

## COVID-19 Recovery Guidance

### Cross Infection Control

During this phase of limited re-opening we must be mindful of the potential routes of spread of any virus particles. We must employ first principles of viral spread until further scientific information sheds light on these unknowns.

#### 1. Main Routes of Spread for the Virus are

- Through the respiratory system – droplet or aerosol (Under 5 microns = aerosol)
- Hand to hand contact
- Contaminated surface contact

The 'spread' must enter the mucosal membranes, eyes or mouth to have a chance of causing infection. It cannot infect through the skin.

Therefore, our cross infection must be tailored towards reducing spread of the virus through these routes.

#### 2. Ways of Reducing Transmission

- Effective hand hygiene.
- Reducing the risks of contamination via surface contact.
- Appropriate PPE for the dental team and minimising transmission from **ANY** patient.

**This advice is based on best practice, expert opinion and any scientific evidence available. It may be updated in the coming weeks as new information arises.**

#### 3. Main Areas of Cross-infection Advice

##### PPE requirements

- At present, we consider any aerosol generating procedures (AGPs) to require a higher level of PPE than non- aerosol generating procedures (non- AGPs).
- Strict donning and doffing protocols with dedicated rooms for de-robing if possible.
- Appropriate down time for staff members when wearing high level PPE to prevent pressure sores occurring, dehydration and exhaustion.

- All staff members to have 'Uniforms' for work and follow appropriate bagging and cleaning protocol for uniforms at the end of the clinical day.
- Patients to wear masks or face coverings on site to reduce risk of respiratory spread to others.
- Strict hand hygiene protocol for practice to reduce transmission and self-contamination. Avoid touching eyes, nose and mouth.

## **Building and infrastructure**

- What additional surgery re-commissioning or maintenance procedures will need to be undertaken before commencing more routine care (for example, has any validation and maintenance that was deferred during closures now been completed)?
- What water management processes need to be undertaken following the non-use of dental unit waterlines for an extended period?
- Has stock, including medications been checked to avoid the use of out of date materials?
- Sliding doors at entrances to building and clinics or staff members to open doors for patients to reduce surface contamination.
- Consider plastic screen at reception areas to reduce respiratory transmission
- Reduced reliance on cash payments. Move toward contactless or card transactions where possible
- Use of negative pressure air filtration systems or ensure rooms are well ventilated
- Attention paid to layout and occupancy of poly clinics. Use of screens to reduce cross contamination between chairs. Seek advice on adequate ventilation and layout of surgeries.
- Surgery downtime where ventilation not possible or financially viable through mechanical means
- Contactless deliveries of supplies to practice.

## **Process and Protocols**

- Ensuring all staff are up to date with their CPD and core training requirements as well as current COVID- 19 guidelines
- Ensuring that staff have been immunised against the current circulating influenza strains
- New Guidance Information to be delivered to patients, prior to attendance: Post, email or Text (see further details in the BOS COVID-19 Recovery Guidance: Patient Communication Document)

- Defer non-urgent treatment for patients with chronic disease, particularly cardiovascular or respiratory disease; those who are immunocompromised e.g. currently under cancer treatments or insulin dependent diabetics.
- Pre-appointment COVID-19 screening phone call of patients **24-48** hours before their appointment (**see template for Pre- appointment COVID-19 screening questionnaire**). Any positive responses should be discussed with the orthodontist to determine if appointment can be postponed and patient should self-isolate
- If using any automated patient reminders, consider modifying text to include "If you have a fever, any flu like symptoms, have travelled overseas in the last 14 days, and/or are in home-isolation please call [practice] on [phone number] regarding your upcoming appointment"
- If your practice has on-site parking, consider placing a sign on the practice door asking patients to wait in their car in the car park and call the practice upon arrival. Provide entry to the practice only immediately prior to their appointment or to use the bathroom. This allows patients to avoid waiting in the waiting room
- If patients are waiting in their cars, pre-appointment questionnaires can be done over the phone
- Remote check in of patients
- Temperature check at the door. Use of touchless forehead scan if possible, to reduce waste
- Patients arriving early to wait in car or waiting room with defined maximum occupancy where 2m distance can be respected
- Hand sanitizer for patient use upon entry – Auto dispense function if possible. Ask patients to use this for 20 seconds
- Reduce clutter in waiting rooms eg: NO magazines or toys
- Ask patients to bring own drinks in. No serving of drinks in waiting room
- Patients attend alone or only bring minimal additional accompanying persons being mindful of consent requirements and family commitments
- No hand shaking, or physical contact
- Updated protocols for cleaning down and disinfecting of surgeries and other areas. Regular (hourly) wipe down of surfaces of high risks of transmission (eg. Door handles)
- Reduce clutter in surgeries eg: Limit use of paper notes where possible, remove consumables from surfaces, each team member to have dedicated pen for personal use and no sharing
- Appropriate wiping down of keyboards or covering with plastic sheet that can be replaced or wiped down if keyboard cannot be effectively wiped down

- If possible have designated entrance and exit doors in and out of the practice
- Consider longer appointments to allow enough time between treatments to enable additional infection control measures including environmental cleaning
- Professional judgement on performing non AGPs where possible eg: consideration to the use of adhesive removing pliers rather than handpiece removal of composite at debond
- To reduce unnecessary travel, try to achieve as much as possible during patient encounter eg: longer appointment times for less patients per day
- Strict reinforcement of oral hygiene. Refrain from taking on patients with anything less than exemplary oral hygiene
- Consider taking photos at regular intervals to more closely monitor cases. In hospitals consider taking photos every visit
- Updated protocol for working with laboratories
- Movement towards digital impressions to reduce the travel of impression material around the building and to distant lab

### Challenges and Risks

- Designated member of staff to monitor changes to central guidance as it occurs (DOH, CQC, CDO, HTM015, PHE)
- Lack of PPE for dental services may mean rationing of supplies. When rationing, decisions need to be made when to change PPE during the clinical session. This should be taken in conjunction with local risk assessment and in line with national guidelines.
- Costs of PPE impact financial position of practice (see other advice on finance)
- Reduced throughput of patients per day due to restrictions due to presence of virus in community.
- Covering of staff rota if further infections result in self isolation of staff members that become symptomatic.
- Car parking issues where practice is located with minimum car parking availability.
- Consideration to be given to Virtual platforms for undertaking consultations (**for further information see IT in COVID-19 Recovery**)

## Resources

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0282-covid-19-urgent-dental-care-sop.pdf>

<https://www.bos.org.uk/COVID19-BOS-Advice/Recovery-Phase-Advice/What-is-an-orthodontic-AGP>

COVID-19 Transmission in Dental Practice: Brief Review of Preventive Measures in Italy R. Izzetti et all, Journal of Dental research, 2020

American Dental Associations Return to work toolkit

[https://success.ada.org/~/media/CPS/Files/Open%20Files/ADA\\_Return\\_to\\_Work\\_Toolkit.pdf](https://success.ada.org/~/media/CPS/Files/Open%20Files/ADA_Return_to_Work_Toolkit.pdf)

<https://www.ada.org.au/Covid-19-Portal/Files/pdf/ADA-Managing-COVID-19-Guide-25-March-2020.aspx>

<https://www.ada.org.au/Covid-19-Portal/Cards/Dental-Profesionalas/Level-2-Guidelines/Practical-Advice-for-stepping-back-to-Level-2-Rest>

COVID-19: Guidance for local UDC systems VERSION 1, 15 APRIL 2020

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0282-covid-19-urgent-dental-care-sop.pdf>