Public Health Guidance for Dentists and Dental Surgery
Updated 18.11.20

Who does this guidance apply to?

These guidelines apply to all dentists and dental services, supporting them to mitigate the risk of Covid-19 infection.

Dentists can continue urgent and routine dental care, in a way that is safe, operationally deliverable and allows dental practices flexibility to do what is best for patients and their teams. Progression to the full range of dental care should be risk-managed by the individual practice and can include aerosol-generating procedures (AGPs), subject to following the necessary IPC and PPE requirements.

General treatment of patients with confirmed or suspected cases of COVID-19 should be postponed for a minimum of 10 days (and ideally 14 days) and until the patient is no longer exhibiting symptoms.

If antibody testing is undertaken it should be remembered that a negative IgM does not exclude infection and that we have insufficient information to declare that an IgG positive cannot be an asymptomatic carrier.

If patients with confirmed or suspected cases of COVID-19 have emergency dental care needs, then they can be treated with stringent Infection Prevention and Control Protocols and with correct PPE in line with the NHS England guidance as below:

COVID-19 guidance and standard operating procedure: For the provision of urgent dental care in primary care dental settings and designated urgent dental care provider sites (updated 27th October 2020)

(Source: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0813-covid-19-urgent-dental-care-sop-v4-29-oct.pdf)

Pathway principles for care of suspected or confirmed COVID-19 patients:

- Identify patients with suspected or confirmed COVID-19
- Clinical judgement and shared decision making to determine balance of remote and face-to-face care. Remote care can include advice, analgesia or antimicrobials where appropriate in line with prescribing guidelines (AAA)
- If face-to-face care is required for emergency dental treatment, then
  - Each patient should be assessed and managed on their own merit, taking into account the patient's best interests, professional judgement and the prioritisation of the most urgent care needs.
  - When care planning, shared decision making is important to weigh up the benefits of dental treatment against exposure risk, and plan care in the patient's best interests. This is of particular importance to clinically extremely vulnerable patients at the highest risk from COVID-19.
  - Manage the patient's condition with as little intervention as possible to minimise exposure risk.
  - If treatment is required, all equipment and materials required should be assembled in the surgery before the treatment commences.

- Avoid aerosol generating procedures (AGPs) where possible, unless there is no alternative treatment option and/or the AGP intervention cannot be deferred. Where necessary they should only be undertaken with appropriate PPE.
- If AGPs are necessary, the use of high- power suction and a rubber dam is recommended where possible.

- Treatment should be completed in one visit wherever possible.
- The timing of the treatment needs to be adjusted so as to allow maximum time for air clearance/ventilation overnight, and to reduce the chance of contact with other people in the clinic.
- Appropriate measures to facilitate social distancing should be introduced. Appropriate zoning can be undertaken. Sites, areas and facilities should be demarcated clearly for the specific patient groups they have been designated to receive (for more information refer to page 19 of the above link)

The following public health guidelines are intended for use as a minimum requirement and in addition to standard precautions in keeping with General Dental Council (GDC) guidance.

Principles for community dental care services

This guidance is in addition to the general advice for all businesses and workplaces during COVID-19. This covers risk assessments, general hygiene, looking after your staff and physical distancing, amongst other things.

(Source:https://www.gov.je/Health/Coronavirus/BusinessAndEmployment/Pages/CoronavirusBusinessAdvice.aspx)

Physical distancing

You should have a strategy in place to support physical distancing between everyone on your premises including staff, patients and any other permitted visitors or carers accompanying a patient when not delivering treatment.

Measures to do this will depend on your practice operations but may include:

- reviewing the use of the building including lifts, staircases and car parks and other users of the building to support physical distancing and decontamination
- avoid walk in situations as much as possible, use signage and encourage patients to seek scheduled appointment
- staggering appointment timings to allow for physical distancing, cleaning and preparation for the next treatment. Consider longer opening hours, staggering rest breaks and weekend opening to support physical distancing
- ensuring that physical distancing is in place between patients in the waiting room
- minimise non-essential contact between staff members and patients and between staff members. Essential family members and carers can accompany patients but should be encouraged to stay in the waiting room, during treatment (except parents / carers accompanying children's treatment or with patients with complex needs)
- minimising furniture or chairs spaced apart in the waiting room
- consider floor markings to demonstrate minimum requirement for physical distancing
- all physical distancing and hygiene measures must apply to all elements of the premises and operation, for example stock rooms, staff areas, locker rooms and delivery points
- use physical barriers to reduce exposure to the COVID-19 virus, such as Perspex screens or glass window at receptions area. If staff in reception are unable to maintain physical distancing metre with the public and there is absence of Perspex screens, then they should wear a fluid-resistant surgical mask for a session.

- consider contactless or card payment for treatment

Hygiene and sanitising for community dental care services

Business as usual hygiene measures should be enhanced to ensure reduced risk of COVID-19 transmission.

Where practical, identify a specific person to take a leadership role for infection prevention and control (IPC)and support them with training and some protected time for this role. They will also monitor supplies of materials required for good infection prevention and control practice including supplies required to support hand hygiene and supplies of PPE.

Observe strict adherence to the Infection Prevention and Control protocols and Decontamination in primary care dental practices (HTM 01-05):

- remove magazines / leaflets / toothpaste samples / unnecessary items from waiting rooms
- minimise touch points
- promote hand hygiene at reception (signage, verbal reminders and provide alcohol hand rub)
- promote respiratory hygiene and cough etiquette (signage, provide tissue and enclosed bins)
- encourage use of mouth and nose coverings by patients and accompanying persons at all times in the waiting room
- toilets should be cleaned at least twice per day and should be checked regularly and cleaned whenever visibly dirty

In the surgery

Remove all non-necessary items from exposed surfaces – prescription pads / pens should be kept in a cupboard and only filled in after the patient has left the surgery and after hand washing.

Before the patient arrives in the surgery (which would already have been decontaminated)

Ensure all instruments, equipment and materials required for the procedure are set up and available, and ensure PPE is correctly fitted.

After the patient leaves the surgery

Following a **non-AGP procedure**, remove all instruments for sterilisation and follow standard infection control precautions (SICPs) necessary to reduce the risk of transmission of infectious agents. The time for larger droplets to settle is accommodated within the standard infection prevention and control precautions as routinely used in dentistry which is a minimum of 10 min gap between patients.

If an AGP has been undertaken, then a fallow period must be followed. The fallow period is the time required for clearance and settling of aerosols after a particular procedure, before decontamination of the surgery can begin.

A post-AGP fallow period is not required if the patient has tested negative for COVID-19 within the last 72 hours and has self-isolated.

The rate of clearance of aerosols in an enclosed space is dependent on the extent of any mechanical or natural ventilation and the size of the droplets created. The greater the number of air changes per hour (ACH), the sooner any aerosol will be cleared.

The advice is as follows:

- where there is ventilation but the number of ACH are unknown, or there are air changes of 1 to 5 ACH, a baseline post AGP downtime of 30 minutes is recommended with mitigation such as high-volume suction/ rubber dam
- when ventilation is poor (eg 1-2 ACH) use of high volume suction is considered essential. If this is not possible, a fallow time of up to 60 minutes should be considered or an alternative procedure adopted (eg use of low speed handpiece, hand scaling)
- where there are 6 to 9 ACH, a baseline post AGP downtime of 20 minutes is recommended
- where there are 10 or more ACH, a baseline post AGP downtime of 15 minutes is recommended

Note: a minimum post AGP downtime of 10 minutes should apply to allow larger droplets to settle before environmental cleaning

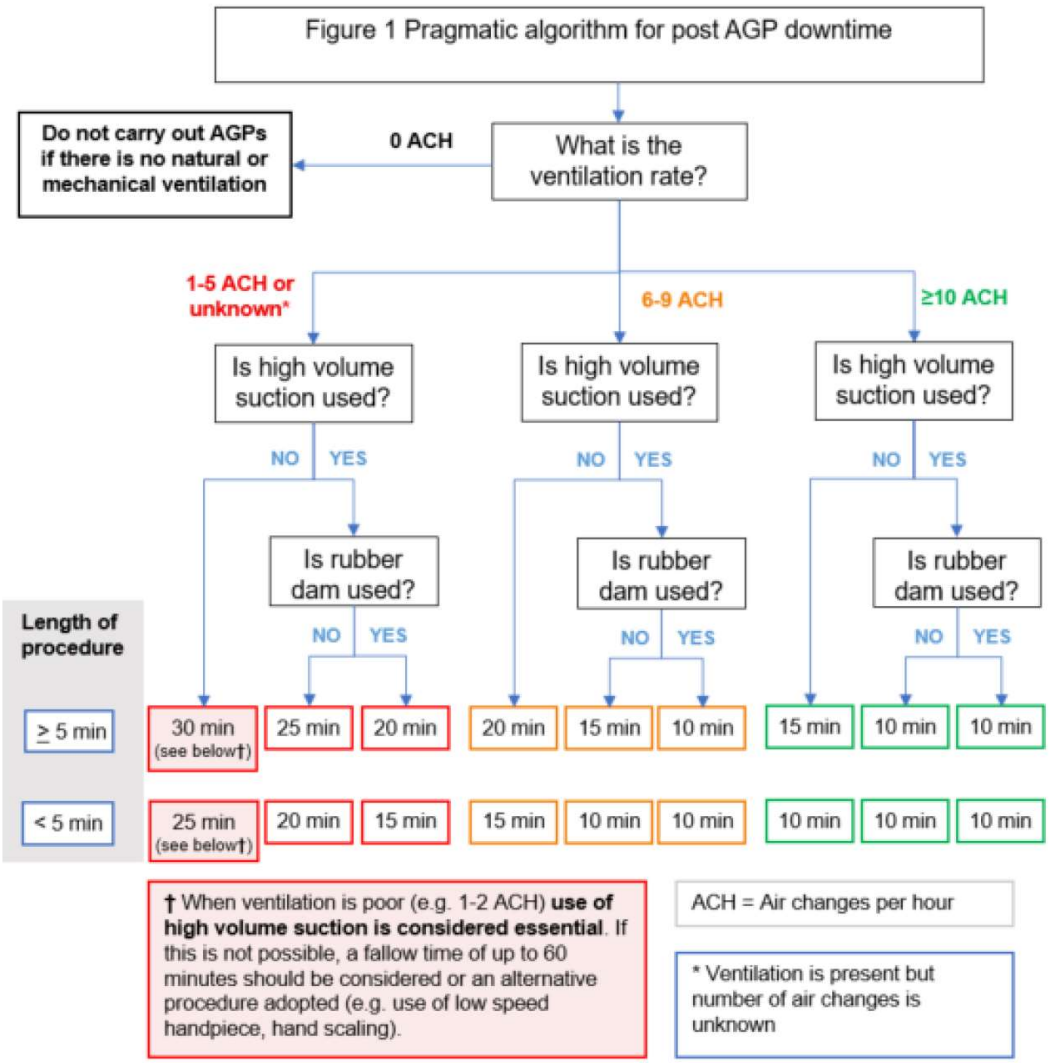

Figure 1: Algorithm for post AGP downtime (Ref: COVID-19: Infection Prevention and Control Dental Appendix by Public Health England)

The fallow period should be timed from the cessation of aerosol generation. A practitioner can choose to adjust and reduce this time if, after carrying out a thorough risk assessment, it is considered that the risk from an Aerosol Generating Exposure (AGE) can be modified - whilst also taking into account the quality of the air cleaning system, and replacement of the air inside the treatment room by natural and/or mechanical ventilation.

More information on COVID-19: infection prevention and control dental appendix

(Source:https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/928034/COVID-19_Infection_prevention_and_control_guidance_Dental_appendix.pdf)

If you wish to seek expert advice there are five mechanical and electrical consultants in Jersey, Hartigans, Henderson Green, BGT, Jersey Energy and Ennis.

Following the fallow period, decontaminate all work surfaces, chair, computer keyboard / laptop, switches, door handles other touch surfaces and any areas that may additionally have been contaminated with droplets. Floors should be cleaned after each session for example after the morning session and the afternoon session.

Cleaning and decontamination should be in accordance with requirements in Decontamination in primary care dental practices (HTM 01-05)

(Source:https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/170689/HTM_01-05_2013.pdf)

Also ensure:

- dental prostheses and moulds should be safely packaged and appropriately labelled for transportation to laboratory. They should be appropriately cleaned and disinfected before being sent to the laboratory, and after laboratory work prior to placing in the patient's mouth
- handwashing should be maintained and enhanced, particularly between seeing patients and between changing gloves
- all clinical waste should be double bagged in yellow clinical waste bags and tied with a cable tie and disposed of in line with the routine clinical waste disposal regime
- Uniforms and workwear should be transported home in a disposable plastic bag. The plastic bag should be disposed off into the household waste. Uniforms and workwear should be laundered separately from other household linen, in a load not more than half the machine capacity and at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried

In addition to the above precautions, please also consider:

- limiting personnel in the treatment room to the minimum required and ensure that the door remains closed throughout
- only allowing one patient in the actual treatment room at any time
- increase ventilation to help to disperse aerosols generated. Increased ventilation may be achieved naturally (for example opening a window where practical) or by mechanical ventilation

Risk assessments for community dental care services:

Risk assessment of all staff coming into / returning to work – for wellness / temperature check and vulnerability should be done. Risk assessment for patients can be done by screening and triaging as follows:

Screening and triaging

Whenever possible patients should be assessed by phone / telemedicine before being seen for face-to-face consultation as follows:

Ask patients for current / recent symptoms using a COVID-19 triage questionnaire based on the symptoms of COVID-19.

Treatment of patients with confirmed or suspected cases of COVID-19 should be deferred until they are without symptoms and always for a minimum of 10 and ideally 14 days.

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Dental health professionals can treat patients who have a recent travel history and have received an appropriate negative PCR test result in line with the Safer Travel Policy (https://www.gov.je/health/coronavirus/travel/pages/coronavirustraveladvice.aspx).

Professionals participating in dental procedures, including dentists, dental assistants and hygienists, who have themselves returned from travel should comply with the test requirements for returning healthcare workers.

All staff in dental surgeries are strongly encouraged to participate in the workforce screening programme with recommended PCR testing every 4-6 weeks.

Screen patients for severe vulnerability and risk assess necessity of treatment to ensure balance of risks is considered before treatment. If treatment is deemed necessary, vulnerable patients should be seen at the start of any session, see Guidance for those at higher risk
www.gov.je/Health/Coronavirus/PublicHealthGuidance/Pages/ShieldingForVulnerablePeople.aspx).

On arrival for the face to face consultation at the reception:

- Confirm a verbal negative history for COVID symptoms and the receptionist can tick box this off
- Ensure accurate record keeping for contact tracing should this be required
- Ensure patients decontaminate hands upon arrival to the surgery with either access to hand washing facilities or alcohol hand rub

Considerations for vulnerable groups

Children: An individual case by case risk assessment of whether parents/carers/guardians should be present in the surgery during treatment should be considered. If their presence within the surgery is deemed necessary, the safety and comfort of both the patient and the carers should be taken into consideration in the planning of appropriate infection control mitigations.

Higher risk patients (older people or those with underlying health conditions): dentists and other healthcare staff should be extra cautious while treating people in older age groups and / or with underlying medical needs. Appointments for these patients should be at the quietest times of the day and limiting use of the waiting room

Personal protective equipment (PPE)

Area/Zone of Dental Surgery	Recommended PPE
Dental Surgeries (Non-AGP area)	• Good hand hygiene • Disposable gloves • Disposable plastic apron • Fluid resistant (type IIR) surgical masks (FRSM) • Eye protection (disposable goggles or face shield. Where reusable this should be cleaned following manufacturer recommended process)
Dental Surgeries (AGP area)	• Good hand hygiene • Disposable gloves • Disposable Fluid Resistant gown (or non-fluid resistant gown and a disposable plastic apron) • Filtering Face Piece respirator (FFP3/2/N95) • Eye Protection (full face shield if FFP is not water resistant)

Further guidance on the use of personal protective equipment in healthcare settings is available and where relevant will be updated – see www.gov.je/Health/Coronavirus/HealthCareProfessionals/Pages/PPEForEssentialWorkers.aspx.

Staff should change at work and not wear clinical clothing to or from work. If staff cannot shower at work before leaving they should do so as soon as they get home.

Aerosol Generating Procedures

The risk from aerosol exposure applies to all people in the room when an AGP is performed. Where there is a practical and equally effective alternative to AGPs, it is appropriate to use the alternative.

It is strongly recommended to use a rubber dam with high volume suction during aerosol generating procedures to reduce aerosol generation.

Respirators for AGPs

- FFP3 (filtering 98% of airborne particles) respirators are advised for all AGPs to prevent inhalation of aerosols.
- The Health and Safety Executive UK (HSE) has stated that FFP2 and N95 respirators (filtering at least 94% and 95% of airborne particles respectively) offer protection against COVID-19 and so may be used if FFP3 respirators are not available.
- Operators who are unable to wear respirators e.g. due to facial hair, religious head coverings should wear alternatives such as a positive pressure 'hood'
    - All respirators need to be fit tested and checked

The Jersey Public Health guidance for dentists and dental surgeries has been informed by several of the key principles set out by the Chief Dental Officer England:

Standard operating procedure, Transition to recovery : A phased transition for dental practices towards the resumption of the full range of dental provision (published 27th Oct)

(Source: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0839-dental-recovery-sop-v4.01-29-oct.pdf)