Health Protection Scotland

Annex 1: Infection Prevention and Control in Urgent Dental Care Settings during the period of COVID-19

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1. Background

This document outlines the infection prevention and control advice for dentists and the dental team involved in the provision of urgent dental care for patients during the COVID-19 period. It is based on the best evidence available from previous pandemic and inter-pandemic periods and is considered good practice in response to this COVID-19 pandemic.

This is a summary of the current **infection prevention and control** guidance including personal protective equipment for urgent dental care during the period of COVID-19 and should be read by dental teams. This summary is based on PHE/ HPS guidance.

The Dental Deans of the Royal Colleges, FGDP UK and representatives of specialist dental societies have been consulted in developing the summary and it has been endorsed by the four UK Chief Dental Officers

2. Patient assessment

Patients with an acute dental problem can telephone their dental practice during normal practice opening hours or NHS24 during out of hours. Whenever possible, patients should be treated with advice, analgesia and antimicrobials where appropriate.

Patients must be triaged/assessed for COVID-19 infection risk to ensure they are directed to the correct urgent dental care site for dental treatment.

2.1. Clinical settings and care requirements

Whilst social distancing measures are in place, waiting rooms and reception areas of the urgent dental care centres should allow for 2 metre separation. The care environment should be kept clean and clutter free. All non-essential items including toys, books and magazines should be removed from reception and waiting areas.

Urgent dental care falls into 2 categories depending on whether the treatment includes aerosol generating procedures (AGPs) or not. During the COVID-19 period AGPs should be avoided where possible.

2.2. Standard infection control precautions

All urgent dental care centres will follow standard infection control precautions (SICPs) and transmission-based precautions to reduce the risk of transmission of coronavirus. In dental settings, there is guidance from NIPCM, PHE and SDCEP describing infection prevention and control measures that should be used by all staff, in all settings, always, for all patients.

2.3. Transmission-based precautions

In addition to SICPs, transmission based precautions (TBPs) are applied when SICPs alone are insufficient to prevent transmission of an infectious agent. TBPs are additional infection

control precautions required when caring for a patient with a known or suspected infectious agent and are classified based on routes of transmission:

- **contact precautions**: Used to prevent and control infection transmission via direct contact or indirectly from the immediate care environment. This is the most common route of infection transmission.

- **droplet precautions**: Used to prevent and control infection transmission over short distances via droplets (>5μm) from the patient to a mucosal surface or the conjunctivae of a dental team member. A distance of approximately 1 metre around the infected individual is the area of risk for droplet transmission which is why dental teams routinely wear fluid resistant surgical masks, eye and face protection for treating patients.

- **airborne precautions:** Used to prevent and control infection transmission via aerosols (≤5μm) from the respiratory tract of the patient directly onto a mucosal surface or conjunctivae of the dental team.

Interrupting transmission of COVID-19 requires contact, droplet and airborne precautions depending on the procedure undertaken.

2.4. Staff considerations: hand and respiratory hygiene

Hand hygiene, washing thoroughly with soap and water or alcohol-based hand rub (ABHR), is essential to reduce the transmission of infection. All dental staff and patients/carers should decontaminate their hands with ABHR when entering and leaving urgent dental care setting.

Hand hygiene, using soap and water or ABHR, must be performed immediately before every episode of direct patient care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of personal protective equipment (PPE), equipment decontamination and waste handling.

Respiratory and cough hygiene should be observed by staff and patients/carers. Disposable tissues should be available and used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose – ‘Catch it, bin it, kill it’.

Any procedures should be carried out with a single patient and only staff who are needed to undertake the procedure present in the room with the doors closed. If an AGP is being undertaken, no-one should enter the room. Dental care professionals should be trained in all aspects of infection prevention and control (IPC) and fully familiar with SDCEP guidance on decontamination.

Training should include donning (putting on) and doffing (taking off) personal protective equipment (PPE). Instructions can be found **here**.

2.5. Personal Protective Equipment (PPE)

During this period of the COVID-19 outbreak **dentists should use PPE to treat patients based on the type of urgent care they are providing and whether that requires droplet or airborne precautions**.

1. **Non-AGP treatment** of all patients involves compliance with standard infection control procedures and droplet precautions. This will ensure that there is no contact or droplet transmission of COVID-19. Face and eye protection, disposable fluid resistant surgical mask, disposable apron and gloves should be worn. This PPE should be worn by those undertaking or assisting in the procedure.

2. **AGPs** require airborne precautions to prevent aerosol transmission. This includes disposable, fluid repellent surgical gown, gloves, face and eye protection and a FFP3 respirator. This PPE should be worn by those undertaking or assisting in the procedure.

Urgent dental care procedures (AGP vs non-AGP)

All AGPs should be avoided during the COVID-19 period unless essential in the provision of urgent dental care.

Non-AGP

Procedures including examination, taking radiographs, using hand instruments, extractions and suction are not classed as AGPs and so standard infection control procedures and droplet precautions should be used for these.

Operators may be concerned at the ‘splatter’ that is created by dental procedures, but this is droplet contamination which standard infection control procedures and droplet precautions will guard against. Additional risk reduction of droplet contamination can be undertaken by using high speed suction and use of rubber dam.

AGP

High speed dental drills are accepted as AGPs and airborne precautions, including enhanced PPE should be used. Using high speed drills to open an access cavity or surgical high-speed drills to undertake surgical extraction of a tooth/ root will necessitate use of enhanced PPE.

Particular care should be taken to avoid surgical extractions at this time. Where it is necessary to remove bone, **slow handpieces** should be used with irrigation to reduce the risk.

The use of **3-in-1 syringes, ultrasonic scalers or other pieces of dental equipment** powered by air compressor should be avoided at this time and should not be a reason to wear an FFP3 mask. However, if they are used as an adjunct to treatment with high speed drills, staff will already have donned PPE for AGPs.

The UK-wide approach to PPE is set out **here;** Table 1 shows the application of the guidance to Urgent Dental Care Centres

Table 1: Personal protective equipment (PPE) for urgent dental care settings			
	Waiting room/reception No clinical treatment	**Dental surgery** Non AGP treatment	**Dental surgery** Treatments involving AGPs
Good hand hygiene	Yes	Yes	Yes
Disposable gloves	No	Yes	Yes
Disposable plastic apron	No	Yes	No
Disposable gown*	No	No	Yes*
Fluid-resistant surgical mask	Yes**	Yes	No
Filtering face piece (FFP3) respirator***	No	No	Yes
Face / Eye protection******	No	Yes	Yes

*** Fluid-resistant gowns must be worn during aerosol generating procedures (AGPs). If non-fluid-resistant gowns are used, a disposable plastic apron should be worn underneath.**

****Where working in reception/communal area with possible or confirmed case(s) and unable to maintain 2 metres social distance**

*****If wearing a 'valved respirator' that is not fluid resistant, a full-face shield/ visor must be worn**

******Face / Eye protection ideally should be disposable. If non-disposable safety glasses/goggles or face visors are used they should be disinfected in line with manufacturers guidance.**

Filtering face piece (FFP3) respirators for aerosol generating procedures

FFP3 respirators must be:

- fit tested on all healthcare staff who may be required to wear an FFP3 respirator to ensure an adequate seal/fit according to the manufacturers' guidance
- fit checked (according to the manufacturers' guidance) by staff every time an FFP3 respirator is donned to ensure an adequate seal has been achieved
- compatible with other facial protection used i.e. protective eyewear so that this does not interfere with the seal of the respiratory protection. Regular prescription glasses are not considered adequate eye protection
- disposed of and replaced if breathing becomes difficult, the respirator is damaged or distorted, the respirator becomes obviously contaminated by respiratory secretions or other body fluids, or if a proper face fit cannot be maintained. In effect this may mean that FFP3s may be worn once for dental AGPs and then discarded as clinical waste (hand hygiene must always be performed after disposal)
- where FFP3s are used for a 'session' they should be shielded from 'splatter' by a visor to protect the respirator from droplet contamination.
- A session ends when the healthcare worker leaves the care setting/exposure environment. Sessional use should always be risk assessed. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
- FFP3s should be removed outside the dental surgery where AGPs have been undertaken in line with doffing protocol.

2.6. Decontamination

Decontamination following all treatment should follow SDCEP and other Scottish guidance.

In addition, **when an AGP has been undertaken** it is recommended that the room is left vacant with the door closed for 20 minutes in a negative pressure isolation room or **one hour for a neutral pressure room** prior to performing a terminal clean.

Windows to the outside in neutral pressure rooms can be opened. If the room needs to be put back into use urgently, then it is recommended that the room is cleaned as in the following **guidance**.

The evidence base on COVID-19 is rapidly evolving. Further updates may be made to this guidance as new detail or evidence emerges.