



# Dental framework – Supporting Guidance for Primary and Community Care Dental Settings.

1 June 2022

## Introduction

The principles to which your practices should now deliver care are contained in a combination of UK Health Security agency guidance (for pathogen-specific advice) and the National IPC Manual for England. Practices will be very familiar with the Standard Infection Prevention and Control (SICPs) measures detailed in the Manual and should note the on-going additional Transmission Based Precautions (TBPs) which should be adopted for the management of higher risk keeping your patients, your staff and in particular your vulnerable groups safe.

However, we must remain vigilant to the risks and impacts of existing and emerging pathogens and consider the associated measures for their management in dental practice settings. A dental framework has been designed to support practices in identifying hazards and risks with guidance on measures that should be maintained as we move to new, improved, and safer ways of working. In balancing risks appropriately the framework provides a consistent handrail applicable to the generic dental practice environment. Additionally, practices may also wish to take local advice from Regional IPC Leads and their Regional Public Health Team. This framework aims to support your approach, based on advice from UKHSA and others, but it is not a substitute for guidance as issued by UKHSA and other agencies.

### **Framework for dental settings (non-secondary care) for respiratory pathogens, based on the Hierarchy of Controls**

Purpose: to support dental organisations and employers assessing risk and managing infectious agents based on the measures as prioritised in the hierarchy of controls.

This includes:

A set of suggested risk mitigation measures prioritised in the order: elimination, substitution, engineering, administrative controls, and personal protective equipment [PPE] (including Respiratory Protective Equipment [RPE]).

Risk assessments must be carried out by a competent person with the skills, knowledge, and experience to be able to recognise the **hazards** associated with respiratory infectious agents. This can be the employer, or a person specifically appointed to complete the risk assessment.

During development and on completion the risk assessment needs to be communicated to all staff and employees. The risk assessment can be used to populate local risk management systems. [Risk assessment: Steps needed to manage risk - HSE, Managing for health and safety \(hse.gov.uk\)](#)

Trust/organisation name	Date of initial assessment	Assessor's name	Date of review
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What are the hazards? What are the risks associated with the identified harm?	Who might be harmed and how?	Standard required	Gaps identified – what further action do you need to take to control the risks?
Contracting or spreading SARS-CoV-2 and other seasonal respiratory infections	Patients Staff Contractors Visitors/Other accompanying person/carer	<p><b>Regularly Monitor and Review:</b> Community prevalence of infections New variants of concern Number of outbreaks.</p> <p><b>Regularly Monitor and Review:</b> Organisational Operational Capacity eg Staff absence Number of face-to-face contacts Vulnerability of staff members</p>	
Contracting or spreading SARS-CoV-2 and other seasonal respiratory infections	Patients Staff Contractors Visitors/other accompanying persons/carers	<p><b>ELIMINATION</b> (Physically remove the hazard) Redesign the activity such that the risk of encountering the infection is removed or eliminated, eg</p> <ul style="list-style-type: none"> <li>• defer treatment until patient is no longer unwell</li> <li>• delay AGPs where possible on higher risk patients until their risk has reduced.</li> </ul>	

**Key mitigations:**

Systems are in place to ensure that:

**PATIENTS:**

- patients are asked not to attend the setting if they have symptoms of respiratory infection
- people accompanying patients are asked not to attend the setting if they have symptoms of respiratory infection

- By Whom:

- clinical staff who are trained and competent in the application of clinical case definitions

When:

before the patients appointment : eg Call, text, use app or online form for patients prior to appointment to check that they have no symptom or as soon as the patient arrives

- Why:

- to inform if patient needs to be deferred, or allocation of TBPs.

- Vigilance by reception staff and where necessary triaging of patients on arrival
- For patients with symptoms of respiratory infection, where treatment is not urgent consider delaying this until resolution of symptoms providing this does not impact negatively on patient outcomes or consider virtual alternatives to support diagnosis and treatment.

		<ul style="list-style-type: none"> <li>• Patients who are known or suspected to be positive with a respiratory pathogen including COVID-19 and whose treatment cannot be deferred should receive care from services who are able to operate in a way which minimises the risk of spread of the virus to other patients.</li> </ul> <p><b>STAFF</b> Systems are in place to ensure:</p> <ul style="list-style-type: none"> <li>• Staff who have symptoms or have tested positive for COVID19 do not attend for work.</li> <li>• Testing should be carried out for staff in line with any national policies</li> <li>• Staff are encouraged to be fully vaccinated against respiratory infections (including COVID-19) as advised by public health/occupational health</li> <li>• Staff who are vulnerable, eg, immunocompromised, are not involved in the treatment of high-risk patients.</li> </ul>	
<p><b>Contracting or spreading SARs-CoV-2 and other seasonal respiratory infections</b></p>	<p><b>Patients Staff Contractors Visitors/Other accompanying person/carer</b></p>	<p><b>SUBSTITUTION</b> (Replace the hazard) Replace the hazard with one that reduces the risk.</p> <p><b>Key mitigations:</b> This is not directly applicable or possible for healthcare to achieve as treatment needs to be carried out, so emphasis needs to be on the mitigating risks via other controls.</p> <p>However, some services may still consider the limited use of virtual consultations (telephone or video) and offering these where appropriate to</p>	

		patients with a suspected or confirmed respiratory infection where this works for the patient.	
<p><b>Contracting or spreading SARs-CoV-2 and other seasonal respiratory infections</b></p>	<p><b>Patients Staff Contractors Visitors/Other accompanying person/carer</b></p>	<p><b>ENGINEERING</b> (Control, mitigate or isolate people from the hazard)</p> <p>Design measures that help control or mitigate risks, such as barriers, and screens.</p> <p>Priority should be given to measures that provide collective protection rather than those that just protect individuals or a small group of people.</p> <p><b>Key mitigations:</b> Systems are in place to ensure:</p> <ul style="list-style-type: none"> <li>• Ensure adequate ventilation systems are in place i.e. Mechanical/or natural</li> <li>• national recommendations for minimum air changes are met as defined for the care area.</li> <li>• Identify and take action to mitigate the risk for areas (clinical and non-clinical) which are poorly ventilated or where existing ventilation systems are inadequate.</li> <li>• Dilute air with natural ventilation by opening windows and doors where appropriate</li> <li>• If considering screens/partitions in reception/ waiting areas to ensure air flow is not affected and cleaning schedules are in place. Where a clinical space has very low air changes and it is not practical to increase dilution effectively then consider alternative technologies with appropriate specialist advice <a href="https://www.hse.gov.uk/workplace">Ventilation in the workplace (hse.gov.uk)</a></li> </ul>	

		<ul style="list-style-type: none"> <li>The provision of additional hand hygiene stations (alcohol - based hand rub) and signage – to ensure good hygiene practices in staff, patients and visitors.</li> </ul>	
<p><b>Contracting or spreading SARs- CoV-2 and other seasonal respiratory infections</b></p>	<p><b>Patients Staff Contractors Visitors/Other accompanying person/carer</b></p>	<p><b>ADMINISTRATIVE</b> controls (Change the way people work) Administrative controls are implemented at an organisational level (eg The design, appropriate processes, systems and engineering controls and provision and use of suitable work equipment and materials) to help prevent the introduction of infection and to control and limit the transmission of infection in healthcare.</p> <p><b>Key mitigations:</b> Systems in place to ensure that:</p> <ul style="list-style-type: none"> <li>processes are in place to enable patients report symptoms of respiratory infection prior to attendance at the setting</li> <li>separation in space and/or time is maintained between patients with and those without suspected or known respiratory infection by appointment or clinic scheduling to reduce waiting times in reception areas and avoid cross-over of infectious and non-infectious patients.</li> <li>There is provision of appropriate infection prevention and control education and training for staff, patients, and visitors and compliance is monitored.</li> <li>Ensure regular cleaning regimes are followed and compliance is monitored</li> <li>Staff and patients should comply with other public health measures for example use of face</li> </ul>	

		<p>masks/ coverings and physical distancing measures.</p> <ul style="list-style-type: none"> <li>• Hand hygiene policy, education and reminders.</li> </ul>	
<p><b>Contracting or spreading SARs- CoV-2 and other seasonal respiratory infections</b></p>	<p><b>Patients Staff Contractors Visitors/Other accompanying person/carer</b></p>	<p><b>PPE/RPE</b> (Protect the worker with personal protective clothing) PPE (Personal Protective Equipment) and RPE (respiratory protective equipment)</p> <p>Employers are under a legal obligation, under the Control of substances Hazardous to Health Regulations (COSHH) 2002, to adequately control the risk of exposure to hazardous substances where exposure cannot be prevented. <a href="#">Control of substances hazardous to health (Sixth edition) - L5 (hse.gov.uk)</a></p> <p>PPE must be worn when exposure to blood and other body fluids, non-intact skin or mucous membranes is anticipated or in line with Standard Infection Control Precautions and Transmission Based Precautions <a href="#">C1244 National-infection-prevention-and-control-manual-for-England April-2022_v1.1.pdf</a></p> <p>PPE should be considered in addition to all previous mitigation measures higher up in the hierarchy of controls.</p> <p><b>Key mitigations:</b> Systems are in place to ensure that:</p> <ul style="list-style-type: none"> <li>• There is adequate supply and availability of PPE including respiratory protective equipment (RPE), fluid resistant surgical masks,</li> </ul>	

		<p>disposable gloves, aprons and gowns and eye/face protection to protect staff, patients and visitors as indicated by infection prevention and control guidance.</p> <ul style="list-style-type: none"> <li>• All staff required to wear an FFP3 mask have been fit tested (this is a legal requirement).</li> <li>• Face <b>masks/</b> coverings should be worn by staff and patients in all healthcare facilities - in line with national guidance.</li> <li>• All staff (clinical and non-clinical) are trained in putting on, removing and disposing of PPE.</li> <li>• Visual reminders displayed communicating the importance of wearing face masks, compliance with hand hygiene and maintaining physical distance <a href="https://www.england.nhs.uk/publication/infection-prevention-and-control-supporting-documentation/">Every action counts (england.nhs.uk)</a></li> </ul>	
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**References:**

- <https://www.england.nhs.uk/coronavirus/publication/infection-prevention-and-control-supporting-documentation/>
- [C1244 National-infection-prevention-and-control-manual-for-England April-2022 v1.1.pdf](#)
- **Compendium of guidance and resources: COVID-19.** This contains the key COVID-19 documents relevant for England, including the documents linked within this tool. This resource is updated quarterly with settings-specific guidance highlighted within relevant sections of the document.
- A full suite of COVID-19 infection prevention and control guidance for healthcare settings can be access here: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>