



CPD4dentalnurses

YOUR FUTURE IN YOUR HANDS

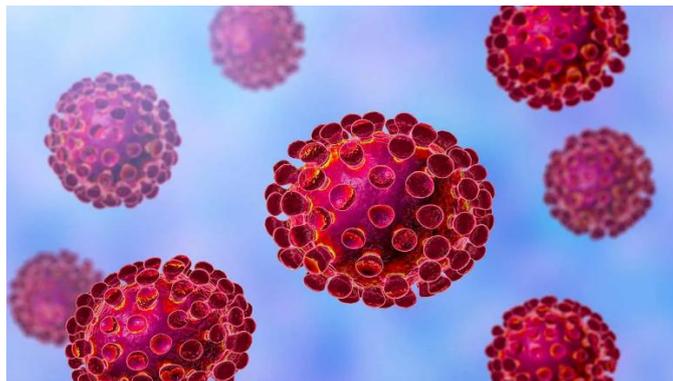
Coronavirus (COVID-19) (Updated 2024)

Aim: To provide the participant with an understanding of COVID-19, the symptoms, the transmission of COVID-19; the vaccination campaign and infection prevention and control with regard to Covid 19 in dental practice.

Objectives: On completion of this verifiable CPD article the participant will be able to demonstrate, through completion of a questionnaire, the ability to:

- Have knowledge of what type of virus family coronavirus belongs to.
- Identify the symptoms of COVID-19.
- Identify how COVID-19 is spread.
- Have knowledge of the guidance available regarding COVID-19 for the dental team.
- Have knowledge of the UK Vaccination campaign.

Introduction



Coronaviruses are named for the crown-like spikes on their surface that can be seen under a microscope. They are a type of virus that belongs to the Coronaviridae family. There are four main sub-groupings of coronaviruses, known as alpha, beta, gamma, and delta. Human coronaviruses were first identified in the mid-1960s.

Only Alpha and Beta coronaviruses are known to cause human diseases. Most cause mild illnesses like the common cold, but some beta coronaviruses (e.g., SARS-CoV,

MERS-CoV, SARS-CoV-2) can lead to severe and potentially fatal respiratory diseases.

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus that emerged in late 2019 in Wuhan, Hubei Province, China and spread rapidly. It was declared a global pandemic on the 11th March 2020 by the World Health Organisation. In May 2023 it was declared that COVID-19 is no longer a public health emergency of international concern. However, the virus continues to circulate in communities and remains a potentially serious risk to health. ^{1,2}

How does COVID-19 Spread?

COVID 19 spreads mostly through respiratory droplets that carry the virus, coming straight from someone infected, who sneezes, coughs, talks, sings, or even just breathes near other people. Virus-containing particles can be inhaled or deposited in the nose and mouth or on the eyes.

Although the virus can survive on some surfaces for up to several days, the amount of viable virus declines over time, and it is rarely present in sufficient amounts to cause infection after a few days.

Transmission from one infected person to another can start two days before the infected person even begins to show symptoms. In addition, it usually takes five to six days for someone to start showing symptoms after being infected. However, this can vary from one day to two weeks.²

Symptoms of COVID-19



The most common symptoms of COVID-19 are fever, fatigue, a cough and loss of taste or smell. Other symptoms that are less common and may affect some patients are:

- Nasal congestion.
- Conjunctivitis (also known as red eyes).
- Sore throat.

- Headache.
- Muscle or joint pain.
- Different types of skin rash, or discolouration of fingers or toes.
- Nausea or vomiting.
- Diarrhoea.

Symptoms of severe COVID-19 disease include:

- Shortness of breath or difficulty breathing.
- Loss of speech or mobility, or confusion.
- Persistent pain or pressure in the chest.
- High temperature (above 38 °C).

Higher Risk Groups



The groups most likely to develop severe disease are:

- People over 60 years
- Pregnant women
- People with underlying health conditions such as obesity, diabetes, heart disease, cancer, chronic respiratory disease etc.

The current recovery rate for COVID-19 is high globally due to advancements in treatment, widespread vaccinations, and improved healthcare systems. As of late 2024, the World Health Organization (WHO) indicates that the vast majority of individuals who contract COVID-19 recover, especially those who are vaccinated and have access to adequate healthcare.

Most people infected with COVID-19 have asymptomatic or mild to moderate respiratory illness and can recover without needing special treatment. Although, some people may experience long-term effects from SARS-CoV-2 infection, known as "long COVID-19." This condition can affect people of all ages, including those who initially had mild symptoms.³

COVID-19 Guidance



Since the start of the COVID-19 pandemic, dental professionals followed guidance from the Chief Dental Officer. In addition, the Faculty of General Dental Practice had COVID related guidance for the UK in their document, “Implications of COVID-19 for the safe management of general dental practice. A practical guide.”

On 20th August 2020, updated infection prevention and control recommendations for COVID-19 guidance were issued for the remobilisation of services within health and care settings. The guidance was issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS)/National Services Scotland, Public Health England (PHE) and NHS England as official guidance. This guidance was withdrawn on 27th May 2022.

On June 1st, 2022, the next steps for infection prevention control were set out. Dental practices had to make their own decisions about how and when patients are treated and what PPE was required, having completed their own risk assessment.³

As of April 2023, **all COVID-19 guidance was removed**, and dental practices resumed following National Quality Standards.⁴

The last updated Gov. UK document on Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result was issued in March 2023, and it can be accessed from the further reading section at the end of this article.

Infection Prevention and Control - National Quality Standards

Infection prevention and control (IPC) are essential responsibilities for the dental team. Patients reserve the right to be treated in a surgery environment that is clean and sterile.⁵ Decontamination is “the process by which reusable items are rendered safe for further use and for staff to handle.”⁵ The decontamination of instruments and equipment is a necessary requirement to reduce the risk of cross-infection from patient to patient and also between patients and staff.

Although each country in the UK has slight variations in its guidelines for good practice, they generally agree on most key issues, even if they occasionally use different terminology.

Health Technical Memorandum 01 05 (HTM 01-05) was introduced in 2010, and it became a requirement in dentistry to comply with it. HTM 01-05 was last updated in 2013 and, as a minimum requirement, all dental practices must comply with 'Essential Quality Requirements' (EQR).

All practices should continue to follow standard infection control precautions using the guidance from HTM 01-05 and the UK Infection Prevention Control Guidance (IPC).

The full Infection Prevention and Control CPD article is available on the website, which includes links to all the current guidance.

Vaccination



The UK's COVID-19 vaccination campaign began on December 8, 2020, when 90-year-old Margaret Keenan became the first person globally to receive the Pfizer-BioNTech vaccine outside clinical trials. The campaign, one of the largest public health initiatives in UK history, aimed to protect the population and alleviate pressure on the NHS.⁶

Initially, priority was given to vulnerable groups, such as the elderly and healthcare workers. As vaccine availability increased, eligibility expanded to cover the entire adult population and, eventually, children aged 5 and older. The UK utilised vaccines from Pfizer-BioNTech, Oxford AstraZeneca, Moderna. Two doses were required to give longer protection. Dental teams were priority group 2 to receive the vaccine. The General Dental Council (GDC) confirmed it was not mandatory in dentistry to have the vaccination.⁷

The rollout was accessed through mass vaccination centres, pharmacies, and pop-up clinics, with significant logistical support from the NHS and military.⁶

This campaign is ongoing, with boosters and tailored doses for specific groups continuing to be offered. Studies have shown the immunity from COVID-19 vaccines can diminish over time. For mRNA vaccines (like Pfizer-BioNTech and Moderna), protection against symptomatic infection tends to decrease significantly within several months after the initial series or booster doses. However, protection against severe

illness and hospitalization remains relatively robust for longer periods, particularly with booster doses. A vaccine is available now for children as young as 6 months old if they are immunosuppressed or in a clinical risk group.⁸

The eligibility of groups that are able to receive the vaccine is reviewed each autumn. In 2024 it is available for:

- Adults aged 65 years and over.
- Residents in care homes for older adults.
- Individuals aged 6 months to 64 years in a clinical risk group.
- Frontline NHS and social care workers and those working in care homes for older people.
- Eligibility for the immunosuppressed is less straightforward than other criteria and is outlined in Chapter 14a of the [Green Book](#).⁸

Remember – Protective Measures

In addition to vaccination, there are other ways to protect ourselves and others and reduce the spread of the SARS-CoV-2 virus such as:

- Avoiding close contact with sick people.
- Washing or cleaning your hands frequently.
- Avoiding touching your eyes, nose or mouth.

If you are experiencing symptoms, there are also measures to avoid infecting others:

- Maintain good respiratory hygiene and cough etiquette.
- Wash or clean your hands frequently.
- Surface and object cleaning.
- Increased ventilation.
- Stay home from work or school and limit contact with others.
- Face masks: wearing a face mask should be considered in crowded settings where physical distancing is not possible.²

Personal Development Plan and Reflective Learning

This CPD is linked to the following GDC Enhanced CPD Development Outcome:

B. Effective management of self and effective management of others or effective work with others in the dental team, in the interests of patients; providing constructive leadership where appropriate.

C. Maintenance and development of knowledge and skill within your field of practice.

Reflective learning is now a requirement of the GDC Enhanced Professional Development Scheme. As such, you will be given the option to answer some reflective learning questions, before your certificate is generated.

Please remember that you can choose if you wish to fill this in on completion of the exam, but you can also update this at any time from your CPD log. If you take a few moments to write your reflection on completion, you will have fulfilled the Enhanced CPD requirements.

Further Reading

[Latest Guidance on Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result \(released March 2023\)](#)

References

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4. .Gov UK (2023) Available from: <https://www.gov.uk/government/publications/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection/managing-healthcare-staff-with-symptoms-of-a-respiratory-infection-or-a-positive-covid-19-test-result#staff-members-who-are-contacts-of-a-confirmed-case-of-covid-19> (accessed 09/12/2024).
5. The Department of Health (2013) Health Technical Memorandum 01-05: Decontamination in primary dental care practice. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170689/HTM_01-05_2013.pdf (accessed 09/12/2024).
6. BMJ (2021) Available from: <https://www.bmj.com/content/372/bmj.n421> (accessed 09/12/2024).
7. General Dental Council (2022) Available from: <https://www.gdc-uk.org/news-blogs/news/detail/2022/02/11/withdrawal-of-covid-19-vaccination-as-a-condition-of-deployment-what-this-means-for-dental-professionals> (accessed 09/12/2024).
8. UK Health Security Agency (2024) Available from: <https://ukhsa.blog.gov.uk/2024/08/02/whos-eligible-for-the-2024-covid-19-vaccine-or-autumn-boosters/> (accessed 09/12/2024).