

IPC for Dentists

DO YOU KNOW THE DRILL?

The top five Infection Prevention and Control risk areas for dentists and strategies to manage them.

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BACKGROUND

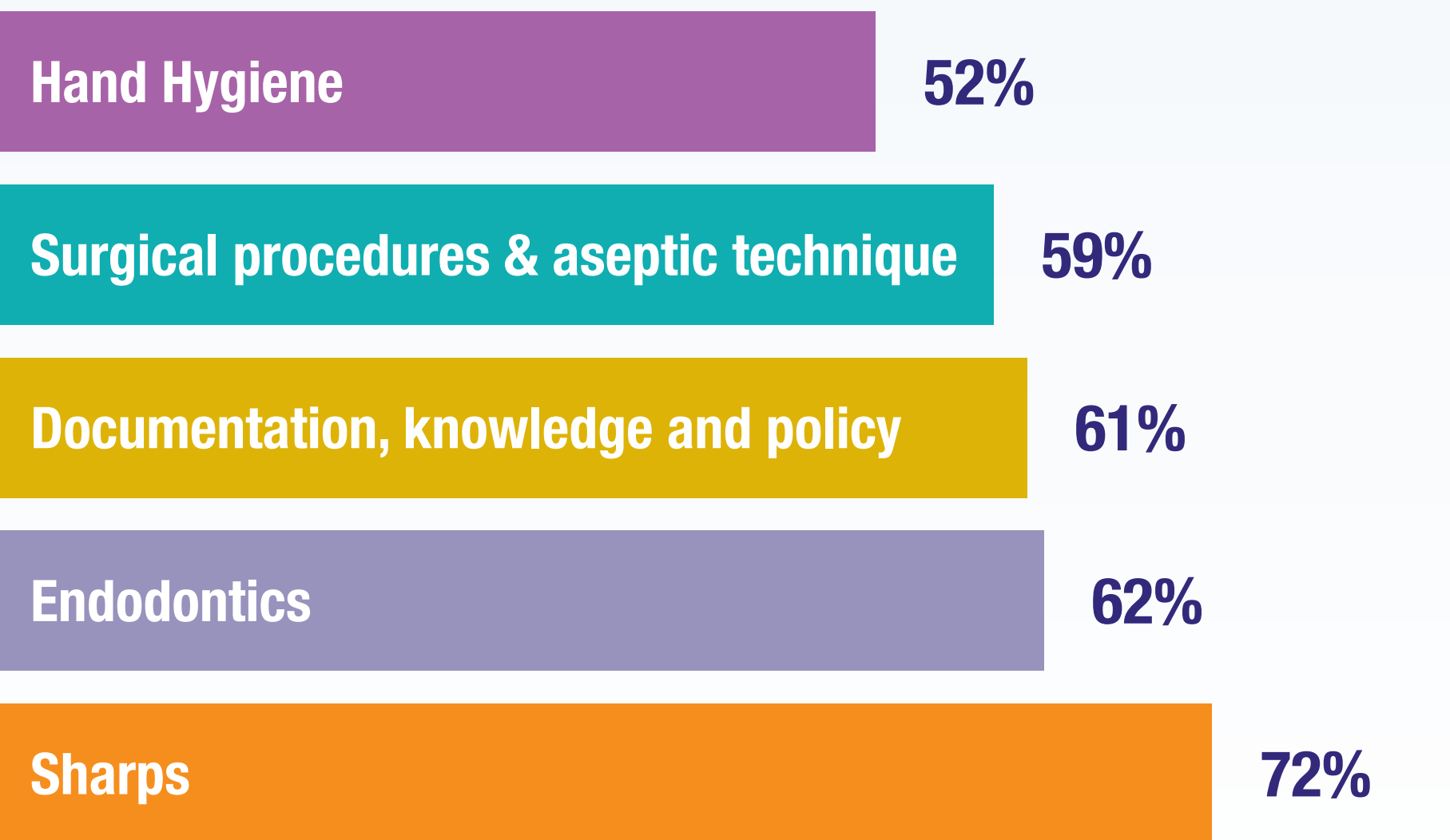
Infection Prevention and Control (IPC) is a priority in New South Wales with the regulator of the profession – the Dental Council of NSW – conducting spot inspections of dental practices after continuing to receive IPC complaints about registered healthcare practitioners regarding deficiencies in IPC protocols within dental surgeries. ADA NSW has responded by acting on insights and experience, utilising performance-based data to create IPC education and targeted resources.

METHODOLOGY

In 2017, performance data was obtained by applying a risk-based criteria framework based on the Dental Board of Australia's guidelines on infection control onto 99 dental practices. Scores were rated to generate a score which determined the level of IPC compliance.

The data provided the evidence to determine the top five IPC areas with the lowest scores (shown below), and therefore the most room for improvement. This determined the framework for *Infection Prevention & Control – Achieving Best Practice* an ADA NSW course.

TOP FIVE AREAS OF IMPROVEMENT FOR INFECTION CONTROL



RESULTS

The data allowed for strategic quality improvement opportunities to be presented during the course by assuming the opportunities could be extended to practices beyond the cohort reviewed.

Below is the number one quality improvement suggestion for each IPC area.



Hand hygiene (52%)

For team members to conduct hand hygiene at the appropriate times (17/99)



Surgical Procedures and Aseptic Technique (59%)

To have hair tied back and hair/beards covered when conducting procedures requiring surgical aseptic technique (AT) (37/99)



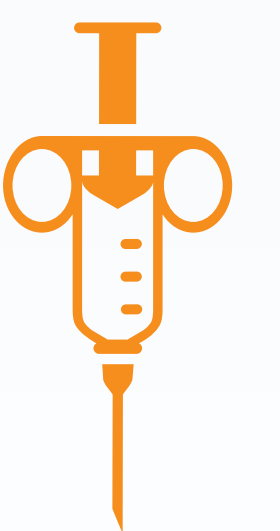
Documentation, knowledge and policy (61%)

For all team members to have read the practice's IPC manual (22/99)



Endodontics (62%)

For applicable rotary endodontic files to be reprocessed using the validated cleaning protocol (40/99)



Sharps (72%)

For single use contaminated sharps to be disposed of by the practitioner (53/99)



CONCLUSION

This risk-based criteria framework revealed and prioritised key IPC quality improvement opportunities for dental practices. The framework could be applied to additional contexts, such as other primary healthcare settings.

TESTIMONIALS

"This course was exactly what we were after as a practice. Highly recommend."
DR DEAN LICENBLAT

"Wonderful course!! Fills in all the gaps on infection control." **DR WAYNE DITCHFIELD**