Guidance on COVID-19

Guidance on Managing Infection Related Risks in Dental Services

V1.6 08.04.2022

Version	Date	Changes from previous version	Drafted by
V1.6	**08.04.2022**	Some editorial changes Removal of reference to the five level framework public health response Reference to interim HSE IPC guideline replaced by reference to draft NCEC guideline Inclusion of a link for more information on people with conditions that place them at high risk for severe disease Revision of the section on transmission HSE Recommendation for use of respirator mask by all healthcare workers caring for all patients Update to content on vaccination Update to content on expected duration of immunity after infection Changes in references to contacts to align with current public health guidance Reference to early treatment of COVID-19 for at risk people Removal of reference to travel as a specific risk factor that may require deferral	**AMRIC**
V1.5	**25.08.2021**	Updated Section on Symptoms of Covid-19 Change of terminology to fully vaccinated from vaccine protection	**AMRIC**
V1.4	**08.07.2021**	Brief reference to antigen testing Resequencing and re-writing of section on transmission to reflect emerging changing concepts and experience The importance of vaccination Emphasis that temperature check is not a substitute for checking for symptoms Removal of reference to identifying patients from counties subject to specific restrictions (no longer relevant) Increased reference to ventilation in the building Includes link to HSE Occupational Health COVID-19 Guidance	**AMRIC**
V1.3	**06.03.2021**	Section relating to Patients with suspected or confirmed COVID-19 or who are Contacts of COVID-19 or in whom there are other specific risk factors for COVID-19, removal of reference to 14 day restricted movements and inclusion of link to most recent HPSC advice on (page 18 and 19).	**AMRIC**
V1.2	**09.10.2020**	Greater emphasis on individual risk assessment Additional Guiding Principles related to identification of patients that may represent an increased risk for transmission and identification of healthcare workers that represent an increased risk for transmission of COVID-19 General Background: Updates to content Key Signs and Symptoms of COVID-19: Updates to content Sources of Infection with COVID-19: Updates to content Before providing or accessing dental services. Additional information on temperature monitoring including reference to recent HIQA review. Acknowledgement that it may not always be possible to avoid bringing non-appointed children. Acknowledgement that it may be necessary to see some patients without an appointment. Routes of Transmission: updates to content and re Updates and resequencing to align with HSE Interim Guidance on IPCE Clear demarcation between consideration of which dental services are provided and the IPC guidance that applies to that service provided. Surgery Preparation: More definitive statement in support of use of transparent screens at reception to align with WHO Guidance of August 3rd. Additional details on cleaning and decontamination. Performing a Dental Procedure: Guidance to minimise the use of cuspidors to align with WHO Guidance of August 3rd. This guidance is available at the following link https://www.who.int/publications/i/item/who-2019-nCoV-oral-health-2020.1 Performing a Dental Procedure: Expanded statement on mouth rinsing to acknowledge WHO Guidance of August 3rd	**AMRIC**

Version	Date	Changes from previous version	Drafted by
		Clearer separation of IPC requirements for patients with suspected or confirmed COVID-19 and patients where there is no clinical suspicion Clinical waste: refers to HSE Interim Guidance on IPC Reference to the Scottish Dental Clinical Effectiveness Programme (SDCEP) rapid review on Mitigation of Aerosol Generating Procedures in Dentistry	
V1.1	**15.04.2020**	The introductory material has been updated in view of learning since the last version and has been reorganised to improve sequencing and to clarify a number of points Information on pre-symptomatic and asymptomatic transmission Reference to risk of infection associated with working with dental prostheses Clearer definition of Standard and Transmission Based Precautions Reference to new guidance on use of surgical masks in healthcare settings from the National Public Health Emergency Team Recommendation that staff are asked to confirm absence of fever and respiratory symptoms on arrival at work Recommendation to consider temperature monitoring for patients at reception Removal of a recommendation to minimise AGPs Removal of examples of AGPs Recommendation to use respirator mask and eye protection when performing AGPs Recommendation against use of pre-treatment mouth rinse Brief recommendation on cleaning and PPE required for cleaning Recommendation that room clearance time after AGP is not required unless a patient has known or suspected COVID-19 Recommendation on use of Perspex screen at reception Recommendation against use of head covering and overshoes Recommendation on duration of period of infectivity for COVID-19 patients Recommendation on multi-chair dental surgeries Recommendation to identify a lead person for infection prevention and control where possible Recommendation that a process for recording and evaluating any incidents of COVID-19 infection that may occur associated with delivery of dental is developed	**AMRIC**
V1.0	**03.04.2020**	**Initial Guidance**	**AMRIC**

Note: If you have any queries on this guidance please contact the AMRIC team at hcai.amrteam@hse.ie

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Guidance on Managing Infection Related Risks in Dental Services in the Context of the COVID-19 Emergency

Introduction and Scope

These guidelines are intended to support dental professionals working in dental services other than the hospital setting to deliver services with the lowest possible infection risk. This is based on risk assessment of patients and situations and managing the risk of healthcare associated infection in each situation in the context of the current COVID-19 emergency. The guidelines are intended to support Dentists, Clinical Dental Technicians, Dental Technicians, Hygienists, Therapists and Dental Nurses, Receptionists and Managers). It is relevant to general, specialist and limited practice and to dental hospitals and dental schools. Dentistry and related procedures carried out in general hospitals are outside the scope of this document as the guidance for acute hospital applies. This document replaces a previous version issued on 25 August 2021. The situation continues to change rapidly both with respect to scientific knowledge about the virus and virus transmission and the epidemiological situation therefore regular review of this Guidance Document will be required.

The extent to which specific oral health services are provided at different levels of COVID-19 transmission in the community is beyond the scope of this guidance. The focus of the guidance is on the delivery of oral health services to low risk people. High risk people (suspected of confirmed COVID-19 and COVID-19 contacts) for whom care may be deferred or provided as outlined in page 16.

Risk Assessment

The Draft NCEC Guidelines for Infection and Prevention Control (IPC) emphasises that risk assessment of every situation by the healthcare worker is a foundation for effective IPC.
The draft guidelines are available at the following link
https://www.hse.ie/eng/about/who/nqpsd/nirp/ncec-ipc-guideline-2022-for-consultation.pdf

General Background on COVID-19

COVID-19 is a novel disease in humans. The virus associated with the disease is SARS-CoV-2. The virus is in many respects similar to other Coronaviruses in particular in relation to its structure and mode of transmission.

It is not possible to differentiate between COVID-19 and other common respiratory infections based on symptoms alone. COVID-19 should be considered as possible in anyone with acute respiratory infection (sudden onset of at least one of the following: cough, fever, shortness of breath) or sudden onset of loss of sense of smell or taste or distorted sense of taste. COVID-19 may also present as deterioration of existing respiratory disease or with very non-specific features such as extreme fatigue or functional decline particularly in frail older people. Dentists and others who provide dental healthcare services to vulnerable groups should be aware of the range of clinical presentations of COVID-19 in those groups, including that different variants may differ in their predominant presenting symptoms. Please see HPSC website for latest case definition: https://www2.hse.ie/conditions/covid19/symptoms/overview/.

The laboratory diagnosis of COVID-19 is based mainly on detection of virus RNA in a nasopharyngeal swab but testing of other respiratory samples is important in certain settings. Testing or respiratory samples for SARS-CoV-2 antigens is also used to detect infection in some settings. Testing for virus antigen is not as sensitive as PCR based testing detection of virus. A positive test for SARS-CoV-2 on a nasopharyngeal or deep nasal sample tested by a well validated method (PCR or antigen) is accepted as establishing the diagnosis in a symptomatic person. Virus RNA is detectable in most people about the time they become symptomatic and is detectable in some patients 1 to 3 days before onset of symptoms.

Viral RNA may be detected in some people for long periods (weeks in some cases) after viable virus is no longer detected. Therefore, detection of virus RNA does not indicate that a person remains infectious. It is important to note that failure to detect the virus on a sample makes the diagnosis of COVID-19 infection less likely but does not exclude infection.

Incubation Period

People with COVID-19 generally develop signs and symptoms, on an average of 5-6 days after infection (mean incubation period 5-6 days, range 1-14 days).

Symptoms of COVID-19

COVID-19 is a contagious viral infection that generally causes respiratory illness in humans. Information on signs and symptoms of COVID19 are available on the following website: https://www2.hse.ie/conditions/covid19/symptoms/overview/

Clinical Course

Most people with COVID-19 will have mild disease and will recover. A minority will develop more serious illness. Children and younger people and those who are vaccinated are less likely to develop serious illness.

One area of particular concern is high-risk patients. People in the following categories are at higher risk of developing severe disease if they develop infection.

1. Older people – the risk goes up progressively in people above the age of 60 and is particularly high in the 70s and 80s;
2. Those who are immunocompromised;
3. Those with certain underlying medical conditions such as cardiovascular disease, diabetes mellitus, chronic lung disease, chronic kidney disease;
4. Those who smoke or are obese.

For more details see https://www2.hse.ie/conditions/covid19/symptoms/overview/

Sources of Infection with COVID-19

COVID-19 infection is acquired as a result of exposure to a person shedding viable virus. It is generally accepted that the highest risk of transmission occurs at about the time an infected person develops symptoms.

Spread from **symptomatic people** is generally considered to be the primary driver of the pandemic.

Infection can be transmitted from people with minimal symptoms, from people before they develop symptoms (**pre-symptomatic transmission**) and from people who never develop symptoms (**asymptomatic transmission**) however symptomatic people are generally more infectious. HIQA have provided a useful summary of the evidence related to asymptomatic transmission at https://www.hiqa.ie/reports-and-publications/health-technology-assessment/evidence-summary-asymptomatic-transmission.

There are suggestions that children with COVID-19 may be less infectious than adults however there is uncertainty on this issue and the level of infection prevention and control precautions required in the healthcare setting are essentially the same for children and adults in most contexts.

Routes of Transmission

The transmission of COVID-19 occurs mainly through liquid respiratory particles. The larger particles can be considered as droplets (larger) and the smaller as aerosols (smaller). The particle sizes form a continuum rather than two discrete categories. In practice the infection prevention and control issue is whether transmission through the air occurs primarily within a short range of space and time Page 10 of 79 of the source (considered to be associated with droplets) or over a long range of space and time (considered as associated with aerosols and airborne transmission).

Respiratory particles are generated from the nose and mouth by actions such as, breathing, coughing, sneezing, talking or laughing. Transmission to others may result from direct impact of infectious droplets on the mucosa of persons in proximity and through contact with surfaces contaminated with infectious respiratory droplets and subsequent transfer of infectious material to the mucous membranes (droplet transmission). In the context of dental

practice, direct contamination of gloved hands through direct contact with mucosa and fluids of the mouth is also an important potential source of infection.

The World Health Organisation (WHO) has issued updated advice on December 22 2021 that states that "*in light of the rapid spread of the Omicron variant of concern (1) (VOC) of SARS-CoV-2, the virus that causes coronavirus disease (COVID-19), the World Health Organization (WHO) recommends the following regarding the use of masks by health workers providing care to patients with suspected or confirmed COVID-19*". WHO Recommendations *1) A respirator (FFP2, FFP3, NIOSH-approved N95, or equivalent or higher-level certified respirator) or a medical mask should be worn by health workers along with other personal protective equipment (PPE) – a gown, gloves and eye protection – before entering a room where there is a patient with suspected or confirmed COVID-19. Respirators should be worn in the following situations: in care settings where ventilation is known to be poor* or cannot be assessed or the ventilation system is not properly maintained based on health workers' values and preferences and on their perception of what offers the highest protection possible to prevent SARS-CoV-2 infection. Note: this recommendation applies to any setting where care is provided to patients with suspected or confirmed COVID-19, including home care, long-term care facilities and community care settings. 2) A respirator should always be worn along with other PPE (see above) by health workers performing aerosol-generating procedures (AGPs)(2) and by health workers on duty in settings where AGPs are regularly performed on patients with suspected or confirmed COVID-19, such as intensive care units, semi-intensive care units or emergency departments. (Existing recommendation, with strength modified from conditional to strong, based on very low certainty evidence) 3) Appropriate mask fitting should always be ensured (for respirators through initial fit testing and seal check and for medical masks through methods to reduce air leakage around the mask) as should compliance with appropriate use of PPE and other precautions."* (https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-IPC_Masks-Health_WorkersOmicron_variant-2021.1)

The emergence of the more infectious Omicron variant as the dominant variant in Ireland places further emphasis on use of respirator mask protection when caring for patients. Concern regarding the increased potential for longer-range transmission of the Omicron variant is reflected by a HSE recommendation that respirator masks should be used by all

healthcare workers in all setting where they are caring for patients and should in addition be offered to patients.

As experience with COVID-19 has grown and as more infectious variants of the virus (such as alpha, delta and now omicron) have emerged it is increasingly accepted that airborne transmission of SARS-CoV-2 can occur from infectious people in settings other than when aerosol generating procedures are performed. This is particularly the case in crowded indoor settings with poor ventilation. Some healthcare settings have found it helpful to use of carbon dioxide (CO2) monitors, mobile or fixed, to identify areas of poor ventilation and or to monitor ventilation.

Managing the Risk of Transmission of COVID-19 in Dental Services

The incidence of COVID-19 disease, in particular of severe disease, has greatly declined in healthcare workers as vaccine has rolled out. The risk to patients is reduced also as an increasing proportion of the general population are vaccinated. **Vaccination has proved highly effective at preventing severe disease but it is less effective at preventing infection**. Therefore, it remains important that dental practices review adherence to all recommended measures to reduce the risk of virus transmission in their practice on a regular basis.

Standard Precautions

The foundation of managing the risk of infection of patients and healthcare workers in every healthcare setting including dental care is the application of Standard Precautions to all patients in all settings at all times. For further information on Standard Precautions please see the Draft NCEC Infection Prevention and Control Guidelines.

Transmission based Precautions

Transmission-based Precautions are measures taken in addition to Standard Precautions to manage risk of transmission of infection when caring for people with known or suspected infectious disease for which Standard Precautions alone are not sufficient. Transmission-based Precautions include Contact, Droplet and Airborne Precautions. For details on

Transmission-based precautions please see the Draft NCEC Infection Prevention and Control Guidelines.

Key points in the context of dental practice are the risk associated with provision of dental services in the context of the COVID-19 pandemic. As dental work relates to the oral cavity there is likely to be significant Contact and Droplet exposure if providing any dental care to a person with infectious COVID-19. The risk of airborne exposure is greatest when performing an Aerosol Generating Procedure (AGP) on a person with infectious COVID-19. There is also a risk of airborne infection, in the absence of AGP, if infectious people are present in crowded indoor settings with poor ventilation. Although most people with infectious COVID-19 can be identified prior to treatment based on assessment for clinical features of COVID-19 and risk factors for COVID-19 this will not reliably identify all infected or infectious people. The probability of caring for an unidentified infectious person is higher in the context of high levels of community transmission of COVID-19. This document is intended to support services to keep the risk of infection as low as possible in dental services at all levels of community transmission.

In addition to exposure related to working directly on the oral cavity of infectious people, dental healthcare workers may be exposed to infection risk when working on dental prostheses that have been exposed to oral fluids from infectious people. This work involves both contact with potentially contaminated materials and AGPs.

Vaccination

Encourage patients and staff to get vaccinated as soon as eligible to do so. Vaccination of healthcare workers against COVID-19 is a critical element in managing the risk of transmission of COVID-19. The impact of vaccination in reducing the incidence of serious disease related to COVID-19 even in settings in which infection of healthcare workers was most common prior to vaccination has been dramatic. Vaccination status is an important consideration in assessing risk of harm from COVID-19. Vaccination of healthcare workers against Influenza virus is also important.

For most people primary vaccination against COVID-19 was based on two doses of vaccine. Immunocompromised people required three-dose extended primary course. The booster dose is the third dose for most people and a fourth dose for immunocompromised people.

People who have had COVID-19 diagnosed in the previous three months can also be considered to have protection against infection.

IPC Precautions Required to Manage the Risk of Associated with Provision of Dental Services

Note: that additional detailed IPC guidance is available in the Draft NCEC Infection Prevention and Control Guideline.

The following are guiding principles related to controlling the risk of COVID-19 in all healthcare settings.

1. Protection of healthcare workers by vaccination including booster vaccination;
2. Identification of both those patients that may represent an increased risk for transmission of COVID-19 and those patients who may be at greater risk of harm as a consequence of COVID-19 before arrival for treatment;
3. Identification of those healthcare workers that represent an increased risk for transmission of COVID-19 to patients and excluding them from the workplace, for example healthcare workers who have symptoms of COVID-19.
4. Identification of those healthcare workers that may be at a greater risk of harm as a consequence of COVID-19 and ensuring that they have appropriate medical advice regarding their work;
5. Reduce unnecessary footfall through the practice;
6. Minimise workplace contacts (the degree of interaction between people);
7. Maintain physical distance (for example use floor markings);
8. Avoid unnecessary physical contact or other exposure in the clinical environment;
9. Follow **Standard Precautions with all patients at all times**;
10. Follow the HSE recommendation on use of masks by healthcare workers;
11. Follow **Transmission-based Precautions** when required;

12. Note. Guidance on the safe use of PPE, including donning and doffing PPE including a video is available on www.hpsc.ie.

Responsibility for delivering safe and effective care

All healthcare workers in dental services must act to protect their patients, while also safeguarding their own health, and the health and wellbeing of colleagues. Vaccination plays a key role in achieving both protection of self and patients.

All healthcare workers in dental services are advised to remain up to date on the COVID-19 public health and occupational health guidance, available from the Health Protection Surveillance Centre.

Before providing or accessing dental services

Note that HSE Occupational Health Guidance for COVID-19, including guidance related to pregnancy is available at https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/

Staying away from work if unwell

A key element in managing the risk of exposure to risk to healthcare workers and patients from an infected healthcare worker is that staff members do not present for work if they have fever, symptoms of respiratory tract infection or other symptoms of COVID-19 or influenza. **Staying away from work when one has symptoms continues to apply to staff who are vaccinated including booster.**

Staff members should be asked to confirm that they are free of fever and symptoms of COVID-19 on arrival at work. Staff members should follow the current guidance for healthcare workers who are contacts or household contacts.

Some healthcare services monitor temperature of all healthcare workers on arrival at work and mid shift. If temperature checking is implemented there must be criteria for identifying

as significant fever and a clear process for managing staff with a raised temperature. Monitoring for temperature is not an alternative to asking about symptoms of viral respiratory tract infection. Many people with COVID-19 do not have a high temperature.

Going off duty if symptoms develop

Healthcare workers should be aware that they must go off duty promptly if they develop symptoms of COVID-19 or other viral respiratory tract infection. This continues to apply to staff who are vaccinated including booster.

Healthcare workers and dental practices should consider plans for transportation home without using public transport if they become symptomatic at work. They should be asked to confirm that they remain well about mid-shift. Healthcare workers who develop fever or respiratory symptoms should arrange for testing by PCR or seek medical advice if required. Note that people who are severely immunocompromised, people aged 65 years and older who are not vaccinated and people age 12-64 who are not vaccinated and have a medical condition that places them at high risk of severe disease may be eligible for early treatment to reduce the risk of severe COVID-19. Any healthcare worker who is aware of such a patient with symptoms of COVID-19 should encourage them to seek medical advice promptly.

In relation to risk to patients and healthcare workers of infection from patients (for example while waiting for treatment) key elements of managing that risk are addressed as follows:

Vaccination

Encourage patients and staff to get vaccinated as soon as eligible to do so.

Limit footfall

Limit footfall through the practice by discouraging unnecessary attendance at the practice by people who can be dealt with by telephone. Limit the number of visits by each individual to the practice by providing any treatment that can be safely given at each attendance. This also limits the number of different interactions on each day.

Identify high risk patients

Identify all patients with new onset fever or symptoms of respiratory illness or other symptoms of COVID-19 before they attend the practice (for example by telephone call or text). Defer the appointment for symptomatic patients. If appropriate such patients should be directed towards medical care for assessment of the need for testing for COVID-19 and early treatment (see above).

Non-contact based measurement of temperature at reception is neither sensitive nor specific for COVID-19 and is not a requirement. Where temperature is measured at reception it is necessary to have clear criteria for interpretation and pathways for directing those identified with raised temperature.

Temperature screening is NOT a substitute for asking people about symptoms.

If providing dental services in a Residential Care Facility or to patients from a Residential Care Facility or similar setting establish in advance of attending /before seeing the person if there is evidence of transmission of COVID-19 in the Residential Care Facility.

When are people no longer infectious?

In general, patients with COVID-19 are considered non-infectious for most purposes 7 days after onset of illness if they are well and are substantially recovered for the last 2 days. As those with COVID-19 are currently advised to stay home on days 8, 9 and 10 of their infection and wear a mask when in contact with other people, it is reasonable to defer dental care for 10 days from onset of symptoms or from positive test unless there is urgency. For the purposes of dental care deferral to 14 days, where possible, is appropriate for people with more severe disease requiring hospitalisation. Retesting is generally not appropriate in these circumstances however if there is a specific concern about an patient, for example a patient with impaired immune function, it is appropriate to discuss with the patient's medical team.

Signage

Place signage at the entrance to the practice and ensure a further verbal check for fever or symptoms of respiratory illness or other symptoms of COVID-19 at reception to identify symptomatic patients. This verbal check should apply to the patient and to any accompanying person (parent, guardian, carer) who needs to enter the dental surgery to accompany the patient. Signage promoting vaccination and booster doses should also be in place.

Use of transparent screens

Transparent screens between reception staff and patients/accompanying persons may reduce exposure to respiratory droplets. They should be used when possible. If this is not possible and reception staff are within 1m of patients or accompanying persons staff should use masks in keeping with current HSE recommendations for the healthcare setting. Whether screens are used or not, measures should be taken to improve natural ventilation in the reception area consistent with weather and comfort and security. The objective is a gentle movement of air rather than strong air currents.

Infection Prevention and Control Lead Person

Identify a specific person to take a leadership role for infection prevention and control and support them with training and some protected time for this role. At a minimum training should include taking the infection prevention and control modules available on HSeLanD platform. This is available to all healthcare workers. It is expected that this person will be a dental professional. They need not have a formal qualification in Infection Prevention and Control but should be very familiar with relevant national guidelines and be able to point colleagues to relevant supporting materials. The amount of protected time will vary with size of practice but should be sufficient to ensure that they can keep up to date with relevant guidance, deal with questions from colleagues and periodically check on signage and processes for managing risk.

This requirement for an IPC lead is in addition to the Dental Council Code requirement for a Decontamination Lead although it may be appropriate for the same person to fulfil both roles.

This IPC lead role is a management function and therefore is distinct from the role of the Workers Representative referred to in the Health and Safety Authority requirements.

General Building Lay Out and Cleaning

Consider what measure can be taken to improve natural ventilation in the building consistent with weather and comfort and security. The objective is a gentle movement of air rather than strong air currents.

Mechanical ventilation is not a requirement for dental practice. If used it is important that it is properly installed, commissioned and maintained.

Routine use of air cleaning devices is not recommended. There is no clinical evidence that they reduce the risk of SARS-CoV-2 infection. There is evidence that these devices can remove virus RNA form the air.

Carbon dioxide monitors are not required as routine but some settings may find them helpful in assessing and or monitoring ventilation.

Take full account of the use of the building and its environs.

Liaise with other users in the building and its environs to support physical distancing.

Consider floor markings to demonstrate minimum requirement for social distancing

Remove non-essential items from non-treatment areas

Ensure that all furniture, fittings and floor coverings in the reception and waiting area are made of or covered with materials that are easy to clean and decontaminate.

Ensure hand sanitiser is available.

Ensure that an environmental cleaning protocol is available to ensure that appropriate cleaning is performed.

Cleaning of non-treatment areas is normally performed with detergent and water or detergent wipes.

For cleaning the non-treatment environment use of plastic apron and household gloves are an appropriate level of PPE.

All touch surfaces should be cleaned at a minimum of once per day and whenever visibly dirty.

Toilets should be cleaned at least twice per day and whenever visibly dirty.

Operational Processes

Ask patients attending the practice to come alone if possible

Ask parents not to bring non-appointed siblings to the appointment if possible

To limit walk in situations, use signage and answering machine messages to ensure that access is by scheduled appointment, unless the dentist deems that the attendance can be safely managed.

Prior assessment of the patient to check for symptoms is easier and managing footfall through the practice are easier with scheduled appointments

Promote hand hygiene at reception (signage, verbal reminders and provide alcohol hand rub).

Promote respiratory hygiene and cough etiquette (signage, provide tissue and bins).

Promote the use by patients and accompanying persons of masks while in the premises.

Promote uptake of COVID19 vaccination and booster doses.

Reduce use of waiting areas and arrange for patients to attend the surgery directly at the appointed time.

Promote physical distancing to the greatest extent possible while waiting treatment.

Consider asking the patient to wait in their own vehicle rather than in a waiting area where this is practical.

To the greatest degree practical the patient should establish phone contact on arrival to help manage attendance and check in.

Ask patients and any accompanying person should perform hand hygiene with hand sanitizer on arrival. If the person is wearing gloves ask them to remove and discard the gloves before performing hand hygiene.

Ensure that scheduling of appointments is managed to reduce patient contacts and allow appropriate time for any cleaning and disinfection required before the next patient.

Minimise non-essential interaction (especially physical contact) between staff members and patients and between staff members.

Monitor supplies of materials required for good infection prevention and control practice including supplies required to support hand hygiene and supplies of PPE.

Processes for instrument cleaning and decontamination must adhere manufacturer’s recommendations and all applicable standards.

Treatment Area Environment Cleaning

Remove non-essential items from treatment areas.

Ensure hand sanitiser is available.

As below, if an AGP is required on a patient with suspected or confirmed COVID-19 it should be performed in a room with mechanical ventilation. If for any reason an AGP is performed on a patient with known or suspected COVID-19 in a room that is not mechanically ventilated the room should be vacated for 1 hour after completion of treatment before cleaning commences.

Single treatment room dental surgeries are preferred from first principles however, it is not clear that multiple-chair dental surgeries are associated with increased risk. There should be adequate space between chairs (a minimum of 1m) to ensure that there is no physical contact between either patients or staff working at different chair and staff caring for patients in separate chairs should generally work independently of each other accepting that supervisors and trainers will need to move between stations in the conditions of an educational setting. Physical barriers, for example plastic shields may be used to in reception areas to reduce the risk of interaction between patients and staff.

Increased ventilation helps to disperse aerosols generated. Increased ventilation may be achieved naturally (for example opening a window where practical) or by appropriately controlled, mechanical ventilation. At all times it is appropriate to maximise ventilation in so far as practical given the facility and climate conditions.

Cleaning of the Treatment Area

Ensure that an environmental cleaning protocol is available to ensure that appropriate cleaning and disinfection is performed. Standard cleaning and disinfection agents used in healthcare settings are appropriate.

Ensure that members of staff are clear on the distinction between routine cleaning required after all patients and any specific additional requirements in the event that a patients with suspected or confirmed infectious disease including COVID-19 is cared for.

In the event that treatment is provided to a patient with suspected infectious disease including COVID-19 more extensive cleaning of all contact surfaces is required and disinfection of those surfaces is also appropriate.

Cleaning of the general clinical environment is normally performed with detergent and water or detergent wipes. Disinfection is not a substitute for cleaning.

When disinfection is required (for example after caring for a person with COVID-19 or other infectious disease) it must follow cleaning or be performed simultaneously with cleaning as a 2 in 1 process.

For cleaning in treatment areas use of plastic apron and household gloves are an appropriate level of PPE.

All touch surfaces should be cleaned at a minimum of once per day and whenever visibly dirty.

Surfaces in the treatment area that are touched by the patient, patient's body fluids, and equipment or by dental staff should be cleaned between patients.

Performing a Dental Procedure

Limit personnel in the treatment room to the minimum required and ensure that the door remains closed throughout to discourage access to the room during treatment. The minimum number of people required may include a parent or carer if the patient needs to be accompanied.

Non-essential personnel should not enter the treatment room during the procedure to address other issues.

The determination of the appropriate PPE in each situation must be guided by an assessment of the risk that the person is infectious and current guidance on mask use from the HSE

Use of dental cuspidors may be minimised or avoided by use of high volume suction and /or by asking the patient to spit into a disposable cup.

If dental cuspidors are used minimise physical contact between the patient and the cuspidor and ensure that the cuspidors are effectively cleaned and decontaminated between patients.

Fallow time is not recommended after an AGPs is performed assuming the person treated and any accompanying person has been assessed as low risk for COVID-19.

Pre-treatment mouth rinsing is not recommended. There is no clinical evidence to indicate that they are effective in reducing transmission of infection.

Dental prostheses and moulds should be safely packaged and appropriately labelled for transport to the laboratory with appropriate cleaning and disinfection before being sent to the laboratory and after laboratory work prior to placing in the patient's mouth.

The Role of Testing

Testing of patients without fever or respiratory symptoms to assess infection status in advance of essential treatment is generally not appropriate for access oral health care at this time however in keeping with evolving practice in other domains of healthcare it may be appropriate in certain specific contexts for example complex or lengthy treatment in patients or where there is concern that the patient may have been exposed to particular risk of COVID-19 infection for example in a residential care facility.

Patients where there is no suspicion of COVID-19 and who are not Contacts of COVID-19 or in whom there are other specific risk factors for COVID-19

The following applies to patients who have been assessed for clinical features suggestive of COVID-19 and who have no such features and in whom there is at present no evidence that they are currently infectious for COVID-19 patients or COVID-19 Contacts or otherwise at specific risk.

All dental procedures: Mask use as per current HSE guidance in addition to Standard, Contact and Droplet Precautions

Aerosol Generating Procedures: Standard Contact, Droplet Precautions. Note however that additional precautions may be applied based on individual risk assessment.

The Health and Safety Authority indicate that where a risk assessment indicates that workers need to use a close-fitting respirator mask for their protection that every effort should be made to comply with the requirement for fit testing of the workers, as far as is reasonably practicable. When fit testing of all staff is not immediately possible, then fit testing should be prioritised for those at greatest risk.

The requirement for protection from airborne transmission when performing AGPs on material removed from the mouth of people with suspected or confirmed COVID-19 in a laboratory or equivalent setting may be managed differently. For example it may be possible to manage the risk by decontamination of the item.

Patients with suspected or confirmed COVID-19 or in whom there are other specific risk factors for COVID-19

Where possible to defer dental procedures until after the infectious period/period of self-isolation or restricted movement has passed to avoid harm to the patient, the risk of exposure of patients and staff in the dental surgery is avoided. The following applies to patients with suspected COVID-19 until clinical evaluation has excluded or confirmed the diagnosis; it applies to those with confirmed COVID-19 until the infectious period has passed (see above); please refer to most recent HPSC advice

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/contacttracingguidance/

If it is essential to perform AGPs on patient with suspected or confirmed COVID-19:

1. Procedural measures to reduce aerosol generation (high volume suction and rubber dam) are appropriate when possible
2. The procedure should be performed in a facility with appropriately controlled mechanical ventilation such as an operating theatre.
3. Those performing the procedure should follow HPSC guidance on PPE use for AGPs

All dental procedures: Standard, Contact and Droplet Precautions, and Airborne may be required on risk assessment

Aerosol Generating Procedures: Standard Contact, Droplet and Airborne Precautions.

Clinical Waste

Principles of management are as per HSE Interim Guidance on Infection Prevention and Control. See also HSE standard operating procedures: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/dental

Continuing Review

As in all healthcare delivery, there are risks of infection associated with delivery dental services in the context of the COVID-19 pandemic. Dental practices should record and evaluate any incidents of COVID-19 infection that may be associated with delivery of dental services and should inform the Department of Public Health.

ENDS