

1996—No 175

## DENTISTS ACT 1989—REGULATION

(Relating to infection control standards)

NEW SOUTH WALES



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HIS Excellency the Governor, with the advice of the Executive Council, and in pursuance of the Dentists Act 1989, has been pleased to make the Regulation set forth hereunder.

Andrew Refshauge  
Deputy Premier and Minister for Health.

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### Commencement

1. This Regulation commences on 8 July 1996.

### Amendments

2. The Dentists Regulation 1991 is amended:
  - (a) by inserting after Part 6 the following Part:

#### **PART 6A—INFECTION CONTROL STANDARDS**

##### **Infection control standards**

40A. (1) A person engaged in the practice of dentistry must not, without reasonable excuse, fail to comply with the infection control standards set out in Schedule 3 to the extent that they apply to the person in the practice of dentistry.

(2) In determining whether or not such a person has a reasonable excuse for failing to comply with a standard, particular consideration is to be given to the following:

- (a) whether the circumstances involved the provision of emergency dental treatment;

(b) whether the person's employer failed to provide the necessary equipment, including providing access to it and training in its use, that would have enabled the person to comply with the standard (and whether the failure to provide such equipment was reported by the person to the Director-General of the Department).

(b) by inserting after Schedule 2 the following Schedule:

**SCHEDULE 3—INFECTION CONTROL STANDARDS**

(Cl. 40A)

**Part 1—Preliminary**

**Definitions**

1. (1) In this Schedule:

**“body substance”** includes any human bodily secretion or substance;

**“invasive procedure”** means any one or more of the following:

- (a) surgical entry into body tissue, cavities or organs;
- (b) surgical repair of injuries;
- (c) the manipulation, cutting or removal of any oral or peri-oral tissue during which bleeding may occur;

**“patient”** includes (but is not limited to) a person who is accessing medical or health services or who is undergoing any dental treatment;

**“sharps”** means any object capable of inflicting penetrating injury, and includes hollow bore needles, suture needles, scalpel blades, wires or stitch cutters.

(2) The requirements set out in this Schedule apply to a person who is assisting in performing a procedure in the same way as they apply to a person who is actually performing the procedure.

**Part 2—General standards applying to the practice of dentistry**

**General precautions**

2. (1) Precautions must be taken to avoid direct exposure to a patient's blood or other body substances. This requirement applies regardless of whether there is any perceived risk of infection.

(2) Recognised techniques in controlling the risk of cross-infection must be used in the course of complying with the requirements of this Schedule.

**Hand and skin washing**

3. (1) Hands must be washed and dried immediately before and after any direct patient care, except in relation to school-based assessment programs (in which case the Department's policy must be followed).

(2) Hands or other skin surfaces that are contaminated with a patient's blood or other body substance must be washed as soon as it is practicable to wash them.

(3) The requirement to wash and dry hands applies regardless of whether gloves are also required to be worn.

**Protective gowns and aprons**

4. A clinical protective gown or apron (or other similar clothing) must be worn while performing any procedure where there is a likelihood of clothing being splashed or contaminated with blood or other body substances.

**Gloves**

5. (1) Gloves must be worn while handling blood or other body substances.

(2) In particular; gloves must be worn:

- (a) while performing any procedure where direct contact is anticipated with a patient's blood or other body substances, mucous membranes or non-intact skin; and
- (b) while suctioning a patient; and
- (c) while handling items or surfaces that have come into contact with blood or other body substances; and
- (d) while performing any procedure where skin penetration is anticipated.

(3) Gloves must be changed and discarded:

- (a) as soon as they are torn or punctured; and
- (b) after contact with each patient.

(4) Sterile gloves must be worn while performing any oral surgical procedure (whether or not it is an invasive procedure).

**Masks and protective eye wear**

6. (1) A mask and protective eye wear must be worn while performing any procedure where there is a likelihood of splashing or splattering of blood or other body substances.

(2) In cases where a mask is required to be worn, it must be worn and fitted in accordance with the manufacturer's instructions.

(3) A mask that is not capable of being disinfected must be discarded once it has been worn and it must not be used again.

(4) A mask that is capable of being disinfected may be re-worn after it has been disinfected in accordance with the manufacturer's instructions.

### **Sharps**

7. (1) When handling sharps, recognised techniques for minimising the risk of needle stick or other penetrating injury must be followed.

(2) A needle must not be broken or otherwise manipulated by hand unless:

- (a) it is necessary to remove the needle for technical reasons;  
or
- (b) the person is performing a procedure where a needle is required to be bent.

(3) A needle must not be bent after it is contaminated with blood or body substances.

(4) In any case where resheathing of a needle is required:

- (a) the needle must be properly recapped; and
- (b) the sheath must not be held in the fingers; and
- (c) either a single handed technique or forceps, or a suitable protective guard designed for the purpose, must be used.

(5) Reusable sharps must, immediately after completion of the dental procedure, be placed in a puncture resistant container specially kept for that purpose and labelled as such.

(6) Non-reusable sharps must, immediately after completion of the procedure, be disposed of in a puncture resistant container.

### **Management of waste**

8. (1) Contaminated waste must be segregated, placed in a suitable leak proof bag or container and contained at the place it is generated before being disposed of in an appropriate manner. **Contaminated waste** includes microbiological waste or pathological waste, or any material or item (for example, sharps, dressings or disposable linen) that is soiled or contaminated with blood and that is likely to cause infection or injury to any person.

(2) Splashing or contamination of skin while disposing of blood must be avoided as far as practicable.

**Sterile medications and solutions**

9. Except as provided by clause 13, multi-dose vials or ampoules must not be used to obtain sterile medications or solutions for injection or ingestion.

**Invasive procedures**

10. In cases where it is technically feasible, retractors (and not fingers) must be used for exposure and access during an invasive procedure where there is a risk of penetrating injury.

**Part 3—Additional standards applying to the practice of dentistry in operating theatres****Application**

11. The requirements set out in this Part are additional to the other requirements of this Schedule, and are to apply when procedures are performed in an operating theatre.

**Protective gowns and aprons and gloves**

12. (1) A gown or apron made of impervious material must be worn while performing any procedure where there is a likelihood of clothing being splashed or contaminated with blood or other body substances.

(2) Gloves must be changed if separate procedures are being performed on the same patient and there is a risk of infection from one part of the body to another.

**Sterile medications and solutions**

13. (1) A medication or solution may be taken from a multi-dose vial or ampoule (or other similar container) only if the medication or solution is not readily available in another form.

(2) If any medication or solution is taken from a multi-dose vial or ampoule, a sterile needle and syringe must be used to withdraw the contents.

(3) The needle and syringe must be discarded once the needle and syringe have been used.

(4) Precautions must be taken to ensure that the injection of contaminated material or fluid into a multi-dose vial or ampoule (or other similar container) does not happen.

**Part 4—Processing of instruments and equipment****Prosthetic appliances**

14. Any prosthetic appliance or material that is intended to be sent to a laboratory for processing must be rinsed clear of any debris and be disinfected before it is sent.

**Cleaning of instruments and equipment**

15. (1) Any instrument or equipment that comes into contact with intact skin must be cleaned before it is used.

(2) Any instrument or equipment that is required to be sterilised or disinfected must be cleaned before it is sterilised or disinfected.

(3) The process of cleaning must involve water, mechanical or physical action (such as an ultrasonic cleaner) and a cleaning agent (such as detergent or a proteolytic enzyme).

**Disinfection of instruments and equipment**

16. (1) Any instrument or equipment that comes into contact with non-sterile tissue must be disinfected before it is used. They should also be sterilised if they are capable of withstanding that process.

(2) The process of disinfection must involve either thermal or chemical methods. Chemical disinfection may only be used in cases where thermal methods are unsuitable.

**Sterilisation of instruments and equipment**

17. (1) Dental hand pieces or any instrument or equipment used to enter, or that is capable of entering, tissue that would be sterile under normal circumstances must be sterilised before it is used.

(2) The method of sterilisation must be compatible with the particular type of instrument or equipment.

(3) If the method of steam under pressure (i.e. moist heat sterilisation) is used, the recommended temperature/pressure holding time must be attained and the relevant manufacturer's instructions must be followed.

(4) If a dry air oven is used, the instrument or equipment must be held for at least 1 hour at 160 degrees celsius and the relevant manufacturer's instructions must be followed.

(5) Instruments and equipment may be sterilised chemically, by using low temperature hydrogen peroxide plasma in a 75 minute cycle, or by using ethylene oxide, or by using low temperature peracetic acid in a sealed chamber in a 30 minute cycle.

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**EXPLANATORY NOTE**

The object of this Regulation is to specify the standards for controlling infection that are required to be followed by persons engaged in the practice of dentistry (i.e. registered dentists, and dental hygienists and dental therapists). The standards are designed to enhance protection against infectious diseases. The standards to be followed include general requirements (e.g. hand washing before and after direct patient care, wearing gloves while handling blood or other body substances, and proper handling of sharps) as well as specific requirements for operating theatres. The standards also require the cleaning, disinfection and sterilisation of instruments and equipment.

This Regulation is made under the Dentists Act 1989, including section 67 (the general regulation making power, in particular section 67 (2) (o)).

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