The Dental Hygienists Association of Australia Ltd.

Response to the Public Health (Infection Control) Amendment Bill 2017

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About the DHAA Ltd.

The Dental Hygienists Association of Australia (DHAA) Ltd., established in 1975, is the peak body representing registered dental hygiene service providers. Membership includes registered dental hygienists, oral health therapists, undergraduate dental students and affiliate members from dental industries. The DHAA represents leaders in oral health who have been actively practising evidence based clinical practice and non-communicable disease management for many years. Despite this long history of professional practice, the role and skills of oral health practitioners (dental hygienists and oral health therapists) are not well understood by policy-makers and are therefore outlined below.

The Professional Expertise of an Oral Health Practitioner

Oral health practitioners are professional highly-trained dental practitioners who focus on preventive oral health, focusing on techniques that ensure oral tissues and teeth are maintained and remain healthy in order to prevent dental disease, especially common chronic diseases such as dental caries, gingivitis and active periodontitis.

Dental hygienists and oral health therapists focus on disease prevention, through clinical intervention and education. This is fundamental to the management of oral health. The provision of dental health education, including dietary advice and smoking cessation, and clinic procedures such as root debridement also assists patients to manage existing conditions such as periodontal disease, cardiovascular disease, oral cancers, diabetes and respiratory disease (in aged care facilities). Dental hygienists and oral health therapists are the primary preventive oral health providers and are the acknowledged experts in the field of dental disease prevention by our dental professional and health service provider colleagues.

The skills, knowledge and training of the oral health practitioner are extensive. Training includes health sciences, human biology, anatomy and physiology, microbiology, pathology, oral medicine, dental medicine, pharmacology, dental materials, periodontics, risk factors, aetiology of disease, cariology, orthodontics, geriatric dentistry, special needs dentistry, oral health promotion and education, dental public health, preventive dentistry, community dentistry, minimal intervention, dental radiography, temporary restorations, local anaesthesia and clinical practice, including examinations, diagnosis and treatment planning and delivery within scope of practice.

The National Law requires the same level of professional responsibility from dental hygienists and oral health therapists as it does from dentists, dental specialists and dental prosthetists in that all practitioners must be registered with AHPRA, and have their own professional indemnity insurance and radiation licences. They are also required to complete 60 hours of mandatory continuing education in a three year cycle.

Our objective is the effective delivery of quality oral health services, improving oral health and therefore also general health. Oral health practitioners are employed throughout Australia as academics and educators by tertiary and vocational education providers to develop, deliver and evaluate programs which educate future providers of public and private oral health services. They have a critical role in maintaining standards which deliver the highest possible care to all population groups and in developing education strategies that align with the optimum provision of oral health care within an array of policy frameworks in States and Territories of Australia.

Response to the proposed Public Health (Infection Control) Amendment Bill

General comments:

The DHAA Ltd. supports these amendments and new frame work within the proposed Public Health (Infection Control) Amendment Bill. It was rather alarming that the previous bill allowed health care facilities (HCF's) to still practice even though it violated infection control practices as it was not enforceable and that Queensland Health was not allowed to continue to monitor the clinic in question.

It is important for Queensland Health to be able to enforce safe infection control practice to reduce the risk of cross contamination to the general public.

Further amendments recommended:

Page 6, line 1

Clause 7: Amendment of s 154 (Obligation of owner/operator for ICMP)

The DHAA would like clarification given that 'owner' and 'operator' are not interchangeable terms, but are presented as such. Does this clause mean that everyone that is an operator has this responsibility, regardless of whether they are the owner?

Page 10, line 19

156D: Record of compliance with improvement notice
(2) If the authorised person is satisfied the operator or owner has complied with the improvement notice, the authorised person must— (b) if asked, give a copy of the dated notice to the operator or owner.

The DHAA is concerned that the record of compliance copies are only to be given if asked, and suggest that this be standard procedure in all cases.

Page 7, line 7

156A Giving copy of ICMP and information to authorised person
(2) The operator must comply with the notice, unless the operator has a reasonable excuse.

The DHAA proposes an amendment to clarify what is considered 'reasonable excuse'. Under infection control practices and maintaining the safety to the general public, one would question what could be a reasonable excuse.

Please note that the terminology 'reasonable excuse' is used throughout the document; all instances require clarification (Page 7 line 27; Page 9 line 8; Page 9 line 18; Page 11 line 24; Page 13, line 12).

Page 7, line 11

Spelling error; apples should be applies.

Page 13, line 25

156I: Record of compliance with directions notice
(2) If the chief executive is satisfied the operator has complied with the directions notice, the chief executive must— (b) if asked, give a copy of the dated notice to the operator.

The DHAA is concerned that the record of compliance copies are only to be given if asked, and suggest that this be standard procedure in all cases.

The DHAA thanks the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for the opportunity to comment on the Bill. We would be pleased to meet to discuss the issues presented in this submission at your convenience.