AUSTRALIAN DENTAL ASSOCIATION INC.
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St Leonards NSW 2034

All Correspondence to:
PO Box 520 St Leonards NSW 1590

17th December 2015

Dental Council
PO Box 10-448
Wellington 6143

By Email: consultations@dcnz.org.nz

Dear Sir/Madam,

RE: CONSULTATION ON A PROPOSED INFECTION PREVENTION AND CONTROL PRACTICE STANDARD

The Australian Dental Association (ADA) is the peak national body representing dentists in Australia. Our members work across public and private sectors, academia, general practice and within the thirteen dental specialities recognised by the Dental Board of Australia.

International health workforce mobility is a well-recognised phenomenon. Movement of dental practitioners between Australia and New Zealand is facilitated by the Trans-Tasman Mutual Agreement and the agreements that exist between the Dental Board of Australia and the Dental Council (New Zealand) [the Council]. It is on this basis that the ADA provides feedback to the Council on the draft NZ Standard.

Overall, the draft guidelines are very good. We note that the ADA 2012 Guidelines were a reference source for this, so we would point out that the ADA published updated guidelines on 1st October, 2015; in which there is expanded information in some 50 subtopics. It would be preferable for reference to be made to the 2015 version (3rd edition) of the ADA Guidelines.

In relation to AS/NZS 4815:2006, there is a proposal in development stage to revise and update these, as this would be of benefit to dental practitioners in office-based practice settings in New Zealand and Australia. This proposal is being led by ADA at this stage; we would welcome support from the Council and NZDA for this important initiative. The document may also wish to mention AS/NZS 4187:2014 which was published in December 2014, as this may be used by large health facilities.

Page 6 states "*The Dental Council strongly recommends that all students and non-registered clinical staff follow the Infection Prevention and Control Practice Standard to minimise the risk of transmission of infectious agents to patients and practice staff*." Given that it is the responsibility of the registered practitioner to ensure infection control requirements are met and appropriate guidelines are followed, we suggest this section should mention that registered dental practitioners are responsible for supervising infection control-related work practices for non-registered staff who work with them chairside, and also students that they supervise.

On page 16 it is suggested that disposable sterile surgical drapes be placed on bracket tops. The ADA recommends the use of a sterile metal tray to be placed on the bracket table as the working area for sterile instruments and the surgical drape be used on the patient.

The section on transmission based precautions (page 18) is rather short, somewhat dated and does not distinguish between the three different types of transmission based precautions. In addition there is no reference given for where the reader can access additional information on this topic. The ADA guidelines include specific examples of the implementation of risk based precautions (e.g. for patients with viral influenza who need urgent dental care), and we suggest this section could be adapted as an example.

In the section regarding records, the document discusses "Maintaining immunisation records for dental staff (including practitioners)". We believe this should be "immunisation status records", which is not the same thing - rather, this is a statement that each staff member fills in regarding what immunizations they have had (and in the case of viral influenza, when), not the actual medical records of the immunization events as these are personal medical records which would only be held by their medical practitioner.

On page 18, the document discusses how biological specimens such as biopsies in a city practice can be sent by courier to a pathology laboratory, but it may be worth including here advice for practitioners working in rural areas who will probably send samples using the postal system (where specific regulations will apply to packaging and labelling).

On page 20, there is a suggestion to put used mops, brushes etc. into an ultrasonic cleaner. We feel this section should state that if this is done, it should be with fresh water and additive, and the used solution discarded immediately and not used for later cleaning of instruments.

We note that the draft has included endodontic files, periodontal instruments, and ultrasonic scaler tips in the CRITICAL list under the Spaulding classification, and stated that these require packaging and batch control identification (BCI). On purely technical grounds, this statement does not align exactly with the Spaulding classification (e.g. ultrasonic scalers used for supragingival scaling would be semi-critical). We also wish to highlight that if dental practitioners adopt AS/NZS 4187:2014 rather than AS/NZS 4815:2006, there are likely to be significant ramifications with respect to how BCI is implemented.

We would be happy to expand on any of these issues. Please do not hesitate to contact our Chief Executive Officer, Mr Robert Boyd-Boland on +61 2 9906 4412 or email ceo@ada.org.au if you would like to discuss further.

Yours faithfully

Dr Rick Olive AM RFD
President