Infection control from our patients' perspective

Incorporating enhanced infection control measures was never going to be a one-size-fits-all affair for dental practices, says **Julie Deverick**,¹ but patients should feel reassured when they attend appointments.

By now, most if not all practice teams are back at work. If there were a few operational hiccups when you initially returned, hopefully these will have been ironed out and you're into a good rhythm.

If your practice was one of those that did not open on the earliest possible date, it would have been because you were not ready to do so. Safety – both for your patients and the team – has always been fundamental to the delivery of quality oral care. We are

all well-versed in infection control; we have been on courses, listened to lectures, acted on guidance from official bodies and professional associations of which we are members. For many years, patients have attended our practice, blissfully unaware of all the processes and protocols that were keeping them safe and protected. They have waited in busy receptions, letting their children play with the toys on offer, with little thought to cross-contamination. It wouldn't have mattered if they were 15 minutes early, they

could take a seat (which had been sat on by about ten other people that day) and flick through a vintage copy of *Hello!*. Now many have concerns, and feel anxious about coming in. They might decide it would be better to ignore the toothache or sore gums and take a paracetamol.

the procedure, will be worn by everyone in the dental team. The new protocols must be clear to everyone: displayed in and outside the practice, on your website, emailed to every patient or run through over the phone: whatever is appropriate. Incorporating the enhanced measures was never going to be

make the very most of our role. How we navigated and continue to manage the issue of infection control will be key particularly to how we ensure the enhanced measures do not hinder our relationships with our patients.

The British Society of Dental Hygiene and Therapy (BSDHT) is a community of dental hygienists and dental therapists who share a commitment to quality patient care and clinical excellence. It has produced excellent 'back to work' resources as well as offering its members a place to connect and share ideas in a positive, proactive space. It welcomes students too. We have so much work to do to improve the nation's oral health and we need motivated, energetic individuals to help us achieve our goal.

If you're a dental hygienist or dental therapist who has always loved getting to know your patients, and having good conversations with them beyond brushing, the thought of now being a pair of eyes behind some rather sci-fi-looking PPE is incredibly sad. But we must keep getting our message out. There will be a greater focus on the home-care regimen now and you may be offering remote

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But with even basic infection control measures being more visible, they can feel reassured. What might they expect to see? More visible surface and hand hygiene, including a requirement to use hand sanitiser before entering and on leaving. Patients might be required to wait outside the practice before their appointment and expect a temperature check on arrival. Being asked to stay home if they feel unwell. The increased use of remote consultations. Scheduling that allows for a deep clean between patients. More visible PPE – not just gloves and surgical masks but aprons, disposable gowns or other protective clothing, additional eye and face protection such as a respirator which, depending on

a one-size-fits-all affair. No two practices are ever the same, even in the same town. Practices deliver different procedures and might have more or less space to work with than their closest neighbour.

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Author information

¹President of the British Society of Dental Hygiene and Therapy (BSDHT) Julie has over 30 years of experience as a dental hygienist, during which time she has also gained skills in teaching, management and administration which help her in her BSDHT role. Julie continues to work in practice so she understands some of the frustrations and limitations of the job which is why she is keen to continue supporting members of BSDHT by working with the Executive Committee and others, to break the barriers that confine dental hygienists and dental therapists in the workplace.

For practitioners, there has been confusion around certain issues, for example, the use of the slow handpiece for polishing (is it an AGP? Would/do you feel comfortable using it?). These have turned out to be deeply personal questions. Understandably, there has been pressure on principals, as – even before they returned to work – practitioners were able to read and share evidence around infection control from different sources, then think about how it applied to their work. The World Health Organisation (WHO) produced guidance about face masks in healthcare settings in June; that's just one source. Anyone who has been using dental social media or chat boards can't have failed to miss the lively debates about safety. We're a deep pool of talent, skills, and experience. Connecting with colleagues is the best way to get support, advice and ultimately

preventive-maintenance consultations, as referred to earlier. Again, focus on what works for your practice and your patients.

Infection control has always been a concern, but the volume has been dialled up to 10 this year. Read the guidance, be aware when recommendations change, connect with colleagues, share ideas, look at what other practices are doing. Tell your patients that this has always been a part of our job and help them access oral health support and advice in any way you can; do whatever it takes to keep these relationships strong.

For more information about the BSDHT, visit www.bsdht.org.uk, call 01788 575050 or email enquiries@bsdht.org.uk.

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