BAOMS THE FACE OF SURGERY
British Association of Oral and Maxillofacial Surgeons

BAOS
BRITISH ASSOCIATION OF ORAL SURGEONS

Updated COVID Advice from BAOMS and BAOS for our surgical teams

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PARA – PPE, Avoid, Restrict, Abbreviate.

This updated document does not change the key messages of our previous advice. The emphasis is slightly different, but we still ask everyone to remember the PARA mnemonic. At its core our advice remains, use appropriate **P**PE, **A**void any patient contact/exposure except for emergencies (the key is excellent remote triage by phone/video), **R**estrict any emergency exposure to the fewest number of the most appropriate/experienced personnel to undertake any assessment/treatment (the key , and **A**bbreviate any assessment/treatment to the minimum duration possible (including reviews) by a well organised clinic (well practiced, well planned expertly delivered care).

Updated PPE advice from Public Health England – some movement but not enough yet

The latest advice from Public Health England has moved towards our recommendations, but not quite far enough as yet related to Aerosol Generating Procedures (AGP).

In discussions PHE, they acknowledge that there is much around COVID that is unclear including risks around community transmission and asymptomatic carriers having oral procedures/examination. They accept that all their advice is about risk reduction and not risk avoidance. Finally they stress that their guidance is just guidance, not 'rules'. Clinical judgement should still be applied in the context of risk and its avoidance.

PHE guidance for doctors and dentists is a minimum not a maximum

For example, in non-clinical areas where 2 metre social isolation is expected, no special precautions should be needed. However, to allow for patients doing the unexpected or recognising a staff member with increased risk, a surgical face mask might be felt to be appropriate e.g. at a reception desk with no screen.

PPE is not just about the mask!

Practicing safely requires planning, preparation, practice and usually written standard operating procedures (SOPs). The stakes are high, and we are not just 'doing what we normally do'. Consider the clinical area/room, its ventilation, the route for patients into and out of this clinical area, and remember the fallow time needed after AGPs. Book and time appointments to minimise waiting. Ensure post-procedure cleaning routines are both efficient and thorough.

Consider what level of risk is appropriate e.g. higher risk/compromised patients and/or clinicians

Just as there are some types of examination or procedure for which a clinician might 'double glove', similarly there may be patient or clinician categories where an FFP3 mask should be worn to reduce the risk of transmission in one direction or another. This might include sessional use and also the option of a "re-usable respirator" with appropriate decontamination between use.

Transition from Emergency Dental Care/Oral Surgery to Urgent Dental Care/Oral Surgery

It is likely that the current uncertainty about patient status/risk, clinician status/risk will continue for many months to come. This will require a transition from 'Emergency only' care, to managing urgent/non-life-threatening conditions.

Even when testing is available, there will be patients and colleague on your surgical team who are COVID positive unknowingly. Planning for care provision must keep this in mind.

The difference between previous 'universal precautions' and PPE in the COVID era is, of course, the potential for life-threatening disease if the precautions are unsuccessful. A risk which is not limited to the surgical team, but also to their families. The whole team need to understand these risks and prepare appropriately for them now and in the future.

More details: BAOMS www.baoms.org.uk and BAOS www.baos.org.uk