

# Policy Statement 6.1 – Infection Control

## Position Summary

The ADA recognizes that patients, dentists and allied dental personnel should be able to participate in dental treatment with minimal risk of cross infection. The ADA encourages any authority which develops infection control regulations, codes, guidelines and standards relevant to dentistry to consult and seek expert dental opinion. In this context all dentists and allied dental personnel must take all practical measures available to minimize the risk of disease transmission within the dental environment where ever this may be. The ADA has an electronically published reference: “ADA guidelines for infection control” available on the public section of the ADA website.

## 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 for dentists and allied dental practitioners.
- 1.4. “ADA Guidelines for Infection Control” Third Edition was published in 2015.

### 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.

## 2. Principles

- 2.1. Dentists, allied dental personnel and patients should be able to participate in dental treatment with minimal risk of cross infection.
- 2.2. The techniques and routine work practices used for infection control should:
  - 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.

## 3. Position

- 3.1. All dentists and allied dental personnel must take all practical measures available to minimise the risk of disease transmission within the dental environment.
- 3.2. The ADA encourages any authority which develops infection control regulations, codes, guidelines and/ or standards, relevant to dentistry, to seek expert dental opinion.
- 3.3. 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.
- 3.4. The Board should adopt the “ADA Guidelines for Infection Control” as the reference for dental practitioners in Australia.

This Policy Statement is linked to other Policy Statements: 5.8 Dental Acts, the National Law and Boards, 5.10 Dental Practice Accreditation, 5.21 Regulatory Authorities, 6.3 Dental Health Care Workers [Incl. Students] and Blood-borne Viruses, 6.4 Management of Impaired Dental Practitioners & 6.6 Work Health and Safety.

- 3.5. The ADA Guidelines for Infection Control should only be published electronically and be sited on the public section of the ADA website.
- 3.6. There must be separate infection control standards for hospitals and for office based facilities.
- 3.7. Dental practitioners must comply with the requirements of Infection Control Guidelines of the Board and any other relevant legislation.
- 3.8. 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.

#### **Policy Statement 6.1**

Adopted by ADA Federal Council, November 15/16, 2001.

Amended by ADA Federal Council, November 11/12, 2004.

Amended by ADA Federal Council, November 13/14, 2008.

Amended by ADA Federal Council, November 18/19, 2010.

Amended by ADA Federal Council, November 13/14, 2014.

Amended by ADA Federal Council, April 6/7, 2017.

Editorially amended by Constitution & Policy Committee, June 29/30, 2017.

Editorially amended by Constitution & Policy Committee, October 5/6, 2017.