

# COVID-19

## Practical Guide

based on expert recommendations

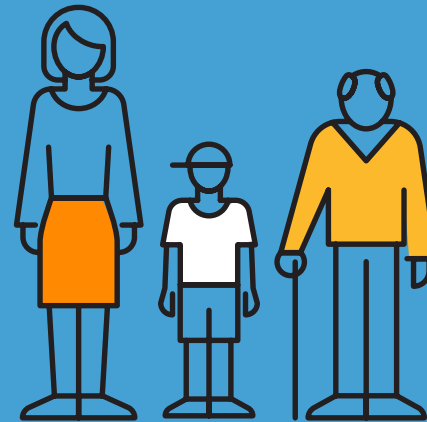


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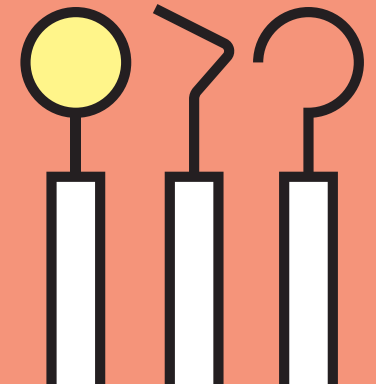
ORGANISATION  
OF THE  
PRACTICE



PATIENTS



TREATMENT



02

THE DENTAL TEAM



03

05

BIOCLEANING  
AND WASTE  
MANAGEMENT



## ORGANISATION OF THE PRACTICE

Waiting room - Reception - Treatment Room

It is essential not to allow people from outside the practice who are not essential to its operation to visit.



Limit the use of the waiting room. It is preferable for the patient to go straight to treatment room.



Display the alcohol rubbing protocol. [Download here.](#)



Provide an alcohol hand rub and protective masks for patients.



Display practical tips and barrier measures. [Download here.](#)



Suspend the use of water coolers.



If possible, put in place a splash protection system at the reception desk (glass, Perspex, etc.).



Remove all objects from the waiting area: magazines, books, toys, plants.



### RECOMMENDATIONS

- Limit the number of seats and provide a minimum of two metres space between them.
- Disinfect at least twice a day and ventilate regularly for at least 15 minutes.
- Limit access to toilets to a minimum.

Documents to download



> Barrier measures poster.



> Alcohol rubbing protocol.

The treatment room should be as empty as possible.

Work surfaces that are likely to be splashed should be completely cleared for easy cleaning.

Keep the door closed for the entire duration of the patient's appointment.

Protect computer equipment (keyboard, mouse, screen, etc.) either with a protective film or by covering them with a cleanable cover.

Ventilate for at least 15 minutes after each aerosol-generating procedure. If there is no window, consider installing an air filtration system.

Only allow the patient into the practice to be treated. For minors and patients who need assistance, only one accompanying person should be allowed and they must remain in the waiting room.

### RECOMMENDATIONS

For a multi-chair treatment room:

- Install an immediately accessible infectious healthcare waste (IHW) box or bag.
- Provide a pre-disinfection tank with immediately accessible lid.

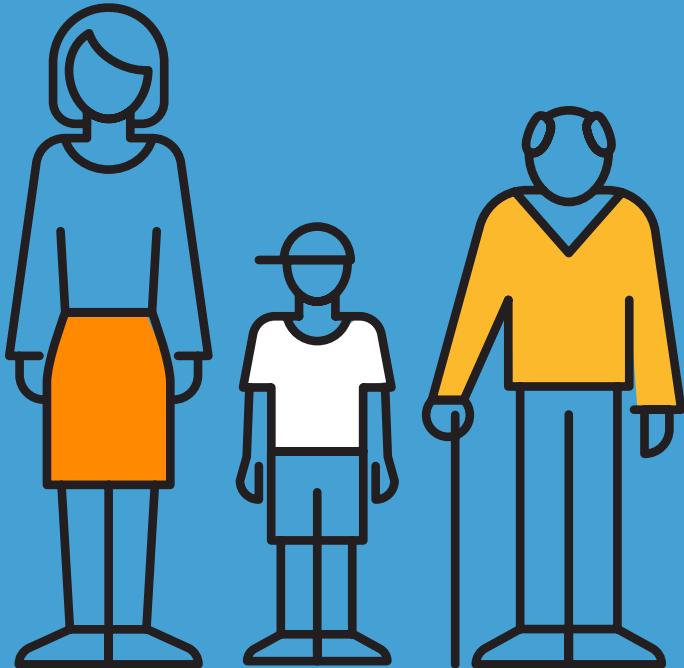
For premises with several treatment rooms:

- Work alternately in 2 treatment rooms.



## PATIENTS

- #1 Assessment of care needs and risk status
- #2 Appointment scheduling and reception



It is essential to carry out an initial assessment when scheduling an appointment. Patients should not attend the practice without an appointment.

When patients call and attend the practice, use the questionnaire in its entirety each time to identify possible risk situations and find out about their care needs.

[Download here.](#)



Patient with no symptoms suggestive of COVID-19 <sup>a</sup> and does not meet the characteristics of groups B, C and D.



Patient with no symptoms suggestive of COVID-19, no risky contact but at risk of developing a severe form of the disease <sup>b</sup>.



Patient with no symptoms suggestive of COVID-19 <sup>a</sup> but in close contact with a person known to have COVID-19.

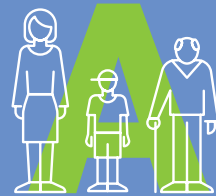


Patient with proven COVID-19 or with symptoms suggestive of COVID-19 <sup>a</sup> but not yet tested.

a. Main signs: Fever more than 38 °C or feeling feverish (chills), persistent cough, breathing difficulty, sudden loss of taste or smell.

b. Main risk factors: age > 65 years, complicated hypertension, chronic respiratory disease, poorly-controlled diabetes, pregnant women (3rd trimester), heart failure, obesity (BMI > 30), congenital or acquired immunosuppression.

Possible clinical procedures differ among groups.



Patient with no symptoms suggestive of COVID-19 and does not meet the characteristics of groups B, C and D.

Patient with no symptoms suggestive of COVID-19, no risky contact but at risk of developing a severe form of the disease.

Patient with no symptoms suggestive of COVID-19 but in close contact with a person known to have COVID-19.

Patient with proven COVID-19 or with symptoms suggestive of COVID-19 but not yet tested.

**Urgent care**

Any care requiring an intervention within 24 hours e.g. treatment of acute irreversible pulpitis, infections, trauma or bleeding.

Yes

Yes

In appointment times reserved for patients in this group.

Yes

In appointment times reserved for patients in this group.

Yes

In appointment times reserved for patients in this group.

**Non-urgent care**

Yes

Possible <sup>a</sup>

No  
The patient should be reassessed 14 days (incubation period) after the last contact with the person:  
- Proven COVID  
- Symptomatic

No  
Postpone treatment until the recovery criteria are met based on:  
- general patient population <sup>b</sup>  
- immunosuppressed patient <sup>c</sup>

a. Assess the risk/benefit ratio between the treatment to be carried out and the risk of exposure incurred by the patient (joint and informed decision between the practitioner and the patient) consider in particular: the patient's health status, the epidemic level in the region, the possibility of postponing the treatment concerned.

b. At least the 8th day from the onset of symptoms, making sure that there has been no fever or dyspnoea for at least 48 hours.

c. At least the 10th day from the onset of symptoms, making sure that there has been no fever or dyspnoea for at least 48 hours.



If the patient is given an appointment, ask them to come with a surgical or easily affordable mask.

Require hand sanitising with the alcohol rub provided.



Taking the patient's forehead temperature upon arrival is not recommended.



Ensure compliance with disinfection and ventilation rules.



Require the wearing of a mask.



Schedule patients C and D preferably at the end of the session (late morning and late afternoon) or dedicate specific half-days to them.



For patients in these two groups, only urgent care is provided.



RECOMMENDATIONS

- Advise Groups A, B and C patients that if they develop symptoms before the appointment, they should not come to the practice and should contact the reception again to schedule a new appointment.
- Ask patients to wait outside the clinic.
- Only allow in the patient to be treated.

Document to download



"Sample letter to be sent to the patient".

## CAREGIVERS AND NON-CAREGIVERS

#1 Non-caregivers

#2 Caregivers

#3 Treatment and equipment required



It is essential to wear protective equipment and observe dressing and undressing procedures.

[Download here.](#)

Non-caregivers are the first to be in contact with patients. Hygiene and protection rules are simple to comply with and must be fully implemented.

Ensure that the reception team never enters the care space.



Wear goggles or a face shield in the absence of effective splash protection.



In all circumstances wear a protective surgical mask. Download [here](#).



### RECOMMENDATIONS

Personal hygiene measures apply to all professionals in the clinic:

- The forearms should not be covered, and nails should be short (no nail polish, false nails or resins).
- Do not wear jewellery on hands and wrists (no bracelets, rings, wedding rings or watches).
- Tie back long or medium-length hair.
- Wear clean professional clothing appropriate to the activity.
- Rub hands with an alcohol rub after each change of clothing.

Document to download



"Hand hygiene procedures"

The care team must wear professional clothing dedicated to the care activity e.g. goggles, trousers, cap, short-sleeved tunic, closed shoes.

For treatment, wearing additional personal protective equipment (PPE) is required.

Do not have a beard or other facial hair, as it can stop the mask from sealing.



Continuing to wear the same FFP2 mask for several patients is only possible if the mask has not been soiled, wet or handled.



Always wear a surgical mask when the caregiver is not wearing an FFP2 mask.

Always wear an FFP2 mask (or equivalent: during aerosol-generating treatment and also during biocleaning and ventilation of the treatment room. Download [here](#).



### RECOMMENDATIONS

Personal hygiene measures apply to all professionals in the clinic:

- The forearms should not be covered, and nails should be short (no nail polish, false nails or resins).
- Do not wear jewellery on the hands and wrists (no bracelets, rings, wedding rings or watches).
- Tie back long or medium-length hair.
- Rub hands with an alcohol rub after each change of clothing.



Document to download



"Dressing and undressing procedures"

Carrying out treatment does not always require the same equipment and the same ventilation procedures.



What type of appointment?



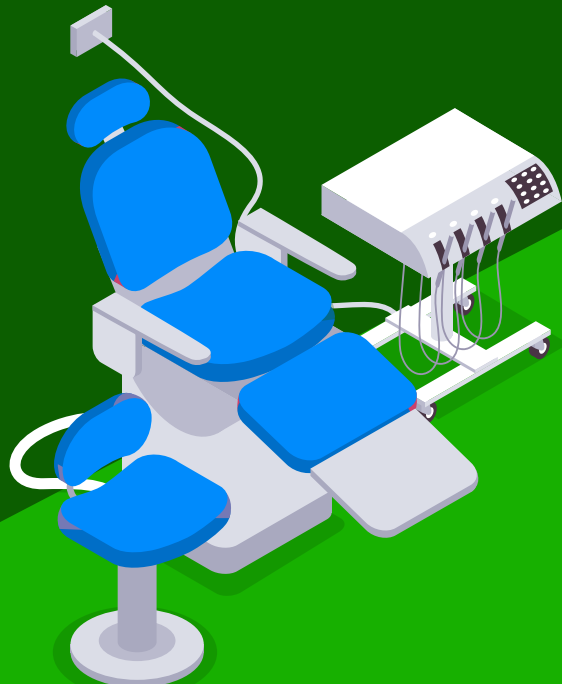
Which mask to use?



Which other protective equipment?



Need to ventilate the treatment room?

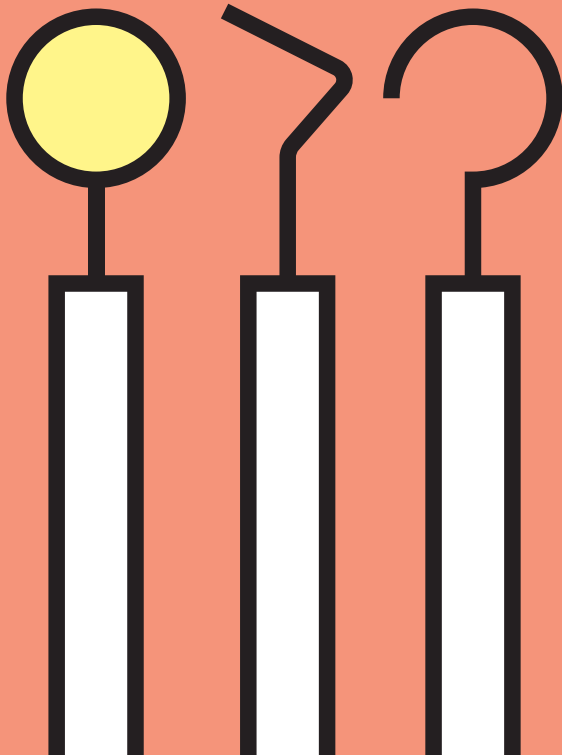


What type of appointment?	Which mask to use?	Which other protective equipment?	Need to ventilate the treatment room?
<b>Non-aerosol treatment</b> (consultation, fitting of removable prosthesis, etc)	Surgical mask	<ul style="list-style-type: none"> <li>Surgical cap</li> <li>Face shield or goggles</li> </ul>	<b>No</b>
<b>Aerosol-generating and non-bloody procedure</b> (conservative treatment, endodontics, etc)	FFP2 mask	<ul style="list-style-type: none"> <li>Surgical cap</li> <li>Goggles + face shield</li> <li>Plastic apron</li> </ul>	<b>Yes</b> At least 15 minutes between treatments
<b>Aerosol-generating bloody treatment</b> (extractions, surgical procedures)	FFP2 mask	<ul style="list-style-type: none"> <li>Surgical cap Goggles + face shield</li> <li>Gown or plastic apron + sleeves</li> </ul>	<b>Yes</b> At least 15 minutes between treatments

## THE PROVISION OF CARE

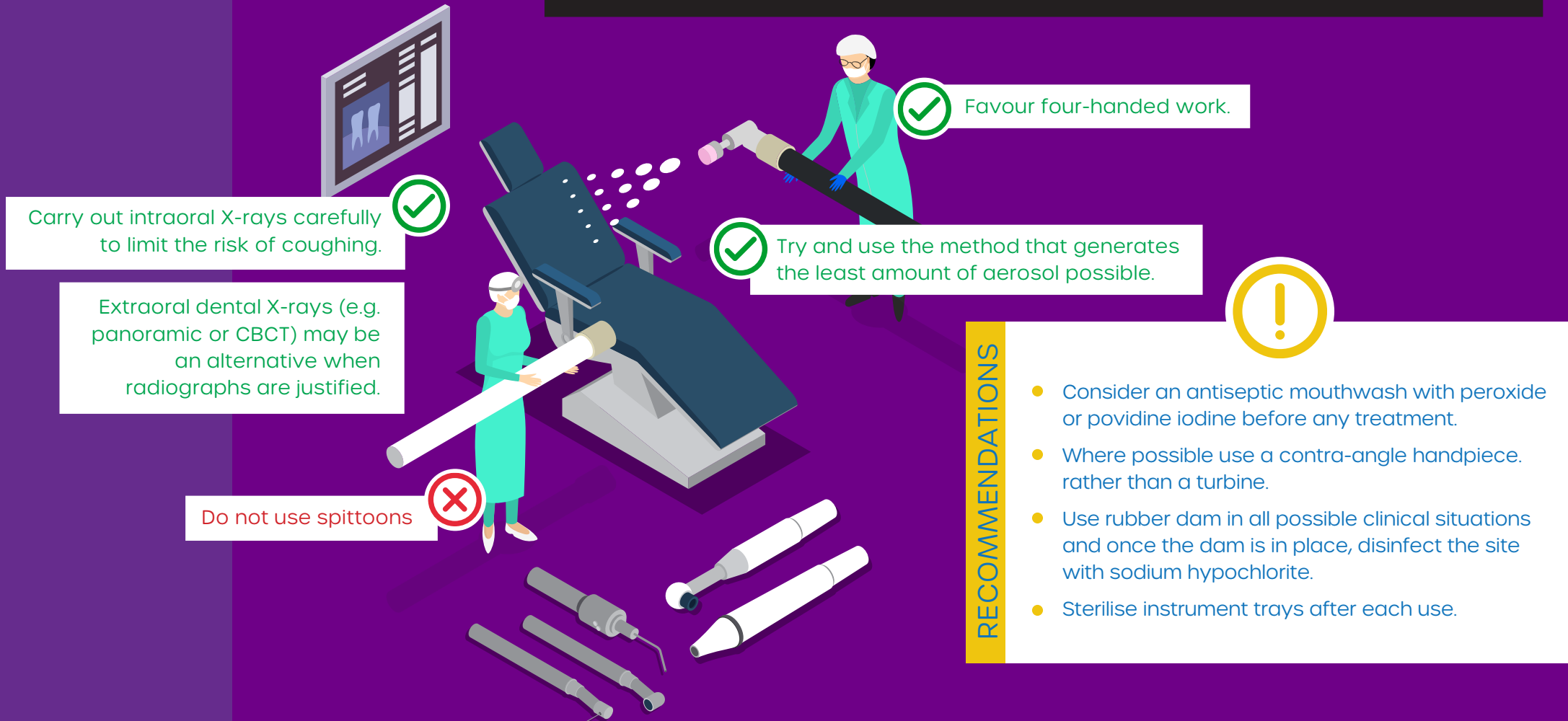
Aerosol-generating procedures and treatment protocol

It is imperative for patients to keep their mask on until the beginning of treatment and to put it back on at the end of treatment.



Aerosol-generating procedures and treatment protocol

Ultrasonic scaling, using the turbine, utilisation of the air/water syringe and a contra-angle generate aerosols. Try and use the method that generates the least amount of aerosol possible.



The illustration shows a dental procedure in progress. A dentist in a green coat and mask is using a handpiece on a patient's teeth. A dental assistant is also present. A monitor displays X-ray images. Various dental instruments are shown at the bottom. Callouts provide specific instructions and warnings.

**Carry out intraoral X-rays carefully to limit the risk of coughing.** (Green checkmark icon)

Extraoral dental X-rays (e.g. panoramic or CBCT) may be an alternative when radiographs are justified.

**Do not use spittoons** (Red X icon)

**Favour four-handed work.** (Green checkmark icon)

**Try and use the method that generates the least amount of aerosol possible.** (Green checkmark icon)

**RECOMMENDATIONS** (Yellow exclamation mark icon)

- Consider an antiseptic mouthwash with peroxide or povidine iodine before any treatment.
- Where possible use a contra-angle handpiece, rather than a turbine.
- Use rubber dam in all possible clinical situations and once the dam is in place, disinfect the site with sodium hypochlorite.
- Sterilise instrument trays after each use.

## BIOCLEANING AND WASTE MANAGEMENT

#1 Between patients  
#2 At the end of the day

It is imperative to observe all standard guidelines on the prevention of healthcare-associated infections.

Standard procedures for sterilising and disinfecting medical devices should not be changed.





#1 Between patients

PPE must be changed (gloves, apron, sleeves, gown) or decontaminated (shield, glasses) after each patient.

Ventilate the treatment room for at least 15 minutes, with the window wide open and the treatment room door closed.

Rinse the suction hoses with water.

At the end of each half-day, disinfect the suction, decontaminate the suction filters and if the waiting room was used clean all waiting room surfaces.

Disinfect all surfaces (chairs, unit, suction hose, work surface, handles, etc.) with a disinfectant that complies with standard NF EN 14 476 for the appropriate time recommended by the manufacturer.

Decontaminate suction nozzles.

## RECOMMENDATIONS

- Treatment waste and soiled PPE are to be disposed of through the infectious healthcare waste (IHW) stream.
- Unsoiled PPE is to be disposed of through the household waste stream following a specific procedure.
- Use a hypochlorite/chlorine-based solution for disinfection.

Procedures to be followed between patients (see previous page) must be repeated at the end of each half-day.



Close waste bags with gloves on and, then, systematically wash your hands .



Respect the following procedures for disposing, through the household waste stream, of unsoiled and non-wetted PPE:

- Use a bag dedicated to this waste
- Do not carry out bag transfers.
- Double the bag with a second bag
- Close the bag and store it for 24 hours before putting it out for collection.

Dispose of treatment waste and soiled PPE in the yellow IHW bin.



### RECOMMENDATIONS

- Disinfection of suction.
- Decontamination of suction filters.
- Cleaning of the waiting room surfaces if it was used.
- At the end of the day, floors should be cleaned by wet washing and disinfection.
- Do not use a vacuum cleaner.
- Use a hypochlorite/chlorine-based solution for disinfection.



# Acknowledgements

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Oral Health Foundation is a charity dedicated to delivering better oral health.

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