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DEAR MEMBERS OF THE DENTAL TECHNOLOGY PROFESSION

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FROM THE DESK OF THE REGISTRAR

In my last communication with you, I undertook to report on further information regarding "essential services" and how this may impact on you as a professional.



CLASSIFICATION AS AN ESSENTIAL SERVICE

Essential services" are services not affected by the lock-down which commences at midnight 26 March 2020. The Amended Regulations define 'essential services' to be:

"the services as defined in section 213 of the Labour Relations Act, 1995 (Act No 66 of 1995), and designated in terms of section 71(8) of the Labour Relations Act, 1995 (which designation remains valid at the date of publication of this regulation)

In other words, an 'essential service' is:

that which has already been declared an 'essential service' by the Essential Services Committee ("**Section 213 essential services**)"; **and** those services listed in the amended regulations issued on 25 March 2020 ("**Additional essential services** ").

THE ADDITIONAL ESSENTIAL SERVICES

These are:

- Medical, Health (including Mental Health), Laboratory and Medical services.
- Disaster Management, Fire Prevention, Fire Fighting Emergency services.
- Financial services necessary to maintain the functioning of the banking and payments environment, including the JSE and similar exchanges, as well as Insurance services.
- Production and sale of the goods listed in the regulations, above.
- Grocery stores, including spaza shops.
- Electricity, water, gas and fuel production, supply and maintenance.
- Critical jobs for essential government services as determined by Head of National or Provincial Departments in accordance with the guidance by the DPSA, including Social Grant Payments.
- Birth and death certificates, and replacement identification documents.
- Essential municipal services.
- Care services and social relief of distress provided to older persons, mentally ill, persons with disabilities, the sick, and children.
- Funeral services, including mortuaries.
- Wildlife Management, Anti-poaching, Animal Care and Veterinary services.
- Newspaper, broadcasting and telecommunication infrastructure and services.
- Production and sale of any chemicals, hygiene products, pharmaceuticals for the medical or retail sector.
- Cleaning, sanitation, sewerage, waste and refuse removal services.



- Services related to the essential functioning of courts, judicial officers, the Master of the High Court, Sheriffs and legal practitioners required for those services.
- Essential SARS services defined by the Commissioner of SARS.
- Police, peace officers, traffic officers, military medical personnel and soldiers, correctional services officials and traffic management services.
- Postal services and courier services related to transport of medical products.
- Private security services.
- Air-traffic Navigation, Civil Aviation Authority, Cargo Shipping and dockyard services.
- Gold, gold refinery, coal and essential mining.
- Accommodation used for persons rendering essential services, quarantine, isolation and the lockdown.
- Production, manufacturing, supply, logistics, transport, delivery, critical maintenance and repair in relation to the rendering of essential services including components and equipment.
- Transport services for persons rendering essential services and goods, and transportation of patients.
- Services rendered by the Executive, members of Parliament, Members of the Provincial Legislature, Members of Local Councils, the Judiciary, traditional leaders and National Office Bearers. of Political Parties represented in Parliament.
- Commissioners of the South African Human Rights Commission, Gender Commission, and the Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities, and the Public Protector and Deputy Public Protector; and
- Transport and logistics in respect of essential goods to neighbouring countries.

The provision of the Section 213 and Additional essential services will not be affected by the lockdown. Activities and operations required for the provision of these services will therefore continue after midnight 26 March 2020.

COVID-19: list of 'essential goods' as per the amended regulations to the disaster management act

'Essential goods' are listed as:

- Food:
 - (i) Any food product, including non-alcoholic beverages;
 - (ii) animal food; and
 - (iii) chemicals, packaging and ancillary products used in the production of any food product.



- Cleaning and hygiene products:
 - (i) Toilet Paper, sanitary pads, sanitary tampons, condoms;
 - (ii) hand sanitiser, disinfectants, soap, alcohol for industrial use,
 - household cleaning products, and personal protective equipment; and
- (iii) Chemicals, packaging and ancillary products used in the production of any of the above.
- Medical:

(i)Medical and hospital Supplies, equipment and personal protective equipment; and (ii)Chemicals, packaging and ancillary products used in the production of any of the above.

- Fuel, including coal and gas
- basic goods, including airtime and electricity

The provision of the essential goods will not be affected by the lockdown. Activities and operations required for the provision of these goods will therefore continue after midnight 26 March 2020.

This is unlikely to change or even be specified, as "health services" are already classified as essential. Our view as per my last letter therefore remains unchanged. Copied below as per the communication dated 25 March 2020 for, your convenience.

Dentistry is one of the subcategories of the health sector. Dental technology by implication is then included under the broader health category. Although this profession mostly provides a service as a secondary provider, it nevertheless provides a crucial service to the public via the dentist.

A copy of the Government Notice NO. R389 dated 25 March 2020 *DISASTER MANAGEMENT ACT,2002: AMENDMENT OF THE REGULATIONS ISSUED IN TERMS OF SECTION 27(2),* was circulated to all members previously.



AUTHORISATION DOCUMENTATION:

We advise that dental laboratory owners issue the relevant dental technicians/technologists and other employees with a document stating their legitimate travelling between their place of residence and work in the event of them being challenged by law enforcement.



COMMUNICATION

With dentists:

As the routine visits to the dentist may be less during this time, dentists may well require the services of dental laboratories they normally have a formal working relationship with. It is therefore in the dental laboratory owners' professional interest and from an ethical point of view to have clear and agreed channels of communication. In the event where essential services are rendered on a roster basis by registered employees, such must be communicated to dentists where applicable.

With employees:

In the event where the essential services will be rendered by individual registered employees on a roster basis such must be well communicated.

HOW TO PROTECT YOURSELF, COLLEAGUES AND EMPLOYEES:

Disinfection of impressions, models, appliances, components and other related matter:

Many studies, including one done recently at Wits Dental School, have shown that there is cross contamination between the clinic/surgery and the dental laboratory. Interestingly this works both ways with organisms detected in laboratories which are not detected in the clinic/surgery. It is therefore as important for the dental laboratory to take as much care to prevent cross infection as it is that of the dental surgery. In these establishments, the dental laboratory owner/s and dentist/s remain the accountable individual/s to ensure both availability of relevant disinfectants and related material, establishing a protocol that is well communicated with all employees and the enforcement thereof.

Therefore, the general rules for infection control apply:

- Assume that everything is infected, and therefore disinfect everything that comes into your laboratory;
- o In the laboratory, disinfect all surfaces and equipment regularly; and
- Proportion out polishing pumice/pastes so they are used on only one case and then responsibly discarded.

We would like to point out that the above should of course be the standard practice in all dental laboratories all the time, whether in the time of a coronavirus or not!



Use disinfectants that are known to kill viruses (virucidal) as well as bacterial spores (sporicidal). Many disinfectants are based on quaternary ammonium compounds (the most common) and do not meet the above requirements. Currently the sanitisers with at least 70% alcohol are sufficient. The fastest we know (kills everything immersed in it for only 90 seconds) is a slow-release chlorine dioxide tablet, but it is hard to find.

• Paper based instructions/work slips/ prescriptions:

Most instructions are still in writing and paper based. This may pose a health and cross infection risk that should not be underestimated or ignored. Make arrangement with dentists to curtail this as far as possible. Maybe this is the opportunity to move to electronic instructions "job cards". Discuss this with your dentists and employees as it is not uncommon for "wet and stained" paperwork to accompany the impressions and or dental cases and/or components.

Think safety!

• Personal Protection:

Once again, we would reiterate that you should be taking these measures routinely, every day.

This implies:

- Wearing gloves when you receive material from your clients.
- Wearing masks when there is a possibility of, or there are actual, noxious fumes.
- Wearing eye protection when grinding/trimming/polishing etc., i.e. when there is particulate matter released into the air.

Protective clothing should be standard in all dental laboratories. Such should best be left at the dental laboratory at the end of each day for cleaning purposes. Laundering should be done almost on a daily basis and should not be worn and or taken home. Remember, you are potentially taking contaminated apparel home and unnecessary exposing your loved ones.

• Filters/extraction units/ local exhaust systems:

Filters are a standard requirement in all dental laboratories. However, a matter of concern is the effectiveness of some of the "domestic standard vacuum cleaner" types used, particularly in terms of their ability to capture/filter-out bacteria, viruses and other microbes.

Filters should be replaced on a regular basis and effectiveness tested. Re-cleaned filters should not be used and laboratory staff should not be expected to clean these for re-use. The risk is too great and unnecessarily exposes such employees to not only microbes but other harmful dental material dust.

Council will apply its mind to this matter in order to specify the requirements based on international best practice. Centralised versus localised extraction and filter systems need to become a discussion point amongst members of the profession that will assist Council in this regard.



Extracting dust and microbes to the outside of the dental laboratory should become a matter of concern. Polluting the environment should become a greater matter of concern and is as important as selfprotection is.

To those members who have taken this matter seriously, my sincere appreciation for doing what is right and responsible.

• Discarding of waste:

The way most dental laboratories dispose of waste that is potentially hazardous must receive greater attention than it does at present. Please be mindful of this aspect during these challenging times. Dispose of such waste by using authorised waste disposal companies in your area.

As with the extraction/filter systems above, this should become a point of discussion amongst members. Council will soon not have any choice but to become more prescriptive, not so much by own regulation but in terms of that which may already be required and prescribed in other legislation.



KEEP SAFE!