



Covid-19 Protocols for dealing with Covid-19

These procedures were reviewed and implemented on **24/03/2020**

Covid-19

Clinical Protocols

These protocols have been updated to be applicable to the clinical management of Covid-19 as things stand on 23rd March 2020. They will be updated further as the crisis evolves.

The Covid-19 global pandemic is a health crisis on an unprecedented scale.

The UK government has implemented never before seen measures to try to slow the transmission of the disease and these affect every human being in the UK and every dental practice.

The four nations of the UK, whilst not providing exactly the same advice in relation to Covid-19 in dental practice are broadly in agreement on the main principles.

Background information on Covid-19

Covid-19 is caused by an air-borne coronavirus that seems to be transmitted by droplet contamination and through close contact (2 metres) with an infected person or through touching contaminated surfaces. The overwhelming majority of pathogens we encounter in dental practice are blood-borne viruses (BBVs) such as Hepatitis B, HIV, Hepatitis C and vCJD. We have extremely robust infection control procedures for dealing with BBVs but much less robust procedures for air-borne viruses and contact viruses.

The incubation period for Covid-19 averages 5 days and can be up to 14 days, during which time patients are thought to be infectious even though they may be symptom-free. The UK is not currently testing patients unless they have severe symptoms or are hospitalised. **This means there are potentially large numbers of people who are either carrying or incubating the virus.**



Reducing transmission of Covid-19

It is imperative that everyone follows the UK government advice to minimise contact and travel and to observe strict social distancing of 2 metres in all situations.

Vulnerable people, that is those over the age of 70 and those with underlying health issues are asked to stay at home for 12 weeks. This is called 'shielding' and the aim is to protect lives.

Shielding vulnerable patients

The following patients are being advised by the government to stay at home and should not be seen in dental practice:

- Solid organ recipients.
- Some people with cancer who are undergoing treatments such as chemotherapy and radiotherapy.
- Patients who are on immunosuppressive drugs.
- Pregnant women with heart disease.
- Patients with respiratory conditions such as cystic fibrosis, severe asthma, COPD.
- Rare diseases e.g. severe combined immunodeficiency.

Clinical symptoms of Covid-19

Covid-19 is a respiratory illness and the symptoms include:

- Fever (a temperature over 37.8 degrees centigrade).
- Cough.
- Muscle pains.
- Headache.
- Shortness of breath and breathing difficulties.
- Severe pneumonia.
- Loss of taste and smell.

The two most prevalent symptoms of Covid-19 are a dry cough and a temperature.



Practice Protocols

At **Gunilla Assmundson Dental practice** we are seeing patients for emergencies who are asymptomatic and whose household members are also all asymptomatic.

Patients who are self-isolating and patients who are part of a household in which another member is self-isolating cannot be treated in our practice and instead should contact **Guy's Dental Hospital phone 020 7188 800, email: gst-tr.dentalenquiries@nhs.net**

Emergency Treatment

The decision on what constitutes an emergency should only be made by a dentist exercising his/her clinical judgement.

This may include:

- Severe dental pain that cannot be controlled by analgesics or another self-help method.
- Fractured teeth with pulpal exposure.
- Extra-oral and/or intra-oral swelling that is worsening.
- Patients with systemic symptoms due to a tracking dental infection.
- Post-operative bleeding that cannot be controlled by applying pressure.

Note: Patients who have restricted opening or difficulty swallowing or breathing that appears to be due to a tracking infection may instead or in addition be exhibiting some of the symptoms of Covid-19 and should be seen in a dedicated facility.

All other treatment needs should be seen as either routine or elective dental care and should be postponed.

Protocol for accepting and seeing patients

- Undertake a verbal screening of the patient by telephone immediately prior to their appointment to establish whether he/she is free of all symptoms of Covid-19.
- Observe social distancing of 2 metres upon arrival. Patients should not be permitted to sit in the waiting room and should arrive at their appointed time.
- Patients should be seen as soon as they arrive. If a dentist is running late, the patient should be phoned and asked to come at a later time.



- Unless there are exceptional circumstances (e.g. a carer or another person is required) the patient should attend alone.
- Upon arrival, the patient should have their temperature taken. If it is 37.8 degrees centigrade or above, they should not be permitted to enter the practice and should be referred to a dedicated facility.
- After the patient has had his/her temperature taken he/she should be asked to wash their hands thoroughly for 20 seconds using liquid soap and hot water and hand sanitiser (if available).
- Patients should not touch pens or Clinipads when the medical history is checked prior to treatment.

Treatment for emergency patients and for those who need to be seen

During the current phase of the Covid-19 pandemic, **Gunilla Assmundson Dental practice** will not provide any routine dental treatment. We will treat emergencies and we will complete treatment that has already started for patients where it is absolutely essential to have a particular treatment completed to avoid their dental health deteriorating significantly.

Most treatments that are 'work in progress (WIP)' can safely be delayed a few weeks. Dentists should exercise their clinical judgement on a case by case basis.

In those situations, we will:

- Avoid **all** aerosol-generating procedures unless they are absolutely necessary e.g. opening a tooth to drain or be dressed to reduce pain that cannot be managed with analgesics or completing a treatment that the clinician has assessed as essential.
- Ensure we use appropriate PPE (see below) and a properly fitted FFP3 respirator mask (or suitable equivalent) for necessary aerosol-generating procedures.
- Ensure we use rubber dam when aerosol generating procedures are unavoidable.
- Ensure high volume suction is switched on prior to commencing any aerosol generating procedure.
- Use a pre-treatment mouth rinse with either 0.2% povidone iodine or a peroxy mouthwash.
- Ensure our standard infection control procedures are rigorously and consistently applied at all times with particular attention to droplet precautions to limit the potential for aerosol contamination.



- Ensure treatment is provided in a room that is well-ventilated by either an open window (preferable) or if that is not possible, an open door. Air conditioning should be switched off.
- Ensure strict procedures for environmental cleaning and disinfection are understood and strictly adhered to.
- Pay scrupulous attention to hand hygiene and containment of respiratory secretions produced by coughing and sneezing.

Aerosol Generating Procedures (AGP)

AGPs are procedures that include (but are not limited to) the use of:

- The air turbine.
- Slow speed handpieces used for caries removal or polishing.
- Surgical motors with irrigant/irrigation.
- Ultrasonic scalers and Piezo handpieces.
- Endosonic handpieces.
- Rotary endodontic handpieces.
- Sandblasting, air abrasion, air polishing.

Aerosol and droplet contamination can also occur as a result of any procedure that induces coughing, spluttering or sneezing or activates a gag reflex.

Note: Many patients produce excessive saliva when intra-oral radiographs are placed in their mouths or impressions are taken. These procedures may also induce coughing and spluttering.

Mandatory hygiene procedures

Team members providing emergency treatment or treatment for patients whose treatment has started and can't be delayed must:

- Wash their hands frequently, including when they arrive at work and regularly throughout the period they are in the practice and prior to leaving the practice.
- Wash hands thoroughly with soap and hot water for 20 seconds and dry them using paper towels that are disposed of into a bin with a lid. The bin lid should be foot or sensor- operated to avoid having to touch it.
- Use hand sanitisers (if available) in conjunction with thorough hand-washing. Hand sanitisers should not be considered a substitute if soap and water are available. If there is no soap or water available, then hand sanitisers should be used. Note: hand sanitiser must contain a minimum of 60% alcohol for them to be effective.



- Observe social distancing as far as possible and completely avoid unnecessary close contact with each other e.g. shaking hands, hugging, kissing etc.
- Ensure all coughs and sneezes are caught in a tissue which is immediately disposed of into a bin with a lid and ensure hands are washed immediately after.
- Ask any patient entering the practice to wash their hands and use hand sanitiser immediately upon arrival.
- Avoid touching their eyes, mouth and nose, all of which are potential entry points for the virus.

Good hygiene measures are of prime importance in reducing transmission of infection during the outbreak of Covid-19. We will ensure we have tissues, covered waste bins and hand cleaning facilities readily available to facilitate good hygiene measures.

All non-essential items such as books, magazines, soft furnishings etc. must be removed from all areas of the practice.

Infection control procedures

Standard infection control procedures as described in the practice infection control policy must be rigorously and consistently adopted for the treatment of all patients.

All team members must be aware of these procedures, which include:

- Rigorous hand hygiene.
- The appropriate use of full PPE.
- Equipment decontamination.
- Environment decontamination, including frequently touched surfaces such as door handles.
- The safe use and disposal of sharps.
- The safe disposal of clinical waste.
- During the Covid-19 outbreak, the number of people in the treatment area should be kept to a minimum.

Personal protective equipment (PPE)

The following PPE must be routinely used:

- Disposable gloves.
- Eye protection.



- Single use masks.
- Visors (in England these can only be used in addition to masks, not instead of masks).
- Surgery-only uniform/scrubs must be worn and changed daily.

Uniforms/scrubs

- Clinical team members must not travel to and from work in uniform/scrubs.
- Rooms or areas should be available for staff to change into and out of uniforms or scrubs.
- Uniforms/scrubs should be transported home in a tied plastic bag, laundered separately at 65 degrees celsius and ironed or tumble-dried.
- All staff members who are likely to come into close contact with patients (including non-uniformed reception staff) should use disposable protective plastic aprons to limit contamination of clothes. This procedure must be consistently adhered to during the outbreak of Covid-19.

Vaccination

- At the time of publication of this policy (23rd March 2020) there is no vaccine and no treatment (other than supportive treatment) currently available for Covid-19.
- All team members will be strongly encouraged to have the vaccination as and when a vaccine becomes available.

It should be noted that: When a new strain of a virus appears, existing vaccines will not confer immunity. When the virus has been in existence for a period of time (usually several months) it may be possible to develop a vaccine to immunize against the emergent strain. However, viruses are adept at mutating and forming slightly different strains at frequent intervals.

Environmental decontamination

Cleaners must be asked to wear disposable gloves when cleaning the practice and must follow our Environmental Cleaning Policy and Procedures without fail. Compliance with cleaning protocols must be strictly adhered to and audited daily.

Freshly prepared detergent and warm water must be used for cleaning all areas in the practice where there is a risk of contamination of surfaces, door handles, toilets, etc. Surgeries should be cleaned thoroughly at least daily and also between clinical sessions.



Stock

The Covid-19 outbreak has resulted in increased demand for supplies at a time when the ability of suppliers to maintain deliveries is compromised.

Small stock reserves have implications for how we might continue to function in a prolonged emergency. **Gunilla Assmundson** has responsibility for ensuring that current stock levels are evaluated and that those items that are essential for providing dental care to patients are identified so that if a need for additional stock (including PPE) is identified this can be ordered in good time. **Gunilla Assmundson** is also responsible for planning where extra supplies will be stored and for ensuring that there are robust systems in place so that stock is used in rotation and, to avoid unnecessary wastage, before expiry.

Impact of Covid-19 on team members

We need to consider the impact of Covid-19 infections on the practice team. A significant number of team members could be absent over a 2-3-week period as a result of:

- Being required to self-isolate.
- Being required to stay at home.
- Illness.
- Caring for dependents that are sick (especially applies to those with children).
- Dealing with bereavement.
- Transport disruptions, which may make travel to and from work more difficult.

We understand that staff absence will have a considerable impact on the delivery of dental care in our practice.