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OFFICE OF CHIEF DENTAL OFFICER ENGLAND

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Dear colleagues,

It is 12 weeks since dental practices in England were able to resume face to face dental care. Thank you for all your efforts in broadening access to dental care and supporting the collective NHS focus on a return to full operating capability across the whole of healthcare.

The vast majority of dental practices are open for face to face care and remote consultations remain a vital triage step with a focus on recall and care for high risk patients and children. These priorities sit alongside commitments to the completion of pre-COVID treatment plans and maintaining capacity for unscheduled care.

To support practices in continuing to expand their capacity and range of treatments, the COVID-19 dental guidance (Urgent Dental Care and Transition To Recovery Standard Operating Procedures) has been updated to incorporate validated evidence/expert consensus. These publications remain your framework for identifying and mitigating the risks to which your staff, you and your patients may be exposed.

Updates include COVID-19 screening questions to be asked in line with the case definition for possible COVID-19 and isolation requirements including quarantine advice for those entering or returning to the UK.

Requirement for fallow time post Aerosol Generating Procedure (AGP)

Public Health England (PHE) have confirmed that the requirement for fallow time is still in place as set out below and in appendix 1 of the Transition to Recovery SOP.

Therefore, we continue to operate against a backdrop of sustained community transmission, and we continue to follow the guidance as published by Public Health England.

Therefore, in acknowledging that drops, splatter and aerosol particles bearing COVID-19 can be generated during dental procedures and to minimise the hazard and risk to dental staff and subsequent patients the following guidance remains:

- A post AGP downtime or 'fallow period' is required for droplets to settle and 99% of respirable particles (droplets and aerosols) released during the AGP to be removed from the air.

- Fallow time is calculated from the point that the AGP ceases; not the end of the patient appointment time.
    - FFP2 /3 masks and PPE must be worn by any staff operating in or re-entering the surgery setting during the fallow time.
    - Subsequent patients should not enter the surgery until the fallow time has fully elapsed.

- The length of the fallow time is determined by the room's ventilation parameters:
    - Most dental surgeries are neutral pressure rooms.
        - Windows in neutral pressure rooms should be opened, or extractor fans that vent to the exterior should be used as air passing externally will be highly diluted and is not considered to be a risk.
        - It is recommended that the room is left vacant for one hour for a neutral pressure room after cessation of the AGP before cleaning is carried out.

    - For dental surgeries with ventilation systems these should be set to provide the maximum amount of fresh air and the maximum number of air changes.
        - In a treatment room with 10-12 air changes per hour (ACH), a minimum of 20 minutes post APG is considered pragmatic.
        - In a single room with 6 ACH this would be approximately one hour.

Practices are advised to undertake a systematic review of their dental practice's current ventilation processes. If you are unsure of the air changes and capacity of ventilation-filtration systems in your dental practice, then you must seek advice from the manufacturers of your ventilation systems and the contracted maintenance team to confirm current ACH capacity. Further information and advice should be sought from your local Environmental Health Teams.

On Tuesday 4 August 2020, National Services Scotland published a Short Life Working Group technical report into 'Ventilation, water and environmental cleaning in dental surgeries relating to COVID-19'. As stated at the start of the technical report the publication is 'not intended as specific formal guidance'. The technical report will be considered as part of the wider evidence review by SDCEP and will inform their recommendations for the development of guidance in England. Following publication of the SDCEP review, OCDO will be working with PHE to further develop guidance for dental practices in England with a focus on fallow time.

Revised infection prevention and control guidance

The UK wide IPC guidelines have been updated. Key changes to the guidance include:

- The replacement of Table 4 (Recommendations for all settings where COVID-19 transmission is sustained) with COVID risk pathways which are based on transmission risks and local and national prevalence and incidence of COVID-19 cases.

- The revised IPC guidance places primary care dentistry in the medium risk pathway, and where AGPs are delivered in the high risk pathway. In effect this means that the existing IPC guidelines for dentistry remain as set out in Appendix 1 of the Transition to Recovery SOP.

- Sessional use of PPE items has been minimised and only applies to extended use of facemasks for healthcare workers.

Shielding

Practices may be aware of the change in local government support for patients that have been shielding (with effect 1 August 2020). These changes do not affect entitlement to dental care of these patients that have underlying medical conditions care or diminish the clinical vulnerability of these patients that have underlying medical conditions. Practices should ensure that they continue to undertake a risk assessment when co-ordinating care for clinically vulnerable patients who have been shielding. The relevant advice on appointment scheduling, along with the necessity for close liaison with the patient and their GP to ensure shared decision making remains.

Health and well-being support for the dental workforce

Dental staff who have been shielding are now able to return to work. Practices are advised to undertake an individual risk assessment, using the risk assessment guidance to support an individual's return to work. The involvement of specialist advice and occupational health support may be required when implementing adjustments to the working environment and daily routines. Returning staff members are advised to have a discussion with their GP/consultant/medical advisor prior to returning to the clinical setting.

If you are an employer, NHS Employers have issued guidance on supporting staff returning to the workplace.

In looking after the health and wellbeing of our dental teams I recognise that there has been a wealth of local support and pastoral care. This valuable assistance is supplemented by a range of national organisations:

- NHS Practitioner Health is accessible to dentists and has developed frontline wellbeing support during COVID-19.

- BDA members can find further information about access to counselling and emotional support here.

In the interim, thank you for your continued appreciation of the changing and challenging environment in which we all work.

I continue to trust in the professional judgement of all dental colleagues in knowing their patient populations, their staff and their premises, in weighing-up the risks for any given treatment situation and observing the guidance in delivering or deferring care.

I remain committed to listening to feedback, to seeking out evidence and expert opinion in order to revise our clinical policies and guidance.

Yours sincerely,

Sara Hurley

Chief Dental Officer for England