

**From the Acting Chief Dental Officer
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Ref:
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Dear Colleague

Updated Northern Ireland Dental Operational Guidance

I am writing to let you know that an updated version of the Northern Ireland Dental Operational Guidance (please see attached) has now been released containing significant amendments. As with previous iterations of the guidance, these amendments have been made in conjunction with the GDS Re-establishment Group which is led by HSCB and has representation from Trusts, DoH and BDA.

Amendments to the Northern Ireland Operational Guidance have been made in light of the release of a dental appendix to the main UK Infection Prevention and Control (IPC) guidance. The dental appendix itself draws upon the recently released SDCEP Rapid Review of AGPs. In this way a consistent approach to IPC in the dental setting will be maintained across the UK. Those elements of the guidance which are new or have been modified since the previous version are highlighted in yellow.

The main elements of the guidance which have been updated are:

Covid positive staff and patients: guidance on the management of a staff member who has tested positive for COVID-19 is now included in the document with information on the implications for patients, other staff members, and return to work arrangements. It should be highlighted that adherence to the wider Operational Guidance particularly the use of PPE, environmental cleaning, and social distancing minimises the impact on the surgery of a staff member testing positive for COVID-19. A similar section has also been included for the management of a patient who has tested positive for COVID-19 having recently attended for dental treatment.

Categorisation of dental procedures: dental procedures have been allocated into one of three groups dependent upon the risk of aerosol generation. The level of PPE to be used is dependent upon which category the treatment falls into and whether the patient themselves are classified as low, medium or high risk.

Fallow times: practices should undertake a risk assessment which is specific to each surgery before implementing a reduced fallow time. The length of fallow time is determined by the duration of the AGP, whether or not high-speed suction has been used, whether or not rubber dam has been used, and the air changes per hour of the surgery. An algorithm is included in the guidance which allows the fallow time to be readily determined.

Ventilation: the number of air changes per hour (ACH) is the most important factor in determining the fallow time. Group A procedures (i.e. those which will definitely produce an aerosol) should not be undertaken in surgeries without any natural or mechanical ventilation.

Air cleaners: Air cleaners with an airflow system may be used to supplement existing natural or mechanical ventilation and may enhance the effective air change rate. Practitioners should refer to the operational guidance and the air cleaner specification/manual in order to calculate the equivalent ACH for the surgery in which it is located.

Infection prevention and control within dental practices continues to be a challenging and complex area. I would encourage all practice clinical staff to read through the latest version of the guidance document and pay particular attention to the highlighted sections. Any queries relating to the guidance should in the first instance be directed towards GDS.correspondence@hscni.net

The Department appreciates that there will be variation in the ventilation status of dental practices across Northern Ireland and that discussions will need to take place with the BDA on the impact of the new guidance on practices and the implications of the guidance in relation to reasonable patient throughput.

I would again like to thank the GDS Re-establishment Group for the time and effort they have taken to update this guidance. This is greatly appreciated.

Yours sincerely



Michael Donaldson