Shropshire Community Health NHS
NHS Trust

Document Details	
Title	Guidelines for Treatment of Dental Patients with Herpes Simplex virus
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Local Ref (optional)	
Main points the document covers	Deferring of routine dental treatment and providing emergency treatment for patients with Herpes Simplex virus
Who is the document aimed at?	Dental staff
Author	Amanda Long, Dental Officer
Approval process	
Approved by (Committee/Director)	Infection Prevention and Control Governance Meeting – notified to the Service Delivery Group Quality Meeting
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Full Equality Impact Assessment	N/A
Lead Director	Director of Nursing and Operations, DIPC
Category	Clinical
Sub Category	Infection Prevention and Control
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Who the policy will be distributed to	Dental Staff and IPC Governance Meeting Members
Method	Electronically to IPC Meeting Members and available to all staff via the Trust website
Document Links	
Required by CQC	Regulation 12(2)(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;
Other	Health and Safety (COSHH Regulations)
Key words	Herpes Simples; Cold sore

Amendments History		
No	Date	Amendment
1	April 16	Format amendment and updated.
2	March 19	Updated
3		

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1 Introduction

Shropshire Community Health NHS Trust has a duty under the Health and Social Care Act 2008 (Revised 2015): Code of Practice on the prevention and control of infections and related guidance.

1.1 Overview of Oral Herpes Simplex Virus type 1

Oral Herpes Simplex Virus type 1 (HSV-1) is associated with infections of the lip, mouth and face. HSV-1 often causes lesions such as cold sore in and around the mouth and is transmitted by contact with the lesion and infected saliva. By adulthood, up to 90% of individuals will have antibodies to HSV-1. HSV-1 can reside in the body for years, appearing only as a cold sore when something provokes it, for example illness, stress, hormonal changes and sun exposure.

Individuals usually experience a tenderness, tingling or burning before the actual sore appears, initially as a blister which subsequently crusts over. The most infectious stage is when the sore is a blister, breakdown of sore or bleeding.

HSV-1 is highly infectious and easily transmitted, manipulation of the facial and oral tissues can exacerbate the condition and cause breakdown of the blister and bleeding. A rare but serious complication is spread of the HSV-1 to the eyes[1].

Epstein et al.[2] recovered infectious HSV-1 virons for up to two hours from door handles that were inoculated with the HSV-1 from saliva or water 2. HSV-1 has also been shown to survive on a patient's dental chart for several hours[3].

2 Purpose

The purpose of this guideline is to ensure that dental patients with HSV-1 are treated appropriately and the risk of spread of the infection is reduced to a minimum.

To reduce the risk of spreading HSV-1 to dental staff and patients, with optimum outcomes and improving the patient experience by providing the highest possible standards of Infection Prevention and Control (IPC) management within the limitation of available resources.

To adhere to the Health and Social Care Act 2008 (revised 2015): Code of Practice on the prevention of and control of infections and related guidance.[4] This is a priority for the Trust and therefore the IPC assurance framework is based on the areas identified in the Code and will ensure compliance with government guidelines and targets.

To ensure all dental personnel are aware of the guidance on treating patients with oral HSV-1, and decrease the risk to dental patient and dental staff of oral HSV-1 infection.

To ensure dental patients requiring emergency treatment are seen.

3 Glossary for definitions and abbreviations

Term / Abbreviation	Explanation / Definition
BNF	British National Formulary
DIPC	Director of Infection Prevention and Control
HCAI	Healthcare Associated Infection
HSV-1	Herpes Simplex Virus Type 1
HTM01-05	Health Technical Memorandum Best Practice Guidance
IPC	Infection Prevention and Control
PIR	Post Infection Review
PPE	Personal Protective Equipment

RCA	Root Cause Analysis
SaTH	Shrewsbury and Telford Hospitals
SCHT	Shropshire Community Health NHS Trust
SIP	Service Improvement Plan

4 Duties

4.1 Dentist

It is the dentist's responsibility to educate and take a thorough medical history. This will allow patients to be aware that for non-essential dental treatment it would be better to rebook their dental appointment and not attend the dental clinic.

4.2 Receptionist

It is the receptionist's responsibility to alert the dental team to a possible cold sore (HSV-1) from verbal information from the patient.

5 Dental Treatment

Dental treatment of patients will depend on the treatment required and the stage of the 'cold sore'.

5.1 Non-essential / Routine dental treatment.

Patients with oral HSV-1 should be rebooked for non-essential/routine appointments. The patient should not attend the dental surgery until the 'cold sore' is a dry scab or has disappeared.

Dental advice can be given by the dentist; in the form of decreasing the spread of this virus by limiting direct contact.

The dentist can prescribe topical Aciclovir 5% cream, to be applied every 4 hours for up to 5 days. This is most effective in the initial stages of HSV-1 when the first tingling sensation is noticed by the patient.

Systemic Aciclovir can be prescribed for immunocompromised patients, and the current dosage and duration can be checked in the current British National Formulary (BNF)

5.2 Emergency / Urgent dental treatment.

A patient requiring emergency/urgent dental care (NHS Band 1 emergency dental treatment)[5] should not be refused treatment but until the herpetic lesions are healed, the dental staff should take care to prevent the spread of the virus[1]. As explained in reference 1, to limit any manipulation of the facial and oral tissues, to limit any aerosols for example from scaling (manual and ultrasonic) and the use of rotary instruments, protective glasses to be worn by the patient and Personal Protective Equipment (PPE) to be worn by dentist and dental nurse. As with all dental treatments, great care should be taken to minimise the risk of cross infection. Dental staff whilst treating patients should routinely use PPE[6] (Masks, gloves, eye protection and disposable apron as a minimum). Dental staff should routinely adhere to Trust Infection Prevention and Control Policies (see associated documents), and document HTM 01-05[7]. Routine adherence to internal building cleanliness[8] (wiping over door handles, surfaces, floors and light switches) should be carried out.

Clinical surfaces and door handles should be cleaned by dental nurses, and floors, light switches by SCHT employed cleaners.

6 Consultation

Dental Senior Management Team:

Alison Parkinson: Clinical Services Manager

Paul Zubkowski: Clinical Director and Specialist in Special Care Dentistry.
Amanda Long: Dental Officer and Specialist in Special Care Dentistry.
Tom Seager: Senior Dental Officer
Lesley Park: Senior Dental Nurse
Luisa Guglielmoni: Senior Dental Nurse
Ros Bennett: Senior Dental Nurse
Moira Jones: PA Clinical Director.

Dr Emily Peer: GPwSI DAART and Associate Medical Director

Cath Molineux: Adult Nurse Consultant

Kate Hidden: Team Leader for Children's Occupational Therapy

Rachael Allen IPC team

7 Dissemination and Implementation

Disseminated through internal email, staff meetings and through policies and procedures on the Trust web site.

Implementation will be via current dental training for dentists and dental nurses, and through team meetings to any other dental staff.

8 Monitoring Compliance

This will be through staff meetings, appraisals and if required audits.

9 References

[1] BDA advice: Infection control England July 2013, Infection control Northern Ireland May 2015

[2] Epstein JB, Rea G, Siabu L, Sherlock CH. Rotary dental instruments and the potential risk of transmission of infection: herpes simplex virus. J Am Dent Assoc 1993; 124: 55-9

[3] Thomas LE, Sydiskis RJ, DeVore DT, Krywolap GN. Survival of herpes simplex virus and other selected micro-organisms on patient charts: potential course of infection. J Am Dent Assoc 1985; 111(3): 461-4

[4] Health and Social Care Act 2008 (Revised 2015): Code of Practice on the preventing and control of infections and related guidance.

[5] NHS Choices 2016. NHS Dental Banding. www.nhs.uk

[6] A12 advice sheet: infection control in dentistry. British Dental Association England July 2013, Northern Ireland May 2015.

[7] HTM 01-05 Decontamination in primary care dental practices; Department of Health. 26.3.13.

[8] The national specifications for cleanliness in the NHS: a framework for setting and measuring performance outcomes in primary care medical and dental practices (National Patient Agency 2010).

10 Associated Documents

SCHT Cleaning and Disinfection Policy SCHT Hand Hygiene Policy

SCHT Standard Precautions including surgical hand scrub, gowning and gloving Policy

SCHT Consent to Examination and Treatment Policy