PRACTICAL DENTAL PRACTICE GUIDE

AS/NZS 5369:2023 + ADA IPC GUIDELINES + ARTG + Manufacturer IFU

ALPRO MEDICAL WATER DECONTAMINATION PRODUCTS

For dental staff • Australia • Version: September 2026

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1. Purpose of this guide

This practical guide explains how dental staff should manage dental unit waterlines (DUWLs) using ALPRO MEDICAL Alpron®, Bilpron® and the Biofilm-Removing-Set (BRS®), while taking into account the current Australian Dental Association (ADA) Guidelines for Infection Prevention and Control, AS/NZS 5369:2023 with Amendment 1, the dental-unit manufacturer's IFU, and Australian TGA/ARTG requirements.

The current ADA IPC Guidelines are the Fifth Edition – Amended (2026). They specifically address dental chair waterlines and water quality. They state that waterlines connected to devices entering the patient's mouth should be flushed for at least 2 minutes at the start of the day and at least 30 seconds between patients, with handpieces in place or according to the manufacturer's instructions. They also require a practice protocol for waterline/water-quality testing based on the dental-chair IFU.

> **IMPORTANT**
> AS 5369 primarily governs reprocessing of reusable medical devices (RMDs). DUWL management is a related but distinct infection-control activity. Do not describe Alpron, Bilpron or BRS as a sterilisation process for reusable dental instruments.

2. The five rules staff should remember

1. **FOLLOW THE DENTAL CHAIR IFU**
   The dental-unit manufacturer determines permitted water-treatment products, dosing systems, flushing and compatibility.
2. **FOLLOW THE ALPRO IFU**
   Use the specified concentration, sequence, contact time, flushing procedure and safety precautions. Never guess a dilution.
3. **FLUSH CORRECTLY**
   Current ADA guidance: minimum 2 minutes at the start of the day and at least 30 seconds between patients for waterlines connected to devices entering the mouth, unless the dental-chair IFU specifies otherwise.
4. **DISTINGUISH ROUTINE MAINTENANCE FROM SHOCK TREATMENT**
   Routine chemical dosing/maintenance is not the same as intensive sanitising/biofilm removal. BRS is used for established biofilm/corrective treatment; Bilpron is an intensive/extended decontamination product; Alpron supports routine waterline management.
5. **TEST AND DOCUMENT**
   The ADA recommends a practice protocol for waterline testing. If high bacterial loads are found, use a sanitising treatment recommended for that chair model, then re-test. After sanitising, test more frequently until control is demonstrated.

3. Current ADA recommendations — quick reference

ADA 2026 recommendation	What staff should do	Audit evidence
Start-of-day flushing	Flush waterlines connected to patient-mouth devices for at least 2 minutes, with handpieces in place, or follow the dental-unit IFU if it gives the applicable method.	Daily/clinical procedure in IPC manual; chair IFU.
Between-patient flushing	Flush for at least 30 seconds, with handpieces in place, or as specified by the dental-unit manufacturer.	Written chair-side protocol/training.

ADA 2026 recommendation	What staff should do	Audit evidence
Chemical treatment	Treat waterlines with a suitable chemical agent according to its IFU and the dental-chair manufacturer's IFU.	Alpro IFU + chair IFU + approved product record.
Water-quality target	For non-surgical dental water used for tooth irrigation/cavity preparation/ultrasonic scaling, water should be at least potable standard; ADA states bacterial levels should be below 200 CFU/mL.	Water test results and corrective actions.
Testing frequency	Good practice: regular testing, e.g. six-monthly or annually when results remain below 200 CFU/mL. After high counts and sanitising, test more frequently, e.g. every 3 months, until adequate control is demonstrated.	Testing schedule + results.
Failed result	Perform sanitising treatment recommended for the chair make/model, ensure chemical compatibility, flush completely, then re-test.	Corrective-action record.
Water bottles	Visually check for biofilm, clean periodically, and use hand hygiene and gloves when handling bottles or adding treatment chemicals.	Bottle-cleaning record/ training.

4. When sterile irrigant is required

The ADA 2026 Guidelines state that sterile irrigant, such as sterile saline used as a coolant, is required for surgical procedures such as dentoalveolar surgery, endodontic surgery and dental implant placement. This means a dental unit's routinely treated procedural water should not be presented as equivalent to sterile irrigant for these surgical applications. Use the surgical irrigation system and sterile irrigant specified for the procedure and equipment.

5. Where the Alpro products fit

Product	ARTG reference	Class	Primary role	Practical use
Alpron®	226413	Class I	Routine procedural-waterline maintenance/decontamination	Routine water treatment according to Alpro + chair IFU.
Bilpron®	Australian Alpro documentation references ARTG 226413	Class I reference	Intensive/extended waterline decontamination and biofilm-prevention support	Typically used during overnight/ extended inactivity or as specified by the validated practice programme.
Biofilm-Removing-Set BRS®	226414	Class I	Intensive removal of established waterline biofilm	Corrective/shock cleaning before returning to routine maintenance.

TGA records ARTG 226413 and 226414 as Class I medical-device entries sponsored by Alpro Medical Australia Pty Limited and manufactured by Alpro Medical GmbH. The public TGA ARTG names for these older entries are generic 'Detergent, <specify>' rather than trade names, so the practice should retain the current Australian Alpro label/IFU and verify the exact SKU/kit against the current Australian supply documentation.

6. How AS 5369 relates to this guide

AS 5369:2023, with Amendment 1, is the current national standard used to inform reprocessing of reusable medical devices in dental practice. The ADA 2026 Guidelines explicitly state that AS/NZS 5369:2023 with Amendment 1 is the uniform national standard for RMD reprocessing and that dental practices should follow manufacturer reprocessing instructions.

For water quality, the Australian Commission's Action 3.13 advisory requires healthcare services to conduct a water-quality risk assessment and monitor water quality in line with AS 5369 and equipment manufacturers' recommendations. It also expects evidence of risk assessment, routine monitoring and action where necessary.

Therefore, an auditor should see TWO related systems: (1) a validated RMD reprocessing/water-quality system for sterilisation and instrument processing; and (2) a documented DUWL management and monitoring system based on the dental chair IFU, ADA guidance and the Alpro product IFU.

7. Alpron® — ARTG 226413

Purpose: Alpro Australian product information describes Alpron as a liquid concentrate for continuous maintenance/ decontamination of procedural waterlines in medical and dental units.

Routine concentration: Use the concentration specified in the current Alpro IFU and the approved dosing system. Do not prepare a different concentration based on a verbal instruction or an old catalogue.

Role: Alpron is a routine waterline-management product. It is not a sterilant for dental instruments and does not eliminate the need for correct RMD reprocessing.

Compatibility: Before introducing Alpron, confirm that the dental-unit manufacturer permits the product and that the dosing system/control block is compatible.

Staff rule: Prepare, dose, flush and document exactly according to the current Alpro and chair IFUs.

8. Bilpron® — intensive / extended treatment

Purpose: Ready-to-use waterline decontamination treatment used for intensive/extended treatment and biofilm-prevention support where permitted by the chair manufacturer.

When used: Use during the practice's approved overnight/weekend/extended-inactivity programme or when specified by the validated waterline protocol.

Application: Run the product through the required waterlines until the product is present at the outlets, then observe the contact period specified by the current IFU.

Return to service: Before patient treatment, flush the treated waterlines completely according to the current Alpro and chair IFUs.

> **IMPORTANT**
> Never assume that a waterline treatment product is compatible with every dental unit. ADA specifically requires chemical treatment to be in accordance with the dental-chair manufacturer's instructions.

9. Biofilm-Removing-Set BRS® — ARTG 226414

BRS is the intensive corrective/biofilm-removal system. It should not be described as routine daily water treatment. The exact components, sequence, dilution and contact times must be taken from the current BRS IFU supplied with the Australian kit.

1. **Plan**
   Schedule the procedure when the chair will not be used for patient treatment.
2. **Check the chair IFU**
   Confirm the BRS procedure and chemical compatibility with the specific chair/control block.
3. **Remove vulnerable components**
   Remove handpieces, scalers, syringe tips or other components where required by the chair/BRS IFU.

4 **BRS cleaning stages**

Prepare and introduce the current BRS components exactly as specified. Do not alter quantities or sequence.

5 **Flush**

Thoroughly rinse all treated lines until the cleaning chemistry has been removed, following the current IFU.

6 **Bilpron treatment**

Where specified by the current BRS procedure, follow the BRS sequence with Bilpron treatment.

7 **Final flush**

Flush completely before patient use. ADA specifically requires sanitising agents to be flushed completely from waterlines before use.

8 **Retest**

After corrective treatment, test water quality and record the result. If the result remains high, investigate the underlying cause and repeat the validated corrective pathway.

10. Practical daily workflow for dental staff

START OF DAY	Flush relevant waterlines for at least 2 minutes, or according to the dental chair IFU. Ensure lines supplying handpieces, ultrasonic scalers and air/water syringes are included.
ROUTINE WATER MANAGEMENT	Use the approved Alpron programme/dosing system according to the Alpro and dental-chair IFUs.
BETWEEN PATIENTS	Flush relevant waterlines for at least 30 seconds, or according to the dental chair IFU.
END OF DAY	Follow the practice's validated routine treatment or Bilpron extended-treatment procedure where applicable.
AFTER WEEKEND/HOLIDAY	Follow the dental-chair manufacturer's extended-inactivity procedure. Do not assume that simply leaving treated water in a line is permitted.
WATER BOTTLE	Visually inspect for biofilm; clean according to the practice/chair IFU. Wear gloves and perform hand hygiene when handling bottles or adding chemical agents.
WATER TEST	Test according to the practice's documented schedule. ADA identifies below 200 CFU/mL as the target for non-surgical dental water used for tooth irrigation/cavity preparation/ultrasonic scaling.
HIGH RESULT	Sanitise using a treatment recommended for that chair model; verify chemical compatibility; flush completely; retest; increase testing frequency after corrective treatment.

11. Waterline decision tree

Is this routine daily clinical use?

YES → Start-of-day and between-patient flushing + routine approved water-treatment programme.

Is the chair inactive for an extended period?

YES → Follow the chair IFU and approved extended-inactivity/Bilpron procedure.

Has water testing identified a high bacterial count?

YES → Sanitising/shock treatment recommended for the chair model → flush completely → retest.

Is established biofilm suspected or are counts repeatedly high?

YES → Use the validated BRS corrective biofilm-removal procedure where compatible → Bilpron/maintenance as specified → flush → retest.

Is this a surgical procedure requiring sterile irrigation?

YES → Use sterile irrigant such as sterile saline as required; do not rely on routinely treated DUWL water.

Does the chemical treatment conflict with the chair IFU?

YES → STOP and obtain manufacturer/service-provider advice. Do not proceed with an unvalidated chemical treatment.

12. What an auditor should be able to see

- [ ] Current ADA Guidelines for Infection Prevention and Control (Fifth Edition – Amended 2026) available to the practice.
- [ ] Current dental-unit manufacturer's IFU for every chair/model.
- [ ] Current Alpro Alpron IFU/product information and SDS.
- [ ] Current Alpro Bilpron IFU/product information and SDS.
- [ ] Current BRS IFU/product information and SDS.
- [ ] Evidence of Australian ARTG status for products used.
- [ ] Written DUWL management protocol incorporating start-of-day and between-patient flushing.
- [ ] Documented routine chemical-treatment/dosing procedure.
- [ ] Documented water-bottle cleaning/inspection procedure where bottles are used.
- [ ] Water-quality risk assessment and documented testing schedule.
- [ ] Microbiological water test results and corrective-action records.
- [ ] BRS/sanitising treatment records when corrective treatment is required.
- [ ] Evidence that chemicals are compatible with the specific chair/control block.
- [ ] Evidence that sanitising chemicals are completely flushed before patient use.
- [ ] Staff training and competency records.
- [ ] Separate RMD reprocessing documentation demonstrating compliance with AS 5369:2023 and the applicable instrument/device IFUs.

13. Key message for staff

REMEMBER

FOLLOW THE CHAIR IFU → FLUSH → TREAT → TEST → DOCUMENT.

Routine Alpron treatment supports ongoing waterline management. Bilpron provides intensive/extended decontamination where the validated programme permits it. BRS is the corrective biofilm-removal system. The current ADA guidance adds a critical operational requirement: waterlines connected to devices entering the mouth should be flushed for at least 2 minutes at the start of the day and at least 30 seconds between patients, unless the chair manufacturer's instructions specify the applicable method.

14. References used for this guide

Australian Dental Association, Guidelines for Infection Prevention and Control, Fifth Edition – Amended, 2026.

Australian Dental Association, Section C — Dental chair waterlines and water quality: flushing, testing, water quality and sanitising requirements.

Australian Commission on Safety and Quality in Health Care, Advisory PCHS24/01 — requirements for reprocessing RMDs and water-quality risk assessment/monitoring under Action 3.13.

TGA ARTG 226413 — Alpro Medical Australia Pty Limited, Class I medical device, manufacturer Alpro Medical GmbH.

TGA ARTG 226414 — Alpro Medical Australia Pty Limited, Class I medical device, manufacturer Alpro Medical GmbH.

AS/NZS 5369:2023 Reprocessing of reusable medical devices and other devices in health and non-health related facilities, including Amendment 1.

Current ALPRO MEDICAL Australian product IFUs/product information for Alpron®, Bilpron® and BRS®.

Document control note: Document control note: This is a practical staff guide and not a replacement for the licensed AS/NZS 5369 standard, current ADA Guidelines, TGA requirements, current Alpro IFUs or the dental-unit manufacturer's IFU. Before issuing this document as a controlled practice SOP, the infection-control lead should verify the exact current product SKU/ARTG linkage, dosing system, contact times, chair compatibility, flushing requirements, water-testing method and local jurisdictional requirements.