ADVISORY

The South African Dental Association Newsletter
Informing Oral Healthcare Professionals

Bulletin

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Dear SADArite

Welcome to our Advisory Bulletin containing all the information which is important in one communication.

CLINICAL SUPPORT SERVICES

Change in method of claiming in respect of CAD/CAM coding

Currently, the SADA Dental Codes 2022 (available for free download by members on the SADA website) provides for both the previous codes for the claiming of CAD/CAM restorations i.e., codes 8560 (cost of ceramic block) and 8570 (fabrication of computer-generated restoration) as well as the more specific, individualized codes that are yet to be accepted by funders i.e., 8519, 8520, 8521, 8522, 8523, 8524, 8525 and 8526 with the material costs being claimed using codes 8527 and 8528.

After various negotiations with schemes in respect of the new coding as well as the RVUs, we are optimistic that various schemes are in the process of considering the new CAD/CAM coding for adoption into their benefit schedules for the 2023 benefit year. Members are hereby informed that these codes have recently been amended to include the clinical steps for the procedure in the existing fabrication code, for e.g.,

Previous method: When fabricating a ceramic crown, one would claim 8521, 8409 and 8528;
Amended method: Since the clinical steps have been included in the fabrication code, one would only claim 8521 and 8528. The RVUs have therefore also been amended so as to account for the increased responsibility factors and time involved. The clinical codes will be retained in the Code Book to be used only when dental labs are responsible for the manufacture of the crown.

Members requesting recommended pricing for various codes

Members are reminded that, as per the Competition Commission regulations, SADA is prohibited from any form of price recommendation by law as this would be tantamount to price collusion. The SADA Clinical Office often receives queries from members with regard to the price they should be claiming for codes that are yet to be accepted by funders. We therefore advise that members make use of the DCalc practice profitability simulator which allows members to calculate an individualised fee per code, taking into account their individual practice expenses, inputs and expected return on investment as well as the RVU for that particular code. The DCalc tool is available for purchase by both members and non-members on the SADA website.

Application by BHF to be exempted from Chapter 2 of the Competition Act

Members are no doubt aware that the Board of Healthcare Funders, an association that a number of third-party funders belong to, has filed an application with the Competition Commission to be exempted from Chapter two of the Competition Act 1998, which speaks to Prohibited Practices.

In essence, the premise of the exemption sought by the BHF is to publish a Scale of Benefits, which would serve as a reference price list that medical schemes, providers and patients may use to make informed choices in benefit design, individual fee negotiations, what tariffs are considered reasonable and whether or not to use a particular health care provider. BHF and its members are aiming to collectively negotiate with health care providers or their representative associations on coding and tariffs before publishing a Scale of Benefits to ensure that it is as informed as possible.

If the exemption is granted by the Competition Commission, this will mean that the BHF would be able to make submissions, without restrictions, to regulatory and government bodies regarding the price of health care, amongst other matters.

SADA has submitted a comprehensive objection to the granting of this exemption and will keep members apprised of the outcome thereof.

Face masks in public are out – but what about the dental practice?

South Africa has put an end to COVID curbs including the wearing of face masks. On 22 June 2022, the Minister of Health signed the repeal notice under relevant Regulations repealing sections 16A dealt with mask-wearing, 16B contained the regulations on gatherings and 16C regulations for international travellers entering South Africa.

This means regulations stipulating that people in an indoor public space, including public transport, must wear a face mask no longer apply. The Minister did state he was encouraged by members of the public who chose to wear their masks. The Minister also stressed it would still be up to the owners of businesses to whether they would make the wearing of masks a condition of entry.

Face masks in the workplace?

For the workplace, there is now certainty on whether employers are required by law to impose the wearing of face masks – colloquially speaking, masks have fallen.

Although there is no requirement in law for employers to impose the wearing of face masks in the workplace, nothing precludes employers from implementing policies that require employees to continue wearing them while at work. The setting of rules and standards for the workplace remains the prerogative of the practitioner as an employer and, provided that such rules are valid and reasonable, courts will not interfere.

To establish if a rule is valid, will depends on if the practitioner employer is authorised to make rules in terms of the employment contract, complies with statutes and is required to be efficient, orderly and safe conduct of the practitioner's business. If practitioner is able to satisfy these requirements, then it will be valid if challenged by employees.

While some may be comfortable to walk around without wearing masks in the office or any public areas, others may still feel vulnerable, irrespective of the scientific reasoning behind the repeal of the regulations relating to mask wearing. What is clear, however, is that the law does not require any individual to wear a face mask in the workplace or otherwise.

The repeal of these Regulations does however not affect the continued operation of the Hazardous Biological Agents Regulations ("the HBA Regulations") published on 16 March 2022.

The Code

The "Code of Practice: Managing Exposure to SARS-COV-2 in the Workplace" which was published on 15 March 2022 and which came into effect upon the lapsing of the State of Disaster. The Code of Practice makes reference to a workplace plan (following a risk assessment) which may require employees to wear face masks.

Employers therefore have a responsibility to determine – in terms of their own risk assessment – what measures (including the wearing of masks) should apply in their particular workplaces.

HBA Regulations

Those regulations classify Covid-19 as a Group 3 Hazardous Biological Agent (HBA) and place several obligations on employers, including conducting a risk assessment and developing an action plan for the implementation of recommendations arising from the risk assessment. The HBA Regulations were promulgated under the Occupational Health & Safety Act.

Employers therefore have a responsibility to determine – in terms of their own risk assessment – what measures (including the wearing of masks) should apply in their particular workplaces

The HBA Regulations must therefore be read with the Code.

There is indeed scope for employers to relax mask requirements – especially in workplace areas that can be regarded as public places. But this does not completely absolve employers from their responsibility in terms of the HBA regulations and the Code.

Practitioners as employers are advised to notify their employees of the requirements for their workplaces, including that the decision to wear a mask or not is a decision that each employee can make for themselves, as soon as possible. This will assist in avoiding confusion and potential tension between employees who are comfortable without masks and those who still feel vulnerable and want to continue wearing face masks.

Requirements to be dropped?

The Code and HBA regulations are now out of kilter with the latest developments. One would therefore expect them to be dropped in the near future. But until then employers should be mindful of the fact that, technically, they still apply.

What about dental practices?

The question that practitioners should ask themselves amongst others has COVID-19 been eradicated, are there other types of viruses that can be transmitted in a dental practice, will they continue to carry out aerosol generating procedures etc. If the answer to some or all of the questions are affirmative, there is no question of continuation of measures to protect the OHCW and other staff.

It must be remembered that Oral Healthcare Workers (OHCW) Dentists face an overall elevated risk of exposure to various infectious diseases. The dental setting and wide range of procedures expose the OHCW via numerous pathways to pathogenic micro-organisms (such as viruses and bacteria) that infect the oral cavity and respiratory tract of a patient.

Potential routes of transmission of viruses include:

Contact transmission

Refers to infections from infected person to a susceptible individual through the transfer of virus-laden respiratory secretions. This transfer can be directly (via physical contact) or indirectly (via intermediate surfaces or objects).

Droplet transmission

Refers to infections transmitted by deposition of virus laden respiratory droplets expelled from an infected person onto mucosal surfaces (eyes, nose, mouth).

Aerosols and droplets in daily life

Many dental procedures produce aerosols and droplets that are contaminated with pathogenic micro-organisms, such as a bacteria and viruses.[1]

Aerosol transmission

Refers to infection via inhalation of virus laden fine respiratory droplets (aerosols) through the air. These aerosols are generated either directly from fine respiratory droplets expelled from infected person or when any aerosol generating procedure is performed on an infected person. Aerosols thus refer to particles in suspension. [2]

Therefore, OHCW can be exposed to COVID-19 via direct (droplets and aerosols generated during dental procedures) and indirect transmission (contact by OHCW to contaminated surfaces in the dental practice as well as exposed auxiliary staff)

COVID-19 classified as an infectious agent being "aerosol-transmissible" has significant implications for OHCW and the type of Personal Protective Equipment (PPE) that is required.

Dental practices will continue carry a very high risk of COVD-19 transmission due to close proximity of the oral cavity and face-to-face communication with patients. The procedures conducted in daily practice causes repeated exposure of the OHCW to aerosol, blood and saliva.

Masks as part of daily PPE

For the OHCW the mask will continue to be an essential PPE item. Masks and respirators present only one component of PPE. The World Health Organisation (WHO), recommends that individuals who show signs of respiratory symptoms (cough and difficulty breathing) with fever, should wear a mask and seek medical attention.

The world is contemplating as to whether all individuals wearing masks in public would help to flatten the curve of the spread. This is a growing concern as many countries are

OHCW should correctly select and apply masks in the clinical environment.

What about patients and visitors in a dental practice?

Although compulsory mask wearing indoors is no longer required, and considering procedures carried if the practitioner may bar persons from entering the practice who are not wearing a mask.

It is recommended as dental practices are places aerosol generating procedures are carried out, dental practices will have to decide if they want to make mask-wearing a continued condition of entry. Therefore, at this stage all personnel in the dental practice continue to wear masks in view of the taking place and clinicians and assistants continue to wear PPE for their protection.

The Minister of Health stated that old age homes, schools and shops will have to decide if they make mask-wearing a continued condition of entry. This could apply to dental practices.

What about patient screening?

As all regulations and directions pursuant to the declaration of the national state of disaster to deal with COVID-19 is repealed, patient screening is no longer necessary subject to what is stated below.

However, as COVID-19 is still present and with us, the risk of infection in the health care area from patient to patient, patient to health care worker, and from health care worker to patient is still a reality. It is therefore recommended that visitors to the practice are encouraged and advised to wear masks.

The HPCSA also states that universal precautions against bloodborne and airborne infections should, therefore, be adhered to in all healthcare encounters to minimise exposure of healthcare workers and their patients.

As it is almost impossible to distinguish between asymptomatic and non-contagious patients it is very important to protect both patients and professionals. Therefore it is essential that dental professionals (and even administrative

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[1] ibid

[2] COVID-19: Focus on masks and respirators - Implications for oral health-care workers, South African Dental Journal vol.75 n.4 Johannesburg May. 2020

staff) employ precautionary measures such as wearing extensive protective clothing (not limited to medical masks, caps, gloves, goggles or face shields, shoe covers up to the knee and surgical gowns).

As stated above the Minister of Health also stated that it will up to the owners of businesses to make make the wearing of masks a condition of entry.

As the situation is fluid, we will keep members informed of developments as and when they occur.

Risk Assessment

Employers must carry out a risk assessment on whether any person could be exposed to HBA. They must document the risk assessment.
Employers carrying out this risk assessment must at least consider:

- nature of the HBA and the possible route of exposure;
- where the HBA might be present and in what form it is likely to be;
- the nature of the work and work processes;
- current control measures in place, its effectiveness and if there is deterioration in, or failure of control measures.
- What effects the HBA can have on an employee, including pregnant, immunocompromised and vulnerable employees.
- information on diseases that may be contracted as a result of the activities at the workplace;
- potential allergenic, infectious or toxic effects that may result from the activities at the workplace;
- knowledge of diseases from which employees might be suffering and which may be aggravated by conditions at the workplace.

Based on this risk assessment the employment must consider and develop an action plan for implementing the recommendations.

Personal protective equipment and facilities

Employers are required in case of airborne, ingestion and contact transmission, provide the employee with suitable protective equipment and protective clothing.

Take steps to ensure that all protective equipment and protective clothing not in use are stored in a demarcated area with proper access control. Where clothing is sent off the premises to a contractor for cleaning purposes, the contractor must place the clothing in impermeable, tightly sealed colour coded containers and such containers must be clearly identified with a biohazard label .Clothing from facilities handling HBA Risk Group 3 agents is sent off the premises for any purposes, it must first be decontaminated.

Employers to provide adequate washing facilities which are readily accessible and located in an area where the facilities will not become contaminated, in order to enable the employees to meet the standard of personal hygiene consistent with the adequate control of exposure, and to avoid the spread of HBAs.

Prohibitions

No person may use compressed air to remove HBAs from any surface or person; eat, drink, smoke, keep food or beverages or apply cosmetics where an HBA is handled or require or permit any other person to eat, drink, smoke, keep food or beverages or apply cosmetics in such a workplace; or leave a controlled area without prior removal of potentially contaminated protective clothing.

Labelling, packaging, transporting and storage

An employer or self-employed person must, as far as is reasonably practicable, take steps to ensure that -

- all HBAs under his or her control in storage, transit or being distributed are properly contained and controlled to prevent the spread of contamination from the workplace;
- the colour coded containers in which HBAs are transported are clearly marked with a biohazard sign and other relevant warning signs that identify the contents;

Disposal of HBAs

An employer must have written procedures for appropriate decontamination and disinfection:

- how infectious waste to be handled and disposed of without risk; provide sufficient hazardous waste containers for disposal of used personal protective equipment;
- ensure that all fixtures, plant and machinery including vehicles, reusable containers and covers which have been in contact with HBA waste are disinfected and decontaminated after use in such a manner that it does not cause a hazard inside or outside the workplace concerned;
- ensure that all employees involved in the collection, transport and disposal of HBA waste and who may be exposed to that waste are provided with suitable personal protective equipment;
- ensure that if the services of a waste disposal contractor are used, a provision is incorporated into the contract stating that the contractor must comply with the provisions of these Regulations; and
- ensure that HBA waste that can cause exposure is treated and disposed of only on sites specifically designated and authorised for this purpose in terms of the National Environmental Management: Waste Act, 2008 (Act No. 59 of 2008).

SADA GAZETTE BULLETIN - JUNE 2022

This bulletin overviews new relevant legislation published in the government gazette affecting the dental profession up to the end of June 2022.
To access Bulletins click here

PROFESSIONAL DEVELOPMENT SERVICES

Kind Regards

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