



COVID-19 Questionnaire Return to work

AIM

Characterize the reality of oral hygienists (OH) in clinical activity as a result of the pandemic caused by SARS COV-2.

METHODOLOGY

The questionnaire was sent by e-mail to all oral hygienists registered in APHO, in the period between 16th and 31st May 2020. The hygienists that didn't exercise clinical activity were excluded from the study.

SOCIO-PROFESSIONAL CHARACTERIZATION

The questionnaire was answered by 176 OH. The total sample was homogeneously distributed among the 5 professional groups studied, varying between 5 to 10 years (23.9%) and 17% between 10 and 15 years and 15 to 20 years with the same value. Almost half of the sample is self-employed (49.4%) and, of these, 20.7% are partner-managers, 36.4% are dependent workers and 14.2% are dependent and independent workers, simultaneously.

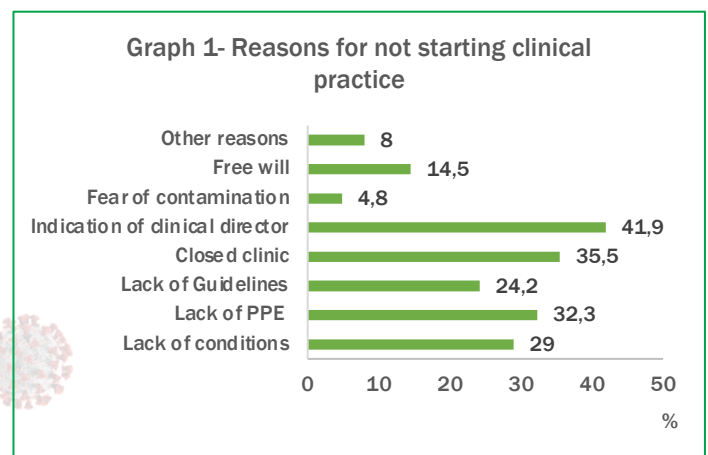
Most of the OH work only in private clinic (79%), 10.2% work in a private clinic and at the same time in other institutions (National Health Service – NHS -, solidarity institutions, educational institution) and 10.8% work exclusively in the NHS. 45.5% work in more than one location, ranging from 2 to 6 clinics.

The differences pointed out between the clinics are spaces dynamics (58.8%), the dental assistant support (53.8%) and in the individual protection equipment (PPE) (51.2%). 21.3% reported no differences between the various clinics.

RETURN TO WORK

Almost two thirds (64.7%) of the sample had already restarted clinical activity, although 37.7% of these haven't started working in all clinics. About 1/3 (35.3%) of the respondents had not yet restarted the activity until the date of the filling out of the questionnaire.

The reasons for restarting were in 61.4% of the cases of their own free will, 35% by imposition of the clinical director and 3.6% by agreement between parties. Reasons for not restarting are shown in Graph 1.



PROTOCOL

In 85.8% of the responses, the existence of a performance protocol was identified, with 46.4% of the cases having hygienists participating in its elaboration.

PRIOR TO THE APPOINTMENT

Prior to the appointment, 89.8% of the patients undergo screening and 90.3% receive instructions before the appointment. The most used measures are foot cover (64.2%), mask (63.1%) and protective goggles (39.8%).

APPOINTMENT CHANGES

The change in traditional PPE is the most reported (89.2%). The use of a face shield (94.3%) and a FFP2 protective mask (93.2%) constitute the highest response rate, followed by a complete suit or surgical gown over the clinical uniform (77.3%).

The appointment logistics also changed to longer-term appointments (66.5%), more spaced out (42.6%) or reduced working hours (28.4%).

Regarding the change in procedures, it is worth mentioning the reinforcement of surgical aspiration or the use of supplementary aspiration equipment (50%). The restriction of aerosols use is practiced by 33.5% and 26.1% refer to work in 4 hands. It is also to point out that 26.7% report not having made any changes in the procedures.

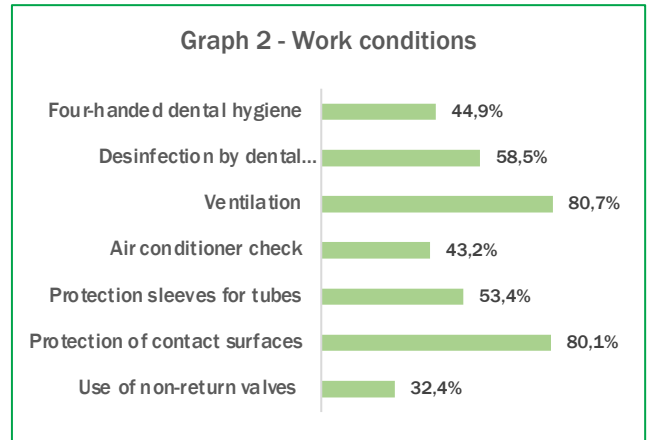
DIFFICULTIES WITH THE USE OF PPE

The difficulties experienced with the use of extra PPE are the longest preparation time (83.5%) and the difficulty in dressing (23.9%) and undressing the PPE (27.8%).

The use of extra PPE reflects a greater difficulty in breathing (80.7%), visual difficulty (63.6%) and thermal discomfort (47.4%).

Communication with the patient is affected by the difficulty felt in verbal contact (81.8%) and teaching oral hygiene (54%).

WORK CONDITIONS



Graph 2 shows that the ventilation of the cabinet between patients and the protection of contact surfaces is performed by most professionals. 4-handed work is practiced by less than half of the sample.

The supply of PPE by the clinic is reported by 75% of participants.

ROUTINE CHANGES

In addition to the expected greater use of PPE and more time for cleaning and disinfection, the main changes pointed out were the lower number of patients (76.7%) and the lower economic profitability (68.8%).

An interesting fact is that many hygienists identify these changes as an opportunity to improve, namely the disinfection / sterilization protocols (46.6%), patient safety (33%) and previous working conditions (18,2%).

The expectation about the employment situation in the short-medium term is optimistic with 64.8% believing that it will remain or even improve.

The financial support received during confinement was null for 29.7%, layoff for 25.2%, partial paid by the state (26.3%) and total reimbursement for 11.4%.



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