

Living with COVID-19 – update 01 July 2022

This is an update to our document of 23rd February 2022 as much has changed since then.

Occupational health and IPC considerations for the dental profession in England

The biggest questions facing everyone seem to be:

1. The ongoing use of masks (staff and patients) in dental practices
2. What to do if a team member
 - Has symptoms of a respiratory infection
 - Tests positive for Covid-19
 - Has contact with a Positive Covid-19 case
3. Regular Asymptomatic testing

It is hoped this summary can act as a simple aid for formulating your practice protocols.

IPC: You now need to follow the guidance in the [National Infection Prevention and Control Manual for England](#) (NIPCM) as all other guidance including the Dental Appendix has been withdrawn. The NIPCM has not been written specifically for dentistry so it does require adaptation to our situation.

1. Patient Screening and the use of Facemasks or Face Coverings

1.1 Patient screening.

The NIPCM states that: *Patients must be promptly assessed for infection risk on arrival....if possible, prior to*

Practical Points:

- Consider including a general screening statement in your appointment confirmations or reminders, for example: “If you

have any symptoms of a cough, cold or flu currently, or just feel unwell, please telephone for advice prior to attending for your appointment”

- Include a similar reminder (indefinitely) on any written treatment plans, that patients should let you know if they are feeling unwell before attending for an appointment. It will cover a lot of eventualities, not just respiratory viruses.

1.2 Use of Masks (See NIPCM Chapter 1 under 1.4 and ●

Patients: It is not a requirement for patients to wear a face mask or facial covering when attending the practice, unless they prefer to do so OR you have carried out a local risk assessment that indicates it would be advisable for them to do so.

- **Staff:** - only need to wear masks when carrying out treatment that has an infection risk OR when a local risk assessment indicates mask wearing is advisable.
- Consider the mask use advice in [Living safely with respiratory infections, including COVID-19](#)

Practical Points:

- Keep informed about the prevalence of any infectious diseases that could cause serious or debilitating illness (e.g. Covid, Monkeypox, etc) by signing up to notifications from the [UKHSA](#)
 - Assess what risk, if any, an outbreak could pose for your team, your patients and your business continuity.
 - Familiarise yourself with online data sources. An example is the data available for Covid-19 currently:
<https://coronavirus.data.gov.uk/> You can search by postcode. ●
- Risk assess individual team members and patients and support them in taking measures to protect themselves. This may mean a team member or patient *prefers* to wear a mask.

2. Staff with Symptoms of a Respiratory Infection and a high temperature

Here is what is required of Patient-facing healthcare staff who have symptoms of a respiratory infection, and who have a high temperature or do not feel well enough to attend work:

- DO Take a lateral flow device (LFD) test as soon as they feel unwell.
- DO Follow [THIS](#) guidance until you have taken your LFD test ● **DO NOT** take a PCR test as this is [no longer a requirement](#)
- DO Stay at home and avoid contact with other people.
- DO Follow the [guidance for people with symptoms of a respiratory infection including COVID-19](#)
- DO consider the advice in [Living safely with respiratory infections, including COVID-19](#)

After the LFD test:

2.1 If the LFD test is Negative

If the LFD test result is negative, they can attend work if they are clinically well enough to do so and they do not have a high temperature.

2.2 If the LFD test is Positive

If the LFD test result is positive, staff should follow the advice in the section for [staff members who receive a positive LFD test result for COVID-19](#).

Briefly:

- DO NOT attend work for 5 days, regardless of whether they have symptoms or not
- Patient-facing healthcare staff can return to work AFTER the 5 day period when they have had 2 consecutive negative LFD test results (taken at least 24 hours apart) using the testing protocol outlined [HERE](#). In practical terms, this means they cannot return to work until day 6 after the positive LFD, at the earliest.
- If the LFD test remains positive on day 5, they should continue to test daily until they have received two negative LFD test results, taken 24 hrs apart. ● If the staff member's LFD test result is still positive after 10 days, they should

discuss this with their line manager who may undertake a risk assessment. ●
Reporting infections: While COVID-19 remains on the list of notifiable diseases, where or exactly how to notify as an individual is completely unclear. The best course of action is to contact your local UKHSA Health Protection Practitioner who will provide guidance.

3. Staff members who are contacts of a confirmed case of COVID-19

3.1 Contact at work

Wearing Correct PPE: If the team member was wearing the correct PPE, appropriately in accordance with the NIPCM guidelines, it is not considered a 'contact'

If NOT Wearing Correct PPE, the team member should

- continue with twice-weekly asymptomatic LFD testing.
- discuss ways to minimise risk of onwards transmission with their line manager and especially limit contact with other team members and patients
- be aware it can take up to 10 days for symptoms to appear

The full guidance is [HERE](#)

3.2 Contact at home/outside work

Those living in the same household as someone with COVID-19 are at the highest risk of becoming infected because of the prolonged close contact.

Those who stay overnight in the household of someone with COVID-19 are also at high risk of becoming infected.

- inform your manager or employer immediately
- continue with twice-weekly asymptomatic LFD testing.
- continue to comply with all relevant infection control precautions and wear your PPE properly throughout the day
- where possible, avoid working with patients who are especially vulnerable to COVID-19.
- A risk assessment should be undertaken, and consideration given to a non-patient-facing role (reception is considered patient-facing) during the 10 days following your last contact with the case

The full guidelines can be found [HERE](#)

Practical Points:

- If living in the same household as someone with COVID-19, do what you can to minimise or remove the risk of the contact being 'ongoing' by measures such as: a) physical distancing b) separate living areas c) different bathrooms d) use of PPE should you have to assist the person who is ill.

RESOURCES:

[COVID-19: information and advice for health and care professionals](#)

[Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result](#)

[National infection prevention and control manual for England \(NIPCM England\)](#)

4. LFD Testing for Team members

The guidance states:

“Routine asymptomatic testing

Patient-facing healthcare staff should continue to test twice a week for COVID-19 using LFD tests. Test results should be reported on the GOV.UK portal.”

This is where things begin to unravel...the [Gov.uk portal](#) can only be used for reporting results of government supplied LFD testing kits. The site states: *“You cannot use this service to report results from a test kit you’ve paid for. If you paid for a test, check the test kit instructions to see if you should report your results to the private test provider”*

So this implies that testing being a **requirement** applies only to NHS practices who have been supplied with their free tests.

For private practices it is part of **guidance** and is not a legal or regulatory requirement as such, but should be taken into consideration when deciding on your policy.

For now, it is our opinion that you should risk assess (look at things like international, national and local infection rates in particular) and make a decision about whether asymptomatic testing is both proportionate and/or necessary to

protect vulnerable patients and other team members.

The BAPD will continue observing developments around this testing recommendation for the dental team and will represent the interests of its members accordingly.