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Technical Note

Assessing the implementation of guidelines surrounding aerosol generating procedures[☆]

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ABSTRACT

This paper assesses the changing guidelines regarding Aerosol Generating Procedures and fallow time in Oral and Maxillofacial Surgery Departments in the UK. Many departments have variable local policies and protocols and this could be a contributing factor in increased waiting lists for patients during a time when patients have less access to primary and secondary care.

The COVID-19 pandemic has resulted in healthcare workers and professional bodies across the world having to adapt and change their work environment, protocols and infection control practices. SARS-CoV-2 is transmitted via 5–10 μm droplets and when aerosolized can pass through the surgical masks and remain airborne in droplet particles smaller than 5 μm in size [2].

Within the field of Oral and Maxillofacial Surgery (OMFS), as well as related dental and medical fields, the cessation or limitation of Aerosol Generating Procedures (AGPs) has had a huge impact on service provision and patients' access to care [1]. In my trust, protocols have changed quickly as a result of changes in Public Health England guidelines as well as the effect of COVID-19 on hospital bed space and staff deployment.

The "COVID-19: infection prevention and control dental appendix" document, which was updated by Public Health England on January 21, 2021, clarifies that Aerosol Generating Procedures (AGPs) involve the following:

- Ultrasonic scaler (including piezo)
- High speed air/electric rotor (that is > 60,000 rpm)
- Piezo surgical handpiece
- Air polishers

In my OMFS unit, there has been a lot of discussion regarding what was an AGP and what was not. In particular, many staff members were unsure about whether high volume suction was an AGP. The confusion may be attributed to guidelines which have also been laid out by Public

Health England entitled, "COVID-19 infection prevention and control guidance: aerosol generating procedures" which states that the following procedures are AGPs:

- Respiratory tract suctioning
- Upper ENT airway procedures that involve respiratory suctioning
- Upper gastro-intestinal endoscopy where open suction of the upper respiratory tract occurs

The document also states the following, "The available evidence relating to Respiratory Tract Suctioning is associated with ventilation. In line with a precautionary approach, open suctioning of the respiratory tract regardless of association with ventilation has been incorporated into the current (COVID-19) AGP list. It is the consensus view of the UK IPC cell that only open suctioning beyond the oro-pharynx is currently considered an AGP i.e., oral/pharyngeal suctioning is not an AGP." This has provided some clarity regarding why dental suction is not considered an AGP but similar suction devices used in respiratory medicine are AGPs. In hospitals, this may seem confusing, especially for dental staff members who have worked in other settings such as Intensive Care Units and COVID wards.

Within our Oral & Maxillofacial Surgery unit, high volume suction and the use of a surgical handpiece (at 40,000 rpm) has previously been treated as an AGP and fallow time incorporated into session planning. This has resulted in fewer patients being booked onto each session causing an increase in waiting lists whilst patients have had less access to

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primary dental care services. In nearby Oral and Maxillofacial Surgery units there are divergent protocols regarding what is an AGP, with many units treating patients spitting into a sink or dental unit spittoon as an AGP. This is not listed as an AGP in Public Health England guidelines.

Ethics statement/confirmation of patient permission

Ethics approval not required. Patients not mentioned in manuscript.

Declaration of competing interest

No.

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