



COVID-19 Transitioning – Guidance for Dental Practices in Malta

The following obligatory conditions are issued under the Public Health Act Chapter 465 of the Laws of Malta and require strict adherence. Failure to adhere to these conditions will result in enforcement procedures as provided by the Act.

As COVID-19 restrictions are gradually relaxed, employers and workers must work together to adapt and promote safe work practices consistent with advice from public health authorities and to ensure that premises are ready for the social distancing and correct hygiene measures that are critical to the success of the transition.

Employers and workers must prevent the transmission of COVID-19 while at work, consistent with updated advice from the public health authorities.

Employers and workers must prepare for the possibility that there will be cases of COVID-19 in the workplace and be ready to respond immediately, appropriately, effectively and efficiently, and consistent with specific recommendations from public health authorities.

Mandatory conditions to be observed by Dental Practices in Malta

- Ensure that maximum capacity of patients inside the practice at any one time is one person per 4 square metres, including staff;
- Acrylic or tempered glass barriers must be fitted in reception areas (2 metres from the floor) if there are reception staff. (Otherwise this is not required).
- Dental Units must be at a minimum distance of 2 metres from each other or separated by a wall or an acrylic or tempered glass barrier which is 2 metres high. These barriers must be cleaned properly after every patient.
- Hand sanitizers must be made available at the reception area and near all workstations. Sanitizers with sensors or pedals are recommended.
- Patients (and suppliers) must wear a mask (covering mouth, nose and chin) or visor at all times unless instructed otherwise by the service provider due to the treatment process.
- Staff providing a service to patients should wear PPE appropriate to the procedures that are being performed.

Interim Guidance for Dental Practices in Malta - COVID 19

This guidance needs to be referred to and applied in addition to all the other recommended good practices, to protect from and safeguard against, the spread of this viral infection.

This toolkit contains interim recommendations focused on the short-term management of dental practice during the COVID-19 pandemic as practices return to providing non-emergency dental care. This toolkit is intended to serve as guidance and is in no way comprehensive. The overall management and implementation of infection control measures and policies is left to the professional judgment of each dentist and/or health organisation/academic institution. The possible integration of additional infection control measures, air purification systems, and any other safety recommendations will be addressed by the Superintendence of Public Health as the COVID-19 knowledge base grows.



COVID-19 spreads primarily through droplets and fomites. The close working environment and the potential for aerosol spread of the virus through dental procedures, such as use of high and low-speed handpieces, ultra-sonic scalers, air/water syringes, gagging/retching due to intra-oral radiographs or an infected patient coughing, places dental health workers at an elevated risk of infection.

In the absence of accurate Covid-19 screening tools, practices must ensure that treatment can be provided as safely as reasonably achievable in a dental practice for the safety of both the patients and the dental team. This means that dental team members must have:

- Access to appropriate PPE to protect against potentially infectious aerosol transmission.
- Viable options for eliminating, reducing or containing aerosol production during care.
- Access to training on COVID-19-specific protocols and procedures.

Each practice is arranged and functions differently and we rely on the professional judgement of the dental surgeon, dental hygienists and the rest of the dental team that work daily in their own unique environment to adjust their practice for the enhanced protection of others. For enhanced aerosol protection, we offer the following guidance for different aspects of the dental experience

The Premises

- Ensure that maximum capacity of patients inside the practice at any one time is one person per four (4) square metres, including staff;

To achieve this 4 square metre 'rule':

- (i) calculate the area of the premises (e.g. length of premises in metres x width of premises in metres = area of premises in square metres),
- (ii) divide the area of the premises by 4, and
- (iii) the answer of that division (ignoring any remainder) is the maximum capacity that the premises can hold at any one time.

By way of example, if premises are 25 square metres in size, $25 \div 4 = 6.25$, ignoring 0.25, the clinic should allow a maximum of six (6) persons at any time inside the premises, including staff.

- Allow only one (1) person and one (1) member of staff at any one time inside a premises with a total area less than eight (8) square metres;

Before the patient attends the practice

- No team members should come to work if sick or having cold, flu or COVID-19 symptoms. If staff becomes symptomatic, they should be sent home, tested and quarantined if necessary.
- All team members should answer screening questions and have their temperatures taken with a contactless thermometer at the start of each shift. Any staff member with a fever of more than 37.2°C or symptoms on screening should be sent back home and not allowed inside the clinical area for any reason and referred to 111 for testing.
- Update any information for each patient prior to their appointment if possible Ask specific questions pertaining to COVID-19, including if they:
 - have contracted COVID-19,
 - have recently been exposed to anyone with COVID-19,
 - whether the patient or any family members are currently in obligatory quarantine, and, if yes, when it began,
 - have signs and symptoms of the infection in the last three days that include a cough, fever, a headache, loss of taste or smell, a sore throat, body aches and pains, or diarrhoea.



- Patients should be asked to attend alone for their appointment unless they need special assistance or guardianship.
- Everyone entering the dental setting (patients, dental health care providers, delivery persons) is required to wear a facemask or cloth face covering or visor, regardless of whether they have COVID-19 symptoms.
- Actively screen everyone on the spot for fever and symptoms of COVID-19 before they enter the dental setting.
- Maintain 2 metre social distancing at work with other team members and patients when not performing treatment.
- Receptions manned by a receptionist (separate from the service provider) should be fitted with an acrylic or tempered glass barrier. This should be cleaned regularly. Clean and disinfect public areas frequently, including waiting rooms, door handles, chairs and restrooms. Remove all unnecessary objects from the waiting area (e.g., toys, magazines, etc.) that are at risk of contamination.
- Elderly and immunocompromised persons should be seen during the first appointments of the day or in a clinic which has not been used for AGPs in the last hour prior to their appointment.
- If the number of people in the practice exceeds the 4 sqm rule, patients should be instructed to wait outside the practice until it is time for their appointment.
- Limit time for the patient in the waiting room if possible.
- Advise patients to bring with them only essential personal belongings, such as their phone and method of payment. If they do bring in other items, make sure they are left in a safe place which is not the clinical area.
- Patients entering the practice should be offered hand sanitiser or ability to wash hands before touching anything. Anyone accompanying the patient should be advised to wait outside the treatment area until the patient has completed their treatment. Patients presenting with any symptoms, no matter how mild, should have their appointment postponed and asked to consult the 111 helpline for a swab test.

Personal Protective Equipment (PPE)

The risk of a dental procedure can be subdivided into the following categories:

- High Risk – Aerosol Generating Procedure (AGP)
- Medium Risk – Spatter Generating Procedure (SGP)
- Low Risk – No Aerosol or Spatter Generating Procedure

MINIMUM PPE SUGGESTED

- Scrubs baring below the elbow should be worn. Scrubs should be washed daily at 60 degrees Celsius.
- Staff should also wear clinic footwear that is left at work, which is regularly disinfected.

Other PPE recommended according to risk level below:

High Risk Procedure

- FFP2/FFP3 respirator or equivalent (KN/N95) face masks



- Head Cap
- Disposable gloves
- Disposable plastic apron
- Appropriate eye protection
- Disinfectable footwear/overshoes

Medium Risk Procedure

- Surgical face mask
- Head Cap
- Disposable gloves
- Disposable plastic apron
- Appropriate eye protection
- Disinfectable footwear/overshoes

Low risk procedures

- Surgical face mask
- Disposable gloves
- Disinfectable footwear/overshoes

- Appropriate PPE must be available in the dental practice to adequately protect the dental team members and the patients alike.
- Patients should all be provided with eye protection.

Notes on PPE:

- An N95 respirator or a respirator that offers a higher level of protection such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs) or elastomeric respirators - If a respirator is not available, use a combination of a surgical mask and full-face shield. Ensure that the mask is a certified and approved surgical mask. - During aerosol-generating procedures, put on one of the following: - An N95 respirator or a respirator that offers a higher level of protection such as other disposable or autoclavable filtering facepiece respirators, powered air-purifying respirators (PAPRs) or elastomeric respirators. These masks should be worn before entering the clinic. After exiting the patient's room or care area and closing the door (if present), take into consideration that most dental procedures generate droplets, spatter and aerosols: - Remove and discard disposable respirators and surgical masks. - Perform hand hygiene after removing the respirator or facemask.
- Eye Protection - Before entering the patient room or care area, put on eye protection (i.e., goggles or a full-face shield that covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Protective glasses with side shields should be worn for critical and noncritical tasks. Reusable PPE should be cleaned regularly and disinfected with soap and water or sanitizing wipes between patients.
- Protective head wear – ideally disposable and changed if it gets moist or after each session.
- Shoes should be clinical shoes which are kept on premises and disinfected after every use, if not disposable shoe covers should be worn.



- Donning and Doffing: Follow the procedures as demonstrated in the following link: <https://drive.google.com/file/d/14WV3ZZurArwkevxfR1XjzO0Q-tVwV5I/view> Hand hygiene should be performed regularly by washing hands for 20 seconds before and after treating each patient, before donning and immediately after removing gloves, and after touching inanimate objects without gloves. Use soap and water or a 70% alcohol-based sanitizer.
- **During Treatment:** Dental procedures should include aerosol controlling measures as much as possible, as the transmission of COVID-19 occurs via droplets that can be aerosolized during aerosol generating procedures. A suction system with a rate of suction of approximately 300L/min is advisable.
- All procedures should be carried out with a single patient and only colleagues who are needed to undertake the procedure should be present in the room with the doors closed.
- If an AGP is being undertaken, no-one should enter the room and a DO NOT ENTER sign must be placed on the DOOR.
- If AGP is being undertaken the operator may consider giving the patient a 1% hydrogen peroxide, 0.2% povidone or a combination of Chlorhexidine (0.5%-0.12%)+ CPC (0,01% - 1%) rinse prior to treatment.
- Ensure that the space is well ventilated. Windows must be closed if there is an air purification system in place which is turned on. Extraction air conditioning units can be used during the procedure.
 - In cases where a clinical area has a window that opens to the outside and no other means of ventilation, best practice at this stage would be to keep windows **fully** open during the procedure, ideally with A/C on (in circulation mode). Window is to be kept open for 20 minutes after procedure prior to commencing disinfection and reprocessing of the clinical area.
 - In cases where there is no window, some form of air purification method is best practice. Ideal rates are 6 air changes hourly, which would mean that the clinic can be disinfected after 15 minutes of resting time. Unless stated otherwise in the manufacturer's instructions, a simple extractor fan would not suffice for these required air changes.
 - If there is no window and no air purification method, the clinic must have a minimum resting time of 30 minutes after each aerosol generating procedure, prior to commencing disinfection and reprocessing of the clinical area. Air conditioning units are not a source of ventilation.
 - All aerosol generating procedures must be carried out in an enclosed environment and not in open clinics where the potential for travel of aerosols generated may contaminate other areas. If there is no door for a clinical area, consider using an acrylic/tempered glass barrier to seal the room.
- Doors to common areas such as corridors or waiting areas should be kept shut so as not to spread contaminated air from clinical areas to these areas.
- Set up clinical areas so that only the clean or sterile supplies and instruments needed for the dental procedure are readily accessible. All other supplies and instruments should be in covered storage, such as drawers and cabinets, and away from potential contamination. Any supplies and equipment that are exposed but not used during the procedure should be considered contaminated and should be disposed of or reprocessed properly after completion of the procedure.
- Use of full mouth rubber dam reduces the risk of viral spread associated with AGP. Its use is encouraged.



- Where possible, use four-handed technique and high volume suction (ideally minimum internal bore diameter 8mm) for controlling aerosols and splatter.
- Where scaling procedures using ultrasonic instruments are required, treat as other AGP procedures. Acrylic shields are available as an added option to help shield further from aerosol.
- Where possible avoid asking the patient to spit out.
- Limit the use of the air and water functions on the syringe, together, at the same time.
- Hand-pieces used should be anti-retraction handpieces. Normal handpieces with no anti-retraction valves can cause cross-infection by aspirating droplets into the dental unit water lines.
- In cases where patients have a pronounced gag reflex, extra-oral radiography is recommended in preference to intra-oral radiography to diminish the possibility of aerosol production.
- The addition of atraumatic restorative procedures should be considered that both arrest dental disease and have no aerosol-generating aspects to them.
- Even with prior screening of patients for respiratory infections, inadvertent treatment of a dental patient who is later confirmed to have COVID-19 may occur. Public Health Authorities will contact the practice accordingly and advise accordingly in this eventuality.

After treatment: Patients should be scheduled in a manner that allows for appropriate disinfection of the clinical areas. If possible, decide upon two rooms for each practitioner to use, so that one room can be sanitised and prepared while the dental practitioner begins using the next room for another patient. If there is only one room dedicated for clinical treatment, it is recommended to increase patient appointment time by 30 minutes per appointment for appropriate disinfection and room preparation. Do not double-book appointments in the same clinic.

- If there is a plastic/perspex barrier sealing the room, this barrier will need to be disinfected in between patients. Barriers should be used when possible, especially for hard-to-clean surfaces (e.g. keyboard, light switches, computer, mouse, dental unit) and changed between patients. One should consider making use of hardware that may be cleaned easily e.g. washable silicone computer keyboards in clinical areas wherein AGP's are undertaken.
- It is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems to behave like other coronaviruses. Studies suggest that coronaviruses (including preliminary information on the COVID-19 virus) may persist on surfaces for a few hours or up to a few days. This may vary under different conditions (e.g. type of surface, temperature or humidity of the environment).
- Cashless and contactless payments are to be encouraged.
- Clean and disinfect each room with an appropriate disinfectant that is virucidal. Follow the manufacturer's instructions for use of all cleaning and disinfection products (i.e., concentration, application method and contact time).
- Surfaces must be thoroughly disinfected before and after each procedure or patient contact. Surfaces include all clinic zones, including computer keyboard and mouse, cupboards and tops, door handles etc.
- All instruments should be sterilised according to standard protocol before and after every patient use.
- Medical waste should be disposed of appropriately in the designated waste disposal and storage facilities and thrown away in double black waste bags.
- Use professional judgment on mask removal and replacement between patients. If you are removing your mask, do so outside the treatment room, after having closed the door to the treatment room. If the mask is soiled, damaged, or hard to breathe through, it must be replaced.



- Be mindful of other workers that support a dental practice like dental technologists, practice housekeepers and technical staff who maintain dental practice equipment and premises.
- Continually monitor risk level incidence, as there may be times when it will be important to cease nonessential procedures if there is a surge in COVID-19 incidence.

Treating COVID-19 Positive Patients or contacts:

If a patient who tested positive for COVID-19, or a contact of a positive patient, or a symptomatic patient who fits the case definition requires treatment:

- Assess the patient over the phone.
- Advise patient over the phone and send an electronic prescription if required.
- If possible, postpone the treatment until the patient recovers. Prescribe medication as necessary.
- If patient needs to be treated, the treatment of a positive patient should be scheduled for the last appointment of the day and dental team members should be in a gown covering full length of arms, gloves, N95 mask (or above-described combination), goggles with side protection, face shield, and hair covering. Dental surfaces will be disinfected both after the patient is dismissed and then again before the first patient of the morning with Sodium Hypochlorite. This process will probably take up to two hours.
- If in doubt (and as a last resort), refer patients to Dental Department at Mater Dei Hospital/Gozo General Hospital (8am to 2pm daily on weekdays, 8–12:30pm on Saturday) **following** discussion of clinical case with appropriate consultant or senior clinical staff in relevant department and hospital.
- Staff managing possible positive COVID-19 patients should consider the following measures when returning home in order to minimise the risk of transmission to other household members: – practise physical distancing; – wash hands frequently; – clean the frequently touched surfaces in their car (e.g. steering wheel, knobs, screens, etc.).
- Family members of health professionals involved in the management of COVID-19 patients should: – practise physical distancing; – consider sleeping in a separate room and using a separate bathroom if they belong to a high-risk group; – wash hands meticulously.

Domiciliary visits

If a patient needs to be seen in his/her residence, instruct the patient to prepare a chair and wait as close to the residence entrance as possible. Approach the patient in FULL PPE (donning OUTSIDE the residence) staying as close as possible to the exit and keeping the door open for ventilation.

After examination/treatment, move out of the residence, ask the patient to close the door and doff the PPE according to the protocol: <https://drive.google.com/file/d/14WV3ZZurArwkevxfmFR1XjzO0Q-tVwV5I/view>



DOFF OUTSIDE the residence. Dispose of all the PPE into a medical waste bag and leave it next to the closed door. Instruct the patient to close the bag and take it inside the house to dispose of later.



We recognize that this guidance document will not cover every situation a provider may face. Licensees should use their best clinical judgement to properly protect their staff, their patients, and themselves. Please ensure you have the appropriate equipment, staffing, and protocols in place before returning to non-urgent and non-emergency dental care.

Swabbing Recommendations

It is recommended that members of the Dental Team call 111 to book swab tests for themselves and any their staff members whenever they have any queries with respect to their COVID-19 status. They are also encouraged to refer any patient they believe would benefit from a COVID-19 swab prior to particular procedures which need to be carried out.

This guidance document was produced by the Superintendence of Public Health, Dental Association of Malta and Mater Dei Hospital Dental Department, with input from the Department of Infection Prevention and Control and the Faculty of Dental Surgery.

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