



02 October 2024

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Tēnā koe Marie

RE: NZDA Submission on the Consultation on a proposed Infection Prevention and Control (IPC) Practice Standard.

Thank you for inviting submissions and feedback on the new Draft IPC Practice Standard. The following points are made after consultation with NZDA members and presented to DCNZ for consideration.

Q1: Do you agree/disagree with the proposed Infection prevention and control practice standard?

NZDA Submission: NZDA broadly agrees that the new IPC standard will continue to allow dentists to protect public welfare.

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

NZDA Submission: Yes, there are elements within the draft Infection Prevention and Control Practice Standard that would benefit from clarification:

General comment: NZDA recognises the intent of DCNZ to be helpful when it adds guidance to its practice standard documentation. However, feedback from NZDA members raises significant concerns that publishing a mixture of practice standards and guidance creates confusion over mandatory and flexible requirements.

It is very easy to misinterpret “guidance” as a mandatory standard, or for “guidance” to become a *de facto* practice standard:

The wording on page 5 of the draft:

- “ • *guidance which describes the actions and behaviour that enable practitioners to meet the minimum standards.*”

can be interpreted as mandatory. NZDA suggests refining the wording to:

- “ • *guidance which describes **possible** actions and behaviour that enable practitioners to meet the minimum standards.*”

Removing the definitive word **“the”** reinforces DCNZ’s flexible intent of guidance, particularly (as is the case with this new practice standard) it is possible for DCNZ to change something from “guidance” to a “standard” (e.g. Batch control identification for critical items).

Page 21: Prescription glasses alone are not considered eye protection.

NZDA submits that this is an example of where guidance can be confused with a mandatory standard. The document would benefit from clarification by adding wording that prescription glasses or loupes would comply with the standard if fitted with slide-on side/shields/vents. Otherwise, practitioners may consider that they must wear a visor which is not practical for dentists that wear loupes.

Page 26: Standard 8: maintaining safe waterlines and water quality

NZDA members have expressed concern that variations in water quality (for example Rotorua’s water changes frequently due to the nature of the environment) make it difficult or impossible for practitioners to guarantee water quality. DCNZ “guidance” is that water quality must be “potable water” as per local authority guidance/supply.

NZDA submits that it is out of practitioners’ control to be able to “maintain” water quality because they rely on the local water authority to do this. Additionally, practitioners would not intentionally use unportable water in any of their processes.

NZDA submits that the Standard 8 would have better clarity by creating an additional bullet point as follows:

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
- obeying local authority advice for the use of water, in the event water becomes contaminated or unpotable

Page 27:

NZDA members have expressed concern that “guidance” mixed in with a “standard” can cause confusion, particularly when the guidance is worded to appear compulsory and not all options are explained to a reader.

For example, clarity for practitioners for *“Chemically treat waterlines according to the manufacturer’s directions.”* seems to exclude by omission, the use of a service technician or maintenance technician’s advice (as would be sought in a hospital or large dental practice environment, as examples), to allow a practitioner an alternative method to achieve the standard.

In addition, it would be useful if DCNZ could indicate if water testing must be done by a water testing laboratory, or if this can be done by the practice. If so, what are the parameters that a practice needs to follow if their test shows they are not compliant? (is above 200cfu/mL) Do they need to close their practice and what is the process for remediation?

Page 28:

NZDA seeks clarification of *“surgical procedures”* (and also *“non-surgical procedures”*) in the guidance as stated: *For surgical procedures, use sterile saline or sterile water as a coolant/irrigant* in case members think that a surgical procedure involving drilling into a tooth, including the neurovascular bundle of the tooth for an endodontic procedure, requires a sterile saline/water supply.

Page 32: Standard 12

NZDA points out that the “guidance” states: “Reprocess reusable items as follows:” this is written in a way that makes any text following it appear mandatory and implies “guidance” is the “standard.” NZDA suggests wording is changed to: “Practitioners should appropriately follow manufacturer’s instructions for the safe and effective operation and cleaning (including reprocessing for reuse) of their equipment.”

NZDA submits that DCNZ provides clarity that semi-critical items do not need to be sterilised if the manufacturer says they can’t be sterilised. This could be achieved by moving the sentence: “Some items may not be able to be sterilised, and in these cases, cleaning followed by high level disinfection according to manufacturer’s validated instructions is required.” to a separate line under semi-critical items, as it is mixed between a paragraph that starts “Clean and Steam Sterilise ...” and examples of hollow semi-critical items.

In addition, clarity could be enhanced by indicating semi-critical don’t have to be packaged prior to sterilisation (**page 32 – grey area of table**) by moving this to a separate line for visual clarity; and, **Standard 15 p36 point 2** by moving this to the first bullet point, because it is presently underneath a statement that suggests packaging and sterilisation of critical items.

An improvement in the draft (and all DCNZ practice standard documents), would be the inclusion of a separate section with clear background information and rationale underpinning practice standards. An example of well intentioned, but confusing and potentially misleading information, is found in the *guidance* (**page 35**) below **Standard 14 You must ensure all contaminated reusable items are cleaned and dried appropriately.**

NZDA seeks clarification, re-wording or moving of the statement “*A cleaning process in a washer disinfecter should be used because an automated process is easier to replicate than an ultrasonic or manual cleaning process. It also supports validated and touchless reprocessing.*”

NZDA members would be grateful for confirmation that washer-disinfectors are encouraged but NOT a requirement; and that the statement is rationale supporting the use of washer-disinfectors, but that it is not actually intended as guidance per se. This would be greatly appreciated.

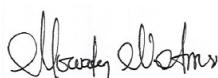
Q3. Do you have any further comments on the proposed Infection prevention and control practice standard?

NZDA reiterates that the mix of “Guidance” with the “Practice Standard” can lead to confusion and the creation of a *de facto* standards out of the guidance, particularly when the wording of the guidance leans toward compulsion, rather than suggesting that particular guidance may be one of many methods of achieving the standard.

NZDA does acknowledge that guidance is provided with the intent of being helpful to practitioners but urges DCNZ to consider reformatting the practice standard layout, to separate the guidance and include explanatory notes, in the form of an appendix. NZDA believes this can be done to reduce confusion, improve readability, and enhance the utility of this important documentation.

Finally, NZDA thanks DCNZ for the opportunity to provide feedback, and looks forward to the final version of the practice standard, with clarification in the areas where NZDA members have expressed concern.

Ngā mihi nui | Kind regards



Dr Mo Amso

Chief Executive

NZDA