Pandemic Viral Infection Policy

St Andrews Dental Care Ltd pandemic viral infection policy aims to:

* Reduce the transmission of pandemic viral infections by providing accurate, timely and authoritative advice and information (that complements wider national messages) to our patients and team members to assist in slowing or limiting the spread of a pandemic viral infection.
* Ensure the continued delivery of essential services for patients with pandemic viral infections and their complications (where possible) and for uninfected patients.
* Reduce the impact on patients, the team and the dental practice as far as possible.

This Policy was reviewed and implemented on 17/03/2020.

This policy and relevant procedures will be reviewed annually and are due for review on 17/03/2021 or prior to this date in accordance with new guidance or legislative changes.

Important note

Viral infections can present rapidly changing circumstances. In the event of a rapidly changing situation relating to a pandemic viral infection, national guidelines will supersede the guidance in this policy.

Pandemic Viral Infection

Policy and Practice Procedures

Introduction

The rapid spread of viral infections, particularly emerging or mutated viral infections is a source of considerable concern to the World Health Organisation (WHO) and to Public Health England (PHE). In a highly connected world, a new or mutated virus can spread in a matter of days and what starts out as a viral infection in one city can become a world-wide epidemic (a pandemic) frighteningly quickly.

A very important means of preventing the spread of viral infections is to adopt good hygiene practices and in dental practices to ensure that infection control procedures are kept at a very high standard.

This policy has been updated to take account of the Wuhan novel (new) coronavirus, which whilst it exhibits similar symptoms to the influenza virus, is not a flu virus. Preventive and good practice guidelines are the same as for pandemic flu. This policy has therefore been renamed as a Pandemic Viral Infection Policy and below are the procedures our practice will adopt in the event that the current Wuhan novel coronavirus (or any other virus) becomes a pandemic viral infection.

Wuhan novel coronavirus (WN-CoV)

Coronaviruses are a large family of viruses with some causing less-severe disease, such as the common cold, and others causing more severe disease such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

As a group, coronaviruses are common across the world. Typical symptoms of coronavirus include fever and a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties.

Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long term conditions like diabetes, cancer and chronic lung disease.

Wuhan novel coronavirus is a new strain of coronavirus first identified in Wuhan City in China in 2019. The incubation period can be up to 14 days, during which time patients are infectious even though they may be symptom-free.

Influenza viruses are also respiratory viruses and they share some symptoms with coronaviruses but are not coronaviruses.

Clinical features and transmission of flu

Influenza is a respiratory illness characterised by rapid onset of a wide range of symptoms, including:

* Fever.
* Cough.
* Headache.
* Sore throat.
* Aching muscles and joints

The incubation period is one to four days with an average or two to three days. People are most infectious soon after they develop symptoms and can shed the virus for some time afterwards, especially if their immune system has been compromised. Transmission is through close contact with an infected coughing or sneezing person. Hand washing with soap and water or alcohol hand rub and environmental cleaning are important in reducing direct transmission of the virus, thereby controlling spread through contact.

Clinical features and transmission of Wuhan coronavirus

The Wuhan corona virus is also a respiratory illness, but the symptoms vary slightly from typical flu symptoms. Symptoms include:

* Fever.
* Cough.
* Shortness of breath and breathing difficulties.
* Severe pneumonia.

The incubation period is one to fourteen days and patients are infectious before they develop symptoms. This makes it particularly difficult to control the spread of the disease.

Limiting the Transmission of Influenza and Coronavirus

The practice manager should bring the St Andrews Dental Care Policy for Pandemic Viral Infections to the attention of all team members and ensure that the guidance contained in the policy is followed and implemented. In the event of a confirmed pandemic outbreak, this policy will be clearly displayed on our staff notice board and will be brought to the attention of all team members.

In order to limit the transmission of influenza and coronavirus the practice manager should ensure that:

* Staff, patients and visitors are educated about the symptoms, transmission and prevention of influenza and coronavirus.
* Flu and flu-like symptoms are recognised without delay and a stay at home approach is adopted for all team members, patients and visitors.
* Access to the practice by visitors who are ill is restricted.
* Signage is posted in the practice that is written in clear, unambiguous language advising what the symptoms are and that a stay at home approach should be adopted for anyone exhibiting these symptoms.
* All team members with respiratory symptoms must be instructed to stay at home.
* Team members should be segregated into those who are dealing with influenza or coronavirus patients and those who are not.
* As far as possible separation in space and/or time between infected and non-infected patients should be maintained.
* Standard infection control procedures as described in the practice infection control policy and all related procedures are rigorously and consistently applied at all times with particular attention to droplet precautions to limit the potential for aerosol contamination.
* Strict procedures for environmental cleaning and disinfection are understood and adhered to.
* Should a vaccine become available, all team members are encouraged to be vaccinated.
* Personal protective equipment (PPE) is always used according to the risk of exposure to the virus.
* Staff and patients suffering from flu or coronavirus are encouraged to seek treatment with antiviral drugs (if these are available) as these can reduce infectivity and the duration of illness.

Standard infection control measures contained in the St Andrews Dental Care infection control policy and droplet precautions will be the main control strategies. Scrupulous attention to hand hygiene and containment of respiratory secretions produced by coughing and sneezing will be the cornerstones of effective infection control.

Providing dental care to patients during a pandemic

During a pandemic period, at the time they make an appointment, patients should be advised to contact the practice should they have any flu-like symptoms. Patients should also be contacted at least 24 hours before their appointment to ensure that they are symptom free.

All patients should be actively screened for symptoms of influenza or coronavirus on entry to the practice before they enter the waiting room or a clinical area. This should be done by displaying a list of symptoms and asking patients if they have experienced these symptoms within the last 2 weeks.

With known strains of the flu virus, there is little evidence that patients are infectious before they are symptomatic, so routine dental treatment on non-symptomatic patients can continue as normal, as long as standard infection control procedures are rigorously applied and followed consistently. In the event of pandemic viral infection, dentists should expect to see a marked reduction in the number of patients attending for dental care. Patients may defer routine dental care until after the pandemic, contacting the practice only for pain relief or another emergency treatment.

Care of infected patients should be avoided or delayed until they are asymptomatic. Where symptomatic patients are in need of emergency dental care, additional precautions will be required to prevent transmission of the virus to others.

In the event of a pandemic viral outbreak it is likely that NHS England will identify selected practices/clinics for the treatment of infected patients. We will ensure we are aware of local arrangements and will liaise with the local dental lead at the earliest opportunity during a pandemic. In the event that NHS England is unable to assist with the provision of facilities for providing care for infected patients, it may provide individual help and guidance to practices required to treat both infected and non-infected patients.

All team members involved in the provision of care to infected patients must use specific PPE, including the use of FFP3 respirators. Training in the correct use of respirators will be provided. NHS England will be able to advise on where to obtain appropriate PPE and training in its use.

Infection control - general hygiene measures

Good hygiene measures are of prime importance in containing the infection during a pandemic. We will ensure we have tissues, covered waste bins and hand cleaning facilities readily available to encourage the following good hygiene measures:

* Cover the nose and mouth with disposable, single-use tissues when sneezing, coughing and wiping or blowing the nose.
* Dispose of used tissues in the nearest covered waste bin.
* Wash hands after coughing, sneezing, using tissues or contact with respiratory secretions and contaminated objects.
* Keep hands away from the eyes, mouth and nose.
* Some patients may need assistance with containment of respiratory secretions. Those who are immobile will need a container (such as a plastic bag) readily at hand for immediate disposal of tissues, and a supply of hand wipes and tissues.
* Coughing and sneezing patients in waiting areas should be encouraged to wear surgical masks to minimise the spread of respiratory secretions and reduce environmental contamination.

In the event of a pandemic we will remove non-essential items (especially soft furnishings, but also toys, books, newspapers and magazines) from reception and waiting areas.

Infection control procedures

Standard infection control procedures as described in the practice infection control policy must be rigorously and consistently adopted for the treatment of all patients, including those with or suspected of having pandemic viral infection. All team members must be aware of these procedures, which include:

* Hand hygiene.
* The appropriate use of PPE – surgery-only uniform that is changed daily, disposable aprons, gloves, eye protection and masks or visors and the use of FFP3 respirators for the treatment of patients with pandemic flu, flu-like symptoms or suspected coronavirus symptoms.
* Equipment decontamination.
* Environment decontamination, including frequently touched surfaces such as door handles.
* The safe use and disposal of sharps.
* The correct disposal of clinical waste.
* Practice clinical team members must not travel to and from work in uniform.
* Rooms or areas should be available for staff to change into and out of uniforms. Uniforms should be transported home in a tied plastic bag, laundered separately at 65 degrees Celsius and ironed or tumble-dried. All staff members who are likely to come into close contact with patients (including non-uniformed reception staff) should use disposable protective plastic aprons to limit contamination of clothes. This procedure must be consistently adhered to during a pandemic.
* During the pandemic, the number of people in the treatment area should be kept to a minimum; however, carers should only be asked to remain outside the treatment area if they are symptomatic.

Symptomatic patients

Team members who have recovered from the pandemic viral strain of are unlikely to develop or transmit it and should be prioritised for the care of patients with influenza or coronavirus. Team members who have received a full course of vaccination against the pandemic strain will have a significant degree of protection, but not to the same level as those who have recovered from pandemic viral infection. A record of the status of these team members should be maintained.

Those who are at high risk of complications from influenza or coronavirus (e.g. pregnant women and workers with a compromised immune system) should not provide direct care for infected patients. Vaccination will reduce but not completely eliminate any risk, and this should be borne in mind when allocating roles and responsibilities.

It should be noted that:

* When a new strain of a virus appears, existing vaccines will not confer immunity. When the virus has been in existence for a period of time (usually several months) it may be possible to develop a vaccine to immunize against the emergent strain. However, viruses are adept at mutating and forming slightly different strains at frequent intervals.
* At the time of publication of this policy (28th January 2020) there is no vaccine and no treatment (other than supportive treatment) currently available for the Wuhan coronavirus.

Where patients with flu-like illness are seen at the same practice as uninfected patients, a separation of the two groups by space and/or time is essential:

* Separate entrances and exits for patients with and without flu-like illness should be clearly marked.
* Infected patients should be segregated in clearly marked separate waiting areas and treated separately from uninfected patients (see below).
* Where this is not possible, infected patients should be seen at the end of the day when uninfected patients are not present.

Wherever possible, different team members should care for infected and uninfected patients. This could be achieved by two practices in an area working together, one seeing symptomatic patients and the other seeing symptom free patients.

Treatment of infected patients should be limited to relief of pain, avoiding aerosol-generating procedures (e.g. through the use of turbines, ultrasonic scalers and three-in-one syringes) where possible. Where this is not possible, turning on high volume aspiration before the turbine will help to reduce aerosol. PPE should include gloves, a gown, eye protection and an FFP3 respirator. Training on the fitting and wearing of a FFP3 respirator and the donning and removal of PPE is essential; FFP3 respirators cannot be used without training.

Infection control procedures

Standard infection control procedures should be rigorously and consistently adopted. Guidance on the recommended PPE for staff who care for infected patients is given in Appendix 1 referenced at the end of this document.

Environmental decontamination

During a pandemic freshly prepared detergent and warm water should be used for cleaning all areas in the practice where there is a risk of contamination of surfaces, door handles, toilets, etc. Surgeries should be cleaned at least daily and also between clinical sessions for infected and uninfected patients, if the same surgery is used for both.

Business continuity

During a pandemic, we will maintain a business as normal approach to providing care for our patients for as long as is practicable. In the event of a pandemic, Mrs Josephine Rawcliffe will have overall responsibility for deciding on the appropriate course of action for our practice.

The progression of a pandemic is likely to affect the provision of dental services in a number of ways:

Stock

A pandemic viral infection will result in increased demand for supplies at a time when the ability of suppliers to maintain deliveries will be compromised.

Small stock reserves have implications for how we might continue to function in a prolonged emergency. All team members has responsibility for ensuring that current stock levels are evaluated and that those items that are essential for providing dental care to patients are identified so that if a need for additional stock (including PPE) is identified this can be ordered in good time. Team members are also responsible for planning where extra supplies will be stored and for ensuring that there are robust systems in place so that stock is used in rotation and, to avoid unnecessary wastage, before expiry.

Team Meeting

We will hold a team meeting immediately a pandemic is confirmed to consider the impact of the pandemic on the practice team. A significant number of team members could be absent over a 2-3-week period as a result of:

* Illness.
* Caring for dependents that are sick (especially applies to those with children).
* Dealing with bereavement.
* Transport disruptions, which may make travel to and from work more difficult.

Staff absence will have a considerable impact on the delivery of dental care in some practices. The British Dental Association (BDA) has estimated that up to 35% of staff may be absent for up to 2-3 weeks.

A return to business as normal

As the pandemic comes to an end and communities gain confidence, we would plan for a gradual return to business as normal. Suppliers will also take time to return to normal; shortages and delivery delays can be expected.

APPENDIX 1

Personal Protective equipment for staff that care for patients with pandemic viral infection.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Entry to cohorted area but no contact with patients | Close contact with patients (within one metre) | Aerosol-generating procedures\* |
| Hand Hygiene | ✓ | ✓ | ✓ |
| Gloves |  | ✓ | ✓ |
| Plastic apron |  | ✓ |  |
| Gown |  |  | ✓ |
| Surgical Mask | ✓ | ✓ |  |
| FFP3 respirator |  |  | ✓ |
| Eye protection |  |  | ✓ |

1. \*Wherever possible, aerosol-generating procedures should be performed in side rooms or other closed single patient areas with minimal staff present.
2. Gloves and aprons should be worn during certain cleaning procedures.
3. Gloves should be worn in accordance with standard infection control principles. If glove supplies become limited or come under pressure, this recommendation may need to be relaxed. Glove use should be prioritised for contact with blood and body fluids, invasive procedures and contact with sterile sites.
4. Consider a gown in place of an apron if extensive soiling of clothing or contact of skin with blood or other body fluids is anticipated (e.g. during intubation or when caring for babies).
5. If non-fluid-repellent gowns are used, a plastic apron should be worn underneath.
6. Surgical masks (fluid-repellent) are recommended for use at all times in cohorted areas for practical purposes. If mask supplies become limited or come under pressure, in cohorted areas their use should be limited to close contact with a symptomatic patient (within one metre).

Reference: Department of Health 2008

Document Change Record

for

Pandemic Viral Infection Policy

The table below is used to register all changes to the policy:

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| --- | --- | --- | --- | --- |
| Published Date | Document Version Number | Pages affected | Description of revision | Author |
| 27.1.20 | 6.1 | Most | Policy revised from a pandemic flu policy to a pandemic viral infection policy to account for emerging viral strains. | PL |
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