

Australian Capital Territory

# Health Professionals (ACT Dental Board Standards Statements) Approval 2008 (No 1)

Notifiable instrument NI2008–132

made under the

Health Professionals Regulation 2004, Section 134 (Standard's Statement)

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**1. Name of instrument**

This instrument is the *Health Professionals (ACT Dental Board Standards Statements) Approval 2008 (No 1)*.

**2. Repeal**

This instrument repeals NI2007-9, the *Health Professionals (ACT Dental Board Standards Statements) Approval 2007 (No 1)*.

**3. Commencement**

This instrument commences on the day after notification.

**4. Standards Statements**

In accordance with Regulation 134 (3) of the *Health Professionals Regulation 2004* the ACT Dental Board has approved the following Standards Statements.

President  
Peter Walmsley

16 April 2008

# ACT DENTAL BOARD

## STANDARDS STATEMENTS

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## GLOSSARY

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## INTRODUCTION

Health professionals practise within the ACT in accordance with the *Health Professions Act 2004* (the Act) and they are obliged to exercise professional judgement, knowledge, skill and conduct at a level that maintains public protection and safety.

Dental care providers have responsibilities and obligations to their patients and to the broader community to provide safe, beneficial, responsible and competent dental care. The treatment and care provided by a dental care provider should be responsive to individual, group and community needs, meet the professional situation and operate within a framework of integrity and respect for people's rights and dignity.

The ACT Dental Board (the Board) has developed a number of Standards Statements (Standards) to direct dental care providers on medical, legal and ethical issues. The Board believes that the Standards ensure that the expected high level of care is delivered by dental care providers to the ACT community.

The Board has issued the Standards in loose-leaf form and will review them regularly and develop additional Standards to meet both professional and community needs.

## PURPOSE

Standards of practice are issued in the form of Standards by an appropriate authority under the Health Professions Regulation 2004 (the Regulation). Those Standards are intended to:

- set a basis for the required standard of professional practice
- inform dental care providers within the ACT of the required standard of professional practice
- inform the community of the standard of professional practice for dental care providers
- provide the Board with a basis for decisions regarding professional misconduct or unprofessional conduct; and
- guide dental care providers towards formal or informal resolution of ethical violations when they arise.

The Board will ensure, as far as practicable, that the profession-specific Standards developed or endorsed by the Board will be consistent with those standards developed by the professional representative bodies.

The Board may endorse Standards that are not consistent with standards approved by a professional association or employing agency if it is necessary to do so in order to protect the public. In the case of any conflict or discrepancy with ethics or code of conduct documents the Standards, promulgated by the Board, will prevail.

## **APPLICATION OF STANDARDS**

The Board's Standards are applicable to all dental care providers who practise within the ACT boundaries and must be adhered to by them in the practice of dentistry.

## **CONTRAVENTION OF A PROFESSIONAL STANDARD**

Standards issued by the Board state the level of professional performance considered to be acceptable practice in terms of professional competence, ethical behaviour and application of systems, procedures and information. Non-adherence or breach of the Standards may constitute a contravention of a professional standard.

## **CONFLICT WITH THE ACT**

In the case of any conflict or discrepancy between the Standards and the Act, the Act prevails.

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## STANDARDS STATEMENT 1.1

### Practice of dentistry

#### Introduction

- 1.1.1 It is essential that dental services delivered to the ACT community are provided by appropriately trained dental care providers in a safe and suitable environment.

#### Purpose

- 1.1.2 This Standards Statement describes the practice of dentistry within the ACT.

#### Dental service

- 1.1.3 A dental service includes the following:
- a. providing a dental opinion
  - b. taking or the completing a dental record
  - c. providing any service of a technical or professional nature for caring or treating a person, or in supporting another dental service
  - d. providing of information relating to promoting or providing dental care
  - e. prescribing and/or using a scheduled drug or other like substance
  - f. restoring or maintaining the dental health of a person
  - g. alleviating a person's dental suffering
  - h. supplying, renewing, maintaining and repairing a dental prosthesis
  - i. examining a person's dental condition on behalf of a third party
  - j. providing a certificate or report that is required to be provided by a dental practitioner
  - k. providing dental diagnostic services
  - l. researching dental matters through clinical means; and
  - m. providing dental training in clinical matters, and other dental educational activities.

- 1.1.4 A person who is not a dental care provider but who is undertaking any of the above activities, in accordance a relevant regulatory authority, would not be considered in breach of this Standards Statement.

**Who can perform a dental service?**

- 1.1.5 A registered dental care provider can perform a dental service, that is:
- a. a dentist
  - b. a specialist dentist, who must also be registered as a dentist
  - c. a dental hygienist; and
  - d. a dental therapist.
- 1.1.6 A person shall be deemed to practise dentistry if he or she:
- a. practices dentistry personally on their own account or as a member of a firm
  - b. engages in the practice of dentistry as a person employed in a business carried on by another person or company, or
  - c. provides a dental service.
- 1.1.7 A person who is not a registered dental care provider must not:
- a. give or perform any dental service, or
  - b. advertise or hold himself or herself out as being, or in any way pretend to be or to possess the status, or take or use the name or title (alone or in conjunction with any other title, word or letter) implying, or that may be construed to imply, that he or she is a person registered or entitled to be registered under this Act, or that he or she is qualified to practise dentistry or is carrying on the practice of dentistry or is entitled to use that name, title, word or letters.
- 1.1.8 Nothing in this Standards Statement prohibits a person who is not a registered dentist from making, repairing or altering artificial dentures or restorative or corrective dental appliances as an employee of, or under contract with, a registered dentist or dental prosthetist.



## STANDARDS STATEMENT 1.2

### Code of practice for dental care providers

#### Introduction

- 1.2.1 Dental care providers are to know and uphold their professional responsibilities and obligations to their patients, to the community, to other dental care providers, and to the profession of dentistry.

#### Purpose

- 1.2.2 This Standards Statement details the code of practice dental care providers are to adhere to in the delivery of dental services to the ACT community.

#### Recognised professional standard

- 1.2.3 The Board approves the following publication as a Standards Statement, in regard to non-clinical activities associated with undertaking and delivering dental services:
- *Standards of Practice for Allied Health Professions (2004)* ACT Health.

#### General

- 1.2.4 A dental care provider shall:
- a. not breach the requisite Standards in the delivery of dental services; and
  - b. confine their practice of dentistry in accordance with their respective qualifications, experience and relevant professional supervision requirements.
- 1.2.5 A dental care provider shall not:
- a. practise under a name other than the name under which they are registered, or
  - b. hold themselves out as possessing any professional qualifications which have not been authorised by the Board, or

- c. permit a person employed or engaged by them to provide or offer to provide a dental service or service as a specialist dentist unless that person is a registered specialist dentist in the specialty to which the service relates.

### **Personal conduct**

- 1.2.6 A dental care provider shall behave in all circumstances, both within and outside their professional life, in a manner that will not bring the profession into disrepute.

### **Obligations to patients**

- 1.2.7 A dental care provider shall practise their profession conscientiously and to the best of their ability. Their duty is the preservation and restoration of the oral and dental health of their patients.
- 1.2.8 The needs of their patients should be of paramount concern to a dental care provider.
- 1.2.9 A dental care provider should discuss fees with a patient in manner appropriate to the professional relationship.
- 1.2.10 In their patient's interest a dentist should be prepared to refer to suitably qualified dental care provider those patients who require advice and treatment which they consider beyond their competence. Dental hygienists and dental therapists are to arrange appropriate referral of their patients through the responsible professional supervising dentist.
- 1.2.11 Should a patient seek an opinion from a second dental care provider, with or without referral from the first dental care provider, the second dental care provider's professional opinion must be considered, honest and within the scope of their training and experience.
- 1.2.12 A dental care provider shall maintain confidential any information pertaining to patients which has been acquired through their professional relationship, except where the law demands otherwise or a patient's prior consent to release of information is given. Dental care providers shall also require supporting staff to do likewise.
- 1.2.13 A dental care provider shall uphold the right of choice by the patient of a dentist and, where possible, dental hygienist and dental therapist by the patient.
- 1.2.14 A dental care provider shall maintain accurate records of the assessment and treatment of their patients and retain such records for the statutory period.

- 1.2.15 Except in emergencies or where they would be failing in their duties on humanitarian grounds, a dental care provider has the right to decline to treat a patient for professional or personal reasons.
- 1.2.16 A dental care provider should not discontinue the treating relationship with a patient after a course of treatment has been started. In exceptional circumstances, where the treating relationship is to be discontinued, the dental care provider should offer to make alternative arrangements for the completion of the dental work.
- 1.2.17 A dental care provider should recognise that patients are entitled to consult with any dental care provider and to change their dental care provider at will, even during the course of treatment.
- 1.2.18 A dentist responsible for the professional supervision of other dental care providers should not delegate any service, treatment or procedure that is not in keeping with the Act or the person's training and ability.
- 1.2.19 A dental care provider has a responsibility to their patients to hold or be covered by professional indemnity insurance.
- 1.2.20 A dental care provider may treat their life partners, families and close friends for long as the dental care provider's professional judgment and objectivity is not diminished by the relationship. Referral to an appropriate dental care provider shall occur in the event the dental care provider believes they can not maintain a normal treating relationship with the patient.
- 1.2.21 A dentist or specialist dentist shall not prescribe narcotic preparations for life partners, families or close friends.

### **Obligations to community**

- 1.2.22 A registered dental care provider shall not in any way hold out that they possess the status of, or take or use a name or title (alone or in conjunction with any other title, word or letter) implying, or that may be construed to imply that he or she is a person registered or entitled to be registered as a specialist dentist in a specialist branch of dentistry in relation to which he or she is not registered.
- 1.2.23 A person shall not, in the course of a business carried on by the person, permit a person employed or engaged by him or her to provide, or offer to provide:
- a. a dental service, unless that other person is a registered dental care provider; or

- b. a dental service as a specialist dentist, unless that other person is registered as a specialist in the specialist branch of dentistry to which the service relates.

### **Obligations to another dental care provider**

- 1.2.24 A dental care provider shall neither denigrate nor disparage another dental care provider, including that dental care provider's professional opinion, dental treatment or fees.
- 1.2.25 A dental care provider should also be willing to help a dental care provider if their advice or assistance is sought, provided the colleague is acting within this Code of Practice.
- 1.2.26 In the event a dental care provider is consulted by a patient for a condition constituting an emergency, a dental care provider shall attend to that emergency and then refer the patient back to his or her usual dentist and shall inform that dentist of the conditions found and treated.
- 1.2.27 A dental care provider shall not:
  - a. solicit another dental care provider's patients; or
  - b. directly or indirectly share or agree to share fees paid by patients with any other dental care provider, who is not a partner or employee of the dental care provider, or with any other person.
- 1.2.28 A dental care provider who is employed by another dental care provider should not either during or after termination of such employment:
  - a. directly solicit patients by letter, notice, circular or verbal communication; or
  - b. do anything calculated to directly entice any employee from the previous dental care provider's employer.

### **Obligations to the profession**

- 1.2.29 A dental care provider shall uphold the profession and whatever the circumstances of a dental care provider's practice they shall not abrogate their professional responsibility.
- 1.2.30 A dental care provider has a responsibility to maintain their professional competence by endeavouring to keep abreast of modern scientific knowledge, clinical and technical development through continuing professional development.

- 1.2.31 It is the obligation of a dental care provider engaging another dental care provider, including a stand-in dental care provider, to ensure that such persons are registered with the Board.
- 1.2.32 A dental care provider must not employ or work with an individual whom they know or reasonable suspect to be practicing in breach of the Act and/or Standards.
- 1.2.33 A dental care provider shall at all times avoid false certification and misleading statements in respect of their conduct of dentistry.
- 1.2.34 A dental care provider shall not represent, in a false or misleading manner, the care being rendered to their patients or fees being charged for providing such care.

### **ACT Dental Board policy**

- 1.2.35 From time to time the Board will develop and promulgate documents to assist in the management of specific administrative and clinical matters. This type of document is known as an ACT Dental Board Policy (Board Policy). A dental care provider is to observe the Board policies.

### **Acting in good faith**

- 1.2.36 The Code of Practice cannot provide for all ethical dilemmas which may arise in the course of practising dentistry. A dental care provider shall exercise discretion in any situation not covered and act in the best interests of the patient and the profession. The dental care provider should act in good faith at all times in conjunction with the Code of Practice.

### **Assistance with investigations**

- 1.2.37 A dental care provider must provide all reasonable assistance including the provision of records, radiographs, photographs, study models, and relevant correspondence to the Board, the Commissioner for Health Complaints and/or the Health Professions Tribunal or any other body investigating complaints against the dental care provider.

### **Breach of the code**

- 1.2.38 The Code of Practice shall be adhered to by dental care providers at all times and failure to do so will be dealt with by the Board in accordance with the powers conferred upon it.

## STANDARDS STATEMENT 1.3

### Scope of practice for dental hygienists

#### Introduction

- 1.3.1 It is essential that a dental hygienist, employer and the dentist with the responsibility for professional supervision are fully aware of the scope of practice of a dental hygienist. This should ensure that the dental care provided by the dental hygienist will meet public interest and safety requirements and be in accordance with the dental care provider's clinical and educational experience.

#### Purpose

- 1.3.2 This Standards Statement describes the scope of practice to be upheld by a dental hygienist in the ACT.

#### Scope of practice

- 1.3.3 A dental hygienist is to limit their practice of dentistry in accordance with their respective qualifications and clinical experience. A dental hygienist shall not undertake an approved dental procedure if they can not demonstrate formal training in that dental procedure.
- 1.3.4 A person registered as a dental hygienist may perform the following Board approved dental procedures, subject to the professional supervision of a dentist in accordance with the Board's Standards Statement 1.5 *Professional Supervision of Dental Hygienists and Dental Therapists*:
- a. exposing dental radiographs
  - b. applying and removing of rubber dam
  - c. instructing patients pre-operatively and post-operatively
  - d. irrigating the mouth
  - e. removing sutures
  - f. instructing persons in oral hygiene and dental health measures
  - g. applying topical preparations
  - h. removing of supra- and sub-gingival plaque and calculus

- i. root planing
- j. cleaning and polishing of teeth
- k. re-contouring and polishing of restorations
- l. placing temporary restorations
- m. taking of impressions for study casts
- n. placing fissure sealants
- o. measuring and recording of periodontal conditions
- p. removing dental cements and overhangs
- q. removing surgical packs
- r. in-office vital tooth bleaching
- s. using local anaesthesia by means of topical, supra-periosteal infiltration, inferior dental nerve block, mental nerve block and long buccal block
- t. removing of orthodontic appliances, including removal of bands, brackets, attachments and orthodontic cements and resins
- u. placing and removing of non-metallic orthodontic separators
- v. sizing orthodontic bands
- w. etching and sealing preparatory to placing of orthodontic brackets
- x. placing and removing orthodontic archwires, and
- y. placing and removing orthodontic archwire fixation.

1.3.5 Both the dental hygienist and the supervising dentist are to satisfy themselves that the dental hygienist is qualified and competent to perform an approved dental procedure. Where concern exists, the Board must be consulted to clarify matters relating to a dental care provider's suitability of qualifications and experience. The Board will confirm if the provider has suitable qualifications and experience to perform the approved dental procedure.

## STANDARDS STATEMENT 1.4

### Scope of practice for dental therapists

#### Introduction

- 1.4.1 It is essential that a dental therapist, employer and the dentist with the responsibility for professional supervision are fully aware of the scope of practice of a dental therapist. This should ensure that the dental care provided by the dental therapist will meet public interest and safety requirements and in accordance with the dental care provider's clinical and educational experience.

#### Purpose

- 1.4.2 This Standards Statement describes the scope of practice to be adhered to by dental a therapist in the ACT.

#### Scope of practice

- 1.4.3 A dental therapist is to limit their practice of dentistry in accordance with their respective qualifications and clinical experience. A dental therapist shall not undertake approved dental procedures if they can not demonstrate formal training in that dental procedure.
- 1.4.4 A person registered as a dental therapist may perform the following Board approved dental procedures, subject to the professional supervision of a dentist in accordance with the Board's Standards Statement 1.5 *Professional Supervision of Dental Hygienists and Dental Therapists* and if the patient being treated is under the age of 19 years:
- a. diagnosing and recording of dental caries and the planning and arranging of appropriate the treatment
  - b. assessing and recording of the status of oral hygiene, gingival and periodontal health, and noting of any abnormalities within the oro-facial environment
  - c. performing other diagnostic procedures, including dental radiography
  - d. removing plaque and supra-gingival calculus
  - e. placing fissure sealants
  - f. recontouring, cleaning and polishing of teeth and restorations
  - g. applying topical preparations



- h. extracting primary teeth not involving incisions or other surgical techniques
- i. performing pulpotomies and the placing of pulp dressings in primary teeth
- j. preparing cavities in primary and permanent teeth and the restoring (whether short- or long-term) of those teeth with suitable materials;
- k. using local anaesthesia by means of topical, supra-periosteal infiltration, inferior dental nerve block, mental nerve block and long buccal block
- l. applying and removal of rubber dam
- m. irrigating the mouth
- n. providing dental health education
- o. capping an exposed pulp of a permanent tooth
- p. protecting exposed dentine of a fractured tooth
- q. reimplanting or repositioning and temporary stabilisation of an avulsed or loose permanent tooth
- r. placing stainless steel crowns on primary teeth
- s. taking impressions for study casts
- t. removing orthodontic appliances, including removal of bands, brackets, attachments and orthodontic cements and resins
- u. placing and removing of non-metallic orthodontic separators
- v. sizing orthodontic bands
- w. etching and sealing preparatory to placement of orthodontic brackets
- x. placing and removing of orthodontic archwires, and
- y. placing and removing of orthodontic archwire fixation.

1.4.5 Both the dental therapist and the supervising dentist are to satisfy themselves that the dental therapist is qualified and competent to perform an approved dental procedure. Where concern exists, the Board must be consulted to clarify matters relating to a dental care provider's suitability of qualifications and experience. The Board will confirm if the provider has suitable qualifications and experience to perform the approved dental procedure.

## STANDARDS STATEMENT 1.5

### Professional supervision of dental hygienists and dental therapists

#### Introduction

- 1.5.1 The Standards Statements 1.3 *Scope of Practice for Dental Hygienists* and 1.4 *Scope of Practice for Dental Therapists* describe the dental procedures those dental care providers are authorised to perform subject to the professional supervision of a dentist. It is essential that the professional supervision required to be undertaken for these dental care providers meets the public interest and safety requirements and be in accordance with the respective dental care provider's clinical and educational experience.

#### Purpose

- 1.5.2 This Standards Statement describes the practice standard for the professional supervision of dental hygienists and dental therapists providing dental procedures in both the government and non-government sectors.

#### General

- 1.5.3 **Team Approach.** The delivery of dental services by dental care providers should be a team approach. The overall responsibility for a patient's care resides with the dentist who is performing the role of the clinical team leader. Dental hygienists and dental therapists are to work within the dental team in a consultative and referral based relationship with the dentist when providing dental procedures in accordance with the Standards.
- 1.5.4 A dental care provider involved in professional supervision should:
- a. acknowledge the team approach to the provision of oral health care, their respective roles within the team and the dentist's role as the clinical team leader
  - b. recognise the specific competencies and expertise of each member of the clinical team
  - c. engage in individual professional development and lifelong learning; and
  - d. develop and engage in a framework for improving the quality of care delivered to the patient.

### Specific matters

- 1.5.5 Dental hygienists and dental therapists do not have the right of independent dental practice within the ACT. These dental care providers must perform their clinical duties in accordance with the Standards. They shall only be employed clinically by an entity that has a dentist responsible for their professional supervision.
- 1.5.6 A dental care provider participating in professional supervision arrangements is to:
- a. operate within their field of expertise, competencies and experience
  - b. consult with peers and other health providers as part of a multi-disciplinary health team; and
  - c. refer patients to an appropriate dental care provider where indicated.
- 1.5.7 **Dental hygienists.** Specific matters of the professional supervision of a dental hygienist are:
- a. all treatment provided by a dental hygienist is to be in accordance with a written treatment plan prepared by a dentist
  - b. during the performance of a dental hygienist's clinical duties a suitable dentist is to be on-the-premises to:
    - (I) provide professional supervision
    - (II) provide advice and consultation in relation to authorised dental hygienists activities
    - (III) be available for referral in relation to other matters falling outside the competence of an individual dental hygienist; and
  - c. dental hygienist may provide oral cleaning and education according to a written treatment plan to a patient who is resident in a nursing home, aged care or other residential facility with off-the-premises professional supervision.
- 1.5.8 **Dental therapists.** Specific matters in relation to the professional supervision of a dental therapist are:
- a. during the performance of dental therapists clinical duties a suitable dentist is to be on-the-premises to:
    - (I) to provide professional supervision
    - (II) referral in relation to other matters falling outside the competence of an individual dental therapist
    - (III) be available for referral in relation to other matters falling outside the competence of an individual dental therapist; and

- b. a dental therapist may provide oral cleaning and education according to a written treatment plan to an eligible patient who is resident in a nursing home, aged care or other residential facility with off-the-premises professional supervision.

1.5.9 **Government agencies** Specific matters in relation to government agencies are:

- a. professional supervision within a government agency shall be the responsibility of the senior dental officer or an appropriately authorised delegate
- b. delegation of professional supervision of dental hygienists and dental therapists shall only be to a dentist such as an employed, visiting or contracted dentist
- c. the professional supervising dentist is to have:
  - (I) adequate clinical experience to meet the supervision requirements, and
  - (II) sufficient accessibility according to the number of and experience of the dental team members; and
- d. the requirement for a government agency to have on-the-premises supervision of dental hygienists and dental therapists may be waived where that agency can demonstrate experience in exercising off-the-premises supervision of these dental care providers.

1.5.10 **Non-government agencies.** Specific matters in relation to non-government agencies are:

- a. professional supervision of dental hygienists and dental therapists within non-government agency shall be the responsibility of the employing dentist or an appropriately authorised dentist within the employing entity's organisation
- b. delegation of professional supervision of dental hygienists and dental therapists shall only be to a registered dentist, such as an employed, visiting or contracted dentist. Any other type of employment arrangement must have the approval of the Board.
- c. the dentist who carries responsibility for the professional supervision of dental hygienists and dental therapists shall be available within the workplace when those dental care providers undertake their clinical duties

- d. the supervising dentist is to have:
  - (I) adequate clinical experience to meet the supervision requirements, and
  - (II) sufficient accessibility according to the number of and experience of the dental team members.

1.5.11 **Written protocols.** Written protocols are to be developed setting out the operation of professional supervision between dental team members including:

- a. emphasis on a team approach
- b. each dental care provider's responsibilities and duties
- c. daily procedures including:
  - (I) the working relationship between team members
  - (II) quality assurance matters, and
  - (III) referral between care providers.

## STANDARDS STATEMENT 1.6

### Referral pathways between dental care providers

#### Introduction

- 1.6.1 The Standards Statement 1.5 *Professional Supervision of Dental Hygienists and Dental Therapists* describe requirements for professional supervision by a dentist. It is essential that satisfactory referrals pathways are established to ensure the safety of patients and that the high standard of patient care delivered to them is maintained throughout the referral process.

#### Purpose

- 1.6.2 This Standards Statement details the standard of practice to be adhered to by dental care providers in exercising referral pathways between dental care providers within the ACT.

#### General

- 1.6.3 **Team Approach.** The delivery of dental services by dental care providers should be a team approach. A dentist is to perform the role of a clinical team leader with whom overall responsibility for the patient's care and management resides. Dental hygienists and dental therapists are to work within the dental team in a consultative and referral based relationship with the dentist as team leader.
- 1.6.4 Dental care providers involved in referral pathways should:
- a. acknowledge the team approach to the provision of oral health care, their respective roles within the team and the dentist's role as the clinical team leader; and
  - b. recognise the competencies and expertise of each member of the clinical team.

#### Referral Pathways

- 1.6.5 **Dentists.** Dentists are obliged to refer patients when their experience, training, expertise or the best interest of the patient is served by referral to a more experience or qualified dentist or specialist dentist.
- 1.6.6 **Specialist dentist.** In the event of a specialist dentist is consulted by a patient who has not been subject to referral pathways, the patient's usual dentist should be informed of the result of the consultation.

- 1.6.7 **Dental hygienists and dental therapists.** Dental hygienists and dental therapists are to arrange appropriate referral of their patients through the responsible professional supervising dentist.
- 1.6.8 A dentist or specialist dentist acting on referral shall not, without prior consultation with the responsible referring dentist:
- a. embark upon any treatment, with the exception of emergency treatment, outside the limits of their practice
  - b. undertake any treatment which is not requested by the referring dentist, and
  - c. re-direct a referred patient to another dental care provider or medical practitioner for consultation or treatment.
- 1.6.9 In treating a referred patient, a dentist or specialist dentist shall:
- a. keep the referring dentist informed of treatment, and
  - b. after completion of treatment direct the patient back to the referring dentist.

## STANDARDS STATEMENT 1.7

### Continuing professional development for dental care providers

#### Introduction

- 1.7.1 The public's interest is served when dental care providers maintain, improve and broaden their knowledge and skills as well as develop their personal qualities required in their professional lives.

#### Purpose

- 1.7.2 This Standards Statement details the Board's standard of practice to be adhered to by dental care providers undertaking continuing professional development (CPD).

#### Recognised professional standard

- 1.7.3 The Board approves the following publication as Standards Statement in CPD matters:
- *Continuing Professional Development information for Health Profession Boards* by ACT Department of Health, Housing and Community Care.

#### General

- 1.7.4 It is important that registrants exercise their professional judgement as to which activities are appropriate for their circumstances. Any training that is attended as part of CPD activities is to be relevant to clinical dental practice with the aim of enhancing competent and safe care to the community.

#### Acceptable CPD activities

- 1.7.5 Activities that are acceptable for CPD purposes include:
- a. analysing clinical and dental skill needs and planning of CPD
  - b. attending courses and lectures
  - c. attending vocational training on general professional training study days



- d. attending educational parts of professional and specialist society meetings
- e. peer-reviewing and clinical auditing
- f. attending at study group meetings
- g. multimedia learning, such as web-based learning or CD-ROM
- h. staff training
- i. attending educational workshops at conferences
- j. reading journals
- k. preparing and delivering of a lecture to dental care providers
- l. studying privately, including reading dental texts
- m. mentoring
- n. undertaking cardio-pulmonary resuscitation course, and
- o. attending infection control measures lectures, seminars or courses.

1.7.6 **Training organisations.** Courses and lectures shall be acceptable when given by:

- a. accredited tertiary institutions
- b. professional associations
- c. societies officially affiliated with professional associations
- d. recognised study groups
- e. Royal Australasian College of Dental Surgeons; and
- f. other bodies acceptable to the Board.

1.7.7 **Journal articles.** The journal articles shall be peer-reviewed and indexed on Medline.

1.7.8 Registrants are to exercise their own judgment as to whether they believe that an activity is appropriate under the Standards issued by the Board. If the registrant is uncertain that an activity is acceptable then they should refer the matter to Board for advice.

1.7.9 The Board retains the final decision as to which courses of study are acceptable for CPD credit. Should a registrant's request for recognition of a CPD activity be refused they may re-submit the request for further

consideration by the Board provided additional information about the activity is supplied at that time.

## Requirements

- 1.7.10 **CPD participants.** Dental care providers registered within the ACT must undertake CPD.
- 1.7.11 **CPD cycle.** The CPD training will be conducted over a 3 year cycle. The first triennial CPD cycle will start from the 1 July 2007 and end 30 June 2010.
- 1.7.12 **CPD hours.** In each 3 year cycle, registrants will be required to undertake CPD hours as follows:
- a. a dentist at least 60 hours with 40 hours of the total CPD hours to be undertaken as verifiable activities
  - b. a specialist dentist at least 60 hours with 40 hours of the total CPD hours to be undertaken as verifiable activities
  - c. a dental hygienist at least 40 hours with 30 hours of the total CPD hours to be undertaken as verifiable activities
  - d. a dental therapist at least 40 hours with 30 hours of the total CPD hours to be undertaken as verifiable activities, and
  - e. should be progressively undertaken throughout each 3 year cycle.
- 1.7.13 **Dual registered dental care provider.** A dual registered dental care provider, dentist/specialist dentist or dental hygienist/dental therapists, is required to complete only the equivalent of a single registration CPD requirement.
- 1.7.14 All study undertaken for CPD is to be expressly related to dental practice. Of the total CPD hours, at least 80% are to be scientific or clinically related activities and the remainder may be other related dental activities.
- 1.7.15 **Cardio-pulmonary resuscitation course.** Each year of the 3 year cycle a registrant is required to complete at least 1 cardio-pulmonary resuscitation course conducted by an accredited training provider. This is a verifiable activity and the registrant is to retain the certificate from the accredited provider as evidence of having completed the requirement. This activity is to be included as part of the required verifiable CPD activities.
- 1.7.16 **Training in infection control measures.** Once in each 3 year cycle the registrant is to attend training in infection control measures, usually a lecture or course. This is a verifiable activity and the registrant is to retain the certificate from the accredited provider as evidence of having completed the requirement. This activity is to be included as part of the

required verifiable CPD activities.

- 1.7.17 **CPD Logbook.** Each registrant shall maintain a logbook and record all CPD activities undertaken. The CPD logbook shall reflect in chronological order at least:
- a. date of the activity
  - b. the title or subject matter
  - c. the venue (if applicable)
  - d. the body organising the activity (if applicable)
  - e. whether or not the activity is classified as verifiable; and
  - f. the number of hours spent at the activity.
- 1.7.18 **Referencing of journal articles and books.** Articles and books that have been read should be referenced in Vancouver referencing format; that is:
- a. journal articles, for example: Ehrmann EH, Feiglin B. The obturation of the entire root canal with a dowel crown. J Endod 1980; 6:696-701.
  - b. Books, for example: Andreasen JO. Traumatic injuries of teeth. 2nd ed. Copenhagen: Munksgaard;1981. p.119-120

### **Auditing**

- 1.7.19 The Board may request a statement of CPD activities for each year of the CPD cycle at any time.
- 1.7.20 At the end of a 3 year cycle, the Board may request the full CPD records of a registrant including documentary proof for verifiable activities undertaken by the registrant. Failure to provide adequate or requested proof of CPD may incur suspension or an inquiry by the Board.
- 1.7.21 In the case of a formal inquiry by the Board into a registrant's practice the CPD history will be examined and taken into account.

### **Exemptions**

- 1.7.22 Exemptions in this Standards Statement may be granted to registrants who are in training or who have temporarily ceased practice.

- 1.7.23 New registrants, who have not been subject to CPD requirements previously, will be required to undertake activities on a pro-rata basis to the nearest half-year. CPD activities undertaken by registrants in different jurisdictions will be credited provided the CPD activity is recognised by the previous jurisdiction.

### **CPD and registration**

- 1.7.24 On each occasion of renewal of registration every registrant must certify that they are complying with the CPD requirements.
- 1.7.25 As part of any re-registration process applicants will be required to demonstrate to the satisfaction of the Board that they have maintained their professional knowledge and competence through CPD.

## STANDARDS STATEMENT 1.8

### Dental care providers with communicable diseases

#### Introduction

- 1.8.1 It is important that dental care providers who carry communicable diseases are aware of their responsibilities toward their patients.

#### Purpose

- 1.8.2 This Standards Statement details the Board's standard of practice to be upheld by dental care providers who carry communicable diseases and provide dental services within the ACT.

#### Recognised professional standards

- 1.8.3 The Board approves as a Standards Statement:
- *Management of Human Immunodeficiency Virus, Hepatitis B Virus and Hepatitis C Virus Infected Health Care Workers Policy* by ACT Department of Health and Community Care.

#### General

- 1.8.4 Dental care providers have a wide range of professional, ethical and legal responsibilities towards their patients, the public, colleagues and themselves. The emergence of infection with blood borne viruses has focused scrutiny on the role and responsibility of dental care providers. The general principles that govern the management of communicable diseases are to be applied to infection with blood borne viruses.
- 1.8.5 Dental care providers are responsible to ensure that basic infection control procedures are used whenever patients are examined and treated. The minimum standards of practice for infection control are in the Board's *Standards Statement 6.1 Infection Control Measures in the Practice of Dentistry*.

#### Serological status

- 1.8.6 A dental care provider who undertakes or could reasonably anticipate undertaking exposure prone procedures has a professional responsibility to take appropriate steps to know their serological status in regard to HIV, HBV and HCV. Testing shall be undertaken at least once in each registration year to detect change in status and more frequently in the event that the dental care provider has reason to believe that he or she

may have been exposed to any of these blood borne viruses.

- 1.8.7 Indicators of infective status used as the basis for dental care providers ceasing practice of exposure prone procedures may include a positive HIV antibody test, a positive HB e antigen or HBV DNA test.
- 1.8.8 Dental care providers who are HCV antibody positive should undergo expert clinical assessment, including HCV PCR testing. A HCV PCR positive test is at present the best marker of the potential to transmit HCV infection.

### **Contravention of a professional standard**

- 1.8.9 A dental care provider who reasonably suspects or is aware that he or she is infected with a blood borne virus must not undertake exposure prone procedures.

### **Mandatory reporting**

- 1.8.10 A dental care provider who suspects they may be or are infected with a blood borne virus must report the matter to the Board.
- 1.8.11 In the event a colleague engages in behaviour that could place the public at risk, such as undertaking exposure prone procedures when infected, dental care providers have a professional responsibility to report the matter to the Board. In the opinion of the Board, failure to report may constitute a contravention of a professional standard.

## STANDARDS STATEMENT 1.9

### Inappropriate behaviour and dental care providers

#### Introduction

- 1.9.1 The public has an expectation that they will receive health care in a trusted and safe environment. As such, the professional relationship between a patient and a dental care provider is one where the health of the patient is to be of paramount concern. To maintain confidence in the dental profession, as well as an individual dental care provider, it is important that an appropriate professional relationship between a dental care provider and a patient is maintained.

#### Purpose

- 1.9.2 This Standards Statement describes inappropriate behaviour in relation to a dental care provider.

#### Recognised professional standards

- 1.9.3 The Board approves as a Standards Statement:
- *Keeping Children and Young People Safe 2006* ACT Department of Disability, Housing and Community Services.

#### Professional boundaries

- 1.9.4 A dental care provider has the responsibility to maintain professional boundaries with a patient at all times. In the professional relationship the dental care provider is seen to have unequalled power over the patient as the patient is seeking assistance and guidance.

#### Guiding principles

- 1.9.5 The guiding principles for a dental care provider in their professional relationship with a patient include:
- a. no exploitation of a patient, and
  - b. no abuse of the dental care provider's powers.

### **Inappropriate behaviour**

- 1.9.6 The Act, Regulation, Standards Statements and Board Policy are crucial in defining inappropriate behaviour. Inappropriate behaviour, by a dental care provider, may include:
- a. bullying
  - b. any conduct that brings the profession into disrepute
  - c. criminal behaviour
  - d. discrimination
  - e. dishonesty
  - f. exploitation of a patient
  - g. harassment
  - h. sexual misbehaviour with a patient, and
  - i. unethical behaviour
- 1.9.7 Of the above instances of inappropriate behaviour, sexual misbehaviour requires further consideration.

### **Sexual misbehaviour**

- 1.9.8 A dental care provider shall not engage in sexual activity with a current patient except where an established relationship existed between the parties prior to the start of the professional relationship. In the event such activity occurs then a dental care provider may be deemed to have committed a contravention of professional standards.
- 1.9.9 A dental care provider should not undertake sexual activity with a former patient unless the treating relationship has ceased and appropriate referral arrangements have been made.

### **Reporting**

- 1.9.10 A dental care provider who reasonable believes that another dental care provider has engaged in inappropriate behaviour shall report the matter in writing to the Board. This reporting is additional to any requirements for reporting such matters to the police, Care and Protection Services or Community and Health Services Complaints Commissioner.
- 1.9.11 In the event that a dental care provider is informed by a patient, that the patient may have been subject to inappropriate behaviour with another dental care provider, then the informed dental care provider has an obligation to encourage the patient to make a complaint to the Community and Health Services Complaints Commissioner or the Board.



## STANDARDS STATEMENT 1.10

### Scope of duties and supervision of dental assistants

#### Introduction

- 1.10.1 It is necessary that a dental assistant (DA), dental care provider and employer are fully aware of the scope of duties and supervision requirements of a DA. This should ensure that the support provided by a DA to a dental care provider during treatment will meet the public interest and safety requirements and be in accordance with the DA's clinical and educational experience.

#### Purpose

- 1.10.2 This Standards Statement describes the scope of duties and supervision requirements for a DA to be upheld in the ACT.

#### General

- 1.10.3 A DA's principle role is to provide clinical support to a dental care provider during the provision of dental services to a patient. A DA may have additional roles encompassing non-clinical related tasks that are subject to the employer requirements.

#### Training

- 1.10.4 The method of training of a DA within the ACT is by a combination of on-the-job and off-the-job training. The Board recognises 4 Dental Assistant Training Levels (DATLs) such that:
- a. **DATL 1.** A DA is undergoing on-the-job dental assisting training for a period of at least 6 months and has no prior work related experience
  - b. **DATL 2.** A DA is undertaking continuation on-the-job dental assisting training and has at least 6 months work related experience
  - c. **DATL 3.** A DA is qualified in a nationally based Certificate III Level in Dental Assisting course or its equivalent, and
  - d. **DATL 4.** A DA is qualified in a nationally based Certificate IV Level in Dental Assisting course or its equivalent.
- 1.10.5 Certificate III and IV Dental Assisting courses or equivalent courses are deemed to be formal training by the ACT Dental Board. Certificate IV qualified DAs may increase their scope of duties to include undertaking advanced DA duties under supervision of a dentist.

## Scope of duties

- 1.10.6 **DA duties.** A DA is predominately employed as a chair-side assistant in a clinical setting. The usual duties a DA may perform, in accordance with their respective qualifications and clinical experience, include:
- a. preparing for and assisting a dental care provider with dental procedures
  - b. complying with infection control procedures
  - c. processing reusable instruments and equipment
  - d. assisting with dental radiography
  - e. assisting in practice administration
  - f. complying with occupational health and safety regulations, and
  - g. performing other job related duties as directed by their employer.
- 1.10.7 **Advanced DA duties.** A person who holds the qualification of Certificate Level IV in Dental Assisting course or its equivalent and with the supervision by a dentist on the premises may undertake the following Board approved advanced clinically related DA duties:
- a. exposing a dental radiograph
  - b. taking an impression for a study model
  - c. taking a clinical photograph
  - d. instructing a person in oral hygiene and dental health measures, and
  - e. promoting oral health.

## Supervision

- 1.10.8 The legal and ethical responsibilities of the actions and inactions of a DA within their scope of duties will be attributed to or shared by the supported dental care provider, the supervising dentist or the employer. The clinical responsibilities for the patient remain with the dental care provider with whom the DA is assisting.
- 1.10.9 The DA assistant and the supervising dentist are to satisfy themselves that the DA is qualified in the Certificate Level IV advanced duty and competent to perform that duty. Where concern exists, the Board must be consulted to clarify matters relating to a DA's suitability of qualifications and

experience. The Board will confirm if the DA has suitable qualifications and experience to perform the advanced DA duty.

### Specific matters

1.10.10 **Supervision.** Specific matters of the supervision of DA undertaking advanced DA duties are:

- a. a DA shall not undertake any advanced duties if they can not demonstrate formal training in that advanced duty,
- b. all advanced duties undertaken by a DA shall be in accordance with a written treatment plan prepared by a dentist
- c. during the performance of an advanced duty by a DA a dentist is to be on-the-premises to:
  - (IV) provide supervision, and
  - (V) provide advice and consultation in relation to authorised DA activities
- d. a DA undertaking advanced duties shall maintain a work experience book with each patient contact and is to record the date, name of patient and advanced DA duty undertaken; and
- e. a patient's clinical record shall be maintained in accordance with Standards Statement 4.1 Maintenance of dental records.

1.10.11 **ACT Radiation Licence.** The requirement for a dentist to hold an ACT Radiation Licence whilst supervising a DA performing advanced dental radiography duties is as follows:

- a. **Government facilities.** An ACT Radiation Licence is not required to be held, and
- b. **Non-government facilities.** An ACT Radiation Licence is required to be held.

1.10.12 **Patient consent.** Appropriate patient consent is to be obtained prior to a DA exercising any advanced duties involving a patient. The patient may decline to participate with the DA and elect for a dental care provider to undertake the prescribed task.

1.10.13 **Misrepresentation.** A DA, the supervising dentist or the employer shall not hold out or represent a DA as a dental care provider to either a patient or through advertising.

## STANDARDS STATEMENT 2.1

### Registration for dental care providers

#### Introduction

- 2.1.1 Registration of dental care providers is a most important function delivered to ACT community by the Board. It is essential that applicants and registrants are aware of the requirements for registration to practise as a dental care provider within the ACT.

#### Purpose

- 2.1.2 This Standards Statement details the Board's standard of practice to be observed by dental providers in registration matters.

#### General

- 2.1.3 Registration matters are comprehensively covered within the Act, the Regulation and Schedule 6 *Dentists, dental hygienists and dental therapists* to the Regulation. Dental care providers should consult those references for detailed guidance on registration matters.

## STANDARDS STATEMENT 2.2

### Recency of practice standards for dental care providers

#### Introduction

- 2.2.1 A dental care provider's recency of practice is an important matter in the Board's consideration of an applicant's suitability for registration. It is essential that a dental care provider is aware of the manner of assessment and minimum standards for recency of practice.

#### Purpose

- 2.2.2 This Standards Statement describes the Board's minimum recency of practice requirements to be met by a dental care provider within the ACT.

#### General

- 2.2.3 The Act and Regulation requires the Board, as part of a dental care provider's registration, to determine whether a dental care provider's practice experience is sufficiently recent and adequate enough to allow a dental care provider to practise the profession safely.
- 2.2.4 The Board recognises the unique nature of each dental care provider's recency of practice; however, a dental care provider must meet the Board's minimum recency of practice standard for registration as part of the process for:
- a. initial registration
  - b. mutual recognition registration
  - c. renewal of registration, and
  - d. re-registration.

#### Elements of recency of practice

- 2.2.5 The Board considers the essential elements of a dental care provider's recency of practice are:
- a. professional knowledge
  - b. level of skill
  - c. clinical acumen, and

d. timeliness

2.2.6 **Professional knowledge.** A dental care provider will be deemed to have maintained contemporary professional knowledge provided they comply with the CPD requirements of the ACT Dental Board 1.7 *Continuing professional development of dental care providers*.

2.2.7 **Level of skill.** A dental care provider will be regarded by the Board to possess the appropriate level of skill necessary for the dental care provider's field of practice provided the registrant continues to provide dental services within the scope of practice of their registration without undue incident. Each year a dental care provider is required to complete at least one cardio-pulmonary resuscitation course conducted by an accredited training provider.

2.2.8 **Clinical acumen.** A dental care provider, as applicable and appropriate to their respective field of practice, should be able to:

- a. perform a focused medical and dental history and dental examination
- b. identify health risks in patients
- c. identify appropriate necessary investigations
- d. generate an appropriate differential diagnosis and final diagnosis
- e. demonstrate an understanding of treatment options
- f. use appropriate drugs with knowledge of possible side effects and potential drug interaction
- g. display knowledge of non pharmaceutical treatment options
- h. develop a treatment plan, guided by principles of evidence based dental practice
- i. develop an oral health plan to prevent disease and injury given a patient's specific age, sex, medical and social history; and
- j. demonstrate skills to counsel patients with harmful habits.

2.2.9 **Timeliness.**

- a. **Less than 2 years since practising.** A dental care provider who has practised within 2 years of an application for registration will be deemed to satisfy recency of practice requirements provided the individual:

- (1) has confirmed their self assessment of recency of practice

- (2) has requested registration in the same field with the similar scope of practice as previously practised in or qualified to practise in
  - (3) has a current cardio-pulmonary resuscitation qualification, and
  - (4) has completed CPD requirements.
- b. **More than 2 years since practising.** A dental care provider who has not practised within 2 years of application for registration will be deemed to satisfy recency of practice requirements provided the individual:
- (1) has confirmed self assessment of recency of practice
  - (2) has provided written evidence detailing practice experience
  - (3) has successfully undertaken any assessment of recency of practice required by the Board
  - (4) has successfully completed any remedies for shortfalls in recency of practice required by the Board
  - (5) has requested registration in the same field with the similar scope of practice as previously practised in or qualified to practise in, and
  - (6) has a current cardio-pulmonary resuscitation qualification, and
  - (7) has completed CPD requirements.
- c. **Minimum hours of dental practice.** The minimum equivalent hours of dental practice per year a dental care provider should attain to maintain the timeliness of their respective practice experience is:
- (1) a dentist 250 hours per year
  - (2) a dental specialist 250 hours per year
  - (3) a dental hygienist 165 hour per year, and
  - (4) a dental therapist 165 hours per year
- d. **Multi-registered dental care provider.** The minimum equivalent hours of dental practice per year a multi-registered dental care provider should attain to maintain the timeliness of their respective recency of practice is:
- (1) **dentist / dental specialist** 250 hours per year as a dental specialist

- (2) **dental hygienist / dental therapist** 110 hours per year as a dental hygienist and 110 hours per year as a dental therapist.
- e. **Professional portfolio.** An applicant or registrant who reasonably believes that the minimum hours required to maintain the timeliness of their respective recency of practice will not be attainable should maintain a professional portfolio of dental practice to record their practice experience. This professional portfolio will assist the Board in assessing the dental care provider's recency of practice status.

### **Adequacy of recency of practice**

2.2.10 The Board in determining a dental care provider's adequacy of recency of practice shall take into account the following:

- a. field of dental practice
- b. scope of dental practice
- c. nature of dental practice, and
- d. period of time in dental practice.

### **Assessment of recency of practice**

2.2.11 A dental care provider's recency of practice will be assessed by the Board as part of the registration process for initial, mutual recognition, renewal or re-registration. The assessment of an applicant's recency of practice will be based on the findings of the Board's appraisal methods. The Board will use one or more of the following methods:

- a. self assessment
- b. written evidence provided by the dental care provider
- b. interview by the Board
- c. viva examination
- d. written examination
- e. clinical evaluation, and/or
- f. any other assessment method determined by the Board

2.2.12 **Notification of assessment.** A dental care provider will be notified in writing should there be deemed a shortfall in recency of practice of the



dental care provider. Remedies required by a dental care provider to address any shortfalls in recency of practice will be included in the notification. Should the dental care provider wish for a re-assessment of their recency of practice status then further information should be provided to the Board at that time to assist in the Board's further consideration.

### **Remedies for shortfalls**

- 2.2.13 A dental care provider whom has been assessed by the Board as having shortfalls in their recency of practice will be required to meet one or more of the following:
- a. to complete Board specified training, course work or study
  - b. to complete a Board sponsored mentoring program as a mentee
  - c. to complete a period of supervised practice
  - d. to upgrade their existing qualifications, and/or
  - e. to have conditions placed on their registration.

### **Significant changes to practice**

- 2.2.14 A dental care provider who endeavors to make a significant change from their usual field of dental practice to another, such as dental specialist changing from specialist practice to general dental practice, should approach the Board for concurrence to their proposed transition of practice plan.

### **Certification of recency of practice**

- 2.2.15 On each occasion of registration or renewal of registration every applicant or registrant must certify that they are complying with the recency of practice requirements.

### **Auditing**

- 2.2.16 The Board may review a dental care provider's currency of practice from time to time to ensure quality assurance of the self assessment method. Failure to provide adequate or requested proof of recency of practice may incur suspension or an inquiry by the Board.
- 2.2.17 In the case of a formal inquiry by the Board into a registrant's practise a dental care provider's currency of practice will be examined and taken into account.

## STANDARDS STATEMENT 2.3

### Transitional arrangements for the registration of dental therapists

#### Introduction

- 2.3.1 A dental therapist is required to be registered when providing dental services within the ACT from the 9 January 2007. Transitional arrangements for registration of dental therapists are necessary to provide for public safety and an equitable outcome for those dental care providers affected by the changes to registration requirements.

#### Purpose

- 2.3.2 This Standards Statement describes the Board's transitional arrangements to be observed in registration matters for a dental therapist.

#### General

- 2.3.3 A dental therapist employed by either government or non-government agencies is to be registered in accordance with the Act and the Regulation. An applicant, other than a recent graduate, seeking registration must comply with the recency of practice requirements for registration in the ACT.

#### Government employee

- 2.3.4 A dental therapist employed by ACT Health as a full time, part time, contract or temporary staff dental therapist and who has continuing employment must apply for registration before the 3 April 2007.
- 2.3.5 A dental therapist employed by ACT Health in non-clinical duties or who is on an extended period of authorised leave must seek and be granted registration as a dental therapist prior to starting clinical duties from the 3 April 2007.

#### Non-government employee

- 2.3.6 A dental therapist is not permitted to provide dental services in non-government employment unless they have been granted registration as a dental therapist.

### **Transitional qualifications**

- 2.3.7 Transitional qualifications for registration as a dental therapist whom has only a certificate or equivalent qualification have been made within Schedule 6 to the Regulation. The provisions extend the qualification for registration as a dental therapist to an applicant who was entitled to carry out an approved dental procedure under the repealed *Dentists Act 1931* (ACT) immediately before the commencement of the Schedule 6 to the Regulation; that is employed as a dental therapist by the ACT Government immediate to the 9 January 2007. The transitional provisions may also apply to a trained dental therapist who is ex-employee of the ACT Government.
- 2.3.8 An applicant under the transitional provisions is subject to satisfying the Board of the applicant's suitability in regard to timeliness and adequacy of their practice experience and other related registration matters.
- 2.3.9 A dental therapist who is certificate only or equivalent qualified and has not been employed as a dental therapist by the ACT Government is not eligible for consideration for registration in the ACT under the transitional qualifications.
- 2.2.10 A dental therapist who is certificate only or equivalent qualified and is registered as a dental therapist in New Zealand, an Australian State or the Northern Territory should apply for registration under application of the *Mutual Recognition Act 1992* (Cwlth) or the *Trans-Tasman Mutual Recognition Act 1997*(Cwlth) .

### **End date for transitional qualifications**

- 2.2.11 The transitional provisions end on the 9 January 2009. The provisional qualifications for applications received either on or after the 9 January 2009 will not be accepted as suitable for registration as a dental therapist within the ACT.

## STANDARDS STATEMENT 3.1

### Advertising by dental care providers

#### Introduction

- 3.1.1 Advertising for dental care providers and their services has become an important part of the commercial landscape encouraged in part by government reforms in competition forums. Advertising is a valid tool for a dental care provider to inform other dental care providers and members of the public of their skill and qualifications to meet the needs of patients.

#### Purpose

- 3.1.2 This Standards Statement details the Board's standard of practice dental providers are to adhere to in advertising in the print, radio, television or other electronic media.

#### Recognised professional standards

- 3.1.3 The Board approves as a Standards Statement:
- *ADA Policy Statement 5.13 Advertising in Dentistry* by Australian Dental Association Inc.

#### General

- 3.1.4 The Board recognises that there are occasions where dental care providers may legitimately wish to inform the public about the services they provide. It also recognises that dental care providers in their contacts with the general public will find it difficult at times to avoid publicity.
- 3.1.5 Advertising must be done in a manner which will serve the interests of the community, not denigrate the services provided by other dental care providers and be in accordance with professional standards. The Board also supports the fundamental principle that the best advertisement for a dental care provider is the provider's reputation gained through proficiency in dental care.
- 3.1.6 It is essential that dental care providers within the ACT are fully aware of the regulations and the ethical issues involved in advertising their services and comply with them.

## Advertising

- 3.1.7 A dental care provider may advertise dental services. Advertising, however, must not:
- a. be false
  - b. be misleading or likely to mislead
  - c. be deceptive, or likely to deceive
  - d. be harmful
  - e. claim or imply that any particular dental care provider is superior to any other; or
  - f. be likely to bring the profession into disrepute.
- 3.1.8 An advertisement shall be taken by the Board to be false, misleading or deceptive, or be likely to mislead or deceive if:
- a. it contains a material misrepresentation of fact, or
  - b. is likely to create an unjustified expectation of beneficial treatment.
- 3.1.9 A person shall not, without reasonable excuse, in the course of a business carried on by the person, by advertisement or otherwise, hold out a person employed or engaged by him or her as being a person who:
- a. is a qualified dental care provider or otherwise authorised to practise dentistry, or
  - b. practises dentistry, or
  - c. is a dentist
- unless that other person so described is a registered dental care provider.
- 3.1.10 An advertisement for dental services shall not indicate that a particular dental care provider practises at a premises unless the dental care provider regularly attends that premises in the course of his or her practice.

## Advertising record

- 3.1.11 The dental care provider shall keep a record, for a period of at least 12 months after the publication of the advertisement, of the details of each advertisement for dental services they have authorised.
- 3.1.12 Advertising that appears on an invoice, statement, order, letterhead, business card, cheque or similar document and used in the course of the business of providing dental services, is not to be included in such records.

## STANDARDS STATEMENT 4.1

### Maintenance of dental records

#### Introduction

- 4.1.1 The Board considers dental records an essential component in the ongoing treatment and care provided by dental care providers. The *Health Records (Privacy and Access) Act 1997* (Health Records Act) deals with privacy and access matters on health records.

#### Purpose

- 4.1.2 This Standards Statement details the practice standards that dental care providers are to adhere to in the maintenance of dental records.

#### Types of records

- 4.1.3 Dental records are those clinical notes and supporting documentation maintained by dental care providers about their patients. These records may include radiographs, photographs and study models.
- 4.1.4 Any reference in this statement to dental records encompasses both written and digitally stored information. Dental records whether paper based or on computer should meet the Board's Standards requirements. In addition, digital records should be capable of being printed on paper when required.

#### Privacy principles

- 4.1.5 Privacy principles as they relate to the collection and maintenance of dental records have force of law in accordance with the Health Records Act. Dental care providers are advised to consult the Health Records Act in relation to privacy matters, in particular in relation to the following matters:
- a. the manner and purpose of collection of personal health information is to be lawful and relate to the health of a patient
  - b. the purpose of the collection of personal health information is to be made known to the patient before the collection is made including the identity of any persons who have access and to whom it might be disclosed
  - c. information collected must be relevant to the dental condition being treated and must not intrude on the personal affairs of the patient

- d. information collected must be reasonably secured against loss, unauthorised access, modification, disclosure or other misuse
- e. record keepers are to, on request, advise consumers that they have possession of dental records as well as the nature and purpose of the records and the steps a person might take to obtain access to the records
- f. members of the treating team may have access to dental records as far as reasonably necessary for them to provide a health service
- g. if any changes are made to a records, it must be made clear on the record what was changed, the incorrect record must be kept on the record
- h. records are to be kept up to date and accurate and be relevant to the purpose of collection
- i. dental records are not to be used for any purpose other than the reason for which they are collected, unless the patient consents to their use, their use is required to lessen a significant risk to life or health, or their use is authorised by a law of the ACT, Commonwealth or an order of a court of competent jurisdiction
- j. on transfer or disclosure of a practice, dental care providers are to take reasonable steps to inform patients of the arrangements for dealing with the dental records, and ensure that all records are transferred to another dental care provider, a competent record keeper, or the patient
- k. where requested by the patient a dental care provider is to transfer the records, either the original or a copy, to another health provider; and
- l. the written consent of the patient is usually required prior to the provision of a health status report to another person. Occasions occur where consent from a patient is not required for others to have access to the patient's record. For specific guidance dental care providers should consult the Health Records Act principles:
  - (I) Principle 6: *Access to health records by people other than the consumer, and*
  - (II) Principle 10: *Limits on disclosure of personal health information.*

## Maintenance of records

- 4.1.6 Good dental practice demands that adequate patient records that cover history, diagnosis and treatment of the patient by the treating dental care provider be created and maintained. This obligation is not based on law but on the ethical and practical necessities of dental practice.
- 4.1.7 In relation to the content of records, the following should apply:
- a. the record should be legible
  - b. the record should contain sufficient information to allow another dental care provider to carry on the management of the patient
  - c. the record should contain accurate statements of fact or statements of clinical judgment and should be contemporaneous with the patient consultation, including any reported post treatment events
  - d. the dental care provider should record information on every dentist/patient consultation with significant clinical content, particularly when treatment is changed
  - e. all face to face office consultations will require a record and the entry should be dated and it should be possible to identify who made the entry
  - f. any changes to paper records should be initialled and changes should be made in such a way as to make the previous entry visible
  - g. digital records must be established in such a way that, for every entry to the record, there is a record of when the entry was made, by whom and when changes were made
  - h. the record should contain subjective information obtained on history, objective information obtained on physical examination, an assessment (usually with a diagnosis or problem), results of test, radiographs, and a treatment plan
  - i. medications prescribed should be recorded and appropriate alerts such as allergies should be documented clearly
  - j. the record should not contain terms or abbreviations that are derogatory or emotive
  - k. abbreviations or 'short hand' expressions should be recognisable and comprehensible within the context of the patient's care; and
  - l. records should not include thoughtless or unnecessary remarks about colleagues or their form of treatment.



### **The need for records**

- 4.1.8 A dental care provider's duty of care requires them to maintain records associated with the treatment of a patient. Adequate records are essential to enable proper management of a patient by the dental care provider and possibly his/her successors. In addition, the dental care provider might be called upon to produce appropriate dental records during legal proceedings. In both sets of circumstances failure to maintain adequate records could constitute unsatisfactory professional conduct.

### **Confidentiality**

- 4.1.9 Records should remain confidential to those directly involved with the care of the patient and in the case of digital records; use of the record should be controlled by a password or other security system to protect against unauthorised access.
- 4.1.10 Dental care providers should not, without the consent of their patient, disclose to any third party information acquired by reason of their professional relationship. The obligation of confidentiality is an implied term of the contract of service between them. This confidentiality extends to family relationships and dental care providers should not, within reason, disclose the dental or medical condition of one member of a family to another family member without the consent of the first person.
- 4.1.11 Confidentiality of patient information extends to clerical staff employed by the dental care provider, who might have access to patient records. Appropriate instructions should be given to staff regarding the release of information over the telephone.
- 4.1.12 No dental care provider or those directly involved with the care of the patient should disclose information to anyone other than the patient without the patient's permission or unless compelled by court order or other legal obligation.

### **Storage of records**

- 4.1.13 Records should be stored securely and safely and should be accessible when necessary.

### **Retention of records**

- 4.1.14 Records must be held for 7 years from the date the last service was provided and in the event that the patient is under 18 years, when the patient turns 25. Dental care providers should consider holding records longer than the statutory requirement should it be of benefit to the patient's care.

### **Destruction of dental records**

- 4.1.15 A person shall not destroy, deface or damage a dental record with intent to evade or frustrate the operation of the Health Records Act.

### **Ownership of records**

- 4.1.16 The dental practice, that is the business entity, owns the records created in that practice. In a group practice, the right of ownership of records will depend on the terms and conditions of the form of partnership or association. Records created by a dental care provider employee or a locum remain the property of the employing dental practice.

### **Right of access to records**

- 4.1.17 The Health Records Act provides a patient with a right of access to a dental record held by a dental care provider. The patient may gain right of access by:
- a. inspecting the health record and if held in digital form, by way of a print out, or
  - b. by receiving a copy of the record; or
  - c. by viewing the record and having its content explained by the dental care provider holding the record or by another suitably qualified health service provider.
- 4.1.18 Under the Health Records Act, it is a term of contract (oral or written) for the provision of a health service for a patient to have access to his or her dental record, providing that one of the following circumstances apply:
- a. the contract is made in the ACT, or
  - b. the contract is performed wholly or partly in the ACT, or
  - c. the patient is present or resides in the ACT.

### **Grounds for non-production**

- 4.1.19 The Health Records Act allows the following grounds for non-production of the whole or any part of a dental record if:
- a. that the record is not in the possession, custody or control of the dental care provider; or
  - b. that the record or part of it does not relate to the person requesting access; or

- c. that production of the record would contravene a law of the ACT, the Commonwealth or an order of a court of competent jurisdiction; or.
- d. It is a report under the *Children and Young People Act 1999*, section 158 or section 159; or
- e. if the record keeper believes, on reasonable grounds, that the provision of information in the record or part of the record would constitute a significant risk to the life or the physical, mental or emotional health of:
  - (I) the patient; or
  - (II) any other person.

### **Transfer of records**

- 4.1.20 If a patient changes from a first dental care provider to a second dental care provider, the Health Records Act requires that on the request of the patient the first dental care provider must:
  - a. give the second dental care provider the dental record or a copy of the dental record; and
  - b. may also give the second dental care provider a written summary of the dental record.
- 4.1.21 Dental care providers must ensure that a sufficient dental history is made available on request to any subsequent treating dental care provider to ensure the continued good management of the patient. The Board accepts that such transfers can at times be stressful due to professional or commercial relationships but it is firmly of the belief that the primary duty of care to a patient must override other factors.
- 4.1.22 Failure of a dental care provider to provide the original or copy of the record is a breach of the Health Records Act and may be considered by the Board to be a contravention of a professional standard.

### **Transfer or closure a dental practice**

- 4.1.23 Principle 11 *Transfer or closure of practice of health service provider* of the Privacy Principles of the Health Records Act provides direction on the actions required to be taken on the transfer or closure of a dental practice.

### **Death or retirement of a dental care provider**

- 4.1.24 In a partnership, the records will be taken over by the remaining partners.

- 4.1.25 In a solo practice, the deceased dental care provider's personal representatives should attempt to transfer patient records to the new treating dental care provider. In addition an attempt to contact patients should be made to request how they would prefer their records to be dealt with.

### **Medico-legal reports**

- 4.1.26 Reports prepared for third parties, such as those prepared for medico-legal or insurance purposes, are the property of the party for whom they were prepared. Dental care provider who hold copies of such reports have no right to release them to patients without consent of the author.

### **Fees**

- 4.1.27 The Determination of Fees DI 2006-135 sets out the fees in relation to the provision of health records under the Act.
- 4.1.28 The Board accepts that reasonable charges sufficient to meet the costs of researching and documenting information for a report relating to records may be charged to patients or their legally authorised agents for the provision of such a report.

## STANDARDS STATEMENT 4.2

### Issuing of dental certificates by a dentist

#### Introduction

- 4.2.1 Dentists are able to issue dental certificates to patients under a range of legislation and workplace awards. The information required on the certificate and the information provided by the practitioner will vary according to the requirement.

#### Purpose

- 4.2.2 This Standards Statement details the Board's standard of practice by dentists to adhere to by a dentist when issuing dental certificates for a patient.

#### General

- 4.2.3 A certificate is a statement in writing by a person having public or official status concerning matters within their knowledge and it is a document that incurs legal consequences. "Certify" means to "attest formally" and although a certificate is not a sworn document, its contents should be given the same careful consideration as sworn testimony.
- 4.2.4 To issue a certificate that is not true in every detail or is misleading, fraudulent or otherwise improper would be a specific breach of the required standard of practice under the *Health Professionals Regulations 2004*. A dentist should not under any circumstances allow themselves to be persuaded by a patient or any other party to write such a certificate.
- 4.2.5 A dentist is to be aware of the legal consequences of dental certificates so that they do not leave themselves open to criticism or become involved unnecessarily in legal proceedings. A dentist should be careful not to put his name to a document which might be used to mislead or defraud an employer.

#### Absences from work

- 4.2.6 The most common certificate requested by patients is one for absences from work due to attendance at a dental appointment or the presence of dental pain. The purpose of the certificate is to confirm to the employer that the employee was absent from work on a particular day or days because dental treatment or related problems prevented the person from attending their place of work.

- 4.2.7 The dentist should only provide such a certificate if it is his/her opinion that the patient is unable to attend work because of their dental condition. Practitioners are often asked for a certificate at the conclusion of a consultation for what might be a relatively minor dental procedure. Unfitness for work should only be certified if the dentist genuinely believes the patient is unfit for work. The patient's work and the effects of the treatment/condition need to be considered when assessing the need for work restrictions.

### **Certificate dates**

- 4.2.8 A certificate should show at least two dates which could be the same, namely the date on which:
- a. the patient was examined and treated; and
  - b. the certificate was issued.
- 4.2.9 Many certificates will also require the dates of full or partial incapacity for work. The dentist should exercise caution when providing a certificate where the date of incapacity is not the same as the date of examination. This applies whether the certificate certifies incapacity commencing prior to or after the date of examination. Requests for backdating certificates which cannot be substantiated by examination or clinical records should always be denied.
- 4.2.10 A dentist should never issue a continuing certificate without seeing the patient and determining that the incapacity still exists. This is especially important when a dental disease or injury has been present for a long period and/or is expected to last for some time,

### **Diagnosis**

- 4.2.11 At times, a dentist is required to make a specific diagnosis on a certificate, notably those where a workers compensation claim has been lodged. Caution is to be exercised in this regard and imprecise diagnoses are to be avoided. Should the nature of injury not be clear then the dentist should indicate this on the certificate.

### **Cause of illness or injury**

- 4.2.12 Worker's compensation certificates commonly require some indication of the cause of the condition for which compensation is sought. A dentist should be careful not to exceed the bounds of his/her knowledge when certifying the cause of the condition.

- 4.2.13. If the information is solely provided by the patient and not from the dentist's personal knowledge, this should be made clear on the certificate. It may be preferable in some instances to word the certificate in terms of:
- Patient X is suffering from (condition) which he/she states is due to (cause).
- 4.2.14 A dentist has the responsibility for the investigation and management of a patient's illness or injury and is not to either become a detective for another party or an advocate for the patient. Particular care should be exercised by the dentist in matters relating to worker's compensation cases.

## STANDARDS STATEMENT 5.1

### Local anaesthetic agents administered by dental care providers

#### Introduction

- 5.1.1 Local anaesthesia is an essential component of providing dental services in a modern dental setting. It is fundamental that a dental care provider provides this therapy in a safe manner and within their scope of practice.

#### Purpose

- 5.1.2 This Standards Statement describes the Board's standard of practice a dental care provider is to adhere to when administering local anaesthetic agents.

#### Recognised professional standards

- 5.1.3 The Board approves the following publication as a Standards Statement:
- *Statement on Local Anaesthesia and Allied Health Practitioners* (PS37 2004) by Australian and New Zealand College of Anaesthetists.

#### General

- 5.1.4 A dental care provider who administers a local anaesthetic agent must be formally trained in the use of local anaesthetic agents and the relevant anaesthetic administration technique.
- 5.1.5 The supervising dentist of a dental hygienist or a dental therapist whoever administers a local anaesthetic agents shall ensure that:
- a. the dental hygienist or dental therapist practises within their respective scope of practice, and
  - b. the choice of local anaesthetic agent and administration technique is appropriate with regard to relevant medical history matters.

#### Training

- 5.1.6 **Initial training.** A dental hygienist and a dental therapist is to administer a local anaesthetic agent in accordance with their scope of practice and shall only administer a local anaesthetic agent using a technique for which



completion of formal training can be demonstrated. At least certified training is to be used for the initial training in the administration of local anaesthetic agents by a dental hygienist or a dental therapist.

- 5.1.7 **Refresher training.** A dental care provider who has not administered local anaesthetic agents for at least 2 years is to complete refresher training. At least recognised training is to be used for refresher training. This training is to update a dental care provider in the selection and administration of local anaesthetic agents and is not to substitute for the formal training requirement.
- 5.1.8 **Cardio-pulmonary resuscitation course.** Should another person, other than a dental care provider, be required to monitor a recovering patient then that person is to have completed at least 1 recognised course of cardio-pulmonary resuscitation training within the prior 12 months.

#### **Equipment and emergency drugs**

- 5.1.9 **Disposable masks.** Each dental practice location shall be equipped with at least disposable masks to facilitate mouth-to-mouth resuscitation and ventilation with oxygen.
- 5.1.10 **Oxygen:** Each dental practice location shall be equipped to provide positive pressure oxygen to a patient. The equipment shall be at least the equivalent of a portable bag/mask/valve system supplemented with oxygen and capable of delivering 10 litres of oxygen per minute.

## STANDARDS STATEMENT 5.2

### Methoxyflurane use by dental care providers

#### Introduction

- 5.2.1 Analgesia is an important component of providing dental services in a modern dental setting. It is essential that care be exercised in the administration of inhalation analgesia agents to avoid unnecessary danger to a patient or substance abuse.

#### Purpose

- 5.2.2 This Standards Statement describes the Board's standard of practice to be observed in the use of methoxyflurane by a dental care provider.

#### General

- 5.2.3 Methoxyflurane, trade marked as Pentrox in Australia, has been termed an inhalation analgesic and, in at least 1 State jurisdiction, as a light anaesthetic agent. A patient who has had methoxyflurane administered should be cautioned not to drive motor vehicle or bicycles, operate hazardous machinery or engage in hazardous sports for at least 24 hours after ceasing the administration of methoxyflurane.

#### Restrictions on prescribing and administration

- 5.2.4 A dental hygienist or a dental therapist is not to prescribe or administer methoxyflurane to a patient as part of their dental practice.
- 5.2.5 **Self-administered methoxyflurane.** A patient who is self-administering methoxyflurane under direction of a treating dentist is to be clinically monitored at all times during the process and until discharged from care by the treating dentist. Should another person, other than a dental care provider, be required to monitor a recovering patient then that person is to have completed at least 1 recognised course of cardio-pulmonary resuscitation training within the prior 12 months.
- 5.2.6 **Dentist administered methoxyflurane.** A dentist who administers methoxyflurane to a patient shall comply with the *Guidelines on Conscious Sedation for Dental Procedures* (PS21 2003) by combined Australian and New Zealand College of Anaesthetists and the Royal Australasian College of Dental Surgeons.

## Discharge

- 5.3.8 A patient who has undergone administration of methoxyflurane must be deemed to have met the discharge criteria by the responsible treating or supervising dentist prior to being released from care.
- 5.2.9 A patient who has undergone administration of methoxyflurane should be escorted from the surgery location by a suitable person.

## Equipment and emergency drugs

- 5.2.10 **Disposable masks.** Each dental practice location shall be equipped with at least disposable masks to facilitate mouth-to-mouth resuscitation and ventilation with oxygen.
- 5.2.11 **Oxygen:** Each dental practice location shall be equipped to provide positive pressure oxygen to a patient. The equipment shall be at least the equivalent of a portable bag/mask/valve system supplemented with oxygen and capable of delivering 10 litres of oxygen per minute.
- 5.2.12 **Scavenging apparatus.** A scavenging apparatus shall be used when methoxyflurane agent is used within the practice location. The vapour should be vented outside of the building and not create a hazard to adjoining workplaces or passerby pedestrian traffic.
- 5.2.13 **Pulse oximeter.** A patient inhaling methoxyflurane agent shall be monitored by a pulse oximeter during the administration and recover phases of a patient's methoxyflurane administration.

## Storage of material

- 5.2.14 Supplies of methoxyflurane shall be stored within a dental surgery location in a secure manner to avoid theft or abuse of the agent.

## STANDARDS STATEMENT 5.3

### Nitrous oxide/oxygen sedation use by dental care providers

#### Introduction

- 5.3.1 Effective anxiety control and analgesia are important components of delivering dental services in a modern dental setting. Nitrous oxide/oxygen sedation is considered an effective adjunct to assist an anxious patient to undertake uncomfortable dental treatment.

#### Purpose

- 5.3.2 This Standards Statement describes the Board's standard of practice a dental care provider is to adhere to when administering nitrous oxide/oxygen sedation by itself or in conjunction with local anaesthetic agents.

#### General

- 5.3.3 Nitrous oxide/oxygen sedation is effective in providing anxiety control and analgesia used correctly by itself or in conjunction with local anaesthetic agents only.

#### Combination sedation techniques

- 5.3.4 Should nitrous oxide/oxygen sedation be used with any other sedative agent then the provisions of *Guidelines on Conscious Sedation for Dental Procedures* (PS21 2003) by combined Australian and New Zealand College of Anaesthetists and the Royal Australasian College of Dental Surgeons shall apply.
- 5.3.5 Sedatives also include medications that may have been prescribed by a dentist as well as those prescribed by a medical practitioner.
- 5.3.6 Sedative techniques include enteral, inhalation, parenteral or transdermal/transmucosal sedation.

#### Restrictions on administration of nitrous oxide/oxygen sedation

- 5.3.7 A dental hygienist or dental therapist is not to administer nitrous oxide/oxygen sedation. A qualified person may administer the nitrous oxide/oxygen sedation while a dental hygienist or dental therapist performs treatment on a patient.
- 5.3.8 The person responsible for the administration of nitrous oxide/oxygen sedation must stay with the patient during administration phase and at least

until the recovery phase of the sedation technique. Responsibility for the administration of the sedative agent may be transferred to another person qualified to perform nitrous oxide/oxygen sedation during the procedure.

### Monitoring

- 5.3.9 At all times during the sedation phase of administration of nitrous oxide/oxygen agent the patient must be clinically monitored by the person administering the sedation technique.
- 5.3.10 At all times during the recovery phase the patient is to be clinically monitored.

### Discharge

- 5.3.11 Prior to release from care a patient who has undergone nitrous oxide/oxygen sedation must be deemed to have met the discharge criteria by a person qualified to administer nitrous oxide/oxygen sedation.

### Training

- 5.3.12 **Initial training.** A dental care provider is to have completed formal training before administering nitrous oxide/oxygen sedation. At least a certified training course is to be used for the initial training.
- 5.3.14 **Refresher training.** A dental care provider who has not administered nitrous oxide/oxygen sedation in the prior 2 years is to complete at least refresher training.
- 5.3.14 **Cardio-pulmonary resuscitation course.** Should another person, other than a dental care provider, be required to monitor a recovering patient then that person is to have completed at least 1 recognised course of cardio-pulmonary resuscitation training within the prior 12 months.

### Equipment and drugs

- 5.3.15 In each dental practice location where nitrous oxide/oxygen sedation is used by itself or in conjunction with local anaesthetic agents at least the following equipment and drugs are to be available:
- a. **Specialised equipment for nitrous oxide/oxygen sedation.** Equipment for the administration of nitrous oxide/oxygen sedation shall be at least in accordance with paragraph 9 of *Guidelines on Conscious Sedation for Dental Procedures* (PS21 2003).

- b. **Disposable masks.** Each dental practice location shall be equipped with at least disposable masks to facilitate mouth-to-mouth resuscitation and ventilation with oxygen.
- c. **Oxygen:** Equipped to provide positive pressure oxygen to a patient. The equipment shall at least be the equivalent of a portable bag/mask/valve system supplemented with oxygen and capable of delivering 10 litres of oxygen per minute.

### **Storage of material**

- 5.3.16 Supplies of nitrous oxide shall be stored within a dental surgery location in a secure manner to avoid theft or abuse of the agent.

## STANDARDS STATEMENT 5.4

### Oral sedative agents use by dental care providers

#### Introduction

- 5.4.1 Effective anxiety control is an important component of delivering dental services in a modern dental setting. Oral sedation is considered an effective adjunct to assisting an anxious patient with undergoing dental treatment.

#### Purpose

- 5.4.2 This Standards Statement describes the Board's standard of practice a dental care provider is to adhere to when using oral sedation by itself or in conjunction with local anaesthetic agents.

#### General

- 5.4.3 Oral sedation is an effective means of anxiety control for a patient when used correctly by itself or in conjunction with local anaesthetic agents.
- 5.4.4 A patient who has undergone oral sedation should be cautioned not to drive motor vehicle or bicycles, operate hazardous machinery or engage in hazardous sports for at least 24 hours after taking the oral sedative agent.

#### Combination sedation techniques

- 5.4.5 Should oral sedation be used with any other sedative agent or by any other route of administration then the provisions of *Guidelines on Conscious Sedation for Dental Procedures* (PS21 2003) by combined Australian and New Zealand College of Anaesthetists and the Royal Australasian College of Dental Surgeons shall apply.
- 5.4.6 Sedative agents also include medications that may have been prescribed by a dentist as well as those prescribed by a medical practitioner.
- 5.4.7 Sedative techniques include enteral, inhalation, parenteral or transdermal/transmucosal sedation.

#### Administration of oral sedation

- 5.4.8 A sedative agent used for oral sedation when prescribed by a dentist is to be administered to the patient at the surgery location by the dentist. A

reversing agent applicable for the sedative agent being administered is to be immediately available if required.

### **Discharge**

- 5.4.9 Prior to being released from care a patient who has undergone dental treatment with the assistance of oral sedation must be deemed to have met the discharge criteria by the treating or responsible supervising dentist.

### **Escorted patient**

- 5.4.10 A patient who has undergone oral sedation should be escorted from the surgery location by a suitable person.

### **Equipment and drugs**

- 5.4.11 Each practice location that undertakes oral sedation when used by itself or in conjunction with local anaesthetic agents shall have at least the following equipment and drugs available:
- a. **Disposable masks.** Each dental practice location shall be equipped with at least disposable masks to facilitate mouth-to-mouth resuscitation and ventilation with oxygen.
  - b. **Oxygen:** Equipped to provide positive pressure oxygen to a patient. The equipment shall at least be the equivalent of a portable bag/mask/valve system supplemented with oxygen and capable of delivering 10 litres of oxygen per minute; and
  - c. **Reversing agents.** Applicable reversing agents for the sedative agent being administered shall be immediately available within the practice location.



## STANDARDS STATEMENT 5.5

### Practice of intravenous sedation techniques by dental care providers

#### Introduction

5.5.1 Sedation techniques have a valuable role in the delivery of dental care by a dental care provider. These techniques should produce a degree of sedation without the loss of consciousness of the patient and facilitate the performance of uncomfortable procedures. It is essential that the standard of patient care in the delivery of these services is maintained at a high standard.

#### Purpose

5.5.2 This Standards Statement details the Board's standard of practice a dental care provider is to adhere to when using intravenous sedation techniques.

#### Recognised professional standards

5.5.3 The Board approves the following publication as a Standards Statement in as the minimum requirement in training, clinical staffing, facilities, equipment, drugs and clinical practice for conscious sedation procedures as:

- *Guidelines on Conscious Sedation for Dental Procedures* (PS21 2003) by combined Australian and New Zealand College of Anaesthetists and the Royal Australasian College of Dental Surgeons.

#### General

5.5.4 The practice of conscious sedation for dental procedures includes the administration of sedation agents by enteral, parenteral, transdermal/transmucosal or inhalation means.

5.5.5 Intravenous sedation techniques require specific care in their delivery due to the potential for almost immediate exposure of the patient to sedative agent's dosage and actions and the consequent patient's response to the sedative agent.

#### Initial training in intravenous sedation

5.5.6 To practise intravenous sedation techniques, the Diploma of Clinical Dentistry (in conscious sedation and pain control) University of Sydney, or

equivalent post-graduate qualifications at the discretion of the Board, shall be the only acceptable forms of formal training.

- 5.5.7 A dental care provider who has not practised intravenous sedation techniques continuously in the preceding 2 year period may be required to undertake additional training as specified by the Board.

### **Refresher training**

- 5.5.8 A dental care provider who practises intravenous sedation techniques shall complete a practice evaluation and complete at least 1 recognised course of refresher training or undertake suitable peer review every two years. The start date for the intravenous sedation biennial cycle is 1 July 2007.

### **Holdings of emergency drugs**

- 5.5.9 A dental care provider practising intravenous sedation techniques shall have immediate access to at least the emergency drugs listed in the *Guidelines on Conscious Sedation for Dental Procedures* (PS21 2003).

## STANDARDS STATEMENT 5.6

### The use of rubber dam by dental care providers

#### Introduction

5.6.1 It is important in modern dentistry to prevent and protect a patient from injury. To maintain ensure the safe delivery of some dental treatments specific dental procedures need to be undertaken by dental care providers.

#### Purpose

5.6.2 This Standards Statement details the Board's standard of practice to be observed by a dental care provider in the use of rubber dam during specific dental procedures. The specific dental procedures include application and use of chemicals and common endodontic procedures.

#### General

- 5.6.3 A number of specific dental procedures require the use of rubber dam to isolate the working field to:
- a. prevent contamination of a tooth or teeth in the working field
  - b. protect against a patient's unintentionally inhaling or swallowing a foreign object or chemical
  - c. prevent or limit the exposure of the patient's oral tissues to chemical injury, and
  - d. limit the creation of aerosols from a patient's mouth.

#### Specific procedures and the use of rubber dam

5.6.4 **Application of or use of chemicals.** A dental care provider shall use rubber dam where there is a reasonable likelihood the application or use of chemicals in a dental procedure may cause a chemical burn in the patient's mouth or surrounding tissues.

5.6.5 **Common endodontic procedures.** A dental care provider must use rubber dam when undertaking common endodontic procedures.

**Contravention of a professional standard**

- 5.6.6 Failure to use rubber dam in common endodontic procedures shall be grounds for a contravention of a professional standard.

## STANDARDS STATEMENT 6.1

### Infection control measures in the practice of dentistry

#### Introduction

- 6.1.1 The maintenance of a safe environment for all in dental care settings is important due to the presence of many potential infectious agents. Sound infection control practice is an essential element in providing dental care to the community.

#### Purpose

- 6.1.2 This Standards Statement details the Board's standard of practice dental care providers are to adhere to for infection control measures in the practice of dentistry within the ACT.

#### Recognised professional standards

- 6.1.3 The Board approves following publications as Standards Statements in infection control matters:
- *Infection control guidelines for the prevention of transmission of infectious diseases in the health care setting* by the Commonwealth Government Department of Health and Ageing;
  - *AS/NZS 4815:2006 Office-based health care facilities not involved in complex patient procedures and processes – cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of the associated environment*
  - *AS/NZS 4187:2003 Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities*; and
  - *ACT Health Care Facilities Code of Practice 2001* by the ACT Department of Health, Housing and Community Care.

#### Health care facility public health licence

- 6.1.4 The operator of a health care facility must hold a current Health Care Facility Public Health Licence in order to conduct the business of a health care facility. Dental care providers should ensure that the facility they are working in has a current licence.
- 6.1.5 Further information can be obtained from

**Health Protection Agency**

Health Service  
ACT Health

**Phone:**

(02) 6205 1700

**Fax:**

(02) 6205 1705

**Email:**

[hps@act.gov.au](mailto:hps@act.gov.au)

**Location:**

Howard Florey Centenary House  
25 Mulley Street  
Holder ACT 2611

**Postal Address:**

Locked Bag 5  
Weston Creek ACT 2611

**After Hours Emergencies:**

Phone: (02) 6205 1700

- 6.1.6 **Government agencies.** Government facilities may be exempt from holding Health Care Facility Public Health Licence under legislation; however, a registered dental care provider must comply with the recognised standards of practice in infection control measures.

**Infection control manual**

- 6.1.7 Each location where dental services are provided must have a manual that details the infection control protocols used in that practice. This manual should be the guide to the day to day implementation of the infection control principles and techniques. The manual is to detail infection control process in the daily work and is to be accessible to all staff. All staff must to be trained in the protocols and the manual is to be aligned to industry best practice.
- 6.1.8 The contents of the infection control manual shall address at least the following matters:
- a. concepts for the prevention of cross infection and contamination
  - b. personal protective equipment
  - c. hand washing and hand care

- d. processing of reusable instruments and equipment
- e. sterilisation, including a sterilisation contingency plan
- f. single use material, instruments and equipment
- g. environmental cleaning
- h. clinical waste and sharps management, and
- i. laundry and linen services.

## GLOSSARY

<b>accredited training</b>	training that is deemed to fulfill the requirements for the qualification to be registered
<b>ACT Dental Board Policy</b>	are documents developed and promulgated to assist the Board in the management of administrative and clinical matters.
<b>approved dental procedure</b>	refers to a dental procedure that has been authorised by the Board through a Standards Statement.
<b>blood borne virus</b>	refers particularly to HIV, Hepatitis B and Hepatitis C.
<b>bullying</b>	is the physical or psychological behaviour or conduct where strength (including strength of personality) and/or a position of power is misused by a person in a position of authority or by a person who perceives that they are in a position of power or authority.
<b>certified training</b>	training that is deemed to fulfil the requirements to increase the scope of practice
<b>common endodontic procedures</b>	are the routine procedures in the root canal therapy of a tooth, including chemical and mechanical preparation of the root, irrigation and filling of the tooth root with a suitable compound and including the removal pulp or nerve from a tooth to relieve pain or drain infection.
<b>continuing professional development</b>	study, training, courses, seminars, reading and various other activities that could reasonably be expected to advance professional development of a dental care provider.
<b>current patient</b>	is a patient who is under the care of a dental care provider, either in active treatment or subject to review.
<b>dental care provider</b>	a dentist, a specialist dentist, a dental hygienist or a dental therapist but does not include a dental prosthetist or a dental technician.
<b>dental hygienist</b>	a registered dental hygienist.
<b>dental therapist</b>	a registered dental therapist.
<b>dental practice</b>	the business entity that provides dental services.
<b>dental procedure</b>	an element of a dental service, where one or more



	elements combine together and the outcome is a dental service.
<b>dentist</b>	a registered dentist.
<b>enteral sedation</b>	any technique in which the sedation agent is absorbed through the gastrointestinal tract or mucosa such as oral, rectal or sublingual
<b>established relationship</b>	a relationship that is recognised on social, religious or cultural grounds.
<b>exposure-prone procedures</b>	are procedures where the dental care providers hand and fingertips are not visible on the outside the patient's body at all times and sharp instruments are used in conjunction with the procedure.
<b>formal training</b>	training that is either accredited or certified and where the competencies of the training fulfill the requirements to undertake a function, service or procedure
<b>former patient</b>	a patient who was in a treating relationship with a dental care provider. Clear evidence should exist to support that the dental care provider/patient relationship has been ended by either party.
<b>harassment</b>	any behaviour that is uninvited, unwelcome, unreciprocated, and embarrasses, offends, humiliates or intimidates the recipient.
<b>inappropriate behaviour</b>	any behaviour that contravenes legislation, Standards, promulgated codes of practice or is deemed to be by a regulatory authority.
<b>inhalation sedation</b>	a technique in which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed
<b>on-the-premises</b>	being physically present in the dental practice location a dental hygienist or a dental therapist is undertaking dental procedures.
<b>off-the-premises</b>	not being physically present in the dental practice location a dental hygienist or a dental therapist is undertaking dental procedures. The responsible professional supervising dentist is to be available for

	contact by the dental care providers at least by telephone.
<b>parenteral sedation</b>	a technique in which the sedation agent bypasses the gastrointestinal tract such as intramuscular, intravenous, intranasal, submucosal, subcutaneous or intraocular
<b>professional opinion</b>	a recognised expert's assessment, evaluation or judgment of a matter based in fact and qualified by the expert's knowledge and experience.
<b>professional supervision</b>	a recognised expert's technical control and management of a less qualified colleague.
<b>recognised course</b>	a course of training that is accepted by the Board to fulfil a limited training requirement
<b>recognised training</b>	ad hoc training that is accepted by the Board to fulfil a limited training requirement
<b>recency of practice</b>	is the demonstration of a dental care provider's contemporary professional knowledge and appropriate skill level in combination with sound clinical acumen
<b>referral pathways</b>	the courses of action whereby a patient's management remains the responsibility of referring dentist and a second or more dental care provider/s undertake prescribed elements of the patient's care. Other health service providers may also participate in the pathways.
<b>referring dentist</b>	the patient's usual dentist or, in the case of a dental hygienist or dental therapist, the professional supervising dentist. This dentist has the responsible for the management of the patient's overall and ongoing dental care.
<b>rubber dam</b>	is a latex or silicon sheet that isolates a tooth or teeth from the rest of the patient's mouth and prevents saliva or bacteria entering the working field and contaminating the tooth. The dam also protects the patient from swallowing or inhaling a foreign body during a dental procedure.
<b>sexual activity</b>	any words or actions that might reasonably be interpreted as being designed or intended to arouse or gratify sexual desires.

<b>sexual misbehaviour</b>	any sexual activity between a dental care provider and a patient that is prohibited on ethical grounds.
<b>specialist dentist</b>	a registered specialist dentist, who must also be registered as a dentist.
<b>transdermal/transmucosal sedation</b>	a technique in which the sedation agent is administered by patch
<b>verifiable activity</b>	a CPD activity where documentary proof of attendance is issued by the body organising the activity. The activity should have concise educational aims and objectives, clear anticipated outcomes and quality controls.

**ABBREVIATIONS AND SHORTENED FORM**

<b>ACT</b>	Australian Capital Territory
<b>CPD</b>	continuing professional development
<b>CwIth</b>	Commonwealth
<b>HBV</b>	hepatitis B virus
<b>HCV</b>	hepatitis C virus
<b>Health Record Act</b>	Health Record (Privacy and Access) Act 1997 (ACT)
<b>HIV</b>	human immunodeficiency virus
<b>the Board</b>	ACT Dental Board
<b>the Act</b>	Health Professions Act 2004 (ACT)
<b>the Regulation</b>	Health Professions Regulation 2004 (ACT)