



Cottesloe Dental

COVID-19 Protocol Manual

Feb 2021 by Dr Luke J Rodman

Purpose of this manual

COTTESLOE DENTAL has developed the following manual to support staff and practitioner compliance with the COVID-19 pandemic.

Each dental practitioner and staff member is responsible for compliance with this manual.

This manual should supplement, and be used in conjunction with, the existing Cottesloe Dental Infection Control Manual.

COTTESLOE DENTAL COVID-19 Protocols

COTTESLOE DENTAL has developed this manual, which is consistent with the current legislation, recommendations and guidelines.

The Partners of Cottesloe Dental will provide all staff with access to this manual and training on the outlined procedures. All staff are expected to comply with the practice procedures as outlined in this manual. Staff members are aware of their legal obligations. These include work health and safety legislation stipulating the need to follow legal directions including compliance with infection control protocols.

Our practice encourages staff to regularly review infection control protocols, training and documentation. Compliance with this manual ensures that infection control risks are reduced, and therefore compliance issues with infection control protocols are addressed in staff performance reviews.

A. COVID-19

1. What is COVID-19?

COVID-19 is the name attributed the coronavirus emerging from Wuhan, Hubei province in China late 2016. A coronavirus indicates a large family of viruses which belong to the family of *Coronaviridae*. Recently, the word coronavirus has been used to describe, and become pseudonymous with, the β -coronavirus 2019-nCoV, also called the novel coronavirus (nCoV) or COVID-19.

Several members of the Coronavirus family may cause mostly mild respiratory disease in humans; however, notable exceptions that have gained worldwide recognition include the Severe Acute Respiratory Syndrome (SARS-CoV) and the Middle East respiratory syndrome coronavirus (MERS-CoV). These caused some patients to succumb to fatal severe respiratory diseases. This virus is zoonotic (infectious disease spread from animals), with Chinese horseshoe bats (*Rhinolophus sinicus*) being the most likely origin.

2019-nCoV mutations has led to different strains which predominate in geographical locations. For example, the UK and South Africa have documented strains that appear more infectious.

2. Transmission of infection

It is thought to be mainly passed directly from person to person by aerosolised particles and respiratory droplets, as well as contact transmission, such as the direct contact with oral, nasal, and eye mucous membranes after touching contaminated surfaces.

The asymptomatic incubation period for individuals infected with 2019-nCoV has been reported to be ~1–14 days and has been estimated to be 5 to 6 days on average.

The virus can be spread from an asymptomatic person. This makes controlling its spread challenging, as it can be difficult to identify and quarantine individuals. Recovering patients have been reported to have also been able to transmit the virus.

3. How does infection present?

Symptoms may include fever, cough, shortness of breath, and fatigue. Less

common symptoms include sputum production, headaches, loss of taste and smell, and diarrhoea.

The transmission rate for COVID-19 is much higher than the seasonal flu, and it appears the immunity to the disease is very low, so the risk of infection spreading is high. Accordingly, epidemiologic history is of relevance as a history of being in contact with known cases or in locations of uncontrolled spread is a high risk of infection.

Anyone infected with COVID-19 should have dental treatment delayed for 1 month after recovery.

4. Duty of care

As dental professionals and healthcare workers, the risk of cross infection is high between patients and dental practitioners. We see patients in close proximity and have risk of exposure to saliva, blood, and other body fluids, as well as handle sharp instruments. Dental professionals should be familiar with how COVID-19 is spread, how to identify patients with infection, and what protective measures should be adopted in order to help prevent transmission.

Firstly, identifying patients who may have the infection is imperative. In general, symptomatic patients should reschedule their appointment. If a patient has been to a region of known outbreak, quarantine for at least 14 days is required.

Patients must be asked about their health status and history of contact or travel prior to attending the practice.

Hand hygiene, social distancing and use of facemasks is the most critical measure for reducing the risk. SARS-CoV-2 can persist on surfaces for a few hours or up to several days, depending on the type of surface, the temperature, or the humidity of the environment. This reinforces the need for good hand hygiene and the importance of thorough disinfection of all surfaces within the dental clinic.

Dental professionals should avoid touching their own eyes, mouth, and nose.

B. Precautions for infection control

In our practice, The Partners of Cottesloe Dental and our clinical staff understand that infection control requires consideration of the specific situation of each patient and the appropriate use of standard precautions for all patients, supplemented with additional precautions for the COVID-19 pandemic.

We request that patients and visitors be aware of their role in minimising infection risk in our practice by following basic hand hygiene measures, mask use always, other than when advised, as well as respiratory hygiene and cough etiquette. We ask that they avoid shaking hands and unnecessary contact where possible.

1. Standard precautions

In our practice, the following standard precautions are performed at all times by all staff for the treatment of patients:

- Hand hygiene before and after gloving, and after every patient contact
- Use of PPE such as gloves, masks, eye protection, gowns, and appropriate footwear
- Use of PPE during clinical procedures, and when cleaning and reprocessing instruments
- Appropriate reprocessing of reusable instruments
- Effective environmental cleaning
- Use of barriers such as plastic coverings on surfaces that may become contaminated and are difficult to clean, in line with manufacturer's instructions
- Respiratory hygiene and cough etiquette
- Use of aseptic techniques
- Appropriate handling of linen and clinical gowns
- Correct handling and disposal of contaminated waste
- Safe handling and disposal of sharps
- Wearing clinical gowns only in the clinical areas

2. General personal hygiene

In our practice, practitioners and staff always maintain excellent personal hygiene:

- Removal of all jewellery (including bangles, bracelets, watches and rings) from hands and arms.
- Fingernails short, smooth, clean and free of nail polish or artificial nails.
- Ensure that hands are well cared for and that hand skin is intact. Treat and cover broken or injured skin appropriately with a waterproof dressing and change when dressing becomes soiled.
- Ensure that hands and forearms are clean and bare.
- Ensure that long hair is securely tied back.
- All clothing is to be clean and undamaged
- Facial Hair (where appropriate) is kept neat and tidy

3. Hand hygiene

Our practice encourages good hand care by:

- Supplying hand sanitiser at the entrance to the building
- Supplying hand sanitiser at all points of interpersonal contact
- Providing soap and paper towels at all available handwashing stations

Hand hygiene reduces the number of microorganisms on hands. Hand hygiene involves the application of a waterless antimicrobial agent to the surface of the hands (alcohol-based hand rub or ABHR), or the use of soap/solution (plain or antimicrobial soap) and water.

Comprehensive information on hand hygiene measures is found in the NHMRC *Australian Guidelines for the Prevention and Control of Infection in Healthcare* and on the Hand Hygiene Australia (HHA) website www.hha.org.au/hand-hygiene.

Staff compliance with hand hygiene requirements is regularly audited in our practice as it is fundamental to infection control.

3.1 Alcohol-based hand rubs (ABHR)

TGA-approved ABHR is used by staff in our practice for all clinical situations where hands are visibly clean, including:

- Entering and leaving a clinical area
- Before touching a patient
- Before a procedure
- After a procedure or body substance exposure risk
- After touching a patient or a patient's surroundings
- Before putting on gloves
- After the removal of gloves
- Before handling an instrument for patient care
- Between patient appointments and during interruptions
- Before and after touching a computer keyboard in a clinical area.

Technique:

1. Apply manufacturer's recommended amount into dry hands (1–3 mL).
2. Rub hands together so that the solution comes into contact with all surfaces of the hands, paying particular attention to the tips of the fingers and thumbs.
3. Rub vigorously until the solution has evaporated and the hands are dry.
4. ABHR can be used during the day as often as is required.
5. Bottles of ABHR are not 'topped up'. Empty dispensers are discarded and not reused.

Handicare Hand Sanitiser is available at all hand hygiene stations and can be found with the staff nurse.

4.2 Routine (plain soap and water) hand washing

Staff in our practice wash their hands with plain soap (liquid detergent) and water:

- As frequently as possible
- At the start and end of the working day/session
- When hands are visibly dirty or contaminated with blood or other body tissue/fluids
- Before and after lunch breaks
- After toilet breaks
- Before preparing food

In our practice, liquid handwash in the form of Handicare Hand and Body Wash is used for hand washing.

Technique:

1. Wet hands thoroughly with cold or warm water.
2. Apply the recommended amount of plain detergent handwash from the dispenser.
3. Rub hands together to form a lather, and continue for a minimum of 15 seconds. Make sure that the solution comes into contact with all surfaces of the hands, paying particular attention to the tips of the fingers, thumbs and areas between the fingers.
4. Rinse hands thoroughly under running tap water to remove all traces of detergent.
5. Pat dry using single-use paper towels.
6. Turn off taps using aseptic technique via elbow touch.

5. Additional precautions

The additional precautions we have implemented to reduce risk of cross infection include:

- Removal of waiting room entertainment material

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- Increased spacing of waiting room chairs
 - Increased frequency of disinfection of, including but not limited to, the waiting room, reception desks, toilets, and door handles. This is to be performed by clinical assistants.
 - Increased ventilation of the practice where possible
 - Increased use of rubber dams and high volume suction to reduce aerosols and splatter
 - Pre-operative 1% hydrogen peroxide rinses
 - Rapid admittance of patients from waiting rooms to treatment areas, which are most isolated and easiest to disinfect.
 - Temperature testing of all staff at the beginning of each day

6. Patients and External visitors

Any member of staff, patients, visitors or external workers entering or engaging with the practice will be subject to meeting specific criteria. They must be screened prior to arriving for:

- Symptoms of acute respiratory illness (shortness of breath, fever, sore throat, cough)
- Travel to areas of uncontrolled disease spread within the previous 14 days.
- Contact with a confirmed or suspected case of COVID-19
- Confirmed positive testing for COVID-19

In these circumstances entering the building will be prohibited.

7. Staff illness

Any member of staff displaying signs of respiratory illness or fever above 37.0 degrees must remain away from work for the duration of the symptoms. If consistent with COVID-19 infection, they must call the National Coronavirus Helpline on 1800 020 080 for further instruction.

8. Continuation of practice

At this stage dental practice is restricted to Level 3 operations as per the ADA framework *Guidance on Dental Treatment during COVID-19 Pandemic*. This decision is taken into consideration with government and industry recommendations.

We are working with suppliers to ensure continuation of our equipment and consumables. All stock will continue to be TGA approved and used appropriately.

This position is flexible and will continue to be updated.

9. Patient appointments

Where possible, patient appointments should be scheduled with a 15 minute break between to allow for additional cleaning and airing of the treatment room. This will also reduce patient time in the waiting room.

Consideration should be given to at-risk patients with their appointments. Ideally the first appointment of the day is preferred so thorough cleaning of the treatment room is ensured and they may immediately enter the treatment room.