Dental IPC guidance for Primary and Community Dental Settings (including Emergency Dental Centres) June 2022

Please note, this is not stand-alone Dental IPC guidance, but a summary of the main guidance contained in the Infection Prevention and Control Manual for Northern Ireland. This should be read in conjunction with:

- **The Infection Prevention and Control Manual for Northern Ireland available at https://www.niinfectioncontrolmanual.net/**
- **Infection Prevention and Control Measures for SARS-CoV2 (COVID-19) in Health and Care Settings available at https://www.niinfectioncontrolmanual.net/sars-cov-2**

What has changed?

UK-wide Guidance on *Infection Prevention and Control for Seasonal Respiratory Infections including SARS-CoV-2* has been removed from the GOV.UK website, and the associated Dental Appendix was withdrawn on 27 May 2022. Each of the four countries are now transitioning to the use of their IPC manuals and the application of Standard Infection Prevention and Control Precautions (SICPs) and Transmission Based Precautions (TBPs).

Health settings are advised to carry out **dynamic risk assessments** to prevent contracting or spreading of COVID-19 and other seasonal respiratory pathogens. This will require dental practices to regularly monitor and review:

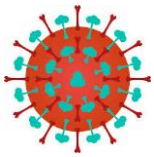
- Community prevalence of infections
- New variants of concern
- Number of outbreaks

Information to assist with this is available from the COVID-19 infection survey, Northern Ireland: weekly report available at: https://www.health-ni.gov.uk/news/coronavirus-covid-19-infection-survey-northern-ireland-weekly-report-19

Dental practices will need to regularly monitor and review

- Their operational capacity e.g. staff absence impacts
- Number of face-to-face-contacts
- Vulnerability of staff members

What is still the same?



Symptoms of COVID-19

The clinical symptoms of COVID-19 are:

- A fever or high temperature (greater than 37.8°C)
- A new, continuous cough
- A loss or alteration to taste or smell

(N.B. UKHSA are currently finalising/updating list and the NI IPC manual will be updated if any changes are made)

Triaging and Testing for COVID-19

Triaging within all healthcare facilities should continue and be undertaken to enable early recognition of patients with COVID-19, and other respiratory infectious agents such as influenza. Triage should be undertaken by clinical staff who are trained and competent in the application of clinical case definitions as soon as possible on arrival and used to inform patient placement.

Patients with respiratory infection symptoms should be assessed in a segregated area, ideally a single room, and away from other patients.

Additional Infection Prevention and Control Measures for COVID-19 in health and care settings

The application of Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) as per the **Infection Prevention and Control Manual for Northern Ireland** should be followed. Available at: https://www.niinfectioncontrolmanual.net/sars-cov-2

All health and care staff must be familiar with the principles of SICPs and TBPs for preventing the spread of infection in health and care settings. TBPs are the additional measures to SIPCs that may be required when caring for patients/clients/service users with known/suspected infection

Source control/Universal masking

Mask wearing is a form of source control that can be applied for staff, patients and visitors to prevent the transmission of COVID-19 and other respiratory infectious agents in health and care settings.

Patients with suspected or confirmed COVID-19 should be provided with a surgical facemask (Type II or Type IIR) to be worn in communal areas if this can be tolerated.

Universal masking: the use of facemasks (type II or IIR) is continuing in patient facing clinical areas for staff, patients and visitors (face coverings) in Northern Ireland.

Personal Protective Equipment required while providing direct care (within 1 metre) for patients with suspected or confirmed COVID-19

PPE required by transmission/exposure	Disposable gloves	Disposable/reusable fluid-resistant apron/gown	FRSM/RPE	Eye/face protection (goggle/visor)
Droplet PPE within 1 metre	Single use	Single use apron or fluid-resistant gown if risk of extensive spraying/splashing	Single use FRSM Type IIR for direct patient care (1)	Single use or reusable (1)
Airborne PPE (When undertaking or if AGPs are likely) (3) Or if an unacceptable risk of transmission remains following application of the hierarchy of controls (4)	Single use	Single use fluid-resistant gown	Single use FFP3 (2) or reusable respirator/powered respirator hood (RPE)	Single use or reusable (2)

(1) Fluid Resistant Surgical Masks (FRSM) can be worn sessionally (includes eye/face protection) if providing care for cohorted patients. All other items of PPE (gloves/gown) must be changed between patients and/or after completing a procedure or task.

(2) Respiratory Protective Equipment (RPE) can be worn sessionally (includes eye/face protection) in high risk areas where AGPs are undertaken for cohorted patients (see footnote 4). All other items of PPE (gloves/gown) must be changed between patients and/or after completing a procedure or task.

(3) Consideration may need to be given to the application of airborne precautions where the number of cases of respiratory infections requiring AGPs increases and patients cannot be managed in single or isolation rooms.

(4) Where a risk assessment indicates it, RPE should be available to all relevant staff. The risk assessment should include evaluation of the ventilation in the area, operational capacity, and prevalence of infection/new COVID-19 variants of concern in the local area.

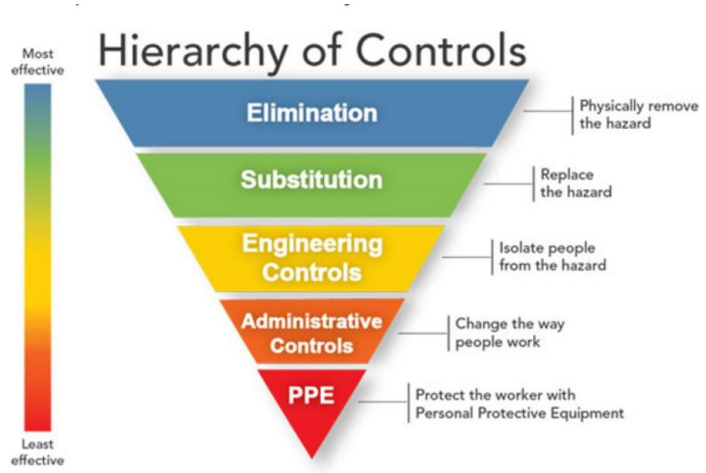
Fallow time following AGPs for patients with suspected or confirmed COVID-19

The length of the fallow time is determined by a combination of the length of the AGP, the use of high speed suction, the use of rubber dam and the Air Changes per Hour (ACH) of the surgery

- The fallow time can commence from the end of the AGP though practitioners may decide to commence the fallow time at the end of the appointment to facilitate scheduling
- AGPs should not be performed in surgeries without any natural or mechanical ventilation in either pathway
- Further information is available in section 5.1 of the SDCEP rapid review “Mitigations of AGPs in Dentistry” available at: https://www.sdcep.org.uk/published-guidance/covid-19-practice-recovery/rapid-review-of-agps/

The Hierarchy of Controls

The hierarchy of controls is a simple and systematic way to identify the most reasonable way to eliminate or reduce the potential for harm. Risk mitigation measures are prioritised in the following order: elimination, substitution, engineering controls, administrative controls and personal protective equipment (PPE)



Risk assessments must be carried out in all areas by a competent person with the skills, knowledge and experience to be able to recognise the hazards associated with respiratory infectious agents. This can be the employer, or a person specifically appointed to complete the risk assessment. During development and on completion this risk assessment needs to be communicated to employees. This can be used to populate local risk management systems. Risk assessments must be revisited when any element of the original risk assessment changes in any way e.g. clinical specialty, patient vulnerability, staff, building and environment.

Elimination (physically remove the hazard)

The most effective measures in the hierarchy of controls are those that eliminate the risk. This requires organisations /employers to redesign the activity so that the risk is removed or eliminated, key mitigations may include:

- Screening, triaging and/or testing for COVID-19 and other respiratory pathogens
- r treatment until the patient is no longer unwell

- Delay AGPs where possible on higher risk patients until their risk has reduced.
- Staff should not attend work if symptomatic/infectious.

PATIENTS

- Patients should be asked not to attend the dental setting if they have symptoms of respiratory infection
- People accompanying patients are asked not to attend the setting if they have symptoms of respiratory infection

BY WHOM: Triage should be undertaken by clinical staff who are trained and competent in the application of clinical case definitions.

WHEN? Triage should be done before the patient arrives at the dental setting e.g. by phone call prior to appointment, or as soon as they arrive. This will inform the practice if a patient needs to be deferred, or, if treatment cannot be postponed, Transmission Based precautions should be followed.

STAFF

- Systems should be in place to ensure that staff who have symptoms or who have tested positive for COVID-19 do not attend work.
- Testing for COVID and Isolation Guidance should be carried out for staff, in line with current Policy, available at https://hscbusiness.hscni.net/pdf/HSS_(MD)_17_2022.pdf
- Staff should be encouraged to be fully vaccinated against respiratory infections, including COVID-19.

Substitution (replace the hazard)

When a source of infection cannot be eliminated, substitutions should be implemented to reduce or control the risk. This is not directly applicable or possible for healthcare to achieve, as treatment needs to be carried out, so emphasis needs to be on mitigating the risks via other controls.

However, some services may be able to consider the use of virtual consultations (telephone or video). These could be utilised when triaging patients with a suspected or confirmed respiratory infection.

Engineering controls (control, mitigate or isolate people from the hazard)

Engineering controls are used to reduce or control the risk of exposure at source.

They include design measures such as ventilation/barriers/screens. Priority should be given to measures that provide collective/maximal protection rather than those that just protect individuals or a small group of people, for example:

- Ensuring ventilation systems, mechanical or natural, are in place.
- National recommendations for minimum air changes in the surgery are met.
- Dilute air with natural ventilation by opening windows and doors where possible
- If considering screens/partitions in reception/waiting areas, ensure air flow is not affected and cleaning schedules are in place.
- AGPs should not be performed in surgeries without any natural or mechanical ventilation, regardless of a patients respiratory condition.

Administrative controls (change the way people work)

Administrative controls (for example the design and use of appropriate processes, systems and engineering controls, and provision and use of suitable work equipment and materials) are implemented to help prevent the introduction of infection and to control and limit the transmission of infection in health and care facilities. They include:

- Processes in place to enable patients to report symptoms of respiratory infection prior to attendance at the dental setting
- maintaining separation in space and/or time between patients with and without suspected respiratory infection by appointment or clinic scheduling to reduce waiting times in reception areas and avoid mixing of infectious and non-infectious patients
- Appropriate infection prevention and control education and training for staff
- Ensuring staff and patients adherence with IPC guidance including face masks/coverings and physical distancing measures
- Appropriate hand hygiene policy, education and reminders in the dental setting
- Ensuring regular cleaning regimes are followed, and compliance monitored appropriate patient placement for infectious patients in isolation or cohorts
- Providing safe spaces for staff breaks areas/changing facilities

Personal protective equipment

PPE is considered to be the least effective measure of the hierarchy of controls. PPE should be considered in addition to all previous mitigation measures in the hierarchy of controls, however it is acknowledged that not all elements of the hierarchy of controls will be possible in some settings for example in a patient's home. PPE considerations include:

- An adequate supply and availability of PPE including respiratory protective equipment (RPE) to protect staff, patients, and visitors
- All staff required to wear an FFP3 mask have been fit tested (this is a legal requirement)
- All staff (clinical and non-clinical) are trained in putting on removing and disposing of PPE

- The use of facemasks (type II or IIR) is continuing in patient facing clinical areas for staff, patients and visitors (face coverings).
- Visual reminders are displayed communicating the importance of wearing face masks (if applicable), compliance with hand hygiene and maintaining physical distancing
- PPE must be worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated in line with standard IPC precautions and transmission based precautions
- Where an unacceptable risk of transmission remains following the application of the hierarchy of controls risk assessment, it may be necessary to consider the extended use of RPE for patient care in specific situations.

The Infection and Prevention Control Manual for Northern Ireland is a live document and will be updated.