Dental Council
Te Kaunihera Tiaki Niho

Level 5
80 The Terrace
Wellington
New Zealand

PO Box 10–448
Wellington 6143
New Zealand

Tel: +64 4 499 4820
Fax: +64 4 499 1668
inquiries@dcnz.org.nz

www.dcnz.org.nz

18 March 2016

Dear practitioner,

Infection prevention and control practice standard consultation outcome

The Dental Council (the 'Council') has consulted with its stakeholders on a draft Infection prevention and control practice standard during the October - December 2015 period.

A total of 22 submissions, with valuable input, were received. A large majority of submissions supported the draft practice standard.

The Council thanks all the stakeholders that engaged in the consultation process for generously sharing their concerns, expertise and for their time commitment.

As a result of submission feedback several changes have been made to the guidance contained in the practice standard that describes the actions and behaviour that enable practitioners to meet the minimum standards. No substantive changes have been made to the standards that practitioners must meet in relation to infection prevention and control. Accordingly, the Council finalised the Infection prevention and control practice standard at its 7 March 2016 meeting, and approved the final document for release. The final version is attached.

The updated Infection prevention and control practice standard will come into effect on **1 May 2016**, with the exception of the requirement of a data recording device and/or printer for sterilisers, that has a later implementation date of 1 May 2018. Details of the provisions for this specific implementation is detailed in Standard 15 within the practice standard.

The existing cross infection practice standards remain in place until the updated practice standard comes into effect on 1 May 2016.

The purpose of this outcome letter is to highlight some of the key changes in practitioners' obligations in the area of infection prevention and control, from the current requirements. This is not a comprehensive list of changes and practitioners must familiarise themselves with the updated practice standard to ensure that they are fully aware of the standards they must meet, and of the guidance offered to assist practitioners to meet the standards.

Practitioners are reminded that the Council practice standards are mandatory standards that all registered oral health practitioners must meet. Other guidelines or codes of practice related to this area are available within the sector, and could be used for additional information or guidance. However, they do not replace the obligations on practitioners to meet the Council's Infection prevention and control practice standard.

The key areas of change between the existing practice standards and the updated practice standard are:

Current		New
Two separate practice standards – one for dentists/dental specialists and one for all other oral health practitioners.	→	Single practice standard for all registered oral health practitioners.
Must and *Should* statements differentiating mandatory obligations and recommendations, respectively.	→	Clearly identifiable *Standards* that practitioners must meet. *Guidance* which describes the actions and behaviour that enable practitioners to meet the minimum standards. If a practitioner does not follow the guidance, they must be able to demonstrate to the Council that they meet the standards.
Reference to surgical soap and antiseptic hand wash to achieve hand hygiene.	→	Introduction of alcohol based hand rub. This is the preferred method of hand hygiene in health care settings when hands are visibly and clinically clean. [standard 1]
Disinfection of equipment between uses.	→	No mandatory requirement for disinfection of work and equipment surfaces between patients/use (unless visibly soiled with blood) – only a requirement to appropriately clean. When effective disinfection can be achieved it may be used between patients and/or at the beginning and end of a treatment session or day. [standard 6]
Details on cleaning agents and their preparation, and disinfecting techniques included as appendices.	→	Not included, the guidance refer practitioners to the manufacturer instructions, where relevant.
Sterilisation required for instruments used in invasive procedures.	→	Classification system introduced to classify reusable items according to the risk of transmission of infectious agents associated with their intended use, consistent with the Spaulding classification system. Each category has corresponding reprocessing requirements. Classification of items may change depending on the intended use of the item, for example dental tweezers, periodontal instruments and ultrasonic scaler tips may be classified as critical or semi-critical. [standards 10&11]

Effectiveness of a sterilisation cycle could be obtained through a permanent record of the physical parameters reached either produced by the steriliser, or through direct observation, or with a chemical or biological indicator in each load.	→	Steam sterilisers must be equipped with a data recording device[1] and/or printer. **Provisos***:* Dental practices sterilising ONLY solid, unpackaged semi-critical items, with a steriliser not capable of being fitted with a data recording device and/or printer, will be required to meet this requirement at the time of purchasing a replacement steriliser. Dental practices sterilising critical, and/or semi-critical, solid and hollow items will be required to meet this requirement by **1 May 2018**. [standards 15-17] *Rationale for obligation:* The primary reason for this change is to align with the Standards New Zealand standards on reprocessing of reusable medical instruments and equipment.[2] Furthermore, chemical indicators do not provide the same information as automated data recordings, as the chemical indicator measures the parameters only at the point of its placement within the steriliser. The data recording device derives the measurements from multiple sensors. Permanent records can also be accessed at any point: to verify concerns on unsatisfactory measurements or trends, and for auditing purposes; and are not subject to human error or interpretation (such as colour change). Chemical indicators cannot be stored for later reference.
Limited details on performance testing, maintenance and validation.	→	Expanded guidance on all these areas for sterilisers, instrument washer-disinfectors and ultrasonic cleaners (where relevant). [Part III of the practice standard] Annual performance re-qualification is introduced. This is a modified performance qualification process that mirrors all the normal performance qualification process steps, without using sensors or self-contained data loggers to measure temperature and pressure. It may be performed by trained practice staff, provided maintenance and calibration has been recently performed by a qualified contractor.

[1] Data recording devices may include process recorders, data loggers or electronic storage devices.

[2] AS/NZ 4815:2006 Office-based healthcare facilities - Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment and the AS/NZ 4187:2014: Reprocessing of reusable medical devices in health service organisations.

If you have any further comments or questions, please do not hesitate to email us at inquiries@dcnz.org.nz.

Yours sincerely

Marie Warner

Chief Executive