

Policy Statement 6.1 – Infection Control

Position Summary

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

1. Background

- 1.1. The public concern over the transmission of blood-borne viruses has focussed attention on (cross) infection control. Various authorities have developed guidelines to minimise the risk of exposure to infection. The Board has used such guidelines to evaluate the professional conduct of dental practitioners.
- 1.2. Dentistry is performed in settings ranging from hospitals, offices, mobile vans and is provided to bed-ridden patients. Infection control guidelines must be adaptable and economically feasible for these situations.
- 1.3. The Board has issued infection control guidelines and requires dental practitioners to affirm their compliance as part of their registration renewal process
- 1.4. The ADA publishes guidelines for infection control and other related resources.

Definitions

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

2. Position

- 2.1. Dentists and allied dental personnel must take all practical measures available to minimise the risk of disease transmission within the dental environment.
- 2.2. Any authority which develops infection control regulations, codes, guidelines and/ or standards, relevant to dentistry, should seek expert dental opinion from the ADA.
- 2.3. The techniques and routine work practices used for infection control should:
 - be documented in an infection control manual;
 - reduce the number of infectious agents in the dental practice environment;
 - prevent or reduce the likelihood of transmission of these infectious agents from one person or item/ location to another; and
 - make and maintain items and areas as free as possible from infectious agents.
- 2.4. Infection control regulations, codes, standards and guidelines for dental practice should be evidence based. However, where this evidence is not conclusive, then the philosophy of applying standard, common, or established practice should be adopted.

- 2.5. Dental Practitioners must comply with the requirements of infection control guidelines of the Board and any other relevant legislation.
- 2.6. The Board should adopt the publicly available ADA's "Guidelines for Infection Control" as the primary reference for dental practitioners in Australia.
- 2.7. Infection control standards must recognise the difference in risk between the hospital sector and the primary care setting.
- 2.8. Regulatory authorities should allow for a flexible approach for the management of risk in varying dental environments, recognising the need for risk control measures to be practicable under the national work health and safety legislation.

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