

There have been a significant number of questions submitted by participants during the series of webinars delivered by the NES QIiPT team over the last few weeks. To address these, we have brought together the main themes identified and collated this list of general responses, with signposting to other sources of information. There are many sources of information available. We have included hyperlinks where possible.

Sources of guidance may change therefore please ensure you are using the most current version.

Unfortunately, some of the questions submitted were not within our remit or scope of the context of the webinar and we were therefore unable to answer all the questions submitted.

### **1. Practice Facilities: Public and Staff Areas Including Physical (Social) Distancing**

A risk assessment is essential to enable each practice to determine what needs to be put in place to support physical (social) distancing.

The modifications required will be specific to individual practice facilities.

Suggestions to support physical (social) distancing and infection prevention and control include:

- Provide clear signage and directions
- Distance marking - 2 metre spacing
- Screens for reception desk
- Hand sanitiser for patients
- Toilet restrictions
- Use phone or digital systems to communicate with patients to update information such as patient medical histories and triage
- Arrangements for controlling patient entry
- Patients should be unaccompanied. If patients need to be supported this will need to be known in advance of their appointment. Details for the accompanying individual should be recorded and they should be screened for COVID-19
- Staff areas assessed for social distancing and arrangements put in place e.g. stagger breaks, food preparation should be avoided.

Please note this list is not exhaustive.

#### **Useful links:**

[SDCEP Resuming General Dental Services Following COVID-19 Shutdown: A Guide and Implementation Tools for General Dental Practice for Phase 2 of Dental Services Remobilisation](#)

[GDC COVID-19 information](#)

[OCDO Standard Operating Procedure - Transition to Recovery. A Phased Transition for Dental Practices Towards the Resumption of the Full Range of Dental Provision](#)

[FGDP Implications of COVID-19 for the Safe Management of General Dental Practice - A Practical Guide](#)

## 2. Infection Prevention and Control

### 2.1 Hand hygiene

Hand hygiene is the most significant measure that dental teams, patients and the population can put in place to reduce the spread of COVID-19.

- More extensive information about hand hygiene can be accessed via the link to the National Infection and Prevention Control Manual (see below).
- Hand hygiene products or facilities for patient use should be provided and their use encouraged. Posters to prompt and direct this activity are widely available.
- A non-antimicrobial liquid soap or a plain, non-fragranced soap with no antibacterial agent should be used for washing, to avoid skin irritation.
- Alcohol based hand rub with 60-80% alcohol by volume is recommended.

Useful link:

[HPS National Infection Prevention and Control Manual](#)

### 2.2 Personal protective equipment (PPE)

Dental teams already use PPE as part of their Standard Infection Prevention and Control Precautions. However, there are some extra PPE requirements related to Transmission Based Precautions.

- Reception staff will need fluid resistant surgical masks (FRSMs) where physical (social) distancing cannot be maintained.
- Staff who are undertaking environmental cleaning tasks, including reception staff if this is part of their role, should wear PPE i.e. FRSM, apron, gloves and eye/face protection.
- All activity undertaken by each team member should be risk assessed to determine the level of PPE required.
- Current good practice is that long hair should be tied back and should not touch the staff member's collar. There is no recommendation for head coverings in dentistry.
- Type 2R (sometimes expressed as IIR) fluid resistant surgical masks (FRSMs) are required for non-aerosol generating procedures. Check packaging to ensure correct type is being used and that a CE mark is present.
- AGPs are not permitted in primary care during Phase 2(a) and Phase 2(b)<sup>1</sup> of remobilisation.

---

<sup>1</sup> Note that the CDO letter of 8 June 2020 updated the naming of the remobilisation phases.

- When aerosol generating procedures (AGPs) are permitted, the PPE requirements will be different and may include a gown and a mask with filtration mechanisms i.e. FFP2 and FFP3.
- Facial hair may affect FFP respirator fit and valves. Alternatives such as respirator hoods may be necessary.
- Following risk assessment, sessional use may be acceptable for some items of PPE e.g. visors. Specific guidance for this can be found on the PHE website.

**Useful links:**

[HPS National Infection Prevention and Control Manual](#)

[HPS COVID-19 PPE guidance](#)

[PHE COVID-19 Personal Protective Equipment \(PPE\)](#)

### 2.3 Environmental cleaning

Thorough and regular cleaning of all surfaces is required to reduce potential transmission of COVID-19 via direct contact and indirect contact. All hard surfaces and areas which may have become contaminated, such as counters, chairs, door handles, handrails, reusable non-invasive care equipment and sanitary fittings should be cleaned and disinfected.

- Cleaning policies and procedures should be in place for all areas. All staff involved must be trained and suitable PPE must be worn.
- Declutter all areas including surgery surfaces and waiting areas (e.g. remove magazines, toys and leaflets).
- All electronic equipment such as phones, computer keyboards etc. should be cleaned after use. Contactless payment systems should be set up if possible. Limit the use of pens.
- Toilet facilities should be monitored and cleaned after each use.
- Use disposable cloths or paper roll. Mops should be dedicated to specific areas and should be cleaned and stored dry unless disposable items are used.
- Cleaning with detergent is essential to enable effective disinfection.
  - Cleaning and disinfection can be carried out using detergent followed by disinfectant or using a combined product.
  - The specification of any product used for decontamination of equipment and contact surfaces must be checked to ensure:
    1. that it has bactericidal and viricidal activity, and
    2. that it is compatible with the surface being cleaned.
  - A variety of products are available e.g. 1000 parts per million (ppm) available chlorine (av.cl.); 70% alcohol etc.

**Useful links:**

[HPS National Infection Prevention and Control Manual](#)

[HPS Novel Coronavirus \(COVID-19\) Guidance for Primary Care](#)

[HPS Annex 1: Infection Prevention and Control in Urgent Dental Care Settings During the Period of COVID-19](#)

## 2.4 Decontamination

Decontamination of reusable instruments should be carried out as normal in the LDU by strictly following SDCEP Guidance.

- On re-opening, all decontamination equipment should be checked to ensure it is in good working order. In house periodic testing should be undertaken. If external testing or maintenance or repair is required, contact an engineer before use.
- It is good practice that instruments sterilised and stored before shutdown are reprocessed before use.

Useful link:

[SDCEP. Decontamination into Practice Guidance](#)

## 2.5 Dental unit water lines & legionella

After an extended closure period, it is important to check water systems.

- All taps, showers etc. should be run to ensure the water is clear and odour free. Call the water supplier if there are any concerns.
- Use biocide (according to manufacturers' instructions) before resuming use of the dental unit water line. Contact manufacturers or engineers for advice.
- Each dental unit water line and dental chair unit has different requirements. You should check the manufacturer's instructions and follow these.
- SDCEP has issued guidance on preparing practices for re-opening and this is available on their website.

Useful link:

[SDCEP Dental Practice Re-opening Following COVID-19 Checklist](#)

## 3. Aerosol Generating Procedures

During Phase 2(a) and Phase 2(b)<sup>2</sup> of the remobilisation of NHS dental services, as set out in the CDO letter of 20 May 2020, aerosol generating procedures (AGPs) will not be carried out in general dental practice. Consequently, there is currently no guidance specific for Scotland on precautions for carrying out AGPs in primary care. Until further notice, AGPs will only be undertaken in Urgent Dental Care Centres (UDCC). The information below is provided to answer specific questions on AGPs that arose during the webinars.

---

<sup>2</sup> Note that the CDO letter of 8 June 2020 updated the naming of the remobilisation phases.

- Examples of AGPs and non-AGPs are provided in Appendix 3 of the SDCEP guide. All dental procedures should be risk assessed for the potential to create an infectious aerosol on a case by case basis.
- The recommended time for air clearance following an AGP is currently one hour in a neutral pressure room.
  - Most dental surgeries are neutral pressure rooms.
  - Negative pressure rooms have special environmental controls e.g. ventilation, air flow, filtration, extraction systems, to control the quality and quantity of air in the room. The pressure in these rooms is lower than of the surroundings and this allows air to flow into a room but not to escape.
- There is no guidance recommending use of air purifiers or foggers in general dental practice.
- There is limited and contradictory advice on the use of air conditioning units during the COVID-19 situation. Any system which circulates air would have to be carefully considered so it does not create another potential risk. Contact your manufacturer for further advice.
- Other UK guidance on AGPs is available e.g. from FGDP(UK), CDO England, the BDA.

**Useful links:**

[HPS. Annex 1: Infection Prevention and Control in Urgent Dental Care Settings during the period of COVID-19](#)

[PHE. Reducing the Risk of Transmission of COVID-19 in the Hospital Setting](#)

[OCDO Standard Operating Procedure - Transition to Recovery. A Phased Transition for Dental Practices Towards the Resumption of the Full Range of Dental Provision](#)

[FGDP Implications of COVID-19 for the Safe Management of General Dental Practice - A Practical Guide](#)