

Public consultation

8 September 2021

Review of Guidelines on infection control

Summary

The Dental Board of Australia (the Board) develops policies, codes and guidelines to provide guidance to the profession and has published *Guidelines on infection control* (the guidelines). The guidelines describe how dental practitioners can prevent or minimise the risk of the spread of infectious diseases in the dental setting.

The guidelines set out obligations for all dental practitioners to keep certain documents at their place of practice, to practise in way that minimises or prevents the spread of infection and to make declarations upon their initial registration and when renewing their registration.

Under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), regulatory guidelines have a special status. They can be used as evidence of appropriate professional practice or conduct. To update or amend guidelines, wide ranging consultation is required. Consultation and review processes are lengthy. As a result, guidelines tend to be in force for long periods of time and are not easily updated in response to changes in practice or advances in knowledge.

Since the guidelines were first developed, the way the Board uses regulatory guidelines has matured. The Board uses guidelines to explain its registration standards, the National Law and the way it regulates. It does not use guidelines to tell practitioners what to do in a specific area of practice.

The Board believes its existing regulatory instruments (such as the *Code of Conduct* and *Guidelines - Registered health practitioners and students in relation to blood-borne viruses*) are enough to fulfil the disciplinary or 'enforcement' role that achieves public protection.

The Board is proposing to replace the guidelines with resources that support practitioners to practise professionally.

The main changes proposed are for the Board to:

- formally retire the *Guidelines on infection control*
- provide guidance to practitioners in the form of a fact sheet, a more adaptable and flexible document, and
- release a self-reflective tool for infection prevention and control that prompts practitioners to think about their practice and identify areas for improvement.

As part of the Board's review of its related infection prevention and control content, it also proposes to revise its resources for consumers. However, these resources are not the subject of this consultation.

More information about the proposed changes is included in this consultation paper. The consultation is open until close of business on **Monday, 15 November 2021**.

Australian Health Practitioner Regulation Agency

National Boards

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Public consultation

The Board is releasing this public consultation paper for feedback on its proposal to replace the guidelines with other supporting resources to help practitioners practise safely and professionally.

You are invited to give feedback on the Board's proposal, the draft fact sheet and the self-reflective tool at Attachments D and E.

Providing feedback

Feedback can be provided by completing the online survey available on the Board's [website](#).

If you cannot complete the online survey, please contact us at dentalboardconsultation@ahpra.gov.au and we can provide you with a Word document template to complete. .

Feedback is required by the close of business on **Monday, 15 November 2021**.

Publication of submissions

The Board and the Australian Health Practitioner Regulation Agency (Ahpra) publish submissions at their discretion. We generally publish submissions on our websites to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our websites, or make available to the public, submissions that contain offensive or defamatory comments or are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

The Board and Ahpra can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is requested.

Next steps

After the public consultation closes, the Board will review and consider all feedback from this consultation before making decisions about implementation and the supporting documents.

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Consultation paper

Background

The role of the Dental Board of Australia (the Board) is to work with the [Australian Health Practitioner Regulation Agency](#) (Ahpra) and other National Boards to achieve the objectives of the National Registration and Accreditation Scheme (the National Scheme), which has public safety at its heart.

The Board develops registration standards, codes and guidelines under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). These documents:

- set out the requirements for registration
- establish obligations for professional practice, and
- can be used as evidence in disciplinary proceedings of what constitutes appropriate professional conduct or practice for the profession.

The Board regularly reviews its standards, codes and guidelines to make sure they remain relevant, contemporary and effective.

Overview

What are guidelines?

When we refer to guidelines in this paper, we mean guidelines developed under the National Law in the context of practitioner regulation. The National Law says that guidelines have two purposes. They:

- can be used to guide the profession, and
- are evidence of appropriate professional practice or conduct in a disciplinary proceeding against a practitioner.

Since 2010, the Board's approach to guidelines has evolved. The Board typically uses guidelines to explain its registration standards, the National Law and the way it regulates. Guidelines are generally high-level prescriptive documents, but not usually about specific areas of clinical practice.

Guidelines under the National Law are distinct from practice guidelines developed by professional associations or other entities that provide detailed advice on a specific area of clinical practice.

Under the National Law, wide-ranging consultation is required before guidelines are updated or amended. Consultation and review processes take considerable time. As a result, guidelines tend to be in force for long periods and are not easily updated in response to changes in practice or advances in knowledge.

Review of the Guidelines on infection control

The Board is currently reviewing its *Guidelines on infection control* (the guidelines). The Board developed the guidelines when the National Scheme started in 2010 to set out the obligations of dental practitioners for maintaining good infection prevention and control and minimising the spread of infectious diseases.

The guidelines set out the minimum requirements expected for infection prevention and control for all dental practitioners and are divided into three domains:

- Documentation
- Behaviours
- Declaration.

The *Documentation* section requires guaranteed access to the following documents at every place where dental care is provided:

- a manual setting out the infection control protocols and procedures used in that practice
- the *Australian guidelines for the prevention and control of infection in healthcare* published by the National Health and Medical Research Council (the NHMRC guidelines)

- the Australian and New Zealand Standards AS/NZS 4815: Office-based healthcare facilities – Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment and/or AS/NZS 4187: Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in healthcare facilities (the Australian and New Zealand Standards)
- the current Australian Dental Association *Guidelines for infection control* (the ADA guidelines).

The *Behaviours* section requires practitioners to ensure premises are kept clean and hygienic and that steps are taken to minimise the spread of infectious disease in both the place of practice and with patients. Practitioners must also be aware of their infection status for blood-borne viruses, seek appropriate expert advice and cease performing exposure-prone procedures if viraemic.

The *Declaration* section requires students and practitioners applying or renewing their registration to declare that they are aware of their infection status for blood-borne viruses and that they will comply with the Communicable Diseases Network Australia's (CDNA) *Australian national guidelines for the management of healthcare workers known to be infected with blood borne viruses* (now known as *Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses*) and with the guidelines.

The Board has developed and published other material to support practitioner and patient awareness of infection prevention and control issues. These resources have a [dedicated webpage](#) on the Board's website and include a self-audit checklist, fact sheet and video for patients (the video has been withdrawn as it is currently under review).

Broader regulatory framework of the profession

Accreditation and professional competencies

Under the National Law, the Board approves accreditation standards developed by the Australian Dental Council (ADC). The standards are used to assess whether programs of study leading to registration as a dental practitioner provide individuals with the knowledge, skills and professional attributes needed to practise the profession in Australia.

The ADC has developed professional competencies for dental practitioners in each of the five divisions and accredits all programs in accordance with these competencies and the approved accreditation standards.

An individual who graduates from an accredited and Board-approved program of study is deemed qualified for registration and to have the required professional entry-level competencies to practise. Overseas-trained dental practitioners are currently assessed through the examination process set up by the ADC. This process is based on the same professional competencies used for Australian programs of study.

Under the professional competencies, it is expected that all dental practitioners have knowledge and understanding of the scientific principles and application of infection prevention and control on entry to practice. Accreditation and professional competencies are important mechanisms to ensure that practitioners practise safely and the public is protected.

Registration standards

The Board has developed [registration standards](#) that are relevant to aspects of infection prevention and control, such as:

- *Professional indemnity insurance registration standard* which requires dental practitioners to have the necessary level of insurance cover for all areas of their practice, and
- *Registration standard: continuing professional development* (CPD) and the associated guidelines which require dental practitioners to complete a specific amount of CPD activities.

Code of conduct

The Board's [Code of conduct \(currently under review\)](#) describes professional standards for practitioners' behaviour, including the importance of maintaining a high level of professional competence to provide the best dental care to patients. The code also requires practitioners to:

- be aware of their legal obligations and act in accordance with the law
- maintain adequate knowledge and skills to provide safe and effective care
- practise in accordance with the current and accepted evidence base of the health profession
- retain personal accountability for professional conduct and the care provided even when working in a team
- promote the health of the community through disease prevention and control, education and, where relevant, screening
- understand and apply the key principles of risk minimisation and management in practice,
- understand the principles of immunisation against communicable diseases, and
- be aware of any health condition that could affect the health of patients and take adequate steps to address this.

The *Code of conduct* is another important tool the Board uses to ensure the public is protected and that practitioners behave ethically and practise safely. It has broad application to all areas of practice, and clear relevance to infection prevention and control, as outlined in the examples above. As with guidelines, the code can be used as evidence of appropriate professional conduct or practice in disciplinary proceedings.

Guidelines

As described above, guidelines help explain regulatory matters relevant to dental practitioners. They are not intended to be prescriptive about clinical practice. Guidelines can also be used as evidence in disciplinary proceedings.

The Board publishes guidelines (other than the *Guidelines on infection control*) that relate to the conduct of practitioners related to infection prevention and control. The Board's [Guidelines: registered health practitioners and students in relation to blood-borne viruses](#) (the BBV guidelines) were published in 2020. The BBV guidelines:

- inform all practitioners and students that they must comply with the Communicable Diseases Network Australia (CDNA) *Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses*
- explain when a practitioner treating a registered health practitioner or student who performs exposure prone procedures may have a responsibility to notify Ahpra, and
- provide information on the range of actions the Board may take if it receives a notification about a registered health practitioner or student with a blood-borne virus who performs exposure prone procedures and does not comply with the CDNA guidelines and may pose a risk to the public.

Other legislative obligations

There are other state and territory legislative requirements to protect the public around infection prevention and control including (but not limited to):

- work health and safety laws
- public health laws or directives
- environmental laws
- any other relevant legislation and/or regulatory requirements relating to infection prevention and control.

For example, dental practices in the Australian Capital Territory are required to be licenced and comply with the ACT Health *Infection Control for office practices and other community-based services Code of Practice 2005*. Owner/operators of dental practices in Queensland are required to have Infection Control Management Plans under the *Public Health Act 2005* (Queensland).

Other risk controls

Public and private employers (e.g. health services and/or individuals) often have in place workplace requirements, policies and procedures about infection prevention and control.

The development of resources and guidance by other entities, including professional associations, quality and safety organisations and standard-setting organisations also play an important role in educating and guiding dental practitioners to achieve good infection prevention and control. Examples of these resources

include (but are not limited to) documents referenced in the Boards current guidelines, such as the NHMRC guidelines, the Australian and New Zealand Standards and the ADA guidelines.

Development of options for the review

Principles for review of the guidelines

The Board developed a set of principles to underpin its review of the guidelines and to embody the Board's risk-based approach to regulation.

Outcome-focused	<ul style="list-style-type: none">• The key objective is to protect the public from the harm of the risk of transmission of infection
Practicable	<ul style="list-style-type: none">• We only set expectations that are reasonably within a practitioner's sphere of control
Risk-based	<ul style="list-style-type: none">• Although most practitioners practise in line with accepted standards, we acknowledge the risk of infection transmission is serious and inherent to dental practice
Streamlined	<ul style="list-style-type: none">• We aim to reduce duplication of information about infection prevention and control
Transparent	<ul style="list-style-type: none">• We endorse practice guidance that is subject to transparent and open consultative review

Using the principles to guide the review means that the Board is proposing an outcome that:

- is not prescriptive
- promotes professionalism and supports practitioners
- reduces unnecessary duplication of regulation
- can be complied with by individual practitioners
- is proportionate to the risks posed, not excessive
- does not duplicate existing obligations, and
- was reached through an open, transparent and consultative process.

As well as the principles, research, data and regulatory experience have informed the Board's preferred option for the review to replace the guidelines with other resources.

The options for review were informed by:

- research and local and international benchmarking
- input from National Boards
- feedback from the Board's committees
- input from major stakeholders
- operational input, and
- tribunal decisions involving the guidelines.

Changes proposed by the Board

As described above, the two functions of a guideline described in the National Law are to provide regulatory guidance and to serve as evidence in disciplinary proceedings. As the Board's approach to guidelines has evolved over time, it tends not to use them to be prescriptive about matters relating to clinical practice.

In the context of infection prevention and control, the Board considers guidance can be provided to practitioners with upstream, supportive and educative resources, rather than by additional regulation. The Board believes its existing regulatory instruments (such as the *Code of conduct* and BBV guidelines) are enough to fulfil the disciplinary or 'enforcement' role that protects the public and, together with elements of the broader regulatory framework, the risk of harm is effectively managed. Therefore, the Board is proposing to replace the guidelines with resources designed to support practitioners to practise professionally.

This involves retiring the guidelines, updating the existing fact sheet and publishing a self-reflective tool for infection prevention and control, which are readily updated to ensure relevance and accuracy.

Retirement of guidelines

Retiring the guidelines means the Board would set a date after which the guidelines will no longer be in force. The guidelines would still be available on the Board's policies, codes and guidelines [webpage](#) under 'Retired versions'. Like the Board's retirement of its former *Guidelines on dental records*, practitioners and other stakeholders would be supported to become aware of this in advance of the retirement date.

Retiring the guidelines would *not* change practitioners' overarching professional obligations to practise safely and achieve good infection prevention and control.

Revision of fact sheet

The Board has published a fact sheet for practitioners about infection prevention and control. The fact sheet would be revised and redesigned to provide information about how practitioners can comply with their obligations to practise safely. The fact sheet would point practitioners towards relevant sources of information about infection prevention and control.

The fact sheet would be drafted in plain English to set out the most important information simply and concisely.

Publication of self-reflective tool

Similarly to the Board's existing [self-reflective tool for dental records](#), the retirement of the guidelines would be supported with a self-reflective tool for infection prevention and control. The tool covers key components of infection prevention and control and prompts practitioners to reflect on their own practice.

The tool does not mandate specific standards or measurement against fixed indicators, however it does prompt practitioners to think about what sources of information guide their practice and how they monitor safety and quality.

The current self-audit checklist would be retired, consistent with the Board's approach of encouraging self-reflection.

Following public consultation, the self-reflective tool would be further refined through user testing with practitioners.

Rationale for changes proposed by the Board

The guidelines are no longer fit for purpose

The guidelines were originally published in July 2010, at the start of the National Scheme. The guidelines are based on policies of state and territory dental boards that existed before the National Scheme came into effect. They have not been substantively amended since their initial publication.

Given the length of time the guidelines have been in effect, and the increasing maturity of the Board's approach to regulation since their initial publication, the Board believes the guidelines are no longer fit for purpose.

The proposal is consistent with how we use guidelines and guidance

As outlined above, the Board usually uses guidelines under the National Law to provide further information to practitioners about regulatory matters. Guidelines are not intended to be prescriptive about clinical matters.

The Board has recently taken a similar approach by implementing the retirement of its former *Guidelines on dental records* and the development of a fact sheet and self-reflective tool for dental records.

The Board considers that guidelines are not necessary for it to provide guidance to the profession. For example, guidance can be delivered to practitioners using resources such as fact sheets, FAQs, self-reflective tools or web-based resources.

Replacing the guidelines with other resources is consistent with the Board's approach towards the use of guidelines under the National Law, and the provision of other guidance material.

The proposal better aligns with the role of the Board

The Board's role and remit are to protect the public by regulating individual dental practitioners. The Board regulates to ensure that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

The National Law does not give authority or power to the Board to regulate dental practices as entities. The Board does not have oversight or monitoring over systemic infection prevention and control matters.

The *Documentation* section of the guidelines applies to 'every place where dental care is provided' and extends not only to dental practitioners but to 'all staff'. This broad application to the practice setting and to all staff (including non-registered staff), does not align with the Board's role and exceeds its regulatory remit, which is only to regulate individual practitioners.

The Board does not restrict practice nor prescribe in detail how practitioners should practise. Instead, the Board takes a responsive, risk-based approach to regulation. The current guidelines are inflexible and apply regardless of practice nuances or individual circumstances.

Replacing the guidelines with other resources better aligns with the Board's role, purpose and regulatory approach. It also aligns with the [National Scheme Strategy](#). The strategy seeks to achieve regulatory effectiveness and trust and confidence by strengthening risk-based regulatory practices and supporting professional learning and practice.

The withdrawal of the self-audit tool in favour of a self-reflective tool also aligns with the Board's approach to promote professionalism and encourage reflection, rather than tell practitioners how to practise.

Practitioners practise safely

The Board is confident that dental practitioners generally practise safely. Understanding the scientific principles and application of infection prevention and control is embedded in our accreditation system through the professional competencies, making it a core entry-level expectation of all registered dental practitioners.

The Board and co-regulatory entities do receive notifications about infection prevention and control, however the proportion of concerns raised about these issues is lower than the concerns raised about other performance matters.

When practitioners are not practising safely, there can be several factors that contribute to this, such as:

- personal attitudes
- years in practice
- whether recent continuing professional development (CPD) in infection prevention and control was completed, and
- workplace culture.

The Board considers it should focus on addressing all factors that influence departure from safe practice. Instead of issuing prescriptive guidelines, this can better be achieved by preventative and supportive strategies, including data analysis to support targeted communications, increased engagement with practitioners and other stakeholders and providing self-reflective tools and fact sheets that encourage the exercise of professional judgement, explain how practitioners can meet their obligations and access the right information.

The Board has adequate regulatory tools to protect the public

When the Board needs to take regulatory action to ensure the public is safe, several options are available under the National Law. For example, the Board can restrict how or where a practitioner practises, impose conditions to attend education and training or suspend registration on an interim basis in cases of serious and immediate risk.

The Board does not need guidelines on infection control to take necessary action. The Board can use its other regulatory instruments, like registration standards, the *Code of conduct* or the BBV guidelines to

support regulatory action. The Board can have regard to other evidence of acceptable practice in the profession, like practice guidelines accepted by the profession or expert opinions, to establish whether a practitioner is practising below the expected standard. The Board can refer a practitioner to a performance or health assessment to help it decide whether to take further action.

Dental practitioners practise in broad and varied ways. The Board does not issue guidelines about specific areas of clinical practice. This does not stop the Board from taking action where necessary when concerns are raised about a practitioner. Therefore, the Board could still take action to protect the public if the guidelines were replaced by supporting resources.

Flexibility is essential for providing guidance

In 2020 the COVID-19 pandemic affected dental practitioners both personally and professionally. The pandemic highlighted concerns about infection prevention and control among dental practitioners and the community.

National Boards' and Ahpra's regulatory response to the pandemic recognised there may be a need for practitioners to adjust established procedures to provide appropriate care to patients in these circumstances. The response emphasised the importance of professional judgement when resources are limited and demand is intense. Flexible arrangements were adopted, while maintaining patient safety. A wide range of resources, information and policies were published on Ahpra's dedicated [COVID-19 webpage](#).

The Board played an important role in informing registered dental practitioners about governments' changing public health orders and restrictions and guiding them to the most authoritative sources of information and government requirements. The Board's news items directed practitioners towards relevant and topical resources for infection prevention and control.

The pandemic has shown us the need for resources that support practitioners' self-reflection and exercising professional judgement. This helps them to better respond to emerging infection prevention and control issues in a range of contexts. Resources such as the fact sheet and self-reflective tool are dynamic and readily adaptable to changing contexts and advances in knowledge. They can be updated more easily than guidelines, which require wide-ranging consultation under the National Law.

Replacing the guidelines with supporting material allows the Board to maintain information for practitioners and the public that is current, relevant and contextual.

The proposal aligns with the principles for review

The preferred option aligns with the principles of the review. The proposal:

- promotes a supportive rather than prescriptive approach which, together with other entities' guidance on infection control, supports practitioners to comply with their obligations under the National Law
- is reasonably practicable for individual practitioners, because it is no longer aimed at regulating aspects of practice that are beyond their control, such as every place where dental care is provided and to all staff
- is risk-based, as it does not impose additional regulation beyond that which is necessary to achieve protection of the public
- reduces unnecessary regulatory duplication, for example duplication with the requirements under the BBV guidelines and overlap with the *Code of conduct*, and
- is developed through an open, transparent and consultative process.

Options

There are two proposed options as an outcome of the Board's review of the guidelines.

Maintaining the status quo by keeping the guidelines without any revisions is not a feasible option. This is due to the length of time the guidelines have been in effect without any substantive revision and the misalignment with the principles of the review.

Option 1: Keep the guidelines with revisions to better align with the principles of the review

Option one is to keep the guidelines with the following revisions:

- better alignment with the principles of the review by:
 - streamlining the document to omit duplication and inconsistency with the BBV guidelines
 - rewording to apply to individual practitioners rather than dental practices
 - removing material that is not subject to extensive public consultation, and
- updates to web links and style.

A draft revised version of the guidelines is available at **Attachment C**.

Option 2: Replace the guidelines with other supporting resources

This option involves:

- the retirement of the *Guidelines on infection control*
- revising the Board's fact sheet on infection prevention and control, and
- publishing a self-reflective tool to replace the Board's self-audit checklist.

A draft revised fact sheet is available at **Attachment D**. A draft self-reflective tool is available at **Attachment E**. Following public consultation, the self-reflective tool would also go through a user testing phase, to refine the tool and ensure it is fit for purpose.

Preferred option

The Board's preferred option is **option 2**, to replace the guidelines with other supporting resources.

Estimated impacts of replacing the guidelines with other resources

The Board estimates that the impact of replacing the guidelines with additional resources is likely to be minimal. The Board carefully considered the possible consequences of replacing the guidelines with other resources, including the effect on:

- knowledge and awareness
- patient safety
- regulatory effectiveness
- practice, and
- cost.

There are no identified impacts on the labour market or on competition within the dental healthcare sector.

If the Board's preferred option is adopted as the outcome of the review, it will be monitored and evaluated by measuring practitioner levels of engagement with and reach of supporting resources as well as continued regular oversight of notifications about infection prevention and control issues. We will monitor whether there are changes in how the Board investigates and responds to concerns about infection prevention and control. This will help us measure the effectiveness of the Board's changes to ensure there are no unintended consequences.

Knowledge and awareness

Dental practitioners, other stakeholders, Ahpra and National Boards will need to become familiar with the new and revised supporting resources. Practitioners will need to understand their overarching obligations to practise safely. Importantly, there are no new obligations being imposed and the need to practise safely, in a way that minimises the risk of spread of infection, is not changing.

If the guidelines are replaced with supporting resources, the Board and Ahpra will ensure that practitioners and other stakeholders are advised of the changes before they take effect. However, as the substantive requirements to practise safely do not change, the impact is negligible.

The Board's use of guided self-reflective documents has increased over the past 12 months. There is scope for the Board to provide further instructions during implementation to ensure practitioners are aware of how to use these tools to reflect on their practice.

Patient safety

The Board believes the proposed changes would not adversely affect patient or consumer safety, or the safety of vulnerable groups. On the contrary, removing the guidelines affords practitioners a degree of flexibility to provide appropriate care regarding the individual patient's circumstances.

The overarching need to practise safely remains and is embedded in the Board's standards, codes and guidelines, particularly the *Code of conduct*. The requirements of the BBV guidelines also support patient safety by ensuring that the risk of blood-borne virus transmission between practitioners and patients is reduced. Patient safety is also maintained through the broader legislative and regulatory obligations that apply to dental practice and the existence of information and guidance produced by other authoritative entities.

Regulatory effectiveness

It is not anticipated that the Board's regulatory effectiveness will be affected by the proposed changes. As described earlier in this paper, the Board and co-regulators have several options open to them to ensure that practitioners are practising safely. The Board does not need to rely on regulatory guidelines to support a decision about taking regulatory action.

Effect on practice

The Board believes the changes proposed would not have an adverse effect at the practice level. While dental practitioners would no longer be subject to the prescriptive requirements of the guidelines, in practice, it would be open to practitioners to maintain their existing systems and processes, so long as they are safe, consistent with the Board's standards, codes and guidelines and comply with any other state, territory or federal legislative requirements.

Cost implications

Any changes would not affect application or registration fees, so there are negligible cost implications for dental practitioners.

The changes would not be expected to significantly affect practice costs, such as increased instrument reprocessing or other existing infection prevention and control procedures.

As the proposal involves retiring the guidelines, the cost of 'strict' compliance is potentially reduced. However, the Board anticipates that as practitioners will need to continue maintaining good infection prevention and control, associated costs will be similar to those incurred before the change. Practitioners may allocate more time to professional development to complete the self-reflective tool, however this is not a mandated tool but rather an optional resource to help them comply.

It is not expected that any costs would be passed on to dental patients or consumers.

Questions for consideration

1. Which of the options proposed do you prefer and why?
2. If you prefer option 1, to keep and revise the guidelines, do you have any suggestions about the language, structure or content of the draft revised guidelines (**Attachment C**)?
3. Would replacing the guidelines with other supporting resources result in any unintended consequences or costs for:
 - a. dental practitioners
 - b. dental practices
 - c. patients or consumers
 - d. vulnerable members of the community, or

- e. Aboriginal and Torres Strait Islander Peoples?
If so, please describe or quantify them.
4. Do you have any suggestions about the language, structure or content of the draft revised fact sheet (**Attachment D**)?
5. Do you have any suggestions about the language, structure or content of the draft self-reflective tool (**Attachment E**)?
6. Do you have any other feedback about the Board's proposal?

Relevant sections of the National Law

The relevant sections of the National Law are Sections 39, 40 and 41.

Attachments

- A: Patient and consumer health and safety impact statement
- B: Statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines, and principles for best practice regulation
- C: Draft revised Guidelines on infection prevention and control (option 1)
- D: Draft revised Fact sheet: Infection prevention and control for dental practitioners (option 2)
- E: Draft Self-reflective tool: Infection prevention and control (option 2)

Patient and consumer health and safety impact statement – review of Guidelines on infection control

September 2021

Statement purpose

The National Boards' Patient and consumer health and safety impact statement (the statement)¹ explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the statement are:

1. The potential impact of the proposal to replace the *Guidelines on infection control* with other resources on the health and safety of patients and consumers, particularly vulnerable members of the community, including approaches to mitigate any potential negative or unintended effects
2. The potential impact of the proposal to replace the *Guidelines on infection control* with other resources on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects
3. Engagement with patients and consumers, particularly vulnerable members of the community about the proposal
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards' Patient and consumer health and safety impact statement aligns with the National Scheme's [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#), the [National Scheme Strategy 2020-25](#) and reflects key aspects of the revised consultation process in the [AManC Procedures for developing registration standards, codes and guidelines and accreditation standards](#).

Below is the initial assessment of the potential impact of the proposed replacement of the Dental Board of Australia's (the Board) *Guidelines on infection control* (the guidelines) with other supporting resources on the health and safety of patients and consumers, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. This assessment will be updated after consultation feedback.

1. How will this proposal impact on patient and consumer health and safety, particularly vulnerable members of the community? Will the impact be different for vulnerable members compared to the general public?

The Board has carefully considered what possible outcomes replacing the guidelines could have on patient and consumer health and safety, particularly vulnerable members of the community, in order to put forward what we think is the best option for consultation. The proposed option is based on best available evidence and an assessment against the Board's principles for the review of the guidelines. Our engagement through consultation will help us to better understand possible outcomes and meet our responsibilities to protect patient safety and healthcare quality. The Board does not believe the impact of its proposal will be different for vulnerable members of the community.

¹ This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). Section 25(c) requires Ahpra to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the Health Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code, or guideline.

2. How will the consultation engage with patients and consumers, particularly vulnerable members of the community?

In line with our consultation processes, the Board is carrying out wide-ranging consultation. We will engage with patient and consumers, peak bodies, communities and other relevant organisations to get input and views from vulnerable members of the community.

3. What might be the unintended impacts for patients and consumers, particularly vulnerable members of the community? How will these be addressed?

The Board has carefully considered what possible unintended outcomes of replacing the guidelines with other supporting material might be, as the consultation paper explains. Consulting with relevant organisations and vulnerable members of the community will help us to identify any other potential outcomes. We will fully consider and take actions to address any potential adverse outcome for patients and consumers that may be raised during consultation, particularly for vulnerable members of the community.

4. How will this proposal effect Aboriginal and Torres Strait Islander Peoples? How will the effect be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?

The Board has carefully considered any potential outcomes of replacing the guidelines with other supporting material on Aboriginal and Torres Strait Islander Peoples and how, when compared to non-Aboriginal and Torres Strait Islander Peoples they might be different, in order to put forward the proposed options for feedback as outlined in the consultation paper. Our engagement through consultation will help us to identify any other potential outcomes and meet our responsibilities to protect safety and healthcare quality for Aboriginal and Torres Strait Islander Peoples.

5. How will consultation about this proposal engage Aboriginal and Torres Strait Islander Peoples?

The Board is committed to the National Scheme's [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#) which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical and cultural safety.

As part of our consultation process, we have tried to find the best way to meaningfully engage with Aboriginal and Torres Strait Islander Peoples.

6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?

The Board has carefully considered possible unintended outcomes of replacing the guidelines with other supporting resources, as identified in the consultation paper. Continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any other potential outcomes. We will consider and take actions to address any other potential adverse outcomes for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

7 How will the impact of this proposal be actively monitored and evaluated?

Part of the Board's work in keeping the public safe is ensuring that all standards, codes and guidelines are regularly reviewed.

In keeping with this principle, the Board will conduct an evaluation of its review, implementation and outcomes and regularly review supporting material, to check it is working as intended.

Statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines, and principles for best practice regulation

September 2021

Review of Guidelines on infection control

The Australian Health Practitioner Regulation Agency (Ahpra) has [Procedures for the development of registration standards, codes and guidelines](#). These procedures have been developed by Ahpra in accordance with Section 25 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which requires Ahpra to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

The Dental Board of Australia (the Board) is reviewing its *Guidelines on infection control* (the guidelines).

Below is the Board's assessment of its proposal to replace the guidelines with other supporting resources against the elements outlined in the Ahpra procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in Section 3 of the National Law.

National Board assessment

The Board considers that the proposal to replace the guidelines with other supporting resources meets the objectives and guiding principles of the National Law.

The proposal to replace the guidelines with other supporting resources considers the National Scheme's main objective of protecting the public by promoting practitioner self-reflection, the use of informative resources for practitioners, and emphasising the Board's existing standards, codes and guidelines as the key sources of professional standards expected of dental practitioners.

By reducing administrative and regulatory duplication and prescriptive requirements under the existing guidelines, the replacement of the guidelines with other supporting resources contributes to the development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

Likewise, the proposal aligns with the National Law's guiding principle that restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

2. The consultation requirements of the National Law are met.

National Board assessment

The National Law requires wide-ranging consultation on proposed codes and guidelines. The National Law also requires National Boards to consult each other on matters of shared interest.

The Board is ensuring that there is a wide-ranging consultation about its proposal in accordance with the consultation process of National Boards available on the [Ahpra website](#). Public exposure to the proposal and the opportunity for public comment will occur via an eight-week public consultation. This will include publishing a consultation paper on the Board's website and informing health practitioners and the community of the review via the Boards' electronic newsletters and a social media campaign.

The Board will consider the feedback it receives when finalising the outcome.

3. The proposal considers the following principles for best practice regulation.

National Board assessment

In developing the proposal, the Board has considered principles for best practice regulation.

The Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Boards make the following assessment specific to each of the principles expressed in the Ahpra procedures.

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

National Board assessment

The proposal is the best option for achieving the stated purpose and protection of the public because it promotes a supportive, self-reflective approach to dental practice, while retaining the regulatory safeguards of the Board's existing standards, codes and guidelines, to rely on for enforcement and compliance.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

National Board assessment

The proposal does not result in any unnecessary restriction of competition among health practitioners as it does not seek to limit or restrict practice.

C. Whether the proposal results in an unnecessary restriction of consumer choice

National Board assessment

The proposal does not result in any unnecessary restriction of consumer choice as it does not affect the labour market or workforce supply.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

National Board assessment

As the proposal reduces regulatory burden on practitioners, the costs to members of the public and practitioners and/or governments are likely to be minimal. While the proposal is a change from the status quo, in substance, the requirement for practitioners to practise safely remains the same. The proposal emphasises supporting practitioners to behave professionally. The benefits of the proposal outweigh any minimal costs related to health practitioners and other stakeholders needing to become familiar with the Board's new resources.

E. Whether the proposal's requirements are clearly stated using plain language to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

National Board assessment

The resources developed to support practitioners enable understanding and compliance by practitioners and members of the public. The focus on using a plain English style fact sheet as part of the supporting resources enhances understanding. The Board is committed to reviewing its consumer-facing resources and will develop a separate set of resources for consumers, following the outcome of the review.

F. Whether the Board has procedures in place to ensure the proposed registration standard, code or guideline remains relevant and effective over time

National Board assessment

The Board's standards, codes and guidelines are subject to regular review, usually every three years. These reviews are incorporated as part of the Board's regulatory workplan.

In keeping with this principle, the Board will conduct an evaluation of its review, implementation and outcomes and regularly review supporting material. The Board will have regard to emerging evidence relating to practice issues where required, to ensure that the Board's regulatory approach remains relevant and effective over time.

Revised guidelines

Effective date: [TBC]

Infection prevention and control

1. About the Dental Board of Australia and Ahpra

The Dental Board of Australia (the Board) regulates registered dental practitioners in Australia. The Board is responsible for ensuring that only suitably trained and qualified dental practitioners are registered to practise. It sets the standards that practitioners must meet, and manages notifications (complaints) about the health, conduct or performance of dental practitioners. The Board also registers dental students.

The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with the Board to implement the National Registration and Accreditation Scheme, under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The core role of the Dental Board of Australia and Ahpra is to protect the public.

2. About these guidelines

These guidelines have been developed under section 39 of the National Law and are relevant to all registered dental practitioners and students.

They address how dental practitioners can prevent or minimise the risk of the spread of infectious diseases in the dental setting.

These guidelines should be read alongside the Board's [Code of conduct](#) and [Guidelines - Registered health practitioners and students in relation to blood-borne viruses](#).

3. Summary

Dental practitioners must 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 minimised.

4. Infection prevention and control

Documents

- 4.1 Dental practitioners must have access to specific infection prevention and control documents in either hard copy or electronic form at their place(s) of practice. The documents are:
 - a. Infection prevention and control protocols and procedures used in that place of practice, which are based on the documents listed at sections 4.1.b and 4.1c of these guidelines and with reference to the concepts noted in the documents listed under section 5 of these guidelines.

- b. The current applicable Australian and New Zealand Standard. This will be [AS/NZS 4815](#)¹ unless a dental practitioner works within an organisation that operates under [AS/NZS 4187](#).²
- c. [Australian guidelines for the prevention and control of infection in healthcare](#) published by the National Health and Medical Research Council.

Behaviours

- 4.2 Every dental practitioner and student must:
- a. Practise in an area that is clean and hygienic to prevent or minimise the spread of infectious diseases.
 - b. Ensure that, in attending a patient, client or consumer, they take such steps as are practicable to prevent or minimise the spread of infectious diseases.
 - c. Act in accordance with the requirements set out in the documents referred to in section 4.1 of these guidelines.

Declaration

- 4.3 Applicants for initial registration or renewal of registration as a dental practitioner or student will be required to make a declaration that they will comply or are complying with these guidelines.

5. References

- a. [Australian guidelines for the prevention and control of infection in healthcare](#) published by the National Health and Medical Research Council.
- b. [Australian Commission on Safety and Quality in Healthcare – Standards](#), published by the Australian Commission on Safety and Quality in Healthcare.
- c. [Guidelines: Registered health practitioners and students in relation to blood-borne viruses](#), published by the Dental Board of Australia.
- d. Australian and New Zealand Standards [AS/NZS 4815](#) and [AS/NZS 4187](#), published by Standards Australia.
- e. [Australian Immunisation Handbook](#), published by Commonwealth of Australia.
- f. [National Hand Hygiene Initiative](#), published by the Australian Commission on Safety and Quality in Healthcare.

Review

These guidelines will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed: XXX 2021

These guidelines replace the previously published guidelines that were in effect from 1 July 2010.

¹ AS/NZS 4815-[current] *Office-based healthcare facilities - Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment*. This standard usually applies to smaller, office-based practices.

² AS/NZS 4187-[current] *Reprocessing of reusable medical devices in health service organisations*. This standard usually applies to larger practices, such as hospitals and day procedure services.

Guidance for registered dental practitioners: Infection prevention and control

	Why	The Dental Board of Australia (the Board) has developed this fact sheet as part of its role to protect the public. Good infection prevention and control is essential to safe practice. This fact sheet will help you understand your obligations and locate resources on infection prevention and control.
	How	You need to follow regulatory and legal requirements and maintain your knowledge and skills on infection prevention and control.
	What	You must be familiar and comply with: <ul style="list-style-type: none">your professional obligations, as outlined in the Board's regulatory standards, codes and guidelinesstate, territory or federal laws relating to infection prevention and control.
	Who	The Board and the Australian Health Practitioner Regulation Agency (Ahpra) work together to regulate dental practitioners. Professional associations, professional indemnity insurers, statutory entities, government health departments and private consultants can provide guidance and advice on achieving good infection prevention and control.

Why the Board developed this guidance

Good infection prevention and control is essential to safe practice

As part of its role to protect the public and regulate all registered dental practitioners, the Board publishes guidance, including FAQs and fact sheets such as this. This guidance explains practitioners' professional obligations for infection prevention and control and provides information about other legal requirements and useful resources.

The Board expects all registered dental practitioners to practise safely by ensuring the risk of spreading infectious diseases is prevented or minimised. Inadequate infection prevention and control has significant consequences for practitioners, patients and the community.

How to comply

Follow regulatory and legal requirements, maintain your knowledge and skills

The Board expects you to practise in line with the Board's regulatory standards, codes and guidelines by:

- adhering to the [Code of conduct](#)
- following the guidance in the [Guidelines: Registered health practitioners and students in relation to blood-borne viruses](#)
- completing ongoing [continuing professional development \(CPD\)](#) that contributes to the development, maintenance and enhancement of knowledge, skills and performance
- ensuring you have appropriate [professional indemnity insurance \(PII\)](#) arrangements in place for all aspects of your practice.

You must also be aware of and comply with:

- state, territory or federal legal requirements relating to infection prevention and control.

You must maintain your knowledge and skills in infection prevention and control by being aware of:

- evidence-based practice resources

- emerging issues relating to infection prevention and control.

What obligations apply

Code of conduct and other professional obligations

The Board's codes, registration standards and guidelines set out your professional obligations to practise safely.

The [Code of conduct](#) outlines the Board's expectations for professional conduct. Practitioners should be familiar with all sections of the code and apply it to their practice.

Several sections of the code relate to maintaining good infection prevention and control. For example, you must:

- be aware of your legal obligations and act in accordance with the law
- maintain adequate knowledge and skills to provide safe and effective care
- practise in accordance with the current and accepted evidence base of the health profession
- retain personal accountability for professional conduct and the care provided even when working in a team
- promote the health of the community through disease prevention and control, education and, where relevant, screening
- understand and apply the key principles of risk minimisation and management in practice
- understand the principles of immunisation against communicable diseases
- be aware of any health condition that could affect patients' health and take adequate steps to address this.

The Board expects all practitioners to know how to use infection prevention and control systems to provide safe and effective patient care.

The Board has other requirements which apply, outlined in the table below:

Guidelines: Registered health practitioners and students in relation to blood-borne viruses	Explains when a treating practitioner may need to notify Ahpra. Practitioners and students must comply with the Communicable Diseases Network Australia (CDNA) <i>Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses</i> . Provides information on action the Board may take if a practitioner or student is not complying with the CDNA guidelines and may pose a risk to the public.
Continuing professional development registration standard	Requires practitioners to: <ul style="list-style-type: none">• complete a minimum of 60 hours of CPD activities over a three-year cycle• 48 of the 60 hours must be clinically or scientifically based activities• 12 of the 60 hours can be non-scientific activities. CPD courses on infection prevention and control are readily available for dental practitioners.
Registration standard: professional indemnity insurance arrangements	Requires practitioners to: <ul style="list-style-type: none">• have adequate PII arrangements for all aspects and locations of practice. PII providers may provide guidance on infection prevention and control.

Self-reflective tool

The Board has developed an infection prevention and control [self-reflective tool](#) designed to help you meet the obligations in the *Code of conduct* and *Guidelines: Registered health practitioners and students in relation to blood-borne viruses*.

The self-reflective tool includes questions and statements about infection prevention and control for you to consider and respond to. After using the tool, you should be able to identify gaps in your knowledge, skills, systems and protocols and plan to address them. The tool can help you talk about infection prevention and control with your teams, mentors and other colleagues in peer-based or CPD settings.

Concerns about infection prevention and control

The Board takes concerns about infection prevention and control seriously. The consequences of inadequate infection prevention and control are significant for practitioners, patients and the community.

If a [notification](#) is made about you, we may ask you about the processes and policies you follow, and the sources of information you use to guide your practice. We may ask you to explain how you adhere to the Board's standards, codes and guidelines. Your place of practice may be inspected.

The Board takes [regulatory action](#) where necessary to protect the public from the risk of transmission of infection.

State, territory and federal laws

State, territory and federal laws exist alongside practitioners' professional obligations, described above. The laws and organisations responsible for their enforcement will vary by state or territory.

In relation to infection prevention and control, some of the relevant obligations could include:

- work health and safety laws. These often impose duties on employers to minimise the exposure (of workers and/or others) to health and safety risks, and on workers to take reasonable care for the health and safety of themselves and others.
- public health laws or directives. States and territories have public health laws that could include, for example, reporting obligations or the use of prescribed documents for infection prevention and control.
- environmental laws. Such laws may require certain waste disposal methods to reduce the risk of spreading infection or injury.
- rules that affect your place of practice. Some places of practice may have additional regulations, licensing or accreditation that could specify infection prevention and control requirements.

This is not an exhaustive list. Other regulatory requirements may apply and change from time to time. Your responsibility as a registered practitioner is to be aware of what laws currently apply in your jurisdiction and comply with them.

Who is involved

The Board works with Ahpra and develops standards for practitioners

The Board works with Ahpra and the other National Boards to implement the National Registration and Accreditation Scheme under the National Law. Its core role is to protect the public by regulating registered dental practitioners in Australia.

The Board:

- registers dental practitioners and students
- sets professional standards
- manages notifications about practitioners' health, conduct or performance
- publishes guidance to help practitioners meet registration requirements and professional obligations.

The Board's guidance may relate to a specific topic and refer to laws or other regulators where relevant. But the Board does not issue standards or guidelines about specific practice areas, so that practitioners can meet their patients' needs in a range of clinical settings.

Other organisations

Resources are available to dental practitioners through professional associations, insurers, statutory entities, government health departments and private consultants. These give more detailed guidance and advice on achieving good infection prevention and control.

Practitioners should use professional judgment when selecting resources to guide their practice. Have regard to the infection risks that relate to your practice setting and the type of care provided, as well as any existing policies or procedures required in the place of practice.

Some of the available resources include:

National guidance and standards

Publications on infection prevention and control can help practitioners be informed about accepted infection prevention and control approaches.

- [National Health and Medical Research Council – Preventing infection](#)
- [National Health and Medical Research Council – Australian guidelines for the prevention and control of infection in healthcare](#)
- [Communicable Diseases Network Australia – Publications](#)
- [Australian Commission on Safety and Quality in Healthcare – Standards](#)
- Standards Australia - Australian and New Zealand Standards [AS/NZS 4815](#) and [AS/NZS 4187](#)
- [Australian Immunisation Handbook](#)
- Australian Commission on Safety and Quality in Healthcare - [National Hand Hygiene Initiative](#).

Professional association resources

Professional associations can help direct you to resources to support you in achieving good infection prevention and control.

- [Australian Dental Association](#)
- [Australian Dental and Oral Health Therapists' Association](#)
- [Australian Dental Prosthetists' Association](#)
- [Dental Hygienists Association of Australia](#)

Health department resources

Health departments provide important information about public health issues and infection prevention and control requirements applicable in the various states and territories.

- [Commonwealth](#)
- [ACT](#)
- [New South Wales](#)
- [Northern Territory](#)
- [Queensland](#)
- [South Australia](#)
- [Tasmania](#)
- [Victoria](#)
- [Western Australia](#)

Other support

You should seek advice from your professional association, insurer or employer if you are still unsure how to achieve good infection prevention and control.

This fact sheet will be reviewed as needed, but generally every three years.



Dental Board
Ahpra

A self-reflective tool for infection prevention and control

[Date]

Introduction

The Dental Board of Australia (the Board) expects all registered dental practitioners to practise in a way that minimises the spread of infectious diseases.

Your professional obligations are outlined in the Board's registration standards, codes and guidelines. More information, including a [fact sheet](#), is available on the Board's [infection prevention and control webpage](#). This tool should be read in conjunction with these documents.

Purpose

Maintaining and developing knowledge, skills and professional competency are key to good practice. Self-reflection and participation in professional development, practice improvement and performance appraisal can help you continually develop professional capabilities.

This self-reflective tool can help you consider whether your practice meets the Board's standards, codes and guidelines, such as the [Code of conduct](#) and [Guidelines: Registered health practitioners and students in relation to blood-borne viruses](#) (the BBV guidelines). It can help you identify areas for development or improvement in your infection prevention and control practices.

How to use the self-reflective tool

To use the self-reflective tool, you need to:

- reflect on your practice and consider a range of questions and statements
- provide a written response to the question or statement
- identify gaps in your knowledge, skills, systems and protocols
- make an improvement plan.

The more you consider and reflect and the more detail you provide, the more useful the tool will be. You can use it as often as you like. The Board recommends using it at least once within a [continuing professional development](#) (CPD) cycle.

The tool can help you talk about infection prevention and control with your teams, mentors and other colleagues. This can be in peer-based and CPD settings.

In many places of practice, infection prevention and control tasks are not solely managed by dental practitioners. You can use this tool to reflect on whether the systems and processes in your place of practice are adequate. As a registered dental practitioner, you must comply with the Board's standards, codes and guidelines even where responsibility for infection prevention and control tasks is shared with other registered health practitioners as well as other practice staff.

This tool is not a substitute for the code and BBV guidelines or a definitive list of infection prevention and control requirements. This is not an audit tool. It will help you reflect on your practice and assess whether you need to improve your practice, but it will not state whether you meet the requirements.

The onus is still on you to be aware of and comply with the Board's standards, codes and guidelines and other legal or regulatory requirements relating to infection prevention and control.

Reflect on your infection prevention and control practices by responding to these questions

Name: _____ Date: _____

Tips for answering the questions

1. Make a list of the information sources you use to guide you on infection prevention and control. Check the information is current and evidence-based.
2. Check you understand what legal or regulatory requirements apply in your state or territory.
3. Check the policies and procedures used in your place of practice. You should ensure they are consistent with evidence-based guidelines and legal or regulatory requirements.
4. When answering the questions below, consider how your individual practice compares to the evidence-based guidelines and legal or regulatory requirements.

Key components of infection prevention and control	Question	My response
Infection prevention and control guidance and knowledge	<p>Describe the information sources you use for infection prevention and control in your practice.</p> <p>How do you select these sources?</p> <p>Are they current and evidence-based?</p> <p>How do you keep up to date with current or emerging infection prevention and control issues?</p> <p>Do you understand your responsibilities for infection control and prevention?</p>	
Training and education	<p>What training in infection prevention and control have you completed?</p> <p>When did you last complete training for infection control and prevention?</p> <p>Who is responsible for reviewing and educating practitioners on infection prevention and control, or providing subject matter expert advice, in your place of practice?</p>	
Resources	<p>How do you ensure adequate availability of resources for infection prevention and control? e.g. personal protective equipment (PPE), equipment, materials.</p> <p>How do you ensure these resources are safe and effective and able to fulfil their intended purpose?</p>	
Delegation of responsibility for infection prevention and control	<p>Consider who has accountability and responsibility for various infection prevention and control aspects in your place of practice.</p> <p>What training in infection prevention and control has been completed by those with delegated/shared responsibility?</p>	

Key components of infection prevention and control	Question	My response
Practitioner health	<p>How do you minimise the risk of infection to others if you have an infectious disease?</p> <p>How do you minimise the risk of infection to others if other staff or colleagues have an infectious disease?</p>	
Preparedness for emerging infection prevention and control issues and responses to pandemics	<p>How do you stay informed about emerging infection prevention and control issues, including responses to pandemics and other public health concerns?</p> <p>How can your processes and procedures be adapted in response to changing public health conditions and practice recommendations? Provide examples if applicable.</p> <p>How do you ensure that all staff in your place(s) of practice are aware of changing requirements and practice recommendations to minimise the risks of infection?</p>	
Immunisation	How do you ensure your immunisation status is up to date?	
Standard and transmission-based precautions	Describe how and when you apply standard and transmission-based precautions.	
Handwashing and hand hygiene	Describe how you maintain adequate handwashing and hand hygiene as part of your practice.	
Management of sharp injuries	Describe how you minimise the risk of sharps injuries in your practice.	
Use of single-use medical devices¹	Describe your protocols and procedures for the use and disposal of single-use medical devices.	
Environmental infection risks	Describe how you evaluate and minimise the infection risks associated with your practice, e.g. new and existing equipment, medical devices and products.	
Clean environment	<p>Describe how you maintain a clean and hygienic environment, e.g.</p> <ul style="list-style-type: none"> • separation of clean/contaminated sections of the clinical area • cleaning the clinical area • instrument storage • waste disposal • maintenance of equipment. 	

¹ 'Single-use medical devices' includes instruments or items used in dental practice that are intended to be used only once and then discarded.

Key components of infection prevention and control	Question	My response
Invasive medical devices²	Describe your use and management of invasive medical devices (where applicable).	
Reprocessing of reusable medical devices³	<p>Describe how you (or those with delegated responsibility) clean and reprocess reusable medical devices.</p> <p>Describe how you (or those with delegated responsibility) store and transfer reusable medical devices?</p> <p>How does this compare with relevant and current national and international standards?</p> <p>How does this compare with manufacturers' guidelines, where relevant?</p> <p>Describe your processes and frequency for testing, validation and maintenance of reprocessing equipment.</p>	
Identification	<p>Describe your processes for reusable equipment, instruments and medical devices that allow you to identify:</p> <ul style="list-style-type: none"> • the patient • the procedure • the reusable equipment, instruments and medical devices that were used for the procedure 	
Respiratory hygiene, cough etiquette and physical distancing	Describe the respiratory hygiene, cough etiquette and physical distancing practices used in your practice.	
Aseptic technique	Describe the circumstances for when you would use a surgical aseptic technique (e.g. when would you use surgical/sterile PPE)?	
Waste management	<p>Are you aware of the waste management requirements that apply in your state or territory?</p> <p>Describe the waste management procedures used in your practice.</p>	
Linen management	What policies apply to linen laundering and management at your place of practice?	
Pre-treatment screening and management of infection risks	Describe your protocols and procedures for pre-treatment patient screening for transmissible infections and management of the risk to others.	

² 'Invasive medical devices' include, for example, catheters inserted for drainage (e.g. urinary catheters). They are not routinely used in dental practice.

³ 'Reusable medical devices' include reusable instruments and equipment commonly used in dental practice.

Key components of infection prevention and control	Question	My response
Management of blood/body fluid exposures	Describe how you manage the risk of exposure to blood or body fluid in your practice.	
Personal protective equipment	<p>Describe the training, protocols and procedures you use to wear and use PPE.</p> <p>Explain how your protocols and procedures for PPE could be adapted to respond to emerging infection prevention and control issues?</p>	
Antimicrobial stewardship (for all practitioners, whether they prescribe, supply, administer and/or advise patients about antimicrobials)	<p>Describe the strategies you use to minimise antimicrobial resistance. Have regard to factors such as:</p> <ul style="list-style-type: none"> • the use of national evidence-based guidelines for antimicrobial use in Australia • judicious use of antimicrobials • communication with team members about their role in antimicrobial stewardship • engagement with and education of patients • diagnostic testing and clinical decision-making • working in multidisciplinary teams. 	
Process for the reporting and investigation of infection prevention and control incidents	<p>Describe how you investigate and report incidents relating to the spread of infectious diseases.</p> <p>Describe how you report or communicate infection risk both within your practice and to others outside your practice.</p>	
Governance, monitoring and quality improvement	<p>What systems does your organisation use to monitor and improve infection prevention and control practices?</p> <p>What measures or indicators help you assess and improve the safety and quality of your infection prevention and control practices?</p> <p>Have regard to factors such as (but not limited to):</p> <ul style="list-style-type: none"> • percentage of staff that have received infection prevention and control training within the past 12 months • percentage of staff with up to date immunisations • number of adverse events or near misses relating to infection prevention and control • audit results • trends or patterns in infections. 	

Consider your responses and how they can help you to address any gaps in your knowledge, skills, systems or protocols.

What to do if you identify gaps

You must take action to meet your regulatory obligations.

Suppose you reflect that your knowledge and skills about infection prevention and control or the systems and protocols you use are below expected standards for practice. In that case, you should take steps to address this.

You could:

- seek advice from peers, colleagues, your professional indemnity insurer or a professional association
- do mentoring, education or other learning activities.

Completing education or other activities to improve your infection prevention and control practices can count towards CPD. [Information and resources](#) on the CPD requirements, including guidance on choosing a CPD activity, are available on the [Board's website](#).

Other useful resources

Information is available to dental practitioners through professional associations, insurers, statutory entities, government health departments and private consultants. These give more detailed guidance and advice on achieving good infection prevention and control and are detailed in the Board's fact sheet.