Title
Describe and apply infection prevention and control procedures in dental therapy and general dentistry

Level
3

Credits
8

Purpose
People credited with this unit standard are able to: describe infection prevention and control procedures; apply infection prevention and control procedures to reduce risk of infection for self and patient(s); minimise contamination, in dental therapy and general dentistry; and apply infection prevention and control procedures to decontaminate instruments, equipment, and clinical surfaces; and sterilise instruments and equipment, used in dental therapy and general dentistry.

Classification
Health, Disability, and Aged Support > Allied Health Assistance

Available grade
Achieved

Explanatory notes

1 Legislation relevant to this unit standard includes:
Health and Disability Commissioner (Code of Health and Disability Services Consumers’ Rights) Regulations 1996;
Health Practitioners Competence Assurance Act 2003;
Health (Retention of Health Information) Regulations 1996;
Privacy Act 1993.

2 New Zealand Standards relevant to this unit standard include:
AS/NZS 4478:1997 Guide to the reprocessing of reusable containers for the collection of sharp items used in human and animal clinical/medical applications;
AS/NZS 4815:2006 Office-based health care facilities – Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment;
NZS 4304:2002 Management of Healthcare Waste;
NZS 8134.1:2008 Health and disability services Standards – Health and disability services (core) Standards;
NZS 8134.3:2008 Health and disability services Standards – Health and disability services (infection prevention and control) Standards;
NZS 8153:2002 Health records.
All New Zealand Standards are available at http://www.standards.co.nz/.
3 Codes of practice relevant to this unit standard include:
   The Dental Council of New Zealand. (August 2004; Amended December 2006). Code of Practice: The professional relationships associated with the practice of dental therapy. Wellington: Author;
   The Dental Council of New Zealand. (December 2006). Code of Practice: Patient information and records. Wellington: Author;
   All Dental Council Codes of Practice are available at http://www.dentalcouncil.org.nz/dcStandardsCodes.

4 This unit standard cannot be assessed against in a simulated environment. For assessment, candidates must demonstrate competence in the workplace through paid or unpaid employment, or in placements in a service provider workplace negotiated by an education provider.

5 Candidates’ practice must reflect appropriate values, processes, and protocols in relation to working with Māori and Pacific peoples and/or people from other cultures, in a range of settings and environments.

6 Definitions
   Candidate refers to the person seeking credit for this unit standard.
   Clinical surfaces are surfaces that can be directly contaminated by instruments, equipment, or touching during an oral health care procedure.
   Critical instruments are instruments that enter or are capable of entering the vascular system or tissue that would be sterile under normal circumstances. They must be sterile at point of use and maintained as sterile when stored.
   Dental therapy refers to the assessment, planning, and provision of dental care. Dental therapists are responsible for ensuring that the patient (and caregiver where applicable) is provided with sufficient information to make an informed choice about treatment and to provide informed consent.
   Designated contamination zone(s) refers to specified, bounded areas including physical structures (surfaces and equipment), as well as aerial spaces, on or in which contamination is or may be present to varying degrees.
   Environmental surfaces are surfaces that can be indirectly contaminated by instruments, equipment, or touching during an oral health care procedure.
   General dentistry is the maintenance of health through the assessment, diagnosis, management, treatment, and prevention of any disease, disorder, or condition of the orofacial complex and associated structures.
   Materials refers to any substance used in the course of an oral health care procedure, including but not limited to biomaterials, dental implant materials, polymers and composite resins, silicones, dental cements, adhesives and alloys, dental metals, porcelain and ceramics, dental impression materials, bonding and casting agents, sealants.
   Medicaments in the context of this unit standard are agents used to treat orofacial injuries, ailments, or conditions, for example filling materials, calcium hydroxide, glass ionomers, topical fluoride.
   Oral health care procedure(s) refers to examination, assessment, prevention procedures, restorative procedures, surgical procedures, periodontal procedures.
Organisation’s policies and procedures are the policies and procedures of the employing organisation of the candidate and include ethical codes, standards, and other organisational requirements.

Patient in the context of this unit standard refers to a person accessing dental services. Patients may also be known as consumers, clients, or tūroro in particular contexts and settings.

Semi-critical instruments are instruments that come into contact with intact mucous membranes and do not normally enter sterile areas of the body. They require sterilisation between uses.

Outcomes and evidence requirements

Outcome 1
Describe infection prevention and control procedures in dental therapy and general dentistry.

Evidence requirements

1.1 Infection prevention and control procedures in dental therapy and general dentistry are described in terms of reducing risk of infection for self in accordance with legislation, New Zealand Standards, and the infection control Code of Practice.

1.2 Infection prevention and control procedures in dental therapy and general dentistry are described in terms of reducing risk of infection for patients in accordance with legislation, New Zealand Standards, and the infection control Code of Practice.

1.3 Procedures for responding to exposure to risk of infection are described in accordance with the organisation’s policies and procedures.

Outcome 2
Apply infection prevention and control procedures to reduce risk of infection for self and patient(s) in dental therapy and general dentistry.

Range evidence is required for the application of infection prevention and control procedures for three different oral health care procedures, one of which must include local anaesthesia; the procedures may applied to the same patient or different patients.

Evidence requirements

2.1 Infection prevention and control procedures to reduce risk of infection for self in dental therapy and general dentistry are applied in accordance with the infection control Code of Practice and the organisation’s policies and procedures.

2.2 Infection prevention and control procedures to reduce risk of infection for patient(s) in dental therapy and general dentistry are applied in accordance with the infection control Code of Practice and the organisation’s policies and procedures.
Outcome 3

Minimise contamination in dental therapy and general dentistry.

Range evidence is required for three examples of minimisation of contamination, each within boundaries of own role.

Evidence requirements

3.1 Contamination of instruments, equipment, materials, and medicaments used in dental therapy and general dentistry is minimised in accordance with the infection control Code of Practice and the manufacturer’s specifications.

Range contamination must include by – blood, and/or saliva, and/or serum; contamination may include by – aerosols; minimisation must include use of designated contamination zone(s).

3.2 Contamination resulting from cross-infection is minimised in accordance with standard infection prevention and control procedures.

Range procedures include – covering the mouth and/or nose, hand hygiene.

Outcome 4

Apply infection prevention and control procedures to decontaminate instruments, equipment, and clinical surfaces used in dental therapy and general dentistry.

Range evidence is required for three applications of infection prevention and control procedures.

Evidence requirements

4.1 Instruments used in dental therapy and general dentistry are decontaminated in accordance with the infection control Code of Practice and the manufacturer’s specifications.

4.2 Equipment used in dental therapy and general dentistry is decontaminated in accordance with the infection control Code of Practice and the manufacturer’s specifications.

4.3 Environmental and clinical surfaces used in dental therapy and general dentistry are decontaminated in accordance with the infection control Code of Practice and the organisation’s policies and procedures.
Outcome 5

Sterilise instruments and equipment used in dental therapy and general dentistry.

Range

Evidence is required for three loads of instruments and equipment;
one load must include critical instruments;
one load must include semi-critical instruments.

Evidence requirements

5.1 Instruments and equipment used in dental therapy and general dentistry are prepared for sterilisation in accordance with the infection control Code of Practice and the manufacturer’s specifications.

5.2 Instruments and equipment used in dental therapy and general dentistry are packed for sterilisation in accordance with the infection control Code of Practice and the manufacturer’s specifications.

5.3 Instruments and equipment used in dental therapy and general dentistry are sterilised in accordance with the infection control Code of Practice and the manufacturer’s specifications.

5.4 Sterilised instruments and equipment used in dental therapy and general dentistry are released for use in accordance with the infection control Code of Practice and the manufacturer’s specifications.

This unit standard is expiring. Assessment against the standard must take place by the last date for assessment set out below.

Replacement information

This unit standard was replaced by unit standards 29395 and 29454.

Status information and last date for assessment for superseded versions

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Consent and Moderation Requirements (CMR) reference

0024

This CMR can be accessed at http://www.nzqa.govt.nz/framework/search/index.do.

Please note

Providers must be granted consent to assess against standards (accredited) by NZQA, before they can report credits from assessment against unit standards or deliver courses of study leading to that assessment.

Industry Training Organisations must be granted consent to assess against standards by NZQA before they can register credits from assessment against unit standards.
Providers and Industry Training Organisations, which have been granted consent and which are assessing against unit standards must engage with the moderation system that applies to those standards.

Requirements for consent to assess and an outline of the moderation system that applies to this standard are outlined in the Consent and Moderation Requirements (CMR). The CMR also includes useful information about special requirements for organisations wishing to develop education and training programmes, such as minimum qualifications for tutors and assessors, and special resource requirements.