

**From:** SmartDentist  
**To:** [dentalboardconsultation](#)  
**Subject:** Consultation on Infection Control guidelines  
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Dear Board/ consultation members,

I submitted my response to the survey but on further reflection I would like to make the additional following suggestions/comments.

**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)?**

I do not prefer option 1 however if used I would like clarification about the Australian guidelines for the prevention and control of infection in healthcare. You link the older document on the NHMRC website dated 2019.

The ACSQHC website it has the Australian guidelines for prevention and control of infection in healthcare as a joint development with NHMRC and updated in July 2021. Reference to this document is confusing in the context of using the older document rather than the newer document.

**3. Would replacing the guidelines with other supporting resources result in any unintended consequences or costs for: a. dental practitioners**

In your documentation "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."

I think one of the unintended consequences and costs is that by lack of specific referencing of resources, yet referring to acceptable practice of the profession, the Board increases the status of the professional bodies and encourages them to create member only standards that are not accessible to non-member practitioners for guidance.

The inference being that by producing member only guidelines and making them a required resource of members, then this becomes the default standards for professions by the Boards self defined regard of "acceptable practice in the profession".

My understanding is that none of the professional bodies ever audits their own members to see what "acceptable practice" of the profession is.

Example: ADA Guidelines for Infection control p24. Reusable cloth gowns and coat need to be laundered or reprocessed according to AS/NZS4146:2000. This standard costs \$202 to purchase.

The standard is 21 years old and states you need to use a water temperature that is illegal in households, and dental practices, in Australia and would need expensive and complex plumbing changes in commercial situations. It is unlikely that any dentist in Australia follows this directive in the ADA guidelines. This is an insignificant example of how something can be listed in a guidelines and it is impossible to decide from that listing, that any of the profession complies with that directive.

I think the DBA should only regard resources that are publicly available in regard to "evidence of acceptable practice" and even those resources, without legislative concordance, should be minimally weighted.

An additional cost of removing the ADA guidelines is the fact that the DBA listing the ADA guidelines gave weight to the unique aspects of dentistry which would otherwise be disregarded as insignificant to broader health bodies with larger issues to address. It will result in a “loss of voice” and cost and compliance issues for the profession.

**4. Do you have any suggestions about the language, structure or content of the draft revised fact sheet (Attachment D)?**

Yes.

Under State, territory and federal laws heading there is a listing which says:

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

\* work health and safety laws”

The list is not in alphabetical order, which suggests to me that it is hierarchical. Later on the page are additional resources that do not link to any WHS legal bodies. My suggestion would be to change the order of this list because the most important in guidance hierarchy will be the state health departments.

In the COVID crisis unfortunately some infection control information from WHS bodies has been incorrect and the health departments should have appropriate weighting in the resource lists.

**5. Do you have any suggestions about the language, structure or content of the draft revised fact sheet (Attachment E)?**

Linen Management - I would remove this unless the DBA knows of cases of issues from dental practice ( per my previous information).