

INFECTION CONTROL BREACH MANAGEMENT PROTOCOL

1. PURPOSE

The purpose of this document is to provide a work instruction for the Practice Manager, Clinical Lead or Senior Dental Assistant to manage, investigate and escalate an infection control breach at a dental practice.

2. SCOPE

This document applies to all workers and clinicians in our practices throughout Australia and New Zealand.

3. PROCESS

3.1 Immediate Action

- Once you have been notified of an infection control breach, make immediate contact with your practice's management team or other responsible persons to provide clinical guidance for the next steps and to start the investigation process. Stakeholders who should be informed include the Practice Manager, Practice Principal, Senior Dental Assistant, Clinical Coordinator, or other relevant parties. This will ensure that the management team is aware of the incident and is able to respond in an appropriate and timely manner.
- Designate an appropriate person, for example the clinical lead, to investigate the infection control breach. This person will provide guidance to and obtain information from the practice's clinical team and others involved in the breach.
- The Practice Manager or delegated team member must remove all unsterile instrument/s from clean zones in steri or from storage within surgeries or other areas of the clinic. Unsterile instruments can be identified by the unchanged colour of the chemical indicator from the instrument package, or through the recall process for a failed steriliser (autoclave) cycle. This highlights the importance of ensuring that tracking of instruments is performed accurately and thoroughly.
- Ensure that a batch recall is conducted on all associated instrument/s. This includes compiling all unsterile instruments together and identifying each against the autoclave batch control labels and indicators, cycle number, printed data reports and autoclave log sheet descriptions.
- **CONSIDERATIONS:**
 - Does the number of instrument/s recalled match the number of instruments logged?
 - Were any instrument/s used on a patient?

- All identified unsterilised instruments must be immediately reprocessed following routine infection control guidelines..
- Identify the number of patients who have been exposed to the use of an unsterile instrument/s during their treatment, as they will need to be contacted by the treating practitioner/practice and offered serology.
- Log an incident report within 24-48 hours of the event occurring.

3.2 Contacting patients

- The treating practitioner or the practice is required to contact the patient and advise them that they may have been exposed to unsterile instruments during their treatment.
- The treating practitioner should contact their professional indemnity insurance to obtain advice prior to contacting affected patients. If the practitioner requires guidance for the discussion with the patient, they should rely on advice from their indemnifier. The practitioner might also wish to assist the patient by contacting their medical practitioner to discuss the incident and associated risk of infection.
- Patients should be contacted as soon as possible, and ideally within 24-48 hours of the breach being identified.
- *CONSIDERATIONS:*
 - If the patient asks, “How did this happen”, the practitioner must explain the circumstances, in the interests of open and honest communication.
 - If the patient asks, “What are you doing about this”, the practitioner must explain that we are investigating the incident and ensuring that adequate checks are in place for every step in the infection control and sterilisation processes, and that additional training will be provided to all staff at the practice.
 - If the patient requests a written statement, this must be escalated to the Compliance Team for further support and guidance, in conjunction with the advice from the practitioner’s indemnity insurer. Do not release written statements prior to seeking further guidance from the Compliance Team.

3.3. Identifying the cause of the incident

- Allocate time to discuss and document your findings and observations of the incident with the practice’s management and Compliance teams, and all associated staff and practitioners involved in the incident.
- *CONSIDERATIONS:*
 - Why did sterilisation not take place?
 - Who are the parties involved in the incident?
 - Is the required equipment available/suitable/maintained?

- Have team members attended mandatory infection control training at onboarding?
 - Are team members cognisant of their responsibilities in following infection control protocols?
 - Are there operational/time/equipment pressures?
- Document all discussions, findings and observations including all supporting documentation such as autoclave logs, images of unsterile instruments, etc. Include dates, times and locations in your summary.

3.4. Action Plan

- Review your findings and identify the cause of the incident.
- Allocate time to discuss findings and proposed corrective actions with the practice's management team and the Compliance team.

CONSIDERATIONS:

- Have all staff completed their mandatory LMS infection control training units at onboarding? If not, why?
- Are practitioners aware of their legal responsibilities related to infection control?
- Is additional infection control training required for staff?
- Is the patient volume to staff ratio appropriate?
- Are additional staff required to reduce infection control risks to an acceptable level?
- Is additional equipment required to reduce infection control risks to an acceptable level?

3.5. Follow up

- The Compliance Team must follow up with the practice's management team via phone call and email, to provide a reminder of the important areas to be addressed and actioned.
- Schedule further infection control training and outline the resources available to practices such as:
 - *ADA Guidelines for Infection Prevention and Control 5th Edition* (available on steri PC desktop and printed hard copies in both Level 1 and Level 2 Steri).
 - *NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare* (available on steri PC desktop and printed hard copies in both Level 1 and Level 2 Steri).

4. Resources

Dental Board of Australia's *Resources for practitioners* webpage:

<https://www.dentalboard.gov.au/Codes-Guidelines/Infection-prevention-and-control.aspx>

Dental Board of Australia's *Fact sheet: Infection control obligations under the National Law*

<https://www.dentalboard.gov.au/codes-guidelines/faq/infection-control.aspx>

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