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Re:- Submission for the Proposed Infection Prevention and Control Practice Standards.

Question 1 :- Do you agree/disagree with the proposed infection prevention and control practice standards.
I disagree with the need to create another standard/code of practice . Australia & NewZealand has been fortunate to have had both AS/NZS 4815:2006 *Office based health care facility-Reprocessing of reusable medical and surgical instruments and equipment ,and maintenance of the associated environments* and AS/NZS 4187:2014 *Reprocessing of reusable medical devices in health service organisations*
AS/NZS 4187 has recently been re-released in 2014 with the aim of encompassing all healthcare facilities.
AS/NZS 4815:2006 is coming due for either an update or be dropped in favour of AS/NZS 4187:2014. More credability would be gained by the Dental Council supporting MBIE & Standards NZ in updating AS/NZS 4815.

Question 2:-Does any element of the proposed Infection prevention and control practice standard require clarification or further guidance ?

In section 3.3 Introduction , There is a proposal to apply Spaulding's classification . This classification is a very old classification from the time when autoclaves were not as accessible and were primarily downward displacement type. It is not applicable in today's world of bench top automated autoclaves capable of reliable "B cycles"and suitable for the highest challenge of "Hollow A instruments".
Spauldings classification also transfers responsibility onto the sterilising technicians to decide which stream and what process is required for re-processing. Today all instruments can simply be sterilised under a "B cycle"without any consideration of how the instruments were used.

In section 3.5 Introduction. There is a proposal that all steam sterilisers should have a data recording device and two years will be allowed to achieve this . AS/NZS4815 had required this since 2006. Nine years ago!!! Considering this no implemention period is acceptable where no data recording or close door drying is present on the steriliser.

Insection 3.6 Introduction . There is a proposal to create a modified Performance qualification . While I understand a desire to increase compliance this not the way forward!! Performance qualification is a complicated process requiring significant discipline , independent assessment and sophisticated datalogging equipment

calibrated to within 0.1c. AS/NZS 4815 & AS/NZS4187 both clearly spell out the process and methodology of the process. Why would the council wish to deviate from an approved international process?

Section 3 Safe handling of Sharps

Please use the appropriate standards . AS/NZS 4304:2002 *Management of healthcare waste* is the appropriate standard and should be clearly indicated as the only satisfactory way for handling and disposing of healthcare wastes. Noting of sharps containers standards is appropriate but of a lesser concern. AS/NZS 4478:1997 & AS/NZS4261:1994 are still appropiate , but quite dated.
Comments such that leak proof bags ,double bagged items can be disposed in the general waste stream is both contra to the AS/NZS 4304 and is a serious misnomer as the double bagging & leak proof bag ,suggest a known risk in disposing to the communities general waste stream .

Section 6 Water lines & water quality.
It is commendable this is included ,but it requires more detail on why it should be monitored and water & waterlines treated . What parameters should be meet. The importance of backflow prevention and the benefits of water bottle systems. Again clinical engineering advice should be sought.
AS/NZS4187 :2014 has incorporated the monitoring of water quality and the use of RO water for the reprocessing of instruments .

Section 13 Cleaning of contaminated reusable items
Instruments washer /disinfectors are mentioned and the need to monitor their parameters But it should also include the requirement to validate the process of involving the washer /disinfector and the chemical required.This should be done to ISO 15883.

Section 14 Packaging
Within this section the requirement to track instrument which are so called “critical” is recommended . Instrument tracking has been present in medical procedures for years but only recently has modern computer tracking been gaining uptake . In surgery this is made more simple by the use of trays of instruments with either bar coding or RFID tagging. Dentistry the task is a little more difficult with multiple instruments ,handpieces often not involved in a procedure cassettes. Programs for instrument tracking in dentistry are coming available but implementation time will be years rather than months .
Encouragement rather than requirement would be more appropriate in this section.

PartIII Performance testing ,maintenance & Validation
Again there is no place for this re-qualifying performance qualification , the tracing & datalogging of temperature & pressure is critical to the validation process
as is the independence of the trained clinical engineer.

Note Thermocouple sensors are rarely used now days , these are superseded by calibrated computer downloading dataloggers .

Question 3. Further comments on the proposed Infection Prevention and Control Standard.

The re-processing of dental & surgical instruments by sterilising equipment is significantly technical and the understanding of the devices used is essential to your new standard or code of practice , yet the team tasked with drafting this standard has no representation of any technical expert…ie clinical engineer.

Without this representation no comments on equipment or validation processes should be made.

The dental council should be endorsing the standards already available in this area and providing resources and expertise to the updating of older standards. This would be the best way forward.

The ISO standards should also be considered as a standard of which the European world will follow for years .long after our Australian /NZ standards have defaulted to these international norms.

Careful encouragement and guidance should be made available regarding the use & development of Instrument tracking systems for dental instruments .

Spaulding's Classification should not be used .

Thankyou for considering the points I have raised regarding this proposed Infection Prevention and Control Practice standard.

Yours faithfully ,

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