

Preparation for the Re-establishment of the General Dental Services - Operational Guidance

4 June 2020

Updated 2 February 2021
(updates highlighted in yellow)

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1.0 Introduction and Background

COVID-19 is a highly infectious severe acute respiratory syndrome caused by SARS-CoV-2. Due to the nature of dental treatment dental team members are at particular risk of developing COVID-19. As such health service dentists were informed by the Health and Social Care Board to restrict the provision of aerosol generating procedures (AGPs) on 18 March 2020 and to cease all AGPs on 23 March 2020.

Since that date the provision of face-to-face treatment within general dental practice has been restricted to urgent and emergency dental conditions that cannot be managed remotely and in which a non-AGP can address the patient's dental need. Urgent Dental Care centres have been established to provide care and treatment to non-COVID patients who require an AGP, and to confirmed or possible COVID positive patients who require any form of face-to-face treatment.

This guidance document has been developed by the General Dental Services Re-establishment Group and contains operational guidance to assist practices in their preparations for a phased return to practice as outlined in the letters issued on 2 and 18 June 2020 by the Acting Chief Dental Officer available at <http://www.hscbusiness.hscni.net/services/3111.htm>

This set of guidance focuses on the implementation of social distancing within dental practices, preparation of staff, and the implementation of enhanced cross-infection control procedures. Preliminary guidance in relation to the patient pathway is also included which has been supplemented in the updated document issued on 19 June to include advice to assist dental practitioners as they prioritise their time.

The measures to facilitate social distancing of staff and patients in dental practices will be influenced by the size, layout and location of the practice and as such each practice will need to develop their own policies and procedures following review of this guidance.

Any queries can be forwarded to gds.correspondence@hscni.net in the first instance.

As the situation is continually progressing, and specific measures may change, it is recommended that the following webpages be reviewed regularly:

BSO Dental COVID-19 Webpage:

<http://www.hscbusiness.hscni.net/services/3111.htm>

PHA COVID-19 Webpage: <https://www.publichealth.hscni.net/covid-19-coronavirus>

NI Direct COVID-19 Webpage: <https://www.nidirect.gov.uk/campaigns/coronavirus-covid-19>

PHE Advice for Health Professionals:

<https://www.gov.uk/government/collections/wuhan-novel-coronavirus>

2.0 Practice Preparation

The development and implementation of new policies and procedures will help ensure professional and public confidence that dental practices are as safe an environment as before the COVID-19 pandemic. As such practices should consider the following actions to facilitate social distancing within dental practices.

2.1 Access to the Dental Practice

- Access to the practice could be restricted to patients with pre-booked appointments
- Patients should be asked to wear a face covering unless they have an exemption or reasonable excuse. Further information is available at: [http://www.hscbusiness.hscni.net/pdf/HSS\(MD\)_58-2020.pdf](http://www.hscbusiness.hscni.net/pdf/HSS(MD)_58-2020.pdf) and <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-face-coverings>
- Resources to support practices as they encourage patients to wear face coverings is available at <https://www.publichealth.hscni.net/covid-19-coronavirus/guidance-hsc-staff-healthcare-workers-and-care-providers/guidance-ppe>
- Patients could be advised to attend alone and to minimise any personal belongings brought into the practice
- Patients could be advised to attend close to their appointment time
- Paediatric and vulnerable patients could be accompanied by one person with parental or caring responsibility. If additional carers are required this may be agreed prior to the appointment
- If car parking facilities are available patients may be advised to wait in their car prior to being invited in for their appointment
- A one-way system within the practice could be considered with separate entrance and exits
- Separate entrances for staff and patients could be considered
- Patients could be met at the door and guided through the practice
 - This guide should wear PPE (fluid resistant mask plus optional face visor following risk assessment)
- Interpreting services to be provided through The Big Word telephone interpretation service. Further information is available at <http://www.hscbusiness.hscni.net/services/2730.htm>
- Provide hand hygiene facilities for patients as they enter and exit the practice

- Information posters in relation to COVID-19 diagnosis, social distancing, cough etiquette and hand hygiene should be on display outside, or at the entrance to the practice, and in the waiting area (please refer to section 4.6)

2.2 Reception Area

- Re-organise reception area to allow social distancing of staff and patients
- Perspex screens to be considered if necessary
- Receptionist to wear PPE (fluid resistant mask plus optional face visor following risk assessment) if necessary
- Minimise the time patients stay in reception
 - Appointments could made over the phone and not in person
 - Consider contactless payments or payment over the phone
 - Paperwork could be emailed to the practice or to the patient if possible
 - HS45 forms do not need signed until further notice (patient consent should be recorded in the clinical records)
- Communication between the reception and the surgeries could be optimised to control movement of patients and staff within the practice
- Reception area and equipment to be disinfected regularly
- Provide hand hygiene facilities for reception staff
- If paperwork is required consider asking patients to bring their own pen

2.3 Waiting Area

- Avoid the use of the waiting area if possible by taking patients directly to the surgery
- Reorganise waiting area with 2m distancing between chairs
- Use floor markings to indicate 2m distancing if necessary
- Remove all unnecessary fixtures e.g. magazines, toys, drinks dispensers
- Frequent cleaning throughout the day
- Ensure that tissues and a foot-pedal operated bin are available

2.4 Toilet Facilities

- Use of toilets to be restricted as far as possible
- Patients to be advised to use the bathroom prior to attending the practice
- Display signage on handwashing techniques (please refer to section 4.6)
- Disable hand dryers and provide disposable towels and a foot-pedal operated bin
- To be disinfected after use
- Information posters in relation to cough etiquette and hand hygiene should be on display (please refer to section 4.6)

2.5 Staff Areas

- Social distancing of staff should be maintained as far as possible
- Use of staff rooms could be minimised
- Staff rooms could be re-organised to allow social distancing
- Face coverings to be worn by staff if necessary. Further information is available at <https://www.publichealth.hscni.net/publications/staff-guidelines-face-coverings-all-hsc-facilities>

2.6 Equipment

It is advised that practices review the Scottish Dental Clinical Effectiveness Programme “Practice Reopening Checklist” prior to an increase in the number of patients attending the practice. The checklist is available at:

<http://www.sdcep.org.uk/wp-content/uploads/2020/05/SDCEP-Dental-Practice-Reopening-Following-COVID-19-checklist-250520.docx>

3.0 Staff Preparation

3.1 Staff Leadership

Each practice should have nominated a COVID-19 lead as part of their COVID-19 Business Continuity Plan. The COVID-19 lead should:

- Review updated and newly published guidance
- Disseminate information to members of the dental team
- Consider the impact on existing practice policies and procedures
- Develop new practice policies and procedures if necessary
- Review and update the Business Continuity Plan as necessary including plans for patients to access care in the event of the practice having to close
- Consider necessary staff training

3.2 Staff Training

Staff training could be considered in regards to:

- The COVID-19 case definition
- COVID-19 guidance (e.g. social distancing of patients and staff)
- Management of a possible COVID-19 positive patient
- Practice policies and procedures to facilitate social distancing
- Enhanced Cross-infection Control measures
- Environmental cleaning

- Clinical clothing
- Use of PPE
- Hand hygiene
- Management of medical emergencies
- Safeguarding
- Use of rubber dam

3.3 Staff Screening

- Procedures should be developed to ensure staff inform the practice of any COVID-19 symptoms or if a member of their household develops symptoms and to follow self-isolation advice
 - Please refer to section 4.2 for further details
 - Further information in regards to the diagnosis of COVID-19 is available at <https://www.publichealth.hscni.net/covid-19-coronavirus/covid-19-information-public> and <https://check.covid-19.hscni.net/>
 - The process for the testing of symptomatic healthcare workers is outlined at <https://www.publichealth.hscni.net/covid-19-coronavirus/coronavirus-national-testing-programme-essential-or-key-workers>
 - The online testing portal is available at <https://self-referral.test-for-coronavirus.service.gov.uk/>
 - Information in relation to the Test Trace and Protect Strategy is available at <https://www.health-ni.gov.uk/sites/default/files/publications/health/Test-Trace-Protect-Support-Strategy.pdf>
 - Staff should follow any personal medical advice given to them
- Risk assessments should be considered for vulnerable staff with redeployment to duties without patient contact considered
 - Further advice for health care workers with underlying medical conditions is available at <https://www.health-ni.gov.uk/publications/guidance-health-care-workers-underlying-health-conditions>
 - Further advice for pregnant health care workers is available at <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/>
 - Further advice for the employers of pregnant healthcare workers is available at <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-09-10-occupational-health-statement-rcog-rcm-fom.pdf>

3.3.1 COVID positive staff

- Staff with possible COVID symptoms and/or a positive COVID test should self-isolate, not attend work and book a COVID test
- Symptomatic staff who then receive a negative COVID test can return to work when they are well
- Symptomatic staff who receive a positive test should self-isolate for 10 days from the onset of symptoms and not return to work until after the period of self-isolation and the clinical symptoms have improved with no fever for 48 hours
- Asymptomatic staff who receive a positive test should self-isolate for 10 days from the date of the positive test and can return to work after the period of self-isolation
 - Should they then develop symptoms they should self-isolate for 10 days from the onset of symptoms and not return to work until after the period of self-isolation and the clinical symptoms have improved with no fever for 48 hours
- Return to work flow charts are available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/905673/Flowchart_for_return_to_work_symptomatic_30_july.pdf and https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/905674/Flowchart_for_return_to_work_asymptomatic_30_July.pdf
- Staff who have tested positive will be contacted by the PHA Test and Trace team following a COVID positive test
- Further advice should be sought from the PHA if two or more cases are identified. The PHA Duty Room can be contacted at 0300 5550119 or via email at PHA.DutyRoom@hscni.net
- If appropriate PPE has been worn then patients will not be considered as close contacts and will not be required to self-isolate
- If PPE has not been worn or has been significantly breached then close contacts should self-isolate for 14 days
- A negative COVID test, in this circumstance, will not remove the need to self-isolate
- Particular care should be taken in staff areas to ensure social distancing is maintained and face coverings are worn as per section 2.5 of this guidance
- Further information in regards to management of exposed healthcare workers is available at <https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19/contact-tracing/covid-19-business-setting-quick> and

<https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>

- Frequent cleaning of non-clinical areas and compliance with section 5 of this guidance minimises the risk to staff and patients and should minimise the need for practices to close following a staff member receiving a COVID positive test
- It is advised that members of the dental team should deactivate Bluetooth or disable the StopCOVID NI app while providing care and treatment. Further information is available at <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-stopcovid-ni-proximity-app>
- Practice policies in regards to the management of staff absence may require review

3.4 Uniforms

- Clinical clothing worn during the provision of dental treatment and decontamination should not be worn outside of the practice
- Clinical clothing should be short sleeved
- Clinical clothing should be washed at a minimum of 40°C **and** at the hottest temperature suitable for the fabric at the earliest opportunity

3.5 Staff Wellbeing

Dentists and their staff have had to make dramatic changes to their professional and personal lives during the COVID-19 pandemic with resulting stress and anxiety. Practices should be mindful of the wellbeing of everyone who works in the practice.

Roz McMullan, Chair of Probing Stress in Dentistry, has shared some advice and resources which is available at:

<http://www.hscbusiness.hscni.net/pdf/Ltr%20from%20Roz%20McMullan%20Chair%20Probing%20Stress%20in%20Dentistry%20Group%2006.05.20.pdf>

Other resources available to dental practitioners include:

- The Inspire General Dental Services Assistance Programme is available confidentially 24 hours a day at 0800 3895362 with further info available at <http://www.hscbusiness.hscni.net/services/3078.htm>
- BDA members may contact Health Assured 24 hours a day as part of the BDA Member Assistance Programme at 0800 0305182 with further info available at <https://bda.org/health-assured>

Resources available to all members of the dental team include:

- “Take 5 Against Covid” available at <https://www.publichealth.hscni.net/covid-19-coronavirus/guidance-hsc-staff-healthcare-workers-and-care-providers/staff-health-and>
- PHA Staff Health and Wellbeing resources are available at <https://www.publichealth.hscni.net/covid-19-coronavirus/guidance-hsc-staff-healthcare-workers-and-care-providers/staff-health-and-0>

Resources available to the general public include:

- PHA stress control classes available at <https://stresscontrol.org/>
- Helplines NI: <https://helplinesni.com/>
- Health Care Apps: <https://apps4healthcareni.hscni.net/>
- Lifeline Crisis Response: 0808 808 8000
- Samaritans: 116 123

3.6 Staff Vaccination

- The HSCB and DoH would encourage as many healthcare workers as possible to receive a COVID vaccine. This includes all members of the primary care dental team.
- Details on how members of the dental team can book their vaccine was forwarded to dental practitioners HSCNI email accounts on 11 January 2021
- Further information for healthcare workers is available at <https://www.publichealth.hscni.net/covid-19-coronavirus/northern-ireland-covid-19-vaccination-programme>
- The Operational Guidance must still be followed even following vaccination of staff.

4.0 Patient Pathway

4.1 COVID-19 Care Pathways

The UK Government published “COVID-19: Guidance for the remobilisation of services within health care settings. Infection prevention and control recommendations” on 10 August 2020. The guidance outlines care pathways based on the individual patients COVID risk assessment.

The full guidance is available at

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach>

[ment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf](#)
and

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/928034/COVID-19_Infection_prevention_and_control_guidance_Dental_appendix.pdf

The care pathways include high, medium and low risk pathways:

High-Risk COVID-19 Pathway Section 10: SICPs & TBPs	Medium Risk COVID-19 Pathway Section 9: SICPs & TBPs	Low Risk COVID-19 Pathway Section 7: SICPs
<p>Any care facility where:</p> <p>a) untriaged individuals present for assessment or treatment (symptoms unknown) OR b) confirmed SARS-CoV-2 (COVID-19) positive individuals are cared for OR c) symptomatic or suspected COVID-19 individuals including those with a history of contact with a COVID-19 case, who have been triaged/clinically assessed and are waiting test results OR d) symptomatic individuals who decline testing</p>	<p>Any care facility where:</p> <p>a) triaged/clinically assessed individuals are asymptomatic and are waiting a SARS-CoV-2 (COVID-19) test result with no known recent COVID-19 contact OR b) testing is not required or feasible on asymptomatic individuals and infectious status is unknown OR c) asymptomatic individuals decline testing</p>	<p>Any care facility where:</p> <p>a) triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact who have isolated/shielded AND have a negative SARS-CoV-2 (COVID-19) test within 72 hours of treatment and, for planned admissions, have self-isolated from the test date OR b) Individuals who have recovered from COVID-19 and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test OR c) patients or individuals are regularly tested (remain negative)</p>

Examples of patient (individual) groups/facilities within these pathways: these lists are not exhaustive

<ul style="list-style-type: none"> • Designated areas within Emergency/Resuscitation Departments • GP surgeries/walk in centres • Facilities where confirmed or suspected/symptomatic COVID-19 individuals are cared, for example <ul style="list-style-type: none"> ○ emergency admissions to in-patient areas (adult and children) ○ Mental health ○ Maternity ○ Critical Care Units ○ Renal dialysis units 	<ul style="list-style-type: none"> • Designated areas within Emergency/Resuscitation, GP surgeries and walk-in centres • Non elective admissions • Primary care facilities, for example general dental and general practice • Facilities where individuals are cared, for example in-patients; adult and children, Mental health, Maternity, Critical Care Units • Outpatient depts. including Diagnostics and Endoscopy • Care homes* • Prisons 	<ul style="list-style-type: none"> • Planned/elective surgical procedures including day cases • Oncology/chemotherapy patients and/or facilities • Planned in -patient admissions (adult and children), Mental health, Maternity • Outpatients including Diagnostics/Endoscopy • Care homes* • Prisons
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The majority of primary care dental patients will fall into the medium risk category however some patients may fall into the low risk pathway. The screening of patients for COVID-19 is outlined in the next section.

4.2 Patient COVID-19 Screening

Patients who are confirmed or possible COVID-19 positive are deemed to be high risk and should not be examined within general dental practice. As such it is

suggested that the following questions be asked for all patients prior to booking an appointment and prior to their attendance:

- Have you tested positive for COVID-19 in the past 10 days?
- Have you had any of the following symptoms in the past 10 days?
 - A new persistent cough (coughing for more than an hour or more than three coughing episodes in a 24 hour period)
 - A high temperature or fever
 - Loss of, or altered, sense of smell or taste
- Has anyone in your household or support bubble had any of the same symptoms in the past 10 days?
- Have you been in close contact with someone with a confirmed diagnosis of COVID-19 in the past 10 days?
- Have you been advised to self-isolate as part of the “Test, Trace and Protect” strategy?
- Have you been advised of a close contact by the StopCOVID NI App in the past 10 days?
- Have you travelled from country that is not currently on the travel exemption list within the past 10 days?

- Further advice is available at

<https://www.nidirect.gov.uk/articles/coronavirus-covid-19-regulations-guidance-travel>

<https://www.nidirect.gov.uk/articles/coronavirus-covid-19-travel-within-common-travel-area>

- The list of exempt countries is available at

<https://www.nidirect.gov.uk/articles/coronavirus-covid-19-countries-and-territories-exemptions>

- Some travellers are exempt from quarantining following international travel. A list of exempt travellers is available at

<https://www.gov.uk/government/publications/coronavirus-covid-19-travellers-exempt-from-uk-border-rules/coronavirus-covid-19-travellers-exempt-from-uk-border-rules>

- Further advice in regards to travellers from Denmark, South Africa and Brazil is available at:

[http://www.hscbusiness.hscni.net/pdf/HSS_\(MD\)_74_2020.pdf](http://www.hscbusiness.hscni.net/pdf/HSS_(MD)_74_2020.pdf)

<http://www.hscbusiness.hscni.net/pdf/HSS%20MD%2092%202020.pdf>

<https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hss-md-09-2021.pdf>

Further advice can be sought from the PHA Duty Room at 0300 5550119 or via email at PHA.DutyRoom@hscni.net

Practices are advised to review and update screening questions in line with any further updates issued by the NI Executive and/or the CMO/CDO.

Patients who answer “Yes” to any of the above patient screening questions the patient is deemed to be high risk and should not attend or enter the practice. If treatment cannot be provided remotely or postponed then referral to an Urgent Dental Care centre or Dalriada Urgent Care should be considered in line with the advice paper “Dental Care in General Dental practice and UDCs during the COVID-19 Pandemic” and correspondence from the HSCB.

Patients should be advised to follow any personal medical advice they receive. A patient is deemed to be “recovered” following their period of self-isolation as long as it has been ten days since the onset of symptoms and they no longer have a high temperature. The cough and altered sense of smell or taste may persist in some patients despite being “recovered” and COVID-19 free. In this case the patient is deemed to be medium risk.

If the patient with a confirmed COVID diagnosis has had at least three consecutive days without fever or respiratory symptoms **and** has a subsequent negative COVID-19 test the patient is deemed to be low risk.

Patients who answer “No” to all of the above patient screening questions, have had a negative COVID-19 test within 72 hours of the dental appointment, and have self-isolated since the test was taken are deemed to be low risk.

Further information in regards to the case definition of COVID-19 is available at <https://www.publichealth.hscni.net/covid-19-coronavirus/covid-19-information-public> and <https://check.covid-19.hscni.net/>

4.3 Patient Medical Screening

- Consideration should be given to updating medical histories prior to the booking of an appointment
- For patients who are shielding or vulnerable consideration should be given to treating remotely or postponing treatment if possible¹
- Where an appointment is necessary consideration should be given to scheduling the appointment at the start of a session
- Further information in regards to shielding and vulnerable people is available at <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-advice-vulnerable-people>

¹ Shielding is currently paused as such the need to postpone treatment has been reduced.

4.4 Appointment Planning

- Appointment lengths should be sufficiently long to allow for any necessary fallow time and enhanced cleaning between appointments
- Staggering of appointments could be considered to facilitate social distancing of patients
 - This may include flexible working hours with staggering staff start/end times, break times and lunch times
- As per section 4.3 consideration should be given to scheduling appointments for shielding or vulnerable patients at the start of a session
- Consideration could be given to a single dental team working across two or more surgeries to optimise appointment times and reduce the number of staff present in the practice
- As per section 5.2 sufficient time should be allowed for enhanced environmental cleaning including the application, “contact time” and “drying time” of the disinfectant
- Domiciliary visits should be restricted to urgent dental needs (please refer to section 6.0). The guidance outlined in section 5.0 should be followed along with any additional measures required by care homes. PPE should be donned prior to entering the care home with gloves, apron and visor doffed upon leaving the treatment room. The mask should not be doffed until leaving the care home. Further advice is available in section 5.0 and at: <https://www.health-ni.gov.uk/publications/covid-19-guidance-nursing-and-residential-care-homes-northern-ireland>

4.5 Patient Triage and Prioritisation

Please refer to section 6.0 for advice in prioritising patients during this time in which the number of patients who can be seen may be reduced.

4.6 Encountering a COVID positive patient

- If you encounter a possible or confirmed COVID positive patient in your practice but prior to any treatment the patient should be asked to leave the practice and to follow self-isolation advice
 - Any necessary treatment should be postponed or referral to the UDC considered if necessary
- If a patient is receiving treatment and it becomes apparent that they are possible or confirmed COVID positive you should halt treatment at a safe point. The patient should be asked to leave the practice and follow self-isolation advice

- Any necessary treatment should be postponed or referral to the UDC considered if necessary
- If appropriate PPE has been worn then dental care professionals will not be considered as close contacts and will not be required to self-isolate
- If PPE has not been worn or has been significantly breached then dental care professionals should self-isolate for 14 days
- A negative COVID test, in this circumstance, will not remove the need to self-isolate
- Particular care should be taken to ensure social distancing is maintained between patients and that face coverings are worn as per section 2 of this guidance
- Further information in regards to management of exposed healthcare workers is available at <https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>
- Frequent cleaning of non-clinical areas and compliance with section 5 of this guidance minimises the risk to staff and patients and should minimise the need for practices to close following contact with a COVID positive patient
- It is advised that members of the dental team switch off their StopCOVID NI app while in work. Further information is available at <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-stopcovid-ni-proximity-app>

4.7 Patient Communications

- Practices should consider updating practice communications to inform patients of the changes to the delivery of dental services
- Patients should be given relevant instructions prior to attendance
- Information posters are available in relation to COVID-19 diagnosis, social distancing, cough etiquette and hand hygiene should be on display
 - PHA posters are available at <https://www.publichealth.hscni.net/publications?keys=coronavirus&page=0>
 - COVID-19 Diagnosis posters: <https://www.publichealth.hscni.net/publications/isolate-your-household-campaign-poster-and-translations>
 - Social Distancing posters: <https://www.publichealth.hscni.net/publications/social-distancing-poster>

https://www.publichealth.hscni.net/sites/default/files/2020-04/Covid19_KeepDistance_A3_Poster_PHA_04_20.pdf

- Cough Etiquette poster:
<https://www.publichealth.hscni.net/sites/default/files/2020-02/Catch%20it%20bin%20it%20kill%20it%20SQUARE.png>
- Hand Hygiene posters:
<https://www.publichealth.hscni.net/publications/covid-19-posters-pharmacies-and-gp-surgeries>

<https://www.publichealth.hscni.net/publications/coronavirus-wash-your-hands-poster>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886217/Best_practice_hand_wash.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886216/Best_practice_hand_rub.pdf

- NI Executive face covering posters:
<https://www.nidirect.gov.uk/publications/coronavirus-covid-19-information-posters>
- HSCB patient information webpages are available at:
<http://www.hscboard.hscni.net/our-work/integrated-care/dental-services/>
<http://www.hscboard.hscni.net/coronavirus/#Dental>
<http://www.hscboard.hscni.net/phased-return-dental-services/>

5.0 Enhanced Cross-Infection Control Procedures

5.1 Surgery Preparation

- All unnecessary objects and equipment should be removed from surgeries
- Barriers should be considered where possible
- All necessary equipment and materials should be prepared prior to the appointment
- Doors should be closed during treatment and decontamination
- Windows may be opened
- PPE should be donned prior to the patient entering the surgery

- Ideally only the dental team (dentist and dental nurse) and the patient should be present during treatment with the surgery door closed
 - A designated “runner” may be required if further equipment is required
 - Exceptions may be required for patients attending with a guardian or carer and should be recorded in the clinical notes
- Consideration should be given to “clinical bubbles” with dentists working, where possible, with the same dental nurse to limit contact between staff members
- Particular attention should be given to hand hygiene throughout
- Open surgeries with multiple dental chairs in a single room should be arranged to ensure social distancing is maintained

5.2 Environmental Cleaning

- Decontamination of the dental surgery following a Group B or C procedure² should follow existing practice policies and procedures as per PEL 13(13) and PEL 13(13) Addendum 1 and should follow the manufacturer’s guidance. PEL 13-13 and PEL (13-13) Addendum 1 are available at <http://www.hscbusiness.hscni.net/services/2706.htm>
- Further COVID-19 specific Cross-Infection Control advice is available at <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
 - For patients in the medium risk pathway this guidance also recommends cleaning all hard surfaces which may have become contaminated and other frequently touched sites/points after every patient. A combined detergent/disinfectant solution at a dilution of 1000 parts per million available chlorine or a general purpose neutral detergent in warm water followed by a disinfectant solution of 1000 parts per million available chlorine should be used
 - For patients in the low risk pathway disinfectant is only required if visible contamination is apparent
 - If alternative cleaning agents/disinfectants are to be used they should conform to EN standard 14476 for viricidal activity
 - Products must be used according to manufacturer’s instructions and recommended “contact times” and “drying times” must be followed
 - Floors should be mopped and cupboards wiped down with a combined detergent/disinfectant or a neutral detergent followed by a disinfectant (as above) at the end of each treatment session (e.g. at the end of the morning/afternoon/evening). Additional mopping may be required following an appointment if the floor is visibly contaminated
 - Disposable cloths, wipes, or paper towels are advised

² Please refer to section 6.4

- Reusable equipment should be disinfected after use and stored in an enclosed container
- Appointment times should be adequate to allow enhanced environmental cleaning between patients
- Particular care should be given to the cleaning of open surgeries with multiple dental chairs
- PPE should be worn as per section 5.5
- The use of fumigation and fogging/misting with disinfectant is not currently recommended

5.3 Instrument Decontamination

- Decontamination of re-useable dental instruments should follow existing practice policies and procedures as per PEL 13(13) and PEL 13(13) Addendum 1
- Staff should wear PPE as per section 5.5
- Staff should be aware of social distancing in the local decontamination room
- Dental water lines should be flushed as per existing practice policies and procedures

5.4 Clinical Waste Management

- The management of clinical waste should follow existing practice policies and procedures
- Practices should consider a potential increase in the volume of clinical waste due to increased PPE requirements and enhanced cross-infection control procedures

5.5 Personal Protection Equipment

- The necessary level 1 personal protection equipment for Group B and C procedures, environmental decontamination, and the decontamination of reusable dental instruments includes:
 - Disposable gloves
 - Disposable plastic apron
 - Fluid resistant surgical face mask³
 - Eye/face protection (visors, shields, or glasses/goggles)
- Sessional use of fluid resistant surgical face masks may be appropriate following risk assessment

³ Please note that most standard dental masks are fluid resistant. Practitioners should check their stock to ensure that their masks are “IIR Compliant.”

- Re-useable eye protection should be cleaned and decontaminated as per manufacturer's instructions
- Further information in relation to necessary PPE for non-AGPS is available at <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control> and

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/928034/COVID-19_Infection_prevention_and_control_guidance_Dental_appendix.pdf
- Advice in regards to the donning and doffing of level 1 PPE is available at <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>
- Receptionists should wear fluid resistant masks if it is not possible to maintain social distancing in the reception area
 - Sessional use may be appropriate following risk assessment

5.6 Categorisation of Dental Procedures

The following section does **not** apply to low risk patients (in order to determine if a patient is low risk please see section 4.2). Standard infection prevention and control procedures (including level 1 PPE) may be used for low risk patients. Level 2 PPE and a fallow time are not required for AGPs for low risk patients.

Section 6.4 outlines a categorisation of dental procedures based on the characteristics of the instruments used and assumptions regarding aerosol generation. In summary:

- Group A procedures use powered, high velocity instruments that emit or require water or irrigants for cooling. These procedures will produce aerosol particles <5um and require airborne transmission-based precautions, mitigation measures and a fallow time.
- Group B procedures use powered low velocity instruments. These procedures may produce aerosol particles <5um, with the amount depending on instrument use, and require mitigation measures and standard infection prevention and control precautions as routinely used in dentistry
- Group C procedures do not use powered instruments. These procedures may produce splatter but are unlikely to produce aerosol particles <5um, and require standard infection prevention and control precautions as routinely used in dentistry.

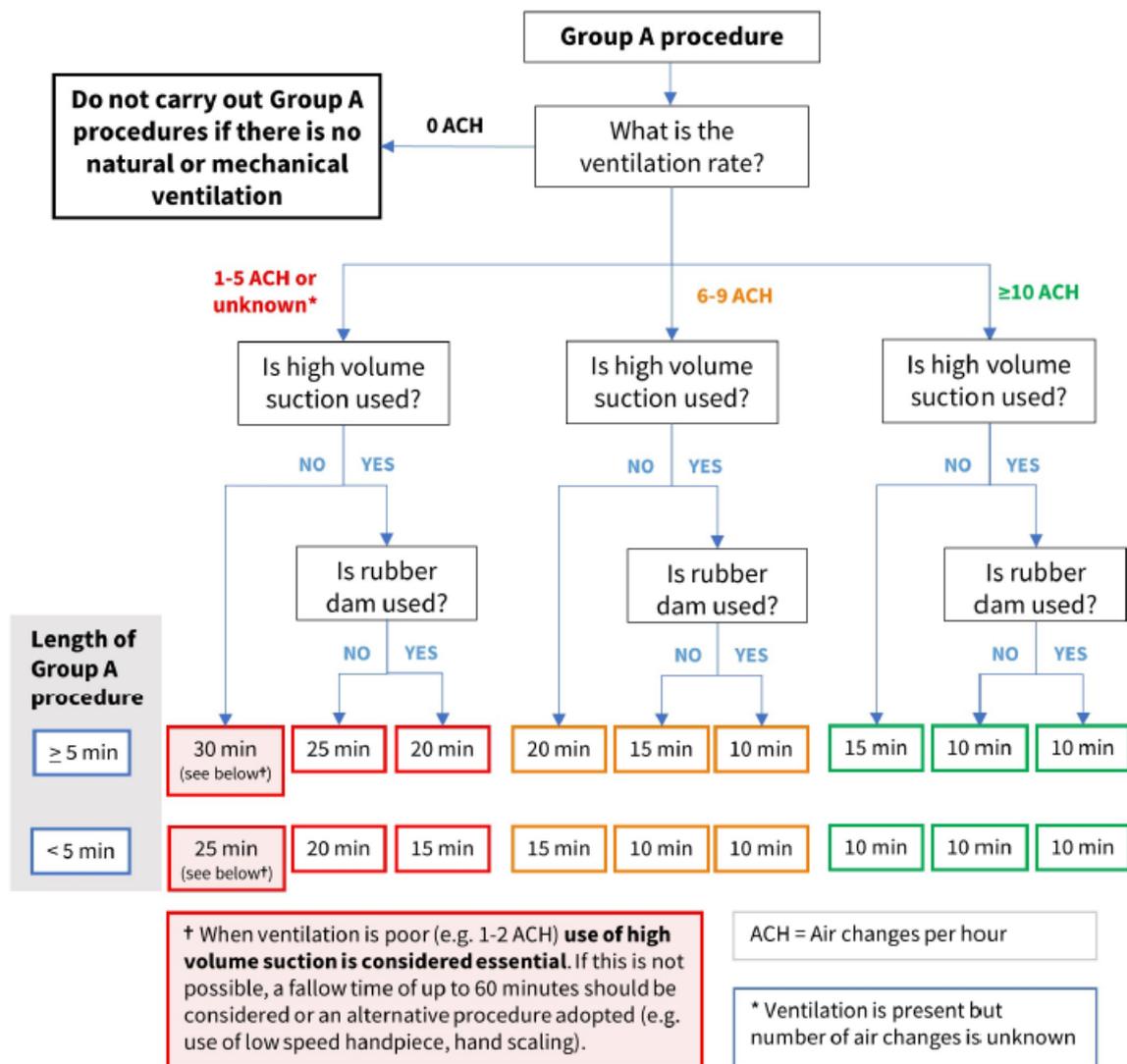
Further information is available in section 3 of the SDCEP rapid review "Mitigations of AGPs in Dentistry."

5.7 Group A Procedures

The following section applies to medium risk patients receiving Group A procedures in GDS practices.

5.7.1 Fallow Times

- After providing a Group A procedure it is recommended that a period of time (a fallow time) should elapse before cleaning and decontamination
- The length of the fallow time is determined by a combination of the length of the Group A procedure, the use of high speed suction, the use of rubber dam and the Air Changes per Hour (ACH) of the surgery
- The fallow time can commence from the end of the Group A procedure though practitioners may decide to commence the fallow time at the end of the appointment to facilitate scheduling
- **Group A procedures should not be performed in surgeries without any natural or mechanical ventilation**
- Further information is available in section 5.1 of the SDCEP rapid review “Mitigations of AGPs in Dentistry” available at:
<https://www.sdcep.org.uk/published-guidance/covid-19-practice-recovery/rapid-review-of-agps/>
- The following flow chart, reproduced from the SDCEP rapid review, outlines the process for determining the necessary fallow time:



5.7.2 Mitigating Measures

- High speed suction should be used as far as possible for Group A and B procedures, and Group C procedures in which splatter production is likely
- High speed suction is defined as a vacuum system with an air intake of more than 250 litres per minute and with an aspirator tip of at least 8mm
- High speed suction systems should be serviced as per manufacturers guidance to ensure adequate air flow
- Slow speed saliva ejectors should be used as far as possible but will not result in a reduced fallow time
- Use of rubber dam should be considered and will result in a reduced fallow time
- Further information is available in section 4 of the SDCEP rapid review “Mitigations of AGPs in Dentistry.”

5.7.3 Ventilation

- The dispersion of dental aerosols which have not been removed by suction is primarily achieved by dilution in the air. As such ventilation, and the Air Changes per Hour (ACH) within a surgery, is the main mitigating measure associated with Group A procedures and in determination of the fallow time
- HTM 03-01 (2007) states that treatment rooms in health care facilities built **since 2007** should have at least 10 ACH. This is due to be revised and published in late 2020 and further correspondence will be issued at that time. HTM 03-01 (2007) is available at:

<https://www.gov.uk/government/publications/guidance-on-specialised-ventilation-for-healthcare-premises-parts-a-and-b>

- **Group A procedures should not be performed in surgeries without any natural or mechanical ventilation**
- Surgeries with mechanical ventilation can calculate the ACH for each surgery using information found in the specification or manual of the ventilation or air flow system present in the surgery⁴:

$$\text{ACH} = \frac{\text{Air Flow Rate from manufacturer's specification (m3 per hour)}}{\text{Surgery volume (m3)}}$$

- Natural ventilation, e.g. an open window, cannot be included in the above calculation
- Where the ACH of an existing ventilation system is unknown, or where natural ventilation is used as the sole method of ventilation or to supplement mechanical ventilation, the ACH can be modelled or verified by a competent person for example a company registered with the Heating and Ventilating Contractors Association, a Chartered Engineer who is a member of Chartered Institution of Building Services Engineers or another appropriate professional body
- Ventilation systems should be maintained and serviced as per manufacturers guidance and as outlined in HTM 03-01
- Further information in regards to ventilation is available in section 5 of the SDCEP rapid review “Mitigations of AGPs in Dentistry.”
- Advice in relation to air conditioning is available at:
<https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm>

5.7.4 Air Cleaners

- Air cleaners using high efficiency particulate air (HEPA) filtration, germicidal ultraviolet light, alone or in combination, remove or inactivate airborne particles

⁴ Please refer to Appendix 7.0 for worked examples

- Air cleaners with an air flow system may be used to supplement existing natural or mechanical ventilation
- Currently air cleaners should not be used in surgeries without any natural or mechanical ventilation. **Group A procedures should not be performed in surgeries without any natural or mechanical ventilation**
- Technical advice should be sought on device suitability and installation to ensure optimal efficiency particularly when using multiple air cleaners in a surgery or if existing mechanical ventilation is in place
- Surgeries with air cleaners can calculate the equivalent ACH for each surgery using information found in the specification or manual of the air cleaner present in the room
- Due to variation in air flow output, the location of the air cleaner in the surgery, the layout of the surgery and the efficiency of the filtration systems, it is recommended that the efficacy of air cleaners is assumed to be 0.5. The eACH can therefore be calculated as⁵:

$$\text{eACH} = \frac{\text{Air Flow Rate from manufacturer's specification (m3 per hour)}}{\text{Surgery volume (m3)}} \times \frac{1}{2}$$

- Air cleaners can be used alongside mechanical ventilation to calculate a total ACH:

$$\text{Total ACH} = \text{ACH} + \text{eACH}$$

- Alternatively the ACH can be modelled or verified by a competent person for example a company registered with the Heating and Ventilating Contractors Association, a Chartered Engineer who is a member of Chartered Institution of Building Services Engineers or another appropriate professional body
- Air cleaners should be maintained and serviced as per manufacturers guidance and as outlined in HTM 03-01
- Further information in regards to air cleaners is available in section 5.2 of the SDCEP rapid review “Mitigations of AGPs in Dentistry.”

5.7.5 Risk Assessment

- Practices should complete a risk assessment specific to each surgery prior to implementing a reduced fallow time
- The risk assessment should record the air flow rate of each item of ventilation (i.e. mechanical ventilation and air cleaners etc), the calculated or verified total ACH and the necessary fallow times
 - Please note that the same ventilation system may result in differing fallow times depending on the size of each surgery

5.7.6 Environmental Cleaning

⁵ Please refer to appendix 2 (page 26) of the SBAR Ventilation, water and environmental cleaning in dental surgeries related to COVID-19 available at <https://www.scottishdental.org/ventilation-water-and-environmental-cleaning-in-dental-surgeries-relating-to-covid-19/>

- The fallow time can commence from the end of the Group A procedure
- Environmental cleaning following an Group A procedure remains the same as following a Group B or C procedure (please refer to section 5.2)
- The necessary PPE for environmental cleaning following a Group A procedure remains the same as per Group B or C procedures
- Further advice is available at
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf
 and

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/928034/COVID-19_Infection_prevention_and_control_guidance_Dental_appendix.pdf

5.7.7 Personal Protection Equipment

- The necessary level 2 personal protection equipment for Aerosol Generating Procedures includes:
 - Disposable gloves
 - Fluid resistant gown⁶
 - Fit tested FFP3 mask⁷ or hood
 - Eye/face protection (visors)
- FFP3 masks or hoods may be used on a sessional basis in certain clinical settings with a session ending when the healthcare worker leaves the care setting/exposure environment. As such sessional use of FFP3 masks and re-useable respirator masks may be appropriate if the healthcare worker does not leave the surgery between patients and the mask is not removed.

⁶ Disposable gowns should be used as far as possible. Re-useable gowns may be used if a sustainable supply of disposable gowns is not available. If re-useable gowns are being used this should be recorded in the practices policies and procedures with sufficient information to show that a sustainable supply of disposable gowns are not available. It is acceptable to use up existing stock of reusable gowns and to honour existing lease/rental/service agreements. When decontaminating reusable gowns the use of accredited laundries compliant with the relevant standards (BS EN 14065) and guidance (HTM 01-04) offer the least risk option but it is the responsibility of the dentist to carry out a risk assessment and put sufficient arrangements in place to ensure safety for their staff and patients.

⁷ Fit tested FFP2 masks may be used for AGPs if FFP3 masks are not available. For example a sustainable supply of FFP3 masks to which staff have successfully passed fit testing is not available, fit testing is not available, or fit testing to an FFP3 mask has failed. If FFP2 masks are being used this should be recorded in practices policies and procedures with sufficient information to show FFP3 masks are not available. It is acceptable for practices to use up existing stock of FFP2 masks.

Particular care should be given to the donning and doffing of PPE in these circumstances

- Disposable gowns and disposable visors are single patient use
- Re-useable gowns, re-useable eye protection and re-useable FFP should be cleaned/disinfected between patients as per manufacturer's instructions.
- Re-useable FFP3 masks and hoods should be cleaned/disinfected as per manufacturer's instructions
- Practices should consider the impact of level 2 PPE and the risk of heat stress as outlined in HSS(MD)54/2020 available at [http://www.hscbusiness.hscni.net/pdf/HSS\(MD\)54-2020%20-%20Personal%20Protective%20Equipment%20and%20Heat.pdf](http://www.hscbusiness.hscni.net/pdf/HSS(MD)54-2020%20-%20Personal%20Protective%20Equipment%20and%20Heat.pdf)
- Further information in relation to necessary PPE is available at <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
and

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/928034/COVID-19_Infection_prevention_and_control_guidance_Dental_appendix.pdf

- Further information in regards to FFP3 masks and hoods is available at: <https://www.hse.gov.uk/pubns/priced/hsg53.pdf>

and section 10.2.1 of

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf

- Advice in regards to the donning and doffing of level 2 PPE is available at: <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>
 - The gloves, gown and visor should be removed in the surgery and the mask removed outside of the surgery as per the link above⁸
- Practices should expect a potential increase in the volume of clinical waste due to increased PPE requirements and enhanced cross-infection control procedures

⁸ The following wording has been removed from the guidance in this updated version "In multi-surgery practices consideration should be given to assigning a surgery for the donning and doffing of PPE."

6.0 Clinical Prioritisation

6.1 Triage Process

During the COVID-19 pandemic practices have developed processes to triage patients who contact their practice with a dental need. As re-establishment of the GDS progresses it is expected that demand for care and treatment will be high particularly immediately after moving to phase 2, and again after moving to phase 3.

As such it may be necessary to maintain and modify existing triage processes within practices to ensure that patients are offered appointments based on clinical priority with the most pressing needs prioritised.

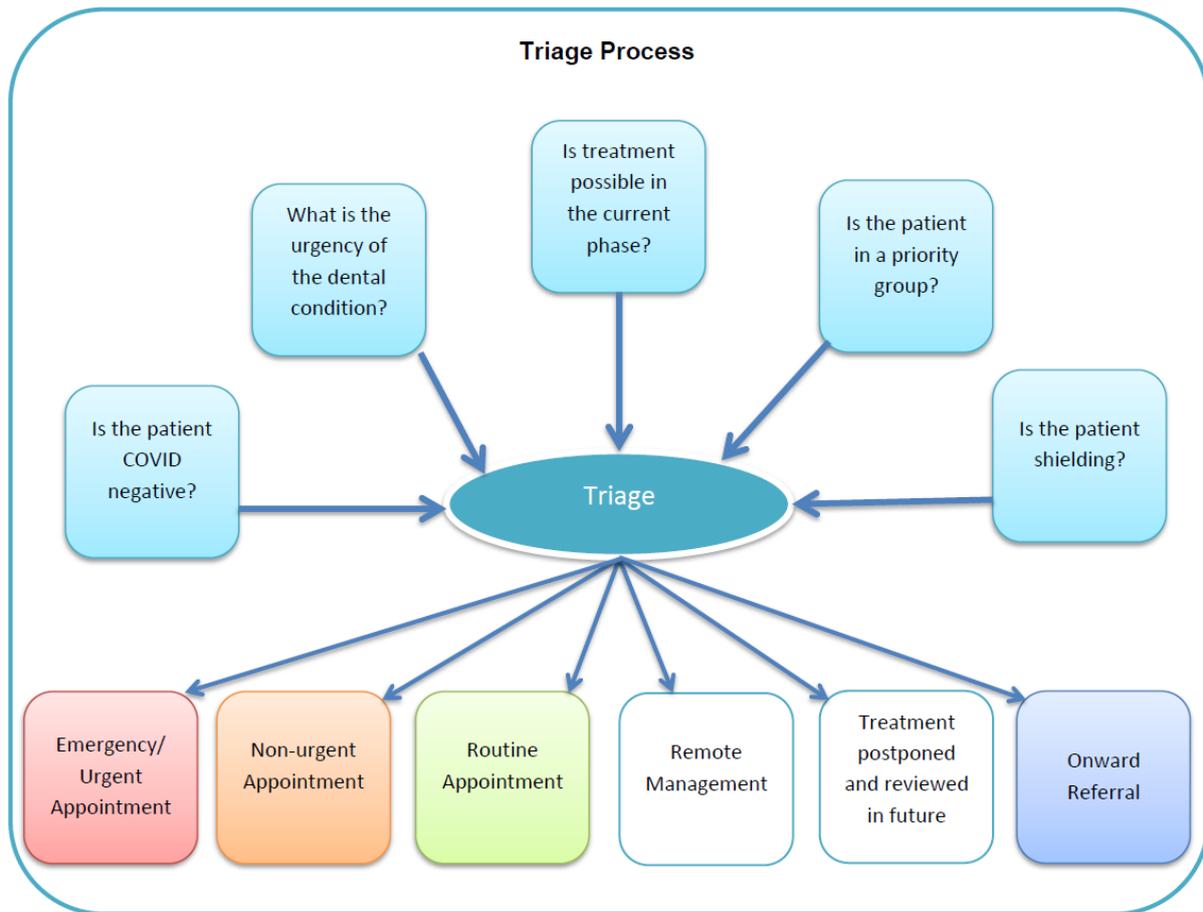
Triaging should be based on an assessment of each individual patient. The following aspects should be considered as part of the triage process:

- The patient's COVID-19 screening (as per section 4.1)
- The urgency of the dental condition (as per section 6.2)
- The ability to provide definitive or remedial treatment (as per section 6.4)
- Priority patient groups (as per section 6.3)
- Shielding patients (as per section 4.2)

Following an assessment of each patient possible triage outcomes include:

- Remote management
- Urgent appointment offered
- Non-urgent appointment offered if capacity available
- Routine appointment offered if capacity available
- Within each category treatment may be postponed due to insufficient capacity or the inability to provide treatment in the current phase.
 - These patients are to be reviewed once capacity is available, if the dental condition becomes urgent, or following the move to the next phase

The triage process for each individual patient should be recorded in the clinical notes. The figure below summarises the triage process.



It is expected that this process will be modified and adapted by each practice taking into consideration the balance between its capacity to provide treatment and the level of unmet treatment needs of their patients.

The section that follows provides a flexible framework and advice that should be considered when determining clinical prioritisation for patients. This is based on the dental condition, priority groups and treatment available in each phase.

6.2 Hierarchy of Dental Conditions

6.2.1 Emergency Dental Conditions

Emergency Dental Conditions include

- Rapidly increasing oro-facial swelling
- Swelling involving the eyelids, neck, or affecting swallowing/breathing or causing trismus
- Trauma involving facial bones
- Uncontrolled post-extraction bleeding inpatient with coagulopathy or on anticoagulant medication.

Patients presenting with emergency dental conditions who cannot be managed in primary care should be referred to secondary care or the Emergency Department. Referrals should be forwarded as normal as per pre-COVID-19.

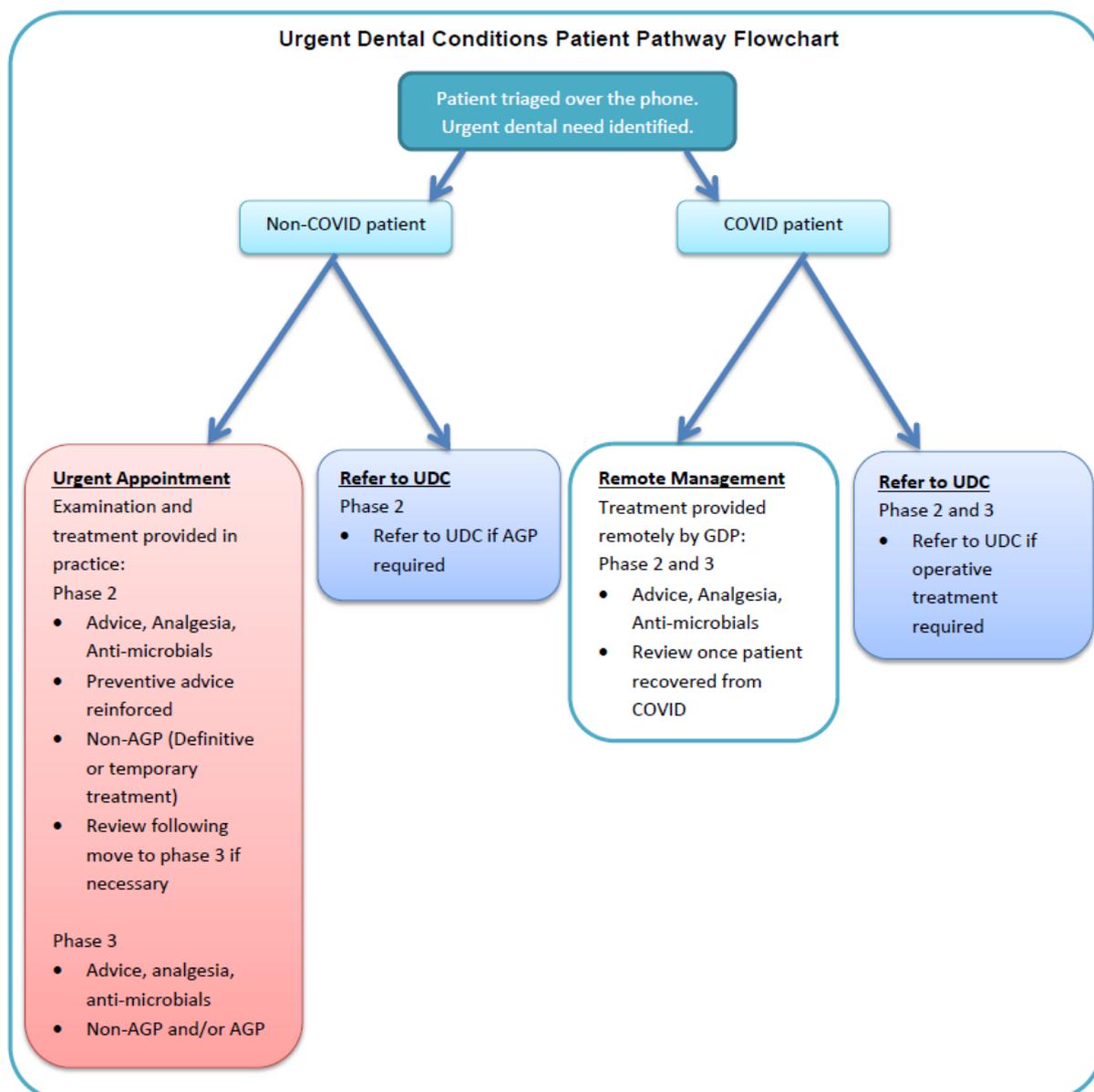
6.2.2 Urgent Dental Conditions

Care and treatment for urgent dental conditions is currently provided by all dental practices. Due to the impact of social distancing and enhanced cross-infection control procedures on appointment planning consideration should be given to ensuring that urgent appointments are available at short notice.

Urgent Dental Conditions include:

- Simple trauma affecting an adult tooth which involves the dentine or pulp or luxation/avulsion of permanent tooth
- Oro-facial swelling not involving the eyelids, neck, or affecting swallowing/breathing or causing trismus
- Post-extraction bleeding not controlled by measures at home
- Severe dental pain that cannot be controlled by self help advice
- Dental and soft tissue infections
- Oro-dental conditions that are likely to exacerbate systemic medical conditions
- Suspected oral cancer
- Orthodontic patients requiring urgent review where it is feared that unwanted tooth movement may be occurring⁹

⁹ Further guidance is available at <https://www.bos.org.uk/COVID19-BOS-Advice/Recovery-Phase-Advice>



6.2.3 Non-urgent Dental Conditions

The treatment of non-urgent dental conditions is appropriate in phase 2 and phase 3 of the re-establishment of the GDS if sufficient capacity is available.

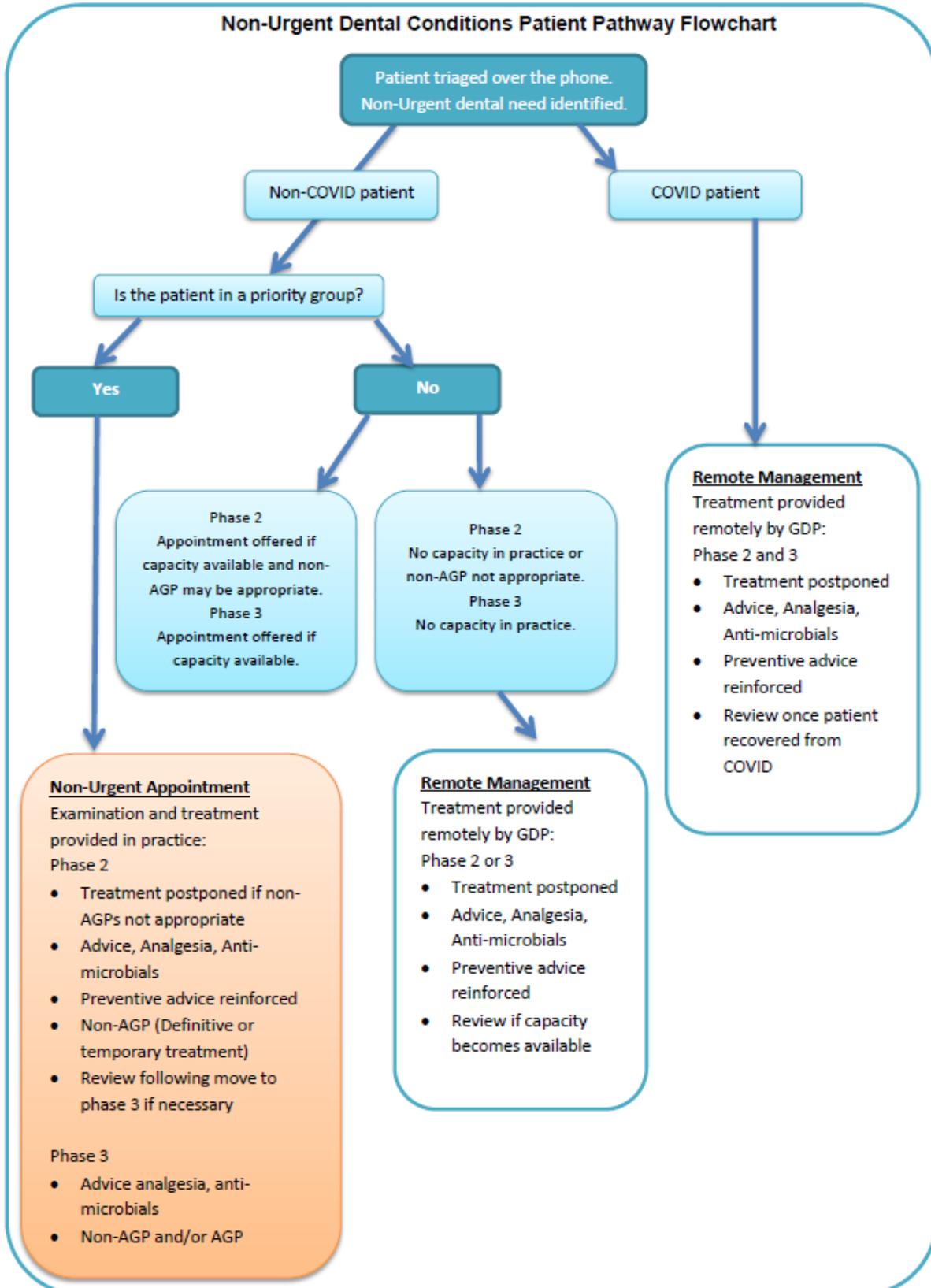
Non-urgent dental conditions include:

- Mild dental trauma
- Moderate dental pain
- Moderate to severe caries with no pain
- Fractured, loose or debonded restorations with moderate pain
- Acute periodontal conditions

- Moderate to severe, currently unstable periodontitis¹⁰
- Fractured, loose or debonded crowns, bridges, veneers
- Fitting of previously constructed crowns, bridges, veneers
- Fractured or loose dentures
- Denture additions and relines
- Fitting of previously constructed dentures
- Patients in active orthodontic therapy who have not been reviewed for more than 12 weeks
- Fractured, loose or lost orthodontic appliances
- Preventive treatment
- Soft tissue lesions (not clinically suspicious of cancer)

¹⁰ http://www.bsperio.org.uk/publications/downloads/111_153050_bsp-flowchart-implementing-the-2017-classification.pdf

Non-Urgent Dental Conditions Patient Pathway Flowchart

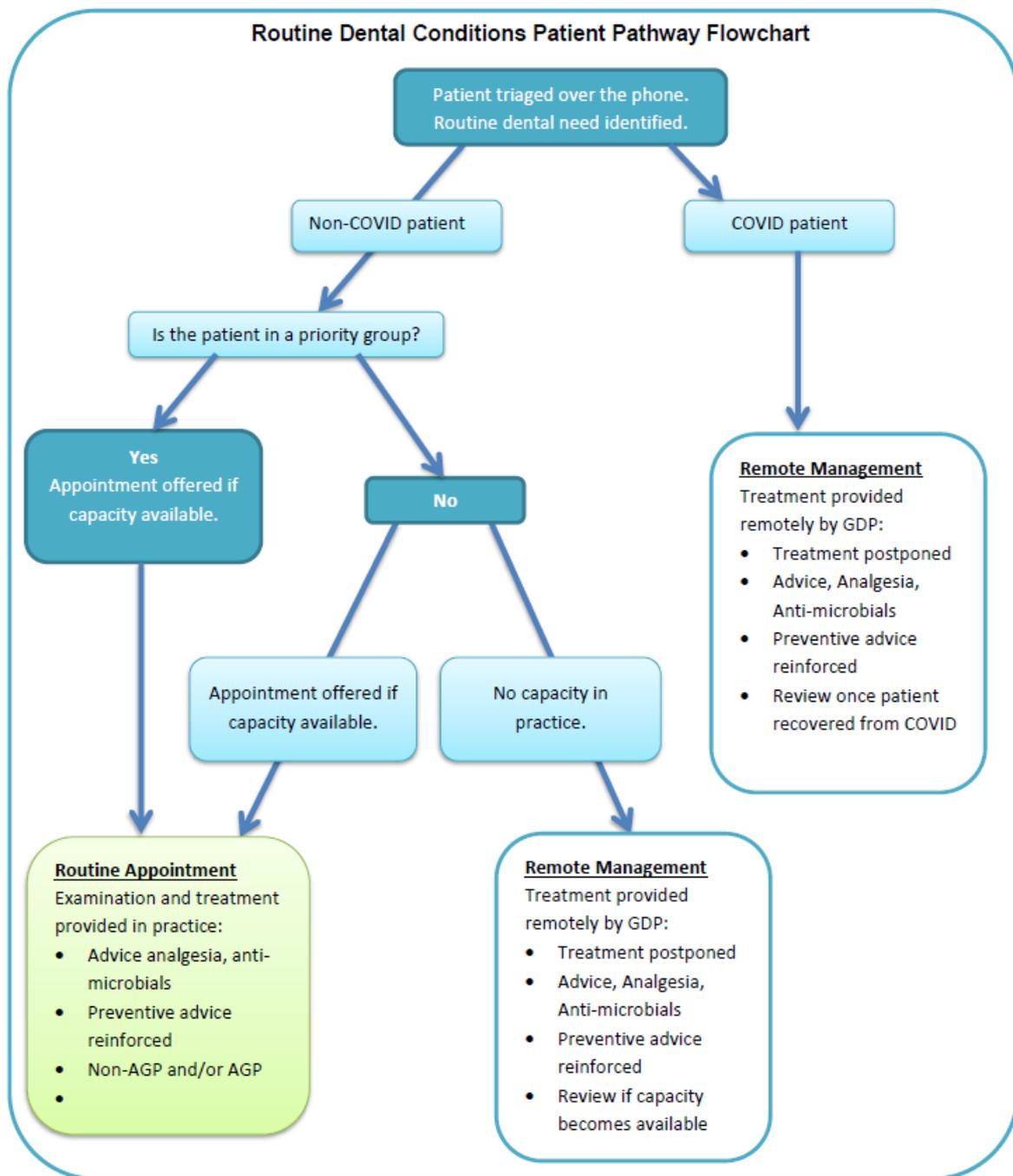


6.2.4 Routine Dental Conditions

Routine dental conditions includes:

- Routine examination/check-up
- Mild dental pain
- Treatment of minimal caries
- Fractured, loose or debonded restorations with mild or no pain
- Periodontal maintenance
- Provision of new crowns, bridges, veneers
- Provision of new dentures
- Provision of orthodontic maintenance
- Provision of new orthodontic treatment

Routine dental care should be priority based and should not be provided until phase 3 of the re-establishment of the GDS.



6.3 Patient Priority Groups

Consideration should be given to prioritising the following patient groups:

- Patients with incomplete treatment from prior to COVID-19
- Patients who have contacted the practice during the pandemic and had treatment postponed
- Patients who have been referred to the UDC and require further treatment

- Consideration should be given to reviewing incomplete treatments and patients who have contacted the practice during the pandemic to prioritise these unmet oral health needs when the GDS transitions to a phase in which treatment can be provided
- The length of time which has elapsed since the patient contact should be taken into consideration
- Patients requiring dental treatment prior to a medical intervention (e.g. chemotherapy, radiotherapy, surgery etc)
- Patients with systemic medical conditions that may be exacerbated by dental conditions
- Patients from vulnerable groups
- Patients with a high caries rate

6.4 Treatment Provision

This section outlines a categorisation of dental procedures based on the characteristics of the instruments used and assumptions regarding aerosol generation. In summary:

- Group A procedures use powered, high velocity instruments that emit or require water or irrigants for cooling. These procedures will produce aerosol particles <5um and require airborne transmission-based precautions, mitigation measures and a fallow time.
- Group B procedures use powered low velocity instruments. These procedures may produce aerosol particles <5um, with the amount depending on instrument use, and require mitigation measures and standard infection prevention and control precautions as routinely used in dentistry
- Group C procedures do not use powered instruments. These procedures may produce splatter but are unlikely to produce aerosol particles <5um, and require standard infection prevention and control precautions as routinely used in dentistry.

Further information is available in section 3 of the SDCEP rapid review “Mitigations of AGPs in Dentistry.”

Group A procedures are not to be provided during phase 1 or phase 2 of the re-establishment of the General Dental Services. Group A procedures also require additional mitigating measures as outlined in section 5.6.

The table below, reproduced from the SDCEP rapid review, contains further information in regards to the categorisation of common dental procedures and contains a brief summary of the precautions that should be in place for these procedures and the necessary PPE with further detail in section 5.0.

	Group A	Group B*	Group C
	Dental procedures that will produce aerosol particles <5 µm	Dental procedures that may produce aerosol particles <5 µm, with the amount depending on instrument use	Dental procedures that may produce splatter but are unlikely to produce aerosol particles <5 µm
Definition	Procedures that use powered, high velocity instruments that emit or require water or irrigants for cooling	Procedures that use powered, low velocity instruments	Procedures that do not use powered instruments
Precautions	<ul style="list-style-type: none"> • Airborne transmission-based precautions • Procedural mitigation • Fallow time 	<ul style="list-style-type: none"> • Standard infection prevention and control precautions as routinely used in dentistry • Procedural mitigation 	<ul style="list-style-type: none"> • Standard infection prevention and control precautions as routinely used in dentistry
PPE required*	<ul style="list-style-type: none"> • Single use disposable gloves • Single use gown • FFP3 respirator or hood • Single use or reusable eye/face protection (visor) 	<ul style="list-style-type: none"> • Single use disposable gloves • Single use apron (gown required if risk of spraying/splashing) • FRSM Type IIR mask • Single use or reusable eye/face protection (visor) 	<ul style="list-style-type: none"> • Single use disposable gloves • Single use apron (gown required if risk of spraying/splashing) • FRSM Type IIR mask • Single use or reusable eye/face protection (visor)
Examples of instruments/procedures	<ul style="list-style-type: none"> • Ultrasonic scaler (including piezo) • High speed air/electric rotor (i.e. >60,000 rpm) • Piezo surgical handpiece • Air polishers • 3-in-1 syringe (air and water together[†]) 	<ul style="list-style-type: none"> • 3-in-1 syringe (air-only/water-only) • Slow speed/electric handpiece (i.e. <60,000 rpm) • Prophylaxis with pumice (using slow-speed handpiece/prophy cup) • Diathermy • Denture/ortho adjusting using slow-speed handpiece • Surgical implant procedure • Surgical handpiece 	<ul style="list-style-type: none"> • Extraction (using forceps/elevator) • Hand scaling • Inhalation sedation • Impressions • Intraoral radiographs • Local anaesthetic administration • Dental examination without 3-in-1 syringe • Re-cement crown

*From UK IPC guidance,³⁹ which also includes advice on sessional use.

[†]While 3-in-1 syringe with combined air and water is categorised as Group A, when used very briefly the amount of aerosol produced may be considerably less than that produced by other Group A procedures. Consequently, if a risk assessment establishes that the combined 3-in-1 will only be used very briefly, and no other Group A procedures are planned, the precautions for Group B procedures can be followed.

[‡]For some procedures or instruments categorised in Group B, a further risk assessment of exactly how the instrument will be used is required to determine whether to follow the precautions recommended for Group A procedures.

The table below outlines common Group A procedures along with alternative Group B or C procedures that could be considered.

Group A procedure	Alternative Group B or C procedure
Use of the high speed hand-piece (air rotor or electric hand-piece)	<ul style="list-style-type: none"> • Use of slow speed hand-piece (air-driven or electric) • Removal of caries in open cavities using hand excavation or slow hand-piece without water coolant spray, with high speed suction and rubber dam if appropriate • Atraumatic restorative techniques • Use of fluoride releasing glass ionomer • Provision of temporary restorations • Preventive treatment in non-cavitated caries • Provision of temporary overdentures prior to definitive provision of anterior post-crowns • Provision of paediatric stainless steel crowns utilising the Hall technique
Use of cavitron, piezosonic and other mechanised scalers	Hand scaling with suction
High pressure 3-in-1 syringe (air and water together)	<ul style="list-style-type: none"> • Use of the 3-in-1 syringe with low pressure water or air • Use of good moisture control using cotton wool/gauze and dry-guards during patient examinations • Use of rubber dam
Use of piezo surgical hand-piece	Use of slow speed hand-piece or surgical hand-piece
Air abrasion and air polishing	No alternative

The inability to provide Group A procedures in phase 1 and 2 will restrict the type of care and treatment that can be provided to patients. Practitioners should assess if treatment which would normally require a Group A procedure can be provided through a group B or C procedure, if the dental condition can be stabilised through a group B or C procedure without compromising future definitive treatment, or if treatment should be postponed. Preventive advice and treatment should be included as far as possible.

In addition, the use of high and slow speed suction and the use of rubber dam should be considered as far as possible when providing any operative procedure. Impressions should be decontaminated according to manufacturer's instructions. Adjustment of decontaminated dentures, removable orthodontic appliances, or other removable appliances is acceptable.

Additional information on medical AGPs is available at:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

During phase 3 the following steps should be considered to reduce the generation of aerosols:

- Provision of alternative treatments which are not Group A procedures
- Continued use of good moisture control and cotton wool as a replacement to the 3-in-1 syringe
- Avoid the use of the high pressure spray in the 3-in1 and instead use low pressure water followed by low pressure air
- The use of slow and high speed suction
- The use of rubber dam
- During surgical extractions the use of saline dispensed via a syringe or similar along with high speed suction may produce less aerosol than coolant from the hand-piece

6.5 Preventive Measures

Preventive advice is key to all phases of the re-establishment of the GDS including advice issued to individual patients and the promotion of good oral hygiene and diet advice for all patients.

Consideration should be given to the issuing of preventive advice to patients particularly those who have had treatment postponed and those in high risk and vulnerable groups. The following approaches should be considered:

- Oral hygiene advice
- Dietary advice
- Fluoride advice (toothpastes and mouthwashes)
- Prescription of high strength fluoride toothpastes (2800 and 5000ppm)
- Use of anti-microbial mouthwashes
- Smoking cessation advice

Practices could consider utilising their social media accounts and websites to share preventive advice and oral health promotion messages.

Further guidance in regards to preventive care include:

<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

<http://www.hscboard.hscni.net/our-work/integrated-care/dental-services/happy-smiles/>

<http://www.sdcep.org.uk/published-guidance/caries-in-children/>

Online resources in relation to oral health promotion include:

<http://www.hscboard.hscni.net/our-work/integrated-care/dental-services/happy-smiles/>

<https://www.dentalhealth.org/>

<http://www.dentalbuddy.org/>

<https://www.bsdh.org/index.php/oral-health-resources>

<https://teethteam.org.uk/dental-professionals.php>

<https://www.bspd.co.uk/Resources>

<https://www.bspd.co.uk/Portals/0/Press%20Releases/BSPD%20Press%20Release%20Dr%20Ranj%20Videos%20Launch.pdf>

<https://www.stopsmokingni.info/>

7.0 Air Changes per Hour Worked Examples

The ACH of a surgery can be calculated as follows using information found in the specification or manual of the ventilation or air flow system present in the room:

$$\text{ACH} = \frac{\text{Air Flow Rate from manufacturer's specification (m}^3 \text{ per hour)}}{\text{Surgery volume (m}^3\text{)}}$$

When using an air cleaner the equivalent ACH can be calculated as follows with an efficacy of 0.5 assumed:

$$\text{eACH} = \frac{\text{Air Flow Rate from manufacturer's specification (m}^3 \text{ per hour)}}{\text{Surgery volume (m}^3\text{)}} \times \frac{1}{2}$$

Example 1: Mechanical Ventilation System

Air Flow Rate = 200 cubic feet per minute = 340 m³ per hour

Surgery Size = 4m x 3m x 2.5m = 30m³

ACH = 340/30 = 11 Air changes per hour

Example 2: Mechanical Ventilation System

Air Flow Rate = 200 cubic feet per minute = 340 m³ per hour

Surgery Size = 5m x 4.5m x 2.5m = 56.25m³

ACH = 340/56.25 = 6 Air changes per hour

Example 3: Air Cleaner combined with natural ventilation

Air Flow Rate = 400 m³ per hour

Surgery Size = 5m x 4.5m x 2.5m = 56.25m³

eACH = (400/56.25) x 0.5 = 3.5 Air changes per hour

Example 4: Combined Mechanical Ventilation System and Air Cleaner

Ventilation Air Flow Rate = 340 m³ per hour

Surgery Size = 5m x 4.5m x 2.5m = 56.25m³

ACH = 340/56.25 = 6 Air changes per hour

Air Cleaner Flow Rate = 400 m³ per hour

eACH = (400/56.25) x 0.5 = 3.5 Air changes per hour

Total ACH = ACH + eACH

Total ACH = 6 + 3.5 = 9.5 Air changes per hour

Example 5: Use of two Air Cleaners combined with natural ventilation

Air Flow Rate = 200 m³ per hour

Surgery Size = 4m x 3m x 2.5m = 30m³

ACH per air cleaner = (200/30) x 0.5 = 3.3 air changes per hour

Total ACH = 3.3 x 2 = 6.7 air changes per hour

Alternatively the ACH can be modelled or verified by a competent person for example a company registered with the Heating and Ventilating Contractors Association, a Chartered Engineer who is a member of Chartered Institution of Building Services Engineers or another appropriate professional body.

8.0 Acknowledgements

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Members:

Christine Causey	Dental Fellow, HSCB
Marlene Drummond	ABSM, HSCB
John Finnerty	Clinical Director, CDS NHSCT
Ciara Gallagher	GDP, BDA NIPDC
Seamus Hughes	GDP, NIDPC
Tristen Kelso	Director, BDA NI
Simon Killough	Consultant in Restorative Dentistry, BHSCT
Robert McHenry	GDP, NIDPC
Philip McLorinan	GDP, NIDPC
Michael O'Neill	GDOS, DoH
William Priestley (Chair)	Dental Adviser, HSCB

9.0 Amendments

Date	Amendment
05/06/2020	Initial publication
19/06/2020	Addition of section 5.6 and 6.0 and rewording of introduction to reflect this addition.
22/06/2020	Clarification in relation to the use of re-useable PPE in section 5.6
09/09/2020	Insertion of risk stratification information from UK COVID IPC guidance in section 4.1 with minor adjustments throughout document to reflect updated guidance. Sections 4.1 to 4.5 renumbered to 4.2 to 4.6 Section 5.6.1 re-worded and appendix 7.0 inserted to provide further clarification in relation to fallow times. Appendix 7.0 and 9.0 renumbered to 8.0 and 9.0 Other updates in relation to CMO letters and NI legislation
21/10/2020	Substantial update to sections 5.6, 6.4 and 7.0 following publication of SDCEP Rapid Review of AGPs in Dentistry and UK COVID-19 IPC Dental Appendix. Insertion of sections 3.3.1 and 4.6. Section 4.6 renumbered to 4.7
02/02/2021	Minor amendments

Any queries in relation to this guidance can be forwarded to gds.correspondence@hscni.net in the first instance.