All change please: 2020 in the dental practice

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looks at the
significant
changes
required for

dental practices to safely
reopen their doors after
the COVID-19 lockdown.

Introduction

2020 has been an unprecedented and surreal year as the world faces the truly powerful COVID-19 pandemic. The impact in the field of dentistry has been profound.

As of 8 June, dental practices began to reopen in England post-lockdown followed by the devolved nations. The challenges were numerous, including but most definitely not limited to the lack of personal protective equipment (PPE), the potential risks of aerosol generating procedures (AGPs), fallow time, infection control, vague guidance at times and the requirement of sudden and infinite amount of changes in practice. In this article the significant changes and how they can be incorporated into practice will be outlined.

UK COVID-19 alert levels

The alert level has a range of 5 to 1 where 5

indicates the necessity of a strict lockdown and where 1 indicates that the UK is safe and the virus is no longer present. Currently the UK is at 3 which is a substantial alert level depicting the virus is in general circulation and certain restrictions will need to remain in place. It is expected that the UK will remain between 4 and 2 and this will be associated with the level of restrictions placed. This will also cascade down into the dental practices especially if the dreaded second wave of this pandemic occurs. It is imperative to keep current and mindful of the various advice and guidance.

General Dental Council (GDC)

The GDC stated the following on 21 May 2020:

Expert advice on the clinical aspects of COVID-19 will continue to come from the health authorities of the four nations and we will continue to signpost to this guidance as and when it is updated. But that guidance will inevitably not cover every potential scenario, and therefore, dental professionals will need to continue exercising their professional judgement and weigh the risks in any given situation. They will also need to continue to assess whether they are trained, competent and indemnified to carry out the activity in question. However, in the recent joint statement from the healthcare regulators we said that we understand that in highly challenging circumstances, professionals may need to depart from established procedures to care for patients and that should concerns be raised, relevant environmental and human factors would be taken into account.

It is important to remember that the GDC is our professional regulator and as such any specific guidance will come from other relevant bodies and organisations.

Care Quality Commission (CQC)

The CQC released their own statement on 9 May 2020:

As part of our regulatory function we will assess the extent to which providers are providing an appropriate level of safety within the context of our regulations. In doing so we will refer to prevailing guidance, not limited to but including guidance from PHE, the CDO and GDC to help us reach a judgement on the extent to which the service currently being provided complies with our Regulations.

Once again, we note that the CQC is solely concerned with the safe running of dental practices and they too do not create any guidance on how to deal specifically with Covid-19.

COVID-19 Lead

We have been overwhelmed with various COVID-19 advice and guidance that relate to dentistry. Practices will need to be aware of all current and relevant guidance. Therefore, it is recommended that practices appoint a COVID-19 Lead. This person is not an expert but rather a central point of contact for all COVID-19 queries and concerns. The Lead will have to implement any changes required at the practice and oversee the general compliance to the general guidance and the practice's policies. As guidance has been rapidly evolving it would be helpful to have one person at the practice who keeps up with it all and carry out the necessary changes in the practice.

Dental practice reception

The patient journey begins at the reception of the practice and as such it is important to organise the area as best as possible. Consideration should be given to posting a sign on the main entrance stating that patients with appointments should enter whilst all other enquiries should be carried out over the phone. Patients should be screened for COVID-19 symptoms (high temperature, new and continuous cough and/or loss or change of smell or taste). Although there has been much publicity on universal temperature checks, this

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is not mandatory. Upon entry patients should be asked to wash their hands with soap/water or hand sanitiser. Waiting room chairs should be placed two metres apart. All non-essential items should be removed from the reception. All staff should wear a face mask or shield where the two metres distance cannot be maintained. Decontamination of all shared areas must be carried out throughout the day and a regular schedule should be maintained.

Staff

All staff should be risk assessed on a regular basis. Consideration would need to be given for vulnerable members of the practice. It would be good practice to screen for any symptoms upon arrival at the practice while maintaining confidentiality.

Appropriate risk assessments should be carried out for all members of staff and any necessary changes should be implemented at practice level. This is specifically important for vulnerable colleagues and those who identify themselves with being from Black, Asian and Minority Ethnic (BAME) communities as they are at a higher risk of being affected by COVID-19.

Staff should be made aware of monitoring their own symptoms or if they have been in contact with someone who has tested positive for COVID-19.

It is helpful to offer appropriate training to staff and have regular meetings to discuss providing dentistry safely during COVID-19.

Uniforms

All staff must put on and take off their uniforms at work. Ideally uniforms should be cleaned at work or consideration may be given to sending uniforms to a laundry service. If this is not possible then uniforms should be taken home for washing in a dissolvable single use bag, plastic bag or pillowcase. The uniforms should not be washed with other household clothing. It is suggested to only fill the machine at 50% capacity to ensure appropriate cleaning. Uniforms should be washed for at least 30 minutes at 60 degrees or 10 minutes at 80 to 90 degrees followed by tumble drying and/or ironed. Uniforms must be changed daily.

PPE

The challenge of acquiring PPE is very real and stressful but absolutely mandatory to have appropriate PPE prior to carrying out various dental procedures.

Face masks

For non-AGPs a Type II Fluid Resistant Surgical Mask (FRSM) are suitable. FFP2 or FFP3 masks are required for AGPs; both of

these need to be fit tested. Anything other than the FFP2/FFP3 mask does not offer sufficient protection to the dental professional and as such puts that person at an increased risk of exposure.

If someone has failed multiple fit testings of various FFP2 or FFP3 masks a powered air purifying respirator (PAPR) hood may be considered. This option is also suitable for those with facial hair or with certain skin conditions. The PAPR hood is reusable and does not require fit testing. However, PAPR hoods do not have a valve and therefore filter expired air through the mask.

Eye protection

A full face shield or visor is recommended for AGPs. Single use eye protection is recommended for AGPs.

Gloves

Disposable gloves must be worn for all procedures and are single use as before.

Surgical caps, shoe covers and aprons

Surgical caps and shoe covers are not mandatory but may provide extra protection.

Disposable gowns should be used for all dental procedures. Sleeveless aprons can be used for non-AGPs and full length gowns with sleeves should be used for AGPs.

Donning and doffing of PPE

Ideally separate rooms/surgeries should be used for donning (putting on) and doffing (taking off) PPE. If the dental practice does not have the space or ability to offer separate surgeries for donning and doffing, it has been suggested that the dental team are able to don in a clean surgery before the patient arrives. PPE can be doffed after the procedure in the surgery except the face mask and eye protection which should be removed outside of surgery and disposed of appropriately.

Fallow

There has been much discussed about fallow times post-AGP. This is the time the surgery is left empty and closed while the aerosol settles post-AGP. Currently the time for fallow is 60 minutes for AGPs. This time can be reduced depending on mitigation (eg high-volume suction, rubber dam, amount of ventilation/air extraction, etc) however there is no accepted quantification of how much the fallow time can be reduced. In addition, there has been much scrutiny regarding the one-hour fallow period as there is scant evidence on how this time has been reached. In the coming weeks there may be further guidance

and/or amendments on this time.

There is no fallow period for non-AGP and cleaning can start in the usual manner.

Aerosol generating procedures

More recently there has been debate suggesting that perhaps AGP is not the correct terminology but rather Aerosol Generating Exposure (AGE) more aptly covers the wide range of aerosol being created. AGE is a comprehensive term that includes everything from breathing, coughing, sneezing, etc to complicated aerosol generating medical/dental procedures. In any case if aerosol is being generated the surgery door should remain closed.

Examples of AGPs are the use of ultrasonic scalers, high pressure 3:1 syringes, air turbines and so forth. Non-AGPs include but are not limited to dental exams, orthodontic treatment, hand scaling, etc. It is imperative that one is aware which dental procedure falls into which category so that the right PPE can be worn and correct infection control measures are in place.

Surgery decontamination

The surgery can be decontaminated using a fluid-resistant surgical mask (FRSM), eye protection and plastic aprons. Hypochlorite/chlorine based solutions are recommended for disinfection. All surfaces should be cleaned using a detergent followed by virucidal agent. Manufacturer's instruction should be followed. Floors should be mopped after AGP or if no high-risk procedure was carried out then it can be done after the end of a session.

Dental practice policies and procedures

The dental practice should have robust policies and procedures stored either online or centrally available where all staff can go to seek further guidance. This will need to be adapted to current guidance and tailored to the practice. Without a doubt, practices have always had stringent infection control regimens so we already had a foundation from which we could continue forward.

Conclusion

The impact of COVID-19 has been significant and stressful both personally and professionally. A holistic approach should be taken and all guidance implemented in the practice for the safety of you and your patients.

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