

**Neilson Dental Care Ltd**  
**ALAN NEILSON B.D.S.**

Marie Warner  
Chief Executive  
Dental Council  
P.O. Box 10-448  
Wellington 6143

17<sup>th</sup> December, 2015

Dear Ms Warner,

**Re: Consultation for the proposed Infection Prevention and Control Practice Standard issued 23<sup>rd</sup> October 2015**

**Standard 2:**

I would find it very hot and restrictive to wear a gown on top of my dental tunic for routine dental procedures (all of which have potential for contact with "saliva and/or when aerosols, splashes or sprays are generated").

Does a solid closed front preclude a v-shaped neck?

**Standard 7:**

What are "Transmission based precautions"? Surely "standard precautions" should be applied at all times as patients may be unaware of their infective status.

**Standard 13:**

On Ultrasonic cleaners the directive to "change the solution at least twice" seems excessive. The NZDA wording of daily or if visibly contaminates seems more pragmatic.

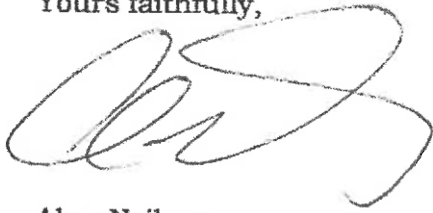
**Standard 19:**

Type B Cycle: Daily Bowie -Dick and Helix tests are very expensive. Would weekly not be enough?

**Standard 20:**

P 32: Operational Qualification final sentence "Alternatively this information may be provided by some manufacturers at purchase of the machine". Yet page 33 states "all stages of IQ, OQ and PQ are performed by a qualified contractor". I'm confused - can we accept the manufacturer's information or do we have to pay for a technician to visit every time the autoclave is installed, returned after servicing or when a loaner is used? If IQ and OQ are done at the service centre, does delivery undo this testing? Can we not take the IQ and OQ from the manufacturer and confirm PQ in situ in the surgery ourselves? I have discussed this with my colleagues and this is what is happening at the moment.

Yours faithfully,



Alan Neilson

