

12 December 2024

Tēnā koutou,

Consultation on proposed updates to the Infection prevention and control practice standard

On 8 August 2024 the Council issued a consultation on proposed updates to the Infection prevention and control (IPC) practice standard.

The Council thanks all the stakeholders that engaged in the consultation process for generously sharing their expertise and advice.

The majority of submitters agreed with the proposed updates to the IPC practice standard and provided constructive suggestions for improvement and refinement.

The updated *Infection prevention and control practice standard* is available [here](#).

Practitioners must familiarise themselves with the standards to ensure compliance, and refer to the guidance to support understanding of their responsibilities.

Submission feedback

The consultation closed on 2 October 2024 and a total of 12 submissions were received, nine from oral health practitioners, two from professional associations, and one IPC service of a Health New Zealand Te Whatu Ora district.

Insightful feedback was provided about the standards and the processes described within the guidance. Feedback was carefully considered and most have been included in the IPC practice standard.

Key changes made because of the feedback include:

1. New format

Concerns were raised about potential for confusion that guidance advice may be interpreted as a mandatory requirement, and therefore becomes a de facto standard.

These concerns are topical because subsequent to the passing of the Secondary Legislation Act 2019 standards set by responsible authorities under section 118 of the Health Practitioners Competence Assurance Act 2003 are considered secondary legislation, and is required to be published on the regulator's website. To achieve this and avoid any ambiguity, a clear separation between the standards and guidance is required.

The format of the practice standard has been reworked to provide greater delineation between the standards i.e. practitioners' obligations, and the supporting guidance to the standards. Guidance is still considered to be a valuable tool to help practitioners comply with the mandatory standards.

Wording in the introduction section to the guidance has been adjusted to support flexibility in the ways a practitioner can meet a standard.

The same updated format will be followed for all the other practice standards.

Ongoing [practitioner feedback](#) about the usability of the supporting guidance is encouraged.

2. Washer-disinfector guidance (introduction to guidance for standard 14)

The preference for use of washer-disinfectors in the consultation draft IPC practice standard was an area of concern raised by many submitters. The challenges of shifting to washer-disinfectors were highlighted, and the scientific evidence base and rationale for the preference of washer-disinfectors over ultrasonic cleaning were questioned.

Further review of the comparable international standards and consultation with subject matter experts confirmed the position proposed in the draft IPC practice standard aligns with international guidelines and standards¹.

The Australian Standard AS 5369:2023 *Reprocessing of reusable medical devices and other devices in health and non-health related facilities* acknowledges the variety of medical devices being used by practitioners and variation in requirements for cleaning. Notably it encourages automated cleaning, but it does not exclude manual cleaning.

The guidance supporting standard 14 has been adjusted by removing the stated preference for the use of washer-disinfectors compared with ultrasonics, and lifting these statements to an introductory level. The introduction continues to reinforce the benefits of cleaning with washer-disinfectors, while highlighting that cleaning instruments with an ultrasonic (if permitted by manufacturer instructions) is suitable and preferable to manual cleaning alone.

3. Water Quality (standard 8)

A valid concern was raised about the ability for practitioners to guarantee water quality used in dental practices.

From a patient safety perspective, the greatest risk relates to the dental chair waterlines, and this is where the primary focus of the standard should be.

Changes have been made to standard 8 to clearly separate the responsibility for safe dental chair waterlines from the water quality used in the practice.

Further consultation with subject matter experts was undertaken and guidance relating to remediation when waterlines fail a colony forming unit test has been expanded – but remains at a principle level. Different scenarios may dictate different responses – risk assessment is key.

4. Lead-time for Batch control identification on patient records (standard 15)

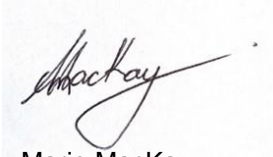
Recording Batch control identification (BCI) of critical instruments in the patient notes was lifted from guidance to a mandatory requirement in standard 15.

A one-year transition period has been approved by Council for the recording of BCI details of sterilised critical items in the patient notes. We are aware some practices already do this, and the timeframe does not preclude practitioners to comply earlier.

¹Australian Standard on Reprocessing of Reusable Medical Devices (AS5379:2023). Scottish Clinical Effectiveness - Instrument Decontamination Guidance <https://www.sdcep.org.uk/published-guidance/decontamination/>

Thank you for participating in the consultation process. Feedback helps inform our work to ensure clear and useable standards to protect patient safety.

Ngā mihi nui,

A handwritten signature in black ink, appearing to read 'MacKay', is centered within a light grey rectangular box. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Marie MacKay

Chief Executive