

CHECK LIST: RECOMMENDED INFECTION PREVENTION AND CONTROL (IPC) PRACTICES FOR ROUTINE DENTAL HEALTHCARE DELIVERY

Based on CDC – document on standard practices recommended as a part of routine dental healthcare delivery to all patients. These practices include:

Considerations before providing dental treatment

Risk assessment:

What are the hazards and who might be harmed? What will be the consequences both in short- and long term perspective? Safe provision of dental care requires a deep understanding of pathogen transmission and how it relates to the various types of care provided.

Postpone and/or neglected oral care can: aggravate COVID-19 infection, increase prescription of antimicrobial pharmaceuticals and thereby impact further development of antimicrobial resistance, increase personal suffering and wellbeing and deteriorate treatment outcome.

Identify community risk cohorts: safe transport, non-rush hour commuting, review scheduling of personnel and patients.

- The risk to the patient of deferring care: treatment need, vulnerability, frailty
- The risk to the patient and DHCP of healthcare associated infections
- Appropriate amount of personal protective equipment (PPE)
- DHCP specific education and training on infection control and prevention
- Patient risks associated with transport / travel back and forth to dental clinic
- DHCP risks associated with transport / travel back and forth to workplace
- Community transmission

Implement Teledentistry

Increase the use of online meeting facilities, to reduce the number of people moving around in the facilities.

Reduce contact in areas of high interaction.

Promote oral health & wellbeing awareness to patients and staff. Offer whatever support needed: professional advices, oral care aids, informatics, encouragement, solicitude, personal contact.

- Teledentistry options as alternatives to in-office care
- Routines for preventive health care promotion and advice to preserve oral health
- Assessment of the patient's dental condition (oral health)
- Assessment of the patient's medical condition (general health)
- Needs to be seen in the dental setting

Triage Protocols

Triage procedures effectively screen patients and identify individuals at high-risk. Primarily based on anamnesis to be followed up by body temperature measurements using non-contact forehead infrared thermometers and rapid on-site COVID-19 antigen test.

Staff and patients' health status, in the last 48 hours, have or have had:

- Fever?
- Cough?
- Breathing problems?
- Running nose?
- Sneezing?
- Sore throat?
- Risk exposed?
- Frailty?

Contact and telephone triage all patients prior to dental treatment.

Dental Health Care Personnel (DHCP) – daily self assessment

Dental Healthcare Facility

Staff (and others) should be regularly reminded of the COVID-19 control measures. Regularly check to ensure that appropriate procedures are being followed and that facilities provided are maintained.

Cleaning regimes to make sure surfaces that are touched regularly, often are being cleaned and disinfected using appropriate cleaning products and methods.

Provide information to patients, staff and others on hand hygiene and basic infection control and prevention.

- Facemask required for patients and anyone accompanying them to the appointment
- Respiratory hygiene, cough etiquette and hand hygiene
- Alcohol-based hand rub (ABHR) with at least 60% alcohol
- No-touch receptacles for disposal
- Physical barriers (e.g., glass or plastic windows) at reception areas
- Everyone entering the dental healthcare facility screened for fever and symptoms
- Distant, non-touch, IR-measuring of temperature (fever)
- Toys, magazines, and other frequently touched objects regularly cleaned and disinfected or else removed

Physical Distancing

Only necessary visitors will be permitted to the premises.

Reducing the number of persons in any work area to comply with the 2-metre (6.5 foot) gap.

Reorganise facilities in all areas such as spacing out tables in waiting rooms, operatories, sterile supply, canteens etc. so social distancing rules can be met.

Put in place physical barriers to reduce contact in areas of high interaction.

- Limited number of visitors to the facility
- Appointments scheduled into minimize the number of people in the waiting room
- Minimize overlapping dental appointments
- Meeting areas where all individuals (e.g., visitors, DHCP) can remain at least 6 feet apart from each other
- Seating in waiting rooms arranged so patients can sit at least 6 feet apart

Administrative Controls and Work Practices

Limiting the amount of time people (personnel, staff and others) spend together.

Place workers back-to-back or side-by-side rather than face-to-face in all working situations where possible.

Avoid mixing teams – plan for work teams so they consistently work together.

Improve ventilation, enhance cleaning regimes, and increase hand washing on every occasion (even at non-working hours).

- Limited number of patients at premises
- Equipment set-up
- Clean and / or sterile supplies and instruments needed for the dental procedure
- Predefined tray-systems
- Preprocedural mouth rinses (PPMR)
- Aerosol generating procedures
- Four-handed dentistry
- Are aerosol generating procedures necessary
- High evacuation suction to minimize droplet spatter and aerosols
- Dental dams to isolate surgical site
- High risk zones
- Frequent touch areas
- Disinfection (alcohol) borders

DHCP Personal Protective Equipment (PPE)

Where PPE is required it shall be used in line with existing risk assessments.

Train people (personnel, staff and others) how to put on and remove personal protective equipment (PPE).

- Standard Precautions
- Surgical mask
- Eye protection (goggles or a face shield)
- Gown or protective clothing
- Gloves during procedures
- Sharp protection (needles, sharp instruments etc)

Donning

To be effective and safe, donning and doffing must be carried out in proper sequence, step by step.

Supervised training, audits and self-evaluation are important to maintain necessary compliance.

1. Hand hygiene
2. Protective apron / Protective coat
3. Facemask
4. Eye protection / Visor
5. Hand hygiene
6. Gloves

Doffing

To be effective and safe, donning and doffing must be carried out in proper sequence, step by step.

Supervised training, audits and self-evaluation are important to maintain necessary compliance.

1. Gloves
2. Protective apron / Protective coat
3. Hand hygiene
4. Eye protection / Visor
5. Face mask
6. Hand hygiene

Dental patients – Personal Protective Equipment (PPE)

DHCP should promote care, safety and responsibility, including to offer whatever protective devices possible.

Ensure patients to feel comfortable and safe from all risk for injuries, cross-infection and contaminations.

- Eye protection (goggles)
- Face protection
- Apron

Personal Protective Equipment (PPE) Supply Optimization Strategies

Consider strategies for safe delivery and supplies of medical devices and personal protective equipment necessary for providing care.

Reduce the dependence on single supply chains.

Audit and quality assessment of logistics and storage.

- Inventory and supply chain
- Utilization rate
- Norms and regulations
- Logistics and storage
- Manufacturers protocol for storage and usage

Equipment Considerations

Consider strategies for safe function of all medical and non-medical devices.

Schedule regular maintenance and service necessary for avoiding unnecessary downtime.

Reduce the dependence on single supply chains.

Audition and quality assessment of handling critical and strategic equipment.

- Dental equipment: maintenance and/or repair
- Dental unit waterlines
- Sterilization equipment (sterilizers, autoclaves)
- Instrument cleaning equipment
- Process control (PCD)
- Validation and verification
- Instrument logistic, tray-systems
- Air compressor
- Vacuum and suction lines
- Radiography equipment
- Recommended maintenance per manufacturer

Optimize the Use of Engineering Controls

Consider strategies for safe function of all environmental devices.

Schedule regular maintenance and service necessary for avoiding unnecessary downtime.

Reduce the dependence on single supply chains.

Audition and quality assessment of handling critical and strategic equipment.

- Decontamination of building heating, ventilation, and air conditioning (HVAC) systems
- Air flow patterns
- Air changes per hour
- Clean Air Delivery Rate (CADR)
- Clean water supply
- Drain, sewage water
- Waste handling
- Environmental considerations