
- Before handling any instruments or equipment;
- Before and after routine wearing of gloves; and
- Before contact with patients (examination).

Technique as per figure 2.1

1. Wash hands thoroughly using an antimicrobial soap/skin cleanser for one minute.
2. Rinse carefully; ensure taps are not touched with clean, washed hands. If elbow or foot taps are not available, use paper towel to turn taps off.
3. Pat dry using paper towel.

A suggested method of washing hands is demonstrated in figure 2.1. Steps 2, 4, 5 and 6 should be repeated on both hands. This is a 10 to 15 second handwash for routine patient contact and about one to two minute routine for an aseptic handwash. (Courtesy of Ansell Healthcare)
1. Palm to palm  
2. Palm over dorsum  
3. Palm to palm, fingers interlaced  
4. Back to fingers to opposing palms 
5. Rotate thumbs in palms  
6. Rotate fingers in palms

**Figure 2.1 Handwash Prior to Non-surgical Procedure**

**ROUTINE HANDWASHING:**

The brand of neutral pH soap used is: .................................................................

The neutral pH soap supplier is: .................................................................

Tel: ........................................ Fax: ........................................ Email: ........................................

**HANDWASH PRIOR TO NON-SURGICAL PROCEDURES:**

The brand of antimicrobial soap / skin cleanser used is: .................................................................

The antimicrobial soap / skin cleanser supplier is: .................................................................

Tel: ........................................ Fax: ........................................ Email: ........................................

2.2.3 Alcoholic Chlorhexidine

Use in procedures where there is insufficient time for routine or surgical handwash. This method cannot be used where visible soil is evident. Any visible soil must be washed off prior to application of the alcoholic chlorhexidine.
2.2.4 Handwash Prior to Surgical Procedures

TO BE USED:

- Before any invasive procedure.

Technique

1. Wash nails, hands and forearms thoroughly. Note: A brush or sponge and antimicrobial soap is required to clean under fingernails. The nailbrush or sponge should be disposable or steam sterilisable after use.

2. Apply the antimicrobial soap/skin cleanser.

3. Wash for 5 minutes for the first wash of the day and 3 minutes for following washes.

4. Commence wash with the forearms and finish with the hands.

5. Rinse thoroughly, keeping hands above the elbows.

6. Dry with sterile towels.
2.2.5 Hand Cuts and Abrasions

All cuts or abrasions on hands must be covered with a waterproof dressing and changed when necessary, or when the dressing becomes soiled.

Health care providers who have skin problems or weeping dermatitis should seek medical advice.

HAND CUTS AND ABRASIONS:
The brand of **waterproof dressing** used is: ..............................................................
The **waterproof dressing** supplier is: ..............................................................
Tel: ........................................ Fax: ................................................ Email: ..............................

2.2.6 Gloves

**TO BE USED:**
- Whenever there is risk of exposure to blood or other bodily fluids / matter.

Wear low allergen powder free gloves!
Wash hands before and after wearing gloves, or when gloves are changed.
(Gloves complement handwashing - refer to section 2.2.2)

2.2.6.1 Nonsterile Powder Free Examination (Procedural) Gloves

**Technique**
Wear **nonsterile, powder free examination gloves** for procedures that do not require a sterile field, or housekeeping duties.
Ensure examination gloves meet Australian Standard AS/NZS 4011:1997 and are listed with the Therapeutic Goods Administration.

Exercise care when removing and discarding used examination gloves to avoid contamination.
NONSTERILE, POWDER FREE EXAMINATION GLOVES:

See 2.2.7 Latex Associated Allergies for further information

Staff Name:........................................................................................................ Hand Size:..............................

The brand of **nonsterile powder free examination gloves** used is: ....................................................

Glove material: Natural Rubber Latex □ Nitrile □ Neoprene □ Other..............................................

The **nonsterile powder free examination gloves** supplier is: .........................................................

Tel: ........................................... Fax: ........................................... Email: ...........................................

Staff Name:........................................................................................................ Hand Size:..............................

The brand of **nonsterile powder free examination gloves** used is: ....................................................

Glove material: Natural Rubber Latex □ Nitrile □ Neoprene □ Other..............................................

The **nonsterile powder free examination gloves** supplier is: .........................................................

Tel: ........................................... Fax: ........................................... Email: ...........................................

Staff Name:........................................................................................................ Hand Size:..............................

The brand of **nonsterile powder free examination gloves** used is: ....................................................

Glove material: Natural Rubber Latex □ Nitrile □ Neoprene □ Other..............................................

The **nonsterile powder free examination gloves** supplier is: .........................................................

Tel: ........................................... Fax: ........................................... Email: ...........................................

Staff Name:........................................................................................................ Hand Size:..............................

The brand of **nonsterile powder free examination gloves** used is: ....................................................

Glove material: Natural Rubber Latex □ Nitrile □ Neoprene □ Other..............................................

The **nonsterile powder free examination gloves** supplier is: .........................................................

Tel: ........................................... Fax: ........................................... Email: ...........................................
2.6.2 Sterile Powder Free Surgical Gloves

Wear sterile, powder free, surgical gloves for procedures requiring a sterile field and when in contact with normally sterile areas of the body.

Ensure Surgical Gloves meet Australian Standard AS/NZS 4179:1997 and are listed with the Therapeutic Goods Administration.

How to place gloves to ensure the sterility of the gloves is maintained is demonstrated in Figure 2.2. (Courtesy of Ansell Healthcare)
STERILE, POWDER FREE, SURGICAL GLOVES:
Staff Name: ................................................................. Hand Size: .................

The brand of **sterile, powder free, surgical gloves** used is: ........................................

Glove material: Natural Rubber Latex □ Nitrile □ Neoprene □ Other ................................

The **sterile, powder free, surgical gloves** supplier is: ......................................................

Tel: ................................................ Fax: ................................................ Email: ........................................

Staff Name: ................................................................. Hand Size: .................

The brand of **sterile, powder free, surgical gloves** used is: ........................................

Glove material: Natural Rubber Latex □ Nitrile □ Neoprene □ Other ................................

The **sterile, powder free, surgical gloves** supplier is: ......................................................

Tel: ................................................ Fax: ................................................ Email: ........................................

Staff Name: ................................................................. Hand Size: .................

The brand of **sterile, powder free, surgical gloves** used is: ........................................

Glove material: Natural Rubber Latex □ Nitrile □ Neoprene □ Other ................................

The **sterile, powder free, surgical gloves** supplier is: ......................................................

Tel: ................................................ Fax: ................................................ Email: ........................................

Staff Name: ................................................................. Hand Size: .................

The brand of **sterile, powder free, surgical gloves** used is: ........................................

Glove material: Natural Rubber Latex □ Nitrile □ Neoprene □ Other ................................

The **sterile, powder free, surgical gloves** supplier is: ......................................................

Tel: ................................................ Fax: ................................................ Email: ........................................

Staff Name: ................................................................. Hand Size: .................

The brand of **sterile, powder free, surgical gloves** used is: ........................................

Glove material: Natural Rubber Latex □ Nitrile □ Neoprene □ Other ................................

The **sterile, powder free, surgical gloves** supplier is: ......................................................

Tel: ................................................ Fax: ................................................ Email: ........................................
2.2.6.3 **Gloving Efficacy**

Examination gloves are changed and discarded under the following conditions:

- As soon as damage occurs (torn or punctured);
- After contact with each patient;
- On completion of any other task not involving patient contact but requiring the use of gloves; and
- Before answering the telephone or recording patient notes, (unless the pen, keyboard or telephone is covered with a barrier plastic) or other procedures where risk of cross-contamination exists.

> **Examination gloves are classed as **single use** medical devices intended to protect healthcare providers and patients from cross-contamination.**

Examination gloves are to be removed carefully to avoid contamination of hands or other surfaces.

> **WORN GLOVES ARE NOT TO BE WASHED OR RE-USED.**
2.2.6.4 General Purpose, Utility Gloves

Wear general purpose, utility gloves only for housekeeping duties and cleaning.

General Purpose Utility Gloves can be re-used if washed in detergent after use, dried and stored appropriately. Utility gloves are to be replaced if torn, cracked, peeling, or showing signs of wear and tear or deterioration.

**GENERAL PURPOSE, UTILITY GLOVES:**

Staff Name: .............................................................. Hand Size: ...............  
The brand of general purpose gloves used is: ..............................................................

The general purpose gloves supplier is: ..............................................................

Tel: ................................................ Fax: ........................................ Email: ........................................  

Staff Name: .............................................................. Hand Size: ...............  
The brand of general purpose gloves used is: ..............................................................

The general purpose gloves supplier is: ..............................................................

Tel: ................................................ Fax: ........................................ Email: ........................................  

Staff Name: .............................................................. Hand Size: ...............  
The brand of general purpose gloves used is: ..............................................................

The general purpose gloves supplier is: ..............................................................

Tel: ................................................ Fax: ........................................ Email: ........................................  

Staff Name: .............................................................. Hand Size: ...............  
The brand of general purpose gloves used is: ..............................................................

The general purpose gloves supplier is: ..............................................................

Tel: ................................................ Fax: ........................................ Email: ........................................  

Staff Name: .............................................................. Hand Size: ...............  
The brand of general purpose gloves used is: ..............................................................

The general purpose gloves supplier is: ..............................................................
2.2.7 Latex Associated Allergies

If skin or other physiological reactions manifest upon contact (or in the vicinity) of latex this must be brought to the attention of the principal dentist or practice manager.

It is essential to assess staff and patients suspected of having an allergy to latex. The most common sources of latex in the surgery are rubber dams and gloves.

Some plungers and caps in local anaesthetic carpules are now natural rubber latex free. This has been confirmed with the manufacturer.

Provision should be made to utilise non-natural rubber latex (synthetic) products for latex allergic individuals (staff and patients). Staff allergic to proteins found in natural rubber latex should use synthetic alternatives (typically vinyl, neoprene or polyurethane gloves). Ensure that the gloves meet Australian Standards and are listed with the Therapeutic Goods Administration. For chemical related allergies and information please contact the supplier(s) of these products.

Also refer to the Ansell Healthcare Latex Allergy information section at the end of this document.

2.2.7.1 Allergy Precautions

Some Healthcare providers may become sensitised and develop an allergy to natural rubber latex gloves. This is propagated by direct contact with residual latex associated proteins and other chemical allergens that are not adequately removed during the manufacturing process. In the presence of perspiration or moisture, these proteins and/or chemicals may leach out of the glove and enter the skin. Furthermore some protein allergens may adsorb to the surface of glove donning powder (cornstarch). Although cornstarch powder is considered an inert substance it may inadvertently act as a protein allergen carrier and consequently trigger an allergic response through inhalation of the aerosolised powder. An allergic response may also be triggered by direct contact of the residual glove allergens with skin or mucosa.

Low allergen, powder-free gloves can reduce the sensitisation process and hence the likelihood
of allergy development. Some sensitised individuals may have to resort to synthetic gloves. However, it is important to emphasise that some skin related symptoms such as dermatitis are non-allergic irritation caused by the abrasive nature of donning powder or the occlusive nature of gloves. Appropriate handcare such as proper hand drying and the application of a moisturizing hand cream prior to glove placement should reduce the incidence of non-allergic irritation.

Note that only aqueous / water based hand creams should be used prior to placement of gloves. Oil / fat based creams should be avoided as these may cause latex gloves to deteriorate.

Therapeutic hand creams are generally listed or registered on the Australian Register of Therapeutic Goods displaying either the Aust R (registered) or Aust L (listed) number on the label.

**HAND CREAM:**
The brand of hand cream is: ........................................................................................................
The hand cream supplier is: ..............................................................................................................
Tel: ........................................ Fax: ......................................... Email: ...................................................
Is the hand cream water based: YES □  NO □

### 2.2.8 Fingernail Care

**Technique**

1. Keep finger nails clean, trimmed and shaped to avoid puncturing the glove and thus compromising the protection of the barrier.

2. Ensure that the length or shape of the nails does not affect the precision required in handling instruments.

3. Do not wear artificial nails or nail polish which may harbour microorganisms.

### 2.3 UNIFORMS

**Technique**

1. Change into uniforms upon arrival at the practice / surgery.

2. Do not wear uniforms outside the practice at any time.
THE FOLLOWING UNIFORMS ARE WORN:

Staff Name: ................................................................. Size: .................................................................
Brand: .................................................................

Staff Name: ................................................................. Size: .................................................................
Brand: .................................................................

Staff Name: ................................................................. Size: .................................................................
Brand: .................................................................

Staff Name: ................................................................. Size: .................................................................
Brand: .................................................................

Staff Name: ................................................................. Size: .................................................................
Brand: .................................................................

Staff Name: ................................................................. Size: .................................................................
Brand: .................................................................

Staff Name: ................................................................. Size: .................................................................
Brand: .................................................................

Staff Name: ................................................................. Size: .................................................................
Brand: .................................................................

The uniform supplier is: .................................................................
Tel: ................................................................. Fax: ................................................................. Email: .................................................................
2.4 PROTECTIVE CLOTHING

2.4.1 Gowns and Aprons

**Technique**

1. Wear clinical gowns over uniforms for all procedures in the practice, excluding reception and administrative duties.

2. Do not wear clinical gowns in the staff room or when performing non-treatment related duties.

3. Cover all patients with a waterproof apron to further enhance their protection.

---

**APRONS AND GOWNS:**

- The brand of clinical gown is: .................................................................
- The clinical gown supplier is: .................................................................
- Tel: ................................................. Fax: ................................................. Email: .................................................
- The brand of patient apron is: .................................................................
- The patient apron supplier is: .................................................................
- Tel: ................................................. Fax: ................................................. Email: .................................................

2.4.2 Laundering

**Technique**

1. Change clinical gowns, patient aprons and uniforms immediately they become soiled.

2. Used linen is sorted at the point of generation, bagged for laundering and placed in designated area.

3. Disposable bibs and gowns are placed in the general waste after use, unless visibly contaminated with remnants of biological matter / bodily fluids. Gowns contaminated with bioactive debris are disposed of in the bioactive waste. Wear disposable examination gloves when handling soiled linen.

4. **Ensure that no sharps or other objects are mistakenly discarded into linen bags.**

5. When washing uniforms, patient aprons and other soiled linen, do so in a separate load, in hot water, utilising an appropriate sanitary laundry detergent.
LAUNDERING:
The designated area to place bagged linen for laundering is: ..........................................................
The brand of uniform / linen sanitary laundry detergent is: ..........................................................
The sanitary laundry detergent supplier is: .........................................................................................
Tel: ........................................ Fax: ........................................ Email: ..............................................

2.4.3 Protective Eyewear (Safety Glasses)

The practitioner, chair-side assistant and patient must wear protective eyewear during all clinical procedures

Technique

1. Wear protective eyewear prior to commencing any procedure.

2. Place protective eyewear on patients unless the patient is already wearing suitable eyewear.

3. The protective eyewear must comply with Australian Standard AS/NZS 1336 and 1337,

4. Protective eyewear must be clear, anti-fog, distortion free, close fitting and shielded at the side.

PROTECTIVE EYEWEAR:
The brand of protective eyewear for:

Dentist: ........................................................................................................................................
Chairside Assistants: ......................................................................................................................
Hygienist: ....................................................................................................................................
Patient: .........................................................................................................................................

The protective eyewear supplier is: .................................................................................................
Tel: ........................................ Fax: ........................................ Email: ..............................................

The protective eyewear is: SINGLE USE □ RE-USABLE □

If REUSABLE clean and disinfect protective eyewear with: ..........................................................
2.4.4 Masks

**Technique**

1. Wear masks when there is the likelihood of blood or other bodily fluids splashing, or when aerosols or droplets (potentially harbouring air borne infectious agents) may occur.

2. Masks must be **fluid-repellent deflector masks**, capable of filtering 3 microns or less, when aerosols or splattering of blood / bodily fluids is probable.

3. During laser surgery use masks purposely designed for **laser surgery**.

4. Wear masks according to manufacturers’ instructions.

5. Avoid touching mask with hands whilst being worn.

6. Change masks after 20 minutes of continuous exposure to aerosols or as soon as practicable after they become moist or visibly soiled.

7. Remove masks with care. Touch the strings and loops only.

8. Do not wear masks loosely around the neck, but remove and discard into general waste as soon as practicable after use. Dispose masks contaminated with patient’s blood or body fluids in the biological waste.

---

**MASKS:**

The brand of **fluid repellent mask** is: .................................................................

The **fluid repellent mask** supplier is: .................................................................

Tel: ........................................ Fax: ................................................ Email: .................................................................

The brand of **laser surgery mask** is: .................................................................

The **laser surgery mask** supplier is: .................................................................

Tel: ........................................ Fax: ................................................ Email: .................................................................

The brand of **particulate mask** for T.B. is: .................................................................

The **particulate mask** supplier for T.B. is: .................................................................

Tel: ........................................ Fax: ................................................ Email: .................................................................

---

Treat patients with active tuberculosis in an institution with appropriate facilities and ventilation. Staff treating tuberculous patients must be aware of their own immunization status and should have established immunity against tuberculosis. Wear a **particulate mask** capable of filtering particles of 1 micron or less when attending patients with infectious pulmonary tuberculosis. Wear these masks with the best possible fit.
2.4.5 Footwear

Footwear must be enclosed (covered) and capable of protecting the wearer from injury or contact with sharp objects.

2.4.6 Hats and face shields

In order to further enhance personal protection the use of face shields and head coverings can be considered. Head coverings are often used during surgical procedures.

HATS AND FACE SHIELDS:
The face shield supplier is: .................................................................
Tel: ........................................ Fax: .............................................. Email: ........................................
The head covering supplier is: ........................................................
Tel: ........................................ Fax: .............................................. Email: ........................................

2.5 HAIR

Long hair is to be securely tied back with hair bands or pins, and/or use a theatre cap.

2.6 RUBBER OR SYNTHETIC DAMS

Use rubber or synthetic (non latex) dams for restorative procedures wherever possible, and all non-surgical endodontic procedures.

RUBBER / SYNTHETIC DAMS:
The brand of natural rubber latex dental dam is: ..........................................................
The natural rubber latex dental dam supplier is: ..........................................................
Tel: ........................................ Fax: .............................................. Email: ........................................
The brand of synthetic (latex free) dental dam is: ..........................................................
The synthetic (latex free) dental dam supplier is: ..........................................................
Tel: ........................................ Fax: .............................................. Email: ........................................
2.7 DISINFECTION OF MUCOSA AND DENTITION

Use a disinfectant over the dentition and mucosa prior to commencement of:

- certain dental procedures which require aseptic techniques (such as endodontics). Examples of dental disinfectants include iodine, and sodium hypochlorite; and
- certain surgical procedures.

If rubber / synthetic dam is utilised, apply the disinfectant after the dam is in place.

To minimise bacterial showers in patients, a pre-operative mouthwash of 0.2% chlorhexidine may be utilised for 1 minute before commencement of the procedure. This mouthwash may be utilised in conjunction with a prophylactic antibiotic.

2.8 IMMUNISATION

The principle dentist of the practice is responsible in ensuring that all staff maintain a record of vaccination and to update these records as required (see form 1.4.2). Dental health care providers should know their immunisation status. Generally it is not necessary to obtain a booster dose of hepatitis B vaccination however immune status should be checked every 2 years for the infections listed below.

The NH&MRC guidelines (The Australian Immunisation Handbook, 8th edition, NHMRC, 2003) recommend the following vaccinations against infections which may be encountered by health care professionals, laboratory staff, and health care students.

- Hepatitis B
- Mumps
- Diphtheria/ Tetanus
- Chicken Pox (varicella)
- Rubella
- Poliomyelitis
- Measles
- Tuberculosis

Screening and immunisation as necessary for the following conditions is recommended.

- Exfoliative skin conditions
- Tetanus
- Herpes Simplex
- Rubella
- Diphtheria
- Immune disorder
- Hepatitis C
- Poliomyelitis
- Hepatitis B
- HIV infection
Hepatitis A - Staff at higher risk of occupational exposure to hepatitis A include nursing staff and other health care providers in contact with patients in paediatric wards, infectious disease wards, emergency rooms and intensive care units.

Influenza - Offer yearly influenza vaccine to all direct care staff.

There is no indication for routine screening and immunisation of health care providers for Meningococcal C virus.

Update immunisation/health screening records regularly for all staff during their period of employment. All vaccinations should be checked for immunological response after vaccination.

Staff should have access to their screening records on request. These records are transferable to a subsequent workplace when authorised by the staff member leaving the practice.

Ensure staff members are appropriately immunised before commencement of work at the practice. If a staff member refuses immunisation, this should be recorded together with the reason for refusal (CDNA 2004).

Keep Immunisation records in form 1.4.2 and update accordingly

The most recent edition of The Australian Immunisation Handbook (currently NHMRC 2003) provides detailed information on immunisation schedules and vaccines (available from http://immunise.health.gov.au/)

Further information may also be obtained from the State Government of Victoria, Department of Human Services Immunisation Guidelines for Health Care Providers/Workers (March 2000). “Immunisation Guidelines for Health Care Workers (HCW) is available online at: http://www.dhs.vic.gov.au/phd/9907018/index.htm.

2.9 THE PREGNANT HEALTH CARE PROVIDER

Generally, careful work practices, including the correct handling and disposal of sharps, adherence to standard and additional precautions as well as the maintenance of high standards of general and personal hygiene will protect against infection.

The following information summarised from the CDNA publication relates to infections which are both significant in pregnancy and may be acquired through patient care. It is not necessarily a comprehensive listing of all infections relevant to pregnant women. The antibody status of the staff members for the following diseases must be listed in form 1.4.2 and should be appropriately assessed.

2.9.1 Rubella (German measles)

As serious congenital abnormalities from rubella infection occur in the first trimester, rubella antibody status should be checked in all female staff of child-bearing age at employment. If rubella antibody is absent or below protective levels, offer staff member vaccination on commencement of employment.

Rubella vaccination should be avoided in early pregnancy and conception should be avoided for two months following vaccination, although no case of congenital rubella syndrome has been reported following inadvertent vaccination shortly before or during pregnancy.
2.9.2 Hepatitis B

If a staff member has not been vaccinated or is not known to be immune to hepatitis B, then hepatitis B immunoglobulin will be offered following a sharps injury involving blood from a known hepatitis B carrier or an unknown source.

Pregnancy is not a contraindication to the administration of hepatitis B immunoglobulin, routine hepatitis B vaccination or booster doses of hepatitis B vaccine.

2.9.3 Human Immunodeficiency Virus (HIV)

Pregnant women at risk of HIV infection should discuss the need for HIV antibody testing with their doctor. With advances in treatment, there is a possibility of intervention to prevent transmission of the disease to the unborn child of a HIV positive woman.

In caring for HIV infected patients, pregnant staff should be aware that these patients may persistently shed Cytomegalovirus (CMV) in saliva, urine and stools and that the wearing of gloves and regular handwashing is important when handling these substances.

2.9.4 Cytomegalovirus (CMV)

Generally CMV infection in health care providers is not significantly more common than CMV infection in the general community. 40-60 per cent of women of child-bearing age in Australia will be seronegative for CMV and thus susceptible to primary CMV infection in pregnancy.

Infection of staff is largely preventable by applying standard precautions, including the use of gloves and regular handwashing after patient contact and after contact with urine and saliva.

After primary infection, young children excrete CMV in urine and saliva in larger amounts and for longer periods than do adults. CMV seronegative women who care for children over the age of 2 years have a lower risk of infection. Avoidance of direct contact with saliva, e.g. kissing toddlers on the mouth, is important.

2.9.5 Varicella Zoster Virus (VZV) – chickenpox and shingles

A blood test is now available which reliably detects the presence of antibodies to varicella. If a staff member has a history of clinical chickenpox, testing is not necessary since they will be immune. If a staff member is contemplating pregnancy or is pregnant then their varicella antibody status may be checked. Pregnant staff who are not immune should not care for patients with chickenpox or zoster. If inadvertent exposure occurs then VZV immunoglobulin (ZIG) may be given to the pregnant staff member within 96 hours of exposure to the virus.

2.9.6 Tuberculosis

Measures to prevent transmission of tuberculosis from patient to staff should be just as effective for pregnant staff as for non-pregnant staff.

There is no evidence to suggest that pregnant women are more susceptible to primary infection with tuberculosis. However pregnancy may predispose to re-activation of tuberculosis if untreated or inadequately treated in the past.

Mantoux testing is safe and the results are not affected by pregnancy. BCG vaccine should not generally be given during pregnancy. However, if active tuberculosis occurs during pregnancy, standard anti-tuberculosis therapy, i.e. isoniazid, rifampicin and ethambutol can be safely used.
2.9.7 Parvovirus

Human parvovirus B19 is usually transmitted via the respiratory route, but the virus is very resistant in the environment and in biological materials such as blood or plasma. Diagnosis is by serology and/or virus DNA detection. At present there is no vaccine.

Pregnant staff should avoid contact with patients who are infected with human parvovirus.
# Appendix Chapter 2: Photographic – Diagrammatic Explanation

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<th>Section in the text</th>
<th>Photographic – Diagrammatic explanation</th>
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3. PREPARATION OF CLINICAL AREAS

3.1 DESIGN AND MAINTENANCE OF PREMISES

The ability to maintain aseptic technique and good infection control is the essential first step in maintaining the safety of every person involved in the practice, including patients. Dental equipment design and design of dental surgeries is increasingly being influenced by infection control. Contemporary dental office design can minimise the possibility of cross-contamination while still maintaining an efficient, safe and attractive environment. Surgeries, built new are easier to influence in the design stage. Even with renovations, suitable improvements can be achieved. During the design of surgeries take into account those features which minimise cross contamination.

As the layout of the dental office is being contemplated, attempt to have the treatment areas adjacent to the instrument recirculation (IRC) areas. Keep the treatment area and IRC area distinct and away from administrative areas, food areas, and bathrooms. Have clearly designated and functionally separate zones. The surgery should be designed in order to enhance the dental healthcare personnel’s behaviour with respect to infection control.

Divide the surgery into:

- Clinical or procedural areas;
- reprocessing areas;
- laboratory areas;
- administrative areas;
- eating areas; and
- bathrooms areas.

It may be helpful to use colour coding for particular work zones. Zones may be defined as:

- Green for clean zones (storage of clean instruments, equipment and medications);
- Orange for clinical area (which comprises the treatment zone and treatment periphery) and contaminated with material from the current patient; and
- Red for contaminated zones (instrument cleaning area, dental or pathology laboratory).

As a general rule, movement from green to orange or orange to red zones without changing gloves can occur, but NEVER from red to orange, red to green or orange to green.

Additional zones may include:

- Yellow zone for handwashing zone attached to treatment areas; and
- White zone for staff room (food storage, preparation and consumption).
3.1.1 Lighting

Good lighting over work areas is essential. The surgery provides adequate lighting, both natural and artificial. Place lighting directly over zoned work areas rather than lights placed centrally in the room.

3.1.2 Ventilation

Use ventilation, preferably air conditioning, which de-humidifies offices, and also filters out airborne particles. Central air recirculation will also enable potentially more advanced air decontamination devices in future. Ensure air-conditioners and heaters are serviced once per year. Every three months clean the filters of the ventilation systems.

VENTILATION:

The air conditioner / heater service company is: .................................................................
Tel: ........................................ Fax: ........................................ Email: ........................................
The service person’s name is: .................................................................
The person who cleans the filters is: .................................................................
Filters are cleaned (time interval) .................................................................

3.1.3 Vacuum

Central vacuum cleaners are less noisy and vent to the outside, avoiding dust creation. This also helps to minimize the use of brooms which should be avoided. Empty the vacuum container weekly.

The person who empties the vacuum cleaner is: .................................................................

3.1.4 Other Features which should be considered during the design of the surgery include:

- Plumbing-Backflow prevention devices;
- Consider how water lines are to be treated (in particular the use of filtration or specific treatment of water running to dental units);
- Plumbing, electrical and other service lines. Be mindful of possible future changes and maintenance. The integration of a central plant room, the use of conduits or ducting to run lines allows service personnel easier access whilst minimising the need for access to treatment areas;
- Power switches with respect to sterilisers, printers and biological
incubators. These electrical items may be required to run off dedicated circuits to allow ease of switching power off to these units;

- Main water taps should be accessible to allow ease of limiting water to individual dental units when the surgery is not in use;
- Storage requirements for Scheduled drugs (lockable cupboards as required);
- Waste services can be designed both centrally and within rooms; and
- Waste segregation at the point of production is the most efficient. In areas where large volumes of waste are created consider a chute system which relays the waste to external larger holding bins. Set aside secure areas for storage of contaminated waste prior to pick-up.

The dental surgery layout has the following major zoned areas (green, orange, red, yellow and white):

Insert a drawing of the dental surgery here.

Figure 3.1 Zoning Areas of the entire surgery layout
3.1.5 Surfaces

- Minimise horizontal surfaces as they collect dust. Floor coverings are seam-free, impervious and easily cleaned. Use covings rather than skirting boards at the junction of walls and floors. Avoid carpet in treatment rooms.

Bench surfaces are:

- rounded, with confluent intersections between vertical components and horizontal surfaces;
- post-formed;
- minimal in area of work surfaces, emphasising the use of automix or no mix materials; and
- kept free of clutter; place as many items into drawers or cupboards.

Cupboards are:

- designed with internal rubbish bins without the need to push flaps or open doors;
- designed to allow drawers to have changeable inserts; and
- made with handles which are easily cleaned.

3.1.6 Sinks and Taps are:

- deep to prevent splashing with the instrument washing sink likely to be deeper than the handwashing sink;
- stainless steel and plastic;
- controlled by elbow control taps, or automatic taps or foot-operated taps; and
- associated with automatic soap dispensers.

3.1.7 Waste Management

The Collection area is divided into:

- infected waste (hard including sharps and soft);
- general waste;
- paper recycle;
- bottles, cans, plastic recycle; and
- compost management.

3.1.8 Small equipment such as:

- light curing units;
- ultrasonic scalers;
- electrosurgical equipment;
- pulp testers; and
automixers. should preferably be kept off bench tops to avoid contamination, yet easily accessible. They should be of a design which allows ease of decontamination.

3.1.9 Dental units should be designed

- to facilitate effective cleaning of external surfaces;
- with smooth impervious materials with contoured edges to eliminate junctions and joints;
- with surfaces which resist degradation by disinfectants;
- to contain either no spittoon or a one piece spittoon;
- to allow management and effective treatment of water lines;
- with foot operated or automatic controls;
- with a bracket table to hold modular trays; and
- with removable parts to withstand steam sterilisation, e.g. light handles.

3.1.10 Dental Chair, headrest and stools are designed

- with smooth seamless upholstery of a non-absorbent material resistant to disinfection solution; and
- with programmable chairs with controls which do not require hand controls.

3.2 DESIGNATING CLINICAL (OR PROCEDURAL) AREAS

Divide clinical areas into a number of designated areas and maintain those zones to control the risk of cross contamination. Every employee should understand the zones, the requirements for each zone and adhere to the outlined protocols. Staff must not bring personal effects, changes of clothing, or bags into the clinical areas.

3.2.1 Clinical Area Zone 1 - Treatment zone (also known as the Operating field)

Any item that comes in and out of the treatment zone must be sterilised, decontaminated (i.e. if the item is too large to steam sterilise or heat labile) or discarded (if it is a single use item).
### THE TREATMENT ZONE CONSISTS OF:

- the patient’s mouth
- bracket table
- dental light handles
- handpieces and couplings
- triple syringe and holder
- suction apparatus
- headrest

#### Zone 1 – Treatment Zone

Other constituents of the treatment zone are:

<table>
<thead>
<tr>
<th>Zone 1 – Treatment Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other constituents of the treatment zone are:</td>
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<tr>
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<td>..........................................................</td>
</tr>
</tbody>
</table>

To limit surface contamination, consult the patient’s record and prepare materials according to the treatment to be provided prior to the commencement of treatment. If items are required to be pre-cut, or pre-dispensed, do this prior to the patient’s arrival (see Procedures Monitor form 3.3).

For those surfaces which cannot be sterilised and are accidentally soiled, clean using an alkaline detergent with a pH range of 8.0 to 10.8 and a lint free cloth. Dilute the alkaline detergent with water according to the manufacturer’s instructions.

Mild alkali detergents are regarded to be more effective than neutral detergents in removing blood and fat from contaminated objects. Alkali detergents may however be more corrosive than neutral detergents. Neutral detergents may therefore be considered for use in regions where corrosion or degradation of surfaces is an issue. Dilute the neutral detergent with water according to the manufacturer’s instructions.

Stainless steel surfaces may be cleaned with a stainless steel cleaner.

### DETERGENTS:

The brand of **alkaline detergent** used is: ..........................................................

The **alkaline detergent** supplier is: ..........................................................

Tel: ........................................ Fax: ........................................ Email: ........................................

The brand of **stainless steel cleaner** used is: ..........................................................

The **stainless steel cleaner** supplier is: ..........................................................

Tel: ........................................ Fax: ........................................ Email: ........................................
All chemicals used in the practice require Material Safety Data Sheets (MSDS). Keep these material safety data sheets in a safe and accessible location.

**MATERIAL SAFETY DATA SHEETS**

Material Safety Data Sheets are kept in ………………………………………………………………………

Ensure the chemical agents are labelled by the manufacturer with:

- name of the product;
- name and address of the manufacturer;
- description and purpose of the product;
- directions for dilution and use;
- batch number;
- expiry date;
- advice not to mix the cleaning agent with other chemicals;
- safety and first aid instructions; and
- specific storage requirements.

All chemicals used in the surgery must comply with National Industrial Chemicals Notification and Assessment Scheme (NICNAS) or Therapeutic Goods Administration recommendations. In Australia, industrial chemicals are regulated by the Australian Government under the *Industrial Chemicals (Notification and Assessment) Act 1989*, which is administered by NICNAS and located within the Office of Chemical Safety in the Health and Ageing portfolio. All products which contain chemicals and substances which are sold, imported or made in Australia must be therefore listed on NICNAS. If the chemical is deemed to have therapeutic value it must also be listed with the TGA. Detergents are not deemed to be therapeutic substances or devices.

In Australia, chemicals or chemical products must comply with Australian Government legislation governing chemicals assessment and registration.

There are four national chemicals assessment and registration schemes which cover:


The schemes operate in a complementary manner to ensure there is no duplication or any unnecessary regulatory burden on industry.

The scope of each of the four chemicals assessment and/or registration schemes is defined by legislation. Legislation also specifies what chemical/chemical products are to be covered by each of the schemes, as well as the requirements for anyone involved in chemicals manufacture and/or importation. Further information may be found at: http://www.nicnas.gov.au/australia/ARCA.asp
3.2.2 Clinical Area Zone 2 - Treatment periphery

The *treatment periphery* is the area outside the *treatment zone*, within the *clinical area*, where materials are mixed and containers and equipment are placed. Contamination can occur if surface contact and transfer of articles from the *treatment zone* to the *treatment periphery* happens without using aseptic techniques.

3.2.3 The designated zones within the Clinical Area

In summary, a sketch or photograph of the position of the *treatment zone* and *treatment periphery* within the *clinical area* is presented below (figure 3.2). This diagram also designates the areas for handwashing and waste collection.
This page is intentionally blank for insertion by individual practice.

Figure 3.2 Zoning of the Clinical Areas
3.3 SET-UP FOR CLINICAL PROCEDURES IN THE TREATMENT ZONE

3.3.1 General considerations in procedure set-up

Only items required for each patient’s treatment are stored in the treatment zone. Within the treatment zone do not mix contaminated and sterile instruments.

Designate contaminated and sterile regions clearly; (i.e. where contaminated material can be placed and where contaminated materials cannot be placed).

**CONTAMINATED MATERIAL:**

Contaminated material is placed:

Places may vary for different procedures

Cover large items which may become contaminated but cannot be sterilised, with a disposable or sterilisable barrier, which is changed between patients.

**SURFACE CLEANING AND BARRIER REPLACEMENT:**

Prior to covering those surfaces which are likely to be contaminated, clean these surfaces with detergent. This is done at the beginning of the day but is not required between patients unless the surface is contaminated. The items and/or surfaces which require covering are:

1. **Light handles and switches**
   
   Light positions are preset. Turn Light switches ON/OFF at the beginning and end of procedures, with adjustments being made by using the handle only. Light switches and handles are covered with barrier wrap and renewed after each patient. Barrier wrap may be disposable or steam sterilisable.

2. **Hand operated chair controls**
   
   (Foot operation is preferred.)

3. **Bracket tables with**

4. **Suction hoses with**

5. **Couplings and hoses for handpieces with**
6. Couplings and hoses for Ultrasonic handpieces with .................................................................

7. Couplings and hoses for triple syringes with ...........................................................

(Prefer steam sterilisable triple syringe heads)

8. X-ray head with ..........................................................

9. Curing light with ..........................................................

10. Microscope handle with ..........................................................

11. Headrests are covered using ..........................................................

12. Coupling cardles are covered with ..........................................................

13. Digital x-ray sensor is covered with ..........................................................

14. Other items to be covered are: ..........................................................

For the above items, dispose of disposable barriers in the general waste, after contact has been made with the barrier. If the disposable barriers come into contact with blood or saliva, dispose of in the infectious waste, rather than in the general waste. Alternatively re-usable barriers may be cleaned and sterilised.

When replacing barriers:

1. Remove the contaminated barrier /covering while gloves are still on;

2. Next remove gloves and wash hands according to ‘non-surgical procedure (see section 2.2.2. Alternatively hands can be decontaminated with alcoholic chlorhexidine as per section 2.2.3;

3. Put on a new pair of gloves prior to covering the surfaces with clean barriers before the next patient; and

4. Items and/or surfaces requiring barrier coverage do not require wiping between patients. These items / surfaces should be wiped at the beginning and end of each day.

Those surfaces which are not covered and may have become contaminated, e.g. bracket arm, patient chair, etc. should be cleaned with a detergent as specified above.

THE AREAS WHICH ARE WIPED INCLUDE: .................................................................
BARRIER WRAPS AND BAGS:
The brand of **barrier wraps** (such as plastic wrap or cling wrap) used is:

The **barrier wraps** supplier is: .................................................................
Tel: ........................................ Fax: ........................................ Email: ........................................

The brand of **bags** used is: .................................................................
The **bags** supplier is: ...........................................................................

**Plastic bags**: sizes .................................................................
Tel: ........................................ Fax: ........................................ Email: ........................................

The brand of **steam sterilisable plastic or silicone tubing** used is:

The **steam sterilisable plastic or silicone tubing** supplier is:

The **steam sterilisable plastic or silicone tubing**: sizes .................................................................
Tel: ........................................ Fax: ........................................ Email: ........................................

Other items used are: ............................................................................

3.3.2 Procedures

Kits are required for each of the following treatment procedures. This allows rapid preparation of surgery. Some suggested set-ups follow. Identify each instrument in the kit with permanent marking pens, laser engraving, etching or a photo identification, to ensure instruments are not lost from the kit.

**PROCEDURES:**
The brand of **permanent marking pen** used is: .................................................................
The **permanent marking pen** supplier is: .................................................................
Tel: ........................................ Fax: ........................................ Email: ........................................
The photograph of the kit is kept in: .................................................................
When considering treatment procedures employ risk minimisation techniques. This is achieved by:

- suitable consideration of equipment flow patterns;
- correct management of sharp instruments; and
- suitable treatment procedures during exposure prone procedures, e.g. provision of local anaesthetic, suturing, or other clinical tasks. During these procedures fingers should not retract.

The nursing staff acts in concert as a team with the dentist, to prevent injury and promote a safe working environment.

Examination gloves (section 2.2.6.1), masks (section 2.4.4), safety glasses (section 2.4.3) and patient safety glasses (section 2.4.3) are required for all patient treatment procedures.

### 3.3.3 Management of Instruments and Tracking

Clarity in instrument management is essential. Instruments which contact normally sterile tissue or intact mucous membrane should be used sterile at the point of use. Handpieces used in routine dentistry shall be used sterile at the point of use, as they contact mucosa.

**Instruments which are to be used in semi-critical and critical areas** (defined in chapter 4) must be packaged prior to sterilisation so as to remain sterile in the packaging. This allows the instruments to be sterile at their point of use. These kits are then stored in drawers away from direct aerosol contamination. These instruments are therefore sterile at the point of use. The instruments used for a brief consultation or review may include the examination kit and/or the periodontal maintenance kit.

**Instruments which contact intact skin should be decontaminated prior to use.** It is not essential that they are sterile at the time of use. Although it is preferable for these items to have been sterilised, items which are heat labile can be decontaminated using a clinical detergent.

Reusable instruments which are required to be used sterile at the point of use are tracked. Use a concept of backward tracking whereby the instrument can be traced back to a particular steriliser cycle. In order to minimise tracking requirements place instruments in kits. These kits should have a label with the steriliser cycle number and date, which is then transferred to the patient record. Implantable items must cross-reference the patients with the batch and manufacturer code detail. Practitioners placing implants would be required to keep such records.

**Instruments to be tracked:**

The Infection Control Guidelines stipulate “Health care establishments should have systems in place that allow key items (for high-risk procedures, see Table 4.1 of the CDNA Infection Control Guidelines) of equipment to be tracked.” Table 4.1 of the CDNA Infection Control Guidelines describes high-risk procedures as “any submucosal invasion with sharp hand-held instruments, or procedures dealing with sharp pathology/bony spicules, usually in a poorly visualised or confined space (e.g. oral surgery).” Such key items would depend on the procedure the instrument was used for, but could include exodontia instruments, periodontal curettes and instruments used for surgical endodontia and implant placement.

The Infection Control Guidelines also stipulate that “implantation …of prostheses …(requires) …records which must cross reference patients with the batch and manufacturer code detail”. Practitioners placing implants would be required to keep such records.
In the points above, there is a hierarchy of language; “MUST” means just that. The recording requirement for implants has to be followed. “SHOULD” means that tracking generally would be expected, but allows for professional judgement by the practitioner for a particular case. The dental care provider may be required to offer proof as to why tracking was not necessary. (DPBV Infection Control Information - 2005)

In order to minimise tracking requirements, place instruments in kits. These kits should have a label with the steriliser cycle number which is then transferred to the patient record.

<table>
<thead>
<tr>
<th>LABELS FOR TRACKING OF STERILISED ITEMS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The brand of <strong>labels</strong> used is:</td>
</tr>
<tr>
<td>The <strong>labels</strong> supplier is:</td>
</tr>
<tr>
<td>Tel:</td>
</tr>
<tr>
<td>The brand of <strong>label maker</strong> used is:</td>
</tr>
<tr>
<td>The <strong>label maker</strong> supplier is:</td>
</tr>
<tr>
<td>Tel:</td>
</tr>
</tbody>
</table>

Effective decontamination and reprocessing of instruments between patients is outlined in Chapter 4.

3.3.3.1 Brief consultation / examination / review appointments

When a patient consultation is limited to a brief review appointment:

- The chairside assistant acts as a “scout” nurse and is not directly involved with the clinical procedure;
- The chairside assistant pre-sets and adjusts where necessary dental chairs, carts and lights while AVOIDING contaminating hands and, therefore, equipment;
- Contamination is confined to the clinician’s gloved hands, instruments, patient appliances (e.g., dentures, splints) and handpieces used for adjustments;
- The clinician is conscious of replacing contaminated instruments and materials directly into designated receptacles (such as the working surface, waste bins) without touching chair controls, lights, etc.; and
- At the end of the procedure, the chairside assistant removes barriers, contaminated instrument trays, handpieces, suction tips and triple syringes/tips and wipes down appropriate areas with detergent, according to ‘General considerations in procedure set-up’ (3.3.1).

The instruments used are sterilised between patients, see Chapter 4.
EXAMINATION KITS CONSIST OF:

- Mouth mirror
- Periodontal probe
- Sickle probe
- Articulating forceps & paper
- Suction tip
- Triple syringe tip
- Bite stick
- CO2 pencil
- Other items: ........................................................................................................

Examinations Kits are kept: ......................................................................................

The CO₂ pencil is wrapped in gauze when used intra-orally and wiped with detergent after use.

DETERGENT:

The brand of detergent used to wipe the CO2 Pencil is: ...........................................

The detergent supplier: .............................................................................................

Tel: ................................ Fax: ......................................... Email: ...................................

THE PERIODONTAL MAINTENANCE KIT CONSISTS OF:

- Mouth mirror
- Periodontal probe
- Sickle probe
- Suction tip
- Triple syringe tip
- Sharpening stone
- Scalers & curettes
- Other items: ........................................................................................................

Periodontal Maintenance Kits are kept: ......................................................................

PACKAGING FOR STERILISATION:

Packaging for items prior to sterilisation.
The method of packaging the Brief Consultation/Examination/Review Appointments and periodontal maintenance kit for sterilisation is: .................................................................................................................
These kits are stored .................................................................................................................................

3.3.3.2 Rinsing

Patients are encouraged not to rinse and spit into spittoons. High-speed suction is used as much as possible.

When necessary, patients may use two cups (one with rinsing liquid and one empty, in which to expectorate). Expectorant liquids are discarded in the sink.

Disposable cups are disposed of in the general waste bins, unless contaminated with blood. Sterilisable cups are suitably processed. Alternatively, a funnel attached to the high-speed suction can be utilised. The funnel is then steam sterilised after cleaning.

RINSING:
The system used for expectorated liquids is (Circle one):

- Disposable cups
- Sterilisable cups
- Funnel / high speed suction

3.3.3.3 Restorative procedures

Those materials which require hand mixing are mixed in disposable dappen dishes, or on paper pads or on glass slabs.

DETERGENT FOR GLASS SLABS:
The brand of detergent used to clean the glass slabs is: ...........................................................................

When paper pads are used, ensure the pad is not touched by contaminated hands. A single sheet of paper from the pad is prepared prior to the procedure. Resin, amalgam and bonding agents are prepared prior to the commencement of treatment.

RESTORATIVE PROCEDURES:
The brand of amalgam used is: ..............................................................................................................
The amalgam supplier is: ...........................................................................................................................
Tel: ................................................................ Fax: .......................................................... Email: .........................
The brands of **composite resin** used are: ...........................................................................................................

The **composite resin** suppliers are: ...................................................................................................................

Tel: ........................................ Fax: ................................................ Email: ..............................................................

The brands of **bonding agent** used are: ...........................................................................................................

The **bonding agent** suppliers are: ...................................................................................................................

Tel: ........................................ Fax: ................................................ Email: ..............................................................

THE RESTORATIVE KIT CONSISTS OF:

- Mirror
- LA (syringe kit)
- Rubber dam:
  - Rubber dam (prepunched)
  - Rubber dam clamp forceps
- Dental floss
- Cotton pellets
- Handpiece and burs

Other items to consider include:

1. **Resin restoration**
   - Lining applicator
   - Bowls
   - Brush for applying bond, etchant, resin
   - Matrix retainer, wedges and band

2. **Amalgam**
   - Lining applicator
   - Pluggers
   - Amalgam well and dispenser
   - Matrix retainer, wedges and band

Other items to be included are: ..........................................................................................................................
Rubber dam is used wherever possible as an effective measure to limit contamination.

Management of Instruments

RESTORATION KITS:
Restoration Kits are packaged in: _____________________________________________________________
Restoration Kits are stored in: _________________________________________________________________

Management of Materials

Materials listed are pre-dispensed and pre-prepared as appropriate. Ideally sterile individual dosages or blister packs are to be used.

3.3.3.4 Local anaesthetic (LA) kit

THE LOCAL ANAESTHETIC (LA)
- L.A. syringe
- Artery forceps
- Cotton bud

⚠️ The LA Kit must be packaged and sterilised and then stored sterile

⚠️ When administering LA, a mouth mirror or other suitable instrument is used for retraction. Do not use fingers as retractors.

⚠️ Immediately after injection, dispose of needles or resheath carefully using tweezers or artery forceps. Never leave used injection needles unsheathed on any surface. Do not unsheathe used injection needles for reuse. If further administration of LA is required after sheathing of the first needle, a new needle is required. If multiple carpules are required before resheathing, this is acceptable.
The person who administers the local anaesthetic

- changes the carpules; and
- sheathes the needle and / or removes the needle from the syringe.

Never pass an unsheathed needle (or any other sharp item) from one person to another.

The technique used to remove needles is:

1. Resheathe the syringe using needle holders/tweezers/artery forceps to grasp the sheath and place it on the needle.
   
   OR

   Needles are not resheathed before removal from the syringe.

2. The needle is unscrewed from the syringe using needle holders/tweezers/artery forceps/needle destructor/needle resheathing device to grasp the sheathed or unsheathed needle.

3. The sheathed/unsheathed needle is placed in the sharps container in the surgery. Do not transport exposed sharps from one room to another.

Finally cleanse the patient’s mouth with triple syringe and high-speed evacuation.

**Management of Instruments**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA syringe</td>
<td>sterile in the packaging</td>
</tr>
<tr>
<td>LA needles</td>
<td>sterile in the packaging</td>
</tr>
<tr>
<td>LA cartridges</td>
<td>sterile in the packaging in blister packs and stored according to 3.10.2</td>
</tr>
<tr>
<td>Artery forceps (used for needle removal and disposal)</td>
<td>sterile in the packaging</td>
</tr>
<tr>
<td>Cotton bud</td>
<td>sterile in the packaging</td>
</tr>
<tr>
<td>Topical LA</td>
<td>dispensed from tube onto a sterile cotton bud. Once the dose has been dispensed, the tube is closed and not used unless a new sterile cotton bud is used.</td>
</tr>
</tbody>
</table>

**LOCAL ANAESTHETIC ITEMS:**

Local Anaesthetic Kits are packaged in: ………………………………………………………………………

Local Anaesthetic Kits are stored in: ………………………………………………………………………
3.3.3.5 Minor Oral Surgery, including Exodontia, Periodontal Surgery, Endodontic Root Surgery, Implants, Biopsy

All these procedures are carried out aseptically. Invasive procedures are undertaken using sterile gloves. It is required that all instruments are packaged and sterilised prior to use so as to remain sterile in the packaging.

**THE EXODONTIA KIT CONSISTS OF:**

List items here:

- ...
- ...
- ...
- ...
- ...
- ...
- ...

Exodontia Items are packaged in: ...
Exodontia Items are stored in: ...

**THE PERIODONTAL SURGERY KIT CONSISTS OF:**

List items here:

- ...
- ...
- ...
- ...
- ...
- ...
- ...

Periodontal Surgery Items are packaged in: ...
Periodontal Surgery Items are stored in: ...
THE ENDODONTIC SURGERY KIT CONSISTS OF:

List items here:

Endodontic Surgery Items are packaged in: .................................................................
Endodontic Surgery Items are stored in: .................................................................

THE IMPLANT KIT CONSISTS OF:

List items here:

Implant Items are packaged in: .................................................................
Implant Items are stored in: .................................................................

THE BIOPSY KIT CONSISTS OF:

List items here:

...
Biopsy Specimens are:

1. Completely immersed immediately in: .................................................................

2. These containers are then placed in: ................................................................. for transport

Biopsy specimens are sent to: ..................................................................................

Tel: .......................... Fax: .......................... Email: ...............................................

Specimen bottles are obtained from: .................................................................

Tel: .......................... Fax: .......................... Email: ...............................................

See also 3.6 PATHOLOGY

OTHER KITS & ITEMS

List kits & items here:

.................................................................................................................................

.................................................................................................................................

.................................................................................................................................

.................................................................................................................................

Other kits are packaged in: .................................................................

Other kits are stored in: .................................................................

3.3.3.6 Prosthodontics

THE PROSOPTHODONTIC EXAMINATION KIT CONSISTS OF:

- Mouth mirror
- Sickle probe
- 3 x College tweezers
- Periodontal probe
- Sickle scaler
- Articulating paper
- Articulating paper forceps
- Suction tip
- Triple syringe tip
- Bite stick for cracked tooth syndrome
THE PRIMARY IMPRESSION KIT CONSISTS OF:

- Wax knife
- Le Cron carver
- Mixing bowl
- Other items: .................................................................

- Modelling wax
- Shade guide
- Spatula
- Periphery wax
- Wax knife
- Handpieces

The Impression material used is: .................................................................

THE SECONDARY IMPRESSION KIT CONSISTS OF:

- Vaseline – single dose
- Le Cron carver
- Shade guide
- Other items: .................................................................

- Cotton bud
- Modelling wax
- Spatula
- Wax knife
- Periphery wax
- Handpieces

The Impression material used is: .................................................................
THE REGISTRATION AND TRY-IN KIT CONSISTS OF:
- Willis Gauge
- Fox Plane guide
- Wax knife
- Le Cron carver
- Modelling wax
- Bite & boxing wax
- Bunsen burner
- Matches
- Other items:

THE OBTURATOR KIT CONSISTS OF:

Also include temporary reline materials kit.

THE CROWN PREPARATION KIT CONSISTS OF:
- Bite & boxing wax
- Dappen dishes
- Alcohol & hypochlorite
- Shade guide
- Retraction cord
- Spatula
- Impression materials
- Special tray adhesive
- No. 6 plastic
- Burs
- Other items:

Also include handpieces, local anaesthetic kit and rubber dam kit.
THE POST PREPARATION KIT CONSISTS OF:
- Post drills
- Prefabricated posts
- Pins
- Radiograph
- Post impression posts & temporary posts
- Root canal brush as per crown preparation holder
- Other items: .................................................................................................................................

Also include handpieces, local anaesthetic kit and rubber dam kit.

THE CROWN INSERT KIT CONSISTS OF:
- No. 6 plastic
- Shade guide
- Porcelain polishing kit
- Other items: .................................................................................................................................

Also include handpieces and local anaesthetic kit.

OTHER ITEMS ALSO REQUIRED DURING A PROSTHODONTIC PROCEDURE:

Management of Instruments

<table>
<thead>
<tr>
<th>Prosthodontic instruments</th>
<th>Sterile in the packaging and are stored in ........................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth mirror and sickle probe</td>
<td>Sterile in the packaging and are stored in ........................................</td>
</tr>
<tr>
<td>Materials and waxes</td>
<td>Materials are:</td>
</tr>
<tr>
<td></td>
<td>...........................................................................................................</td>
</tr>
<tr>
<td></td>
<td>They are stored ...................................................................................</td>
</tr>
<tr>
<td></td>
<td>(All materials are pre-dispensed for each case and all unused material is discarded.)</td>
</tr>
</tbody>
</table>
3.3.3.7 Endodontics

Prior to the patient arriving, the items required for the endodontic procedure are prepared and dispensed.

THE ENDODONTIC PATIENT PREPARATION KIT CONSISTS OF:

- Topical anaesthetic
- Endodontic Kit
- Rubber dam set-up
- Paper points
- Gutta percha
- Endodontic cement
- Triple syringe
- Sponge to clean file
- Towel
- Endodontic Kit
- File holder
- 5 ml syringe with sodium hypochlorite
- 21, 25 & 31mm files
- IRM, Cavit or other temporary restoration materials
- 2 ml syringe with EDTA (If different size syringes for EDTA and sodium hypochlorite are not used, label the syringes with their contents.)
- Other items: .................................................................

Also include high speed and low speed handpieces and local anaesthetic kit.

Reamers, files and broaches used in endodontic treatment are single use and not used for other patients. Alternatively reuse endodontic instruments which have been cleaned according to a verifiable cleaning regime. Two such verifiable procedures have been described and are based on the process of Parashos P, Linsuwanont P, Messer HH. Effective cleaning protocols for rotary nickel-titanium files. Aust Endod J. 2003 Apr; 29(1):23-4

Two cleaning regimes for reusable endodontic instruments were described:

Method 1:

1. Insert files into a scouring sponge soaked in 0.1% chlorhexidine gluconate aqueous solution immediately after use at the chairside;
2. Clean the files using 10 vigorous in-and-out strokes in the sponge;
3. Place the files in a wire mesh basket and immerse in an enzymatic cleaning solution for 30 minutes;
4. This is followed by a fifteen minute ultrasonification in the enzymatic cleaning solution; and
5. Rinse in running tap water for 20 seconds.
Method 2:

1. Insert files into a sponge soaked in 0.1% chlorhexidine gluconate aqueous solution immediately after use at the chairside;

2. Place the files into an endodontic file stand that allows ready access to the file flutes for brushing with a fine bristle brush. Files should be scrubbed for 20 strokes and rinsed for 30 seconds under running water;

3. Completely immerse the files in a glass beaker in 1% NaOCl for 10 minutes, followed by ultrasonification in the same solution for 5 minutes; and

4. Rinse copiously under running water and then proceed to sterilisation.

ENZYMATIC CLEANER:
The brand of enzymatic cleaner used to clean reusable endodontic instruments is: .................................................................

The enzymatic cleaner supplier is: .................................................................................................................................
Tel: ........................................ Fax: ........................................ Email: .................................................................

NB. If files are reused, files should be discarded after appropriate usage. Dispose of the files:

1. If the instruments are bent or show signs of unwinding;

2. If the instruments have been used in sharply curved canals; or

3. After ................. uses. The system used to Indicate in the kits the number of uses the files have had is .................................................................

Remove the stoppers from the files before the files are cleaned and sterilised.

During endodontic procedures do not use fingers to clean the files or explorers or sharp probes. Sharp instruments are to be cleaned with a damp sponge in a suitable holder. The sponge is moistened with
**SODIUM HYPOCHLORITE:**

During endodontic procedures the canals are irrigated with \( \ldots \ldots \% \text{sodium hypochlorite} \).

The \( \ldots \ldots \% \text{sodium hypochlorite} \) supplier is: ……………………………………………………………………………………

Tel: ……………………… Fax: ……………………… Email: ………………………

The solutions used for endodontic irrigation are approved by the TGA for this purpose.

---

**ENDODONTIC CEMENT, GUTTA PERCHA, PAPER POINTS:**

The brand of **endodontic cement** used is: ………………………………………………………………………………………………………

The **endodontic cement** supplier is: ………………………………………………………………………………………………………

Tel: ……………………… Fax: ……………………… Email: ………………………

Stored in …………………………………………………………………………………………………………………………………………………

The brand of **gutta percha** used is: ………………………………………………………………………………………………………

The **gutta percha** supplier is: ……………………………………………………………………………………………………………

Tel: ……………………… Fax: ……………………… Email: ………………………

The brand of **paper points** used is: ………………………………………………………………………………………………………

The **paper points** supplier is: ……………………………………………………………………………………………………………

Tel: ……………………… Fax: ……………………… Email: ………………………

Stored in …………………………………………………………………………………………………………………………………………………
### THE ENDODONTIC KIT CONSISTS OF:

Note: Must be sterile in the packaging

- **Ruler**
- **Glick no. 1**
- **Glick no. 2**
- **Long Shank excavator (31L)**
- **Glass slab**
- **Pulp burs**
- **D11T spreader**
- **D11spreader**
- **Front surface mirror**
- **DG16 endodontic probe**
- **Locking tweezers**
- **No. 5 probe**
- **Spatula**
- **Suction tip**
- **Triple syringe tip**
- **Syringe**
- **Periodontal probe**
- **Scissors**
- **Measuring block**
- **3 pieces of Gauze**
- **Artery forceps**
- **File holder**
- **25 mm no. 6 –40 files Nos. 2 & 3 Gates Glidden**
- **Five/seven endodontic plugger**
- **Nos. 2 & 4 round friction grip bur (long shank)**
- **Cotton pellets, size: …………**
- **Nos. 2 & 4 round slow speed bur (long shank)**
- **Other items: …………………………………………………………………………………………………………………………………………………………………………………………………………**

### FOR TAKING RADIOGRAPHS:

- **Paralleling technique film holder**
- **Artery forceps**
- **Cotton roll**

When using a digital x-ray sensor the sensor is covered with: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………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AMALGAM CORE:

- 5/7 plugger
- 9/11 plugger
- Interproximal carver
- 1/2 Hollenbach carver
- No. 2 Hollenbach carver
- Matrix band
- Wedges
- Amalgam carrier
- Amalgam Well

COMPOSITE CORE:

- 5/7 plugger
- 9/11 plugger
- Interproximal carver
- 1/2 Hollenbach carver
- No. 2 Hollenbach carver

TEMPORARY SEALING OF THE CANAL:

- Cavit
- IRM
- GIC
- Composite resin

Additional items

Know where spare spreaders, spare files, spare sterile files, bands and cements are kept. These items are kept sterile.
OTHER REQUIREMENTS:
The following are also required:

Management of Instruments

| All endodontic set-ups and instruments | sterile in the packaging (including rubber dam clamps) |

ENDODONTICS:

Endodontic items are packaged in: .................................................................

Endodontic items are stored in: .................................................................

Special considerations during endodontics

Gutta percha is stored in: .................................................................

Gutta percha is disinfected by: .................................................................

Spare sterile files are maintained in ................................................................. and stored .................................................................

Retain the sterile transfer tweezers to retrieve gutta percha as required from the gutta percha container.

The transfer tweezers are stored in: .................................................................

When writing information, have a pen which is reserved for endodontics. Make sure the pen is cleaned with detergent between patients or covered by a barrier. The information is written on a piece of paper which is disposed of after use. Do not touch the patient’s record with gloved hands. Transfer information to the patient’s record with suitably cleaned hands. Make suitable arrangements to cover keyboards with a disposable barrier, or a barrier which can be wiped with detergent, if records are computerised.
3.3.3.8 Fissure sealing

THE FISSURE SEAL KIT CONSISTS OF:

Note: Must be sterile in the packaging

- Mirror
- No. 5 explorer
- Dycal applicator
- Bowls x 2
- Fissure seal well
- Suction tips large & small
- Cotton tip applicator with topical
- Pre punched rubber dam square
- Other items: .................................................................

- Periodontal probe
- Plastic plastic
- Rubber dam frame
- White light tip
- Plastic sleeves x 3
- Fissure seal
- Suction tips large & small
- Other items: ........................................................................

- Tweezers
- Clamp & floss
- Rubber dam forceps
- Brush with handle
- Etchant
- Triple syringe

FISSURE SEALANT:
The brand of fissure sealant used is: .................................................................
The fissure sealant supplier is: ........................................................................
Tel: ......................... Fax: ......................... Email: ............................................

Management of Instruments

All heat stable instruments are packaged prior to sterilisation so as to remain sterile in the packaging.
All heat labile (melt in heat) instruments are suitably cleaned.

FISSURE SEALANT KITS
Fissure sealant kits are stored in: .................................................................
3.3.4 Sterile technique

Sterile technique refers to those procedures required to render and maintain objects and areas as free from microorganisms as possible. The concept of the ‘sterile operating field’, which has been practised for many years by operating room personnel, should be adopted by all practitioners undertaking invasive procedures such as surgical procedures or extractions, i.e. where the defences of the body are breached. Everything within the treatment zone must be clean and sterile (or, as a minimum, subject to high-level chemical or thermal disinfection). In dental practice, the operating field includes anywhere that the patient’s blood (or other body substances, including saliva) may transfer to during a procedure. We therefore try to limit the extent of the treatment zone. The sterile field is enhanced with the use of sterile drapes and gloves. In endodontics appropriate attention to not touching those parts of the instruments in contact with the accessed canal with hands avoids the need to use sterile gloves.

3.4 RETRIEVAL OF ADDITIONAL INSTRUMENTS AND MATERIALS

When additional materials or equipment from outside the treatment zone are required during dental procedures, remove and discard gloves and wash hands according to routine handwashing procedures - see section 2.2.1 (Re-gloving is then required to continue the procedure.)

OR

Use overgloves, such as food handlers’ gloves rather than removing surgery gloves.

OR

Use transfer tweezers at the dispensing area.

OR

Scout nurse.

Drawers are opened after de-gloving, or utilising a no-touch technique, (i.e. with the use of single use disposable or steam sterilisable plastic barriers on handles).

INSTRUMENT AND MATERIALS RETRIEVAL / TRANSFER TWEezERS:

The preference is for (Circle one):

- Overgloves   - Transfer tweezers   - Re-gloving

Transfer tweezers used for retrieving additional items from the drawers are stored:

Ensure transfer tweezers are kept in a separate container from other instruments.

Transfer tweezers must then be steam sterilised after use.

Sterile transfer tweezers are required for endodontics.
3.5 RADIOGRAPHS

Disposable barrier envelopes are recommended for use for each intra-oral film. The number required should be predetermined and dispensed onto the benchtop. If additional films are required later, contaminated gloved hands are not placed in film bins. Transfer tweezers, or a chairside scouting assistant, or de-gloving (i.e. removal of contaminated gloves) is used to retrieve additional films.

Disposable barrier envelopes are also recommended for use for digital radiographic films.

All staff involved in clinical radiology must wear gloves and eye protection.

The pre-set exposure controls are not touched with contaminated hands. The dentist de-gloves before pressing the controls, or the controls are covered with a disposable barrier. If the dentist de-gloves, new gloves are put on to continue the clinical work.

When positioning the tube, only the portion of the cone which is covered in plastic may be touched.

After exposure of the film, the barrier envelope of the contaminated intra-oral film is opened and the uncontaminated film is shaken onto a covered bench top or into a labelled cup for transport to the darkroom.

Take care not to contaminate workbenches and external surfaces of cups.

In the darkroom contaminated films may come only in contact with the top surfaces of the film processor. Empty film packets and contaminated gloves are discarded into the general waste bin. Transport cups are either disposed of or steam sterilised. Films are transported in:

The barrier envelope of direct digital sensors or radiographic film is removed after use and disposed in the general waste if not contaminated by blood. If the envelope is contaminated by blood it should be placed in the contaminated waste.

The technique for taking radiographs

- Cover the timer switch with plastic wrap;
- The dentist/hygienist/therapist adjusts the X-ray exposure;
- Place lead apron and collar (crico-thyroid shield) on patient with ungloved hands;
- Select the film and cover in plastic wrap if paper backed;
- Wash hands, dry and don gloves;
- The dentist/hygienist/therapist positions the film and X-ray tube;
- The dentist/hygienist/therapist exposes the film and places it in the transport cup (dispensing it from the plastic wrap);
• If the film has not been covered in plastic wrap, the film is cleaned with detergent with gloved hands prior to placing in the transport cup;
• Rinse the film and dry with paper towel;
• Remove gloves and wash hands;
• Remove the lead apron and collar; and
• Develop the film.

If an **automatic processor** is used the automatic processor is maintained according to manufacturer’s instructions. Dilute developer and fixer solutions prior to use according to the manufacturer’s instructions.

Used developer and fixer solutions are discarded into appropriately labelled containers once a month or sooner if they appear dark. These containers are collected and disposed of by a licensed waste contractor. See section 5.8.4.

Complete form 3.1 when the developing solutions are changed.

**Form 3.1 Radiographic Solution Maintenance**

<table>
<thead>
<tr>
<th>Date Radiographic Fixer Changed</th>
<th>Date Radiographic Developer Changed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RADIOGRAPHS:
The brand of **automatic processor** used is: ..............................................................
The **automatic processor** service supplier is: ..............................................................
Tel: ........................................ Fax: ...................................... Email: ...............................
The brand of **developer** used is: ..............................................................
The **developer** supplier is: ..............................................................
Tel: ........................................ Fax: ...................................... Email: ...............................
The brand of **fixer** used is: ..............................................................
The **fixer** supplier is: ..............................................................
Tel: ........................................ Fax: ...................................... Email: ...............................
The **licensed waste contractor** used to dispose used developer and fixer solution is:
Tel: ........................................ Fax: ...................................... Email: ...............................

Processed films are transported back to the viewing box in non-contaminated plastic trays.

OPG chin rests/head frames, cephalostat earpieces and extraoral film cassettes are cleaned
with detergent between patients.

**Bitepieces** for **OPG machines** are covered with fresh plastic wrap for each patient.

Turn off the machine and remove and dispose of plastic from the cone.

Single use plastic sleeves are used to protect the X-ray tube and button from contamination. These are changed for each patient and discarded into the general waste if not contaminated with blood.

SINGLE USE PLASTIC SLEEVES:
The brand of **single use plastic sleeves** used to protect the x-ray tube and button from contamination is:

The **single use plastic sleeve** supplier is:..............................................................
Tel: ................................. Fax: ................................. Email: .................................
3.5.1 Radiographic safety precautions

All other radiation safety regulations and precautions must be observed.

The lead apron is located: ...........................................................................................................

The crico-thyroid collar is located: ...........................................................................................

Personal monitoring badges are positioned: ...............................................................................  

The control badge is kept: ...........................................................................................................

The staff member responsible for collecting the badges and collating the information for the Australian Radiation Laboratory (ARL) is: ...........................................................................................................

3.5.2 Radiation management protocol

Practices should employ a radiation management protocol.

3.5.2.1 Radiation monitoring

The Radiation Protection Standards set by ARPANSA (and formerly by NHMRC) are based on recommendations of the International Commission on Radiological Protection (ICRP) and have been adopted in the Victorian Health (Radiation Safety) Regulations 1994. The web site for ARPANSA is http://www.arpansa.gov.au/

Any installer of new equipment should be aware of their responsibilities. They should be aware of the Australian Dental Industries Association Guidelines for X-ray in the Dental Practice 2003. The State Government of Victoria has established a Radiation Safety Program.

The objective of the Radiation Safety Program is to protect occupational and public health by minimising exposure to ionising radiation in medicine, industry research and mining. The Program aims to minimise the risk of harm to employees, the public and patients undergoing medical radiation procedures.

The Program administers the provisions of Division 2AA of the Health Act 1958. The Act establishes a system of licensing operators of radiation apparatus, the registration of such apparatus, and includes regulation-making powers under which the Health (Radiation Safety) Regulations 1994 have been made. The Act establishes a Radiation Advisory Committee and a Medical Radiation Technologists Board. The licensee must comply with the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Code of Radiation Protection in Dentistry 1987. The Health Act 1958 requires that a Radiation Safety Officer (3.5.2.3) is appointed by the registered person for registered ionising apparatus or radioactive sources or by the licensee for unsealed radioactive sources. The Radiation Safety Officer administers the Radiation Management Plan For The Dental Practice (3.5.2.2).

For radiation workers the effective dose limit is 20 millisievert (mSv) per year averaged over 5 years, with no more than 50 mSv in a single year. Current radiation protection practices in Australia ensure that very few workers receive doses near 20 mSv per year.

For members of the public the effective dose limit is 1 mSv per year.
In assessing compliance with the limits, doses due to normal background radiation and patient
doses during radiological examinations are not taken into account.

When likely to be exposed to radiation in excess of 1 mSv in any one year, staff wear a personal
monitoring device, as per the Victorian Health (Radiation Safety) Regulations 1994. When the
wearing period ends, the device is immediately forwarded to an authorised laboratory (e.g.
Australian Radiation Protection & Nuclear Agency) for analysis / assessment.

Radiation monitoring records are kept to allow each worker’s annual dose to be assessed and
are made available for inspection by authorised officers.

RADIATION MONITORING:

The personal radiation monitoring device supplier is: .................................................................
Tel: ................................ Fax: ............................................. Email: ..................................................

The authorised assessment laboratory is: .................................................................
Tel: ................................ Fax: ............................................. Email: ..................................................

The radiation monitoring records are located: .................................................................

If the registered owner of a X-ray unit knows or suspects that any person has received a dose in
excess of 1mSv resulting from an abnormal or unplanned exposure to radiation, a report is
prepared and forwarded to the Department of Human Services within five working days.

The Health Act 1958 and Health (Radiation Safety) Regulations 1994 require that a person must
not operate or use any ionising radiation apparatus unless the person holds an operator licence
with the Department of Human Services.

The Health (Radiation Safety) Regulations 1994 also state:

"... a person ... must wear an approved personal monitoring device at any time when that person
is likely to be exposed to radiation in excess of one millisievert in any one year."

Based on this Regulation most people involved with the operation of radiation equipment will
require personal monitoring, unless given prior exemption.

Registration of irradiating apparatus or sealed radioactive
source device

All irradiating apparatus and sealed source radioactive devices must be registered with the
Victorian Government Department of Human Services unless specifically exempted by the
regulations.

When receiving renewal forms for registration of irradiating device a guide for the use irradiating
devices is distributed to the facility. This is known as the Conditions for Registration / Licence.
These guides are provided for under the Health (Radiation Safety) Regulations 1994 by the
Radiation Advisory Committee.

Licensing and Registration Guidelines for dentists are listed at the web site:
3.5.2.2 Radiation management plan for dental practices

### PRACTICE DETAILS

Name:  
Address:  

Ph: (  )  Fax: (  )  Email:  

### RADIATION Statement

Radiation is used in this practice for the early detection, treatment and observation of response to treatment of actual or suspected dental conditions. The benefit to the patient should outweigh the risks involved in radiological diagnosis.

### 1 RADIATION SAFETY OFFICER (RSO)

Name:  
Address:  

Ph: (  )  Fax: (  )  Date:  
Signature - RSO:  
Signature - Manager:  

The duties of the Radiation Safety Officer (RSO) and the Licensee are attached.  
REVISIONS TO THE DUTIES ARE NOTED  
Signature - Manager:  Date:  
Signature - Manager:  Date:  
Signature - Manager:  Date:  
Signature - Manager:  Date:  

### 2 RESPONSIBILITIES OF THE RSO

a. All persons working with radiation should read the Radiation Management Plan.
b. The RSO will ensure that all licensed operators and assistants are familiar with the equipment in the practice when first employed.
c. Training will include a description of the radiological hazards in the practice, the methods employed to avoid those hazards, and the methods used to minimise radiation dose plus the details of this Radiation Management Plan.
3 PERSONS WHO SHOULD READ AND COMPLY WITH THIS DOCUMENT

Dentist/s:

Dental Assistant/s:

Hygienist/s:

Dental Therapist/s:

Others:

4 RESPONSIBILITIES OF EMPLOYEES

a. Ensure that only licensed persons operate radiation equipment.
b. Care required when children present.
c. Care with processing and storage of film to avoid retaking radiographs.
d. Wear monitoring devices in accordance with instructions.
e. Be aware of, and comply with, safety precautions.

5 DOSE LIMITS

a. Radiation doses should be ‘As Low As Reasonably Achievable’ (ALARA).
b. Individual doses should be limited.

The following dose limits are prescribed in the Regulations:

<table>
<thead>
<tr>
<th></th>
<th>OCCUPATIONAL</th>
<th>PUBLIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Body</td>
<td>50 mSv in any one year</td>
<td>1 mSv in any one year</td>
</tr>
<tr>
<td></td>
<td>20 mSv per year averaged over any 5 year period</td>
<td>15 mSv per year</td>
</tr>
<tr>
<td>Lens of Eye</td>
<td>150 mSv per year</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td>500 mSv (averaged over 1 sq cm) per year</td>
<td>50 mSv (averaged over 1 sq cm) per year</td>
</tr>
<tr>
<td>Hands and Feet</td>
<td>500 mSv per year</td>
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</table>

Women who wish to declare a pregnancy should seek the advice of the RSO if working with radiation.

6 HAZARD ASSESSMENT WITHIN PRACTICE

Shielding - walls, floor, ceiling:

Protective aprons, collars:

Position of controls:

Type of machines, KV, beam alignment, collimation, long cone:
SAFE WORK PRACTICES

General
Dentists should ensure that radiation to patients is the minimum required for good treatment after considering past films, or films in the hands of other practitioners before proceeding with a new radiological survey. All staff and patients should be properly shielded and no other persons should remain in the room when films are being exposed. Controls should be such that accidental activation is not possible.

Shielding
Records must be kept of the type of shielding in treatment areas and type and number of protective devices available.

Disposal
X-ray equipment may be disposed of at the municipal tip if high voltage wires to the tube have been cut, or if the unit is permanently disabled. The tip may have other requirements for the disposal of generator (cooling) oils. The Radiation Safety Unit (RSU) must be advised if units are to be disposed of in order to adjust their equipment data base.

If sold, it is a licensee requirement to inform the authority of the name and details of the new owner.

MAINTENANCE PROCEDURES AND SAFETY CHECKS

Manufacturer’s recommended inspection interval:

1st machine
2nd machine
3rd machine

Record page to be kept of dates serviced by licensed personnel. See form 3.2.

PERSONAL MONITORING DEVICES

These must be worn by any person likely to be exposed to over 1 mSv in any one year as a result of their work.

Monitor Supplier (approved by RSU)

Name:
Address:

Exemptions may be granted from personal monitoring if the wearer can prove (by producing the last 12 month dose record) that their dose was negligible. A letter and the dose report sent to the Radiation Safety Unit is sufficient for an exemption. The exemption is granted on the provision that work practices remain constant and that any change would require re-monitoring for a further 12 months.

REGULATORY REQUIREMENTS

Copies of the Health Act 1958, and the Health (Radiation Safety) Regulations 1994 should be kept with this document, as should a copy of the Conditions of Registration which is issued with each machine registration.


PENALTIES

Penalties for a breach of the Act and Regulations ranges up to 100 penalty units.
(One penalty unit equals $100)
COMPLIANCE

See attached copy of Radiation Safety Officer – Typical Duties.

Each RSO should detail how the practice will ensure compliance with regulations relating to:

EQUIPMENT

Personnel

RECORDS

EMERGENCY PROCEDURES

Reports of radiation incidents are required by Regulation 36 of the Health (Radiation Safety) Regulations 1994 ONLY when someone has received a dose exceeding one millisievert and must be made in writing to the Radiation Safety Unit within five (5) working days. (A dose in excess of one millisievert is extremely unlikely given the output of dental machines).

While acute radiation risk is very low with modern, well maintained dental X-ray equipment, other scenarios should be foreseen. Fire, flood and loss of control for other reasons, may raise the risk of electrocution or unintended exposure to radiation. Actions that may be planned include isolation of the danger area, shutting off power and water, providing warnings to others, and treating any injured persons. Later, recording, repairs and reporting should be completed.

List steps to be taken in the event of unintended human exposure:

RECORDS MUST BE MAINTAINED ON ALL RADIATION SAFETY MATTERS

- Equipment registered
- Persons licensed
- Safe work practices and emergency procedures
- Personal monitoring records
- Maintenance procedures and safety checks
- Quality assurance results
3.5.2.3 Duties of the Radiation Safety Officer as specified by the Department of Human Services

The Health Act 1958 requires that a Radiation Safety Officer is appointed by the registered person for registered ionising apparatus or radioactive sources or by the licensee for unsealed radioactive sources. A Radiation Safety Officer so appointed will typically have the following duties:

1. Advise the registered person or, for an unsealed radioactive source, the licensee who owns, possesses or controls the source, on matters relating to radiation safety including:
   
   (a) Radiation monitoring programs;

   (b) Condition of and need for radiation monitoring and protective equipment;

   (c) Action to be taken to reduce the radiation exposure of employees or members of the public to a level that is both below the radiation protection limits prescribed in Schedule 1 of the Health (Radiation Safety) Regulations 1994 and as low as reasonably achievable, social and economic factors being taken into account; and

   (d) Action to be taken in the event of an emergency or accidental exposure.
2. Prepare safe working procedures with respect to radiation protection for use in a routine operation or in an emergency or accidental exposure.

3. Be responsible for the initial and continued instruction of employees in radiation hazards, safe working procedures to ensure radiation protection, the proper use of radiation monitoring and protective equipment, and measures to limit radiation exposure.

4. Ensure that appropriate radiation protection monitoring surveys are carried out as required.

5. Set-up or cause to be implemented personal monitoring systems for the determination of effective doses for any employee or class of employees, as required.

6. Assess the accumulated effective dose and committed effective dose of any employee or class of employees. (The \textbf{Committed Effective Dose}, \( E(t) \) is the time integral of the effective dose rate where \( t \) is the integration time (in years) following an intake to the body of a radioactive material and is usually taken to be 50 years for adults and from intake to age 70 years for children unless otherwise specified.)

7. Maintain or cause to be maintained, sufficient radiation monitoring and radiation protection equipment and ensure that that equipment is calibrated and in a ready and working condition.

8. Investigate any defect in an area or item of equipment that may increase the exposure of a person to radiation and recommend how to correct that defect.

9. Investigate sources of radiation exposure, the radiation protection equipment and working procedures and recommend any change that would reduce the exposure of employees or members of the public to a level that is both below the radiation protection limits prescribed in Schedule 1 of the Health (Radiation Safety) Regulations 1994 and as low as reasonably achievable, social and economic factors being taken into account.

10. Observe whether the prescribed standards for the discharge of any radioactive waste are complied with before and during a discharge.

11. Ensure that prescribed radiation signs are maintained in good condition and located in places in which they will be readily seen.


13. Maintain detailed records on all the above matters.

\textbf{Further Information:}
Radiation Safety Program
Department of Human Services
17th Floor, 120 Spencer Street
Melbourne Victoria 3000
Phone: (03) 9637-4167
Fax: (03) 9637-4508
email: radiation.safety@dhs.vic.gov.au
Form 3.2 Record of Maintenance Procedures & Safety Checks for X-Ray Unit

<table>
<thead>
<tr>
<th>Date</th>
<th>Procedure Preferred</th>
<th>Technician Name</th>
<th>Signature R.S.O.</th>
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</thead>
<tbody>
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</table>
3.6 PATHOLOGY

The staff member responsible for ensuring that each specimen container is labeled with the patient’s name and date is: ………………………………………………………………………………………………………………………………

The dentist is responsible for placing each biopsy specimen in a sturdy container with a secure lid, to prevent leakage during transport. Care is taken when collecting specimens to avoid contamination of the outside of the container. If the outside of the container is visibly contaminated, it is cleaned with:
……………………………………………………………………………………………………………………………………………………………

The container is then placed in an impervious bag and couriered to the pathology laboratory:
………………………………………………………………………………………………………………………………………………………………………………… for analysis.

The laboratory used to collect and assess the pathology is: ………………………………………………………………………...

Tel: ……………………… Fax: ……………………… Email: ………………………

3.7 OTHER ITEMS

The practice implements appropriate use of new techniques and technology as required. At times there are additional requirements to set up the surgery for certain procedures.

AIR ABRASION (SEMICRITICAL):

During the use of air abrasion use special precautions. Air abrasion devices are used in conjunction with purpose-built ventilators and high-velocity suction devices. This may require the use of high-efficiency particle arrest (HEPA) filtration and vapour filtration as indicated. Other precautions include:
…………………………………………………………………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………………………………………………………………

The unit is cleaned by: …………………………………………………………………………………………………………………………………………

Special instructions for maintenance are: ………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………………………………………………………………
3.8 CLEANING DURING PATIENT TREATMENTS

The dentist and dental assistant work in unison. Be organised to the extent that procedures are pre-planned and consequently prepared in advance (not during the procedure). The aim is to be practical, logical (step by step), efficacious and efficient.

1. Keep everything organised, prepared and well set up. All instruments are cleaned after their use. Clean up as you go, separating general waste, sharps and bioccontaminated materials. Instruments that are obviously contaminated are wiped to prevent the adhesion of debris to instruments.

2. Hold and pass instruments correctly. (Care is taken not to touch parts of instruments which are to remain sterile, and prevent puncture wounds.) Utilise RISK MINIMISATION TECHNIQUES, including one-way passing of instruments:

   Clean ➔ Dental assistant ➔ Dentist ➔ Dirty ➔ Bracket table ➔ Clean ➔ Dental assistant ➔ Dentist, etc.

3. Separate nonsterile instruments from those that are sterile during surgical or endodontic procedures.

4. Take care when using sharps, (e.g. files, syringes, probes and scalers). Measuring blocks are used to measure endodontic instruments. File cleaners (sponges) are used to clean files to avoid puncture wounds. Do not pass sharp instruments such as probes and files.

5. All instruments are cleaned of debris immediately after use. Avoid leaving contaminated instruments with drying blood or setting material which would make cleaning difficult. This means that instruments arriving at the instrument recirculation centre (IRC) are already free from visible debris.
6. Where an aerosol or splatter may be generated, patients are draped with a waterproof apron, e.g. a large, plastic-backed bib or hairdresser’s gown (2.4.1). A bib is placed over the apron. The bib is disposed of after use according to section 5. The apron is changed when it becomes soiled. It is laundered according to section 2.4.2. Limit the production of aerosols with the appropriate use of rubber dam and high speed evacuation.

BIBS:
The brand of bibs used is: .........................................................................................................................
The bibs supplier is: .................................................................................................................................
Tel: ........................................ Fax: .......................................... Email: ...............................................................

7. To confine contamination, place importance on effective suction (high speed evacuation well placed at the point of operation), as well as the use of rubber dam.

8. The assistant should always be two steps ahead of the dentist. This is required because the dentist is organised and has a routine and the assistant lays out the kit the same way each time. The dentist and assistant are in constant communication to ensure a smooth flowing procedure. The patient is informed of the progress of the procedure as necessary.

3.9 CLEANING BETWEEN PATIENT APPOINTMENTS

3.9.1 Surface management

The chairside assistant is responsible for removing the barrier drapes used in an aseptic technique and disposing of them appropriately. Unless these areas are contaminated it is not necessary to wipe the regions which have been covered by the barrier drapes.

The brand of detergent used for cleaning is: ........................................................................................................
The detergent supplier is: ............................................................................................................................
Tel: ........................................ Fax: .......................................... Email: ...............................................................

The brand of disposable wipe is: ....................................................................................................................
The disposable wipe supplier is: ....................................................................................................................
Tel: ........................................ Fax: .......................................... Email: ...............................................................

Used lint free cloths are placed in the dirty linen. The dirty linen is kept ..............................................................
........................................................................................................................................................................ See 2.4.2 regarding laundering.
The chairside assistant is responsible for wiping surfaces and equipment between patients, according to “General considerations in procedure set-up” (Section 3.3.1).

**Technique**

Examination gloves are worn while wiping down (cleaning) and removing barriers. Use detergent and lint free cloth to wipe surfaces. Spray bottles of detergent are located in each clinical bay for this purpose.

The cleaning is done systematically, always beginning with the least contaminated areas and working through to the most contaminated areas and includes all non-disposable items which are not taken to the IRC. These items include:

- light handles;
- controls on amalgamators and curing lights;
- light emitter, handles and switches on curing light;
- work surfaces;
- triple syringe;
- handpiece brackets;
- end of suction hoses; and
- impression material dispensers.

Following decontamination, wash hands and place new gloves before replacing barriers.

### 3.9.2 Suction units (aspirators, evacuators)

Intermittent thorough flushing of suction lines with water during treatment is carried out to prevent blood and saliva accumulating and coagulating in suction lines. This is particularly important during long surgery procedures. Also clean or replace secretions filter daily. Service and maintain suction unit at regular intervals according to the manufacturer’s instructions. The waste in the secretions filter is appropriately disposed of. If waste contains amalgam dispose of this according to Chapter 5 (section 5.3). If there is no amalgam and biological contamination the filtered waste is disposed of in the bio-hazardous waste according to Chapter 5 (section 5.3).

At the end of each day, one litre of non-foaming detergent is prepared and 500 ml is sucked through the high volume aspirator, and 500 ml through the low volume aspirator. If a spittoon is used, then flush 400 ml and 400 ml through the suction and 200 ml through the spittoon.

The **non foaming detergent** used is: .................................................................

The **non foaming detergent** supplier is: ..............................................................

Tel: ....................... Fax: ................................. Email: ........................................
3.9.3 Dental unit waterline management protocol

Water used for mouth rinsing should be of drinkable standard. Water required for irrigation for tooth preparation and ultrasonic scaling should be of a similar quality. Drinking standard can be maintained by keeping the number of colony forming units (CFU) per ml to less than 200. CFU levels can be measured using commercially available test strips. This is known as a heterotrophic plate count.

The chairside assistant is responsible for flushing air and water lines for 2 minutes at the beginning of each clinic day and after treatment of each patient for 30 seconds, (if the handpiece and triple syringe have been used).

Cross contamination can also be minimised by the installation and proper maintenance of anti-retraction (non-return) valves, as well as thorough flushing of the dental unit water lines.

Discuss the routine maintenance of the anti-retraction valves with the manufacturer.

**ANTI-RETRACTION VALVES:**

⚠️ The brand of anti-retraction valve is: .................................................................

The anti-retraction valve supplier / manufacturer is: ..............................................................

Tel: ........................................ Fax: ...................................................... Email: .........................................................

The maintenance advice / manual for the anti-retraction valve is: ..............................................................

The anti-retraction valve testing device is kept: .................................................................

**MEASURING THE CFU:**

The CFU are checked every: .................................................................................................

⚠️ The CFU should be checked more frequently if counts >200cfu /ml

The brand of Heterotrophic Plate Count (HPC) medium used is: ..............................................................

The HPC supplier is: ............................................................................................................

Tel: ........................................ Fax: ...................................................... Email: .........................................................

Also flush triple syringes for 20 seconds prior to changing to the triple syringe tip after each appointment. If unable to use sterilisable triple syringe tips, use disposable tips. The water is flushed into the high-speed evacuator.
TRIPLE SYRINGE TIPS:

The brand of **triple syringe tips** used is: .................................................................

The **triple syringe tips** supplier is: .................................................................

Tel: ........................................ Fax: ............................................ Email: ........................................

The **triple syringe tips** are: (pleases tick) □ Disposable □ Non-Disposable

The ultrasonic scaler handle is also flushed for 20 seconds after use. The scaler tip must be removed at patient changeover. The water is flushed into the high speed evacuator. Sterilise tips in the steam steriliser. (This refers to both piezo electric and magnetostrictive systems.)

Equipment purchased as new, or when upgrading existing equipment, the equipment should be capable of delivering water of < 200 cfu/ml (colony forming units per millilitre). The new equipment should contain a self-contained (clean) water system or an internal disinfecting system.

If a self-contained water system is not installed ensure that a backflow prevention system, acceptable to the local water authority, is installed.

3.9.3.1 Maintenance of self-contained water systems or self-disinfecting systems for dental unit water lines

It is recognised that even self-contained water systems may harbour a bio-film in the water lines. It is essential that the self-contained water system be suitably maintained.

⚠️

*Read the maintenance instructions and flushing instructions for the unit.*

DENTAL UNIT WATER LINES:

The brand of **dental unit** used is:

First surgery: ........................................................................................................

Second surgery: ........................................................................................................

Third surgery: ........................................................................................................

The **dental unit** supplier is: ...................................................................................

Tel: ........................................ Fax: ............................................ Email: ........................................

The water used in the self-contained system is: ....................................................

The disinfectant placed in the self-contained water bottle is: ............................

The daily procedures for purging the dental unit water lines are:
The weekly procedures are:

1. 
2. 
3. 
4. 

3.9.3.2 Irrigation for surgical procedures

Use sterile water or sterile saline for surgical procedures.

STERILE WATER / SALINE:

The brand of sterile water / saline used is: .................................................................

The supplier of sterile water / saline is: .................................................................

Tel: ........................................ Fax: ................................................................. Email: .................................................................

3.9.4 Handpiece Management

All handpieces are to be steam sterilised between patients.
At the end of the appointment:

- Handpieces are flushed for 30 seconds and then removed from the couplings;
- Handpiece and handpiece covers are aseptically removed; and
- The handpieces are wiped with detergent, oiled using ………………………………………,
  according to the manufacturer’s instructions. These instructions are located ……………
  …………………………………………………………………………………………………………………

Also manage handpieces according to section 4.8.1. Retain handpieces in their wrapping until
time of use.

Other reusable intraoral instruments attached to, but removable from, the dental unit air or water
lines, such as ultrasonic scaler tips, and component parts, and air/water triple syringe tips, are
cleaned, packaged and steam sterilised after each patient.

All burs are sterilised between patients or disposed of after use. Bur brushes are sterilised after
use.

3.9.5 Sorting of items, waste management

At the completion of treatment all sharp items are disposed into the clearly labelled, puncture-
resistant, approved sharps container, which conforms to the specifications of Australian
Standard AS 4031.

Disposable items which are obviously contaminated with blood are disposed of in the biological
waste container located …………………………………………………………………………………

The chairside assistant then removes gloves, washes hands (non-surgical handwash, 2.2.2)
and sets up for the next patient with sterilised instruments, barrier drapes and equipment.

See Chapter 5 for further details on waste disposal.

3.9.6 Laboratory protocol

Laboratory areas are clearly designated with a dirty to clean flow and have:

- adequate washing facilities;
- ventilation to the outside;
• easy to clean surfaces;
• easy access bins; and
• switches and taps which do not require hand controls.

All laboratory work is cleaned prior to leaving the clinical area. This applies to work being taken
to backup in-house laboratories for processing and adjustment and to work being sent for
processing and adjustment by technicians at external laboratories.

Confirm with the appropriate manufacturers and laboratories that cleaning techniques do not
affect the materials and devices used.

**Technique**

3.9.6.1 Cleaning of impressions

- The area designated in the laboratory for pouring impressions is
  ............................................................................................................................ Only this area is used.

- Examination gloves and safety glasses are worn while pouring impressions and removing
  the mould from the impression.

- Impressions, even if contaminated with blood, are cleaned immediately after removal from
  the mouth by running under cold water, then spraying with detergent. They are then rinsed
  again under cold running water, with the excess being shaken out and/or dried with the
  triple syringe. The impression is then placed into a plastic bag.

- Models are rinsed with detergent and water following removal from the impression.

3.9.6.2 Cleaning of laboratory work

- To clean laboratory work, spray with detergent. Debride
dentures with a soft disposable or steam sterilisable brush to
remove debris. Rinse under running water and dry thoroughly
before placing appliance back on casts and before leaving the
clinical area. Denture repairs and re-lines, wax try-ins plaster
casts, articulators and Willis gauges are adjusted in the same
way;

- When dentures are adjusted at the chairside spray with detergent
and rinse the laboratory work before adjusting. Hold the denture
over the waste bin while grinding;

- The transfer bins used to transfer prosthetic work are kept out of
the TREATMENT ZONE in the TREATMENT PERIPHERY;

- Separate ingoing and outgoing laboratory work into appropriately
marked areas;

- Examination gloves and safety glasses are worn during these
procedures. Suitable gowning is also worn. Masks are worn if
required; and
When laboratory work is sent out from the surgery and from dental laboratories the method of disinfection should be noted on the laboratory form. The prosthesis should be transported in a sealed container.

3.9.6.3 Laboratory management

- Rubber bowls are wiped down with detergent after use. Metal spatulas are sterilised.
- Before the paint on adhesives is applied to the impression tray, the tray is decontaminated with detergent, rinsed and dried.
- Pumice from the polishing tray is not reused. The pumice should be dispensed for individual use. Pumice is placed in a denture cup, water is added and only the pumice from the denture cup is used for polishing. When polishing is complete, the cup is disposed of in the waste bin. The polishing tray is cleaned with detergent after each use.
- Mops and brushes on lathes are disinfected between patients. They are stored in …………………………………………………. At the completion of use for each patient, mops and brushes are to be cleaned by rinsing thoroughly. They are then steam sterilised (if possible) or thermally disinfected by boiling. The lathe and lathe bucket (polishing tray) must be wiped after each use with detergent.
- If thermally disinfected the cleaned mops and brushes are placed in hot water for 3 minutes. The water should be above 80°C. The container holding the mops and brushes and water is reserved only for this procedure (i.e. disinfecting mops and brushes).
- Any burs used are sterilised.
- On completion of the laboratory work, items should be cleaned or disinfected, dried and placed in a sealed container for dispatch.
- Hands should always be washed before leaving the work area.
- Food or drink should not be allowed in the work area.

3.10 DAILY PROCEDURES

Regular cleaning of the clinical areas is essential to maintain a safe working environment for patients and staff. A documented schedule of routine cleaning is maintained for each clinical area. An example of the **Procedures Monitor** (form 3.3) has been included. After each procedure has been undertaken, the monitor is checked off and signed by the staff member. If an item does not require attention on that day, this item is acknowledged with N/A (not applicable).

3.10.1 Start of day

Each dental unit is dusted with a dampened wipe, such as a lint free cloth, and detergent. Horizontal surfaces are wiped; including benches, x-ray machines, windowsills and shelving. All dental units are flushed for 2 minutes.

When necessary, fresh drapes are placed on .................................................................

Any pre-dispensed chlorine solution from the previous day is discarded as it is inactivated by light. Chlorine solutions must be prepared or dispensed daily.

3.10.2 End of day

One litre of non-foaming detergent is prepared according to the manufacturer’s instructions and 500 ml is sucked through the high volume aspirator, and 500 ml through the low volume aspirator. If a spittoon is used, then flush 400 ml through the high volume aspirator and 400 ml through the low volume aspirator and 200 ml through the spittoon (see 3.9.2).

All soiled linen is collected and removed to .................................................................

All surgery sinks are cleaned using ................................................................................

All equipment is stored in its designated location. Any equipment left out is protected from dust with a ................................................................. drape.

All S4 medications such as local anaesthetic are locked in the appropriate cupboard by the dentist. The dentist must retain the key.
### 3.11 WEEKLY PROCEDURES

Drawers and cupboards are kept tidy and clean, by wiping with ………………………………………

Storage facilities for sterile stock are cleaned at least fortnightly.

All environmental surfaces, apart from those contaminated in the treatment zone, are cleaned at least weekly.

Resuscitation equipment is checked (oxygen, suction and air vent) and damp dusted using ………………………………………………………………………………………………….

The resuscitation equipment is kept in …………………………………………………………………………………………………

The internal and external surfaces of the steriliser are cleaned according to manufacturer’s maintenance procedures. These instructions are kept in …………………………………………………………………………………………………

### 3.12 MONTHLY PROCEDURES

See the procedures monitor form 3.3.

### 3.13 CLERICAL AREAS

**Management of patient records**

The patient’s dental record is not touched with contaminated hands. The dental record remains outside the “treatment zone” (also known as the “operating field”) at all times. The record is opened at the appropriate page prior to commencing treatment.
3.14 PROCEDURES (OR PERFORMANCE) MONITOR

(See also Section 7.3).

To ensure tasks have been undertaken, a Procedures Monitor (also known as a Performance Monitor) checklist is filled out every day by the dental assistant. If it is not necessary to undertake a particular designated task, “N/A” is written alongside that task. Where a task has been completed, a signature is required to acknowledge the task has satisfactorily been achieved. A sample form 3.3 is below.

**Form 3.3 Procedures Monitor**

**Week ending:** ..........................................................................................

<table>
<thead>
<tr>
<th>Procedure</th>
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<th>Thu</th>
<th>Fri</th>
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</thead>
<tbody>
<tr>
<td>a.m. Wipe benches</td>
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<tr>
<td>Flush waterlines</td>
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<tr>
<td>Change pre-soaking solutions</td>
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<tr>
<td>Collect waste</td>
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<tr>
<td>Collect amalgam</td>
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<tr>
<td>p.m. Flush suction unit</td>
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<tr>
<td>Collect soiled linen</td>
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<td>Empty suction unit bottle</td>
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<td>Empty secretions filter of suction unit</td>
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<td>Check ultrasonic cleaner for efficiency</td>
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<tr>
<td>Change ultrasonic solutions</td>
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<tr>
<td>Clean steam steriliser</td>
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<tr>
<td>Drape surgery at the end of the day</td>
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<td>Check ultrasonic unit daily</td>
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<td>Dentist to lock S4 medications away</td>
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<tr>
<td>Clean and tidy drawers</td>
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<tr>
<td>Clean and tidy cupboards</td>
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<tr>
<td>Check resuscitation equipment</td>
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<td>Check packaging weekly</td>
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<tr>
<td>Maintain suction unit at regular intervals</td>
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<tr>
<td>Review waste yearly</td>
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<tr>
<td>Steriliser has been revalidated every 6 to 12 months</td>
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<tr>
<td>Section in the text</td>
<td>Photographic – Diagrammatic explanation</td>
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</table>

Appendix Chapter 3: Photographic – Diagrammatic Explanation
4. PROCESSING OF RE-USEABLE EQUIPMENT
[INSTRUMENT RECIRCULATION CENTRE (IRC)]

4.1 REPROCESSING OF INSTRUMENTS AND EQUIPMENT

4.1.1 Handling used items from the treatment room to the
INSTRUMENT RECIRCULATION CENTRE (IRC)

The instrument recirculation centre (IRC) is effectively organised to decontaminate and process potentially infectious instruments, devices and other items.

The IRC:

- provides for efficient organisation and storage of infection control equipment and supplies;
- provides an area out of the normal flow of patient treatment for processing contaminated items therefore minimising the potential for cross-contamination between treatment and non-treatment areas within the dental practice;
- is carefully designed and managed to effectively reduce the numbers of microorganisms invading other areas. The flow pattern of instruments through the IRC prevents mixing of contaminated and non-contaminated items (see figure 4.1). and refer to AS/NZS 4815/2001 figure 1.1;
- provides for maximum protection for office personnel and patients by effectively minimising contact with contaminated instruments, particularly “sharps”, by those not involved in instrument recirculation;
- increases the efficiency of staff and reduces the risk of injury by adhering to a prescribed traffic flow of instruments through the IRC;
- provides for the separation of contaminated items and objects, from those items which have been sterilised or disinfected, including one-use disposable items and objects, which are to be used or reused in patient treatment (i.e. separate clean from dirty); and
- obscures unsightly items and objects from patient view.

To facilitate infection control protocols, it is desirable that heat-resistant instruments are sterile at the point of use, i.e. packaged prior to sterilisation so as to remain sterile in the packaging. Those items which are heat labile, but do not contact sterile tissue, may be suitably cleaned.

4.2 INSTRUMENT RECYCLING

In order to ensure instruments are properly sterilised, the procedure to sterilise is dependant on a number of steps. The management of instruments is divided into a number of steps known as the instrument circulation cycle:

- Cleaning;
- Inspection;
- Drying;
• Assembly/preparation of packs and kits;
• Packaging;
• Loading;
• Sterilisation cycle;
• Parametric release/routine monitoring/unloading;
• Cooling;
• Storage; and
• Distribution- see preparation of clinical areas.

### 4.3 INSTRUMENT CIRCULATION CYCLE

Sterilise EVERYTHING that will not be damaged in the heating process in a dry heat or steam (heat-pressure) steriliser.

All procedures completed in the instrument recirculation centre must be:
• repetitive and reproducible;
• efficient;
• disciplined; and
• complete.

#### 4.3.1 Flow pattern for the sterilisation of instruments

The diagram below shows the flow pattern for instruments through their various stages in the IRC. This highlights the one-way traffic path.

![Diagram of instrument circulation cycle]

**Figure 4.1**

#### 4.3.2 Clean and inspect the instruments
Immediate handling after use

- Preferably wipe all items immediately after use while in the surgery. This prevents adherent substances and materials sticking to the instruments. Explorers, periodontal curettes, scalers and endodontic files are wiped with a sponge placed in a protective holder to prevent injury; and
- During treatment, instruments are to be continuously assessed for cleanliness and organised on trays for ease of pickup. Avoid messy trays. During treatment continually try to separate clean instruments from dirty instruments. Also ensure that waste created is disposed appropriately in the surgery using the concept of waste segregation (see 5.3). Biohazardous items, and sharps are to be placed in the appropriately marked containers.

Following treatment when the patient has left the room, the chairside assistant is responsible for collecting reusable items onto .......................................................................................................................... for transfer to the IRC. Contaminated instruments, devices and other materials are handled with care while personal protective equipment remains in place. Items should be transferred from the surgery to the IRC in puncture resistant and leak resistant containers.

Items that are designed for single patient use are not to be reprocessed, and are disposed of after use. Disposable items are placed in appropriate waste containers, depending on their contamination (see Chapter 5).

4.3.3 Cleaning of instruments and equipment in the IRC

Before sterilisation or high-level disinfection, thorough cleaning of instruments is required. It is preferable to have the instruments clean when they leave the surgery.

1. Pre-soaking of instruments in a holding solution is an exception rather than the rule for those items not cleaned prior to leaving the surgery;

**ENZYMATIC SOLUTION OR PRE-SOAK:**

The brand of enzymatic solution used is: .................................................................

The enzymatic solution supplier is: ...........................................................................

Tel: ........................................ Fax: ................................................ Email: ..........................

2. If not cleaned in the surgery, the instruments should be rinsed to remove blood and gross debris using warm running water;
3. They are then cleaned in an ultrasonic cleaner or mechanical cleaner;
4. On completion of the cycle, inspect the instruments. Effective cleaning ensures that instruments and equipment are clean to the naked eye (macroscopic) and free from any protein / biological residues and other stains;
5. Any debris remaining on the instruments is removed by thorough scrubbing with detergent and water. Steam sterilisable brushes are used for this purpose. Brushes should be washed and steam sterilised after each use. Special bur brushes are used for burs, and sponges in rigid containers are used to clean
pointed instruments. Hand-scrubbing is minimised at every opportunity. When hand-scrubbing is required, it is performed after the items have been first ultrasonically cleaned, in a sink specified for this purpose. Hold the items low in the sink to limit the generation of aerosols during scrubbing. When cleaning lumened or hollow instruments such as a suction tip, utilise a stilette or lumen brush to ensure the lumen is free of debris. These instruments are sterilised after use. Use warm water to clean and rinse the instruments; and

6. Endodontic files require special protocol for cleaning as described in 3.3.3.7.

**HEAVY-DUTY GLOVES, SAFETY GLASSES AND PRE-SOAK:**

Heavy-duty gloves are used and stored solely for the purpose of cleaning instruments and equipment in the IRC. Safety glasses are also worn.

The brand of **heavy-duty gloves** used is: .................................................................

The **heavy-duty gloves** supplier is: .................................................................

Tel: .............................................. Fax: .............................................. Email: ..............................................

The **heavy-duty gloves** are stored in: .................................................................

The brand of **safety glasses** used is: .................................................................

The **safety glasses** supplier is: .................................................................

Tel: .............................................. Fax: .............................................. Email: ..............................................

The **safety glasses** are stored in: .................................................................

Use a non-rushed approach to prevent injury.

In some practices a thermal disinfector or mechanical washer is used. If a thermal disinfector is used ensure it is used according to the manufacturer’s instructions (see 4.3.3.1).

**4.3.3.1 If a thermal disinfector (i.e. mechanical instrument washer) is used:**

Mechanical instrument washers have closed cabinets which are linked to the water supply and drainage system. The machines are loaded with the soiled instruments/utensils which have been previously rinsed, and the doors locked before the cycle commences. Washer cycles shall include the following:

- Pre-rinse, with water;
- Wash in warm water with cleaning agent added in accordance with the manufacturer’s recommendations;
- One or more rinses with hot (80°C–86°C) water with a drying agent added, in accordance with the manufacturer’s recommendations;
- Drain, leaving the contents at a temperature for quick drying; and
- Drying.
Where an instrument washer-disinfector is used, check the function of the washer-disinfector and that of the detergent dispenser daily.

The person who checks the function of the thermal disinfecter and detergent dispenser is:

Tel: ........................................ Fax: ........................................ Email: ........................................

4.3.3.2 Ultrasonic cleaners

Ultrasonic cleaners aid in cleaning before sterilising, they do not sterilise!

ULTRASONIC CLEANER:

The brand of ultrasonic cleaner used is: .................................................................
The model of ultrasonic cleaner is: .................................................................
The ultrasonic cleaner maintenance /service company is: .................................................................
Tel: ........................................ Fax: ........................................ Email: ........................................

The brand of ultrasonic cleaner Solution used is: .................................................................
The ultrasonic cleaner Solution supplier is: .................................................................
Tel: ........................................ Fax: ........................................ Email: ........................................

The ultrasonic cleaner is used in the following manner:

- Prior to use at the beginning of the day, or after the solutions have been changed the ultrasonic unit is degassed by running the unit for the specified period with no instruments. The functioning of the ultrasonic cleaner should also be checked. (See below);
- The water tank is filled with cold or tepid water and an appropriate amount of the recommended detergent intended for ultrasonic use is added. Operate the machine to degas the solution;
• Blood and other visible soil are rinsed off before immersing the instruments in the water tank; and
• Place the opened instruments in a basket which preferably has a solid base and perforated sides. The basket is submerged in the water tank, the lid closed, and the cycle commences. After the specified time, the instrument basket is removed and the instruments rinsed of all soap and other debris under gently flowing clean warm-to-hot water. Separate items during rinsing to assure more effective removal of debris and cleaning solution. The debris and solutions which remain on instruments during the sterilising procedure may cause residual stains. The cleanliness of all items is visually inspected. Any evidence of inadequate cleaning indicates the need for hand scrubbing. Take care to prevent the splashing of water.

Change the contaminated ultrasonic cleaning solution daily on busy days

Use only chemicals / solutions recommended by the manufacturer for ultrasonic cleaning. Change the solution at least daily or when it appears cloudy or visibly soiled. At the end of each day, the ultrasonic tank must be left empty and clean with the lid off to allow drying.

For occupational health and safety reasons the following precautions are observed:

• Ultrasonic cleaners shall be operated with lids closed, as it is speculated that high sound frequency may cause damage to hearing. This is also done to prevent emission of aerosols;
• No part of the operator’s body should be submerged into the water tank during operation, as this is thought to cause long-term arthritic conditions; and
• Use the ultrasonic cleaner in a ventilated area.

The IRC is ventilated by .......................................................... ..........................................................

The functioning of the ultrasonic cleaner is checked every day by (name of staff member) .........................................................., to ensure continued efficiency.

Test the proper and efficient functioning of the ultrasonic cleaner by placing a length of cut aluminium foil into the solution. After exactly 20 seconds remove the foil from the solution. Hold the foil to a light source and check for holes. If no holes are present, the cleaner is not working efficiently and ..........................................................(staff member) is responsible for contacting .......................................................... to arrange repairs. Note: Test the function of the ultrasonic cleaner every day.
4.3.3.3 Inspection
Following the rinsing process, items are again inspected to make certain they are clean. If not, they are either recycled in the ultrasonic cleaner or hand scrubbed. It is safer to hand scrub at this point in the procedure, after ultrasonic cleaning, than before the cleaning process, because much of the debris and some contaminants will have been removed/destroyed in the cleaner. Instruments and equipment should be free from detergent and rinse additive residues after the cleaning process. Check for detergent or rinse additive residue to establish the efficacy of the final rinse process. Monitor the cleaning process by visual inspection.

4.3.3.4 Drying
After rinsing with warm water, cleaned items are dried in a drying cabinet or “pat-dried” by placing lint-free towels on a surface, placing the damp instruments thereon and pat-drying the instruments until most of the moisture has been removed. Where a towel or cloth is used, it must be regarded as contaminated and placed after each use in the receptacle with the used linen (see section 2.4.2) Excessive residual water on the instruments may cause increased instrument spotting in steam sterilisers and rusting, dulling, and corrosion in dry heat and chemical vapour sterilisers. Some small amount of moisture may remain before sterilising in a steam steriliser, however, items placed in the dry heat steriliser must be completely dry.

If instruments are stained, remove the stains with either a non-abrasive pad or by soaking in stain removing solution.

4.3.3.5 Assembly / preparation of pack and kits
The kits are assembled. The contents of the kits are listed in section 3.3.

4.3.3.6 Packaging of instruments
Ideally instruments are packaged prior to sterilisation so as to remain sterile in the packaging, i.e. the instruments are packaged in suitable semi-permeable wraps, bags or other containers, in such a way as to maintain the sterility of the instruments and allow the instruments to be sterile at their point of initial use. Instruments which are not packaged appropriately are regarded as sterilised to prevent cross contamination but not sterile at the point of use. Instruments may be stored in bags (pouches) or wrapped.

When loading bags, caution should be exercised not to perforate the bags with sharp-pointed instruments.

When writing on the bags, use a felt tipped marking pen to label the contents.

Bags (pouches) and wraps should be self-sealing or should be carefully sealed with tape or a heat sealer. STAPLING IS AVOIDED. If a heat sealer is used, ensure the heat sealer is functioning effectively.

Use different wraps for different items. Smaller items are placed in bags (pouches).
BAGS OR POUCHES (FOR PACKAGING INSTRUMENTS):

The brand of **bag** used is: .................................................................

The **bag** supplier is: .................................................................

Tel: ........................................ Fax: ........................................ Email: ........................................

The **bag** sizes are:

................................................................. .................................................................

................................................................. .................................................................

................................................................. .................................................................

................................................................. .................................................................

Bags are sealed with: □ Tape □ Thermal Heat (bag sealer)

For larger items use a disposable wrap. Synthetic non-woven wraps may be used singly. Instruments are wrapped singly or double depending on the material used in the wrap and the item to be wrapped. An examination pack maybe single wrapped while a surgical pack may require double wrapping. Only wrap items which are in rigid storage boxes. If a steam steriliser is used, the rigid tray is perforated to allow steam penetration.

WRAP (FOR PACKAGING OF INSTRUMENTS):

The brand of **wrap** used is: .................................................................

The **wrap** supplier is: .................................................................

Tel: ........................................ Fax: ........................................ Email: ........................................

Instruments are single / double (delete one) wrapped.

If a **sterilising indicator tape** is used, the tape must have the name of the manufacturer, batch number and date (month and year) of manufacture clearly marked on the core.

Where sterilising indicator tape is used to seal a bag, sequentially fold over two or three times the open edge of the bag prior to taping across the entire folded edge with one continuous piece of tape extending across at least 25 mm around the back of the bag on both sides.

STERILISING INDICATOR TAPE (FOR PACKAGING OF INSTRUMENTS)

The brand of **sterilising indicator tape** used is: .................................................................

The **sterilising indicator tape** supplier is: .................................................................

Tel: ........................................ Fax: ........................................ Email: ........................................
Then label the sealed containers with their contents (if not visible through the pack or bag), date of sterilisation and batch control or load number as appropriate. Use a non-toxic, solvent based felt-tipped marking pen.

Monitoring of the packaging process includes continuous checks for:

- integrity of the outer wrap;
- integrity of seals; (i.e. seal along designated dotted line on pouches to ensure all sides are sealed)
- current labelling (including the date of sterilisation, batch number and label, as appropriate); and
- correct colour change of the external chemical indicator.

In addition, sterilised packs are selected at random by ........................................... (staff member) and examined on a weekly basis for:

- integrity of outer wrap, seals and correct labelling;
- ease of opening; (if a bag is open the item should be repackaged and sterilised);
- correct packaging techniques;
- correct contents;
- correct layout of contents;
- condition of contents (including a check on cleanliness of instruments, alignment and function, as appropriate); and
- correct change of internal chemical indicator (if used).

A class 4, 5 or 6 indicator is used on the tray where instruments are unwrapped.

4.4 TRACKING AND TRACEABILITY

Tracking and traceability refers to those procedures which link steriliser batch information of a critical item to the patient. Items which can be associated with infections should also be tracked. As these instruments need to be sterile at the time of use, their sterility must be safeguarded. Each critical item or tray must have batch control identification which must designate the following:

- 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 should also be recorded.
This information is transferred from the kit to the patient record.

Tracking is not required for instruments which are only required to be clean or have not been used on patients previously.

### 4.5 STERILISATION CYCLE OF INSTRUMENTS AND EQUIPMENT

Sterilise all hand instruments, handpieces, screw keys (as listed in Chapter 3) between patients. Also sterilise instrument cleaning brushes and bur brushes after each patient.

Sterilisation in a steam steriliser provides the most reliable and effective method of destroying potentially infectious microbes on instruments and items that may have become contaminated with potentially infectious microorganisms.

The following observations are made about sterilisation:

- AS4815 has distinguished the sterilisation cycle of the steriliser as only a part of the sterilisation process;
- AS4815 explains that sterilisation is a ‘special’ process that must be validated. Validation is a documented procedure for obtaining, recording and interpreting the results required to establish that a process will consistently yield a product complying with predetermined specifications;
- Validation consists of two main activities-commissioning and performance qualification, i.e. the steriliser works and is appropriate for the load to be sterilised; and
- Certain processes used in the manufacture of health care products are considered to be ‘special’ (as described in the AS/NZS ISO 9000 Series of Standards) in that the result cannot be fully verified by subsequent inspection or testing of the product. Sterilisation is an example of a special process because efficacy cannot be verified by inspection or testing of the product. For this reason, the sterilisation processes must be validated before use, the process routinely monitored and controlled, and the equipment maintained. (from AS/NZS 4187:2003).

#### 4.5.1 Steam Sterilisers (also known as steam-under-pressure sterilisers)

Steam sterilisers provide a simple, dependable, cost effective method to sterilise heat-tolerant dental instruments. They can be used for wrapped and unwrapped instruments but direct steam at a required temperature and pressure for a specified time is required to kill microorganisms and spores.

There are 2 main types of sterilisers in Australia – classified by the method of air removal. These are gravity (downward) displacement sterilisers and vacuum extraction sterilisers. Downward displacement sterilisers (formerly known as Class N sterilisers) use a system whereby water is often placed in the chamber either manually or mechanically. As the chamber heats the steam produced rises to the top, ‘downward displacing’ air out through a drain. Trapping of air is a major concern. Items or instrument or parts thereof not exposed directly to the saturated steam may not be sterile. These types of sterilisers were developed for solid instruments (dental mirrors and probes) rather than hollow items (handpieces and suction tips).
It is suggested they be used only for solid items.

With downward displacement sterilisation, hollow items need to be loaded into the chamber at an angle or vertical to allow the air to be displaced downwards and out. A hollow item laid horizontally can potentially trap air and result in cool pockets preventing the items from being sterilised.

Pre-vacuum sterilisers (or type B sterilisers) are fitted with an external steam generator and vacuum pump. They use what is known as a type B cycle. The pump removes air and creates a negative pressure within the chamber which allows saturated steam to be injected into the chamber. This ensures much better and faster steam penetration and is better suited for ‘hollow’ instruments. Pre-vacuum sterilisers cost more to run for a number of reasons. Often they don't recycle their water supply and need high quality water to be continually replenished. In a busy dental practice this will mean a substantial supply of water (20-40 litres) every week. They also require specific daily testing to monitor the air removal system. Due to these specific requirements they can take 30-60 minutes each morning before the first 'live' load is sterilised ready for use. The cycle times for these sterilisers also tend to be on the longer side compared to the downward displacement sterilisers. Cycle times of 30 to 40 minutes are not uncommon.

The type B cycle allows the sterilisation of wrapped and non-wrapped, solid, hollow (type A) items. Type A hollow loads are loads with cannulas and lumens such as handpieces. Type B hollow loads have larger “hollows”, such as cups.

### STEAM STERILISER:

- The brand of **steam steriliser** used is: .................................................................
- The model of **steam steriliser** used is: .................................................................
- The serial number of **steam steriliser** used is: .................................................................
- The **steam steriliser** maintenance /service company is: .................................................................
- Tel: ................................ Fax: ................................ Email: ................................
- Name of the service technician: .................................................................

#### 4.5.1.1 Validation of the sterilisation process

In order to ensure appropriate sterilisation of items in the surgery a concept known as **validation of the sterilisation process** is undertaken. The procedure involves a series of checks and challenges which reflect how you perform the sterilisation task in your practice. The sterilisation of loads within the steriliser (sterilisation cycle) - although important - is only part of this process. In order to ensure the items are sterilised the function of the steriliser must be checked.

The validation process involves the following steps:

1. **Commissioning (Installation Qualification and Operational qualifications)**
   - Commissioning report includes installation documents and operation verification. This is performed by the service technician when new sterilisers are installed in the practice.

2. **Performance Qualification**
   a. Physical Qualification (by a qualified salesperson):
      - Calibration report (6 -12 monthly depending on the age of the
machine and the amount of usage); and
- One-off chamber/heat distribution report and penetration report which checks the physical attributes of the steriliser.

b. Microbiological Report to confirm microbiological lethality of the steriliser.

3. Validation Report
- summarises satisfactory completion of commissioning and performance qualification.

4.5.1.2 Commissioning - installation qualification and operational qualifications

Commissioning consists of two activities, i.e. Installation qualification and operational qualification. The commissioning plan includes procedures which will provide assurance that the steriliser complies with the specifications and performance criteria established by the manufacturer and is safe and fit for use i.e. the steriliser is installed correctly.

The Installation Qualification ensures the accuracy of temperature or pressure measurement systems is within the limits specified by the manufacturer in the area in which the steriliser is installed. This is verified by calibration.

4.5.1.3 Performance qualification

The performance qualification is performed to demonstrate that the steriliser can sterilise the load. This is undertaken by the calibration report, the chamber/heat distribution study and penetration study. It is confirmed with a microbiological study.

Report 1 - Calibration Report

This requires a qualified Service Person to:

Calibrate all gauges and process recording equipment.
- Timer;
- Temperature;
- Pressure devices;
- Air removal test/steam penetration test; and
- Check seals and valves.

Documentary evidence is required to show that the external measuring device for calibration has been calibrated against known reference standards i.e. it is NATA Certified. The report should be less than 12 months old and should list:

- Test Equipment Used;
- Serial No.; and
- Date of Calibration of test equipment.

The next calibration date is dependent on the history of operation of the steriliser, eg. a steriliser of five or more years may need to be recalibrated every 6 months, whereas a new model only every 12 months. A heavily used steriliser may also need to be recalibrated every 6 months. Alternatively, a heavily used steriliser may need to be recalibrated after a known number of cycles. This should be discussed with the manufacturer or Trade representative.
The operational qualification includes procedures that provide assurance that the steriliser functions correctly to a set of performance criteria. This is provided by the chamber / heat distribution study report.

**Report 2 - Chamber/ Heat Distribution Study Report**

The aim of a chamber/heat distribution study report is to study the characteristics of that particular chamber; looking in particular for the “cold spots” which are usually closest to the drain. This is undertaken by a qualified Service person.

Thermocouples are placed in 2 or 3 positions of an empty chamber (A, B, and/or C). The unit is then activated.

![Optional thermocouple position in large steriliser](image)

**Figure 4.2**

The temperatures are listed:

<table>
<thead>
<tr>
<th>A Temp °C</th>
<th>B Temp °C</th>
<th>C (Optional) Temp °C</th>
<th>Steriliser Temp. Gauge Position</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

The **cold spot** is in position: .................................................. Date tested: ........................................

The **cold spot** is tested by: .................................................................

The **cold spot** supplier is: .................................................................

Tel: ................................ Fax: ................................ Email: .................................

This record is obtained once only for the life of the steriliser or after major repairs. It can also be completed at the same time as Report 1 (Calibration Report).

**Report 3 - Penetration Report**

The penetration study determines how the steam penetrates the packs placed in the steam steriliser. This determines if there is a difference between the temperature in the chamber and the temperature inside the pack, where instruments are being sterilised. This is undertaken by
determining the most difficult pack the Practice. This is known as the challenge pack. An example of a challenge pack is:

- Perforated tray containing endodontic items.

Wrap the perforated tray in Kimguard sterilisation wrap 24cm X 37cm and seal with indicator tape. This becomes the challenge pack. Then place this challenge pack in the steam steriliser with items that would constitute a normal load, this is known as the Validation Load.

**The Validation Load** contains for example:

1. 1 x Challenge pack
2. 1 x 26cm kidney dish
3. 1 x examination pack consisting of:
   - mouth mirror;
   - tweezers;
   - probe; and
   - No. 6 plastic.

The validation load and challenge pack may be different in each practice. It is a load commonly used in the practice.

The following items have been placed in the challenge pack and validation load of the practice:

```

```

**The loading pattern of the machine**

Be careful how the steam steriliser is loaded. A steriliser should be run with a full load, but not be overloaded. The challenge pack may be the only pack that fits within the chamber of your steam steriliser. It therefore is the validation load. However if the steriliser fits a number of packs or items, these together will be the validation load.

The loading pattern of the validation load will vary but an example would be as follows;

Example of Loading Pattern:

![Figure 4.3](image)

**Figure 4.3**
This record is obtained once only for the life of the steriliser, or after major repairs or when pack contents or packaging changes significantly.

The penetration time of the challenge pack can then be determined by placing a thermocouple probe in the middle of the pack.

The penetration time is the difference in time taken for the temperature in the centre of the challenge pack to reach the temperature of the chamber i.e. 134°C. This difference in time is added to the holding time and is then used to calculate the total processing time.

**Total Processing Time = Penetration Time + Holding Time (the sterilisation time which includes a safety margin)**

### 4.5.1.4 Microbiological report

At this point the technician may leave and a suitably trained staff member may complete the process.

Three consecutive cycles represented by the validation load as described in Report 3 are now run. All packs start at room temperature. All packaging and single use materials are replaced after each load unless duplicate sets are used.

The load is run with valid biological indicators (all from the same batch) placed as follows.

**Map of position of Biological Indicators (BI map)**

- Closest to the coldest part of the chamber; determined in Report 2 (most likely near the drain); “Position A”
- In the centre (most inaccessible part) of the challenge pack; “Position B”
- Furthest from indicator A (opposite end of cold spot), typically at the front and top of the chamber; “Position C”
- Outside the chamber as control. “Position D”

If the steriliser has no printer, place a class 6 emulator beside each biological indicator (spore test). Follow manufacturers instruction on how and when to read biological indicators. Use only one control indicator for all three cycles.

The biological indicators are obtained from: ..........................................................................................................................

Tel: ........................................ Fax: ........................................ Email: ............................................................

All indicators except D should have no growth. If process failure occurs corrective measures are taken and the whole process repeated.
Cross out either G or N per cycle/location where G=growth of culture from the biological indicator and N=No growth of culture from the biological indicator.

Revalidation of the sterilisation process is required if any subsequent load run exceeds the parameters of the validated / challenge load. Perform next revalidation in 6-12 months, or after major repairs, or if the challenge pack changes.

See form 4.1 at the end of section 4 for examples of the validation and microbiological reports.

4.5.1.5 Report 5 - Finally prepare a summary table which is the validation report

<table>
<thead>
<tr>
<th>Location</th>
<th>Cycle 1</th>
<th>Cycle 2</th>
<th>Cycle 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>G/N</td>
<td>G/N</td>
<td>G/N</td>
</tr>
<tr>
<td>B</td>
<td>G/N</td>
<td>G/N</td>
<td>G/N</td>
</tr>
<tr>
<td>C</td>
<td>G/N</td>
<td>G/N</td>
<td>G/N</td>
</tr>
<tr>
<td>Control Indicator D</td>
<td>G/N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.5.1.6 Service technician’s report

The service technician should provide a copy of the calibration report which will form the basis of the validation report (Form 4.1 is an example of such a report).

4.5.2 Routine monitoring of the steriliser

A steriliser that has a printer, data logger, or computer downloads and records at a minimum of every 60 seconds (or equivalent - some sterilisers, note the maximum and minimum parameters of each cycle), requires only the use of Class 1 indicators in packs / wrapped loads or unwrapped instruments. This indicates whether the item has passed through the steriliser but not the quality of the process.

Class 1 process indicators do not prove sterilisation.

The printout must be checked and signed (not initialled) if correct and then stored. This is the only way to assess if the sterilising process has been satisfactorily achieved.

If the steriliser has no printout, a Class 4, 5, or 6 chemical indicator is required in addition to a class 1 steriliser in each load and the gauges appropriately monitored at intervals of a minimum of every 60 seconds.

For sterilisers without printers the following needs to be recorded:
4.5.2.1 The following table is used as the recognised international temperature-pressure / time relationship for steam-under-pressure sterilisation:

<table>
<thead>
<tr>
<th>°C</th>
<th>Kpa</th>
<th>psi</th>
<th>Holding Time (in minutes) includes safety factor and sterilisation time</th>
</tr>
</thead>
<tbody>
<tr>
<td>121</td>
<td>103</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>126</td>
<td>138</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>132</td>
<td>186</td>
<td>27</td>
<td>4</td>
</tr>
<tr>
<td>134</td>
<td>206</td>
<td>30</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 4.2 (Adopted from NH&MRC publications)

4.5.2.2 Current recommendations for steam sterilisers include:
- printer readout;
- door remains closed after sterilisation is complete;
- pre-vacuum if possible for type A hollow items;
- drying cycle to prevent condensation;
- must meet the requirements of AS 2192,7 AS 14108 or AS 21829; and
- be operated according to AS/NZS 4187 and AS/NZS 4815.

4.5.3 Daily tests

Pre-vacuum type sterilisers will require additional tests including air removal/steam penetration test (eg. Bowie Dick Type or Helix test) and air leak rate test. When Bowie Dick type test is referred to, for a use in a class B steam steriliser, a Helix test may be substituted.

Perform an air leakage test and air removal test daily on a pre-vacuum steam steriliser. Perform these tests at the beginning of the day.
4.5.4 Loading of sterilisers

General

Correct loading of sterilisers is essential for successful sterilising, for several reasons. Efficient air removal from the chamber and the load will permit total steam penetration and saturation and allow proper drainage of condensate. Additionally, correct loading will reduce damage to packs and their contents and maximise efficiency of the steriliser.

Every load of a steam steriliser has a class 1 process indicator to indicate the load has been heated.

Instruments are separated to prevent stratification (trapping of air that acts as insulation, thereby retarding sterilisation). See Figure 4.5 for the correct and incorrect ways to load a steam steriliser. Instruments with cavities (lumened instruments) are tilted to assist air drainage from the cavity, and prevent condensation from forming and failing to drain from the cavity.

![Correct – Allows Air Flow vs Incorrect – Blocks Air Flow](image)

Figure 4.5

4.5.5 Loading of portable (bench top) downward displacement and pre-vacuum sterilisers

Items prone to entrap air and moisture, e.g., hollow ware, must be tilted on edge so that only minimal resistance to air removal, the passage of steam and condensate will be met.

Items are loaded within the boundaries of the chamber so that they do not touch the chamber walls.

Packs of hollow ware and trays of instruments are not placed above textile packs or soft goods in order to avoid wetting caused by condensation from items above.

Items packed in flexible packaging materials (pouches) are loaded on edge with paper against laminate, or flat with the paper surface downwards.

Load trays loosely to capacity.
Closed non-perforated containers do not allow steam penetration and are not suitable for use in steam sterilisers.

4.5.6 Unloading of sterilisers

On completion of the cycle, the load is immediately removed from the steriliser and a visual inspection made to ascertain that the load is dry, and that sterilising indicators have made the required colour change. Declaring a product sterile, based on the records demonstrating that the process parameters have been met is called **parametric release**.

Directly after the sterilising process, items are vulnerable to recontamination by moisture or improper handling. Therefore follow the procedures below:

1. Prior to the removal of the load, the operator checks process indicator, recording charts or printouts. The operator signs the designated record sheets where such sheets are present, to indicate that the required parameters have been met, or notifies ......................................................... if failure of any parameter is detected.

2. Carriages with cooling items are kept away from high activity areas.

3. Do not cool items by fans or boosted air conditioning.

4. Cooling items are **not to be** placed on solid surfaces, as condensation from vapour still within the pack may result. The items should be placed on a raised surface which is ventilated below, e.g. a cake rack.

5. Packaged or unpackaged items that have been dropped on the floor, compressed, torn, have broken seals, or are wet, are considered contaminated and are to be reprocessed.

4.5.7 Steriliser Indicators and Monitors

Chemical indicators can help monitor the sterilisation process by providing information about the steam quality and the exposure time if the indicator is chosen carefully. Indicators come in many shapes and sizes, and with many different capabilities. Some just provide the minimum amount of information and some provide a wealth of information.

Two features of all indicators are their timing (when they change colour during the cycle) and their transition period (how abruptly they change colour). Timings of three different types are available: short, medium and long. Short timing indicators are found on the outside of packages and are used to distinguish packages, which have been through the steriliser and those, which have not. Medium timing indicators are placed inside of packages, next to the instruments themselves, and tell if a biological indicator would have been killed. Long timing indicators are placed inside of packages next to the instruments and tell if one-million-to-one conditions were met.

Indicator transition periods can be short or long. Short transition period indicators tend to change colour abruptly. When the user reads them, they tend to appear completely changed or not completely changed. The chance that the user will see an indicator that is in the middle of its colour change is fairly remote since the colour change occurs abruptly. Longer transition period indicators change colour more gradually and therefore the user has a greater chance of seeing an indicator that is in the middle of its colour change. This can sometimes cause confusion.

Another feature of some indicators is their ability to describe steam quality. If the steam is of
poor quality the indicator will look different. Poor steam quality negatively affects the sterilisation process.

All of the features mentioned above are referred to as “parameters” in the most recent chemical indicator standards. Those standards are based upon the ISO 11140-1 classifications. The details are as follows:

Indicator timing is referred to as Stated Value (SV). If the SV is 1.8 min @ 134°C the indicator should change colour at the 1.8 minute point (biological kill point) in a 134°C steam sterilisation cycle. If the SV is 3.5 minutes, the indicator should change colour at the 3.5-minute point (Sterility Assurance Level of $10^{-6}$).

**Class 1 Process Indicators** are used on the outside of packages to show if they were exposed to the sterilisation cycle or not. Process indicators do not prove sterilisation. Process indicators verify ONLY that items being cycled have been heated. The main function of a process indicator is to prevent inadvertent operator error by not cycling a load through the steriliser.

**Class 2 Specific Test Indicators** are used to determine special conditions such as effectiveness of air removal in prevacuum sterilisers.

**Class 3 Single Parameter Indicators** are used as the most basic internal indicator that give limited single point information such as temperature only.

**Class 4 Multi-Parameter Indicators** are internal indicators with multiple points of information such as time and temperature or time, temperature and steam quality. The transition period is rather large.

**Class 5 Integrating Indicators** are multi-parameter indicators with timing at the BI kill point and a medium size transition period. These indicators are designed to react to all critical parameters over a specified range of sterilisation cycles.

**Class 6 Emulating Indicators** have timing at the 10-6 S.A.L. point and the narrowest transition period.

<table>
<thead>
<tr>
<th>Steriliser Type</th>
<th>Specific Tests</th>
<th>Test Frequencies</th>
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</thead>
<tbody>
<tr>
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</table>

The specific tests and test frequencies for each type of steriliser include.

The tests supplier of the type .................................................................

test is: .................................................................

Tel: ................................................................. Fax: ................................................................. Email: .................................................................

There may be more than one type of test
4.5.8 Maintenance of Equipment

MAINTENANCE OF STERILISERS:

The steam steriliser is calibrated and the process validated at least annually as determined by a technician from: .................................................................
Tel: ........................................ Fax: ...................................... Email: ........................................

A log book (table 4.3) maintains a record of any servicing and validation of the steriliser.
The log book is kept: ...........................................................................................................

Every day the steriliser should be continually monitored. The dental assistant checks that:

- the floor of the steriliser is free of debris;
- the chamber drain filter is clear;
- the graphs and pens and other printouts are functioning correctly;
- all gauges and timers are functioning correctly;
- if visible, the door gasket is undamaged; and
- the loading carriage and external surfaces are damp-dusted daily.

The loading carriage and internal walls of the steriliser are to be cleaned, when cool, at least weekly and when soiled, according to the manufacturer’s instructions.

STERILISER INSTRUCTIONS AND CLEANING:

The manufacturer’s instructions for the steriliser are kept? ..........................................................

The chemical recommended by the manufacturer to clean the steriliser is: ..................................

The chemical supplier is: .....................................................................................................
Tel: ........................................ Fax: ...................................... Email: ........................................

NOTE: The discolouration found inside sterilisers is a film of mineral salts from the steam lines, precipitated out onto the steel surfaces. Mineral salts are more easily dissolved in an acidic solution than neutral or alkaline solutions. Use distilled waters to minimise these precipitates.
4.5.9 Steriliser maintenance records

A record of mechanical testing, repairs and preventative maintenance must be kept for each steriliser. This information must be kept for 7 years.

<table>
<thead>
<tr>
<th>Date</th>
<th>Steriliser</th>
<th>Servicing Agent</th>
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</thead>
<tbody>
<tr>
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Table 4.3 Steriliser servicing log book
4.5.10 Loaner steam steriliser

Where a "loaner" steam steriliser is being used, the following protocol is used:

PROTOCOL: SUPPLY AND USE OF "LOANER" STEAM STERILISERS

Preamble

This protocol arises from concerns expressed to the ADAVB and ADIA regarding the responsibilities and liabilities of dental suppliers and dental practices where loan steam sterilisers are supplied and used during an offsite service of the practice’s normal/own steam steriliser.

The Infection Control Committee of the ADAVB and representatives of the Australian Dental Industry Association Vic. Branch have prepared this protocol, with advice from representatives of the Dental Practice Board of Victoria (DPBV). For further information on the DPBV’s requirements concerning infection control, refer to the Information section of the Board’s website www.dentprac.vic.gov.au

Protocol

1. Role of the Supplier
   • Provide a steam steriliser that complies with AS/NZ4815 – must have a printer, and have been calibrated within the last six months;
   • Provide a copy of the certificate of calibration for the practice to keep;
   • Provide a copy of the operating instructions/owners manual; and
   • Provide Class 6 emulators (which can be charged to the dentist’s account).

2. Role of the Dentist
   • Ensure that a copy of the Certificate is supplied;
   • Keep printouts with log book for practice steam steriliser, but identify dates and cycles involving the loan steam steriliser;
   • In the first load, use a Class 6 emulator:
     o in a wrapped package - the success of the test to be confirmed (either by viewing the emulator through the transparent pouch, or by opening the wrapped package to view the emulator if it is not visible); and
     o in the steam steriliser’s cold spot (which will be indicated on the calibration certificate);
   • For each subsequent load, use a Class 6 emulator placed on a tray in the steam steriliser chamber; and
   • The outcome of the Class 6 emulator tests should be recorded in the log book.
4.6 DRY HEAT STERILISATION

The sterilisation time (i.e. holding time) for dry heat sterilisers is 180°C for 45 minutes or 160°C for 1 hour. The unit should be pre-heated before use. The unit must not be opened during the sterilisation cycle as this will break the cycle. If the unit is opened the cycle must begin again. These times do not include penetration time, i.e. time for the instruments to heat to correct temperature.

Instruments must be separated to prevent stratification (i.e. trapping of air that acts as insulation, thereby retarding sterilisation). See figure 4.6 below for the correct and incorrect ways to load a dry heat steriliser.

![Correct and Incorrect Loading of Dry Heat Sterilisers](image)

**Figure 4.6**

4.6.1 Loading of dry heat sterilisers

During the course of use of the dry heat steriliser check the following:

- the chamber is free of debris;
- the temperature gauge and timer are working; and
- the door gasket is not damaged.

Clean the internal and external surface of the dry heat steriliser weekly according to the manufacturer’s instructions.

If a chart recorder or printout is not available, process indicators specific to dry heat which respond to time and temperature must be used with each load.
DRY HEAT STERILISER PROCESS INDICATORS:

The brands of process indicators used are:

......................................................... ......................................................... .........................................................
......................................................... ......................................................... .........................................................

The process indicators supplier is: .........................................................

Tel: ............................................. Fax: ............................................. Email: .............................................

Prior to loading, pre-heat the chamber to 180°C or 160°C as selected. Leave space between items to allow adequate circulation of air. Place items well away from chamber walls.

Unloading of dry heat sterilisers

Follow the same procedure for unloading dry heat sterilisers as for unloading steam sterilisers and inspection of items. However, condensation of vapour is not an issue.

Steriliser indicators and monitors

The procedure for dry heat is as for steam sterilisers, ensuring that the appropriate indicators and monitors are used. Printers can be installed into dry heat sterilisers.

4.7 STORAGE OF STERILISED ITEMS

After completion of the sterilisation process, cycled trays, bags, wraps or other packages are stored intact and unopened in secure dry cabinets and drawers until ready for use.

These are located: .........................................................away from the IRC.

4.8 INSTRUMENTS REQUIRING SPECIAL PROCESSING

All manufacturers’ instructions and warranties are kept in a file in:

......................................................... ......................................................... .........................................................
......................................................... ......................................................... .........................................................
4.8.1 Dental handpieces

Handpieces are oiled using ............................................. before packaging into bags according to the manufacturer’s instructions. A layer of gauze ............................................. is placed around the head prior to packaging.

4.8.2 Hinged instruments

Pay special attention when cleaning hinged instruments to try to prevent accumulation of debris in the hinges. Clean these instruments in the open position. Instruments with hinges and ratchets must remain open and unlocked when being sterilised. Also pay special attention to remove debris from any grooves in the instrument.

4.8.3 Suction units (aspirators, evacuators)

Any cleaning or maintenance is carried out after rinsing the unit with a non-foaming detergent (listed in 3.9.2) as recommended by the manufacturer.

After every surgical operation or very long operations and at least after every working day, the pump and the piping are rinsed with a non-foaming detergent-disinfectant

Clean the outer surface of the tubes daily with detergent.

Mobile suction units contain a bottle which is filled with the non-foaming detergent before use. Empty this detergent first before using the suction units. Empty this bottle daily whilst wearing examination gloves. If the bottle becomes full, it is emptied more than once a day. A cut-out mechanism is pre-set to shut off the suction unit to prevent overflow of the bottle. Dispose the bottle contents into the sewerage system.

The secretions filter is checked weekly by (name) .................................................................

Solid waste is removed from the secretions filter and disposed of with biological waste, except for amalgam, which is disposed of according to section 5.8.5. Examination gloves must be worn during this procedure. After cleaning the suction system, remove the filter, ensuring there is no spillage.

4.8.4 Curing lights

Decontamination of the curing light is performed according to manufacturer’s instructions:

According to the manufacturer’s instructions, attend to the:

- light tip by .................................................................
- main unit by ...............................................................
4.8.5 Laser equipment

Decontamination of the laser equipment is performed according to manufacturer’s instructions:

According to the manufacturer’s instructions the maintenance and cleaning required is:

.................................................................................................................................
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................

4.8.6 Intraoral cameras

Decontamination of the intra-oral camera is performed according to manufacturer’s instructions:

According to the manufacturer’s instructions the maintenance and cleaning required is:

.................................................................................................................................
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................

4.8.7 Radiographic machines

Decontamination of the radiographic machine is performed according to manufacturer’s instructions:

According to the manufacturer’s instructions the maintenance and cleaning required is:

.................................................................................................................................
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................

Radiological equipment has been previously discussed in section 3.5.

4.8.8 Computers

Cover computer keyboards with a disposable barrier, or a barrier which can be wiped with detergent.
4.9  DISINFECTANTS

Generally, chemical disinfectants are not recommended.

Keep the use of disinfectants in the surgery to a minimum.

DISINFECTANTS – GENERAL CLEANING:

General cleaning and decontamination is undertaken with a detergent and wiping.

The brand of detergent for general cleaning used is: ...................................................

The general cleaning detergent supplier is: ..............................................................

Tel: ........................................ Fax: ........................................ Email: .................................

Detergent is also used to wipe large items and heat labile items. Preferably lint free cloth is used to wipe the detergent.

4.9.1 Special use disinfectants

Gutta percha points are disinfected by:

..................................................

This is obtained from: ..............................

Tel: ........................................ Fax: ........................................ Email: .................................

Hands are disinfected with:

..................................................

This is obtained from: ..............................

Tel: ........................................ Fax: ........................................ Email: .................................

This is also discussed in section 2.2

Sodium hypochlorite is used during the mopping of blood spills (according to Chapter 6.2) and during endodontia.
4.10 SUMMARY

The following diagram (figure 4.7) is an example of an IRC showing separation of dirty, clean and sterile areas. The flow pattern indicates:

**Dirty:**
- Pre-cleaning area (including thermal disinfection); and
- Ultrasonic region/instrument washer.

**Clean:**
- Drying area;
- Packaging area;
- Articles awaiting sterilisation; and
- Steriliser.

**Sterile:**
- Cooling area for articles waiting storage; and
- Storage region.

The dirty, clean and sterile areas are physically marked in the IRC to prevent confusion in the IRC.

*Figure 4.7 Reproduced from “Cleaning, Disinfection, Sterilisation. A Guide for Office – Based Practice” [Lochead L (2004)]*
Figure 4.8 Place a diagram of the actual IRC in your practice, showing a similar flow pattern and division of dirty, clean and sterile areas.
Form 4.1 Calibration Report


DATE OF TEST: 13th June, 2004
CLIENT NAME: Dr Good

TYPE OF UNIT: model 3
ADDRESS: 77 Sterile Road

UNIT SERIAL #01 - 0946

Dandenong, Victoria, 3175

1. Penetration Report

REASON
Installation & commissioning □
Repair & re-commissioning □

FOR TEST:
Service & re-commissioning □
Re-validation □

TYPE OF CYCLE SELECTED:

B Std 134 °C
134 °C / 206 kPa / 4 min holding time

CYCLE # 1555

Drain ⇒ ⇒ Door

Challenge Pack
T#1

Challenge Pack
contents:
Thermocouple
Endo Tray Kit

Additional Items

Kidney Dish

Examination pack
### CALCULATION OF PENETRATION TIME

\[ C - CP = PT \]

<table>
<thead>
<tr>
<th>Chamber (C)</th>
<th>Challenge Pack (CP)</th>
<th>Penetration Time (PT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time the Thermocouple # 1 reached sterilising temperature</td>
<td>Time the Thermocouple # 2 reached sterilising temperature</td>
<td>(measurement: seconds)</td>
</tr>
<tr>
<td>15:10:33</td>
<td>15:10:18</td>
<td>00:00:15</td>
</tr>
</tbody>
</table>

### CALCULATION OF PROCESSING TIME

\[ PT + HT = TPT \]

<table>
<thead>
<tr>
<th>Penetration Time (PT)</th>
<th>Holding Time (HT)</th>
<th>Total Processing Time (TPT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>as calculated from above</td>
<td>includes the safety margin</td>
<td>(Steriliser has a minimum Sterilisation time of 4 minutes)</td>
</tr>
<tr>
<td>00:00:15</td>
<td>00:04:00</td>
<td>00:04:15</td>
</tr>
</tbody>
</table>

No liability will be accepted for any damage, or claims for damages, to persons or equipment emanating from the interpretation of these results, or arising from the use of this steriliser.
2. Microbiological Report

Validation Cycles

AS/NZS 4815:2001 Appendix H 2(e)

The validation protocol is completed when three (3) successful, consecutive, identical loads have passed with no growth on biological / enzymatic indicators in both position # 1 and position # 2.

Validation cycles may be completed by either surgery staff or service technician.

# 1 indicator must be placed in a designated cold spot
# 2 indicator must be placed in the centre of the challenge pack
# Control indicator must be held outside the chamber.

<table>
<thead>
<tr>
<th>CYCLE #</th>
<th>Biological or Enzymatic Verified by:</th>
<th>Biological or Enzymatic Indicator #1 (Chamber)</th>
<th>Indicator #2 (Challenge Pack)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 1556</td>
<td>Pass / Fail</td>
<td>Pass / Fail</td>
<td></td>
</tr>
<tr>
<td>2. 1557</td>
<td>Pass / Fail</td>
<td>Pass / Fail</td>
<td></td>
</tr>
<tr>
<td>3. 1558</td>
<td>Pass / Fail</td>
<td>Pass / Fail</td>
<td></td>
</tr>
<tr>
<td>Control Indicator</td>
<td>Pass / Fail</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DATE COMPLETED:** 13th June, 2004  
**VERIFIED BY:** ____________

**TITLE:** ____________

**RE-VALIDATION DUE:** (see AS/NZS 4815:2001 7.6.3)  
**Date:** 13th June, 2005
# Appendix Chapter 4: Photographic – Diagrammatic Explanation

<table>
<thead>
<tr>
<th>Section in the text</th>
<th>Photographic – Diagrammatic explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Section in the text</td>
<td>Photographic – Diagrammatic explanation</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------------</td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>
5. WASTE MANAGEMENT

5.1 LEGAL REQUIREMENTS FOR WASTE DISPOSAL

5.1.1 General Waste

In Victoria, the Health Act 1958 (as amended) requires that local government provide a refuse collection and disposal service while the Local Government Act 1989 allows councils to establish and operate landfills.

The Environment Protection Authority (EPA) is responsible for ensuring that waste is managed in an acceptable manner and to this end regulates that landfills are located and operated in an environmentally acceptable manner to ensure protection of human health and the environment. This is controlled through Works Approvals and Licenses.

The EPA regulates, through licences, the type of waste that can be disposed of at landfill sites. Industrial wastes, such as liquid waste, infectious waste, pharmaceutical waste, pathological waste can not be disposed of at landfills and must be managed accordingly. These wastes are prescribed by Regulation and must not be disposed of in the general waste stream.

5.1.2 Prescribed waste

The Environment Protection Act 1970 gives the EPA the task of ‘cradle-to-grave’ management of industrial wastes known as ‘prescribed wastes’. The packaging, labelling, storage, transport and disposal of prescribed waste is subject to EPA regulations and monitoring.

Prescribed wastes are listed in Schedule 1 of the Environment Protection (Prescribed Waste) Regulations 1998, and included in this list are ‘clinical and related waste’, ‘mercury and mercury compounds’, ‘waste from the use of photochemicals and processing materials’ and ‘waste from the use of pharmaceutical products’. EPA Regulations relate to containers, transport and the organisations that can deal with the waste.

The most relevant factor in the management of prescribed wastes, apart from ensuring appropriate segregation and packaging for dental practitioners, is the Waste Transport Certificate. The regulations require that the generator (the dentist) of the waste, signs off the transport certificate. If the generator contracts an Accredited Agent (AA) to remove the waste, this requirement may be passed onto the AA. AA status is not automatic and evidence of this status with EPA must be sought from the contractor by the dentist.

Further to the Prescribed Waste regulations, there exists the Industrial Waste Management Policy – Prescribed Industrial Waste (IWMP – PIW). The Industrial Waste Management Policy (Prescribed Industrial Waste) was introduced in December 2000 to encourage waste minimisation and the reuse, recycling and recovery of energy of waste that cannot be avoided (available from http://www.epa.vic.gov.au/waste/prescribed_industrial.asp). The Policy aim is to ensure that waste generators understand the waste they generate, and ensure that they are appropriately managed. The policy contains the key principles of:

- Avoidance;
- Reuse;
- Recycling;
- Recovery of energy;
- Repository storage;
- Treatment; and
- Containment.
EPA Victoria also recognises that the Australian and New Zealand Clinical Waste Management Industry Group (ANZCWMIG) “Code of Practice for the Management of Clinical and Related Wastes” represents “best-practice” for the management of these wastes. The most recent edition of the “Code of Practice” contains the necessary guidance that should be followed to meet EPA Victoria legislative requirements.

Further information on biomedical waste is also found in the publications:


The onus is on the dentist to ensure that the waste is packaged, labelled, stored, transported and disposed of according to regulations. The EPA may require evidence that the dentist has correctly discharged their duties under the relevant legislation.

The local sewerage authority or water board controls disposal into sewers. The EPA controls the quantity of effluent from sewage treatment plants through Works Approvals and Licenses.

5.1.3 The challenge

Over the past decade or so, the amount of waste generated in dental practices has increased by up to 40%, largely as a result of improved infection control practices. At the same time, the EPA has introduced strict regulations governing the disposal of sharps and infectious waste so as to ensure that there is no harm to either the Environment or human health in relation to disposal practices of these wastes.

Disposing of clinical and related waste into your general waste is illegal and may have adverse consequences to the environment, waste industry staff and the community.

The most effective way to reduce potential hazards is by ensuring a management system is in place to ensure compliance with all legislative and regulatory requirements. Proper waste management requires an understanding of all components of the waste generated at your premises. This includes careful consideration of purchasing, management, segregation and disposal options.

In addition, improving waste management and applying waste minimisation principles will generate a range of positive and tangible environmental, economic and social benefits. These benefits include reduced potential to spread infection and less damage to the environment, improved occupational health and safety for staff, better staff morale and reduced waste management and disposal costs. So often, the cost increases incurred from clinical waste disposal is as a result of poor segregation, which results in item that could be disposed of as a general waste, making their way into the prescribed waste stream.
5.2 IMPLEMENTATION

5.2.1 Waste management
This Chapter provides a blueprint for developing and implementing a waste management plan within a dental practice. This plan will enable the dental practice to:

- minimise total waste, through recycling and improved purchasing techniques;
- minimise the amount of sharps and infectious waste.

The key to waste management is waste sorting:

- Waste disposed of as sharps and infectious waste often contain many items of general waste.
- All waste contains much that could be recycled.
- Less waste, particularly sharps and infectious waste, means lower practice costs.
- Waste containment is achieved through streamlined work practices.

5.2.2 The five steps to best-practice waste management

Step 1 Carry out a waste audit. This establishes the current waste disposal practices and identifies waste items that are disposed of into inappropriate waste streams.

Step 2 Review purchasing and work practices which can be integrated into a waste management plan.

Step 3 Train staff to implement this plan.

Step 4 Monitor performance and review the plan.

Step 5 Alter the plan as required.

These steps are outlined in more detail below.

5.3 STEP 1 - CARRY OUT A WASTE AUDIT

Use Form 5.1

What you will achieve?
A one-week waste audit will indicate:

- what your practice is currently disposing of in each waste stream; and
- which items are sorted into the wrong stream.

Time period covered:
The audit is best carried out over a full week. If this is not viable, a spot check of one day’s waste provides some information.

People required:
The audit is best done by two people working together: one to check the waste, wearing heavy-duty gloves; and the other to record the results.
WASTE AUDIT:

The staff members responsible for the waste audit are:

Check every waste container in the practice:
- Measure the contents by volume (litres) or weight (kilograms) as appropriate.

Check the contents and record all items that are in the wrong waste stream (see Table 5.1).

During the waste audit how often is the waste measured?
- Measure each container immediately before the rubbish is emptied – at the end of each day, or as suits your practice.

Total time required:
It takes two people a total of about two hours per dentist, per practice, per week, to sort and measure one week’s waste.

Items to look out for:
Towels, masks etc should be in the general waste unless they are blood-contaminated (saliva is acceptable in general waste).
Cups and gloves should all be in the general waste, rinsed of blood.

Amalgam should not be in the infectious or sharps waste, as amalgam releases mercury when incinerated. This includes all extracted teeth, and all disposable amalgam filters and used amalgam capsules (even if amalgam is not visible). Teeth should be rinsed free of visible blood, wrapped in an impermeable barrier, for example, a rubber glove or plastic wrap, and then placed into the municipal waste disposal stream provided that it does not involve incineration. Plastics and gloves made from PVC should not be in infectious waste, as incineration may release potentially harmful gases.

Be alert for items that could be recycled.
### Table 5.1 The separate waste streams

(Further detail on each waste stream, including collection, handling, storage and disposal requirements, is given from Chapter 5.7 onwards.)

The EPA requires that all prescribed waste including sharps waste, infectious waste, biocontaminated waste and pharmaceutical waste be treated and disposed of through a registered and EPA approved facility. The transport of soft infectious and sharps waste from a home dental care visit to the surgery is discussed in section 5.9.

<table>
<thead>
<tr>
<th>Sharps waste</th>
<th>Infectious non-sharp waste</th>
<th>General waste</th>
<th>Recyclable items</th>
<th>Pharmaceuticals</th>
</tr>
</thead>
</table>
| All disposable items that could inflict a penetrating injury including:  
  - needles, scalpel blades, glass, burs, glass anaesthetic cartridges, matrix bands, orthodontic wires, stainless steel crowns and offcuts, endodontic files and reamers  
  - broken instruments. (needle sheathes can be disposed of in the general waste to decrease sharp waste contents) | All non-sharp waste that is contaminated by blood including:  
  - all blood-stained waste; human tissue, other than extracted teeth; | All waste other than sharps or infectious non-sharps including:  
  - waste that can be washed free of blood, e.g. gloves, rubber dam, cups;  
  - firm plastics, which may be made of PVC and should not be incinerated  
  - extracted human teeth, washed and discarded in a glove | Dental items:  
  - amalgam,  
  - used fixer and developer,  
  - unwanted radiographs,  
  - lead foil from radiographs  
Non-dental items:  
  - paper, cardboard  
  - glass, plastic  
  - cans | All unwanted pharmaceuticals are removed from their original containers |
5.4 STEP 2 - DEVELOP A WASTE MANAGEMENT PLAN

What will be achieved?

The aim is to identify purchasing, work and recycling practices that will enable the practice to reduce the amount of waste generated.

Review work practices and identify waste collection points:

This is best done as a team involving all staff, utilising form 5.2. Can waste be reduced in any areas? - For example, by throwing less away (use fewer items, or re-use items), or moving items from the infectious to the general waste stream.

Identify where to place bins/containers within the practice for each type of waste, taking into account the need to:

- sort and bin waste as you generate it (particularly sharps and infectious waste), and avoid double handling;
- dispose of all waste in the appropriate containers; and
- establish where full containers will be stored pending collection, and set a timetable for regular placement of filled containers to this storage area.

Examples:

Plastic barrier wrap is often used on surfaces that could be washed clean. Re-evaluate and discuss which surfaces need barrier wrap.

Minimise new gloves used: dispense what is needed for each intervention before starting. This could save up to four or five pairs of gloves per patient.

Do patients need a denture cup if their denture is out only for a short time?

Review products purchased:

Consider every item purchased in the light of waste generation and disposal.

Examples:

Single-use items are often, in the longer term, more expensive than heat sterilisable items and may create extra storage, handling, disposal and ordering problems.

Consider foot controls for dental chairs to reduce the need for barrier wrap or cleaning.

Can similar items with less packaging be purchased?

Consider recycling options:

Items for recycling fall into two groups: dental and general (see Table 5.1).

For general recycling options: Contact your local council. Recycling will reduce general waste bulk and may cut costs for practices that pay for extra bins.

For dental items: Discuss recycling options with EPA-approved waste collection companies. Contact the EPA for a list of registered waste contractors and the types of waste handled by each.
5.5 STEP 3 - TRAIN STAFF

What will be achieved?
Staff will understand and carry out the practice’s agreed waste management strategies. The waste management plan will work only if all staff have read it, agree with it, remember it, and know how to execute it.

Involve staff in planning for better waste management practices and in deciding where collection bins should be placed. Ensure that each staff member knows his/her responsibilities in waste management and how this fits into the overall plan – what they have to do and why. Keep staff informed both on progress achieved, and on any inappropriate waste practices that must be discontinued.

5.6 STEP 4 - MONITOR PERFORMANCE AND REVIEW THE PLAN

Every few weeks:
Perform a spot check of a bin to monitor rubbish sorting. This does not need to be a thorough audit; a glance in a container is enough to identify inappropriate items.

Every year:
Repeat audit and review the waste management plan (form 5.3).

Safe waste handling procedures to avoid the potential risk of infection include:
- good hygiene practices, particularly washing of hands;
- use of protective barriers appropriate to the task, e.g. gloves, mask, protective eye shield, face shield; and
- appropriate handling and disposal of sharp and other contaminated waste.

Safe waste handling procedures as governed by the concept of standard precautions.

Care should be taken when handling any waste. Never compress waste using hands or feet, and always wash hands after handling waste. Heavy-duty gloves, not surgical gloves, must be used.

5.7 STEP 5 - AMEND THE PLAN AS REQUIRED

After an initial implementation of the plan, flaws may be detected during the review. The plan is therefore altered accordingly.
5.8 MANAGEMENT OF WASTE

The following methods are used to manage waste:

5.8.1 Sharps Management

| Definition: | All items capable of inflicting penetrating injury. Sharps in this practice include: needles, scalpels, glass anaesthetic cartridges, other items ................................................................. |
| Handling: | The user is responsible for disposal: ................................................................. |
| Spill Protocol: | No sharps are to be transferred between people. |
| Spill Protocol: | Use safe waste handling procedures. |
| Containment: | Do not leave a spill unattended. |
| Containment: | Replace sharps in the sharps container with tongs or artery forceps. |
| Containment: | Report spill to: ................................................................. |
| Containment: | Sharps waste and soft infectious waste are sometimes stored together in rigid appropriately marked containers. |
| Storage pending collection: | Do not fill sharps containers past the full mark. |
| Storage pending collection: | Yellow containers with the biohazard symbol are located: ................................................................. |
| Storage pending collection: | The brand of containers conforming to AS 4031-1992 is: ................................................................. |
| Storage pending collection: | The containers supplier is: ................................................................. |
| Storage pending collection: | Tel: ................................................................. Fax: ................................................................. Email: ................................................................. |
| Storage pending collection: | Once the container is full: |
| Storage pending collection: | • close lid securely |
| Storage pending collection: | • tape the lid down |
| Storage pending collection: | • store, until collection, in the secure area located ................................................................. |
| Storage pending collection: | where it is collected by the contractor. |
| Storage pending collection: | The person responsible for moving waste is ................................................................. |
### 5.8.2 Soft Infectious Waste Management

**Definition:**
Visibly blood-stained, non-sharp waste. Infectious waste in this practice includes:
- blood packs, bloodied cotton rolls, other bloodied items not easily rinsed,
- other items:

**Handling:**
Sort waste at the chairside as dental care is provided (dispose in suitable container at point of use).

There will be two containers for each patient treated, one for the disposal of infectious waste which may include sharps and one for general waste. (If sharps are included the container must be rigid.) Do not use body parts (e.g. hands, feet) to compress waste.

Apply **safe waste handling procedures.**

**Spill Protocol:**
Use artery forceps to place all items in the yellow infectious waste bag.

Blood spills: using examination gloves, remove blood with absorbent material, place in infectious waste. A waste spill kit for large blood spills (>10cm) is located at

See Chapter 6.2.
**Containment and storage pending collection**

Soft infectious waste is emptied after each patient by ....................................................... into either (delete as appropriate):

a) a heavy-duty yellow bag with biohazard symbol, kept in the surgery at ..........................................................

When full this yellow bag is kept securely at .................................................. (location).

The staff member responsible for daily emptying is: ..................................................

OR

b) a rigid yellow bin kept securely at ..........................................................

This bin is managed in the same way as the sharps container (5.8.1).

<table>
<thead>
<tr>
<th>Collection Company:</th>
<th>Our contractor is: .................................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>(EPA approved)</td>
<td>Tel: ........................................... Fax: ...........................................</td>
</tr>
<tr>
<td></td>
<td>Email: .......................................................................................</td>
</tr>
</tbody>
</table>

The staff member responsible for calling the contractor is:

OR

Collection is every ..............................................................

<table>
<thead>
<tr>
<th>Frequency of collection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(As per contract) ........</td>
</tr>
</tbody>
</table>

**Note:** Chemical disinfectants, sterilising solutions, blood and saliva can be disposed of in small quantities into the sewerage system. Dilution with water can reduce potential risk in treatment plants.
### 5.8.3 General Waste Management

| Definition: | All non-infectious non-sharp waste, other than the items specified for recycling in Table 5.1. All waste other than sharps or infectious non-sharps, **including:**
| | - waste that can be washed free of blood, e.g. gloves, rubber dam and cups with the blood rinsed off;
| | - firm plastics, which may be made of PVC and should not be incinerated; and
| | - extracted human teeth, which should be washed and wrapped in a glove to be discarded in the general waste.
| | This avoids the incineration of heavy metals in amalgam. |

| Handling: | General care, no compression with hands or feet. Use heavy-duty gloves. Wash hands thoroughly after handling. Apply safe waste handling procedures. |

| Spill protocol: | Use heavy-duty gloves to replace waste into bins. |

| Containers: | Surgery and office bins are lined with plastic lining bags and are located at: |
| | ........................................................................................................... |
| | ........................................................................................................... |
| | The bags are changed daily or more often if full. |

| Storage pending collection: | Remove bags from clinical areas, tie to secure, and place in the general waste, located at .................................................................................................................................................. |
| | The staff member responsible is: ........................................................................................................... |

| Weekly collection day: | The staff member responsible for putting the bin/bins out is: ........................................................................................................................................................................... |
5.8.4 Recyclable dental waste

<table>
<thead>
<tr>
<th>Items</th>
<th>Amalgam</th>
<th>Fixer</th>
<th>Radiographs</th>
<th>Lead foil</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- excess from restorative procedures</td>
<td>- used</td>
<td>- out of date or unclear</td>
<td>- from radiographs</td>
</tr>
<tr>
<td></td>
<td>- from old restorations</td>
<td>- used</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- from cleaning filters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Containers</td>
<td>Plastic or glass,</td>
<td>A separate container for each that is:</td>
<td>A used tissue or glove box near the developing area</td>
<td>A used tissue or glove box kept near the developing area will last about one year.</td>
</tr>
<tr>
<td></td>
<td>- spill resistant,</td>
<td>- plastic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- leak proof,</td>
<td>- leak proof,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- securely closed,</td>
<td>- securely closed,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- puncture resistant</td>
<td>- puncture resistant,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- labelled 'waste amalgam' with safety instructions</td>
<td>- labelled with contents and safety instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>For disposal - cover surface of amalgam with used radiographic fixer.</td>
<td>For recycling - follow recycler’s directions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handling</td>
<td>Handle with gloves.</td>
<td>Take care not to spill or splash. Use gloves and safety glasses.</td>
<td>Handle with gloves</td>
<td>Handle with gloves</td>
</tr>
</tbody>
</table>

Disposal: Collection is needed only every few months or less. This may be able to be organised through your regular infectious waste collector, OR contact the EPA on (03) 9628 5533 for a list of approved contractors.

Metal recycling firm
Name: ........................
Tel: ........................
Fax: ........................
Email: ........................

EPA-approved recycling company
Name: ........................
Tel: ........................
Fax: ........................
Email: ........................

- Do not discard through sewerage system unless you hold a formal Trade Waste Agreement with the appropriate water board.
- These substances have the potential to damage PVC plumbing.

A used tissue or glove box near the developing area will last about one year.
5.8.5 Recyclable general waste

Contact the local council for details on recycling of:

- glass;
- paper, magazines, cardboard;
- cans; and
- some plastics.

Place collection bins/boxes for each category at the point of generation. Flatten cardboard boxes as they are unpacked.

**Management of recyclables (select possible options)**

<table>
<thead>
<tr>
<th>PAPER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Handling:</strong></td>
<td>Flatten all uncontaminated paper and boxes for recycling.</td>
</tr>
<tr>
<td><strong>Containment:</strong></td>
<td>Box marked ‘recycle’ located ..........................................................</td>
</tr>
<tr>
<td><strong>Collection day and location:</strong></td>
<td>........................................................................................................</td>
</tr>
<tr>
<td><strong>Staff member responsible for calling contractor:</strong></td>
<td>........................................................................................................</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td>Our contractor is: .................................................................</td>
</tr>
<tr>
<td><strong>the contractor comes every...........</strong></td>
<td>Tel:............................................. Fax: .................................................. Email: .................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GLASS and PLASTIC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Handling:</strong></td>
<td>Rinse all glass bottles and plastic containers with the recycle symbol.</td>
</tr>
<tr>
<td><strong>Containment:</strong></td>
<td>Stored at .................................................................</td>
</tr>
<tr>
<td><strong>Collection day and location:</strong></td>
<td>........................................................................................................</td>
</tr>
<tr>
<td><strong>Staff member responsible for calling contractor:</strong></td>
<td>........................................................................................................</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td>Our contractor is: .................................................................</td>
</tr>
<tr>
<td><strong>the contractor comes every...........</strong></td>
<td>Tel:............................................. Fax: .................................................. Email: .................................................................</td>
</tr>
</tbody>
</table>
# RADIOGRAPHIC FIXER and DEVELOPER, used or unwanted

| Handling: | Do not spill or splash.  
Wear gloves, glasses and protective clothing.  
Do not dispose of down sinks or drains. |
|---|---|
| Containment: | Use old fixer and developer bottles. When full, tape over lids and label ‘OLD’.  
Bottles are stored, before collection, away from unused products at........................................................................................................... |

## Disposal/Collection

| Company: | Collection will be arranged when........bottles have accumulated.  
Bottles will be collected by........................................................................................................... |
| Staff member responsible for calling contractor: | ........................................................................................................... |
| Our contractor is: | ........................................................................................................... |
| Tel: | Fax: | Email: |

# AMALGAM, used or from cleaning filters (not including amalgam from extracted teeth)

| Handling: | Handle with gloves, and with care. |
| Containment: | Used amalgam capsules: Use a plastic container with a lid.  
Scrap amalgam: Use a jar labelled ‘WASTE AMALGAM’, with a secure lid.  
Cover scrap amalgam with used fixer.  
When jar is 3/4 full, secure the lid, tape over, and store in a locked area until collection. |
| Disposal/Collection Company: | Collection will be arranged when...........jars have accumulated.  
Jars will be collected by .................................................................  
Amalgam capsules will be collected at the same time. |
| Staff member responsible for calling contractor: | ........................................................................................................... |
| Our contractor is: | ........................................................................................................... |
| Tel: | Fax: | Email: |
5.8.6 Pharmaceuticals

Good planning can avoid almost all pharmaceutical waste.

**Definition:** Pharmaceuticals: i.e. any scheduled drug classified as S2 and higher.

**Containment:**
- Remove all drugs from the original container. Original plastic containers may be disposed of in the general waste. Original glass containers are disposed of in the sharps container. Drugs are disposed of in pharmaceutical waste, or biohazardous waste.
- Local anaesthetic cartridges which are not disposed of by a licensed EPA contractor (e.g. plastic carpules) are emptied into the sewerage before disposal into the general waste.
- If pharmaceuticals are not stored with biohazardous waste, the pharmaceuticals are stored in a rigid plastic container labelled black on white, 'PHARMACEUTICAL WASTE'.

**Handling:**

**Disposal:**
- **Containers:** Place plastic containers, plastic cartridges or tubes in the general waste. Place glass ampoules and cartridges in sharps containers.
- **Pharmaceutical waste** must be disposed of by a licensed contractor or taken to a local pharmacist.
  - The collection agency/pharmacy is .................................................................
  - Tel: ........................................... Fax: ..........................................................
  - Email: .................................................................................................
  - The staff member responsible is ..........................................................
  - OR
  - Collection is every .................................................................
  - Our contractor is: .................................................................
  - Tel:................................................ Fax: ..........................................................
  - Email: .................................................................................................

5.8.7 Other waste

**Broken instruments**
- Sterilise before disposal.
- Handle with care – waste is potentially sharp.
- Store in a puncture-proof, labelled container e.g. a steel can. Send to a metal recycler or donate to local art/craft/electronics workers etc (dental instruments make highly prized fine tools!).
5.9 HOME DENTAL CARE WASTE

When a practitioner visits a patient out of the practitioner's clinic, and clinical and related waste is generated, the waste should be managed appropriately. If an appropriate clinical waste disposal facility does not exist at the treatment site, clinical waste is transferred back to the dental care provider's office for appropriate management.

The clinical waste is collected at the treatment site by the practitioner or other home dental care provider for storage/transport/treatment/disposal off-site. This waste must be collected and stored in appropriately coloured and labelled containers. This container is then deposited into an outer container to prevent escape of waste material. This container should be secured in the car to prevent container movement during transport. The container should have ridged walls. A spill kit should be available in the transport vehicle.

Records should be kept of all waste transported and disposed of via the home dental care provider. These records include date, type of waste, quantity and disposal pathway.
## Form 5.1 Audit - Waste Generated by the Practice

<table>
<thead>
<tr>
<th>Audit dates:</th>
<th>Total no. days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names of audit team:</td>
<td></td>
</tr>
</tbody>
</table>

### Waste quantities:

<table>
<thead>
<tr>
<th>General waste</th>
<th>Soft infectious waste</th>
<th>Sharps waste</th>
<th>Recyclable waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>litres</td>
<td>litres</td>
<td>kilograms</td>
<td>Litres</td>
</tr>
</tbody>
</table>

**Inappropriate waste found:**

1. ....................................................................................................................
2. ....................................................................................................................
3. ....................................................................................................................
4. ....................................................................................................................
5. ....................................................................................................................
6. ....................................................................................................................
7. ....................................................................................................................
8. ....................................................................................................................
9. ....................................................................................................................
10. ..................................................................................................................
11. ..................................................................................................................
12. ..................................................................................................................
13. ..................................................................................................................
14. ..................................................................................................................
15. ..................................................................................................................
## Form 5.2 Improving Waste Sorting and Minimisation

<table>
<thead>
<tr>
<th>Actions</th>
<th>Staff member responsible</th>
<th>Date to be completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review work practices to reduce waste, eg. how to minimise barrier wraps.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Review products purchased to reduce waste production. e.g. recyclable (sterilisable) rather than single use items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Contact local councils or firms to discuss recycling options.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Review or negotiate contracts with waste collection companies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Organise a practice meeting to discuss who does what in waste management and disposal, including the nomination of people who perform the tasks of movement, storage and organising collection of each type of waste.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: ...........................................................................</td>
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<td>...........................................................................</td>
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<td></td>
</tr>
</tbody>
</table>

**Next audit date:** .................................................... | **Staff member responsible for next audit:** ....................................................
### Form 5.3 Waste Management Plan Review

<table>
<thead>
<tr>
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### Appendix Chapter 5: Photographic – Diagrammatic Explanation

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6. MANAGEMENT OF BLOOD AND BODY FLUID SPILLS

Risk Management principles must be understood by all staff.

- Keep the environment safe at all times for patients and staff.
- Traffic areas should remain clear, with equipment and supplies stored in their designated location.
- Familiarise staff with all work practices, which remain constant unless prior notice is given of any change. These changes are listed in form 1.4.4, Amendments to SOP. The handling of instruments and materials in an agreed routine manner is recognised as the best prevention of accidents.
- Always locate containers for sharps, segregated waste and contaminated instruments in the same place for easy access.

6.1 FIRST AID

Keep a well maintained First Aid Kit in a location known to all staff. The First Aid kit is kept
The resuscitation kit is kept
The contents of the First Aid Kit are as follows

- The saline for irrigation after an eye splash is kept
- Injectable adrenalin for anaphylactic shock is kept

The staff member responsible for renewing the first aid kit contents is:

The first aid kit is reviewed

It is recommended the first aid kit be reviewed twice annually, ensuring items have not expired beyond their USE BY DATE.

Guidelines for resuscitation are displayed

Staff members equipped with cardiopulmonary resuscitation (CPR) training are:

Training in CPR should be undertaken yearly.

The Practice’s CPR instructor is
Tel: Fax: Email:

Form 6.1 lists the dates of CPR instruction and names of attendees.
6.1.1 Know what to do for CPR

D - DANGER

- Check the patient is in a safe environment

R - RESPONSE

- Place patient flat on his/her back on a hard surface.
- Check for a response - Shake patient at the shoulders and shout “are you okay?”
- If no response, roll patient on their side.

A - AIRWAY

- Head-tilt/chin-lift - open and clear the patient’s airway by tilting their head back with one hand while lifting up their chin with your other hand. Leave well fitting dentures.

B - BREATHING

- Position your cheek close to victims’ nose and mouth, look toward victims’ chest.
- Look, listen, and feel for breathing (5-10 seconds).
- If no breathing call emergency medical system 000. Then place the patient on their back, pinch patient’s nose closed and give 5 full breaths into patient’s mouth.
- If breaths won’t go in, reposition head and try again to give breaths. If still blocked, perform abdominal thrusts (Heimlich manoeuvre).
- Look, listen and feel for breathing.

C - CIRCULATION

- Check for carotid pulse by feeling for 5-10 seconds at side of victims’ neck.
- If there is a pulse but victim is not breathing, give Rescue breathing at rate of 1 breath every 5 seconds Or 12 breaths per minute.
- If there is no pulse, begin chest compressions as follows:
  - Place heel of one hand on lower part of victim's sternum. With your other hand directly on top of first hand, depress sternum 1.5 to 2 inches.
  - Perform 15 compressions to every 2 breaths. (Rate: 80-100 per minute)
  - Check for return of pulse every minute. CONTINUE UNINTERRUPTED UNTIL ADVANCED LIFE SUPPORT IS AVAILABLE.
6.1.2 Needlestick and blood accidents


- If the skin is broken, wash the area well with soap and water (Use alcohol based hand rinses or foams 60-90% alcohol by weight are to be used when water is not available).
- If blood gets on the skin, irrespective of whether there are cuts or abrasions, wash the area well with soap and water.
- If the eyes are contaminated, rinse gently but thoroughly with water or normal saline, while the eyes are open.
- If blood gets in the mouth, it is spat out and then rinse the mouth with water several times.
- After taking the above immediate action, report the incident to the practice principal, and an entry is made in the Accident Record, detailing:
  - date and time of exposure;
  - how the incident occurred;
  - name of the injured worker and source individual (if known);
  - any action taken;
  - action taken to prevent similar incidents occurring; and
  - see form 1.4.3 ‘Accident Record’.

Following a needlestick or blood accident, the risk of the affected staff member contracting a communicable disease such as HIV, hepatitis B or C must be assessed by a suitably trained health care worker such as an infectious diseases physician. The staff member is then managed appropriately.

Prophylaxis may be offered on the basis of the risk of infection associated with the injury or exposure. The risk assessment will determine if Post Exposure Prophylaxis (PEP) is warranted. The risk assessment is urgent as initiation of PEP may potentially prevent a life-threatening disease. On the other hand PEP is also expensive and may have significant side effects, so an accurate risk assessment is also important in ensuring PEP is only recommended when warranted.

This step is crucial to the management process, therefore the exposed person must be immediately relieved from duty to be assessed.

Supervisors must be aware of how to access a person who is able to assess risk 24 hours a day. (The initial risk assessment may be by telephone.)

The person to call to assess risk is .................................................................

In assessing whether an exposure has the potential to transmit a BBV (blood borne virus), the following would be considered:

- type of exposure;
• type of body substance;
• volume of blood or body fluids;
• length of time in contact with blood or body fluids;
• time elapsed since exposure;
• presence of visible blood or body substance on the device causing the injury;
• type of device involved;
• whether a hollow bore needle or solid sharp object caused the injury;
• procedure for which the device was used (for example, into a vein or artery);
• gauge of the needle or device;
• time elapsed since use of device; and
• whether the injury occurred through a glove or clothing.

Risk of HIV transmission

The overall risk from a needle stick injury from a known HIV positive source has been estimated at 0.3%. However, the factors above determine whether the exposed person is at more or less risk.

Risk of HBV transmission

It is important to note that while much of the documentation on risk relates to HIV, the risk of HBV transmission to a non-immune person is much greater than for HIV. While all HCW are encouraged to take up vaccination, not all have done so and some remain non-responders to vaccination.

The risk of HBV transmission to a non-immune person from a single needle stick is more than 30% if the source is hepatitis B ‘e’ antigen positive, and less than 6% if the source is surface antigen positive, but ‘e’ antigen negative.

Risk of HCV transmission

The risk of HCV transmission from a single needle stick injury from a confirmed HCV positive source is about 1.8%, but this rose to 10% in a study where the source patients had HCV RNA in their blood (as tested by Polymerase Chain Reaction)

HIV PEP

There is some evidence that taking Zidovudine reduces the risk of transmission of HIV after an occupational exposure. There are also documented cases of seroconversion, despite early use of Zidovudine.

HBV PEP

If the exposed person has ever had a blood test which demonstrates HBV immunity – whether from infection or vaccination – there is no necessity for further boosters or hepatitis B immunoglobulin after a potential exposure to hepatitis B.

If the exposure is significant and the exposed person has not demonstrated immunity to HBV, hepatitis B immunoglobulin can be given within 72 hours of exposure.

After any exposure (whether significant or not) to a non-immune person who has not been vaccinated, it is advisable to commence a course of HBV vaccination. For a full discussion on the use and doses of HBV immunoglobulin and vaccination, refer to the Australian Immunisation Handbook.
Tetanus PEP

If the exposure involves an injury from an object which may be contaminated with soil or dust, tetanus prophylaxis should also be considered. For a full discussion on the use, types and doses of tetanus prophylaxis refer to the Australian Immunisation Handbook.

- The ADAVB Inc. has established a Needlestick Hotline ☎ 9826 3533 with advice and referral information.

6.2 MANAGEMENT OF SPILLS

Standard precautions (see Chapter 1 section 1.3.2.3) are applied where there is a risk of contact with blood or body substances, and protective clothing is worn.

Ensure the area is left clean and dry after any spills have been managed.

When a spill occurs on a carpet, shampoo the carpet as soon as possible and do not use disinfectant.

**THE “SPILLS KIT” CONTAINS THE FOLLOWING:**

1. items required for barrier protection (mask, gloves, glasses, gowns);
2. a sturdy piece of cardboard or plastic for scraping, e.g. a “pooper scooper”;
3. detergent and water;
4. absorbing granules to coagulate large spills (some brands include a disinfectant containing 10,000 ppm available chlorine or equivalent which will disinfect); and
5. a large (10 litre) impervious sturdy plastic bag.

Equipment and materials are replaced in the “spills kit” after use by __________________________ (staff member).

The spills kit is located ________________________________

Review spill kit at least yearly, day/month: ...........................................................

6.2.1 Spot cleaning

**SPOT CLEANING:**

Wipe up spot immediately with either a cloth, tissue or paper towel and detergent. Disposable wipes are placed in the designated waste disposal container. Cloths are appropriately stored and then laundered.

Wash hands thoroughly with an antimicrobial soap.

The brand of antimicrobial soap is: ...............................................................
6.2.2 Small spills (up to 10 cm)

**SMALL SPILLS (up to 10 cm):**
Collect cleaning materials and equipment.
Wear disposable gloves, eyewear and a plastic apron (where there is a risk of splashing occurring).
Cover the spill immediately with absorbent material. Place the contaminated absorbent material into an impervious plastic bag for disposal in contaminated waste.
Clean the area with warm water and detergent using a disposable cleaning cloth.
If contact with bare skin is likely, disinfect the area by wiping with sodium hypochlorite 10,000 ppm available chlorine and allow to dry. (Table 7.1 CDNA 2004)

Making a 1:10,000 dilution from 5% hypochlorite:
In order to make a 1:10,000 dilution, dilute one part of 5% hypochlorite with 500 parts water (1 ml hypochlorite to 500 ml water).

Making a 1:10,000 dilution from 1% hypochlorite:
In order to make a 1:10,000 dilution, dilute one part of 1% hypochlorite with 100 parts water (1 ml hypochlorite to 100 ml water).

Wash hands thoroughly with an antimicrobial soap.
Before reuse, clean reusable eyewear with detergent.

6.2.3 Large spills (greater than 10 cm diameter)

**LARGE SPILLS (greater than 10 cm diameter):**
Collect cleaning materials and equipment and use the “spills kit”.
Wear disposable gloves, eyewear and a plastic apron.

The brand of plastic apron is: .................................................................
The plastic apron supplier is: .................................................................
Tel: .................................. Fax: .................................. Email: ..............................
The area of the spill is covered with granular absorption material and left for 3-10 minutes, depending on manufacturer’s instructions.
The brand of granular absorption agent is: .................................................................
The granular absorption agent supplier is: .................................................................
Tel: .................................. Fax: .................................. Email: ..............................
Use the disposable scraper (e.g. cardboard) with a pan to scoop up granular material and any unabsorbed blood or body substances. All contaminated items are then placed into an impervious container (e.g. plastic bag) for disposal in the contaminated waste.

The brand of impervious container is: ________________________________
The impervious container supplier is: ________________________________
Tel: __________________________ Fax: ___________________________ Email: __________________________

Then wipe the area with absorbent paper towelling to remove any remaining blood and the paper placed in the impervious container for disposal. Wash hands thoroughly with an antimicrobial soap. Mop the area with warm water and detergent. If contact with bare skin is likely, disinfect the area by wiping with sodium hypochlorite 1000 ppm available chlorine and allow to dry. (table 7.1 CDNA 2004) Clean and disinfect bucket and mop with 1000 ppm available chlorine.

From 5% hypochlorite:
In order to make a 1:1,000 dilution, dilute one part of 5% hypochlorite with 50 parts water (1ml hypochlorite to 50 ml water)

From 1% hypochlorite:
In order to make a 1:1,000 dilution, dilute one part of 1% hypochlorite with 9 parts water (1ml hypochlorite to 9ml water).

Then dry and store bucket and mop in_______________________________. Before reuse, clean reusable eyewear with detergent.
### Form 6.1 CPR Instruction

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<th>Date</th>
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# Appendix Chapter 6: Photographic – Diagrammatic Explanation

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7. QUALITY CONTROL MECHANISMS

In order to evaluate whether systematic operating procedures are being adhered to, it is necessary to provide mechanisms for assessment. Self-assessment is the critical appraisal and analysis of practice performance and the subsequent creation of systems to ensure consistency and quality of performance. Self-assessment involves the following features:

- auditing of the practice; and
- creating systems based on the results of the audits.

The four steps in the audit cycle comprise:

- setting standards;
- testing operating procedures against these standards;
- correcting operating procedures where they fall short; and
- re-testing operating procedures to ensure revised standards are now being met.

The audit is performed independently by both the practitioner(s) and involved staff member(s) and results are compared to ensure the interpretation of information is consistent.

Two key aspects in maintaining standards are record keeping and performance monitoring.

7.1 RECORD KEEPING

7.1.1 Patient records

Maintaining a range of records through routine and contemporaneous (prepared at the time) documentation of procedures and processes provides information to satisfy regulatory controls (e.g., Dental Board inspections, radiation monitoring) and forms the basis of reports required by the Defence Committee of ADAVB Inc. if litigation is commenced. Record keeping is discussed in Chapter 1.7

A careful review of the nature, consistency and quality of records created by a practice can also reveal a wealth of information when conducting an overall assessment of this practice.

7.1.2 Monitoring of the sterilisation process

Maintain documentary evidence of commissioning, calibration, on-going maintenance, validation, and daily procedures. Monitoring of the sterilisation process is discussed in Chapter 4.5.2

View printouts from steriliser cycles for verification of correct sterilisation parameters during the cycle. Retain printouts for 7 years to provide verification that correct cycle parameters have been met. Printers can be installed on both dry heat and steam heat type sterilisers.

Systematically file and store the printouts in ………………………………………………………………..

Indicator strips should be viewed prior to storage of instruments to ensure the instruments have passed through a sterilisation cycle.
Both positive and negative results are recorded. The person responsible for resterilising where a negative result is obtained is: .................................................................

Where a negative test is recorded, the steriliser is not used until serviced. The steriliser is serviced as soon as possible, after which biological testing is again carried out and the results recorded.

The steriliser service agent used is: .................................................................

Tel: ........................................ Fax: ........................................ Email: ........................................

Note: this is outlined in chapter 4

7.1.3 Electrical Equipment

Electrical equipment in the surgery must undergo annual checks.

The electrician used is: .................................................................

Tel: ........................................ Fax: ........................................ Email: ........................................

7.2 INITIAL AUDIT

7.2.1 Infection Control Audit

This is undertaken after reading and completing these SOP to provide a check on the practice’s compliance with its customised version of the Systematic Operating Procedures. Form 7.2 provides an example of such an audit.

7.2.2 Waste Management Audit

The policy of this practice aims to:

- reduce waste generated; and
- recycle and make purchasing as environmentally friendly as possible.

During the course of completing these SOP, a Waste Management Audit will be completed to aid in the implementation of these aims. (Form 5.1)
7.3 CHECKLISTS

Various different checklists can be developed for the practice. The procedures monitor is an example of such a checklist. They act as reminders or prompt to ensure tasks are undertaken and completed. The checklists are devised by the staff members to ensure:

- occupational health and safety, legal, ethical and moral obligations are realised;
- standards are maintained;
- efficiencies are achieved with each task being carried out the same way each time it is performed (consistency and repetition); and
- a record is kept of the procedure.

Checklists can be created as a result of “brain-storming” sessions at staff meetings, over a number of weeks. The material can be refined and circulated for further input by staff, before being trialled and implemented.

Checklists focus on attention to detail, which is essential to ensure the smooth running of the practice.

7.3.1 Procedure (or performance) monitor

The procedures monitors may include items relating to:

- Instrument sterilisation and validation of the sterilisation process
- Equipment maintenance
- Building maintenance
- Patient administration
- Provision of supplies
- Start of day, between patients, end of day, weekly, monthly, quarterly, annual procedures..

The procedures monitor is a record of the tasks undertaken by the staff. These should be maintained and stored in ...

If developed effectively, a procedures monitor can:

- create consistency in service delivery;
- define for employees what is required and acceptable;
- also provide a guide to the duty statement of the staff member;
- improve performance; and
- provide on-going reinforcement (by maintaining a higher standard in the practice, employee satisfaction increases, as does staff co-operation.)

Form 3.3 provides an example of a procedures monitor.
7.3.2 Occupational Health and Safety Update

In maintaining a safe working environment, the following features must be acknowledged and implemented:

- An intruder duress alarm system is installed and located.
- Fire extinguishers are in place and located.
- The person trained in the use of the extinguishers is.
- Smoke detectors are installed and located.
- The smoke detectors are tested every.
- Good posture is practiced at all work places.
- The compressed gases are securely restrained: e.g. N₂O, O₂, CO₂.
- All passage ways are unobstructed.
- An earth leakage system is used in the electrical switch board.
- A backwash system is installed in the plumbing.
- A system is in place to report and act on Hazards in the work place. These are brought to the attention of the SOP Officer.

7.3.3 Verification

Verification is the confirmation by a second party of suitable completion of a task.

On a weekly basis the procedures monitor sheets are handed to (practice principal or practice manager) for checking and filing.

If tasks have not been completed, make staff aware and rectify the situation.

1. A review of procedures monitor is conducted on a regular basis to ensure:
   - the checklists are up to date;
   - new tasks are added as they are introduced;
   - checks being undertaken are achieving the desired result; and
   - efficiency is being maintained.
2. A second level of verification occurs with checks between the dentist and dental assistant to ensure changes within the delivery of treatment are being adhered to by all staff members. This is discussed at staff meetings. Also the dental assistant confirms essential items with the dentist, such as the type and concentration of local anaesthetic being administered at the time of administering local anaesthetic.

3. Verification also includes the validation of the sterilisation process by spore testing, printout or chemical change.

4. When items of increased risk are noted, bring these to the attention of the principle or SOP officer. The Hazard Alert Pro forma is completed and appropriate action taken i.e. the control measures required to eliminate or minimise the risk of injury arising from the identified hazard.

The designated person to manage the Hazard Alert Pro forma is: .................................................................

-------------------------------------------------------------------------------------------------------------------------------------

**Form 7.1 Hazard Alert Pro forma**

<table>
<thead>
<tr>
<th>DATE</th>
<th>HAZARD list the hazards that could cause injury</th>
<th>RISK CONTROL MEASURES List the control measures required to eliminate or minimise the risk of injury arising from the identified hazard.</th>
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7.4 THE DENTAL PRACTICE BOARD OF VICTORIA INSPECTION OF PRACTICES

(Adapted from IDPBV Bulletin No. 3 – February 2003)

It has been suggested that some dental care providers are taken by surprise when they receive a visit from the Board’s Investigative Officer: not merely by the fact of the visit, but even more by the form that the visit takes and, in particular, the questions that the Investigative Officer asks. It is important to note that the purpose of these inspections is to enable the Board to be satisfied that the practice standards minimise patient risk. It is not to catch people out. The Board has no vested interest in surprising practitioners or finding fault. For that reason the "checklist" used by the Investigative Officer when carrying out inspections of practices has been included.

This document gives a general view of the sorts of questions the Investigative Officer is likely to ask. It is not intended to be exhaustive. Obviously the answer to one question often determines what the next question will be. For that reason alone, no one should be surprised if the questions they are asked differ from those listed here. Nevertheless, read in conjunction with the Board’s established policies on infection control and record keeping, this list gives a good idea of what areas are likely to be covered by an inspection.

7.4.1 Documents

- Is there a Practice Manual?
- Is there a copy of the CDNA publication Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care setting?
- Is there a copy of Australian Standard 4815, Office-based Health Care Facilities not Involved in Complex Patient Procedures and Processes: cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment and maintenance of the associated environment?
- Does the practice have a Privacy Policy?

7.4.2 Staff

- Have all staff of the practice read the documents named above?
- Have all dental assistants received accredited training in Infection Control?

7.4.3 Premises

- Are the premises clean and hygienic?

7.4.4 Personal Hygiene: Provider & Assistant

- Is there a Vaccination Record for each member of staff?
- Is there an Allergy Record for each member of staff?
- Are there established protocols for handwashing before gloving and after degloving?
- Are there established protocols for the use, changing and disposal of gloves?
- Are there established protocols for changing protective gowns and masks?
- Is protective eyewear worn by staff and by patient?
- Is there an established protocol for dealing with needle-stick injuries?
7.4.5 Surgery

- Does the surgery have defined "clean zones" and "contaminated zones"?
- Are adequate plastic barriers in use?
- Are there established procedures for dealing with surface disinfection and decontamination?
- Are there established procedures for dealing with contaminated spills?

Equipment

- Do protocols exist for:
  - Anti-retraction valve testing?
  - Waterline management?
  - Suction management?
  - Sterile procedures?
  - Air abrasion (aerosol)?
  - Laser hygiene?

- What arrangements exist for the storage of single-use instruments?
- What arrangements exist for the storage of reusable instruments?
- What arrangements exist for the storage of local anaesthetic and other restricted substances?
- Are there protocols in place for the transfer of instruments/materials in surgery?
- Are there protocols in place for the transfer of instruments/materials out of surgery?
- Is a rubber dam used for all endodontic procedures, other than a justifiable "one-off" procedure?
- What waste disposal arrangements exist:
  - for sharps?
  - contaminated material?
  - liquids?
  - amalgam?
- Is all radiation equipment registered?
- Do all operators have licenses?

7.4.6 Sterilising/Disinfecting Area

- Is there a clear division between "clean" and "dirty" zones?
- Are there separate sinks for washing hands and instruments?

Personal Protection

- Are heavy-duty gloves available?
- Are waterproof aprons available?
- Are masks available?
- Is eye protection available?
- Are there protocols in place for cleaning, drying and packaging reusable instruments?
Equipment

- Are there protocols in place for the use and maintenance of:
  - Mechanical washers?
  - Ultrasonic cleaners?
  - Heat sealers?
  - Steam heat sterilisers?
- Is there supporting documentation i.e. calibration, validation, printouts, log books?
- Are there data bulletins and material safety data sheets for all chemical agents?
- Does the practice use glutaraldehyde?

7.4.7 Laboratory

- What arrangements exist for the decontamination of impressions?
- What barrier techniques are employed?
- What surface disinfection/decontamination is used?
- What arrangements exist for management of buffs, pumice and polishing trays?

7.4.8 Records

- Does the patient’s record include a medical history?
  - Is it updated?
- Are the circumstances of the patient’s informed consent recorded?
- What precautions are taken to protect the confidentiality of patient records?
- Is there an odontogram for every patient?
- Is the periodontal condition recorded for every patient?
- Is the mucosa condition recorded for every patient?
- Are special tests and their results recorded?
- Does the patient record include treatment details and complications?
- Are Schedule 4 drugs properly recorded?
- Does the record include payment details?
- What arrangements are made for storage of radiographs?
- Do computer records comply with Board’s requirements?
7.5 SUMMARY

The establishment of these systems integrate together to act as a focus of verification i.e. are the jobs being undertaken with the desired result? Has efficiency been maintained? Do these systems translate into increased profitability now that the job has been done quicker, and is more predictable whilst still maintaining the Occupational Health and Safety perspective? If there is a failure to comply in any of the fields, appropriate change should be instituted. Staff meetings are required to update and change these lists. It must be emphasised to potential staff members, when being interviewed to fill a position, that the procedures monitor indicates and forms a basis for the duty statement. These duties may change as the statements are amended in consultation with staff.

Finally, remember practice patient oriented treatment, do not run a treatment oriented practice. These self-assessment mechanisms establish a base standard which must constantly be reviewed.

Form 7.2 Initial Audit

Use this audit as a checklist to ensure the elements of the Systematic Operating Procedures 2005, A Manual for Infection Control and Occupational Health and Safety in Dental Practice, have been understood and put into practise.

<table>
<thead>
<tr>
<th>Chapter 1</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>1. Have all staff at your practice read and understood the SOP Manual?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Has the SOP Manual been completed in every detail according to your practice protocols?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Have all accompanying forms been customised to your practice and are in use?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Have all staff completed the induction record sheet (form 1.4.1)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Have staff who have been listed on the induction form been provided with an Induction Certificate (form 1.4.5)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Have all staff been vaccinated as per the vaccination list (form 1.4.2)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Have all staff signed the practice confidentiality declaration (form 1.5)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Do all patients sign a confidentiality release to allow transfer of patient dental information to other consulting practitioners (form 1.6)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. Do all staff (where practicable) attend regularly scheduled staff meetings?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Are standard precautions observed by you and your staff?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Chapter 2

11. Have you developed a protocol for staff and patients with latex allergy? | Yes | No |

Chapter 3

12. Have kits been developed for dental procedures? | Yes | No |

13. Has a protocol been developed for the safe use of local anaesthetic needles to prevent needlestick injuries? | Yes | No |
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.</td>
<td>Have you agreed on a suitable disinfection procedure for prosthodontic work received from and sent to your external laboratory?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Has a procedures monitor been adapted for use in this practice?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chapter 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Have you developed a protocol, using a suitable flow pattern for cleaning and sterilising instruments?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chapter 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Have you implemented a waste management program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chapter 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Do you have written procedures with emergency contact numbers for sharps injuries and mucosal splashes clearly on display in the IRC?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Do you and your staff attend regular (at least yearly) CPR instruction?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Do you have spillage kits available to clean biologically contaminated material spills?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chapter 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Where you have answered “No” to any of the above questions, suitable reasons can be detailed below for future reference by practice staff.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. APPENDIX

8.1 SUPPLIERS

We have identified the following items and suppliers for those items required to fulfil the implementation of the SOP Manual.

<table>
<thead>
<tr>
<th>Section</th>
<th>Item</th>
<th>Our supplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2.2</td>
<td>Neutral pH handwashing liquid</td>
<td></td>
</tr>
<tr>
<td>2.2.2</td>
<td>Antimicrobial soap/skin cleanser</td>
<td></td>
</tr>
<tr>
<td>2.2.3</td>
<td>Brushes – fingernail, steam sterilisable</td>
<td></td>
</tr>
<tr>
<td>2.2.3</td>
<td>Alcoholic chlorhexidine</td>
<td></td>
</tr>
<tr>
<td>2.2.5</td>
<td>Waterproof dressing</td>
<td></td>
</tr>
<tr>
<td>2.2.6.1</td>
<td>Gloves, nonsterile</td>
<td></td>
</tr>
<tr>
<td>2.2.6.2</td>
<td>Gloves, sterile</td>
<td></td>
</tr>
<tr>
<td>2.2.6.4</td>
<td>Gloves, utility</td>
<td></td>
</tr>
<tr>
<td>2.2.7.1</td>
<td>Hand cream</td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>Uniforms</td>
<td></td>
</tr>
<tr>
<td>2.4.1</td>
<td>Protective staff gowns and aprons</td>
<td></td>
</tr>
<tr>
<td>2.4.1</td>
<td>Patient wraps (gowns or aprons)</td>
<td></td>
</tr>
<tr>
<td>2.4.2</td>
<td>Sanitary laundry detergent</td>
<td></td>
</tr>
<tr>
<td>2.4.3</td>
<td>Staff protective eyewear</td>
<td></td>
</tr>
<tr>
<td>2.4.3</td>
<td>Patient protective eyewear</td>
<td></td>
</tr>
<tr>
<td>2.4.4</td>
<td>Masks, laser</td>
<td></td>
</tr>
<tr>
<td>2.4.4</td>
<td>Masks, splash proof</td>
<td></td>
</tr>
<tr>
<td>2.4.6</td>
<td>Face shield/ head covering</td>
<td></td>
</tr>
<tr>
<td>2.6</td>
<td>Synthetic rubber dam</td>
<td></td>
</tr>
<tr>
<td>2.6</td>
<td>Rubber dam</td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td>Mucosal disinfectant</td>
<td></td>
</tr>
<tr>
<td>2.7</td>
<td>Dental disinfectant</td>
<td></td>
</tr>
<tr>
<td>3.2.1</td>
<td>A suitable detergent</td>
<td></td>
</tr>
<tr>
<td>3.3.1</td>
<td>Disposable plastic barrier wrap</td>
<td></td>
</tr>
<tr>
<td>3.3.1</td>
<td>Non-disposable steam sterilisable barrier</td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>Item</td>
<td>Our supplier</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>3.3.2</td>
<td>Permanent marking pen</td>
<td></td>
</tr>
<tr>
<td>3.3.3</td>
<td>Label maker</td>
<td></td>
</tr>
<tr>
<td>3.3.3</td>
<td>Labels</td>
<td></td>
</tr>
<tr>
<td>3.3.3.3</td>
<td>Amalgam, composite resin and bonding agent</td>
<td></td>
</tr>
<tr>
<td>3.3.8</td>
<td>Fissure sealant</td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td>Radiographs, automatic processor, developer and fixer</td>
<td></td>
</tr>
<tr>
<td>3.5.1</td>
<td>Radiation monitoring device</td>
<td></td>
</tr>
<tr>
<td>3.9.2</td>
<td>Suction unit detergent</td>
<td></td>
</tr>
<tr>
<td>3.9.3</td>
<td>HPC medium</td>
<td></td>
</tr>
<tr>
<td>3.9.3</td>
<td>Triple syringe tips</td>
<td></td>
</tr>
<tr>
<td>4.3.3</td>
<td>Enzymatic solution</td>
<td></td>
</tr>
<tr>
<td>4.3.3.1</td>
<td>Thermal disinfecter detergent</td>
<td></td>
</tr>
<tr>
<td>4.3.3.2</td>
<td>Ultrasonic cleaner</td>
<td></td>
</tr>
<tr>
<td>4.3.3.2</td>
<td>Ultrasonic solution</td>
<td></td>
</tr>
<tr>
<td>4.3.3.6</td>
<td>Steriliser bags</td>
<td></td>
</tr>
<tr>
<td>4.3.3.6</td>
<td>Steriliser wrap</td>
<td></td>
</tr>
<tr>
<td>4.3.3.6</td>
<td>Sterilising indicator tape</td>
<td></td>
</tr>
<tr>
<td>4.5.1</td>
<td>Steam sterilizer</td>
<td></td>
</tr>
<tr>
<td>4.5.3</td>
<td>Bowie Dick type test</td>
<td></td>
</tr>
<tr>
<td>4.5.7</td>
<td>Steriliser tests supplier</td>
<td></td>
</tr>
<tr>
<td>4.8.3</td>
<td>Non-foaming detergent for suction</td>
<td></td>
</tr>
<tr>
<td>4.9.1</td>
<td>Gutta Percha disinfectant</td>
<td></td>
</tr>
<tr>
<td>4.9.1</td>
<td>Sodium hypochlorite</td>
<td></td>
</tr>
<tr>
<td>6.2.3</td>
<td>Plastic apron</td>
<td></td>
</tr>
<tr>
<td>6.2.3</td>
<td>Absorbing granules</td>
<td></td>
</tr>
<tr>
<td>6.2.3</td>
<td>Impervious container</td>
<td></td>
</tr>
</tbody>
</table>
### 8.2 DEFINITIONS, ACRONYMS

<table>
<thead>
<tr>
<th><strong>ADAVB</strong></th>
<th>Australian Dental Association, Victorian Branch Inc.</th>
</tr>
</thead>
</table>
| **Additional Precautions**    | Additional precautions should be used in addition to standard precautions when transmission of infection might not be contained by using standard precautions alone. Additional precautions may be specific to the situation for which they are required, or may be combined where microorganisms have multiple routes of transmission. They are used for patients with:  
  - Multiple antibiotic Resistant Staphylococcus aureus (MRSA);  
  - Creutzfeldt-Jacob disease (CJD);  
  - active pulmonary tuberculosis; or  
  - where there is an established risk of transmission of infection regardless of the nature of the procedure being undertaken; or  
  - where the procedure itself carries an established risk of aerosolisation, blood accident or staff/patient injury. Additional precautions are not required beyond standard precautions for patients with blood borne viruses such as HIV, hepatitis B or C, unless there are complicating factors present, such as pulmonary tuberculosis. |
<p>| <strong>ANCA</strong>                      | Australian National Council on AIDS                          |
| <strong>ARPNSA</strong>                    | Australian Radiation Protection &amp; Nuclear Safety Agency       |
| <strong>AS</strong>                        | Standards Australia                                          |
| <strong>ASCIA</strong>                     | Australian Society of Clinical Immunology and Allergy        |
| <strong>Aseptic techniques</strong>        | The instruments, drapes and gloved hands of the surgical team are sterile, as is the entire operating room and the air free of viable microorganisms. |
| <strong>Audit</strong>                     | Systematic, critical analysis of medical care, including the procedures for diagnosis and treatment, the use of resources, and the resulting outcomes and quality of life for the patient. (Department of Health – London) |
| <strong>Autoclave</strong>                 | A term for a steam steriliser                                 |
| <strong>BCG vaccine</strong>               | A vaccine, which consists of a live attenuated strain of Mycobacterium bovis, for Tuberculosis. |
| <strong>Bioactive</strong>                 | Microorganism contaminated debris                             |
| <strong>Bioburden</strong>                 | Biologically active (microbially contaminated) debris on instruments before cleaning |
| <strong>Biofilm</strong>                   | A layer of material on the surface of an instrument or device which contains biological materials and in which microorganisms may be embedded. |
| <strong>Biological indicator</strong>      | Inoculated carrier, contained within its primary pack, ready for use, that provides a defined resistance to the specified sterilisation process. |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calibration</strong></td>
<td>The comparison of a measurement system or device of unknown accuracy to a measurement system or device of a known accuracy to detect, correlate, report, or eliminate by adjustment, any variation from the required performance limits of the unverified measurement system or device.</td>
</tr>
<tr>
<td>Cfu</td>
<td>Colony forming units</td>
</tr>
<tr>
<td><strong>Chemical indicator</strong></td>
<td>Dye, which can be impregnated into materials or contained within a device, and which changes colour when subjected to the sterilising process.</td>
</tr>
<tr>
<td><strong>CJD</strong></td>
<td>Creutzfeldt Jacob disease – subacute spongiform encephalopathy</td>
</tr>
<tr>
<td><strong>Cleaning</strong></td>
<td>Removal of soil and reduction in microorganism numbers from a surface, by a process such as washing in detergent without prior processing.</td>
</tr>
<tr>
<td><strong>CMV</strong></td>
<td>Cytomegalovirus</td>
</tr>
<tr>
<td><strong>Commissioning</strong></td>
<td>The initial calibration of the steriliser.</td>
</tr>
<tr>
<td><strong>CPR</strong></td>
<td>Cardiopulmonary resuscitation</td>
</tr>
<tr>
<td><strong>“Critical” instruments</strong></td>
<td>Instruments used for penetration into sterile tissue, cavity or blood stream. The instruments must be sterile.</td>
</tr>
<tr>
<td><strong>Cross-contamination</strong></td>
<td>The transfer of microorganisms from one item or person to another item or person.</td>
</tr>
<tr>
<td><strong>DPBV</strong></td>
<td>The Dental Practice Board of Victoria</td>
</tr>
<tr>
<td><strong>Decontamination</strong></td>
<td>A process used to make articles safe to handle by removing soil and microorganisms from the surface. This procedure cleans the surface by removing bioburden.</td>
</tr>
<tr>
<td><strong>Defence Committee</strong></td>
<td>A Committee of the ADAVB Inc.</td>
</tr>
<tr>
<td><strong>Detergent</strong></td>
<td>A solution used for cleaning</td>
</tr>
<tr>
<td><strong>Disinfection</strong></td>
<td>The inactivation of non-sporing microorganisms using either thermal (heat alone or heat and water) or chemical means.</td>
</tr>
<tr>
<td><strong>DNA</strong></td>
<td>Deoxyribose Nucleic Acid</td>
</tr>
<tr>
<td><strong>EPA</strong></td>
<td>Environment Protection Authority</td>
</tr>
<tr>
<td><strong>Exposure Prone Procedures</strong></td>
<td>Broadly speaking, where there is a potentially high risk of transmission of blood borne disease from health care workers to patient during medical or dental procedures. A subset of “invasive procedures”, generally characterised by the potential for direct contact between the skin of the health care worker and sharp surgical instruments, needles or sharp tissues.</td>
</tr>
<tr>
<td><strong>Hand antimicrobial</strong></td>
<td>Skin disinfectant used for washing hands.</td>
</tr>
<tr>
<td><strong>HIV</strong></td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td><strong>HPC medium</strong></td>
<td>Heterotrophic plate count. An in-office test to monitor the bacteria levels in dental unit water.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Iatrogenic infection</td>
<td>The term is applied to any adverse condition in a patient occurring as the result of treatment by a physician, surgeon or dentist.</td>
</tr>
<tr>
<td>ICC</td>
<td>Infection Control Committee of the ADAVB Inc.</td>
</tr>
<tr>
<td>ICRP</td>
<td>International Commission on Radiological Protection</td>
</tr>
<tr>
<td>Invasive Procedures</td>
<td>Any procedure that pierces skin or mucous membrane or enters a body cavity or organ. This includes surgical entry into tissues, cavities or organs, or repair of traumatic injuries. Exposure prone procedures form a sub-set of invasive procedures.</td>
</tr>
<tr>
<td>IRC</td>
<td>Instrument Recirculation Centre</td>
</tr>
<tr>
<td>Kpa</td>
<td>Kilo pascal</td>
</tr>
<tr>
<td>Lumened instruments</td>
<td>Instruments with cavities which trap air.</td>
</tr>
<tr>
<td>Mantoux test</td>
<td>A skin test for Tuberculosis.</td>
</tr>
<tr>
<td>MRSA</td>
<td>Methicillin resistant Staphylococcus aureus</td>
</tr>
<tr>
<td>mSv</td>
<td>Millisievert – a measure of radiation exposure.</td>
</tr>
<tr>
<td>NH&amp;MRC</td>
<td>National Health and Medical Research Council of Australia</td>
</tr>
<tr>
<td>NICNAS</td>
<td>National Industrial Chemicals Notification and Assessment Scheme</td>
</tr>
<tr>
<td>Non-critical instruments</td>
<td>Instruments which come into contact with intact skin. Clean as necessary with detergent and water.</td>
</tr>
<tr>
<td>Nonsterile</td>
<td>Harbours microorganisms which may or may not be pathogenic (disease causing).</td>
</tr>
<tr>
<td>Nosocomial infection</td>
<td>Pertaining to or originating in a hospital</td>
</tr>
<tr>
<td>NRL</td>
<td>Natural rubber latex</td>
</tr>
<tr>
<td>Sterile in the packaging</td>
<td>Instruments which will contact an open wound. These instruments are wrapped to maintain sterility.</td>
</tr>
<tr>
<td>°C</td>
<td>Degrees Celsius</td>
</tr>
<tr>
<td>OH&amp;S</td>
<td>Occupational health and safety</td>
</tr>
<tr>
<td>PPD test</td>
<td>Purified protein derivative of mycobacterium Tuberculosis (Mantoux screening)</td>
</tr>
<tr>
<td>Procedures (performance) monitor</td>
<td>Documentary evidence that tasks have been completed expeditiously.</td>
</tr>
<tr>
<td>Psi</td>
<td>Pounds per square inch</td>
</tr>
<tr>
<td>QA</td>
<td>Quality Assurance – ensuring a suitable standard has been achieved.</td>
</tr>
<tr>
<td>Recommissioning</td>
<td>Periodic servicing and calibration of sterilisers.</td>
</tr>
<tr>
<td>Reuse life</td>
<td>The amount of time a solution can be used and reused as it is challenged with instruments that are wet or coated with bioburden.</td>
</tr>
<tr>
<td>Risk management</td>
<td>Prevention of hazards and problems in the workplace.</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Scheduled medications (S8, S4, S2)</td>
<td>Defined in the Victorian Drugs, Poisons and Controlled Substances Act 1981</td>
</tr>
<tr>
<td>S8 medications</td>
<td>Poisons to which the restrictions recommended for drugs of dependence by the 1980 Australian Royal Commission of Inquiry into Drugs should apply. The Schedule includes morphine, certain amounts of codeine phosphate, oxycodone, pethidine, barbiturates, dextromoramide, fentanyl.</td>
</tr>
<tr>
<td>S4 medications</td>
<td>Poisons that are, in the public interest, restricted to medical, dental or veterinary prescription or supply, together with substances or preparations intended for therapeutic use, the safety or efficacy of which requires further evaluation. The Schedule includes antibiotics, local anaesthetics (both topical and for injection), tranquillisers, corticosteroid preparations.</td>
</tr>
<tr>
<td>S2 medications</td>
<td>Poisons for therapeutic use that are available to the public only from pharmacies, or where there is no pharmacy service available, from persons licensed to sell Schedule 2 poisons.</td>
</tr>
<tr>
<td>Self-assessment</td>
<td>Critical appraisal and analysis of practice performance and the subsequent creation of systems to ensure consistency and quality of performance.</td>
</tr>
<tr>
<td>Semi-critical instruments</td>
<td>Instruments which come into contact with intact mucosa (or non-intact skin). Sterilisation is preferred where possible.</td>
</tr>
<tr>
<td>Sharps</td>
<td>Any objects capable of inflicting penetrating injury, and includes needles, scalpel blades, wires, trocars, auto lancets, stitch cutters and broken glassware.</td>
</tr>
<tr>
<td>Shelf life</td>
<td>The time that a product may be stored safely; beyond this time the product should not be used.</td>
</tr>
<tr>
<td>SOP</td>
<td>Systematic Operating Procedures - Infection Control in Dental Practice.</td>
</tr>
<tr>
<td>Standard Precautions</td>
<td>These are the work practices required for the basic level of infection control. Standard precautions require everyone to assume that all blood and body substances are potential sources of infection, independent of perceived risk. Standard precautions are recommended for the treatment and care of all patients, and apply to all body fluids, secretions and excretions (including sweat), regardless of whether they contain visible blood (including dried body substances such as dried blood and saliva), non-intact skin and mucous membranes. Standard precautions include good hygiene practices, particularly washing and drying hands before and after patient contact, use of protective barriers which include gloves, gowns, plastic aprons, masks, eye shields or goggles, appropriate handling and disposal of sharps and other biocontaminated or infectious waste and the use of aseptic techniques. (Effective against HIV, hepatitis B &amp; C)</td>
</tr>
<tr>
<td>Sterile</td>
<td>Having undergone the process of sterilisation.</td>
</tr>
<tr>
<td>Sterilisation</td>
<td>Complete destruction of all microorganisms, including spores with the use of a validated process.</td>
</tr>
</tbody>
</table>
Sterilisation time | The total time required to sterilise instruments after the sterilising chamber has reached the sterilising temperature. It is the sum of the:
- **penetration time** – the time required for all parts of the instruments to reach the sterilising temperature,
- **holding time** – the minimum time that has been determined to be required to kill all microorganisms,
- **safety factor** – additional time added to the sterilising time to ensure destruction of all microorganisms. It is calculated to be 25% of the holding time.

| Stratification | Trapping of air that acts as insulation, thereby retarding sterilisation.

| Use life | Life expectancy for a solution once it is activated but not actually put into use with contaminated items.

| Validation | A programmed series of checks and challenges, repeated periodically, and carried out using a documented protocol, which demonstrates that the process studied is both reliable and repeatable for the purpose for which it is being used.

| Verification | Confirmation by a second party of the completion of a task.

| VZIG | Varicella Zoster Immunoglobulin. A vaccine given to pregnant health care workers within 96 hours of exposure to Varicella Zoster Virus (Chickenpox or Shingles)

| VZV | Varicella Zoster Virus (Chickenpox and Shingles)
8.3 REFERENCES

8.3.1 Texts

8.3.1.1 Australian Government Publications

- The Australian Immunisation Handbook, 8th edition, NHMRC, (2003);
- Guidelines for dental treatment; dentistry and pregnancy (AGPS Cat. 93 15185);
- Dental anaesthetic gases: hazards and hygiene (Pamphlet, 1984);
- Code of Practice for Radiation Protection in Dentistry (1987). The NHMRC has rescinded this publication in accordance with its policy of reviewing documents published more than 10 years ago. The NHMRC policy with regard to rescinded documents/publications can be found at www.nhmrc.gov.au. ARPANSA has taken over responsibility of the review process for this publication;
- Prescribing Medicines in Pregnancy, 4th edition, TGA,(2000);
- Dental amalgam - Filling You In (Brochure) 2002; and

8.3.1.2 Others


Matthews, J.B., “Risk Management in Dentistry”, Wright, 1996


Australian Society of Clinical Immunology and Allergy (ASCIA) references available http://www.allergy.org.au/

ADAVB Inc. Human Resources Manual, 1998 as updated


Organisation for Safety and Asepsis Procedures (OSAP ) http://www.osap.org/


## 8.3.2 Journals 1994 to February 1999

### 8.3.2.1 ADAVB Inc.

An index of articles relating to infection control found in the ADAVB Newsletter, dating from 1994 to February 1999.

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerosols and Infection Control Precautions</td>
<td>Apr-95</td>
<td>p.31,32</td>
</tr>
<tr>
<td>AHMAC Pilot Project</td>
<td>Apr-96</td>
<td>p.5, Dec-96 p.6,7, Mar-97 p.5</td>
</tr>
<tr>
<td>AIDS</td>
<td>Apr-97</td>
<td>p.5</td>
</tr>
<tr>
<td>Anti-Coagulant Therapy, Dental Management of Patients on</td>
<td>Nov-95</td>
<td>p.20,21</td>
</tr>
<tr>
<td>Anti-Discrimination Law</td>
<td>May-96</td>
<td>p.11</td>
</tr>
<tr>
<td>Antimicrobial Agents (Selected), Mechanisms of Action, etc</td>
<td>Jun-96</td>
<td>p.18,21, Jul-96 p.14-20</td>
</tr>
<tr>
<td>Backflow Prevention Update</td>
<td>Apr-98</td>
<td>p.5, Dec-98 p.8, p.19</td>
</tr>
<tr>
<td>Biomedical Wastes in Victoria, Management and Disposal</td>
<td>Feb-94</td>
<td>p.18, Mar-94 p.27</td>
</tr>
<tr>
<td>Book Reviews</td>
<td>Mar-95</td>
<td>p.22,23</td>
</tr>
<tr>
<td>Cosmetic Tattooing</td>
<td>Jul-94</td>
<td>p.6</td>
</tr>
<tr>
<td>Cystic Fibrosis and Dentistry</td>
<td>Jun-95</td>
<td>p.29</td>
</tr>
<tr>
<td>Dental Unit Waterlines</td>
<td>Mar-96</td>
<td>p.26,27</td>
</tr>
<tr>
<td>Dr Rella Christensen: an interview</td>
<td>May-95</td>
<td>p.27,28</td>
</tr>
<tr>
<td>Drugs, Poisons and Controlled Substances Legal requirements</td>
<td>Sep-94</td>
<td>p.12,13</td>
</tr>
<tr>
<td>Gloves, The Use of Powdered Gloves</td>
<td>Aug-97</td>
<td>p.14,15</td>
</tr>
<tr>
<td>Glove perforations during double-gloving</td>
<td>Jun-95</td>
<td>p.23</td>
</tr>
<tr>
<td>Glutaraldehyde</td>
<td>Mar-94</td>
<td>p.17, Jul-95 p.16,17</td>
</tr>
<tr>
<td>Hazardous Substances in the Workplace</td>
<td>Nov-95</td>
<td>p.8,9</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Oct-94</td>
<td>p.27,28</td>
</tr>
<tr>
<td>HIV</td>
<td>Dec-97</td>
<td>p.5</td>
</tr>
<tr>
<td>HIV Infected Blood among dental workers, Percutaneous exposure</td>
<td>Feb-95</td>
<td>p.21,22</td>
</tr>
<tr>
<td>Hypertensive patient, Management of</td>
<td>Jul-95</td>
<td>p.20-22</td>
</tr>
<tr>
<td>Immunisation - What should we do?</td>
<td>Dec-96</td>
<td>p.21</td>
</tr>
<tr>
<td>Improving Productivity: a starting point in dental practice</td>
<td>Dec-96</td>
<td>p.23</td>
</tr>
<tr>
<td>Infection Control Products: Congress '95</td>
<td>Sep-95</td>
<td>p.26,27</td>
</tr>
<tr>
<td>Infection Control, The Cost of</td>
<td>Jul-95</td>
<td>p.29</td>
</tr>
<tr>
<td>Infection Control: Self-assessment audit (plus insert)</td>
<td>Aug-95</td>
<td>p.16,17</td>
</tr>
<tr>
<td>Infection Control in the Dental Laboratory</td>
<td>Jun-95</td>
<td>p.31,32</td>
</tr>
<tr>
<td>Infection Control in Office Practice</td>
<td>Sep-94</td>
<td>p.23,24</td>
</tr>
<tr>
<td>Infectious Diseases, Trends</td>
<td>Mar-97</td>
<td>P 26</td>
</tr>
<tr>
<td>Injuries, History in the Dental Industry</td>
<td>May-96</td>
<td>P 16</td>
</tr>
<tr>
<td>Injury Prevention Campaign</td>
<td>Sep-95</td>
<td>p.27</td>
</tr>
<tr>
<td>L A Injection Techniques</td>
<td>Sep-94</td>
<td>p.16,17</td>
</tr>
<tr>
<td>Lead Apron</td>
<td>Feb-95</td>
<td>p.16</td>
</tr>
<tr>
<td>Lead Apron Debate</td>
<td>Nov-97</td>
<td>p.16</td>
</tr>
<tr>
<td>Leukemia, Chronic Lymphocytic</td>
<td>Aug-97</td>
<td>p.16,17</td>
</tr>
<tr>
<td>Material Safety Data Sheets</td>
<td>Oct-94</td>
<td>p.6</td>
</tr>
<tr>
<td>Needle stick injuries, Management of</td>
<td>Jun-95</td>
<td>p.10, Nov-96 p.19</td>
</tr>
<tr>
<td>Needlestick and Sharps Injury Help Line</td>
<td>May-97</td>
<td>p.5, Feb-98 p.11, Mar-98 p.20</td>
</tr>
<tr>
<td>Nitrous Oxide</td>
<td>Dec-97</td>
<td>p.15,16</td>
</tr>
<tr>
<td>Occupational Exposure to HIV Infection</td>
<td>Dec-97</td>
<td>p.5</td>
</tr>
<tr>
<td>Oral Medicine</td>
<td>Feb-96</td>
<td>p.13,14</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>Oct-94</td>
<td>p.9,10</td>
</tr>
</tbody>
</table>
Practice Administration: OH&S - Building a Better Team

Dec-95 p.22,23

May-96 p.27,28

Feb-96 p.30,31

May-98 p.5

Apr-96 p.27

Quality Management of Dental Materials

Nov-96 p.18

Radiographs, Predictable Intra-Oral

Dec-95 p.18-20

Radiographic Equipment

Aug-97 p.21

Risk Management in Health Care Practices

May-96 p.23

Spatter and aerosol contamination during dental procedures

Oct-94 p.18

Sterilisation of Impressions

Aug-94 p.23,25

Trends in Dental Practice Manager Courses

Jun-96 p.27,28

Tuberculosis Update

Sep-95 p.32

What a Waste!

Jul-94 p.27,28

Waste Management

Nov-97 p.5

Water Backflow

Sep-96 p.12,13

8.3.2.2 ADA Inc.

An index of articles relating to infection control found in the ADA Bulletin, dating from 1995 to February 1999.

CJD and dentists

Feb-95 p.46

Creutzfeldt-Jakob Disease (CJD) – NH&MRC Guidelines

Apr-96 p.26

Dental products – your legal obligations

Apr-97 p.10

Dental Unit Water Quality

Apr-96 p.11

Dental Unit Waterlines

Feb-98 p.14

Disinfectants – Classification of

Dec-98 p.7

Exposure prone procedures – risk reduction techniques

Jul-97 p.30

Fluoride – Limits of content in toothpaste

Nov-98 p.5

Gloves, Examination and surgical gloves – conforming with Australian Standards

Mar-98 p.37

Glutaraldehyde – WorkSafe clears glutaraldehyde

Feb-95 p.6

Hepatitis C risk appears low

Dec-96 p.25

HIV – Are you afraid of contracting HIV from infected patients?

Nov-97 p.5

HIV – Dentists and the Australian Society for HIV Medicine

Aug-97 p.17

HIV – Oral lesions and HIV infection

Feb-97 p.12

HIV – Review of common medications used in the treatment of HIV infections

May-97 p.43

HIV Discrimination cases

Feb-98 p.9

Immunisation for dentists

Nov-98 p.10

Infection Control – Dental Practice Survey ‘93

Nov-95 p.43

Infection Control – legal aspects

Jul-97 p.7

Infection Control and laboratory work

Feb-98 p.44

Infection Control guidelines

Mar-97 p.3

Mycobacterium tuberculosis update for dentistry

Jul-97 p.17

NH&MRC Guidelines – Infection Control in the health care setting

Jul-96 p.7

Resuscitation in the dental surgery

Feb-99 p.24

Re-use of single use items

Jun-96 p.22

Sterilisation – Establishing the sterilising cycle – Validation and monitoring

Nov-96 p.10

Sterilisers – New regulations

Sep-98 p.13

Storage of instruments

Aug-98 p.8

Waste – disposal of biomedical waste

Dec-96 p.15

Water Backflow - Prevention in the Dental Office

Apr-97 p.6
8.3.3 Journals February 1999 to December 2004

8.3.3.1 ADA VB INC.

An index of articles relating to infection control found in the ADA VB Newsletter, dating from February 1999 to December 2004.

<table>
<thead>
<tr>
<th>Topic</th>
<th>May 99, p.20</th>
<th>Sep 99, p.20</th>
<th>Oct 99, p.20</th>
<th>Feb 00, p.23</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOP questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOP promotion</td>
<td>Jul 00, p.19</td>
<td>Aug 00, p.14</td>
<td></td>
<td>Erratum Oct 00, p.16</td>
</tr>
<tr>
<td>Purchase of steam sterilisers</td>
<td>Sep 03, p.6</td>
<td>Dec 04, p.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection control breaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Splashgown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hazardous Substances Regulations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A review of Government statistics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection control self-assessment audit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex allergy in dentistry</td>
<td>May 02, p.9</td>
<td>Nov 04, p.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A timely reminder</td>
<td>Nov 02, p.11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentists and hepatitis C</td>
<td>Jun 03, p.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing bacteria in dental aerosols: pre-procedural use of an antiseptic mouthrinse</td>
<td></td>
<td></td>
<td>Oct 03, p.12</td>
<td></td>
</tr>
<tr>
<td>Immunisation record cards (+inserts)</td>
<td>Mar 04, p.16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instrument tracking</td>
<td>Jul 04, p.18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draft DPBV Infection Control Code</td>
<td>Sep 04, p.7</td>
<td>Oct 04, p.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buying a steriliser</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDNA Infection Control Manual</td>
<td>Nov 04, p.13</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8.3.3.2 ADA INC.

An index of articles relating to infection control found in the ADA INC Federal Bulletin, dating from February 1999 to December 2004.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Resuscitation in the dental surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water for autoclaves</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentists infectious disease status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autoclave compliance</td>
<td></td>
<td></td>
<td></td>
<td>Jul 99, p.9</td>
</tr>
<tr>
<td>CD-ROM Queensland Health – Infection control in oral health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection control and dead ducks!</td>
<td></td>
<td></td>
<td></td>
<td>Jul 99, p.9</td>
</tr>
<tr>
<td>Amalgam separator systems</td>
<td></td>
<td></td>
<td></td>
<td>Aug 99, p.23</td>
</tr>
<tr>
<td>Review of NHMRC ‘Infection control in the health care setting’</td>
<td></td>
<td></td>
<td>Oct 99, p.5</td>
<td></td>
</tr>
<tr>
<td>Enzyme-based validation of steam sterilization</td>
<td></td>
<td></td>
<td></td>
<td>Oct 99, p.18</td>
</tr>
<tr>
<td>Airborne transmission of infection</td>
<td></td>
<td></td>
<td></td>
<td>Nov 99, p.24</td>
</tr>
<tr>
<td>Surgery risk reduction</td>
<td></td>
<td></td>
<td></td>
<td>Dec 99, p.7</td>
</tr>
<tr>
<td>Waste management in dental radiography</td>
<td></td>
<td>Dec 00, p.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection control guidelines – Standards Australia</td>
<td></td>
<td></td>
<td>Feb 00, p.17</td>
<td>Apr 00, p.7</td>
</tr>
<tr>
<td>Dental unit water lines</td>
<td>Apr 00, p.10</td>
<td>May 00, p.12</td>
<td>Jun 00, p.42</td>
<td>Aug 01, p.6</td>
</tr>
<tr>
<td></td>
<td>Dec 00, p.10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse to patient HIV transmission reported</td>
<td></td>
<td></td>
<td></td>
<td>May 00, p.37</td>
</tr>
<tr>
<td>A patient with HIV – the dentist’s role</td>
<td></td>
<td></td>
<td></td>
<td>Jul 00, p.32</td>
</tr>
</tbody>
</table>

SOP – MARCH 2005

CHAPTER 8, PAGE 11
### 8.3.4 The Dental Practice Board of Victoria Bulletins

Infection Control Code of Practice No: C006 Issue Date: 1 March 2005

Dental practitioners should be familiar with all Board publications in the form of codes of practice and information as listed on the DPBV web site, http://www.dentprac.vic.gov.au/publications.asp?doc=2

### 8.3.5 Standards

8.4 EMERGENCY NUMBERS

8.4.1 ADAVB Needlestick Hotline

Ph: 03 9826 3533

8.4.2 Alfred Hospital

On call Infectious Diseases Specialist Ph: 03 9276 2000

8.4.3 Royal Melbourne Hospital

On call Infectious Diseases Specialist Ph: 03 9342 7000

8.4.4 Our nearest accident and emergency centre is:

........................................................................................................................................................
........................................................................................................................................................
Tel: ..................................................................................................................................................
9. CONTINUING PROFESSIONAL DEVELOPMENT REVIEW

INTRODUCTION

Continuing dental education is a vital ingredient of good dental practice. The Dental Practice Board of Victoria has mandated (C005) a minimum requirement of Continuing Professional Development (CPD), in a two-year cycle, for all dental care providers. This requirement includes not less than 3 hours of CPD in the field of Infection Control.

This chapter contains 7 questionnaires – one for each chapter of the book. Completion and return of each questionnaire with at least 9 correct answers will gain 1 hour of Scientific/Clinical – Infection Control CPD. A total of 7 CPD hours can thus be obtained by correctly answering each of the questionnaires. Please note that each questionnaire is assessed on its own, with at least 9 out of 10 correct answers needed on each of the 7 questionnaires required to gain all 7 hours of CPD. Any credit obtained beyond the required 3 hours of Infection Control will be counted towards the general Scientific/Clinical CPD requirement.

Record your answers on the answer form at the end of each questionnaire by circling the correct response and return each form (or a photocopy) to:

Administrative Officer
ADAVB Inc.
PO Box 434
Toorak, VIC, 3142
Or
By fax to: 03 9824 1095

9.1 Chapter 1 Questions

Q1. A successful infection control strategy is based on the following principles:
   a) Appreciation of basic microbiology and modes of disease transmission.
   b) Implementation of work practices which prevent transmission of infection.
   c) Risk minimisation techniques.
   d) All of the above.

Q2. Sterilisation is:
   a) the complete destruction of all microorganisms including spores.
   b) only accomplished with a steriliser.
   c) accomplished with hot water boiler for two hours.
   d) accomplished with microwave ovens.

Q3. Disinfection is:
   a) the preferred method to treat metal instruments.
   b) the inactivation of microorganisms by thermal means alone.
   c) the inactivation of non-sporing microorganisms using either thermal (heat alone, or heat and water) or chemicals.
   d) appropriate for Creutzfeldt-Jacob disease (CJD) patients.

Q4. Systematic Operating Procedures:
   a) enables the dental team to function effectively and efficiently.
   b) is adopted by the Dental Practice Board of Victoria as the legal standard.
   c) is required by the Health and Safety Council of Victoria as the minimum standard.
   d) All of the above.
Q5. Which are the correct terms to be used when describing work practices?
   a) Standard precautions and additional precautions.
   b) Universal precautions.
   c) Standard and non standard precautions.
   d) Additional precautions and infective precautions.

Q6. Instruments classified as critical are those instruments:
   a) which are important to the management of the patient.
   b) which enter or penetrate into sterile tissue, cavity or bloodstream.
   c) which contact intact mucosa or non-intact skin.
   d) which contact intact skin.

Q7. Additional precautions should be used for:
   a) Hepatitis C patients.
   b) HIV patients.
   c) Creutzfeldt-Jacob disease (CJD) patients.
   d) Ross-River Fever patients.

Q8. Patients with active tuberculosis should be treated:
   a) in the dental chair without precautions beyond standard.
   b) with two layers of masks.
   c) using only disposable equipment.
   d) in appropriately equipped hospital or dental facility.

Q9. Staff training is required for:
   a) hygienists and chairside assistants only.
   b) new staff members only.
   c) all members of the dental team on a regular basis.
   d) all members of the dental team except dentists on a regular basis.

Q10. The 2005 “Infection Control Code of Practice No C006” is:
    b) a section in The Dental Practice Act 1999.
    c) a chapter in the Communicable Diseases Network of Australia’s “Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting”.
    d) a description of the Dental Practice Board of Victoria’s approach to infection control.
CHAPTER 1 ANSWER FORM

Name ...........................................................................................................................................

Address ................................................................................................................................. Member No ...........................................................

Completion and return of this questionnaire with at least 9 correct answers will gain 1 Scientific/Clinical
CPD hour towards satisfying Dental Practice Board of Victoria requirements.

Record your answers on the answer form below by circling the correct response and return this
(or photocopy) to the Branch at the following address:
Administrative Officer, ADA Vic Branch Inc, P.O. Box 434, Toorak Victoria 3142 or by fax to 03) 9824 1095

1. A         B                     C                      D
2. A         B                     C                      D
3. A         B                     C                      D
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5. A         B                     C                      D
6. A         B                     C                      D
7. A         B                     C                      D
8. A         B                     C                      D
9. A         B                     C                      D
10. A        B                      C                     D

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□ Credit Card    Card Type:  □ Visa  □ Mastercard  □ Bankcard

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Signature_____________________________________________________________________________

Card number __|__|__|__ / __|__|__|__ / __|__|__|__ / __|__|__|__   Expiry Date:  __/__

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FAX: (03) 9824 1095, www.adavb.com.au, adavbinfo@adavb.com.au

ABN: 80 263 088 594 Reg’d Assoc. No. A0022649E
9.2 Chapter 2 Questions

Q1. Routine handwashing is performed:
   a) after going to the toilet.
   b) after smoking.
   c) before and after eating.
   d) all of the above.

Q2. Routine handwashing involves:
   a) washing in neutral pH soap for 10-15 seconds.
   b) washing in neutral pH soap for 60 seconds.
   c) washing in alkaline pH soap for 60 seconds.
   d) washing in alkaline pH soap for 10-15 seconds.

Q3. Prior to surgical procedures hands are washed in antimicrobial soap/skin cleanser:
   a) for 3 minutes first wash and 5 minutes for each subsequent wash.
   b) in neutral pH soap only for 10-15 seconds.
   c) for 5 minutes first wash and 3 minutes for each subsequent wash.
   d) in neutral pH soap only for 30 seconds.

Q4. Which statement is correct?
   a) Sterile gloves are now mandatory for all procedures.
   b) Sterile gloves are not required for housekeeping duties and general cleaning.
   c) Sterile gloves are necessary to avoid latex allergy.
   d) All used gloves must be disposed of in bioactive waste.

Q5. Latex allergy can be minimised by:
   a) using sterile gloves.
   b) using low-allergen powder-free gloves.
   c) washing gloves after placing them on hands.
   d) avoiding hand creams.

Q6. Uniforms soiled with biological matter should be:
   a) washed in hot water only.
   b) washed in hot water and appropriate detergent.
   c) disposed of in the bioactive waste.
   d) bundled and washed with all other linen.

Q7. Protective eyewear should:
   a) comply with AS/NZS 1336, 1337.
   b) be worn by the dentist.
   c) be worn by the assistant.
   d) All of the above.

Q8. The NHMRC recommends immunisation of health professionals against the following infections:
   a) Hepatitis C Virus.
   b) Herpes Simplex.
   c) Hepatitis B Virus.
   d) Meningococcal C virus.

Q9. Patients allergic to latex should:
   a) never use dental dam.
   b) use non-rubber latex dam when required.
   c) use a rubber based dental dam.
   d) avoid all dental treatment.
Q10. Examination gloves are changed and discarded under the following conditions:
   a) as soon as damage occurs (torn or punctured).
   b) after contact with each patient.
   c) before answering the telephone where the telephone is not covered with a barrier plastic.
   d) all of the above.
CHAPTER 2 ANSWER FORM

Name .................................................................................................................................
Address ............................................................................................................................ Member No .................................................................

Completion and return of this questionnaire with at least 9 correct answers will gain 1 Scientific/Clinical CPD hour towards satisfying Dental Practice Board of Victoria requirements.

Record your answers on the answer form below by circling the correct response and return this (or photocopy) to the Branch at the following address:
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5. A B C D
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7. A B C D
8. A B C D
9. A B C D
10. A B C D

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ABN: 80 263 088 594 Reg’d Assoc. No. A0022649E
9.3 Chapter 3 Questions

Q1. With the layout of the dental office, try to ensure:
   a) treatment areas are within the Instrument Recirculation Centre.
   b) treatment areas are close to administrative areas for convenience.
   c) treatment areas have clearly designated and functionally separate zones.
   d) All of the above.

Q2. Clinical areas are divided into zones to control risk of cross contamination. Which of the following statements is correct?
   a) Items that come in and out of clinical area zone 1 (treatment zone or operating field) must be sterilised, discarded or decontaminated.
   b) Clinical area zone 1 (treatment zone or operating field) are made up of the patient’s mouth, dental light and computer keyboard.
   c) All items in clinical area zone 1 (treatment zone or operating field) that cannot be sterilised must be disposed.
   d) Zone 2 (treatment periphery) areas include handpieces and coupling, headrest and dental light.

Q3. Which of the following statements is correct?
   a) Hospital grade disinfectants are used to clean contaminated surfaces.
   b) Mild alkali detergents are ineffective at removing blood and fat from contaminated surfaces.
   c) Detergents are used to clean contaminated surfaces in the surgery.
   d) Neutral detergents are more effective than alkali detergents at removing blood and fat from contaminated surfaces.

Q4. Items covered by disposable or steam sterilisable barriers, and changed between patients include:
   a) light handles and switches.
   b) curing light.
   c) hand operated chair controls.
   d) all of the above.

Q5. Where disposable barriers are used they should be:
   a) always disposed of as bioactive waste.
   b) removed while gloves are still on.
   c) be pervious.
   d) The item requiring barrier coverage should be wiped with alcohol between patients.

Q6. During restorative procedures:
   a) cotton rolls are the best method of maintaining a dry field.
   b) rubber dam is used wherever possible as an effective measure to limit contamination.
   c) rubber dam is ineffective for class 5 restorations.
   d) high-speed evacuation is not to be used when removing old amalgam restorations.

Q7. When cleaning up after a patient appointment:
   a) it is done systematically, always beginning with the most contaminated areas and working through to the least contaminated.
   b) examination gloves should be worn.
   c) alcohol is the preferred detergent.
   d) All of the above.

Q8. Suction units (aspirators):
   a) should be flushed frequently.
   b) should have their secretions filters cleaned or replaced weekly.
   c) should have non-foaming detergent sucked through weekly.
   d) should be replaced every two years.
Q9. Dental unit waterlines:
   a) should be flushed for 30 seconds at the beginning of each clinic day.
   b) should be flushed for 5 seconds after each patient.
   c) should be fitted with anti-retraction valves.
   d) All of the above.

Q10. Concerning laboratory work, which of the following statements is correct?
   a) Contaminated items can be sent to the laboratory as long as you know the laboratory cleans the items prior to work being carried out.
   b) Impressions should not be rinsed with detergents to avoid distortions.
   c) Old prosthesis are cleaned by scrubbing and rinsing with detergent and water.
   d) Protective apparel is not necessary when processing old prosthesis.
CHAPTER 3 ANSWER FORM

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ABN: 80 263 088 594 Reg’d Assoc. No. A0022649E
9.4 Chapter 4 Questions

Q1. The instrument recirculation centre (IRC):
   a) provides for efficient organisation and storage of infection control equipment and supplies.
   b) minimises the potential for cross-contamination between treatment and non-treatment areas within the dental facility.
   c) increases the efficiency of staff and reduces the risk of injury by adhering to a prescribed traffic flow of instruments through the IRC.
   d) All of the above.

Q2. To test the correct functioning of an ultrasonic cleaner:
   a) place a length of cut aluminium foil in cleaner for 20 seconds and check for small holes.
   b) use ultrasonic cleaner indicators.
   c) use spore testers.
   d) use a thermometer.

Q3. Which of the following statements is correct?
   a) Process indicators prove sterilisation.
   b) Biological indicators are used during the validation process.
   c) Biological indicators should be used with every load.
   d) Results of biological indicators should be kept for 10 years.

Q4. Which of the following statements is incorrect?
   a) During treatment continually try to separate clean instruments and dirty instruments.
   b) Puncture resistant containers should be used to transfer instruments from the surgery to the IRC.
   c) The best way to wipe dirty files and probes is with gauze in the assistant's hand.
   d) Items that are designed for single patient use should be disposed of after use.

Q5. Some of the steps involved in the management of instruments include:
   a) inspection, drying, sterilisation cycle, parametric release.
   b) cleaning, inspection, packaging, class B cycle.
   c) packaging, instrument compliance, storage, distribution.
   d) cleaning, drying, loading, transmetric release.

Q6. Which of the following statements is incorrect?
   a) Safety glasses, heavy-duty gloves, and masks are used when cleaning instruments in the IRC.
   b) Thermal disinfectors and ultrasonic cleaners aid in the cleaning of instruments.
   c) After cleaning, instruments should be dried with paper towels.
   d) Ultrasonics cleaners shall be operated with lids closed.

Q7. Highspeed handpieces should be processed using:
   a) a liquid chemical sterilant.
   b) ethylene oxide.
   c) alcohol wipes.
   d) steam steriliser.

Q8. What method of cleaning uses cavitation to loosen debris from instrument surfaces?
   a) Hand scrubbing.
   b) Ultrasonic cleaning.
   c) Instrument washer.
   d) Bur brush.
Q9. Which of the following statements is incorrect? Monitoring of the packaging process may include checking of:
   a) integrity of seals.
   b) current labelling.
   c) correct colour change of the external chemical indicator.
   d) no growth in the biological indicator.

Q10. Which of the following statements is incorrect? When a “loaner” steriliser is being used, the dentist should:
   a) keep printouts with logbooks, identifying dates and cycles.
   b) ensure a copy of the certificate of compliance is supplied.
   c) use a biological indicator on every cycle.
   d) use a Class 6 emulator on every cycle.
CHAPTER 4 ANSWER FORM

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ABN: 80 263 088 594 Reg’d Assoc. No. A0022649E
9.5 Chapter 5 Questions

Q1. General waste may include:
   a) blood soaked swab.
   b) rinsed rubber dam.
   c) used glass anaesthetic cartridges.
   d) matrix bands.

Q2. Which of the following statements is correct?
   a) The creator of the sharp is responsible for sharps disposal.
   b) No sharps are to be transferred between people.
   c) Sharps containers should not be filled past the full mark.
   d) All of the above.

Q3. Small quantities of blood and saliva diluted with water can be:
   a) disposed of in the sewerage system.
   b) added to the general waste.
   c) bottled and placed in the general waste.
   d) None of the above.

Q4. Developing a waste management plan:
   a) prevents good infection control procedures.
   b) specifies the importance of disposable barriers for good infection control measures.
   c) helps identify what waste is to be disposed in general waste or infectious waste.
   d) results in substituting all disposable products for sterilisable and reusable items.

Q5. Sharps containers should:
   a) conform to AS 4031-1992.
   b) be orange in colour and labelled sharps.
   c) once sealed be disposed of in general waste.
   d) be sterilised and then disposed of in general waste.

Q6. Which of the following statements is incorrect? Soft infectious waste should:
   a) include blood soaked non-sharp items.
   b) be contained in yellow bags labelled with biohazard symbol.
   c) be collected by an EPA approved collection company.
   d) include amalgam filled teeth.

Q7. Prescribed wastes include:
   a) clinical and related waste.
   b) grey water.
   c) recycle paper.
   d) old instruments.

Q8. Sharps waste includes:
   a) needles.
   b) plastic anaesthetic cartridges.
   c) lead foil from radiographs.
   d) extracted teeth containing amalgam.

Q9. Gloves made from PVC are:
   a) disposed in the infectious waste as they are often blood contaminated.
   b) disposed in the general waste following rinsing.
   c) disposed in the recycle waste.
   d) the only type of synthetic (non-latex) glove.
Q10. The following will help in waste management:
   a) Sort and bin waste as you generate it (particularly sharps and infectious waste).
   b) Use barriers on tap handles.
   c) Try to use single use items (eg. suction tubes).
   d) All of the above.
CHAPTER 5 ANSWER FORM

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ABN: 80 263 088 594 Reg’d Assoc. No. A0022649E
9.6 Chapter 6 Questions

Q1. After immediate action following a needlestick or blood accident, ensure the following is recorded:
   
a) Date and time of exposure.
   b) Dose of anti-inflammatory medication taken.
   c) Pressure of tourniquet applied.
   d) If patient is covered under WorkSafe Insurance.

Q2. For spot cleaning of a very small 'spot' spill:
   
a) wipe up immediately with either a cloth, tissue, paper towel and detergent.
   b) wipe up with xylene.
   c) wipe up with EDTA.
   d) wipe up with Toluene blue followed by water.

Q3. After a small spill, the area can be disinfected by wiping with:
   
a) sodium hypochlorite 10,000 ppm available chlorine.
   b) EDTA 1,000 ppm.
   c) 75% iso-propyl alcohol.
   d) 50% chlorhexidine/50% water mixture.

Q4. Waste containing sharps or other clinical waste:
   
a) is kept in a locked cupboard.
   b) is kept next to the general waste.
   c) is only kept in the instrument recirculation centre.
   d) is kept in the same place for easy access.

Q5. In the case of potential exposure to hepatitis B in an individual who in the past has demonstrated HBV immunity:
   
a) a booster hepatitis vaccine should be given.
   b) hepatitis B immunoglobulin should be given.
   c) hepatitis C vaccine should be given.
   d) None of the above.

Q6. Which of the following statements is correct?
   
a) The risk of contracting HIV is greater than hepatitis B.
   b) The risk of contracting hepatitis B is greater than HIV.
   c) The risk of contracting HIV is the same as hepatitis B.
   d) The risk of contracting hepatitis C is less than HIV.

Q7. Tetanus is transmitted by:
   
a) exposure to blood.
   b) needlestick injury.
   c) an object contaminated with soil or dust.
   d) faecal-oral route.

Q8. If blood gets on the skin, irrespective of whether there are cuts or abrasions:
   
a) the area should be washed well with soap and water.
   b) a tourniquet should be placed.
   c) the area should be washed with sodium hypochlorite 5% solution.
   d) ring the person’s medical doctor.
Q9. **Risk in the workplace environment can be further reduced by:**
   a) assigning only one key person to comprehend and disseminate risk management principles.
   b) undertaking hepatitis C immunisation.
   c) reviewing the first aid kit to ensure that it contains nor-adrenaline.
   d) undertaking training in CPR yearly.

Q10. **First aid kits should:**
   a) be kept in plastic bags.
   b) be reviewed twice annually to ensure items are not beyond their use-by date.
   c) contain a defibrillator.
   d) contain nitrous oxide.
CHAPTER 6 ANSWER FORM

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9.7 Chapter 7 Questions

Q1. Key aspects in maintaining standards are:
   a) record keeping and performance monitoring.
   b) computerization of records.
   c) backup procedures.
   d) using Class N sterilisers.

Q2. Which of the following statements is incorrect? In maintaining a safe working environment the following may be installed:
   a) Fire extinguishers.
   b) Smoke detectors.
   c) Intruder duress alarm system.
   d) UV filtration of compressed air.

Q3. Verification is:
   a) recorded and forwarded to the DPBV.
   b) recorded and forwarded to the ADAVB for statistical evaluation.
   c) confirmation by a second party of suitable completion of a task.
   d) required to be done offsite.

Q4. Equipment protocols may include:
   a) checking the luminescence of the operating light.
   b) waterline management.
   c) use of rubber dam on all restorative procedures.
   d) licenses for operators of sterilisers.

Q5. Which statement is incorrect? Laboratory protocols may include:
   a) how impressions are decontaminated.
   b) what barrier techniques are used.
   c) how buffs, pumice and polishing trays are managed.
   d) if the courier is licensed to transport laboratory work.

Q6. Monitoring of the sterilisation process requires documentary evidence of:
   a) commissioning, calibration, on-going maintenance, validation, and daily procedures.
   b) drying of instruments.
   c) appropriate use of biological indicators.
   d) the class of indicator strip used.

Q7. A backwash plumbing device:
   a) prevents incorrect meter reading.
   b) prevents flow of fluids into the public water system.
   c) prevents amalgam waste entering the sewerage system.
   d) prevents water condensate forming inside a steriliser.

Q8. Which of the following statements is incorrect? If developed effectively, a procedures monitor can:
   a) create consistency in service delivery.
   b) define for employees what is required and acceptable.
   c) improve performance.
   d) enable accreditation.

Q9. Patient records should be:
   a) contemporaneous.
   b) only typed.
   c) disposed of at the end of the treatment plan.
   d) reviewed annually.
Q10. Which of the following statements is incorrect? In order to evaluate whether systematic operating procedures are being adhered to, it is necessary to provide mechanisms for assessment. The steps in an audit cycle comprise:

a) setting standards.
b) testing operating procedures against these standards.
c) correcting operating procedures where they fall short.
d) reporting failed procedures to the Dental Practice Board of Victoria.
CHAPTER 7 ANSWER FORM

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Change Log:

21 April 2005:

p.106 was...

- If the film has not been covered in plastic wrap, the film is cleaned with detergent with gloved hands prior to placing in the transport cup;
- Remove the lead apron and collar; and
- Rinse the film and dry with paper towel;
- Remove gloves and wash hands;
- Develop the film.

p.106 became...

- If the film has not been covered in plastic wrap, the film is cleaned with detergent with gloved hands prior to placing in the transport cup;
- Rinse the film and dry with paper towel;
- Remove gloves and wash hands;
- Remove the lead apron and collar; and
- Develop the film.

19 May 2005:

Chapter 2 page 16:
Laundering : Box contents has been duplication has been removed.

Chapter 3 page 11:
The last sentence "The suppliers for the different barrier wraps and bags are:" has been deleted.