

BES COVID-19 SOP

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Foreword

The past 12 months have seen a return to a new form of normality in the primary and secondary dental settings with all of us acclimatising to PPE protocols as well as scheduling patient delivery with appropriate fallow times after AGP procedures.

By virtue of the requirement of good infection control during endodontic treatment for the delivery of a high standard of clinical care, mitigating factors are naturally adopted which reduce the risk of spread of the COVID-19 virus, particularly after AGP procedures. This has formed the basis of the BES COVID-19 SOP.

On a national scale, the majority of the profession and dental care support staff have now been fully vaccinated. This has likely contributed to allowing the majority of us to continue to work and cope with the increase in demand by patients to save their teeth over the past 18 months. Despite this and as winter draws in, the emergence of another COVID-19 variant "Omicron" is a salient reminder that we are still not yet "out of the woods".

The BES has revised the SOP to align with current UK Infection Prevention Control guidance that has been agreed by the four Chief Dental Officers. The revision includes updated advice on the screening of patients prior to attendance for care, placing patients onto a "Non-respiratory" or "Respiratory" pathway based on their COVID-19 exposure risk.

It remains a sensible approach for each dental professional to use their own judgment after risk assessing each patient on whether or not to adopt standard infection control or additional transmission-based precautions.

We hope that you and your families stay healthy and well and enjoy the Festive period with minimal restrictions!

With regards,



Sanjeev Bhandari
President of the British Endodontic Society



1. Patient triage



2. Patient arrival

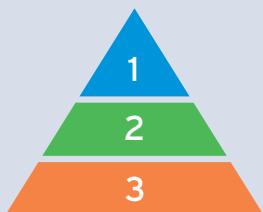


3. In surgery



4. After treatment

1. Patient triage

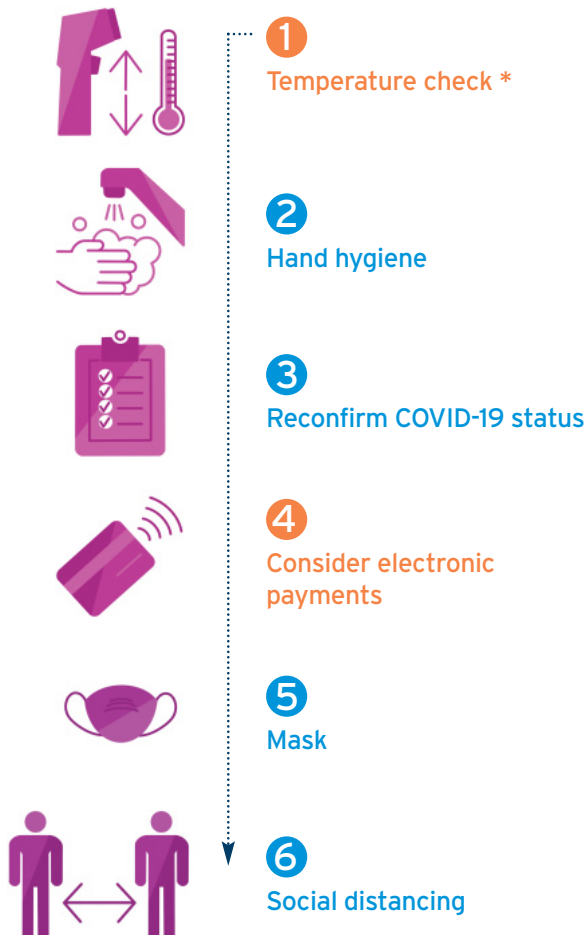


INDICATIVE EVIDENCE BASE

- 1 ESSENTIAL** Public Health England, NHS England guidance.
- 2 ADVISED** Some evidence but not essential.
- 3 PROFESSIONAL JUDGMENT** Clinician's discretion due to conflicting, low-level, or anecdotal evidence.

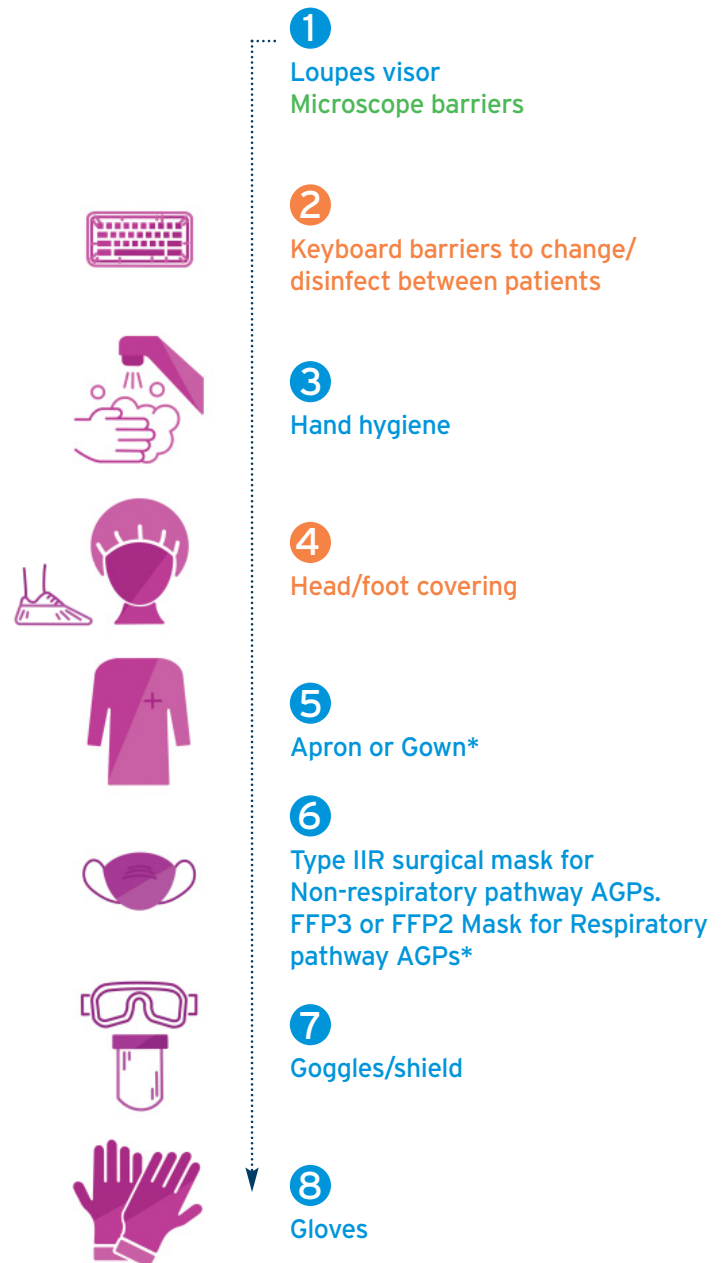
2. Patient arrival

Patient

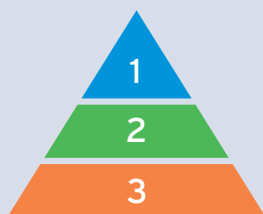


* Be aware of pyrexia due to dental infection

Clinical Staff



* For patients on Respiratory pathway:
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-infection-prevention-and-control-dental-appendix#SICPS>



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3. In surgery

Patient



Disposable bib
and eye protection



Pre-op mouth
rinse for at
least 30
seconds



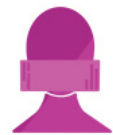
Hand hygiene

Clinical Staff

Radiographs: Intra-oral
radiographs can be taken
using universal precautions

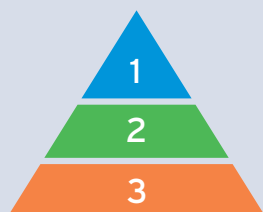


Dental dam
for endodontic
treatment
Disinfection of
tooth + dam



High Volume
Aspiration

Core placement under
dental dam at the time
of obturation, or indirect
restoration. The aim is to
limit the number of visits



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4. After treatment

Patient



1
Hand hygiene

2
Leave practice

Clinical Staff



1
Remove gloves



2
Remove gown



3
Vacate treatment room:
• A fallow period of 20 mins.* (mitigated by use of dental dam and HVA) is required from the end of the AGP to allow aerosol settling and natural air circulation for patients on Respiratory pathway



4
Hand hygiene



5
Remove goggles, shield, then mask



6
Hand hygiene

Dental Nurse



7
Level 2 PPE to disinfect surgery

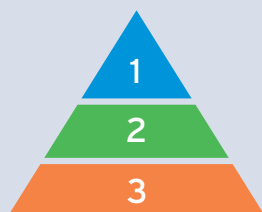
8
Prepare surgery following HTM01-05 and IPC guidelines

Dentist



7
Clinical notes to be written in a different area

* SDCEP recommends fallow time may be reduced to 15 mins for AGPs of <5 mins duration. It may be further reduced to 10 mins for >6 Air Changes per Hour (ACH)



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Treatment protocol

Root canal treatment should comprise the following:

Magnification and improved illumination are advised.

Pre-op mouthrinse with 1%-1.5% hydrogen peroxide or 0.2% povidone-iodine for one minute

Local anaesthesia as indicated - consider use of Articaine or Mepivacaine in cases of pulpitis

Isolation - Use of dental dam mandatory, ideally single tooth, and placed prior to access in such a way that the entire oral cavity is covered. Use of caulking cement to improve seal (Oraseal/Opaldam)

Decontamination of the operative field (both dental dam and tooth to be treated) with 3% NaOCl or 1.5% Hydrogen Peroxide

Access into pulp chamber

- If possible, limit AGPs to the start of the appointment to minimise fallow period.
- Removal of restorative material / access through enamel with high speed electric or turbine handpiece, reduced coolant can be used.
- High volume aspiration (HVA) is mandatory.
- Removal of dentine to refine access cavity can be undertaken with slow speed handpiece with minimal or no coolant required.
- Avoid use of 3 in 1 syringe, use of NaOCl in Monoject syringe to remove debris favourable.

Orifice location and chemo-mechanical preparation

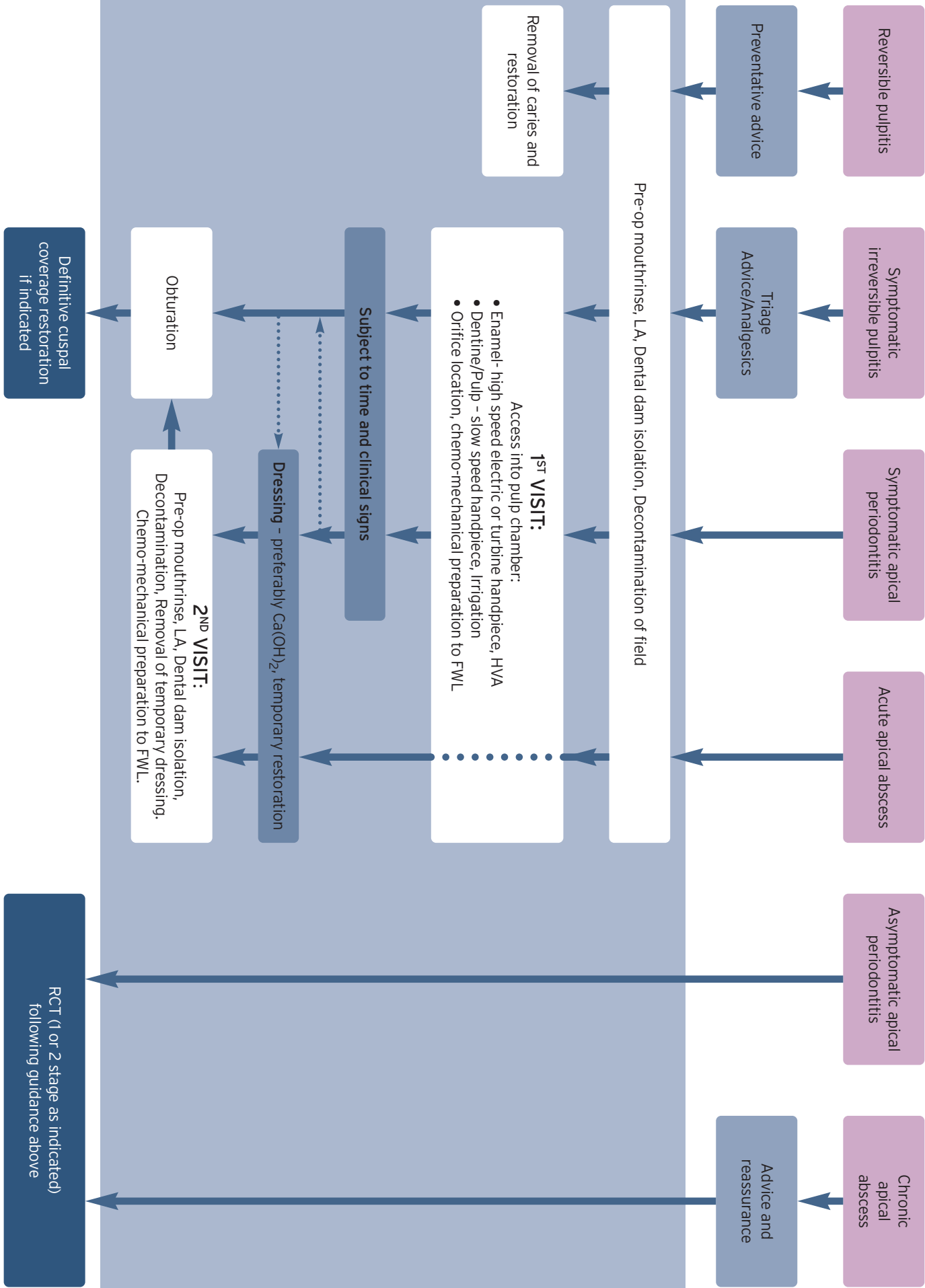
- Initial coronal flare with Gates-Glidden burs or NiTi orifice shapers.
- Where the tooth has been root treated previously, Gates-Glidden burs and specific retreatment files may be used to remove existing root filling material, with or without solvent.
- Assessment of working length with electronic apex locator.
- Completion of root canal preparation with preferred file system. Irrigation with 1%-5.25% NaOCl throughout chemo-mechanical preparation phase, with activated irrigation once mechanical preparation complete (avoid use of sonic or ultrasonic activation, manual dynamic GP pumping preferred).

Dressing if required

- Dry pulp chamber using high volume aspiration and cotton wool pledget and canal using paper points.
- Place dressing material (preferably Ca(OH)₂ into canals, place cotton wool / sterile sponge or PTFE into pulp chamber and hard wearing temporary restorative material (RMGIC / IRM).

Obturation - dry pulp chamber with cotton wool pledget, dry canals with paper points and use preferred obturation materials and technique of choice. Remove obturation material at orifice level and restore with permanent core restoration.

ENDODONTIC CARE FLOW DIAGRAM



Patient screening tool for COVID-19 for use in health and care settings (winter 2021 to 2022)

Screening questions should be carried out prior to arrival for example by telephone, at a care area or as soon as possible on arrival

Question	Yes	No
1. Do you have any of the following symptoms: <ul style="list-style-type: none">• high temperature or fever?• new, continuous cough?• a loss or alteration to taste or smell?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you or any member of your household/family had a confirmed diagnosis of COVID-19 in the last 10 days?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you or any member of your household/family waiting for a COVID-19/SARS-CoV-2 PCR test result?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you travelled internationally in the last 10 days to a country that is on the government red list ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you or any member of your household/family been advised to isolate by any NHS organisation in the last 10 days?	<input type="checkbox"/>	<input type="checkbox"/>

If **YES** to any of the above questions, apply Transmission-based precautions or if treatment can be deferred, reschedule providing this is not detrimental to patient care/treatment plan.

SIGNED & NAME: _____

DATE: _____

Patient information sheet



We will be sending you a 'COVID-19' Triage form and new Medical history form via email or text.



For your safety and that of our staff, the practice doors will remain closed and entry will be restricted to patients only, except a carer or parent/guardian of a child patient.



To maintain high standards of infection control, we will minimise clutter so you can expect not to see newspapers or magazines in the waiting area.



In the surgery, we will continue to provide an excellent quality of care whilst employing the highest standards of infection control and PPE possible.

BEFORE YOUR APPOINTMENT

- 1** We will be sending you a 'COVID-19' Triage and new Medical history forms via email or text
- 2** We will ask you to complete these forms and return them by email BEFORE we can schedule a new appointment
- 3** The dentist may call you to discuss any details on these forms by phone
- 4** Our Reception may ask you to pre-pay for your treatment over the phone when making the appointment to minimise direct contact when you attend

ON THE DAY OF YOUR APPOINTMENT

- 1** Before you arrive, please hydrate and brush your teeth at home
- 2** Please bring only essential items, which may be safely stored away on arrival
- 3** Please call us on arriving and wait in your car or outside the practice. We will call you when we are ready for you to enter the practice
- 4** Any additional payment required after treatment should be made by credit/debit card (contactless if possible)

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