

Marie Warner
Chief executive officer
Dental Council of New Zealand
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Dear Marie

We are writing in response to the proposed Infection Prevention and Control Practice standards.

We are a Dental and Medical service company based in Hamilton covering the Midland Region. Our company has been servicing the industry for more than 30 years particularly in the sterilization field incorporating public and private hospitals.

Question 1. Do you agree/disagree with the proposed infection prevention and control practice standards?

I disagree with the proposed need to create another standard/code of practice. At this stage the NZ/ Australian standard AS/NZS 4815 2006 office based health care covers the sterilizing procedures.

Question 2. Does any element of the proposed infection prevention and control practice standard require clarification or further guidance?

The Spaulding's classification for autoclaves was designed many years ago, primarily for downward displacement sterilizers, these have long been replaced with new bench top fully computerized class B sterilizers suitable for the highest challenge of hollow instruments.

Under the Spaulding's classification the person loading the autoclave has to decide the cycle required for the reprocessing, with class B autoclaves instruments can simply be sterilized without determining how the instrument was used.

The proposal steam sterilizers should all have data recording devices was covered under AS/NZS 4185 since 2006, therefore there should be no stand down period for the implementation of this.

The proposal to create a modified performance qualification to try and increase compliance is not the way forward for the future.

The standards AS/NZS 4185 covers this and spells out the process which uses high tech data logging systems to achieve requirements. These processes are used internationally, worldwide.

Part 111 Performance testing, maintenance and validation.

In today's autoclaves there is no need for re qualifying performance qualification, the data logging of temperature and pressure internally of the autoclave is automatic and has many alarm systems in place to cover this.

The independent validation by a clinical dental engineer is also critical to this process.

Question 3. Further comments on the proposed Infection prevention and control standards

The processing of dental and medical equipment is in itself a highly technical procedure and knowledge of these sterilizing devices is critical when understanding the code.

There seems to be no clinical engineer on this committee as they would have outlined the existing AS/NZs 4185/4187 which already covers all of the internationally adopted procedures.

My opinion is that the Spaulding's classification should not be used.

Thank you for the opportunity to allow me to provide the points above for consideration.

Yours Faithfully,

Paul Jones,
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