

## Review of Guidelines on infection control: public consultation

### Introduction

The Dental Board of Australia (the Board) wants to make it easier for practitioners to know and understand the professional expectations around infection prevention and control to help them practice safely.

As part of this, the Board is reviewing its *Guidelines on infection control*. The Board is consulting on whether to shift the information contained in the guidelines to more accessible and helpful tools and resources, such as a one-stop fact sheet and a self-reflective tool.

**Please ensure you have read the public consultation paper and attachments before answering this survey.**

### Publication of your responses

Please let us know if you would like your responses published.

- Yes, I would like my responses to be published
- Please do not publish my responses

### About your responses

Are you responding on behalf of an organisation?

- Yes
- No

### Submission contact details

First name

Last name

Which of the following best describes you:

- Dental practitioner
- Other health practitioner

Member of the community

Other (please describe)

The following questions will help us to gather information about the Board's proposal.

**Please ensure you have read the public consultation papers before responding.**

Q1. Which of the Board's proposed options do you prefer?

- Option 1 - keep and revise the guidelines
- Option 2 - replace the guidelines with other supporting resources
- Other

Q1. Why do you prefer Option 1 - keep and revise the guidelines?

There are no regulated inspections or random audits of sterilisation and hygiene practices at dental clinics in Australia. Numerous reported hygiene breaches have resulted in clinic closures and health departments have urged their patients to get tested for possible exposure to HIV and hepatitis. These are serious offences that should be punished. Given the current Covid-19 global pandemic, the Dental Board should be creating an increased awareness of legal punitive guidelines for breaches of dental hygiene practices by registered dental practitioners.

Q2. 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**)?

Q3a. Would replacing the guidelines with other supporting resources result in any unintended consequences or costs for **dental practitioners**?

- Yes
- No
- Other

Q3a. Please describe or quantify any unintended consequences or costs for **dental practitioners**.

A variety of extra resources would create confusion.

Q3b. Would replacing the guidelines with other supporting resources result in any unintended consequences or costs for **dental practices**?

- Yes
- No
- Other

Q3b. Please describe or quantify any unintended consequences or costs for **dental practices**.

The Dental Board has already provided a 'Self-Audit Checklist' for dentists and 'Tips for Patients' such as; 'Does the surgery look clean and tidy?' (despite viruses like HIV being invisible). Why create more resources?

Q3c. Would replacing the guidelines with other supporting resources result in any unintended consequences or costs for **patients or consumers**?

- Yes
- No
- Other

Q3c. Please describe or quantify any unintended consequences or costs for **patients or consumers**.

Patients expect dental practices to be formally audited by an independent agency, not self-regulation. It is already concerning that hygiene and instrument control and sterilisation practices in Australian private dental clinics are performed by dental assistants; in the absence of any mandatory formal training requirements.

Q3d. Would replacing the guidelines with other supporting resources result in any unintended consequences or costs for **members of the community vulnerable to harm**?

- Yes
- No
- Other

Q3d. Please describe or quantify any unintended consequences or costs for **members of the community vulnerable to harm**.

Patients expect dental practices to be sterilised and externally audited. Board resources are already available - and few are multi-lingual, account for a diversity of cultures, and varying levels of health literacy. Vulnerable patients would be focused on the anxiety of dental treatment. The Board's proposal would not offer an increase in public confidence or protection. The proposal, on face value, appears to offer greater leniency for practitioner breaches (re: legal enforcement of codes vs guidelines). What are the intended consequences for members of the community vulnerable to harm?

Q3e. Would replacing the guidelines with other supporting resources result in any unintended consequences or costs for **Aboriginal and Torres Strait Islander Peoples**?

- Yes
- No
- Other

Q3e. Please provide more information about your answer.

The Dental Board should consult the public and invite Aboriginal and Torres Strait Islander people to answer this question.

Q4. Do you have any suggestions about the language, structure or content of the draft revised fact sheet (**Attachment D**)?

- Yes
- No

Q5. Do you have any suggestions about the language, structure or content of the draft self-reflective tool (**Attachment E**)?

- Yes
- No

Q6. Do you have any other feedback about the Board's proposal?

Given the current Senate Community Affairs References Committee Inquiry into AHPRA and Board notifications, and the Covid-19 global pandemic, the Dental Board should be creating an increasing awareness of legal punitive measures for breaches of dental hygiene practices. Extant self-regulation and instruments have proven to be inadequate to fulfil the disciplinary or 'enforcement' role that achieves public protection. The dental record guidelines have also been 'retired'. As a consumer, I do not support the Board's proposal, for the reasons outlined. The Board need to consult more widely.