Dental Council
Te Kaunihera Tiaki Niho

8 August 2024

Tēnē koe,

Consultation on a proposed Infection prevention and control practice standard

The Dental Council ('the Council') established the Cross Infection Working Group ('working group') to assist in the review of its current Infection prevention and control practice standard to ensure it remains contemporary and fit-for-purpose. The working group's proposed updates to the practice standard were informed by local and international cross infection standards and guidelines, and the members' expertise and experiences managing the challenges and concerns within this area of oral health practices.

The Council reviewed the working group's recommended changes and is now consulting on an updated draft Infection prevention and control practice standard.

The Council seeks your feedback on the proposed Infection prevention and control practice standard provided as Attachment 1.

Have your say

Stakeholders are invited to comment on the proposed Infection prevention and control practice standard by responding to the following questions using the online survey.

Q1. Do you agree/disagree with the proposed Infection prevention and control practice standard? If you disagree, please detail why.

Q2. Does any element of the proposed Infection prevention and control practice standard require clarification or further guidance? Please explain.

Q3. Do you have any further comments on the proposed Infection prevention and control practice standard?

The consultation document has been made available to all oral health practitioners, relevant associations and societies, the Ministry of Health Manatū Hauora, Health New Zealand Te Whatu Ora, educational institutions and other organisations with an interest in this area. The consultation document will also be published on the Council's website, with a similar invitation to comment.

Submissions

Your submissions must reach us by 5pm on 2 October 2024.

You can submit your feedback either by completing the online survey, or emailing your response to consultations@dcnz.org.nz.

Submissions received will be published on our website and will record the submitter's name and profession (for registered oral health practitioners). All personal contact details will be removed. We will not publish any derogatory or inflammatory content.

As this is a public consultation, "in confidence" information will only be accepted under special circumstances. Please contact us before submitting material in confidence.

If you have any questions about this consultation, you can contact us by email or phone 04 499 4820. I look forward to receiving your views on the proposals.

Ngā mihi,

Marie MacKay

Chief Executive

Consultation document on the proposed Infection prevention and control practice standard

Issued: 8 August 2024

Submission closing date: 2 October 2024

Dental Council
Te Kaunihera Tiaki Niho

Proposed Infection prevention and control practice standard

1. Introduction

In March 2024 the Dental Council ('the Council') established the Cross Infection Working Group ('working group') to assist in the review of the Council's current Infection prevention and control practice standard.

The working group members were:

- Alison Stewart: Subject-matter expert – public practice environment
- Megan Sharpe: Subject-matter expert – private practice environment
- Louisa Cullen: Dentist
- James Chang: Dental technician/ Clinical dental technician
- James Taylor: Medical technician – oral health practice experience.

The working group considered the new Australian standard for reprocessing of reusable medical devices and other devices in health and non-health related facilities (AS5379:2023), the New Zealand Dental Association's Code of Practice and related guidance, the Australian Dental Association's Infection Prevention and Control guidelines; the Scottish Dental Clinical Effectiveness Programme guidance related to decontamination, and other international guidelines/standards related to this area.

The documents reviewed and considered by the working group are listed in the bibliography provided at the end of the consultation document.

The working group's proposed updates to the Infection prevention and control practice standard were considered by the Council at its meeting on 30 July 2024.

2. The Infection prevention and control practice standard

The purpose of the proposed Infection prevention and control practice standard ('practice standard') is to set minimum standards that must be observed by all practitioners to:

(i) eliminate or reduce the number and quantity of infectious agents in the oral health practice environment; and

(ii) prevent the transmission of infectious agents from any person within the practice environment to another; and from one item or location to another item, location or person.

The Infection prevention and control practice standard contains:

- the minimum standards related to infection prevention and control that all registered oral health practitioners ('practitioners') **must** meet; and

- 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.

The standards that must be met are listed in a summary table at the front of the draft practice standard.

The guidance provided to support these standards reflects current infection prevention and control knowledge and accepted good practice in healthcare settings. It describes actions and behaviour that enable practitioners to meet the standards.

Where practitioners delegate responsibility for infection prevention and control associated tasks, practitioners remain accountable and responsible for understanding the standard and how the processes meet the standard's intent.

The practice standard is presented in five parts:

I: Quality management system

II: Standard precautions

III: Reprocessing of reusable items

IV: Monitoring

V: Blood or body fluid exposure procedures.

Some introductory comments appear throughout the practice standard to give added context to particular standards. Those comments do not form part of the standards.

3. Summary of principal changes within the draft practice standard compared with the current versions

The following areas represent the bigger updates/changes to the practice standard. Other minor wording changes were made to the standards and associated guidance to improve clarity and readability, redundant or out-of-date information was removed or replaced. These do not reflect positional shifts and for that reason are not detailed in the consultation document.

For ease of reference, a table listing the current standards and the proposed updated standards for the infection prevention and control practice standard is included at the end of the consultation document.

Key proposed changes related to standards include:

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

There is a new requirement at the standard level for annual review of the documented practice-specific procedures and infection prevention and control records to ensure compliance with the Dental Council Infection prevention and control practice standard.

Purpose of change - International guidance places increased emphasis on continuous risk assessment, infection prevention and control education, and internal audit of practice-specific procedures.

The proposed update is reflected as standard 2.

3.2 Batch control identification for critical items

The requirement to record in the patient notes the batch control identification information of a critical item used in patient care, has been uplifted from guidance to a standard.

Purpose of change – This supports consumer confidence, follows a risk-based approach, and means that if a patient queries the processing of critical instruments that have been used for their treatment, they can be given confirmation of validated sterilisation for the instruments used in their care.

The proposed update is reflected as standard 15.

3.3 Reprocessing equipment fitted with data recording device and/or printer

The updated guidance confirms that the transition period for steam sterilisers to be fitted with a data recording device and/or printer has now passed. All steam sterilisers used for sterilising critical, and/or semi-critical, solid and hollow items must have a data recording device and/or printer. The transitional information from the standard has been removed.

Additional guidance is given to consider the Spaulding classification and its associated reprocessing requirements when purchasing new equipment consider.

Purpose of change - There is international consensus about the need for consistent validation of sterilisation cycles.

The proposed update is reflected as standard 19.

3.4 Sterilisation requirements - semi-critical reusable items

The requirement for semi-critical items to be steam sterilised remains unchanged. However, the manufacturer's instructions for some items do not permit steam sterilisation. In these cases, the items must be cleaned and disinfected in adherence with the manufacturer's validated instructions. The updated standard makes provision for cases where semi-critical items cannot be sterilised.

The Spaulding Classification scheme provides a system to determine the level of reprocessing appropriate for an item based on its intended use. A table offering examples of dental related reusable items and their most common Spaulding Classification is available under the guidance for standard 12. A few more examples of semi-critical items used for chairside care in dental laboratories were added.

The table also summarises the appropriate reprocessing procedures for critical, semi-critical and non-critical items.

Purpose of change - There has been an increase in the number of semi-critical reusable items that cannot be steam sterilised. Risk based assessment, alongside cleaning and disinfection that meets manufacturer's validated instructions reflects international guidance.

The proposed update is reflected as standard 17 and associated guidance.

Key proposed changes to the introduction and guidance include:

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

The draft practice standard starts with a Quality Management System section and includes a description of the hierarchy of controls and risk-based assessment.

The updated guidance emphasises the importance of up-to-date knowledge on infection prevention and control, related practice-specific procedures, and infection prevention and control documentation requirements. This is supported by two newly developed checklists (appendices A & B) to support internal audit, and guidance to incorporate infection prevention and control education into the dentist's personal development plan

Purpose of change - International guidance places increased emphasis on continuous risk assessment, infection prevention and control education, and documentation of practice-specific procedures.

Further details can be found in practice standards 1 and 2 and associated guidance, including appendices A and B.

3.6 Automated cleaning

The guidance emphasises that the preferred cleaning process is in a washer-disinfector because it is automated, easier to replicate and supports validated and touchless reprocessing.

Purpose of change – Internationally there is strong shift towards automated cleaning by a washer-disinfector due to its consistent and validated cleaning process. This compares to manual cleaning and ultrasonic cleaners that cannot be validated for consistent cleaning.

The position reflects the Scottish National Health Service move to requiring all instrument cleaning in a washer-disinfector, and the Australian Standard (AS5369) signalling a desired transition towards mechanical cleaning with washer-disinfectors unless otherwise stated by the reusable device's manufacturer.

Further details on cleaning of contaminated reusable items can be found in standard 14 and associated guidance.

3.7 Environmental controls

New guidance on water quality is introduced, that includes advice:

- to monitor the microbial levels in water from dental waterlines by testing at least annually with comparison to the international safe limit for safe water in medical application (<200 CFU/ml).

A sanitising treatment is required if the number of bacteria in water used as coolant/irrigant for non-surgical is above 200 CFU/ml.

- that water is fit for purpose and regularly tested when used for instrument reprocessing to ensure it is within the manufacturer's water conductivity and hardness parameters.

Purpose of change - Monitoring and managing microbial levels in dental waterlines improves patient safety and reflects international infection, prevention and control guidance. Water testing for hardness and conductivity aims to prevent damage to reprocessing equipment and instruments from water that is not fit for purpose. It is particularly relevant when using washer-disinfectors and reflects guidance in AS5369.

There is also new guidance that adequate ventilation is required to maintain airflow in a manner that will reduce the risk of carrying contaminants from the dirty to the clean area. No new, detailed requirements on ventilation have been included in the updated draft practice standard.

Purpose of change - Ventilation guidance aims to reduce the risk of aerosol contamination from dirty to clean areas in the reprocessing area. This guidance may be superseded by NZ Ministry of Business Innovation and Employment/Ministry of Health ventilation guidance, which is being developed, but has not yet been released.

Further details can be found in the guidance for standards 8 and 13, respectively.

3.8 Environmental sustainability

We recognise that the oral healthcare sector, as a whole supply chain, has a social responsibility to undertake activities in a manner that seeks to improve the sustainability of oral healthcare interventions. This is a complex area, with many stakeholders, drivers and challenges.

The practice standard provides some examples of sustainability considerations such as minimising packaging and reducing single use products to reduce environmental impact, within the overall objective of infection prevention and control.

Purpose of change - Dental practices should consider opportunities to reduce their environmental footprint and develop sustainable practice where possible. These considerations should be balanced with achieving the objective of infection prevention and control to protect our patients, staff, ourselves and the wider public.

Further details can be found in the introduction to the Infection prevention and control practice standard

3.9 Monitoring

The updated guidance offers more flexibility about the type and timing of function tests for reprocessing equipment. Further clarification is provided for timing of performance validation (IQ, OQ and PQ), in particular as it relates to loan equipment or major repairs undertaken.

Purpose of change - There is a wide variety in the reprocessing equipment in use and as a consequence there is a wide range of testing parameters advised by manufacturers. Clarification was required for timing of performance validation.

Further details can be found in the guidance for standards 21 and 23.

Consultation questions

Stakeholders are invited to comment on the proposed Infection prevention and control practice standard by responding to the following questions:

Q1. Do you agree/disagree with the proposed Infection prevention and control practice standard? If you disagree, please detail why.

Q2. Does any element of the proposed Infection prevention and control practice standard require clarification or further guidance? Please explain.

Q3. Do you have any further comments on the proposed Infection prevention and control practice standard?

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9. New Zealand Dental Association *Sustainability Guidelines. Patient, Practice and Planet*. (2024)

10. Consensus on Environmentally Sustainable Oral Healthcare: A Joint Stakeholder Statement (2022) (fdiworlddental.org).

Comparison of existing standards and proposed updated standards within the Infection prevention and control practice standard

New #	Proposed updated standards	Existing standards
1	You must be knowledgeable about infection prevention and control systems and regularly refresh your knowledge.	You must be knowledgeable on infection prevention and control measures and refresh your knowledge at least annually.
2	You must ensure practice-specific procedures and infection prevention control records comply with the Dental Council Infection prevention and control practice standard, are documented, readily accessible, and reviewed annually.	You must ensure practice specific procedures that reflect and comply with this practice standard are documented, and infection prevention and control records are kept and readily accessible.
3	You must apply proper techniques for handwashing and use of alcohol-based hand-rub at the correct times; and routinely practice other hand hygiene protective measures.	No change to standard
4	You must ensure personal protective equipment is readily available and used properly during all procedures and activities when contact with blood or saliva is possible, and/or when aerosols, splashes or sprays are generated.	You must ensure personal protective equipment is used properly during all procedures and activities when contact with blood or saliva is possible, and/or when aerosols, splashes or sprays are generated.
5	You must ensure the safe handling and disposal of sharps.	No change to standard
6	You must ensure the safe handling and disposal of hazardous and controlled waste.	No change to standard
7	You must minimise the degree and extent of contamination within a contaminated zone, and avoid spread of contamination to a clean zone.	You must ensure you minimise the degree and extent of contamination within a contaminated zone, and the spread of contamination from a contaminated to a clean zone.
8	You must ensure you achieve and maintain a safe and clean clinical environment by: • effective cleaning of all surfaces, equipment and instruments, • discarding single-use items at point of use, and • maintaining safe waterlines and water quality.	You must ensure you achieve and maintain a safe and clean clinical environment by means of: effective cleaning of all surfaces, equipment and instruments; and maintaining safe waterlines and water quality. You must discard single-use items after use on the patient.
9	You must follow appropriate transmission-based precautions when the patient has an	You must follow appropriate transmission-based precautions, in addition to standard

	infectious condition that cannot be contained by standard precautions alone and treatment cannot be deferred. If you are unable to defer treatment or follow transmission-based precautions, you must refer appropriately.	precautions, when the patient has an infectious condition that cannot be contained by standard precautions alone and treatment cannot be postponed; or refer appropriately.
10	You must manage contaminated items being sent off-site in a way that protects safety of people and avoids environmental contamination.	You must ensure contaminated items are properly decontaminated, packaged and labelled before dispatch, to limit the risk of transmission between patients, practice members and/or the public handling the contaminated item.
11	You must ensure the appropriate handling and disposal of materials used in the repair or modification of dental appliances which have been in contact with the patient's mouth.	No change to standard
12	You must ensure you use reprocessing procedures appropriate for the intended use of contaminated reusable items.	No change to standard
13	You must ensure an appropriate reprocessing area, with distinct areas for reprocessing procedures which facilitates reprocessing workflow from contaminated to clean.	You must ensure an appropriate reprocessing area is designated with distinct areas for reprocessing procedures which facilitates contaminated to clean reprocessing flow.
14	You must ensure all contaminated reusable items are cleaned and dried appropriately.	You must ensure all contaminated reusable items are properly cleaned and dried.
15	You must ensure all reusable critical items are packaged and labelled with batch control identification information. The batch control identification information of the critical item must be recorded on the patient's record.	You must ensure all critical items are packaged and labelled with batch control identification information before sterilisation.
16	You must ensure all reusable critical items are sterilised using a steam steriliser with an appropriate cycle type for the load processed.	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[1] and/or printer. **Proviso***:* 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 have a data recording device and/or printer at the time of purchasing a replacement steriliser.

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

		Dental practices sterilising critical, and/or semi-critical, solid and hollow items will be required to have a data recording device and/or printer by 1 May 2018.
17	You must ensure all reusable semi-critical items are sterilised using a steam steriliser with an appropriate cycle type, unless the manufacturer's instructions do not allow for steam sterilisation. In these cases, the items must be cleaned, followed by disinfection and adherence to manufacturer's validated instructions.	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[2] and/or printer……
18	You must ensure all packaged items are processed in a steam steriliser with drying capability.	No change to standard
19	You must ensure the integrity of the sterilisation process. Monitor each cycle and use a steriliser equipped with a data recording device and/or printer.	You must ensure the integrity of the sterilisation process through proper use of the steriliser and monitoring of each sterilisation cycle.
20	You must ensure stored critical items remain sterile until point of use, and semi-critical and non-critical items are protected from contamination before re-use.	You must ensure stored critical items maintain their sterility until point of use, and semi-critical and non-critical items are protected from contamination before re-use.
21	You must ensure appropriate function tests are conducted for reprocessing equipment at the correct times.	You must ensure appropriate performance tests are conducted for reprocessing equipment at the correct times.
22	You must ensure reprocessing equipment is appropriately cleaned and daily maintenance checks are performed; and planned preventative maintenance is carried out at least annually.	No change to standard
23	You must ensure all validation stages (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.	No change to standard
24	You must, in the event of an exposure to blood or body fluid, immediately stop working, apply first aid care, and follow appropriate procedures to minimise the risk of transmission of an infectious agent to yourself and/or the patient.	No change to standard

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