Public Health England

NHS

Resumption of NHS Dentistry

COVID-19 response

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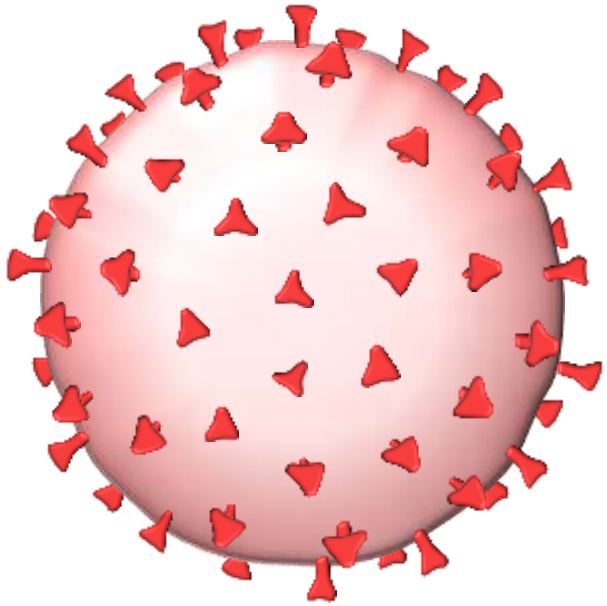
NHS England and NHS Improvement

Developed in the Midlands Region

Coronavirus



- COVID-19 disease is caused by SARS-CoV-2 which is from the family of coronaviruses. As it is a novel virus evidence is still emerging

- The current national approach is to ensure that **social distancing measures** are observed to reduce social interaction between people in order to reduce the transmission of coronavirus (COVID-19)

- Stringent social distancing measures are required for the following population groups:

Categories of clinically vulnerable people

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds):
- chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- chronic heart disease, such as heart failure
- chronic kidney disease
- chronic liver disease, such as hepatitis
- chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy
- diabetes
- a weakened immune system as the result of certain conditions, treatments like chemotherapy, or medicines such as steroid tablets
- being seriously overweight (a body mass index (BMI) of 40 or above)
- pregnant women

Categories of shielded people (extremely vulnerable)

Solid organ transplant recipients

People with specific cancers:

- people with cancer who are undergoing active chemotherapy
- people with lung cancer who are undergoing radical radiotherapy
- people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- people having immunotherapy or other continuing antibody treatments for cancer
- people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors

People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD)

People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell)

People on immunosuppression therapies sufficient to significantly increase risk of infection

Women who are pregnant with significant heart disease (congenital or acquired)

Transmission and protection

1

The transmission of COVID-19 is thought to occur mainly through: respiratory **droplets** generated by coughing and sneezing, and through **contact** with contaminated surfaces.
The predominant modes of transmission are assumed to be: **droplet and contact**

2

During Aerosol Generating Procedures (AGPs), there is an increased risk of aerosol spread of infectious agents and **additional precautions must be implemented when performing AGPs**

3

Non-AGP involves compliance with **standard infection control** procedures which ensure no contact or droplet transmission of COVID-19.
AGPs require additional **transmission based precautions**

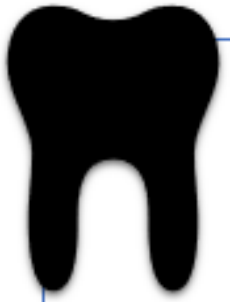
AGPs and non-AGPs

Dental non-AGPs include:

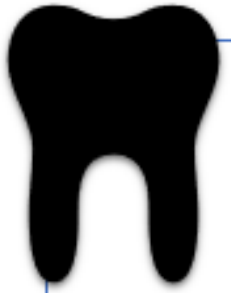
- Examination
- Taking radiographs
- Using hand instruments
- Simple extractions
- Suction

Dental AGPs are described as the use of:

- High-speed handpieces
- High-speed surgical handpieces
- Ultrasonic or other mechanised scalers
- High pressure 3:1 air syringe



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 the only reason to wear an FFP3 mask.

AGPs can increase the risk of transmission of infection to healthcare workers and therefore **should be avoided where possible**

Respiratory hygiene

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

Dispose of tissues directly into bin

Perform hand hygiene **for at least 20 seconds**

Hand hygiene

Hand hygiene must be performed immediately:

before every episode of direct patient care; **and**

after any activity or contact that potentially results in hands becoming contaminated

This includes putting on and removing PPE, equipment decontamination and waste handling

Liquid soap and water

- The type of liquid soap is not important
- Handwashing with good technique is just as good as using hand gel – you do not need to do both
- **The entire set of actions should not take less than 20 seconds**

Alcohol hand gel

- Hand gel should not be used on soiled hands
- Do not rely on hand gel.
- Switch to soap and water after about 5 hand gel uses.
- **The entire set of actions should not take less than 20 seconds**

Public Health England

Best Practice: How to hand wash step by step images

Steps 3-8 should take at least 15 seconds.

1. Wet hands with water.
2. Apply enough soap to cover all hand surfaces.
3. Rub hands palm to palm.
4. Right palm over the back of the other hand with interlaced fingers and vice versa.
5. Palm to palm with fingers interlaced.
6. Backs of fingers to opposing palms with fingers interlocked.
7. Rotational rubbing of left thumb clasped in right palm and vice versa.
8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
9. Rinse hands with water.
10. Dry thoroughly with towel.
11. Use elbow to turn off tap.
12. Steps 3-8 should take at least 15 seconds. ... and your hands are safe*.

Adapted from the World Health Organization/Health Protection Scotland

*Any skin complaints should be referred to local occupational health or GP.

Public Health England

Best Practice: How to handrub step by step images

1. Apply a palmful of the product in a cupped hand and cover all surfaces.
2. Rub hands palm to palm.
3. Right palm over the back of the other hand with interlaced fingers and vice versa.
4. Palm to palm with fingers interlaced.
5. Backs of fingers to opposing palms with fingers interlocked.
6. Rotational rubbing of left thumb clasped in right palm and vice versa.
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
8. Once dry, your hands are safe.

Adapted from the World Health Organization/Health Protection Scotland

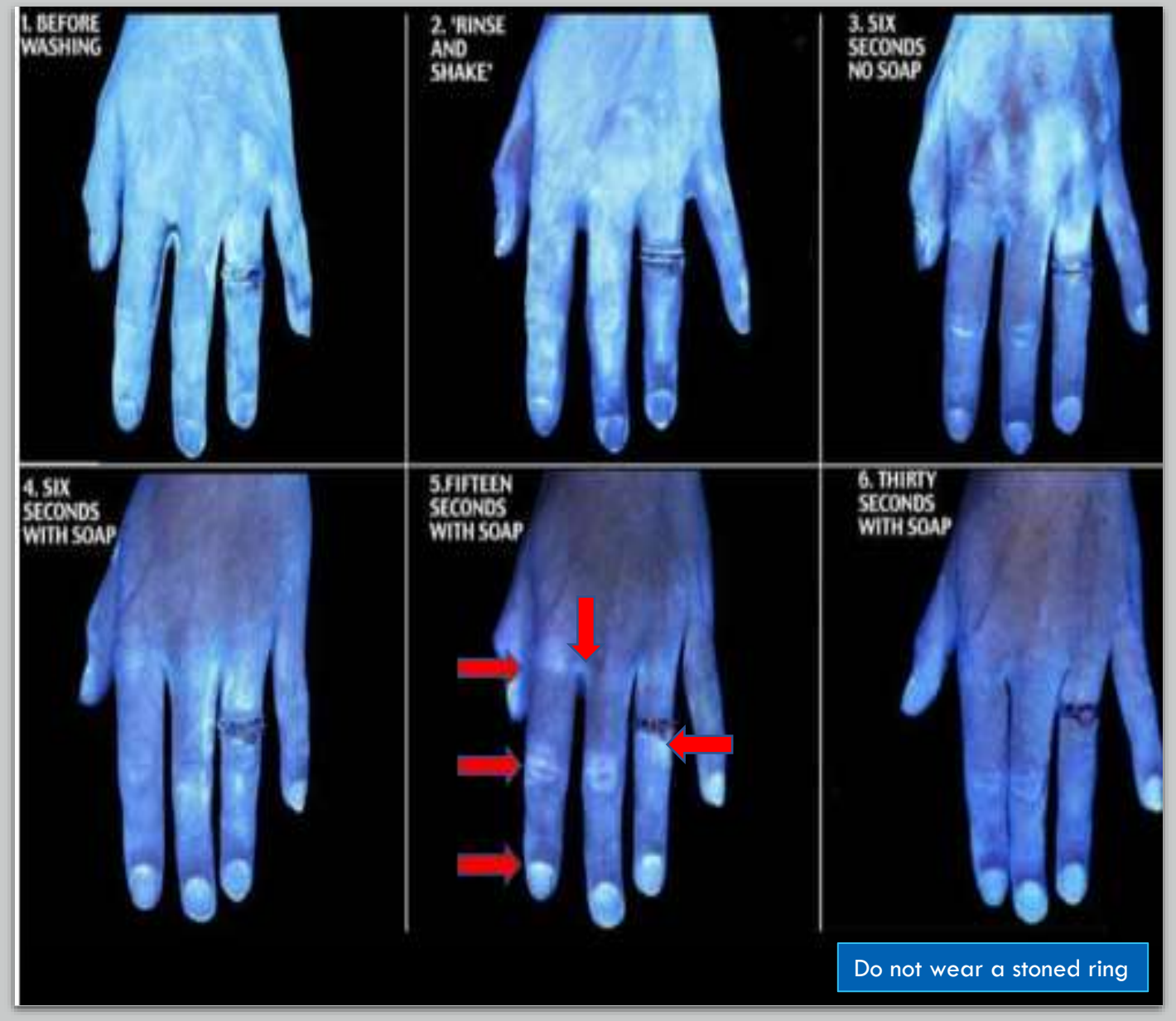
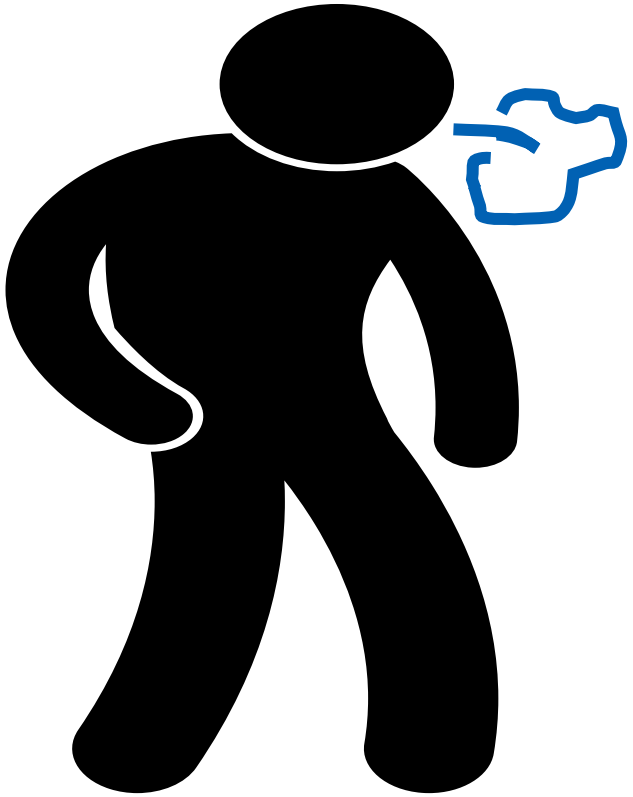


Photo credit: Royal National Orthopaedic Hospital NHS Trust

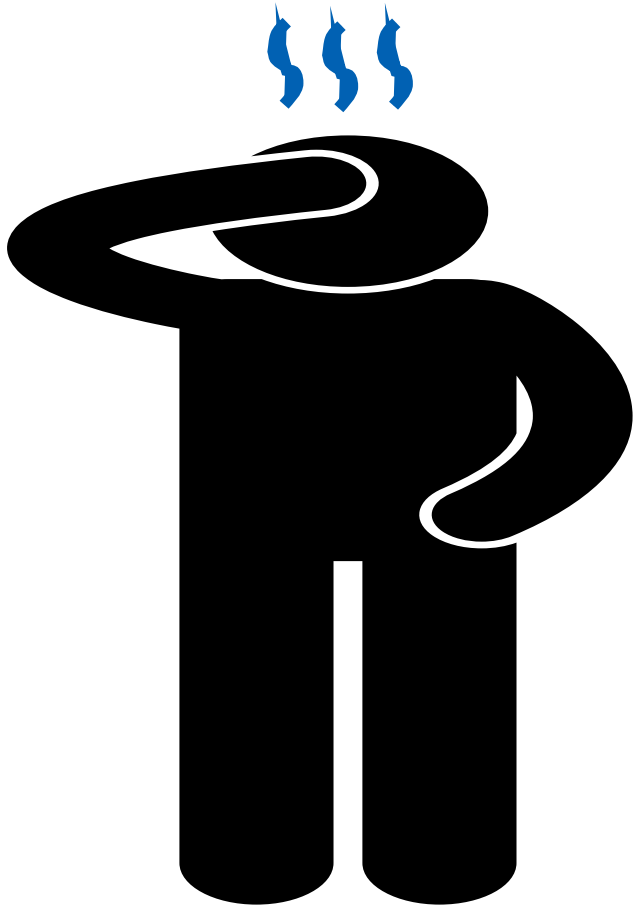
Effectiveness of hand washing

Remember to wash and rinse under a plain wedding ring

COVID-19 symptoms



new continuous cough



high temperature

a loss of, or change in, normal sense of taste or smell (anosmia)

Cough, Fever and Smelling by Gan Khoon Lay from the Noun Project

Self-isolation

Those with COVID-19 symptoms

Need to stay at home

For 7 days from when symptoms started

Infographics from the Noun Project

Household contacts

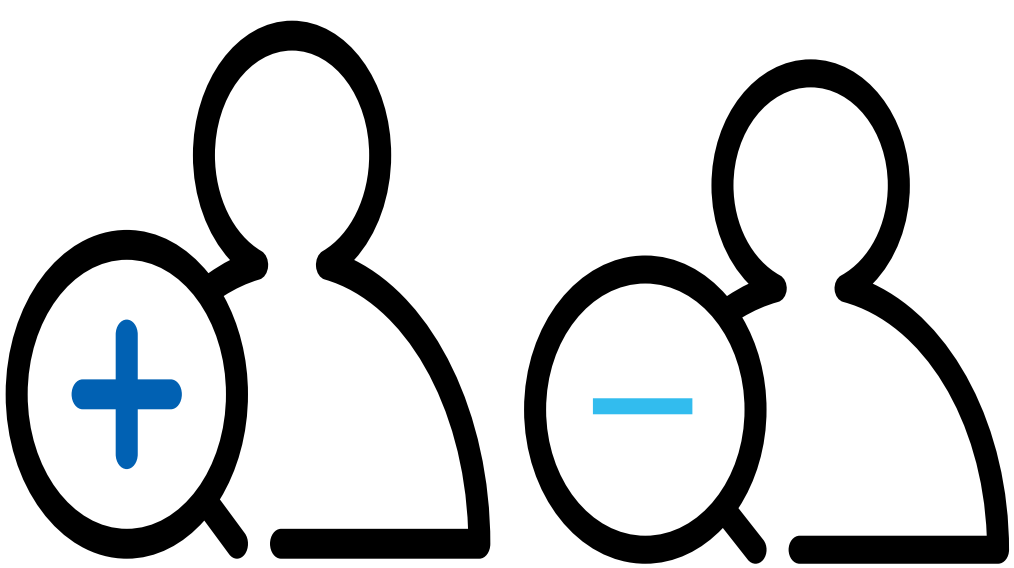
All household members who remain well must stay at home for **14 days**

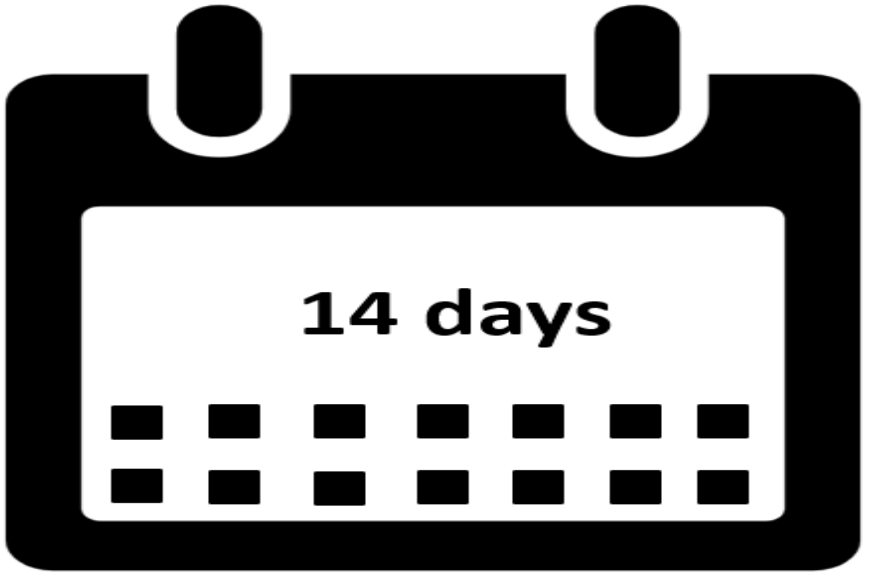
The 14-day period starts from the day when the first person in the house became ill

Infographics from the Noun Project

Contacts notified by NHS Test and Trace

People who have been in contact with a person who has had a positive test result for COVID-19 need to self-isolate for **14 days**



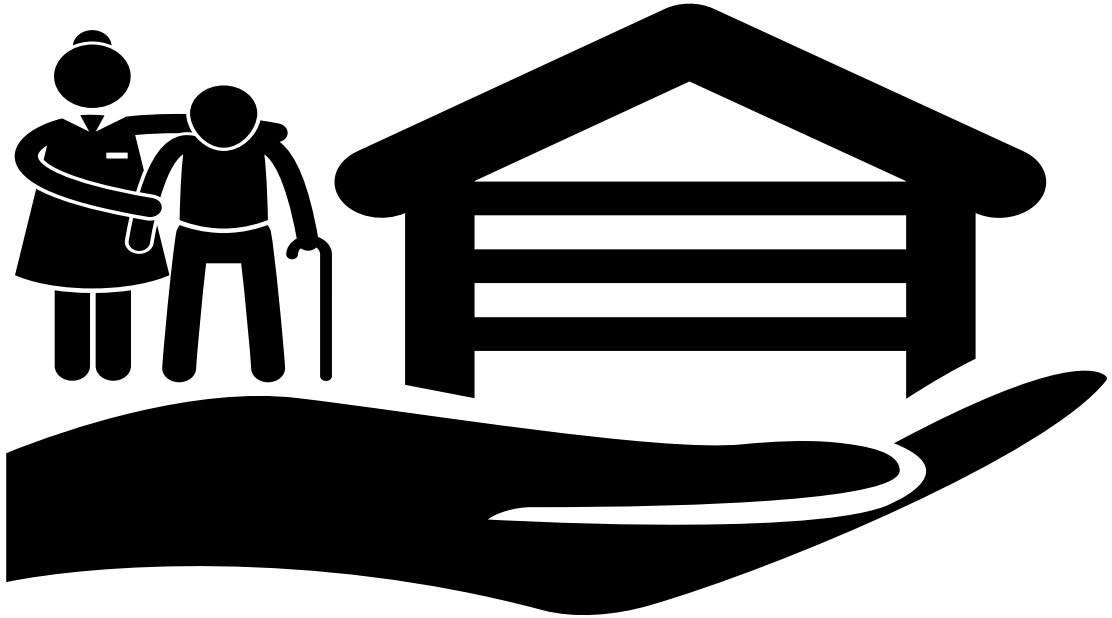


The 14-day period starts from the day when the first person had last contact with the case

Icontact by Binpodo from the Noun Project

Care Home residents

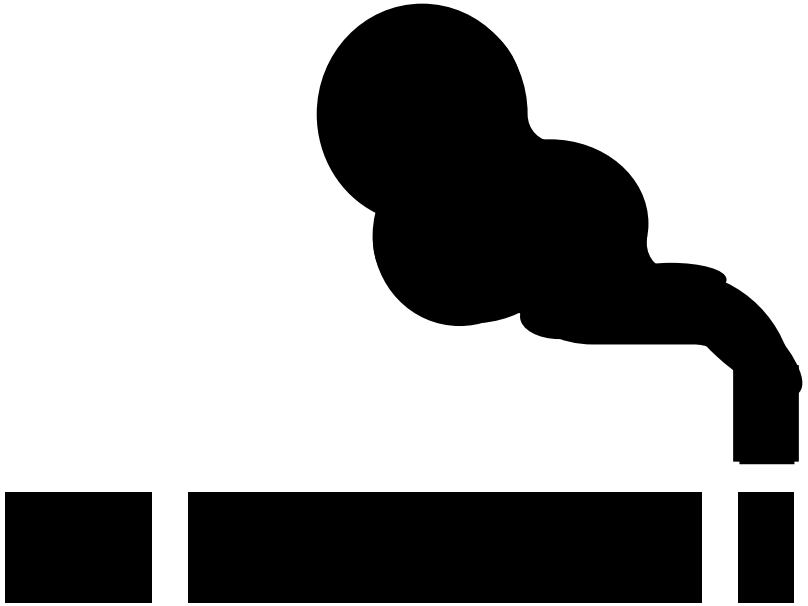
If symptomatic, isolation period is for **14 days (not 7 days)** from onset of symptoms



Residents who have been in close contact should also isolate for **14 days** since contact

elderly care by Gan Khoon Lay and home support by Mohammed Salim from the Noun Project

Smoking and COVID-19



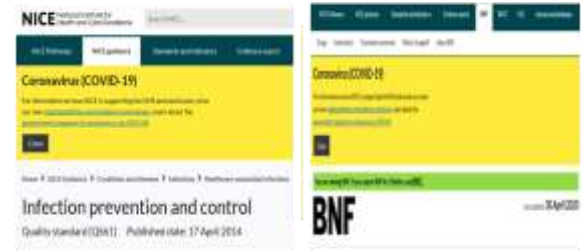
There have been some media reports that smoking is protective against COVID-19. The quality of these studies is low and there are problems with confounding errors

For now, there is NO evidence that smoking is protective

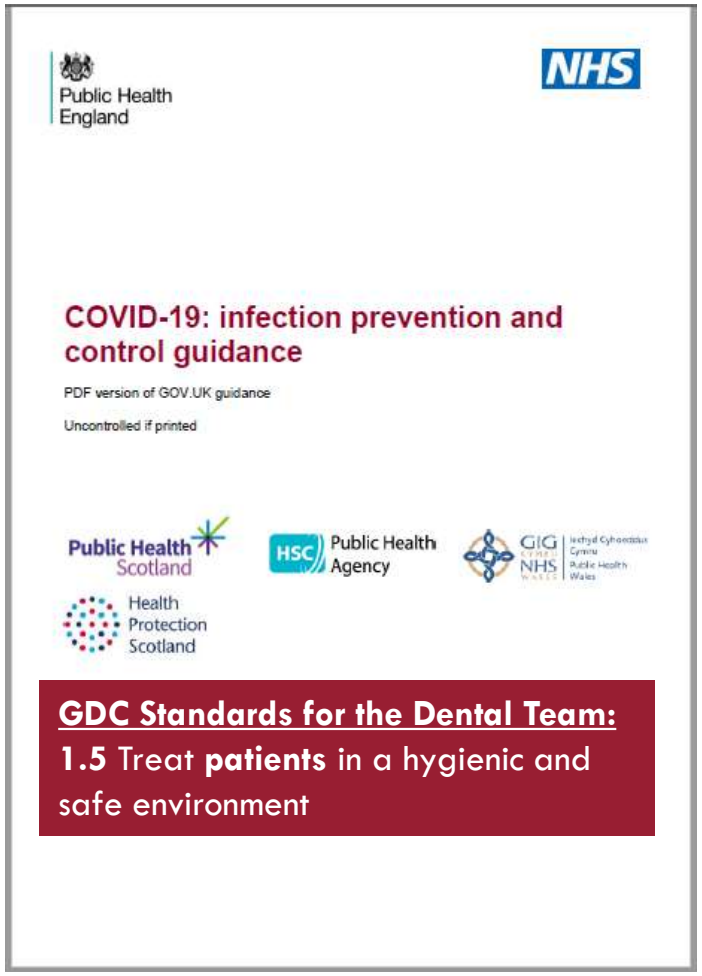
It is still the case that smokers have more severe symptoms

Smokers should still be encouraged to quit smoking

Essential guidance documents

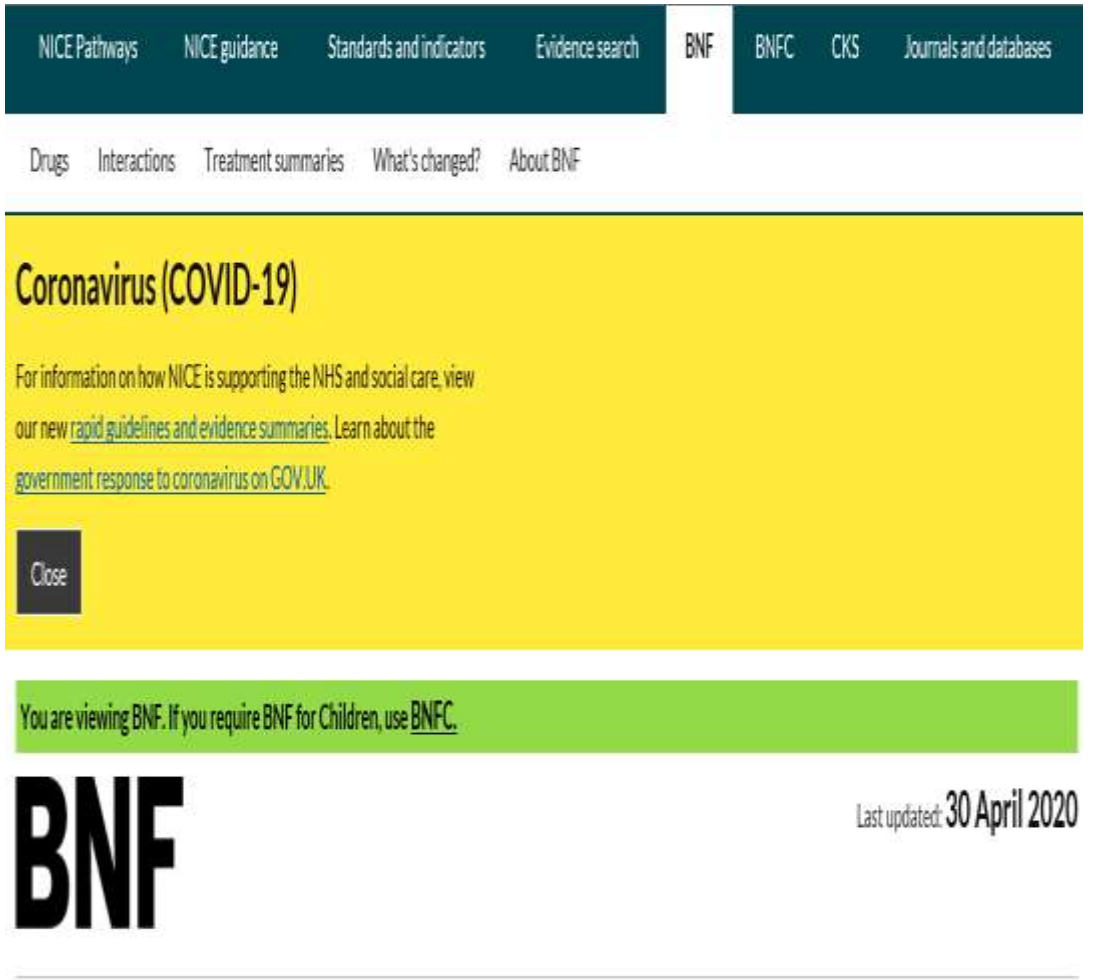


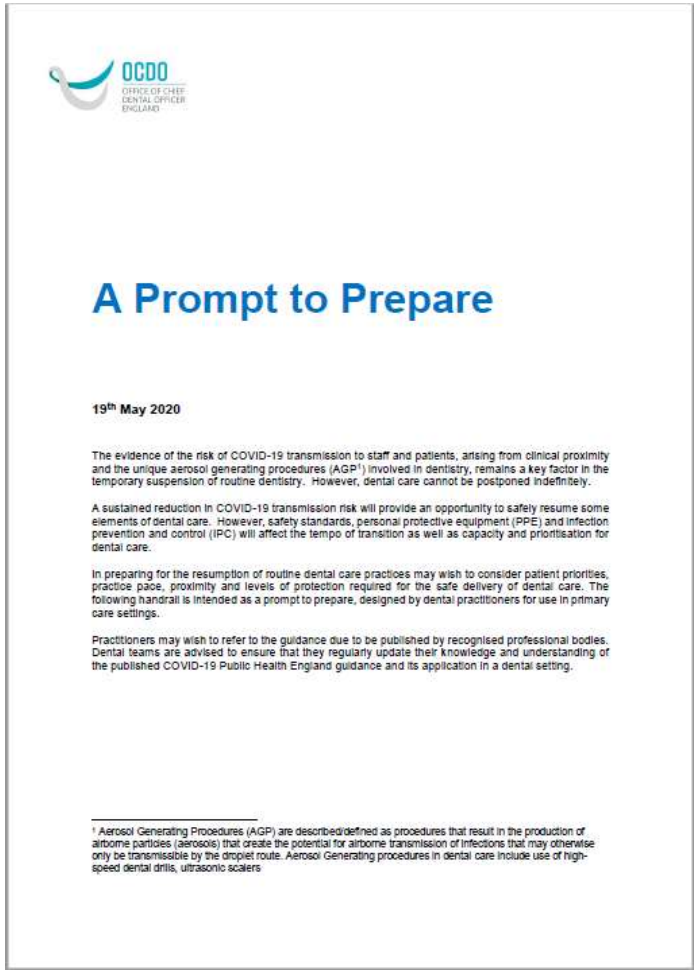

Standards for the Dental Team
www.gdc-uk.org
Standards
Standard 7.1: You must provide good quality care based on current evidence and authoritative guidance
7.1.1 You must find out about current evidence and best practice which affect your work, premises, equipment and business and follow them
7.1.2 If you deviate from established practice and guidance, you should record the reasons why and be able to justify your decision
General Dental Council
protecting patients, regulating the dental team


Public Health England
NHS
COVID-19: infection prevention and control guidance
PDF version of GOV.UK guidance
Uncontrolled if printed
Public Health Scotland
Public Health Agency
Health Protection Scotland
GDC Standards for the Dental Team:
1.5 Treat patients in a hygienic and safe environment


DH Department of Health
Decontamination
Health Technical Memorandum 01-05: Decontamination in primary care dental practices
2013 edition


NICE National Institute for Health and Care Excellence
Search NICE...
NICE Pathways
NICE guidance
Standards and indicators
Evidence search
Coronavirus (COVID-19)
For information on how NICE is supporting the NHS and social care, view our new rapid guidelines and evidence summaries. Learn about the government response to coronavirus on GOV.UK.
Close
Home › NICE Guidance › Conditions and diseases › Infections › Healthcare-associated infections
Infection prevention and control
Quality standard [QS61] Published date: 17 April 2014


NICE Pathways
NICE guidance
Standards and indicators
Evidence search
BNF
BNFC
CKS
Journals and databases
Drugs
Interactions
Treatment summaries
What's changed?
About BNF
Coronavirus (COVID-19)
For information on how NICE is supporting the NHS and social care, view our new rapid guidelines and evidence summaries. Learn about the government response to coronavirus on GOV.UK.
Close
You are viewing BNF. If you require BNF for Children, use BNFC.
BNF
Last updated: 30 April 2020



OCDO
OFFICE OF CHIEF DENTAL OFFICER ENGLAND

A Prompt to Prepare

19th May 2020

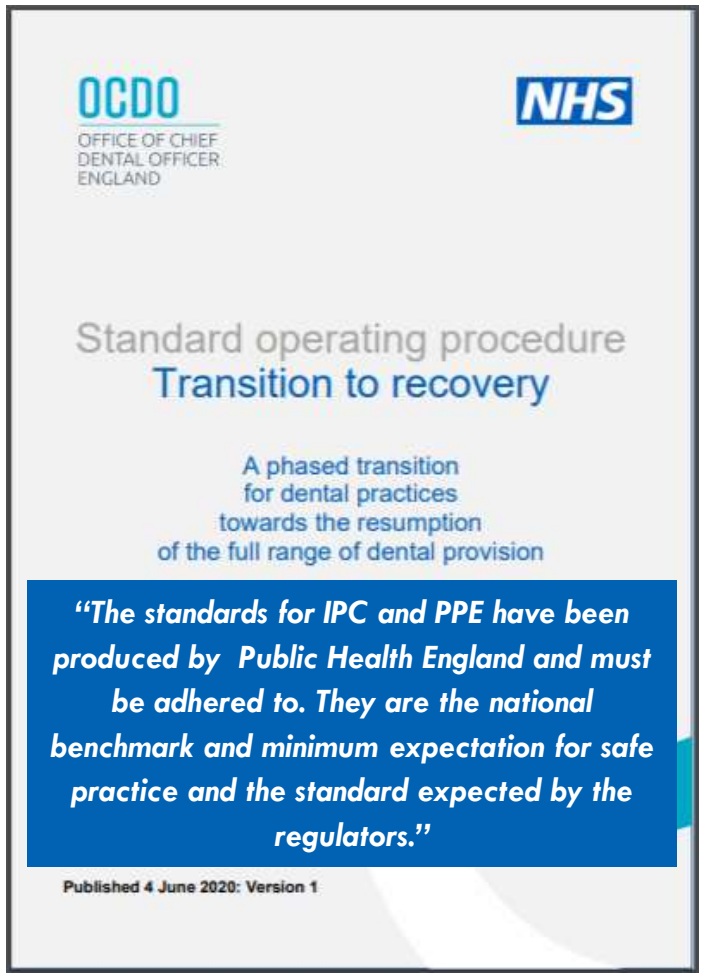
The evidence of the risk of COVID-19 transmission to staff and patients, arising from clinical proximity and the unique aerosol generating procedures (AGP[1]) involved in dentistry, remains a key factor in the temporary suspension of routine dentistry. However, dental care cannot be postponed indefinitely.

A sustained reduction in COVID-19 transmission risk will provide an opportunity to safely resume some elements of dental care. However, safety standards, personal protective equipment (PPE) and infection prevention and control (IPC) will affect the tempo of transition as well as capacity and prioritisation for dental care.

In preparing for the resumption of routine dental care practices may wish to consider patient priorities, practice pace, proximity and levels of protection required for the safe delivery of dental care. The following handrail is intended as a prompt to prepare, designed by dental practitioners for use in primary care settings.

Practitioners may wish to refer to the guidance due to be published by recognised professional bodies. Dental teams are advised to ensure that they regularly update their knowledge and understanding of the published COVID-19 Public Health England guidance and its application in a dental setting.

[1] Aerosol Generating Procedures (AGP) are described/defined as procedures that result in the production of airborne particles (aerosols) that create the potential for airborne transmission of infections that may otherwise only be transmissible by the droplet route. Aerosol Generating procedures in dental care include use of high-speed dental drills, ultrasonic scalers



OCDO
OFFICE OF CHIEF DENTAL OFFICER ENGLAND

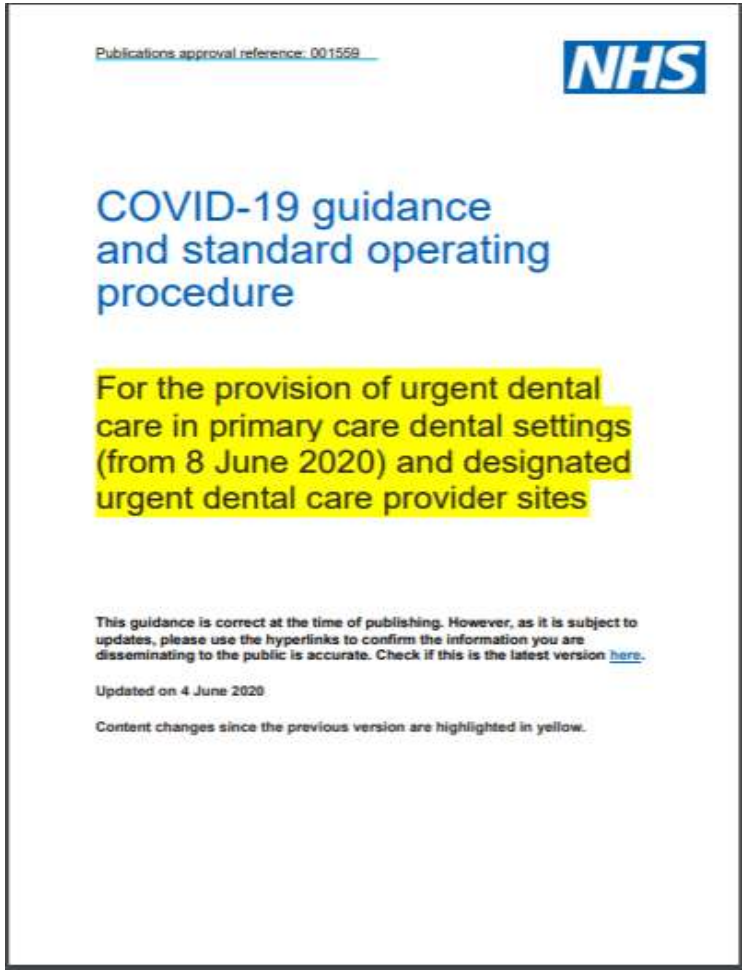
NHS

Standard operating procedure
Transition to recovery

A phased transition
for dental practices
towards the resumption
of the full range of dental provision

"The standards for IPC and PPE have been produced by Public Health England and must be adhered to. They are the national benchmark and minimum expectation for safe practice and the standard expected by the regulators."

Published 4 June 2020: Version 1



Publications approval reference: 001559

NHS

COVID-19 guidance and standard operating procedure

For the provision of urgent dental care in primary care dental settings (from 8 June 2020) and designated urgent dental care provider sites

This guidance is correct at the time of publishing. However, as it is subject to updates, please use the hyperlinks to confirm the information you are disseminating to the public is accurate. Check if this is the latest version here.

Updated on 4 June 2020

Content changes since the previous version are highlighted in yellow.

NHS Education for Scotland

Scottish Dental Clinical Effectiveness Programme

Resuming General Dental Services Following COVID-19 Shutdown

A guide and implementation tools for general dental practice

For Phase 2 of dental services remobilisation

25 May 2020

This advice might change as new information becomes available. Please ensure that you are using the most recent version of this document by referring to www.sdcep.org.uk.

NHS Education for Scotland

Scottish Dental Clinical Effectiveness Programme

Management of Acute Dental Problems During COVID-19 Pandemic

30 March 2020

This advice might change as new information becomes available. Please ensure that you are viewing the most recent version of this document by referring to www.sdcep.org.uk.

This guide, based on the SDCEP *Emergency Dental Care* and *Management of Acute Dental Problems* guidance publications, describes modified management of commonly presenting oral conditions for use during the COVID-19 pandemic. It aims to encourage a consistent approach to the management of acute dental problems, while recognising the challenges that the COVID-19 pandemic presents for provision of dental care. It can be used in conjunction with health board or other local procedures that have been established for managing patients based on their COVID-19 status.

The management options presented here focus on dental triage, the relief of pain or infection and provision of care using remote consultation (i.e. by telephone or videocall[1]). Patients should only be referred for urgent dental care when there are severe or uncontrolled symptoms that they cannot manage themselves. It is essential to minimise the number of patients referred to designated urgent dental care centres[2] both to reduce the risk of transmission of COVID-19 to healthcare workers and patients, and to lessen the pressure on these services.

This document includes:

- General principles;
- A flowchart of the triage of commonly presenting dental problems;
- A table of the common oral conditions likely to present for dental care.

[1] Triage using photographs or video, where available, might be useful for diagnosis.
[2] The facilities used as designated urgent dental care centres will vary across the country.

NHS Education for Scotland

Scottish Dental Clinical Effectiveness Programme

Drugs for the Management of Dental Problems During COVID-19 Pandemic

Updated 11 May 2020

This advice might change as new information becomes available. Please ensure that you are viewing the most recent version of this document by referring to www.sdcep.org.uk.

This supplement to the SDCEP guide on the *Management of Acute Dental Problems During COVID-19 Pandemic* includes information based on the SDCEP *Drug Prescribing for Dentistry* guidance. It lists the drug regimens that dentists are most likely to remotely advise or prescribe for their patients during the COVID-19 pandemic to support **Advice & Self Help** (see Figure 1) and provides additional details of contraindications and cautions.

Due to the COVID-19 pandemic, national policy since 23 March 2020 has been for primary care triage to focus initially on the provision of the three As:

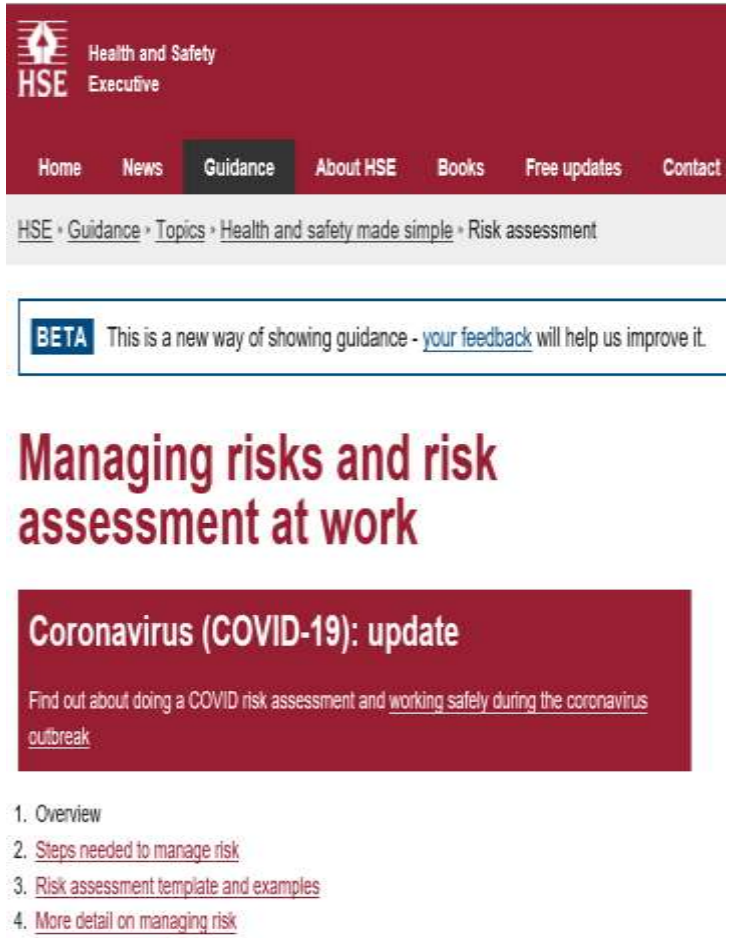
- **Advice;**
- **Analgesia;**
- **Antimicrobials where appropriate.**

Unless urgent or emergency care is required, the patient should be encouraged to manage their symptoms at home while treatment options are restricted. Mild and moderate dental symptoms should be managed remotely by providing advice and analgesics and/or antimicrobials where appropriate.

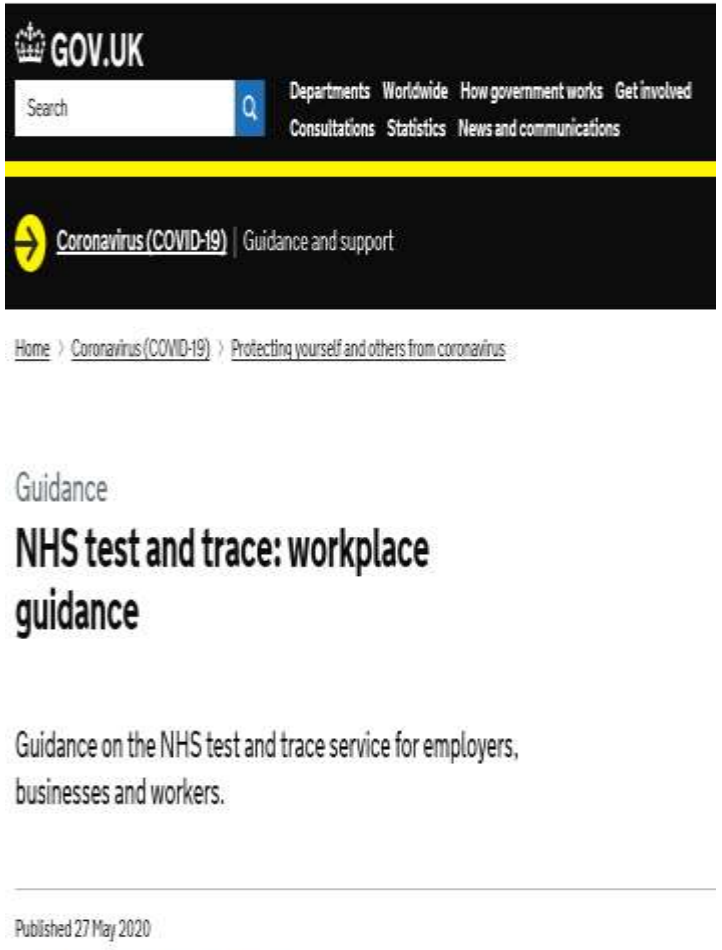
Figure 1 Triage of Commonly Presenting Acute Dental Problems

Patients with dental pain and infection may need to self-manage for longer than normal during the COVID-19 pandemic. If this applies to a patient with a relevant underlying health condition (see Appendices 1 and 2 for contraindications and cautions), liaison with their general medical practitioner or specialist is advised.

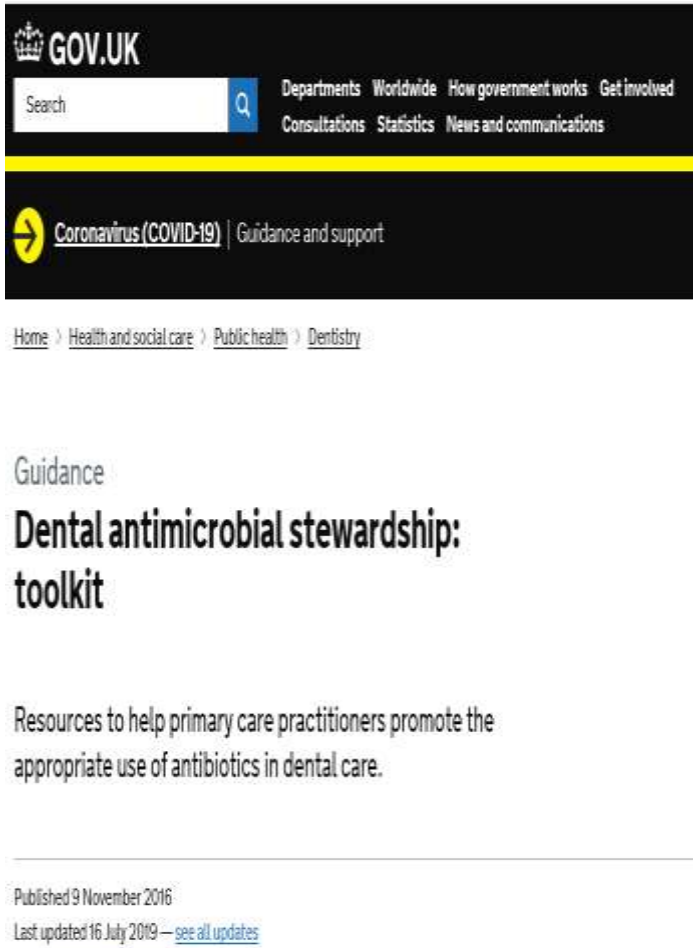
In all cases, if self-management is particularly extended or the patient's symptoms do not resolve, referral to designated providers of urgent dental care is required.



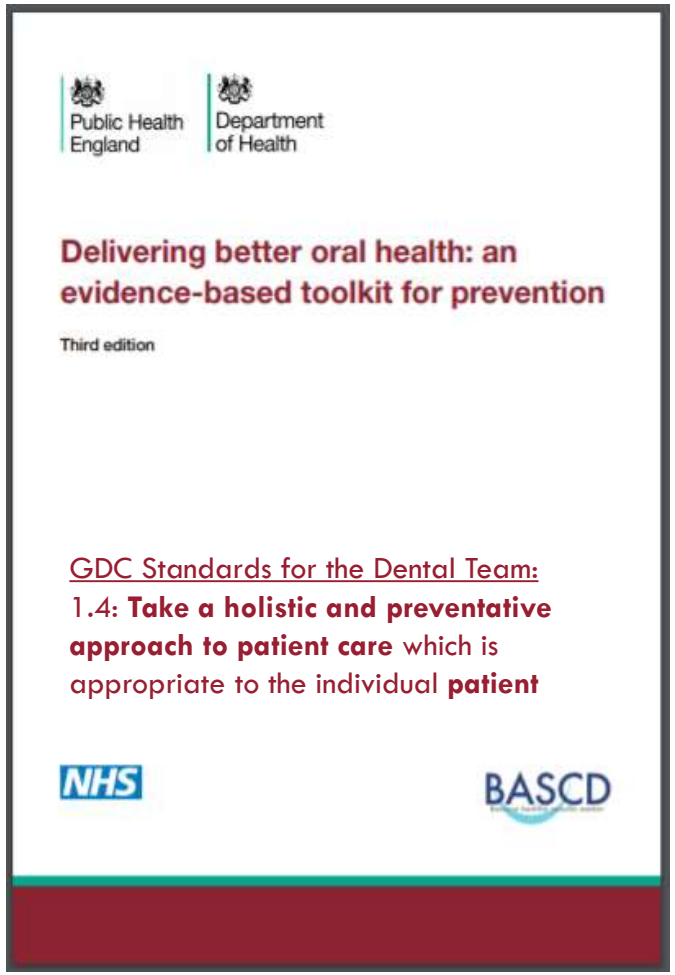
COVID-19 is a new risk that must be incorporated into workplace risk assessments



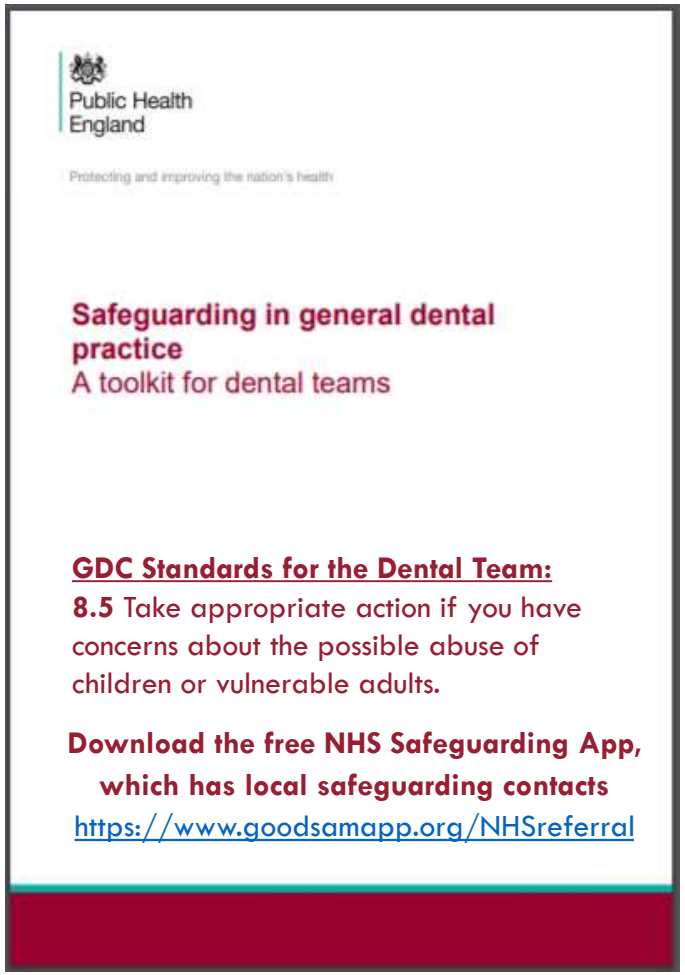
To maintain 2m social distancing wherever possible, including while arriving at and departing from the dental practice and while in work



Antibiotics should be considered if a bacterial infection is causing the symptoms. Irreversible pulpitis is not caused by a bacterial infection and antibiotics are inappropriate



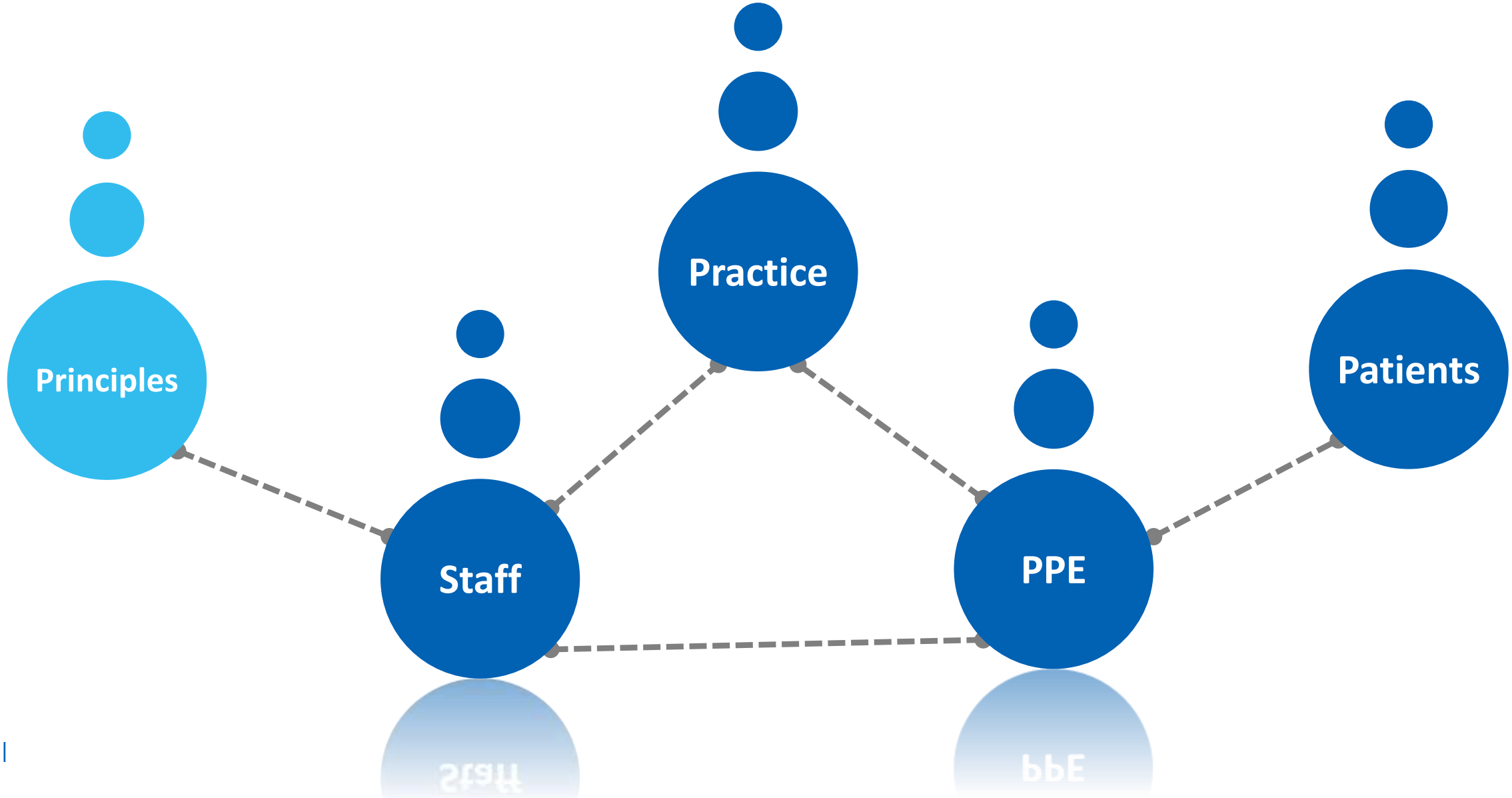
GDC Standards for the Dental Team:
1.4: **Take a holistic and preventative approach to patient care** which is appropriate to the individual **patient**



GDC Standards for the Dental Team:
8.5 Take appropriate action if you have concerns about the possible abuse of children or vulnerable adults.

Download the free NHS Safeguarding App, which has local safeguarding contacts
https://www.goodsamapp.org/NHSreferral

Five steps for preparation considerations



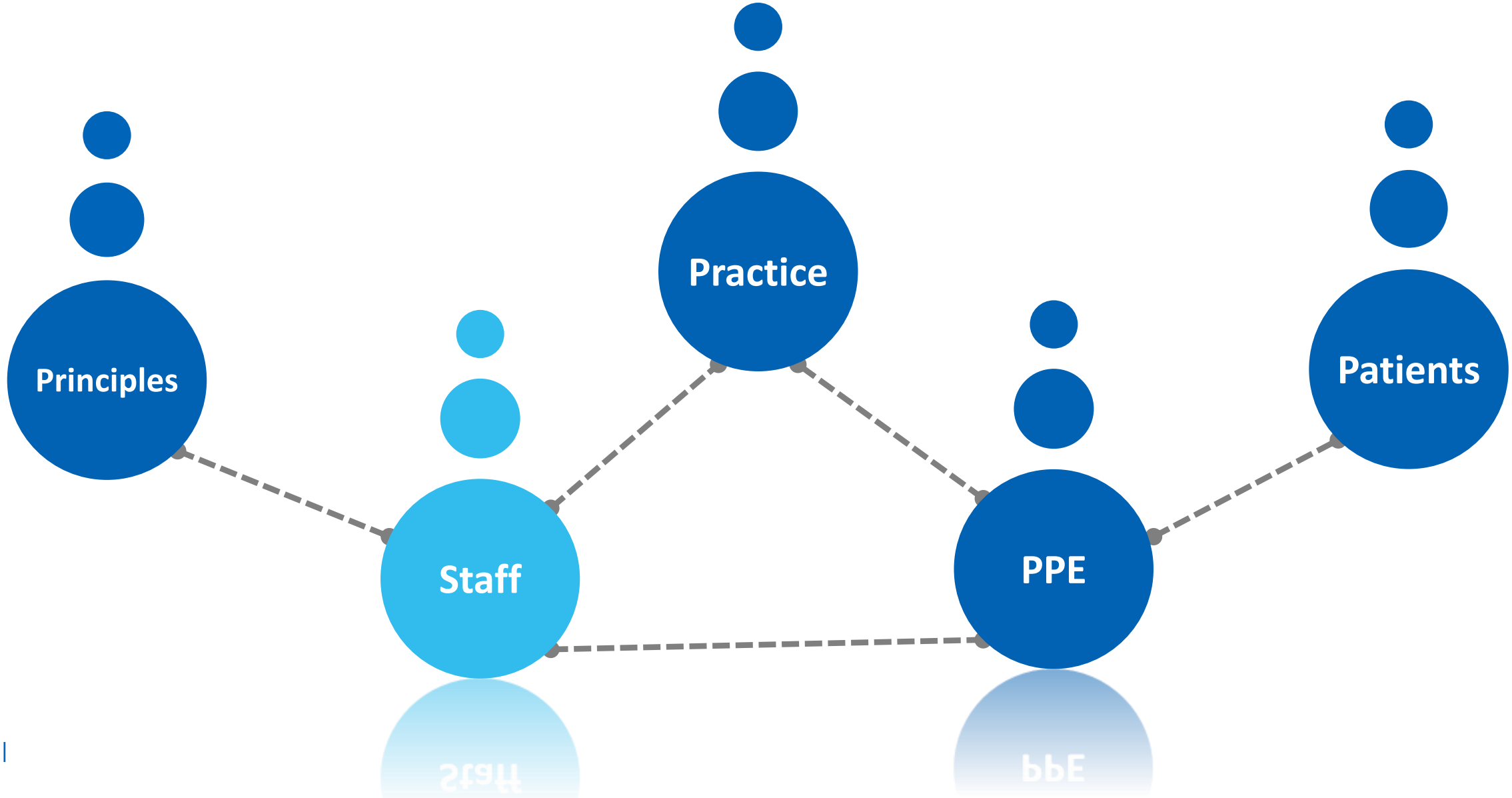
Principles

- Phased approach to full resumption based on risk management
- Continue to provide remote consultations for all patients
- Provide advice, analgesia and antimicrobials (where appropriate) in the first instance
- Observe social distancing measures at all times
- Minimise all face to face patient contact
- Clear safety standards for Personal Protective Equipment and Infection Prevention and Control
- Appropriate sequencing and scheduling of patients
- Refer all possible/confirmed patients to Urgent Dental Care sites until phased resumption is complete

Promote self-care and prevention for all appropriate conditions

NHS Volunteer Responders

Translation and interpretation


Principles
Practice
Patients
Staff
PPE

Staff

Considerations

Instruct all members of staff to regularly assess and report any COVID-19 symptoms (personal and household contacts)

Undertake risk assessment of the following staff and make appropriate arrangements:
Clinically vulnerable
Shielded
BAME

All staff to observe social distancing (2 metres) wherever possible

Plan staff rota carefully to ensure resilience of arrangements

Provide staff training:

- New ways of working: processes, policies and protocols
- Personal Protective Equipment (PPE)
- Infection Prevention and Control, including hand and respiratory hygiene

Staff

1. **Reduce staff mixing** and consider staggered start, break and finish times
2. **Do not rotate staff** across different sites
3. Ensure **appropriate arrangements** in place for staff following risk assessment (to include those living with clinically vulnerable and shielded)
4. Ensure **adequate supervision** of staff in place, especially for those in training
5. Staff who provide care for possible or confirmed cases **should not provide care** for other patients

Staff

Supporting information

Staff with COVID-19 symptoms should not come to work for **7 days** since onset of symptoms

Staff living in a household where someone has symptoms should not come to work for **14 days** since onset of household contact's symptoms.

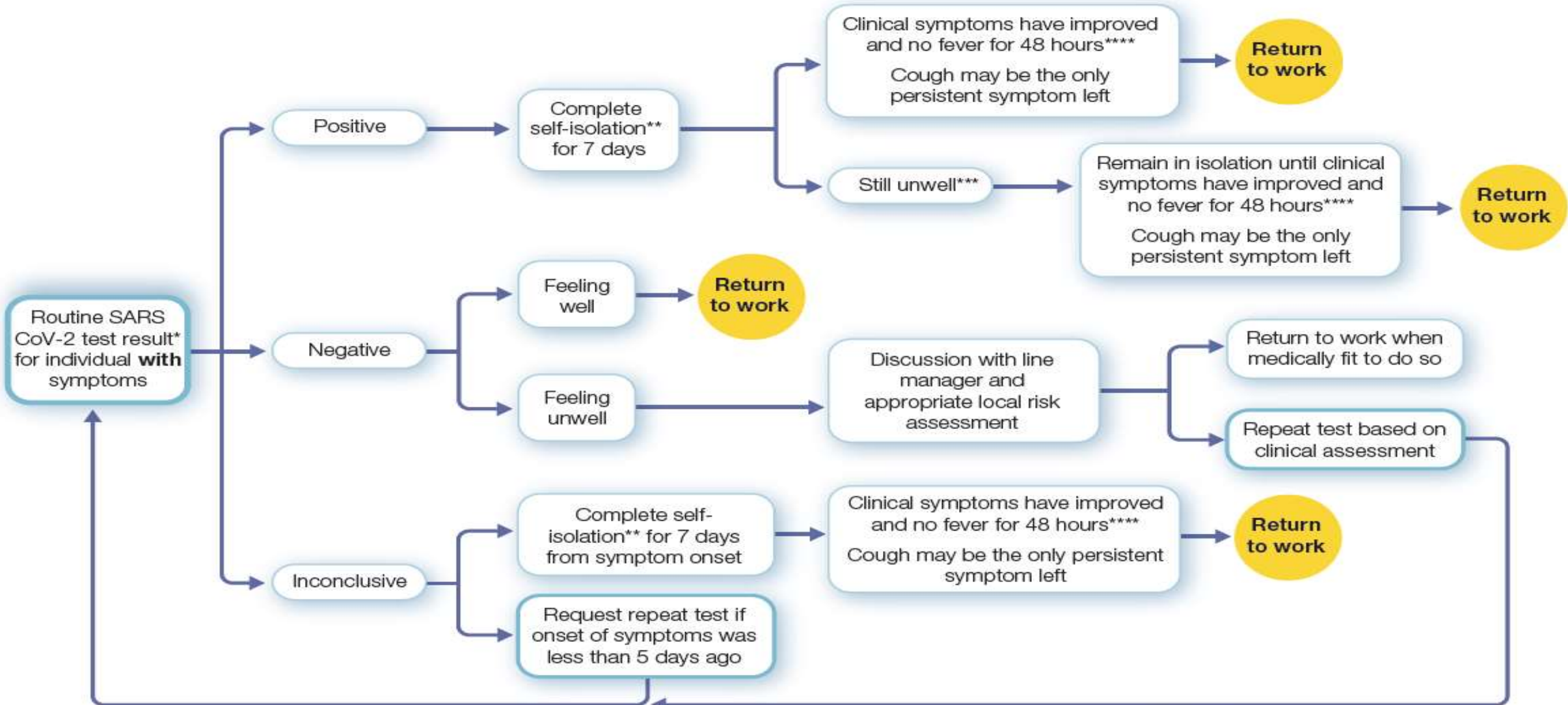
However, if the member of staff becomes symptomatic during the 14 days isolation, they should isolate for **7 days** since the onset of their symptoms

Staff who inadvertently come into contact with a confirmed or suspected COVID-19 patient should undergo a risk assessment to determine if they can remain at work. **The factors include**: severity of patient symptoms, length of exposure, proximity to patient, activities undertaken and whether eyes, nose or mouth were exposed

All members of staff who are self-isolating should be offered the opportunity for coronavirus testing. Book at test at self referral portal

Public Health England

Symptomatic worker: flowchart describing return to work following a routine SARS-CoV-2 test*



* If the testing was done because they were identified as a contact via the test and trace system, the person should self-isolate for 14 days (refer to test and trace guidance)

** Refer to Stay at Home Guidance

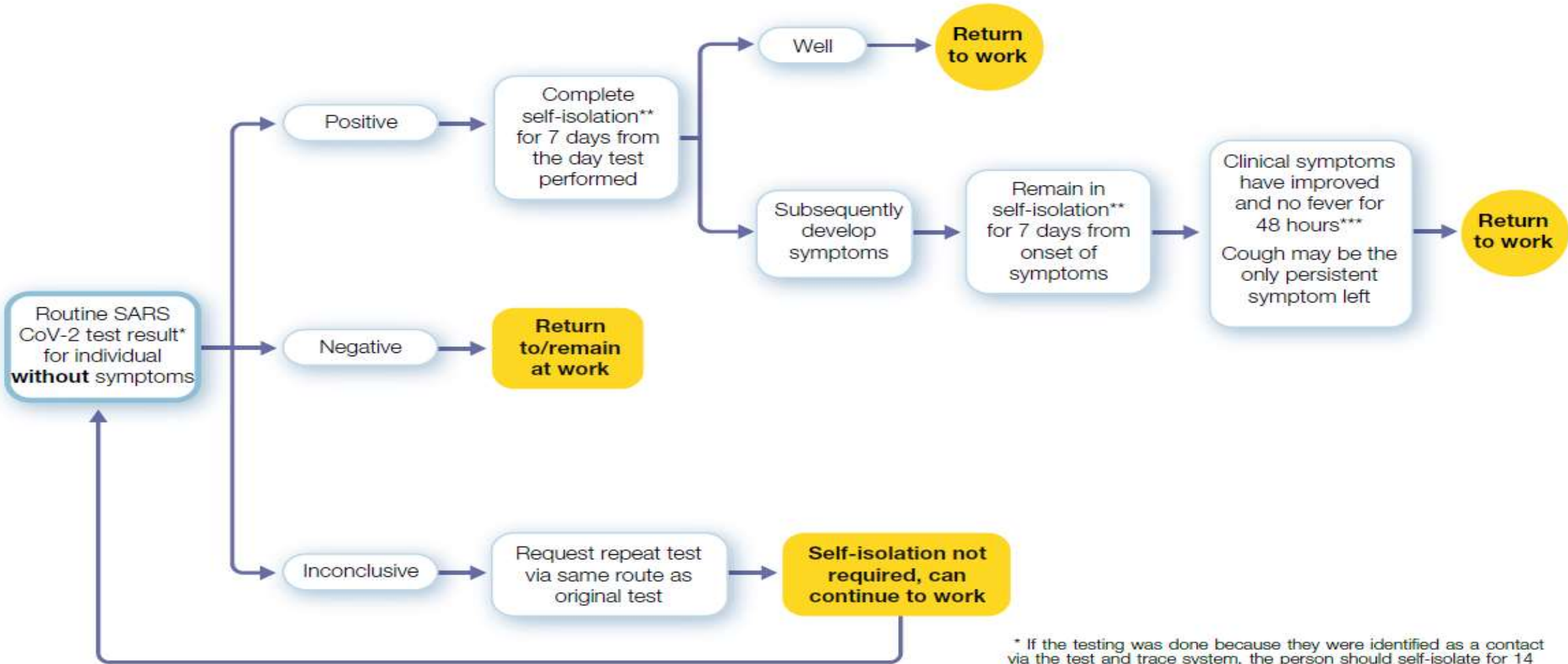
*** Consider contacting the NHS online coronavirus service, or in a medical emergency dial 999

**** Without medication

Version 2. 6 June 2020

Public Health England

Asymptomatic worker: flowchart describing return to work following a routine SARS-CoV-2 test*



* If the testing was done because they were identified as a contact via the test and trace system, the person should self-isolate for 14 days (refer to test and trace guidance)

** Refer to Stay at Home Guidance

*** Without medication

Version 2. 6 June 2020

If dental service continuity is compromised by staff absence

1. Inform NHS England and NHS Improvement
2. Update information on NHS and dental practice websites

NHS England and NHS Improvement will:

1. Work with you to put business continuity arrangements in place
2. Maintain access to services for patients
3. Inform the Regional Incident Coordination Centre who will notify the National Incident Coordination Centre

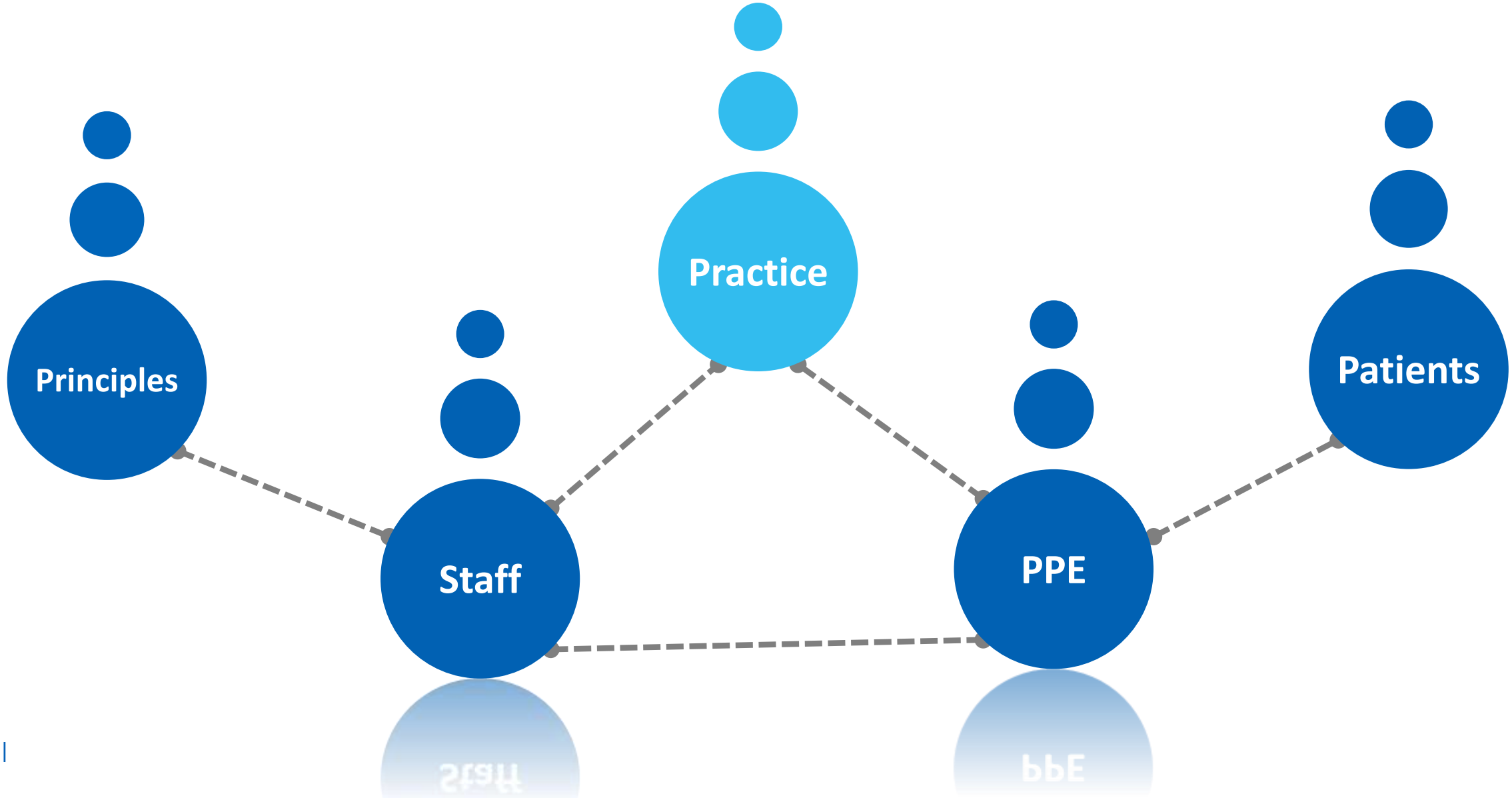
Staff

Supporting information

Consider the impact that the current unprecedented circumstances could have on the wellbeing of everyone who works in the practice and ensure appropriate support is in place

#LookingAfterYouToo

- Provides individual coaching support for primary care staff and can be accessed by video link or telephone with highly trained, experienced coaches
- This support is available to all dental staff and provides opportunities to process experiences, develop coping skills, deal with difficult conversations and develop strategies for self-management in difficult circumstances
- Dental staff can register and book individual coaching in a way and at a time of day that suits them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Practice

Considerations

Go through NHS England and Improvement (Midlands) checklist on **Preparation for reopening**

Update practice website, answerphone, policies, processes and clinical protocols

Ensure visibility of zero-tolerance policy to protect staff

Develop plan for sequencing and scheduling of patients

Plan patient flow through practice

Set up Interpretation Services

Do not allow patient escort for translation/ interpretation

Enhance decontamination processes

Ensure indemnity and employers liability arrangements in place

Practice

Environment considerations

Conform with social distancing measures where possible

Consider screens for reception

Consider using one-way system for patient flow if entrances/exits allow

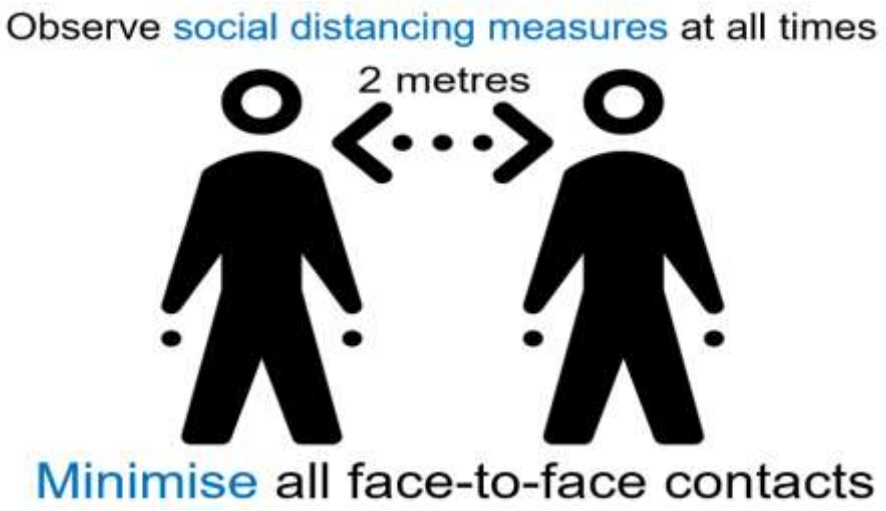
Rearrange waiting room; keep clean and clutter free

Mark zoning on chairs, flooring and practice pavement

Remove all non essential items from surgery work surfaces and waiting room

Remove fans that recirculate the air

Ensure good ventilation, particularly in surgery



Determine how many patients can safely be seen over what time period and in which surgeries

Practice

Supporting information

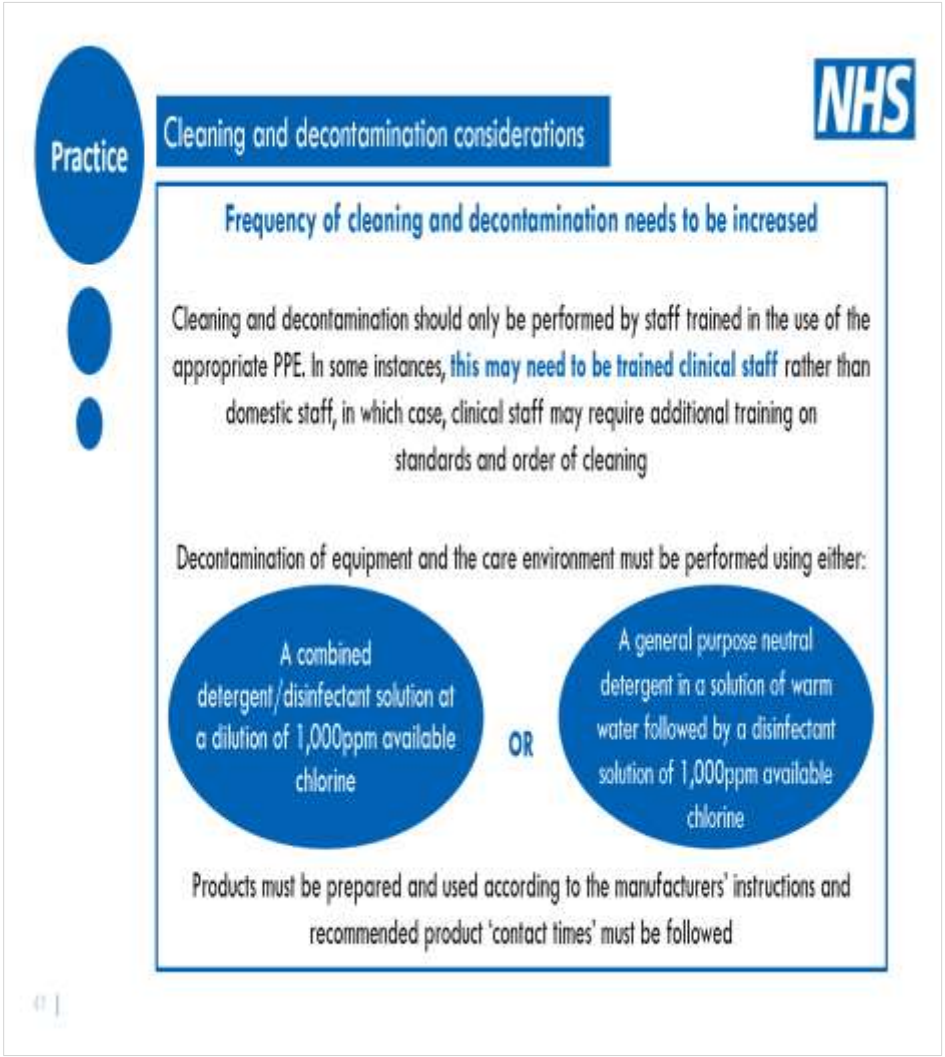
Air-conditioning

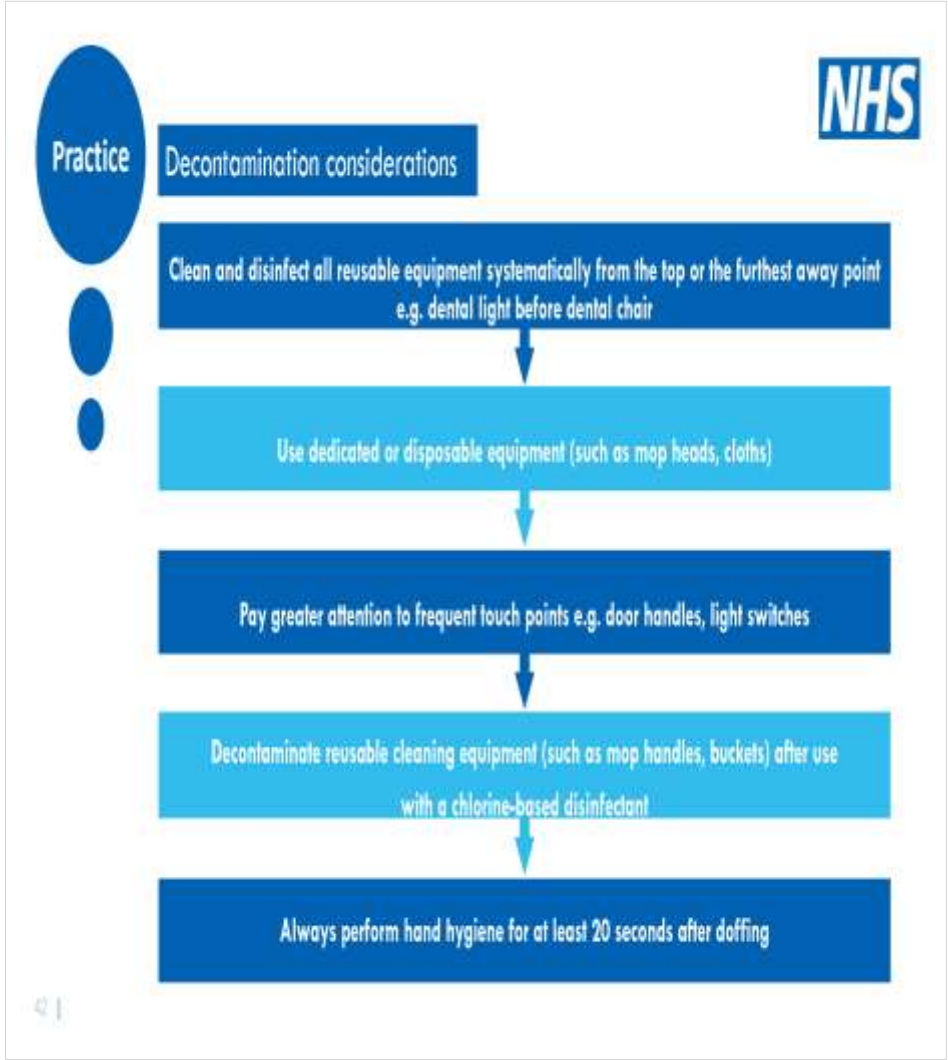
For the current outbreak, there is currently insufficient evidence to indicate transmission of viable virus through air vent and air conditioning systems

They could therefore potentially be used after undertaking a risk assessment

Practice

Decontamination considerations





Practice

Cleaning and decontamination considerations

Frequency of cleaning and decontamination needs to be increased

Cleaning and decontamination should only be performed by staff trained in the use of the appropriate PPE. In some instances, **this may need to be trained clinical staff** rather than domestic staff, in which case, clinical staff may require additional training on standards and order of cleaning

Decontamination of equipment and the care environment must be performed using either:

A combined detergent/disinfectant solution at a dilution of 1,000ppm available chlorine

OR

A general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm available chlorine

Products must be prepared and used according to the manufacturers' instructions and recommended product 'contact times' must be followed

Practice

Decontamination considerations

Clean and disinfect all reusable equipment systematically from the top or the furthest away point e.g. dental light before dental chair

Use dedicated or disposable equipment (such as mop heads, cloths)

Pay greater attention to frequent touch points e.g. door handles, light switches

Decontaminate reusable cleaning equipment (such as mop handles, buckets) after use with a chlorine-based disinfectant

Always perform hand hygiene for at least 20 seconds after doffing

Practice

Decontamination considerations

When an **AGP** has been used, 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** **before** **performing a terminal clean**. Windows to the outside in neutral pressure rooms can be opened

Electronic equipment

Disinfect mobile phones, desk phones and other communication devices, tablets, desktops and keyboards after use

Disposal of waste

- Discard all waste from asymptomatic patients as healthcare (clinical waste)
- Waste from possible or confirmed patients must be disposed of as Category B waste
- Hand hygiene must always be performed after waste disposal

Practice

Supporting information

Freshly laundered uniform/clothing should be worn each day

Change into and out of uniform at work, where possible

If own clothes are worn at work, consider getting T-shirts and trousers that are only used for work and can be washed at high temperature

Transport home in a disposable plastic bag or a closable fabric bag which can be washed alongside the uniform at the same time and temperature.

If a disposable plastic bag is used, discard into the household waste stream

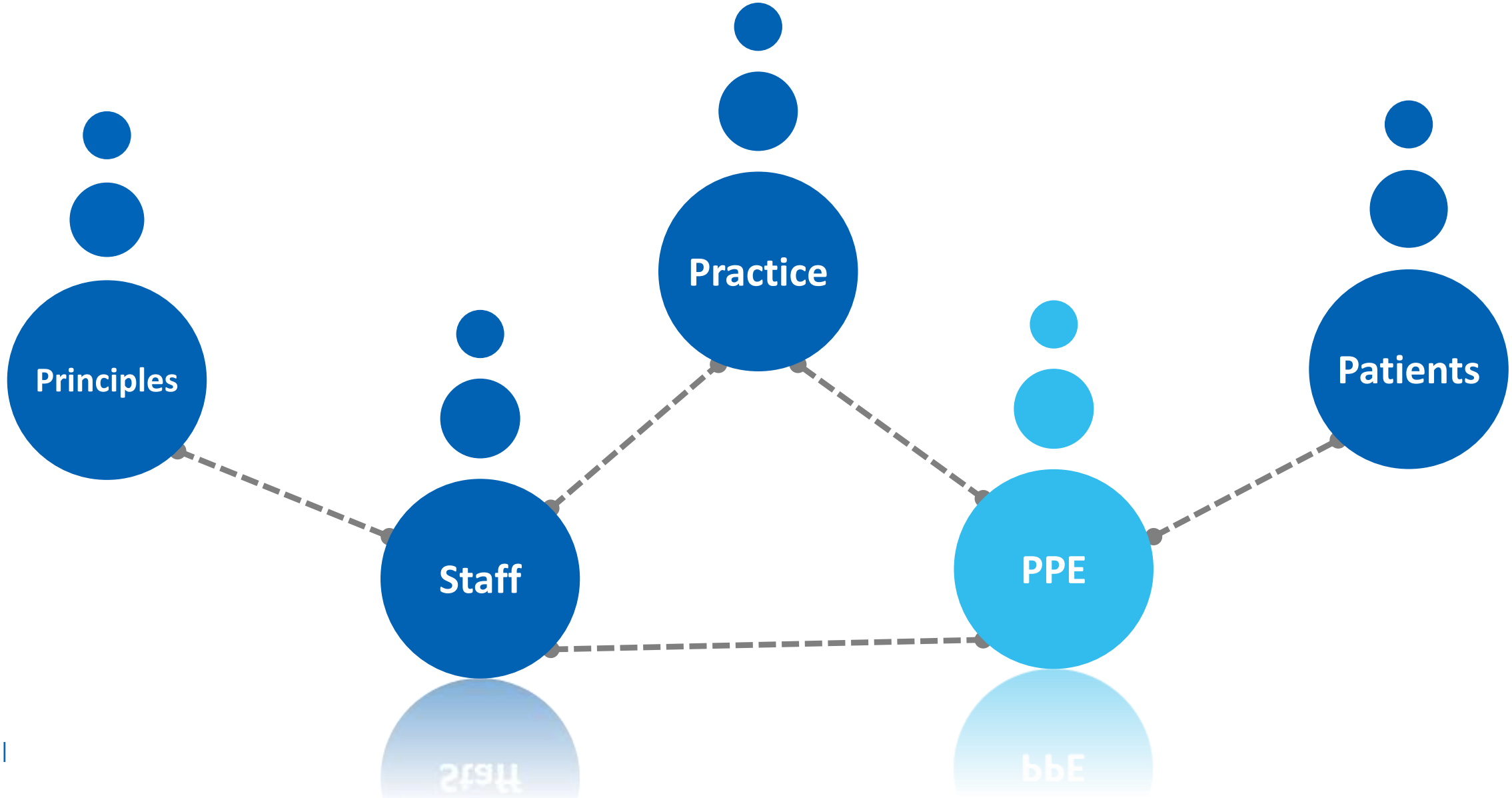
Wash uniform/clothing separately from other household linen, in a load not more than half the machine capacity.

Wash at the maximum temperature the fabric can tolerate, then iron or tumble-dry

Detergents (washing powder/liquid) and agitation release any soiling from the clothes, which is then removed by sheer volume of water during rinsing

Do not take any personal items into clinical area e.g. phones.

If personal items have to be taken into the clinical area, disinfect them before leaving work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PPE

Considerations

Check PPE availability

Update PPE requirements

Ensure PPE availability for patients (FRSM, tissues and hand gel)

Identify where PPE should be kept close to the area of use: **on a trolley or in a specific cupboard**

Reduce the risk of inadvertent self-contamination by ensuring all staff observe specific PPE doffing sequence

Identify areas that are safe to remove PPE (doffing areas):

- Ensure they are large enough
- Ensure that the bin is large and easy to use and not over-flowing
- Laminate and display PHE donning and doffing quick guide posters
- The area should be near a sink with liquid soap or have alcohol gel available nearby

PPE

Supporting information

	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
Eye protection***	No	Yes	Yes

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

**If wearing an FFP3 that is not fluid-resistant, a full-face shield/visor must be worn. Operators who are unable to wear FFP3 e.g. due to facial hair, religious head coverings should wear alternatives such as hoods.

***Eye protection ideally should be disposable. Re-usable eye and face protection (such as polycarbonate safety glasses/goggles) is acceptable if decontaminated between single or single sessional use, according to the manufacturer's instructions or local infection control policy. Regular prescription glasses are not considered adequate eye protection

PPE

Supporting information

Provide **FRSM** to all possible/confirmed patients (including asymptomatic household contacts) while being escorted into and out of practice

Risk assess provision of FRSM or requirements for face coverings for all other patients

Be aware that some patients are unable to use alcohol based hand gel and will therefore require access to **handwashing facilities**

Rooms/areas where PPE is removed must be decontaminated, ideally timed to coincide with periods **immediately after PPE removal**

The **sequence** for putting on (donning) and taking off (doffing) PPE should be observed in order to reduce the risk of inadvertent self contamination

NHS

Public Health England

Putting on personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

1. Perform hand hygiene before putting on PPE.

2. Put on apron and tie at waist.

3. Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.

4. With both hands, mould the metal strap over the bridge of your nose.

5. Don eye protection if required.

6. Put on gloves.

Public Health England

Taking off personal protective equipment (PPE)

for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

- **PPE should be removed in an order that minimises the risk of self-contamination**
- **Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area**

1. Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.

Hold the removed glove in the remaining gloved hand.

Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.

2. Clean hands.

3. Apron.

Unfasten or break apron ties at the neck and let the apron fold down on itself.

Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.

4. Remove eye protection if worn.

Use both hands to handle the straps by pulling away from face and discard.

5. Clean hands.

6. Remove facemask once your clinical work is completed.

Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7. Clean hands with soap and water.

COVID-19

Public Health England

Quick guide – gown version

Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs)

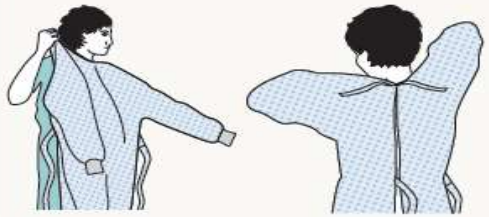
This is undertaken outside the patient's room.

Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Perform hand hygiene before putting on PPE

1 **Put on the long-sleeved fluid repellent disposable gown**



2 **Respirator**
Perform a fit check.

3 **Eye protection**

4 **Gloves**

COVID-19

Public Health England

Quick guide – gown version

Removal of (doffing) personal protective equipment (PPE) for aerosol generating procedures (AGPs)

PPE should be removed in an order that minimises the potential for cross contamination.

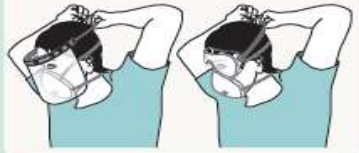
The order of removal of PPE is as follows:

1 **Gloves –**
the outsides of the gloves are contaminated

Clean hands with alcohol gel

2 **Gown –**
the front of the gown and sleeves will be contaminated

3 **Eye protection -**
the outside will be contaminated



4 **Respirator**
Clean hands with alcohol hand rub. Do not touch the front of the respirator as it will be contaminated

5 Wash hands with soap and water

COVID-19

Public Health England

Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs) – Gown version

Use safe work practices to protect yourself and limit the spread of infection

- keep hands away from face and PPE being worn
- change gloves when torn or heavily contaminated
- limit surfaces touched in the patient environment
- regularly perform hand hygiene
- always clean hands after removing gloves

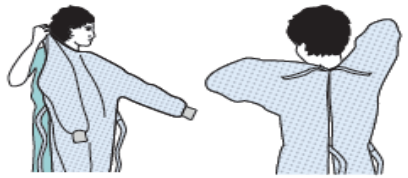
Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Putting on personal protective equipment (PPE). The order for putting on is gown, respirator, eye protection and gloves. This is undertaken outside the patient's room.

Perform hand hygiene before putting on PPE

1 **Put on the long-sleeved fluid repellent disposable gown** - fasten neck ties and waist ties.



2 **Respirator.**
Note: this must be the respirator that you have been fit tested to use. Where goggles or safety spectacles are to be worn with the respirator, these must be worn during the fit test to ensure compatibility

Position the upper straps on the crown of your head, above the ears and the lower strap at the nape of the neck. Ensure that the respirator is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit. If a good fit cannot be achieved **DO NOT PROCEED**

Perform a fit check. The technique for this will differ between different makes of respirator. Instructions for the correct technique are provided by manufacturers and should be followed for fit checking

3 **Eye protection** - Place over face and eyes and adjust the headband to fit

4 **Gloves** - select according to hand size. Ensure cuff of gown covered is covered by the cuff of the glove.

COVID-19

Public Health England

Removal of (doffing) personal protective equipment (PPE) for aerosol generating procedures (AGPs) – Gown version

PPE should be removed in an order that minimises the potential for cross contamination. Unless there is a dedicated isolation room with ante room, PPE is to be removed in as systematic way before leaving the patient's room i.e. gloves, then gown and then eye protection.

The FFP3 respirator must always be removed outside the patient's room.

Where possible (dedicated isolation room with ante room) the process should be supervised by a buddy at a distance of 2 metres to reduce the risk of the healthcare worker removing PPE and inadvertently contaminating themselves while doffing.

The FFP3 respirator should be removed in the anteroom/lobby. In the absence of an anteroom/lobby, remove FFP3 respirator in a safe area (e.g., outside the isolation room).

All PPE must be disposed of as healthcare (including clinical) waste.

The order of removal of PPE is as follows:

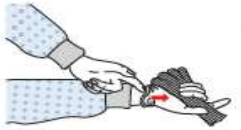
1 **Gloves – the outsides of the gloves are contaminated**

Firstly:

- grasp the outside of the glove with the opposite gloved hand; peel off
- hold the removed glove in gloved hand

Then:

- slide the fingers of the un-gloved hand under the remaining glove at the wrist
- peel the remaining glove off over the first glove and discard



Clean hands with alcohol gel

2 **Gown – the front of the gown and sleeves will be contaminated**

Unfasten neck then waist ties

Pull gown away from the neck and shoulders, touching the inside of the gown only using a peeling motion as the outside of the gown will be contaminated

Turn the gown inside out, fold or roll into a bundle and discard into a lined waste bin

3 **Eye protection (preferably a full-face visor) - the outside will be contaminated**

To remove, use both hands to handle the retraining straps by pulling away from behind and discard.

4 **Respirator** – In the absence of an anteroom/lobby remove FFP3 respirators in a safe area (e.g., outside the isolation room). Clean hands with alcohol hand rub.

Do not touch the front of the respirator as it will be contaminated

- lean forward slightly
- reach to the back of the head with both hands to find the bottom retaining strap and bring it up to the top strap
- lift straps over the top of the head
- let the respirator fall away from your face and place in bin

5 **Wash hands with soap and water**

NHS

Public Health England

Putting on (donning) personal protective equipment (PPE) including coveralls for aerosol generating procedures (AGPs)

Use safe work practices to protect yourself and limit the spread of infection

- keep hands away from face and PPE being worn
- change gloves when torn or heavily contaminated
- limit surfaces touched in the patient environment
- regularly perform hand hygiene
- always clean hands after removing gloves

Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Putting on personal protective equipment (PPE). The order for putting on is coverall, respirator, eye protection and gloves. This is undertaken outside the patient's room.

1 Don the coveralls

- Step into coveralls
- Pull up over waist
- Insert arms into sleeves, if thumb hoops available then hoop these over your thumbs, ensure sleeves cover end of gloves so no skin is visible
- Pull up over the shoulders
- Fasten zip all the way to the top

Do not apply the hood of the coverall as there is no requirement for airborne transmission.

Steps 2 to 4 overleaf >

2 Respirator

Note: this must be the respirator that you have been fit tested to use. Eye protection always be worn with a respirator. Where goggles or safety spectacles are to be worn with the respirator, these must be worn during the fit test to ensure compatibility.

Position the upper straps on the crown of your head, above the ears and the lower strap at the nape of the neck.

Ensure that the respirator is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit.

If a good fit cannot be achieved DO NOT PROCEED. Perform a fit check.

The technique for this will differ between different makes of respirator. Instructions for the correct technique are provided by manufacturers and should be followed for fit checking.

3 Eye protection

Place over face and eyes and adjust the headband to fit

4 Gloves

- Select according to hand size
- ensure cuff of coverall is covered by the cuff of the glove

Public Health England

Removal of (doffing) personal protective equipment (PPE) including coveralls for aerosol generating procedures (AGPs)

PPE should be removed in an order that minimises the potential for cross contamination. PPE is to be removed carefully in a systematic way before leaving the patient's room i.e. gloves, then gown/coverall and then eye protection.

The FFP2/3 respirator must always be removed outside the patient's room. Where possible in a dedicated isolation room with ante room or at least 2m away from the patient area.

This is to reduce the risk of the healthcare worker removing PPE and inadvertently contaminating themselves or the patient while doffing.

The FFP2/3 respirator should be removed in the anteroom/lobby. In the absence of an anteroom/lobby, remove FFP2/3 respirator in a safe area (e.g., outside the isolation room). All PPE must be disposed of as infectious clinical waste.

1 Firstly, grasp the outside of the outside of the glove with the opposite gloved hand; peel off

Hold the removed glove in gloved hand

Then, slide the fingers of the ungloved hand under the remaining glove at the wrist

Peel the remaining glove off over the first glove and discard

Clean hands with alcohol hand gel or rub

Removal of (doffing) personal protective equipment (PPE) including coveralls for aerosol generating procedures (AGPs)

2 Remove coveralls

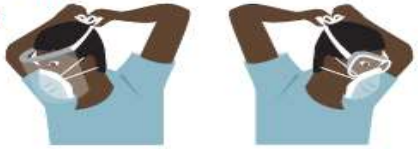
- Tilt head back and with one hand pull the coveralls away from your body
- With other hand run your hand up the zip until you reach the top and unzip the coveralls completely without touching any skin, clothes or uniform following the guidance of your buddy
- Remove coveralls from top to bottom. After freeing shoulders, pull arms out of the sleeves
- Roll the coverall, from the waist down and from the inside of the coverall, down to the top of the shoes taking care to only touch the inside of the coveralls
- Use one shoe covered foot to pull off the coverall from the other leg and repeat for second leg. Then step away from the coverall and dispose of it as infectious waste

3 Clean hands with alcohol hand gel or rub

4 Eye protection

(preferably a full face visor – goggles can be used as an alternative) – the outside will be contaminated

To remove, use both hands to handle the restraining straps by pulling away from behind and discard



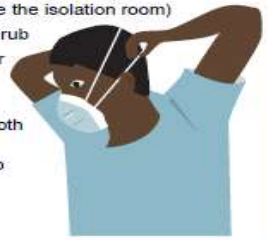
5 Respirator

In the absence of an anteroom/lobby remove FFP2/3 respirators in a safe area (e.g., outside the isolation room)

Clean hands with alcohol hand gel or rub

Do not touch the front of the respirator as it will be contaminated

- lean forward slightly
- reach to the back of the head with both hands to find the bottom restraining straps and bring it up to the top strap
- lift straps over the top of the head
- let the respirator fall away from your face and place in bin



6 Clean hands with soap and water

PPE

Supporting information

All respirators should:

- be well fitted, covering both nose and mouth
- be fit-tested on all staff undertaking AGPs to ensure an adequate seal/fit according to the manufacturers' guidance
- be fit-checked (according to the manufacturers' guidance) by staff every time a respirator is donned to ensure an adequate seal has been achieved
- not be allowed to dangle around the neck of the wearer after or between each use
- not be touched once put on
- be compatible with other facial protection used such as protective eyewear so that this does not interfere with the seal of the respiratory protection
- be 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
- be removed outside the dental surgery where AGPs have been generated in line with doffing protocol
- be shrouded with a full-face visor if a valved non-fluid resistant FFP3 is used
- cleaned accorded manufacturer's instructions if re-usable
- all surgery staff should be specifically fit-tested and fit-checked for the specific make and model of the FFP3 respirators if AGPs are undertaken. If the model of the FFP3 respirators change, fit-testing and fit-checking must be undertaken in accordance with that manufacturer's guidance.

PPE

Supporting information

Operators who are
unable to wear respirators
e.g. due to facial hair, religious head coverings
should wear alternatives such as **hoods**

Other respirators (apart from FFP3) can be used if they comply with
HSE recommendations

PPE

Supporting information

Sessional use refers to using PPE for a period of time

During this period you may be looking after more than one patient

The items that can be used *sessionally* are the ones that protect the health worker from that patient (mask and eye protection)

Items that protect both the patient and the health care worker cannot be used in this way (gloves and apron) and must be changed between patients

Advantages of single sessional use of PPE:

- Theoretically reduces risk of self contamination by reducing face touching when doffing
- Can reduce the number of masks and eye protection used
- Facilitates delivery of efficient clinical care

PPE

Supporting information

Single sessional use should always be risk assessed

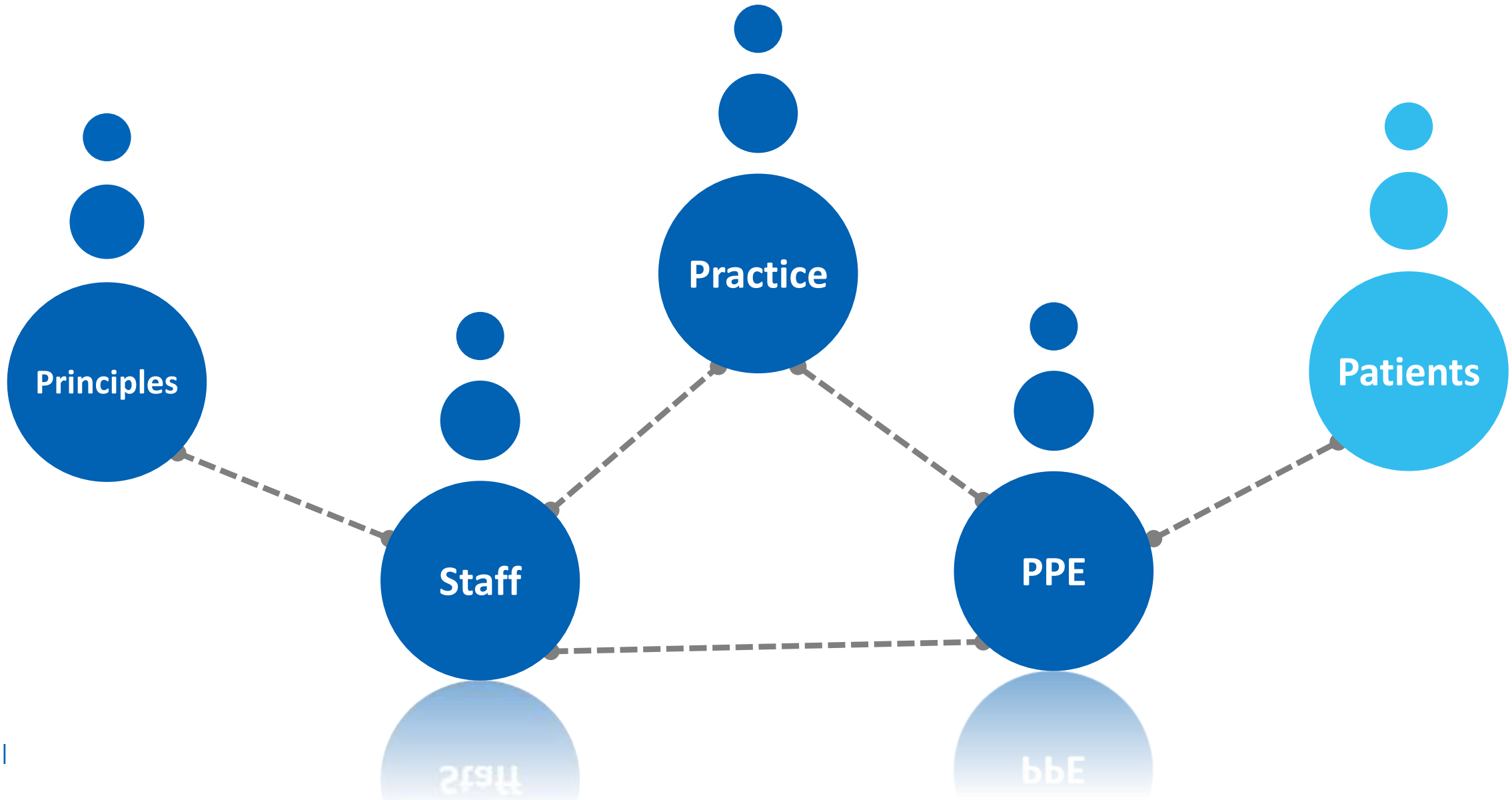
Usual dental practice involves the disposal of FRSM after each patient

Under the current circumstances, single sessional use instead of single patient use should be risk assessed

FFP3/FFP2/N95 respirators have a large capacity for the filtration and retention of airborne contaminants

Sessional use can be used in dental practice

A full-face visor changed between patients will protect the respirator from droplet/splatter contamination if this is to be used for a session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Considerations

All patients to be provided with remote triage

Consider video consultations

Undertake COVID-19 risk assessments for all patients

All patients to receive advice, analgesia and antimicrobials (where appropriate)

Refer those requiring Emergency Care

Ensure appropriate scheduling arrangements

Prepare for patient arrival

Patient management process

Patient discharge and referral

COVID-19 risk-assessment: STEP 1

Q1:	Q2:	Q3:	Q4:	Q5:
Have you tested positive for COVID-19 in the last 7 days?	Are you waiting for a COVID-19 test or the results?	Do you or anyone in your household have any of the following symptoms: • New, continuous cough*; • High temperature or fever; • Loss of, or change in, sense of smell or taste?	Do you live with someone who has either tested positive for COVID-19 or had symptoms of COVID-19 in the last 14 days?	Have you been notified by NHS Test and Trace in the last 14 days that you are a contact of a person who has tested positive for COVID-19 and you do not live with that person?

* A new, continuous cough means coughing for longer than an hour, or three or more coughing episodes in 24 hours. If the patient usually has a cough, it may be worse than usual

If a patient answers **'NO'** to **ALL** of the questions, they can be regarded as **ASYMPTOMATIC**

If the patient answers **'YES'** to **ANY** of the questions, they should be regarded as **POSSIBLE/CONFIRMED COVID-19**

Note: A patient who has recovered from COVID-19 or who has completed a period of self isolation, can be regarded as **ASYMPTOMATIC**. Even though the coronavirus infection has cleared, a cough may persist for several weeks in some people and the loss of, or change in, sense of smell or taste may also linger. As long as they have completed the period of self-isolation of 7 days, they can be regarded as **ASYMPTOMATIC**.

COVID-19 risk assessment: STEP 2

Identify

If the patient is within the following groups:

- Shielded
- Clinically vulnerable
- Care Home resident

People who are clinically extremely vulnerable (shielded) should have received a letter advising them to shield of have been told by their GP or hospital clinician

Isolation period for Care Home residents is 14 days (not 7 days) for those who are symptomatic and regarded as contacts

Significant efforts should be made to ensure that shielded patients are separated from other patient groups, if they need to be seen

Patients

Considerations for prescribing

In line with social distancing measures and minimising face to face contact, remote prescribing should be adopted. **This does not mean** the active prescription of antibiotics is always required

Refer to the BNF for comprehensive information on contraindications, cautions, drug interactions and side effects. Be aware that prescribing for some patient groups might differ. Examples include the elderly, patients who are immunocompromised or with hepatic or renal problems, patients who are pregnant and nursing mothers

During the COVID-19 pandemic, it is advisable to liaise with local pharmacy colleagues to ensure that the drugs being prescribed are available

Antibiotics should only be considered if a bacterial infection is causing the symptom

Irreversible pulpitis is not caused by a bacterial infection and antibiotics are inappropriate

Advise patients to recontact the practice if symptoms persist or worsen

Any child who requires antimicrobials for a swelling should be considered for an assessment and placed on the appropriate pathway of care

Patients

Considerations for patients requiring Emergency Care

If the patient is in acute distress and time is of the essence, **call 999**

For potentially **life-threatening cases** i.e. those with increasing swelling affecting swallowing and mouth opening/uncontrollable haemorrhage:

01 Ascertain COVID19 status of the patient

02 Ring the switchboard of the appropriate hospital

03 Ask for them to bleep the OMFS team

04 Discuss the case with the designated person

05 Receive advice on where the patient should attend

Contact OMFS prior to referring patient to ED to reduce the risk of patient being turned away

Possible or confirmed COVID-19 patients

(including asymptomatic contacts)

- In Hours – OMFS on call
- Out of Hours – COVID ED

It is important to inform them if the patient has a long-term condition as alternative arrangements will need to be made

Asymptomatic patients

- In Hours – OMFS department
- Out of Hours - OMFS on call

Patients

Considerations for scheduling patients

Schedule patients for appointments ensuring separation in time and place as follows:

1. Asymptomatic patient

It is recommended that patients in Categories 2, 3 and 4 beneath are referred to Urgent Dental Care sites until phased resumption is complete. Staff treating these patients should not also treat asymptomatic patients.

Once phased resumption is complete, all possible or confirmed cases of COVID-19 should be:

Provided with FRSM (where tolerated) whilst being escorted

Taken straight to surgery and must not wait in communal areas

Placed at the end of the list where feasible

Significant efforts should be made to ensure that shielded patients are separated from other patient groups. They could be seen in any of the following ways:

- in the morning only (allowing maximum time for air clearance/ventilation overnight)
- in a surgery which minimises the number of people passing
- provided with a domiciliary visit by a dedicated dental team

Patients

Preparations for patient arrival

Patients

Checklist prior to patient arrival

1. Identify need for **interpreter** (including British Sign Language) and/or **disabled access**
2. Undertake **COVID-19 assessment** to ensure appropriate scheduling of patient
3. Inform **no escort** allowed unless parent/carer (undertake COVID-19 assessment on them and they need to be from same household). Escort not allowed for translating
4. Discuss **payment options** preferably over the phone/contactless or bring **exemption evidence**
5. Prepare patient for **PPE appearance** and advise to call the practice on arrival and **wait to be invited into the practice**

Patients

Checklist on patient arrival

- Patient to call practice and wait in car until invited, if possible
- Ensure virtual access to interpreter, if required
- Ensure no changes to COVID-19 assessment before patient enters practice
- Patient to perform hand hygiene for at least 20 seconds on arrival in practice
- Risk assess the provision of FRSM while escorted to surgery
- Advise patient not to touch any surfaces and maintain 2m social distance, where possible

Patients

Considerations for patient management

1. Manage patients' condition with as little intervention as possible to **minimise exposure risk**
2. Where possible, **AGPs should be avoided** and should only be used when absolutely necessary
3. Carry out any procedure with patient and only staff who are needed; with the **doors shut**
4. Reduce risk of droplet contamination by using **high speed suction and rubber dam**
5. Complete dental treatment in **one visit**, wherever possible

Patients

Considerations for patient management

Additional notes for patients with dry socket

- People who smoke or use tobacco are at a much higher risk of developing dry socket after tooth extraction
- Provide additional specific advice to patients who smoke that they are at increased risk of more severe COVID-19 infection, if they get it.

Additional notes for patients with trauma

- There are limited opportunities for those enduring domestic violence to leave their homes; making them more vulnerable
- Professional curiosity and vigilance is required to support patients who may be affected.

Patients

Checklist and considerations on patient discharge

Patient to perform hand hygiene for at least 20 seconds before leaving dental practice

Symptomatic and confirmed patients to be provided with FRSM (if tolerated) while escorted out of dental practice

Provide usual post-operative instructions to all patients who have had a tooth extracted, with additional specific advice to smokers about the increased risk of more severe COVID-19 infection, if they get it. Signpost patients to:

NHS SmokeFree	QuitforCovid

Reduce the risk of patient requiring another episode of urgent dental care and prescribe fluoride mouth rinses or high concentration fluoride toothpaste, as appropriate for those giving concern as well as dietary and self-care advice

Patients

Use local referral systems for

Potentially **life-threatening cases** i.e. those with increasing swelling affecting swallowing and mouth opening/uncontrollable haemorrhage to the local Emergency Department

Possible/confirmed patients to Urgent Dental Care Centres while phasing in full resumption of NHS dental services

All non-traumatic lesions that have been present for over three weeks via the **two-week-wait pathway**

Patients

Cardio Pulmonary Resuscitation

Chest compressions and defibrillation (as part of resuscitation) are **not considered AGPs;** first responders (in any setting) can commence chest compressions and defibrillation without the need for AGP PPE while awaiting the arrival of other clinicians to undertake airway manoeuvres

Dental practices may choose to advise their clinical staff to wear FFP3 respirators, gowns, eye protection and gloves when performing chest compressions but it is strongly advised that there is **no potential delay** in delivering this **life saving intervention**

STAY ALERT
CONTROL THE VIRUS
SAVE LIVES

THANK YOU