

# Challenges for Public Dental Clinics Transitioning from AS/NZS 4815:2006 and 4187:2014 to AS 5369:2023

---

Wendy Bacalja

DHSV Infection Control Consultant Statewide

19 November 2024



dental health  
services victoria  
oral health for better health

In the spirit of reconciliation, DHSV acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

# Background

---

Dental Health Services Victoria (DHSV) purchases public dental services from community dental agencies around Victoria.

- 47 agencies with 85 clinic sites across Victorian metro and regional areas
- Royal Dental Hospital of Melbourne in Carlton has 142 chairs including 72 student chairs and Day Surgery Unit with 4 theatres
- Clinic sizes range from 30 chairs to one chair.
- Majority of clinics had a single room CSSD which were managed mainly by Cert III Dental Assistants.

AS/NZS 4187:2014 was released DHSV was advised that sterilisation services within agencies were to align with this 'new' Standard

# Transition Begins

---

- Undertook Risk Assessment and Gap Analysis (risk-based approach)
  - Agencies
    - Good space layout and equipment.
    - Small space, layout need improving, equipment updated.
    - Smaller spaces that required total overhaul.
    - Single rooms including treatment and sterilisation.
    - Treatment Vans.
  - Notified all Agencies the requirement to comply with AS/NZS 4187:2014
    - Funding was made available for upgrades of equipment, but not infrastructure
  - Expression of interest sent to Agencies specifically for washer and steriliser upgrades. RO water not included.
    - Multiple bench top sterilisers were replaced with large capacity sterilisers.
    - Ensured majority of sites now had washer/disinfectors



# Transition process continues

---

- Worked through Risk assessments and Gap Analysis with agencies.
  - There were vast differences in what each individual sites required.
  - Frustration with requirements, space too small, ongoing costs.
  - Multiple discussions re water quality requirements and cost of testing.
  - Bench top sterilisers no longer able to be inhouse validated, added expense.
- Space was big issue.
  - Require a solid documented process and separation of tasks including
    - not washing while packed items were waiting to go into the steriliser.
  - Where to cool and then store RMDs.
  - Dental treatment vans were managed the same as the small sites.
- Education of staff to Cert IV Sterilisation Services

# ...and continues

---

- RO water

- This was difficult to implement.
  - Staff didn't understand why it was needed.
  - It was expensive, the unit, the ongoing water testing requirements.
  - There was a lot of push back and 'inhouse' testing.

- Centralisation

- Clinics that were within a health care facility slowly started to have reprocessing moved to be completed within the HCF especially regional & rural areas
  - There were positives and negatives.
  - Required a lot more instruments.
  - Logistics of transporting clean and dirty items.
  - Unfamiliar instruments and items for CSSD staff.
  - New reprocessing methods for CSSD staff.
  - Dental Assistants were now freed up to provide patient care.

# AS 5369:2023

---

- Conduct Gap Analysis (risk-based approach) to determine the required changes to align with the new requirements.
  - Review Gap Analysis
    - A large document to assess and manage the changes required
    - A smaller to submit for extension to comply with elements of Advisory 18/07 (there is no timeframe for compliance, but progress needed to be evidenced on gap analysis.)
      - RDM storage
      - Water Quality
      - Separation spatial or divided which was space dependent.
      - Non-compliant equipment
    - Funding available for equipment and RO water if non-compliant
    - Ensure staff received adequate and annual training

# Further changes required or reinforced

---

- Ensure annual education for infection prevention and control and occupational exposures.
- Management responsibilities including business continuity planning to ensure ongoing compliance with standard.
- Competent person to oversee
  - Records and document controls
  - Product selection processes
- Determine methods for reprocessing by allocation of product families.
- Ensure adhering to TGA requirements for RMDs, accessories, reprocessing equipment and agents.
- Maintaining traceable and legible records.
- Facility design to support unilateral workflows and dedicated reprocessing area.
- Adhere to hand hygiene facilities, ventilation and cleaning sinks.
- Risk assessment and performance qualification
  - for handling, storage, transport of RMDs and other devices to prevent contamination and ensure safety through reprocessing cycle.