British Dental Industry Association

Public Health England’s Interpretation of COVID-19 Guidance for Dental Industry Essential Maintenance and Service Engineers and Technical Staff Attending Dental Practices

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The BDIA has sought advice from Public Health England on the procedures and Personal Protective Equipment (PPE) required for dental industry essential maintenance and service engineers and technical staff attending dental practices during the COVID-19 pandemic.

- What follows is PHE’s interpretation of the advice and guidance that is applicable. Standard infection control precautions (SICPs) are necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources. Guidance from HTM01-05 and NICE on infection prevention and control and decontamination should be used by all staff, in all settings. In the current situation in addition to SICPs, transmission-based precautions (TBPs) need to be applied based on routes of transmission. Routes of transmission are: contact, droplet and airborne.

- Washing hands thoroughly with soap and water for at least 20 seconds is essential to reduce the transmission of infection.

- All staff should wash their hands or decontaminate their hands with alcohol-based hand rub when entering and leaving dental care services. In addition, hand washing must be performed immediately before and after any activity that potentially results in hands becoming contaminated, including donning (putting on) and doffing (removing) PPE, equipment decontamination, and waste handling.

- When undertaking maintenance and choosing appropriate PPE, there needs to be consideration of when the surgery was last in use and what clinical activity was performed to assess the risk of contact, droplet and airborne transmission.

- When attending a surgery where an AGP has been carried out the room should be left vacant for one hour for a neutral pressure room after the AGP and decontaminated as per HTM01-05 guidance before entering the room.

- All of us, as customers, visitors, employees or employers need to make changes to lower the risk of transmission of the virus - Staying safe outside your home guidance should be followed. https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home. These principles should apply in different settings to make them safer including the use of face coverings, social distancing and appropriate hand hygiene. Good Respiratory and cough hygiene is also important ‘Catch it, bin it, kill it’.

- Anyone with symptoms of coronavirus (COVID-19), however mild, OR who has received a positive coronavirus (COVID-19) test result should immediately self-isolate stay at home for at least 7 days from when their symptoms started. See following for more details, COVID-19: guidance for households with possible coronavirus infection https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance
• When going into a surgery and there is not a risk of contact, droplet or aerosol contamination then Staying safe outside your home’ guidance should be followed, i.e. the use of face coverings, social distancing and appropriate hand hygiene.

• In these circumstances, face coverings can include coverings of the mouth and nose which are not ‘surgical masks’.

• When going into a surgery where there is a risk of coming into contact with contaminated equipment/environment, then appropriate PPE should be worn as advised in HTM 01-05 for decontamination procedures. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/170689/HTM_01-05_2013.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/170689/HTM_01-05_2013.pdf) PHE would not expect engineers/technicians to be going into surgeries in which an AGP had been carried out, until after it has been left been left vacant for appropriate time after the AGP and decontaminated as per HTM01-05 guidance.

• This PPE includes
  - face masks - the type of mask required is a fluid-resistant (type IIR) surgical mask.
  - disposable gloves
  - plastic disposable aprons
  - eye protection.

For additional information we have provided a summary of HTM 01-05 requirements for Personal protective equipment for decontamination processes – please also refer to document directly.

**Appropriate PPE should be worn during decontamination procedures. PPE includes:**

• Disposable clinical gloves, household gloves,

• Plastic disposable aprons

• Face masks

• Eye protection

• adequate footwear

• PPE should be stored in accordance with manufacturers’ instructions.
Gloves

Gloves are needed:

- To protect hands from becoming contaminated with organic matter and microorganisms;
- To protect hands from certain chemicals that will adversely affect the condition of the skin. Particular care should be taken when handling caustic chemical agents, particularly those used in disinfection and for washer-disinfectors;
- To minimise the risks of cross-infection by preventing the transfer of organisms from staff to patients and vice-versa.

It is important that gloves fit properly if they are to produce the level of protection against the expected contaminants. The use of latex gloves is subject to a Health & Safety Executive recommendation, which calls for local risk assessment. This is partly attributable to reports of long-term allergy development in some users. The use of vinyl or nitrile gloves may be a satisfactory substitute and should be made available to staff within the practice.

Powdered gloves should not be used. Individuals who are sensitised to natural rubber latex proteins and/or other chemicals in gloves should take advice from their GP or occupational health department for an alternative to latex gloves.

Gloves other than domestic household types are single-use only. They should be discarded as clinical waste.

Jewellery (for example watches, dress rings, bracelets etc) may damage the integrity of the glove and may pose an infection risk.

The following additional guidance is provided:

- Long or false nails may also damage the glove, so keep nails short and clean.
- Glove integrity can be damaged if in contact with substances such as isopropanol or ethanol; therefore, alcohol rubs/gels should not be used to decontaminate gloves.
- Gloves (except household gloves) should not be washed as liquids may be absorbed into the glove and compromise the efficacy of the barrier.
- Storage of gloves should follow manufacturers’ recommendations.
- Domestic household gloves, if used, should be washed with detergent and hot water and left to dry after each use to remove visible soil. Replace these gloves weekly or more frequently if worn or torn or if there is any difficulty in removing soil.
Disposable plastic aprons
These should be worn during all decontamination processes.
• Aprons should be used as a single-use item and disposed of as clinical waste.
• Plastic aprons should be changed at the completion of each procedure.

Face and eye protection for decontamination procedures
During cleaning procedures, there is a risk of contaminated fluids splashing onto the face and into the eyes.
• Face masks are single-use items and should be disposed of as clinical waste.
• Spectacles do not provide sufficient eye protection unless specifically designed for the purpose.

It is advisable to wear a visor or face shield over spectacles; this gives added protection for prescription glasses.
• Eye protection may be reusable but is often difficult to clean. It may be reused if cleaned according to manufacturers’ instructions. This should take place when it becomes visibly dirty and/or at the end of each session. Disposable visors are available and may be used.

Footwear
Footwear should be fully enclosed, in good order and comply with health and safety guidance. Particular care should be taken concerning the risk of chemical or hot water spillage onto feet.

For information on clothing, uniforms and laundry refer to pages 35 – 36 of HTM 01-05.

Other risks
You also need to be aware that there is a potential health risk related to Legionella in water systems in dental practices that have not been used during the lockdown. Water Safety Advice for Dental Practices provides information and resources to help prevent Legionella infections in water systems following a sustained dental practice closure. https://www.bdia.org.uk/getmedia/3371786f-b62c-467e-b2a5-2e07b5d6e0fb/A-safe-water-supply-for-you-and-your-patients.aspx

Further advice
There are dental public health consultants based in all the local PHE centres who can link to experts locally in health protection and infection prevention and control for further advice where needed.

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British Dental Industry Association
Mineral Lane, Chesham, Bucks HP5 1NL
T: 01494 782873
E: info@bdia.org.uk
W: bdia.org.uk