Hello,
I am hopeful that you will accept the following submission with respect to the IPC consultation which closed on 2 Oct. Unfortunately I had internet issues on the day and this appears not to have been sent.

Thank you for considering this.

Regards

Hugh Trengrove

Thank you for the opportunity to comment on the proposed changes in the Dental Council Infection Prevention and Control Practice Standard.

While unrelated to this specific consultation, it continues to interest me that the Dental Council has taken such a prescriptive approach to infection prevention and control compared with other Regulators.

It is acknowledged that this Standard is intended to be implemented across a broad range of practicing environments and, as such, aims to achieve a 'balance' between the ideal and what is practical across the diverse practicing environments in New Zealand.

The key changes were detailed in the separate consultation document but other wording changes and redundant or out-of-date information was removed or replaced. It would have been helpful had all changes in the IPC standard been identified as such and made available as part of the consultation. This would have enabled a more efficient way of reviewing **all** of the Dental Council proposed changes. It would also have been helpful if the 'consultation document' followed the same 'flow' as the new draft Practice Standard.

Key proposals

3.1 Annual review of documented practice-specific procedures and infection prevention and control records

In the absence of changes in the Dental Council Practice Standard, the value of an annual review of documentation is debatable. There is no clear relationship between 'annual review of documents' and "continuous risk assessment, infection prevention and control education, and internal audit of practice-specific procedures." Reviewing (reading) a document does not require risk assessment, education nor audit. Annual review isn't onerous and may be useful, but the Dental Council's justification for this change is spurious.

3.2 Batch control identification for critical items

Mandating the recording of the batch control information for critical items in the patient clinical record is reasonable. The consultation documentation justification for this change is, in part, invalid in that the inclusion of batch control information in a patient record does not confirm '*validated sterilisation for the instruments used in their car*e' as effective sterilisation and the associated quality assurance is much more than batch control numbers.

3.4 Sterilisation requirements - semi-critical reusable items

The acknowledgement that some semi-critical items cannot be steam sterilised and providing additional information supporting this is a good change to this Practice Standard.

3.5 Quality management system - risk assessment, annual review and documentation

The inclusion of the new section titled Quality Management System is a positive change and reflects better the need for continuous quality improvement and to link IPC with workplace Health and Safety. With the introduction of this section, there is an apparent philosophical change with practitioners taking '….*a risk-based approach…*' and considering a 'hierarchy of controls' which (at least conceptually) is different from the more 'directive' approach to IPC that the Dental Council has traditionally taken. This is a positive change but seems to be only partially developed in this Practice Standard and does not reference the requirement for a practice to have a Workplace Health and Safety plan. The inclusion of the checklists at Appendix A and Appendix B are a good idea but require more thought, development and formatting to enhance their practical use in a practice setting.

3.6 Automated cleaning

The change in the wording of the guidance from <u>preferred</u> (*'Automated cleaning is the preferred cleaning method')* to <u>should</u> ('….*washer disinfector should be used…*') with the statement that '*Manual cleaning is least desirable but can be used when the manufacturer's validated instructions require it or when use of an ultrasonic is not appropriate*.' appears to mandate the use of a washer-disinfector. This effectively means that manual cleaning is not acceptable except for specific items.

This is a substantive change in the Practice Standard and in the context of a 'risk-based approach' to IPC does not seem justified. It is acknowledged that the use of a washer-disinfector offers the advantage of a degree of automation, reduces risk to staff of sharps injury, and offers some validation; however, it is not touchless, and there is no substantive evidence that the cross-infection risk (in a dental setting) is reduced over other means of instrument cleaning.

Of significant concern with the proposed change is the ability of practitioners to comply. Many dental practices have limited space and the inclusion of additional machinery will be difficult or impossible.

3.7 Environmental controls

The new guidance on water quality is useful. It might also be helpful to highlight that the microbial tests can be done by the practice and don't need to be sent to a water testing laboratory. Does the same apply to water conductivity and hardness parameter testing?

The Practice Standard would be enhanced with the provision of additional information on what to do should testing results indicate levels above 200 CFU/ml.

- What do you do between getting the result and undertaking the waterline treatments, do you discontinue clinical work?
- What do you do if you continue to get non-compliant test results (above 200 CFU/ml) despite waterline treatments?

General feedback

Overall the Practise Standard is well written and clear. The following suggestions may be (or may not) helpful.

Page 19

➢ Apply the volume of ABHR specified by the manufacturer to dry hands and leave your hands to dry naturally; do not dry them with linen or paper towels.

Suggested change Apply the volume of ABHR specified by the manufacturer to dry hands, **rub hands together until they feel dry**; do not dry them with linen or paper towels.

- Avoid patient contact if you have an exudative lesion or weeping dermatitis on the lower arms, hands or face that cannot effectively be dressed to prevent transmission, until the condition is resolved.

Suggested change Avoid patient contact if you have an exudative lesion or weeping dermatitis on the lower arms, hands or face that cannot effectively be dressed ~~to prevent transmission~~, until the condition is resolved. (Note: These conditions are not necessarily infective in nature)

Page 25

- *Anticipating treatment needs before commencing treatment, so materials can be pre-dispensed from clean storage areas and all necessary instruments are readily available within the primary clinical zone (critical items must remain protected from contamination and packaged until point of use). If unused, unopened critical items that have been protected from possible contamination in the clinical zone, may be returned to the clean storage area after a procedure.*

Suggested change Best practice would be to consider any item placed into the clinical zone with a patient present as being, at least potentially, contaminated. The possible exception to this may be if a patient does not attend. To avoid confusion I think the final sentence should read.

Anticipating treatment needs before commencing treatment, so materials can be pre-dispensed from clean storage areas and all necessary instruments are readily available within the primary clinical zone (critical items must remain protected from contamination and packaged until point of use). ***If unused, unopened critical items should be treated as contaminated and be reprocessed as such****.*

Page 29

Before dispatch – Practice sending item to laboratory	Practice rinses item thoroughly with running water, then clean the item with an appropriate

clinical detergent, rinse, disinfect and dry **(when appropriate)**

It is not appropriate to 'dry' alginate impressions

Page 36

Drying of items
Use a clinical grade microfibre cloth or a drying cabinet for drying items. Do not leave items to air dry.

Comment: It would be useful to understand when you would dry an item? Presumably after disinfection. Having this sentence here implies that drying of instruments with a cloth or in a cabinet follows washing/disinfecting and/or ultrasonic cleaning

Page 37

• \B type cycles

Suggested change Delete \

Page 63

I think this Appendix would be enhanced with more explanation, especially with respect the headings 'Contact Precautions', 'Droplet Precautions,' and 'Airborne Precautions',

The list of standards at the start of the document are helpful.