

IMPLICATIONS OF COVID-19 FOR THE SAFE MANAGEMENT OF GENERAL DENTAL PRACTICE

Synopsis

Version 2. Revised October 2020



Objective

The objective of the guidance is to support the Dental Health Care Worker (DHCW) to take a risk and evidence-based approach to providing dental care with regard to the SARS-CoV-2 pandemic. It sets out minimum requirements, based on the perceived risks to ensure the safety of patients, dental personnel and the wider community. It aims to help you identify risks and mitigate them appropriately, and supports the development of specific strategies for your individual practice needs.

This guidance will result in significant changes to the way dentistry is delivered, and effective communication, planning and support will be vital to ensuring the dental team and patients' confidence and safety.

This executive summary covers some key practical elements within the guidance, but it is recommended that you read the full guidance **click here**.

This version of the synopsis has been updated to reflect the change to the guidance in October 2020. For a list of highlighted changes to the guidance please visit **<https://www.fgdp.org.uk/implications-covid-19-safe-management-general-dental-practice-practical-guide>**.

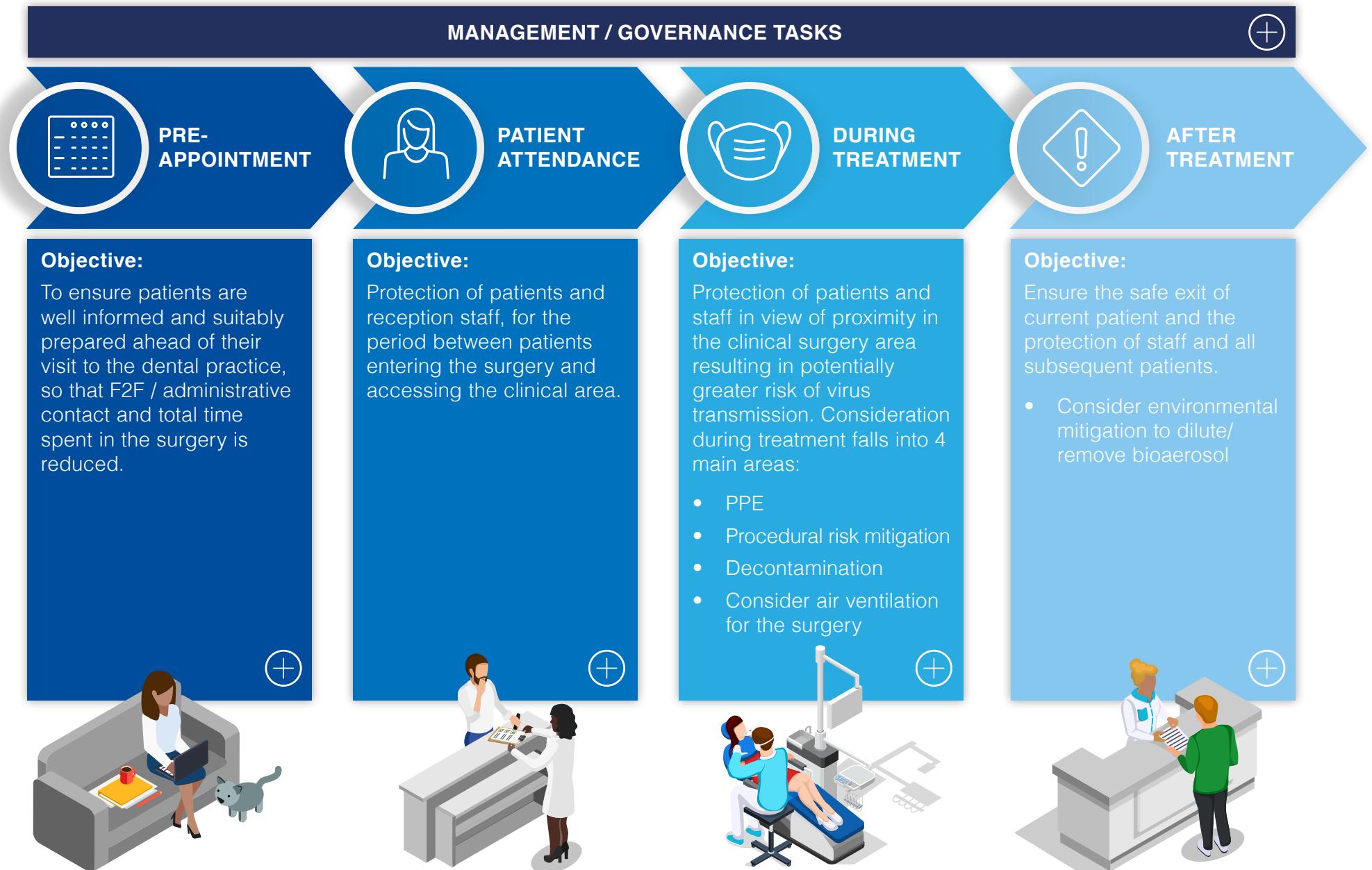
To access the FGDP(UK)/CGDent Fallow Time Calculator visit **www.myftc.co.uk**



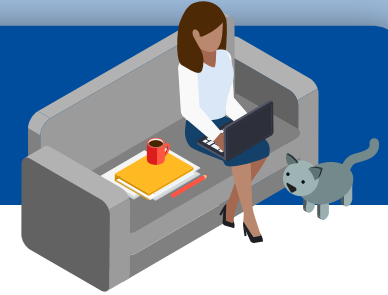
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This guidance has been divided into various steps of the patient journey to aid its adoption and utilisation as a framework to identify various risk areas.

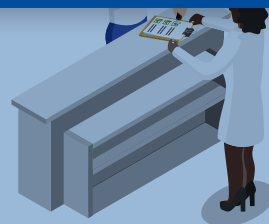


Pre-appointment



Objective: to ensure your patients are well informed and suitably prepared ahead of their visit to the dental practice, so that all face to face administrative contact and total time spent in the surgery is reduced.

- Up to date information should be available on line and widely disseminated to patients
- Patient communication ahead of dental practice visit is vital
- Digital communication should be encouraged but other methods made readily available
- Administrative tasks should be undertaken ahead of the visit where possible and should include:
 - Triage questionnaire
 - COVID Screening
 - Medical history
 - Patient forms – FP17, estimate, consent
 - Information on payment
 - Information on protocols for safe entry into the building
- Review of digital technology should be considered with appropriate support and training put in place
- Entrance door signage at all alert levels and consider controlled patient access for higher threat levels
- Patients advised to only bring essential items and where possible come alone



Patient attendance



Objective: protection of patients and reception staff, for the period between patients entering the surgery and accessing the clinical area.

- Communicate arrangements and protocol for social distancing
- Minimise contamination of public areas by
 - Confirmation of satisfactory completion of pre-attendance screening on entry
 - Appropriate storage of any personal belongings
 - Ensure high level of hand hygiene adopted with the provision of antiseptic hand gel on entrance and exit
 - Clear signage / information displayed to support the patient journey
 - Minimise waiting times in common areas
 - Clear signage on hand hygiene when using toilet facilities and promotion of rigorous infection control and prevention
- Adoption of high standards of infection prevention and control (IPC) in line with National guidance
- Protection of reception staff by social distancing, wearing of appropriate PPE, and or barrier screens and wearing of masks/face coverings by patients when entering the premises in line with Government guidelines
- Appointment times tailored to new ways of working
- Temporal and spatial zoning for all patients, with particular consideration given to care of vulnerable patients. Ongoing training for all staff



During treatment



Objective: protection of patients and staff due to closer proximity in the clinical surgery area resulting in potentially greater risk of virus transmission.

Consideration during treatment falls into 4 main areas:

1. Personal protective equipment (PPE)
2. Procedural risk mitigation
3. Decontamination
4. Consider air ventilation for surgery
 - Aerosol Generated Exposure (AGE) is a potential risk within the dental surgery and takes into account not only the mechanical aerosol produced by the procedure, but the natural aerosol /droplets from the patient from activities such as coughing, sneezing and respiratory secretions from breathing
 - Aerosol Generated Exposure should be considered as higher risk / lower risk. Various factors may influence this risk including the length of the procedure, level of potential aerosol created, any patient factors and any mitigation measures used
 - Standard PPE for lower risk exposure as BASIC
 - Higher risk exposure also require FFP2/FFP3/PAPR visor and gown
 - Use of rubber dam, high volume aspiration with orifice diameter of $\geq 8\text{mm}$ and use of 4-handed dentistry are important mitigating measures
 - Treatment involving high risk of Aerosol Generated Exposure should be avoided in windowless / non-opening windowed rooms unless additional mechanical ventilation is present
 - Insufficient evidence for the use of pre-operative mouth rinses
 - Standard IPC protocols apply
 - Air ventilation in dental surgeries is an important factor in relation to working conditions and in dilution/removal of bioaerosol



CONTINUE

Exposure based, risk stratification for dental procedures

All dental visits will involve risk of exposure to aerosols and droplets, whether they be naturally occurring or produced by mechanical dental interventions. Unlike the term AGP, Aerosol Generated Exposure (AGE) includes the risk from all aerosolization, e.g. coughing and sneezing, not just those which are produced by dental procedures

Assessment of AGE- enables an 'exposure-based approach' to defining risk and this guidance stratifies risk of AGE based on the following factors:

- Exposure to aerosols and droplets, which can arise from natural sources (coughing, sneezing, talking and respiratory function)
- Type of procedure
- Level of potential aerosol created
- Length of time of procedure
- Utilisation of mitigating factors e.g. high volume aspiration and / or using rubber dam



Table 1: Specific mitigating measures in the context of COVID-19 alert levels¹

Gloves are recommended for all procedures	
COVID-19 ALERT LEVELS 3-5	High alert level 3-5 / high AGE risk
Basic	FFP2/FFP3/PAPR masks, visor, gown
Conditional	Not applicable
COVID-19 ALERT LEVELS 3-5	High alert levels 3-5/lower AGE risk
Basic	FRSM, visor, apron (if risk of splatter contamination)
Conditional	FFP2/FFP3 mask/PAPR, visor, gown in view of procedural risk and risk to operator / nurse
COVID-19 ALERT LEVELS 1-2	Low alert level/high or lower AGE risk
Basic	FRSM, appropriate eye protection
Conditional	FFP2/FFP3/PAPR mask, visor, gown in view of procedural risk and risk to operator / nurse

All FFP2 / FFP3 masks should be appropriately Fit tested. Where Fit test fails PAPR can be used. Consider the use of power hood respirators and reusable FFP2 / FFP3 / PAPR where feasible to reduce the environmental impact of waste and religious / cultural considerations (beards / head wear) when choosing their PPE.

DHCWs who feel they may be high risk for having more adverse consequences of a COVID-19 infection should conduct a detailed risk assessment with their medical practitioner and evaluate their suitability for patient facing duties (BAME, sex, pregnancy, co-morbidities, age).

BAME – Black, Asian, minority ethnic. **FFP** – filtering face piece. **PAPR** – powered air purifying respirator. 1. Implications of COVID-19 for the safe management of general dental practice – a practical guide. College of General Dentistry & FGDP(UK). October 2020.



Table 2: Risk stratification for Aerosol Generated Exposures (AGEs)

PROCEDURE	LOWER RISK (aerosol exposure)	HIGHER RISK (aerosol exposure)**
Oral hygiene instruction	Maintaining social distance with face covering or wearing PPE	X
Tooth Prophylaxis	Minimal use of prophyl paste / reduced speed revolutions / tooth isolation / high volume suction.	Avoid tooth prophylaxis if unable to mitigate risk of splatter / aerosol exposure, unless already using enhanced PPE.
Extra-oral radiography / CBCT	Maintaining social distance with a face covering or wearing PPE	X
Intra-oral radiography (Risk assess the need in relation to COVID-19)	Those without a cough reflex / adult, well tolerated	Poorly tolerated (e.g cough reflex/paediatric patients)
Dental photography	Extra oral with social distancing/face covering. Intra oral (if unlikely to trigger cough reflex)	Intra oral (if likely to trigger cough reflex)
Clinical examination	Avoid use of combined 3 -in- 1 syringe*	Where examination of the posterior oro-pharynx is likely to induce a cough reflex
Direct restoration of a tooth	Use of low speed/electric handpiece (i.e. <60,000 rpm)* 3-in-1 syringe – irrigation function only followed by low pressure air flow	Use of high-speed air rotor/electric handpiece (i.e. >60,000 rpm)
(Re) cementation crown or bridge	3-in-1 syringe – irrigation function only followed by low pressure air flow Cementation with use of powered instruments <60 000 rpm and with appropriate isolation	Use of high speed air-rotor/electric handpiece (i.e >60 000 rpm)
Removable prosthodontics	When well tolerated for all stages	When poorly tolerated for all stages
Adjustment and repair of removable prosthesis	With disinfection of prosthesis and use of appropriate PPE	X
Extraction of tooth	Non-surgical extraction. Surgical extraction involving bone removal/sectioning using a surgical handpiece running at <60,000 rpm*	Extraction involving sectioning/bone removal with use of high-speed air rotor/electric handpiece (i.e. > 60,000 rpm)
Restoration or repair of implant retained prosthesis	Restoration or repair NOT requiring high-speed air rotor/electric handpiece (i.e >60 000 rpm)	Restoration or repair requiring use of high -speed air rotor/ electric handpiece (i.e > 60 000 rpm)
Implant placement	Implant surgery with implant surgical handpiece. Due consideration for surgery involving direct exposure of maxillary sinus	Piezo surgery unit
Endodontic procedures	That are possible with use of slow speed/electric handpiece (i.e. <60,000 rpm) and hand instruments	That require use of high-speed air rotor/electric handpiece (i.e. >60,000 rpm)
Periodontal procedures	Periodontal debridement with hand instruments using high volume aspiration	Using ultrasonic scalers (including piezo). Osseous-surgery using handpieces >60,000 rpm
Fissure sealants	Fissure sealant procedure avoiding combined use of 3 in 1 air and water	Fissure sealant procedure using 3 in 1 (combined air and water). Poor compliance
Minimally invasive restoration	That are possible with use of slow speed/electric handpiece (i.e. <60,000 rpm) and hand instruments. 3-in-1 syringe – irrigation function only followed by low pressure air flow	That require use of high-speed air rotor/electric handpiece (i.e. >60,000 rpm)
Incise and drain abscess	Mitigation with use of high-volume aspiration	X
Orthodontic treatment	Debonding or repairs with use of slow speed/electric handpiece (i.e. <60,000 rpm) and hand instruments*	That require use of high-speed rotor/electric handpiece (i.e. > 60,000 rpm)

*A further risk assessment of exactly how the instrument is used will be required to determine whether to follow the precautions recommended for Higher Risk procedures

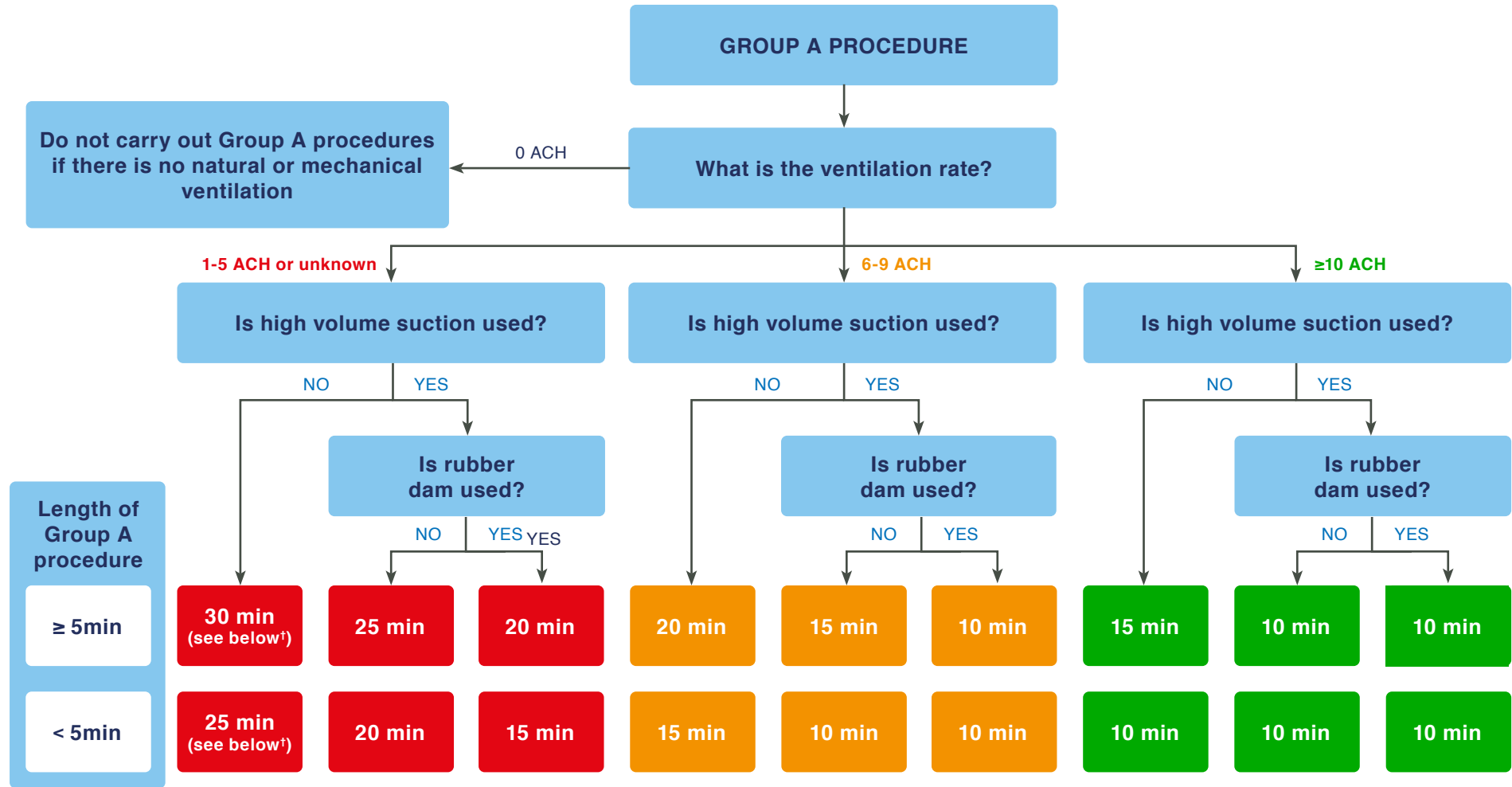
**FGDP/CGDent 'Higher risk category procedures' are considered to be consistent to those categorised as Group A within the SDCEP Review

This should not be considered a comprehensive list but is simply included for illustrative purposes.

Higher risk AGE should be avoided if possible during a high alert level (4-5), with benefits and risks to the patient taken into consideration. The 3-in-1 should be used with caution. Treatment offered should be based on risk assessment of patient, operator, time and difficulty of procedure.



Figure 1: SDCEP, Mitigation of Aerosol Generating Procedures in Dentistry, A Rapid Review, Version 1.0. 25/9/20



Length of Group A procedure

≥ 5min

< 5min

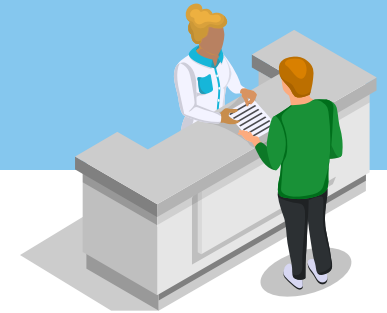
ACH + Air Changes per hour

†When ventilation is poor (e.g. 1-2 ACH) use of high volume suction is considered essential. If this is not possible, a fallow time of up to 60 minutes should be considered or an alternative procedure adopted (e.g. use of low speed handpiece, hand scaling)

*Ventilation is present but number of air changes is unknown



After treatment



Objective: ensure the safe exit of current patient and the protection of staff and all subsequent patients.

- Standard HTM 01-05 decontamination procedures should be followed
- Standard infection prevention and control for lower risk of Aerosol Generated Exposure
- Higher risk of Aerosol Generated Exposure requires appropriate doffing, with mask retained and removed outside the surgery
- 10-30 minute fallow time applied for all high risk aerosol generating procedures
- Application of appropriate fallow time dependent on level of procedural and environmental mitigation based on SDCEP Rapid Review of AGPs in Dentistry
- Any reduction in fallow period should be based on a risk assessment supported by guidance and justification documented in the patient record
- The FGDP(UK)/CGDent **Fallow Time Calculator** can be accessed at www.myftc.co.uk
- Air ventilation within the surgery is an important mitigation factor and all efforts should be made to increase the number of air changes per hour. The FGDP(UK)/CGDent Guidance should be consulted for further information
- Floor cleaning should ideally be done at the end of each session, unless excessive contamination indicates that more frequent cleaning is necessary. For lower risk AGE standard infection prevention and control protocols apply
- No paper records should be retained in the surgery during higher risk AGE or during the fallow period
- Scrubs must not be worn outside the practice. They should be changed daily and washed at the highest possible temperature in a reduced load wash to ensure maximal dilution. “The solution to pollution is dilution”



Management

Objective: have systems, support and protocols in place to ensure the safety of all staff, patients and visitors. These should be reviewed and adjusted in line with risk assessment and alert levels

- Protocols reviewed regularly and reflect the level of risk
- Identify members of staff to fulfil specific duties:
 - Management / governance lead
 - Health and wellbeing lead
- Facilities prepared to support social distancing with appropriate signage / demarcation
- High level of attention given to infection prevention control and social distancing in communal staff areas. Constant reinforcement of importance of hand hygiene, mask wearing and social distancing
- Risk assessment of staff prior to recommencement of work
- Locum staff to be assessed prior to attendance and aware of local protocols
- Access to occupational health support available for staff with clear guidance for staff on sickness reporting.
- Appropriate training in place, including medical emergencies in line with Resuscitation Council (UK) guidance
- Stock control reviewed and ensure appropriate PPE available
- All premises areas to be kept clean, tidy and free of waste at all times
- Clinical and non-clinical waste sealed and disposed of in appropriate colour coded bags. Hand hygiene must be performed after waste disposal
- All IT equipment e.g. phones, keyboards, mice etc to be cleaned after each use
- Create local protocol for interaction with external visitors e.g. delivery drivers, engineers etc
- Face coverings should be worn where indicated by government guidance
- Mechanical ventilation systems need to be assessed, validated, documented and regularly maintained/serviced



Risk assessment of clinically vulnerable patients



Clinically extremely vulnerable people may include:

- 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 that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs
- people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (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
- other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

People at moderate risk (clinically vulnerable)

Patients are at moderate risk of developing complications from coronavirus (COVID-19) where:

- they meet the criteria that make them eligible for the annual flu vaccination (except those aged 65 to 69-year-old inclusive who have no other qualifying conditions)
- and they do not meet the CMO criteria for the high-risk group for COVID-19

This includes the following patient groups:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (for adults this is usually anyone instructed to get a flu jab as an adult each year on medical grounds)
- chronic (long-term) 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), a learning disability or cerebral palsy
- diabetes
- those with a weakened immune system caused by a medical condition or medications such as steroid tablets or chemotherapy
- being seriously overweight (a BMI of 40 or above)
- those who are pregnant

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