

TO: ALL HEADS OF DIVISIONS/DIRECTORATES/CHIEF DIRECTORATES/HEADS OF INSTITUTIONS/REGIONS/DISTRICTS  
AND SUB-STRUCTURES/UWC

CIRCULAR H.50./2022

## RETURN TO ROUTINE DENTISTRY FOR WESTERN CAPE PROVINCIAL DENTAL SERVICES

### 1. CONTEXT

The evidence on how COVID-19 spreads, has clearly confirmed saliva and mucous-infected aerosols as the primary mechanism of spread. The practice of dentistry combines the risks of very close proximity between patient and clinician, as well as the generation of significant aerosols by many commonly used dental procedures.

Patients and clinicians are anxious about resuming routine dentistry because of this risk, so a clear protocol that lays out the procedures that can be carried out and the safety precautions that need to be in place before proceeding, is essential.

It is also apparent that there needs to be a single coherent protocol that is followed by all public sector dental services, whether they are in the Metro, in the Rural areas or on the Academic clinical platform.

The intention of this protocol is to provide a common set of guidelines to oral health services across the province during this time of transition from the epidemic period into the new normal.

### 2. PROTOCOL OVERVIEW

The first section of this document provides an outline of the main elements that clinicians should consider as they resume normal dentistry. The subsequent section contains information about specific procedures, including a List of Definitions and Abbreviations (Appendix 1), PPE guidance (Appendix 2) and other advice. Each clinic is slightly different and will need to adapt these guidelines to their own specific circumstances. The protocol does not replace or remove existing WCG DOH circulars.

### 3. KEY PRINCIPLES

This protocol provides **a single guiding reference** for the resumption of dental services in public sector clinics across all regions of the Western Cape Province.

This Oral Health Protocol must be considered one part of the Province-wide plans on **Returning to Comprehensive Health Care** in the post COVID period. And will also be subject to ongoing appraisal and updating via a six-monthly review.



The protocol is based on the previous MHS and rural protocols for the provision of dental services under COVID-19.

Covid-19 is still present and all the existing protocols governing the safe practice of health care already stated in **Health Circulars** issued by the WCG DOH, still apply <https://www.westerncape.gov.za/site-page/covid-19-circulars>

Some specific **adaptations** to ensure safe practice in individual dental clinics across the province, may be necessary.

#### 4. ESCALATING VOLUME OF CARE

As alert Levels have dropped and the community risk of exposure to COVID-19 has dropped, patients may now choose to return for **more than just emergency dental care** (defined in the previous MHS dental protocol).

All clinics may therefore admit **higher volumes of patients** in their particular clinics, **subject to appropriate safety precautions being put in place.**

**Adequate time still needs to be allowed between Aerosol Generating Procedure (AGP) patients** to allow adequate surgery cleaning and the settling of aerosols (about 10-15 minutes for AGP patients).

The increase in patient numbers is expected to be gradual and must keep pace with the introduction of adequate safety precautions and must not compromise **the quality of care.**

Clinics must **review their practises six monthly** in relation to the prevailing conditions of the COVID-19 epidemic. As the epidemic case load changes in the province, it may also be necessary to re-escalate or de-escalate, as circumstances change.

#### 5. EXPANDING TREATMENT OPTIONS

**Emergency care** was the only level of dental care available during previous Alert Levels but this is no longer the case. **All forms of dental care may now resume**, subject to appropriate safety measures being in place.

**Non-aerosol generating procedures** (N-AGP) may be resumed without any exceptions. The necessary PPE for clinicians and protection for patients are outlined below (Appendix 2). Standard cross infection procedures apply.

**Aerosol generating procedures** (AGP) may also now resume subject to the specific aerosol mitigation measures being put in place. This includes N95 or FFP2 masks for all clinical staff, along with other prescribed PPE for clinician and patient, and the necessary infrastructure elements indicated below (Appendix 2).

#### 6. SPECIFIC MEASURES TO PROTECT PATIENTS

To enhance social distancing and **avoid** the creation of **crowded waiting rooms**, clinics should introduce **dynamic appointment systems** where patients are spread out across the day to allow for cleaning and preparation of surgeries between patients. This requires that a specific appointment time is provided to each patient with the time corresponding closely to the time at which they will actually be seen. The appointment time should therefore be the same as the time they will be attended to but allowing a few minutes earlier for folder retrieval and administrative work. Providing improved telephone access (via correct telephone numbers) and information to patients (via posters and pamphlets) is essential for this to be achieved.

COVID-19 and clinic **treatment information** must be made visible to all patients entering the oral health clinic. Posters and notices must be present in all waiting and clinical areas.



COVID-19 **vulnerable patients** are free to choose to come for care and should not be refused. Their risk can be assessed in the medical history process, so they are aware of the risks before consenting to care.

If a **symptomatic COVID-19 patient is an emergency** dental case, they should be consulted in a safe isolation area of the clinic and be referred to the nearest COVID-19 treatment and testing centre. Thereafter, advice, antibiotics and possible emergency treatment may be provided, following all AGP level treatment.

**Masks, ventilation, hand hygiene and distancing** strategies are fundamental and also apply within clinics as they do in all public spaces. Dental clinics must address these requirements. Waiting room capacity, ventilation, availability of hand cleaning stations and availability of masks must be determined.

**Hotspot cleaning** of all commonly encountered clinical and non-clinical surfaces must continue.

**Drapes, gowns, eyewear** must be provided to protect the patient in care. Details are in the appendices on PPE (Appendix 2).

## 7. SPECIFIC MEASURES TO PROTECT STAFF

Provision of **correct PPE** (Appendix 2). This will change depending on the type of procedure being carried out (AGP or non-AGP).

The use of a **rubber dam** for all possible AGP treatments where it can be used, is mandatory in all clinics.

**Scaling with an ultrasonic scaler can resume** in public dental clinics. Hand scaling continues to be available.

**Polishing** without a rubber dam in place, is also not advised at this time.

## 8. INFRASTRUCTURE REQUIREMENTS

All clinics must ensure standard surface, instrument and equipment **cleaning protocols** are rigorously adhered to, to control cross contamination.

Provision of 0,023% povidone iodine **mouth rinse** or 0,02% Hypochlorous acid rinse to patients prior to clinical work is advised.

**Water line** decontamination by use of the 0,05% Hypochlorous acid is also advised when doing AGP's.

The existing **air conditioning system** must be assessed. It must be turned off if they are likely to spread aerosols into public spaces. Opening of **windows** may be an option where airflow does not lead to occupied public spaces.

**High volume suction** systems should be of adequate capacity to fulfil its primary function (removal of saliva from the field of work) and complement existing and additional AGP mitigating measures e.g. rubber dam usage, waterline treatments and Air Filtration Units etc.

The addition of **extra-oral suction capacity** should be considered where possible.

Addition of **air filter units** equipped with HEPA filters and UV light should also be considered where existing air conditioner units are inadequate.

**Separation of cubicles** should be considered if they are in an open-plan environment.

## 9. PPE REQUIREMENTS

**Standard PPE protocols** are provided in WCG circulars. More specific recommendations for dental care settings are provided in the PPE appendix below (Appendix 2).

Each clinic will have to identify suitable areas in which **donning of PPE and doffing of PPE** should take place. The principle is that staff movement should be confined to AGP areas of the clinic in their PPE but this is removed before they move to non-AGP areas of the clinic.

#### 10. **COMMUNITY OUTREACH SERVICES**

Re-escalation of this service is **advised**.

Their resumption will depend on the provision of permission to access individual schools or crèches by the heads of these institutions, and the existence of adequate safety measures for staff and learners.

#### 11. **FUTURE CONSIDERATIONS**

**Tele dentistry** is something dental clinics can begin to include in their future planning. The addition of Wi-Fi connectivity, digital intraoral cameras etc, can enable remote specialist diagnostic work to be done. A connection between the community clinic and the academic centres offers great potential for such a project.

The COVID-19 experience has highlighted the importance of building stronger **patient and community communication** processes, and all clinics should build this relationship. Direct patient communication is encouraged (Appendix 3).

The **sharing of experiences across the provincial dental clinics** will assist everyone to update and adapt their circumstances to achieve best practice.

The new PPE requirements mean that it is also urgent that the **procurement** process be strengthened to ensure provision of all necessary PPE and dental-specific materials.

Ways to move away from **paper-based records** is strongly advised. New safer ways of keeping and managing clinical documentation need to be urgently found.

Continued upgrades to the Oral Health Service infrastructure platform are essential. The COVID 19 pandemic should be used as an opportunity to address the shortcomings of the current clinic platform, which prevents Oral Health Practitioners from delivering the comprehensive services they are willing and capable of delivering.

Districts and sub-structures are requested to ensure further distribution to all dental clinics.

Emile Prince can be contacted at [eprince@uwc.ac.za](mailto:eprince@uwc.ac.za) for any further enquiries.



**DR SAADIQ KARIEM**

**DDG: CHIEF OF OPERATIONS**

**DATE:** 05/04/2022



## Appendix 1

### Abbreviations and Definitions

AGP	Aerosol Generating Procedure
DOH	Department of Health
HEPA	High Efficiency Particulate Air (filter)
Hotspot	Surfaces, door handles, and other sites frequently touched by patients and/or staff
MHS	Metro Health Services
N95, FFP2	Respirators capable of eliminating 95% of particles the size of COVID-19
Non-AGP	Non-aerosol Generating Procedure
PHCIS	Primary Health Care Information System
PPE	Personal Protective Equipment
Rubber Dam	A silicon rubber barrier to isolate teeth from the oral cavity
SADA	South African Dental Association
Tele dentistry	A system for providing dental diagnostic or treatment advice to remote locations
UV	Ultra-violet light
WCG	Western Cape Government



## Non-Aerosol Generation Procedure (Non-AGP)

# Clinicians

Non Surgical Disposable Gloves	Disposable Face Mask	Mask FFP2, N95 or KN95	Surgical Gown	Safety Specs	Goggles	Visor	Surgical Cap	Plastic Apron	Surgical Over Shoe Covers
	Optional 								
✓	✓	✓		✓	OR	✓		✓	

## Non-Aerosol Generation Procedure (Non-AGP)

# Patients

Non Surgical Disposable Gloves	Mask: Cloth or theatre mask	Mask FFP2, N95 or KN95	Surgical Gown	Safety Specs	Goggles	Visor	Surgical Cap	Plastic Apron or Drape	Surgical Over Shoe Covers
									
	✓			Optional				✓	



## Aerosol Generation Procedure (AGP)

# Clinicians

Non Surgical Disposable Gloves	Disposable Face Mask	Mask FFP2, N95 or KN95	Surgical Gown	Safety Specs	Goggles	Visor	Surgical Cap	Plastic Apron	Surgical Over Shoe Covers
									
✓	✓	✓	✓		✓		✓	✓	✓

## Aerosol Generation Procedure (AGP)

# Patients

Non Surgical Disposable Gloves	Mask: Cloth or theatre mask	Mask FFP2, N95 or KN95	Surgical Gown	Safety Specs OR Goggles	Visor	Surgical Cap	Plastic Apron or Drape	Surgical Over Shoe Covers	
									
	✓			✓	✓		✓		



## Additional notes on PPE

1. **Plastic Aprons:** provide additional waterproof protection during procedures that generate excessive moisture e.g. Scale and Polishes and extensive restorative procedures (clinicians to use their discretion).
2. **Surgical Gowns:** should be water repellent and below the knee (for procedure with excessive moisture generation). Shorter surgical gown can be used e.g. in Oral Surgery, in conjunction with a plastic apron.
3. **Minor Oral Surgery,** to follow AGP PPE protocol
4. Patients will be covered with a **linen drape, apron or a surgical gown** for AGP.
5. **N95, KN95, FFP2 masks** to be used for the full clinical day and disposed of at the end of the clinical day, UNLESS it has been soiled during a clinical procedure (clinicians to use their discretion). The soiled respirator must be disposed of and replaced before seeing a NEW patient. Surgical/theatre masks to be worn over the respirator to maximise longevity of use of the N95, KN95 or FFP2.
6. **Respirators** must be stored in an aseptic bag when not being worn (between different patients/clinical sessions on the same day).
7. **PPE can be put on** in any clean non-AGP area. It must be **removed** on leaving an AGP area and before entering a clean zone of the clinic.

## Additional notes on Safe Working Environment

The recent Covid-19 pandemic has prompted the Oral Health Services (OHS) to review all its protocols and practices to ensure our environment is safe for all who work or visit our facilities for care.

In addition to already rigorous cross-infection control measures, the specific risk of viral spread associated with aerosol generation, had to be addressed. To establish a safe clinical and working environment in the Covid-19 era, a range of evidence-based safety measures have been put in place. The net result is that Oral Health Services (OHS) can now operate in a working environment substantially safer in every respect and for everyone, including safety from Covid-19 exposure.

To this end the following protocols and infrastructure changes have been implemented:

- All Central and Standalone Air Conditioning Units have been sanitised and disinfected.
- Fresh air intake through the central air conditioning system should aim to be above 50% where possible.
- The natural ventilation, through opening of windows is encouraged.
- A 0.05% Hypochlorous Acid solution is used in water lines for the hand pieces, removing the risk of infected aerosol generation.
- A standard pre-procedural mouth rinse solution of 0.02% Hypochlorous Acid further reduces the risk of aerosol contamination.
- Rubber dam is used wherever appropriate to remove the risk of saliva contamination Aerosol Generating Procedures (AGPs).
- Air filtration units have been fitted in all the clinical areas, each servicing an area of 40m<sup>2</sup>. They are fitted with UVC lights and HEPA filters to continuously clean the air.
- Defined AGP clinical zones have been isolated from the rest of the building with access to these areas signposted and limited to those doing AGP work and wearing the appropriate PPE.
- All staff and student clinicians are provided with approved FFP2 or N95 masks, visors or goggles and all necessary PPE, according to PGWC and AOHC approved protocols.
- The temperature in the facility should be regulated and aimed at reaching a 21° Celsius to accommodate staff working in clinical areas wearing PPE during clinical procedures.



The Provincial Government of the Western Cape (PGWC) is committed to ensuring the safety of all persons working or visiting our facility for care and will continue to follow the standard safety protocols required to achieve this.



## Appendix 3

### Return to work letter for patients

{Place on your letterhead}

Dear Patient

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things have changed, one thing has remained the same: our commitment to your safety.

Infection control has always been a top priority in the dental practice, and you may have seen this during your visits to our clinic. Our infection control processes are made so that when you receive care, it's both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep patients and staff safe.

Our clinic follows infection control recommendations made by the Department of Health, WHO and the Occupational Safety and Health Administration (OSHA). We follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued.

You may see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- Our staff will **ask you some screening questions** related to your health.
- We have **hand sanitizer** that we will ask you to use when you enter the clinic. You will also find some in the waiting area and other places in the clinic for you to use as needed.
- Our clinic is restarting comprehensive oral health services.
- We will provide you with **a specific appointment time** which will be very close to the actual time that you will be attended to. If you arrive at your appointment time you will reduce your waiting time and will reduce the number of patients in the reception area at any one time.

To make a specific appointment date and time, please call our clinic at 021 370 0124.

Thank you for your understanding.

Sincerely,

Dentist and Team

