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Q1

Personal details

First name	**Junn Yeong**
Last name	**Ng**

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Q2

In what capacity are you making this submission?

Dentist or dental specialist

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Company/organisation name

Respondent skipped this question

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Please enter your Dental Council Person ID/registration number

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Q5

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

Disagree. Please detail why::

1) Proposal 3.6 pg 6: ".... manual cleaning and ultrasonic cleaners that cannot be validated for consistent cleaning." This statement is inaccurate. If it is true, then the daily foil tests carried out for the ultrasonic cleaners are not valid. Yet, this is the validation test specified by the dental council. What evidence is there that manual cleaning (with the visual inspection of the dental team members) before ultrasonic cleaning is ineffective? What is the evidence that ultrasonic cleaning is ineffective? What is the comparison of the probability of cross-infection events resulting from manual cleaning+ultrasonic cleaning compared with that of disinfector-washer? 2) Proposal 3.7 pg 6: "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." It is redundant for many practices who are supplied by piped town water supply to require this as the local council (and Taumata Arowai) are required as per Drinking Water Standards and Water Services Act 2021 to supply water that has a far lower Maximum Acceptable Value than 200 CFU/ml. "The Act requires water suppliers to provide residual disinfection in pipe networks. This means that a safe disinfectant, like chlorine, must be added to keep the drinking water safe from contamination as it travels from the treatment plant to the people that drink it. Chlorine is most commonly used for residual disinfection because it’s easy to access, affordable and effective against most micro-organisms (like viruses and bacteria)." [taumataarowai.govt.nz] Dental waterlines are regularly disinfected by Waterline Treatment Tablets which help maintain less than or equal to 10 colony forming units (CFU) per milliliter. Dental waterlines can also disinfected with diluted hypochlorite solution as per manufacturer's instructions. [https://dental.a-dec.com/clean-and-maintain/icx] For invasive procedures, surgical units have independent waterlines which are sourced from sterile saline bags. This precludes or minimises the role of biofilm in waterlines. Given the existing compliance requirements and infection control measures, what benefit will the water testing provide? Besides the added costs to dentists, and the patients, I propose the tests should only be carried out IF the water supply is obtained from a source that is not compliant with the national legislature and regulations.

Q6

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

Yes. Please specify::

Proposal 3.8: Environmental Sustainability contradicts with The Practice Standard for Single-use Items This proposal will naturally contradict with many manufacturer instructions. There is not enough leeway , according to practice standards on how single-use items have to be disposed, for this to occur. There are too many products which must be disposed of after a single use. Contaminated plastic products cannot be recycled. Some practices have adopted sterilisable stainless steel cups. Besides stainless steel cups, what else can be reused? Dentists would have to use their "No.8 wire" creativity to think of green solutions which goes against manufacturer's instructions but meet practice standards for reusable items. Though manufacturers create these instructions to meet safety regulations and standards, they are also inherently biased towards the sale of their products. There are renowned specialists outside this country who re-use single-use implant components after rigorous disinfection and sterilisation procedures. They vouch for the re-use of these components and still comply with infection control practice standards which are stricter than those of New Zealand, in my personal opinion. On a lower level of item criticality/treatment invasiveness, dentists are shifting away from Tofflemire matrix bands to single-use pre-assembled matrix bands. If a dentist is using 10 single-use matrix band holder daily, a 4-day week would result in 40 matrix bands in the non-recyclable bin; or 160 bands per dentist per month. The amount of non-recyclable plastic waste disposed by 2678 working dentists in New Zealand would be 5141760 bands annually. Metal matrix bands can be cleaned, disinfected and re-sterilised, just like any other metal instruments. The metal bands from the single-use pre-assembled matrix bands can detached off the plastic holders & under accepted disinfection and sterilisation process for re-use. No manufacturer would suggest such a thing, and why would they? Therefore, for this "green proposal" to work, the dental council must provide specific guidance on how components of single-use items can be sterilised and re-used, or require manufacturers to produce a green product if possible.

Q7

Do you have any further comments on the proposed Infection Prevention and Control practice standard?

Yes. Please specify::

The transition from manual washing to washer-disinfectors will put a greater strain on practice owners. Not only will the building layout, joinery, plumbing and electrical have to be changed, but also the the way dental instruments are stored and delivered to the room. The only efficient way to use the disinfector-washer is to switch from tray-based system to instrument cassette system; and to invest in a larger autoclave to fit multiple cassettes. This upgrade therefore requires a high capital and also a significant shut down period for the clinic to be upgraded. This cost will eventually be reflected in the average treatment costs.

Q8

Select choose file to attach any supporting documentation to your submission

Respondent skipped this question