

# Clinical guidance for dental practitioners in relation to pandemic (H1N1) 2009 influenza virus

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## Introduction

An increase in the number of pandemic (H1N1) 2009 influenza cases is anticipated over the coming months. There are a number of simple precautions which dental practices should take to help reduce the likelihood of transfer of the virus to staff and to patients.

Pandemic (H1N1) 2009 virus is primarily transmitted by droplet and contact routes. The following simple steps should help to reduce the likelihood of transfer by either of these routes:

- Appointments which are sent by letter should include advice to patients on swine flu symptoms and a request not to attend for their appointment but to ring and re-schedule if they have any of these symptoms
- All patients/parents should be asked by the receptionist to clean their hands with alcohol hand gel or by washing their hands with soap and water on arrival at the dental surgery. Signage regarding [hand hygiene and respiratory etiquette](#) should be displayed at the entrance
- Signs should be placed in waiting rooms outlining symptoms of flu and advising symptomatic patients to reschedule appointments
- Boxes of tissues should be placed in waiting rooms along with lined waste bins for disposal of used tissues (non-healthcare risk waste)
- Staff with symptoms of pandemic (H1N1) 2009 should be advised to stay at home and not come to work for 7 days from onset of illness
- Staff should be offered vaccination when the pandemic vaccine is available
- Standard infection control precautions should be followed with particular attention to the following:

### **Hand hygiene**

Hand hygiene should be performed between patients. Hand hygiene protocols should be rigorously followed. A short sleeved tunic or top is recommended to facilitate effective hand hygiene. Finger or wrist jewellery (except a plain gold or silver band) should not be worn.

### **Personal protective equipment (PPE)**

As per [Standard Precautions](#), the type of PPE (e.g. gloves, apron/gown and face protection) required is determined by the anticipated risk of exposure to blood, body fluids (including spraying or splashing), mucous membranes and non intact skin during each treatment.

Gloves, aprons and disposable face protection should be changed between each patient.

Reusable eye protection should be cleaned and disinfected between patients as per manufacturer's instructions.

### **Equipment decontamination**

All dental equipment should be appropriately decontaminated after use in accordance with best practice guidelines.

### **Environmental decontamination**

Disposable coverings on chair, cart and light should be changed between patients.

Chair, light, cart and any other surface potentially touched by patient or dental team and other contaminated surfaces should be cleaned and disinfected thoroughly between patients.

Spittoon should be thoroughly flushed, cleaned and disinfected between patients.

Treatment rooms should be thoroughly cleaned daily with detergent and warm water with special attention to frequently touched items e.g. door handles, chair handles etc.

Spillages should be cleaned up as they occur.

All areas of the practice should be thoroughly cleaned on a regular scheduled basis.

## **Emergency care for suspected or confirmed pandemic (H1N1) 2009 influenza cases**

If emergency care needs to be provided to a suspected or confirmed pandemic (H1N1) influenza case, the following procedures (in addition to Standard Precautions) should be followed:

### **Patient placement**

Patients with flu like illness should be segregated in separate waiting areas and treated separately from non-influenza patients. Where this is not possible, infected patients should be seen at the end of the day when non-influenza patients are not present.

## **PPE**

Additional PPE is recommended for staff when undertaking [aerosol generating procedures](#). In dental practice, aerosol generating procedures include the use of handpieces in the patient's mouth, use of airway suction equipment, and scaling. Staff should wear the following:

- Single-use long-sleeved disposable gown
- FFP2/FFP3 face mask (correctly fitted)
- Gloves
- Eye protection

Staff should wear the following PPE for procedures other than aerosol generating procedures:

- Surgical mask (and eye shield or disposable goggles if spraying or splashing anticipated)
- Plastic apron
- Gloves

Refer to poster for correct procedure for [donning and removing PPE](#)

## **Environmental Cleaning**

Remove unnecessary equipment from room before treatment commences. All surfaces (including furniture) in the room should be cleaned with detergent and water and disinfected using a hypochlorite 1000ppm (or equivalent) after use.

## **Waste**

All waste contaminated with blood or body fluids should be disposed of as healthcare risk waste.