



Marie Warner
Chief Executive
Dental Council
P.O. Box 10-448
Wellington 6143

15th December 2015

Dear Marie

Re: Consultation on a proposed Infection Prevention and Control Practice Standard

The Association welcomes the opportunity to make comment on the proposed Infection Prevention and Control Practice Standard in the requested format of answers to the questions posed by the Dental Council.

The Association requests to be allowed to present this submission in person (Dr Hugh Trengrove) to the Dental Council at a meeting of Council held prior to finalisation of the Code.

Do you agree/disagree with the proposed Infection Prevention and Control Practice Standard?

The infection prevention and control (IPC) principles and recommendations detailed in the Dental Council proposed Infection Prevention and Control Practice Standard are largely consistent with those contained within the similarly named NZDA Code of Practice and reflect what would be considered good practice.

The Dental Council IPC Practice Standard is divided into logical sections and is in a format that is largely clear and easy to follow.

Does any element of the proposed Infection Prevention and Control Practice Standard require clarification or further guidance?

Standards

The Association has the following comments regarding the 'standards' detailed within the document.

Transmission based precautions ^(Page 18) Standard '7'. *You must follow appropriate transmission-based precautions, in addition to standard precautions, when a patient who needs urgent treatment has a known or suspected infectious condition with a considerable risk of transmission; or refer appropriately.*

Comment: If a patient is suspected of having an infectious condition with a high risk of spread to healthcare staff or subsequent patient's treatment is best postponed until their acute illness has resolved. In addition, the concept of 'transmission based precautions' is confusing to many practitioners. If the principles of 'standard precautions' are universally applied additional transmission based precautions should not be necessary.

Recommendation: That ‘transmission based precautions’ be removed as a ‘Standard’ and if deemed necessary the information is retained as an ‘appendix’.

The reprocessing area ^(Page 23) Standard ‘12’. *You must ensure an appropriate reprocessing area is designated with distinct areas for reprocessing procedures, and a workflow in a single direction is maintained from the contaminated zone to the clean zone.*

Comment: There is no question about the principle behind this ‘Standard’ however the practical application in many clinical environments (because of existing infrastructural constraints) may be challenging.

Recommendation: That the Standard 12 be re-worded as follows: You must ensure an appropriate reprocessing area is designated which facilitates contaminated to clean reprocessing flow.

Steam sterilisation ^(Page 26) Standard ‘15’. *You must ensure all reusable critical and semi-critical items are sterilised using a steam steriliser with an appropriate cycle type, equipped with a data recording device and/or printer.*

Comment: Cold sterilisation of semi-critical items is not permitted. This may have implications for practitioners using items which cannot be ‘steam’ sterilised eg. lip and cheek retractors, George gauges etc.

The requirement for practitioners to have steam sterilisers that have a fitted “*data recording device and/or printer*” (two year ‘window’ proposed for compliance) may have significant financial implications for dental practices. It is likely that most dental technicians will need to replace their existing sterilisers. Chemical indicators (Class 5 and Class 6) provide the same information which can be manually recorded.

Recommendation: That the Standard 15 be re-worded as follows: You must ensure all reusable critical and semi-critical items are sterilised after use. When using a steam steriliser an appropriate cycle type is to be used and sterilising parameters are to be recorded.

Maintenance of reprocessing equipment ^(Page 31) Standard ‘20’. *You must ensure reprocessing equipment is appropriately cleaned and daily maintenance checks are performed; and preventive servicing and maintenance are carried out at least annually.*

Comment: The correct terminology is planned preventative maintenance (versus preventive servicing and maintenance) this incorporates servicing, calibration and other checks that may be necessary at specified times. This should be performed in accordance with the manufacturer’s instructions.

Recommendation: That the Standard 20 be re-worded as follows: You must ensure reprocessing equipment is appropriately cleaned and daily maintenance checks are performed; and planned preventative maintenance is carried out at least annually.

Validation ^(Page 33) Standard '21'. *You must ensure all validation stage (IQ, OQ and PQ) and annual performance re-qualification are properly performed on-site for each steriliser and instrument washer-disinfector at the correct times, and by the appropriately trained personnel.*

Comment The requirements in terms of documentation of IQ (installation qualification) for sterilisers already in service is not detailed. Note that many existing sterilisers may not have had IQ completed to the required standard.

Recommendation: That guidance as to the requirements for existing sterilisers which have not had a formal IQ completed.

Education ^(Page 43) Standard '24'. *You must be knowledgeable on infection prevention and control measures and refresh your knowledge at least annually.*

Comment: There is a CPD implication in this 'standard'. It is uncertain how this will be achieved given that few NZ environment specific written resources nor seminar type CPD activities are currently available.

'Status' of compliance measures

Within each section of the Dental Council IPC Practice Standard a series of 'Standards' are detailed which practitioners must meet. Following the 'Standards' a series of statements regarding the actions and behaviours that enable practitioners to meet the 'Standards' are detailed, these are referred to as 'Compliance Measures'.

The mandatory nature of the 'Standards' is clear. The 'status' of the 'Compliance measures' is less clear. In the 'introductory section' compliance measures are described as "... *the actions and behaviour that enable practitioners to meet the minimal standards.*" ^(Page 4) Later in the same section "*If a practitioner does not follow the compliance measures, they must be able to justify their behaviour or actions, and demonstrate to the Dental Council that they comply with the standards.*" ^(Page 5)

Recommendation: The 'status' of the 'Compliance measures' is described in greater detail to make it clear to practitioners what they **must** do.

Detailed response to compliance measure statements

There are a number of 'compliance measure' statements that are unclear, contradictory and/or will be challenging for practitioners to meet. In some areas the 'Compliance measures' are detailed and prescriptive and in others they are more general and less encompassing. The rationale for these differences is unclear.

Representative examples are included below noting that the Association has not provided detailed feedback on these as it is assumed that these statements are intended as guiding principles (not mandatory requirements) to be applied by practitioners in a thoughtful way in their individual practicing context. If the 'compliance measure' statements are intended to be 'mandatory and enforceable' then it is requested that the Dental Council advise the Association accordingly so a more detailed submission can be made. Notwithstanding these comments the Association cites the following (as a small sample of) examples:

Hand hygiene ^(Page 10) *Wear short sleeved clothing while practising hand hygiene techniques.*

Comment: Some practitioners wear long sleeved gowns for a variety of reasons eg. when undertaking surgery, to cover skin conditions, for religious and cultural reasons, etc. The implication is that these gowns should be removed prior to handwashing.

Hand hygiene ^(Page 10) *After contact with contaminated environmental surfaces, instruments or other equipment.*

Comment: This wording is not consistent with the principles of standard precautions. No person should be handling contaminated instruments or equipment without gloves.

Hand hygiene ^(Page 11) *Refrain from direct patient contact if you have an exudative lesion or weeping dermatitis on the lower arms, hands or face, until the condition is resolved.*

Comment: If such lesions are on the lower arms, in some circumstances these lesions could be covered with an appropriate dressing and long sleeved gowns used.

Gloves ^(Page 12) *Remove contaminated gloves and follow hand hygiene procedures before accessing clean areas.*

Comment: Remove contaminated gloves and follow hand hygiene immediately is a more appropriate comment.

Masks ^(Page 12) *Remove by touching the strings and loops only, and discard as soon as possible after use.*

Comment: Remove by touching the strings and loops only, and discard immediately into a waste container is a more appropriate comment.

Outer protective clothing ^(Page 12) *Outer protective clothing is to be made from material that does not permit blood or other potentially infectious materials to pass through it and have a solid, closed front.*

Comment: Does this mean 'cotton' gowns are not permitted? Are 'V-neck' gowns or 'buttoned / domed' gowns also excluded?

Type N cycle ^(Page 30) *Automatic control test – run a test cycle and check the required parameters are achieved.*

Comment: This test is not referenced in AS/NZS 4187:2014.

For instrument washer-disinfectors ^(Page 30) *Perform a soil test according to the manufacturer's instructions, at the times specified by the manufacturer, to confirm the efficacy of the cleaning process.*

Comment: Soil testing is normally conducted in accordance with AS/NZS 4187:2014 which also specifies the frequency.

Ultrasonic cleaner ^(Page 31) *Check filters and base plates.*

Comment: Filters are not present in the tanks of most ultrasonic cleaners.

Do you have any further comments on the proposed Infection Prevention and Control Practice Standard?

Reference material

The Dental Council IPC Practice Standard refers to the NZDA Code of Practice – Infection prevention and control (2014) which has been reviewed and republished in August 2015. A copy of this revised document was made available to the Dental Council on 25 September 2015. Several areas in the 2014 version have been reviewed and updated to reflect additional information and in response to substantive feedback.

Recommendation: It is suggested that the Dental Council IPC Practice Standard be reviewed against the August 2015 version of the NZDA Code of Practice – Infection prevention and control.

Terminology and definitions

Some of the terminology used in the Dental Council IPC Practice Standard is different to that used in the NZ practicing environment, for example alcohol based hand rub (ABHR) is more accurately referred to as Alcohol Based Hand Sanitiser (ABHS). The terminology used with regard to 'waste' is not the terminology described in NZS 4302 (2002) – Management of healthcare waste. Lint-free cloths are referred to when in fact such items are unavailable, 'low linting' is more appropriate terminology.

Reprocessing of reusable items

The Standard states that reprocessing procedures are appropriate for the intended use of the contaminated item. The compliance measures then detail periodontal instruments as being Spaulding Critical items. The consultation document states that periodontal instruments have been included as there is "*significant risk these items might enter into sterile tissue*". This statement is inconsistent with the Standard where 'intended use' is the threshold. The categorisation of all periodontal instrumentation as Spaulding critical items will create an additional and significant practice and service delivery challenge which is disproportionate to the actual risk. .

Recommendation: It is suggested that if periodontal instruments are to be listed as critical items it is consistent to include the descriptor 'surgical periodontal instruments'.

Specification of cleaning agent

The Dental Council IPC Practice Standard specifies that a neutral clinical detergent is used to clean equipment and surfaces in the contaminated zone and a mildly alkaline, non-foaming clinical detergent for cleaning reusable items. The Association believes this is too prescriptive as a these detergent 'types' may not meet the manufacturer's instructions for instruments, equipment or surfaces. It would be better to say to use 'an appropriate clinical cleaning agent'. Note that all cleaning agents 'foam', so better terminology would be 'low foaming'.

Recommendation: It is suggested that reference to neutral and alkaline detergents is removed and the terminology 'an appropriate clinical cleaning agent' used.

Additional Comments

The Association remains committed to the reestablishment of a profession-led joint process for the development of Practice Standards such as this.

Kind regards

A handwritten signature in black ink that reads "David Crum". The signature is written in a cursive, flowing style.

David Crum
Chief Executive Officer
New Zealand Dental Association