Red Alert Phase Escalation

The dental red alert phase will be escalated at the point when the spread of COVID-19 is increasing and/or widespread and urgent/emergency dental services cannot be maintained as normal due to risk or resources.

Aims

The aim of escalation of this phase is to ensure delivery of core urgent/emergency dental services by centralising sites for service delivery and minimising the risks of transmission associated with dental procedures.

Key points:

This approach is based on principles of widespread circulation of COVID-19 and assumes that there is a risk with any clinical encounter. This outlines the approach to minimise risk of transmission for all urgent/ emergency dental care by:

- stopping all unnecessary patient contact;
- eliminating all unnecessary aerosol generating procedures (AGPs);
- risk assessing all non-AGPs;
- minimising possible risks associated with AGP and other dental procedures;
- ensure use of recommended personal protective equipment (PPE) and decontamination e.g. FFP3 is available to dental teams providing treatment in the Urgent/Emergency dental centres (U/EDDC).

This document outlines the roles of general practice teams, Urgent/ Emergency Designated Dental Centre (U/EDDC) Teams and of health boards.

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Role of General Dental Practice Teams (not U/EDDCs)

Practices are required to ensure that their patients can continue to have telephone access to the practice for advice - during normal surgery opening hours - practices can collaborate and participate in local rotas to provide:

- remote/telephone consultations and patient triage;
- advice;
- antibiotics/ other urgent prescriptions as required;
- analgesia;
- a brief clinical assessment of urgent problems for non-COVID patients (where deemed necessary following telephone/remote consultation)[1];
- Simple non-aerosol generating procedures (non-AGP) for urgent/ emergency dental problems following risk assessment;
- Onward referral to designated urgent/emergency centres for severe cases where referral is absolutely necessary (suspected/confirmed COVID19[2] and for high risk of aerosol generation[3] non-COVID patients)

Remote consultations

Remote/ telephone consultations should be provided for all patients from the area that contact the practice (suspected/ confirmed/ self-isolating due to exposure/ recovered COVID 19 and non COVID) with urgent/emergency dental problems. Appendix 1 provides guidance for assessment and management of urgent/ emergency dental problems.

Managing patient expectations

Wherever possible, dentists should manage patient expectations of dental services at this time stating that the normal range of clinical treatments cannot and will not be provided (this may include information on practice websites, telephone answerphones or information given during consultations). Dentists should promote self-care for appropriate conditions. Advice and resources to support this are available and are listed in Appendix 2.

Prescribing Remotely

Dentists may prescribe antibiotics and pain relief in situations where it is clinically appropriate, following consultation (including medical history and where possible, virtual assessment). Dentists are asked to work with local pharmacies to minimise patient contacts and support social distancing/reduce travel.

A local guide for prescribing remotely and other information relating to remote prescribing are available in Appendix 3.

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[1]In this document the term Non COVID refers to patients who are showing no signs or symptoms of COVID 19, and who are not self-isolating due to exposure.

[2] In this document the term suspected/confirmed COVID 19 patient refers to all patients with symptoms of COVID or who are self-isolating due to exposure to COVID irrespective of confirmed COVID status. This will be updated with details of COVID risk for potentially recovered patients in due course.

[3] High risk of aerosol generation refers to patients who require aerosol generating procedures (AGP) or those needing a procedure which is assessed as being high risk of requiring AGP or generating aerosol (i.e. a complicated extraction).

Patient consultations in general dental practice

A complete telephone/remote assessment should be undertaken to determine the need for a face-to-face dental assessment in advance of arranging an appointment. All face-to-face contact should be **by appointment only**. Guides and resources are available in Appendix 4. Appointments should only be offered after a remote assessment.

Patients who should <u>not</u> be seen face-to-face in general dental practice are:

- **Patients with confirmed/symptoms of COVID 19[4]**
- **Routine dental problems**

Key principles for managing examinations and non-AGP dental care in dental practice

Minimising contact

- Remote/remote consultation should be used to minimise the appointment time;
- Where possible, patients should wait in their car and be taken directly to the surgery
- Only the patient should attend (with one parent or carer if this is a child or adult with special needs)
- Keep all face-to-face appointments brief;
- Prepare all equipment needed in advance;

Non-AGP treatment

Dentists in practice should only offer non-AGP care for severe urgent/emergency problems;

- Dentists should examine the urgent/emergency issue only (routine procedures i.e. examination of areas not relevant to the dental problem should not be carried out)
- Risk assessment for COVID dental care in non-designated dental sites;
- Non AGP treatment should only be carried out if absolutely necessary (Appendix 5);
- **AGPs must not be used in general dental practice**;
- Dentists must risk assess any planned treatment to avoid aerosol generation (Appendix 6);
- Measures to reduce risk of aerosol e.g. high-volume suction should be used wherever possible (Appendix 5).

Personal protective equipment

Personal protective equipment should follow the most up to date guidance (Appendix 7).

Dentists must wear recommended personal protective equipment for all clinical contact (in general dental practice this is PPE as recommended for clinical contact of less than 1m with no-AGP)[5].

[4] https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection

[5] https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

Special considerations-Reducing risk for vulnerable patients

Ensure emergency/urgent appointments for people who are at higher risk from COVID 19 patients e.g. older people, people with health conditions that put them at risk, pregnant women (this includes people living in institutions e.g. residential care and prisons) are spaced in time[6] and use recommended disinfection processes[7] before and after care as appropriate to minimise risk. Consideration should be given to referring cases to U/EDDC.

Referral to designated urgent/emergency dental centres

Clinical judgement should be used to assess patients and their dental condition. **Dentists must avoid unnecessary referral and use of FFP3 to ensure that supplies are maintained for the front line**. Advice and resources for managing urgent/emergency dental care conditions are listed in Appendix 1.

Dentists are asked to manage cases remotely wherever they can with advice, antibiotics and analgesia (AAA) and only refer patients with **severe** urgent/emergency dental conditions.

Figure 1 Examples of severe urgent/ emergency dental conditions

Situations where leaving the dental condition without a clinical intervention may endanger the health of the patient/ would be likely to result in admission to hospital.

- Diffuse swelling / Lymphadenopathy without a discharging sinus
- Suspected cancer
- Bleeding that cannot be controlled with local measure

Cases that have not responded to local management following local advice, antibiotics and appropriate analgesia

- Severe pain that has not responded to painkillers used for 48 hrs
- Severe pain or diffuse swelling that has not responded to antibiotics after 72 hours of antibiotic use

A recent injury in a vital anterior tooth with pulpal involvement or a deranged occlusion that requires urgent attention.

Practices should work to support patients with dental care problems, managing patient expectations and minimising the burden of dental problems on other health care services (e.g. working to prevent unnecessary patients attending at General Medical Practices, other NHS teams and helplines). Dental teams should support other services by providing dental telephone/ virtual consultations when asked, by other healthcare professionals.

Referral Process

Patients can be referred through local pathways (Appendix 8). Please check the local referral information with your Local Health Board COVID lead.

[6] https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/transmission-characteristics-and-principles-of-infection-prevention-and-control

[7] https://www.gov.uk/government/publications/decontamination-in-primary-care-dental-practices

Where the dental condition is life threatening/ cannot be managed safely in primary care, a referral should be made to secondary care.

Notes and Records

Please make detailed records of your telephone/virtual consultations and advice along with, your justification for prescribing (guidance on prescribing for COVID is available in Appendix 1 and best practice for prescribing records is available in Appendix 3).

Reporting

You will be asked to provide reports to the Heath Board on the number of cases that you have managed (numbers of telephone calls, number of cases where advice was given, number of cases where antibiotics / analgesia were prescribed and numbers referred to designated dental centres). You may also be asked about your team in terms of illness and availability for redeployment.

Why do we need to send this information?

This is a new and evolving situation and this information will help us to plan ahead.

Pooling of PPE

A key priority for healthcare at the present time is support for ventilation of people who are severely affected by COVID 19. There is a focus on establishing capacity for as many people as possible.

To minimise the impact of dental services on PPE delivery for other areas, practices with surplus or unused supplies are asked to donate their PPE resources (to Health Board Dental Leads). This only refers to resources that are not in use (in particular masks and face protection visors and goggles) due to reduced skeleton staff arrangements.

Role of Urgent/ Emergency Designated Dental Centre (U/EDDC) Teams

Provide emergency/ urgent dental treatment for cases referred by a dentist because the condition is **Severe** (Figure 1**)** AAA is not appropriate or the patient has not responded to AAA (to preserve FFP3 for frontline use) **and:**

- The patient has confirmed/symptoms of COVID 19
  or
- The patient does not have signs of COVID 19 but the procedure requires/has a high risk of requiring an aerosol generating procedure (AGP)

Acceptance for treatment at U/EDDC

In order to minimise the risks associated dental care:

- Referrals should only be made after assessment and triage by a dentist through an agreed local pathway (Appendix 8);
- Patients should only attend by pre-arranged appointment;
- U/EDDC appointments should be made via a central booking system (Electronic referral/ designated numbers);
- All cases referred for dental care will receive call-back and remote triage by a consultant/ specialist or appropriately experienced dentist at a U/EDDC (via telephone/virtual consultation) in advance of booking any appointment to ensure that the referral is appropriate and all equipment has been prepared in advance.

Reduction of contact time and risk

- Face-to-face contact time should be kept to a minimum, using telephone/ video/ remote consultation (Appendix 4) for as much of the clinical process as possible e.g. clinical history and consultation and note taking so there are no paper notes in the surgery;
- Time and contamination of dental environment should be minimised e.g. patients waiting in the car and going straight into the surgery;
- Appointments should be planned to minimise risk using cohort approaches (e.g. planning timing of care for vulnerable patients to reduce risk and COVID 19 AGPs planned for the end of the day).

Infection Control, Barriers and Personal Protective Equipment (PPE)

- Enhanced infection control measures will be in place for all dental treatment at U/EDDCs;
- Appointments should be spaced for decontamination in accordance with guidance and air clearance[6] for AGPs;
- Recommended PPE should be used for all dental care (Appendix 7);[8]
- Decontamination procedures should be carried out following the latest guidance;[9]

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

[9] https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

- Staff should be fit tested and trained to use PPE (i.e. donning, doffing), with procedures in place to minimise risk;[10]
- Recommended personal protective equipment should be worn that are appropriate i.e. sessional FFP3 for dental surgeries which are used for AGP (Appendix 7).

Minimising Aerosol Risk for All Procedures

- Aerosol generating procedures should be avoided for emergency/urgent treatments wherever possible (Appendix 2);
- Where it is not possible to avoid aerosol generating procedures, measures should be taken to minimise the generation of aerosol for all dental care and keep treatment times short;
- Assessment of treatment options should also include an assessment of aerosol and transmission risks associated with procedures;
- Measures to reduce circulating aerosol (high volume suction and time for air clearance) should be used wherever it is possible to do so.

Referral to Secondary Care

Emergency/urgent patients who have severe conditions that cannot be managed in primary dental care will need to be referred to secondary care team.

[10] https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

Health Board Team Roles

Health boards should work with local dental practices and teams to identify and develop designated centres in accordance with local geography and services and local emergency/ urgent care needs of the population. This will involve:

- Health boards must ensure that 111, local dental helplines and telephone triage are fully operational and that all of the necessary bodies (including doctors, out of hours, NHS and private dentists, other health care professionals and hospital e.g. Maxillofacial and A and E depts) have the correct telephone numbers for dental care;
- Working with local dental teams, as appropriate, to support and enable voluntary participation in the organisation, administration and delivery of care at a designated centre;
- Support redeployment of dental team members to support NHS services;
- Working to pool PPE resources from local dental practices to minimise pressures on other areas the NHS.

Wellbeing for all Healthcare workers

Staff Well-Being for all Dental Team Members

Risk assess dental staff who are in “at risk” groups e.g. elderly, pregnant[11] and those with health conditions[12] which put them at particular risk from COVID[13] and redeploy at-risk staff to duties without patient contact.

Ensure staff inform the practice and follow guidance on self-isolation if they or a member of their household develop symptoms[14].

Where possible, implement measures to support staff well-being[15].

[11] Advice on pregnant healthcare workers 21.03.2020 https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-28-covid19-pregnancy-guidance.pdf

[12] any person aged 70 or older, aged under 70 with an underlying health condition (i.e. adults who should have seasonal flu vaccination because of medical conditions)

[13] https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

[14] https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection

[15] https://leadershipportal.heiw.wales/playlists/view/c0abd55e-92ee-44d2-bcd1-33dd0221d1e3/en/1?options=oHXU%252BPmvHPR07%252FdPJVyiI5sWo5wWqGQ3R4ZWrZU%252B9vn1fRQkuIHkJS3aCF%252F5pPA4NRIUrRdtEhtlc1jVmauiYg%253D%253D

Dr Warren Tolley	Deputy Chief Dental Officer and Dental Director Powys Teaching Health Board
Dr Ilona Johnson	Reader and Hon Consultant in Dental Public Health Cardiff University
Dr Vicki Jones	Clinical Director of Community Dental Services Consultant in Special Care Dentistry Aneurin Bevan University Health Board
Dr Mick Allen	Consultant in Special Care Dentistry Aneurin Bevan University Health Board
Dr Karl Bishop	Dental Director Consultant in Restorative Dentistry PCSDU Swansea Bay University Health Board
Professor Ivor Chestnutt	Professor and Honorary Consultant, Dental Public Health, and Joint Acting Head of School Cardiff University School of Dentistry, Clinical Director University Dental Hospital Cardiff and Vale University Health Board
Dr Catherine Nelson	Associate Medical Director for Dental Hywel Dda Health Board
Dr Robert Davies	Dental Foundation Training Program Director Health Education and Improvement Wales (HEIW) and Primary dental care Covid lead Cwm Taf Morgannwg University Local Health Board
Dr Sandra Sandham	Clinical Director for North Wales Community Dental Service and Director of Dental Public Health Betsi Cadwaladr University Health Board
Dr Nigel Monaghan	Consultant in Dental Public Health Public Health Wales

Appendix 1: Resources and Guidance for Managing Dental Urgent/Emergency Conditions

Guidance for dealing with dental urgent/ emergency conditions is available from the Scottish Dental Clinical Effectiveness Programme team: http://www.sdcep.org.uk/published-guidance/acute-dental-problems-covid-19/

Definitions of Urgent and Emergency Dental Care

The terms urgent and emergency dental care refer to definitions developed by the Wales Emergency Dental Care Steering Group Urgent and Emergency Dental Care definitions V10.

	Emergency	Urgent (including acute dental conditions)	Routine
Definition	Conditions that could pose a significant threat to the patient's general health unless prompt treatment is provided	A condition resulting in severe or worsening pain which is unresponsive to analgesia, or a condition that could lead to significant deterioration in a patient's oral health	Conditions requiring dental treatment but not requiring emergency or urgent care
Recommended treatment location	Typically an Emergency Department ± Oral and Maxillofacial Surgery services	Dental clinic, dental practice, or urgent dental services	Dental clinic / practice

Condition		Emergency/ urgent/routine
Bleeding	Oral bleeding which patient/carer is unable to control with self-care measures	Emergency
	Oral bleeding which responds to self-care measures in a patient with a known coagulopathy or who is receiving anticoagulation therapy	Urgent
	Oral bleeding which patient/carer is able to control with self-care measures	Routine
	Gingival bleeding	Routine
Swelling and infection	Orofacial swelling worsening over a period of a few hours with: evidence of infection spreading towards the orbit or front of neck; or affecting the ability to swallow; or significant trismus; or with signs of systemic sepsis	Emergency *to be seen by Maxillofacial Surgery
	Orofacial infection, no evidence of spreading infection or systemic involvement but likely to exacerbate systemic medical conditions	Urgent
	Orofacial swelling with no evidence of spreading infection or systemic involvement	Urgent
Pain	Severe pain,***>48hrs*** not responding to self-care and appropriate doses and timing of OTC pain relief	Urgent
	Mild to moderate pain, responds to self-care and OTC pain relief	Routine

Condition		Emergency/ urgent/routine
Dental trauma	Dental trauma associated facial/oral lacerations or suspected bone fractures	Emergency *to be seen by Maxillofacial Surgery
	Avulsed permanent tooth (if they can locate tooth)	Urgent (acute)*
	Dental trauma, fractured permanent teeth where a substantial portion (normally a third or more) of the tooth has been lost	Urgent (advise unless involving pulp)
	Dental trauma, mobile or displaced deciduous or permanent teeth	Urgent
	Avulsed deciduous tooth (generally children 4 years of age and under)	Urgent (if not inhaled give advice)
	Dental trauma, no fracture or only a small chip	Routine
Fractured, loose or displaced restorations	Fractured, loose or displaced restorations; crowns, post-crown, bridges or veneers - severe pain, not responding to self-care and OTC appropriate pain relief for >48h	Urgent
	Fractured, loose or displaced crowns, post-crown, bridges or veneers - mild to moderate pain, responds to self-care and OTC pain relief	Routine
	Fractured, loose or displaced restorations, crowns, post-crown, bridges or veneers - no pain	Routine
Other	Dislocated lower jaw	Emergency *to be seen by Maxillofacial Surgery
	Oromucosal ulceration (>2 weeks duration (or with suspicious symptoms?))	Urgent
	Oromucosal ulceration (<2 weeks duration)	Routine
	Broken, fractured or loose fitting fixed orthodontic appliances causing soft tissue trauma or that could otherwise lead to deterioration in a patient's oral health that is not amenable to self-care measures	Urgent
	Fractured, loose fitting or lost dental appliances such as dentures or removable orthodontic appliance	Routine

Adapted from: Wales Urgent and Emergency Dental Care Steering Group Urgent and Emergency Dental Care definitions V10 - *Dr Anwen Cope and Dr Nigel Monaghan*

Appendix 2: Managing patient expectations of dental care during COVID 19

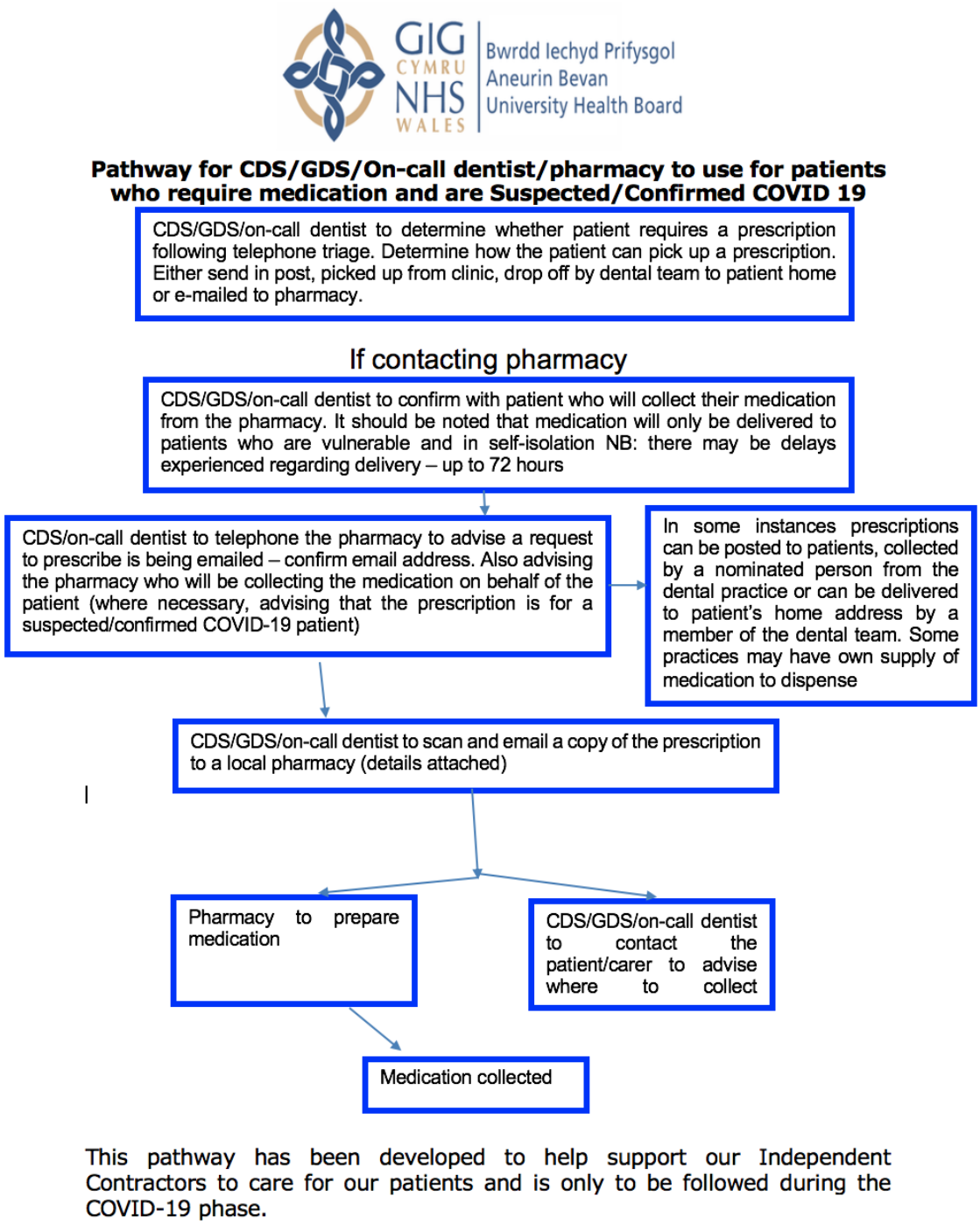
Resources explaining the reduction in available dental services and treatment are available from:

- NHS Direct Wales (who are being supported to lead provision of consistent advice for Wales);
- 111 online help pages;
- Many Local Health Boards have provided this information on social media;
- The BDA: https://bda.org/advice/Coronavirus/Pages/patients.aspx;
- Dental Health Foundation: https://www.dentalhealth.org/Pages/FAQs/Category/coronavirus.

Self-care guides are also available from:

- NHS Direct Wales Symptom Checker Dental:
  - English: https://www.nhsdirect.wales.nhs.uk/SelfAssessments/SymptomChecker/dental/default.aspx?locale=en
  - Cymraeg:https://www.nhsdirect.wales.nhs.uk/SelfAssessments/SymptomChecker/dental/
- NHS Wales Encyclopedia:
  - English: https://www.nhsdirect.wales.nhs.uk/Encyclopaedia/
  - Cymraeg:https://www.nhsdirect.wales.nhs.uk/Encyclopaedia/default.aspx?locale=cy
- The Dental Health Foundation: https://www.dentalhealth.org/Pages/FAQs/Category/coronavirus;

Appendix 3: Prescribing Remotely



Guidance on best practices for prescribing are available from:

http://www.sdcep.org.uk/published-guidance/drug-prescribing/

Appendix 4: Guides, resources and applications for remote dental consultations

Here is:

- a guide written for doctors on how video consultations can be used
- generic advice about video consultations produced by NHSX

Video consultation applications

These should provide equivalent (or better) facilities for remote consultation than standard telephone. They will be similar in terms of GDPR to a regular telephone, provided that you do not record the call or retain images. If you wish patients to send you images on a platform that is not GDPR, you should make the patient aware of this before they agree to use it.

It is important to explain to the patient in advance that

- the consultation will not be recorded,
- this is being used is because of the current extreme circumstances
- this is being done in their best interests

This should be documented. Please do remember personal safety online and also do make a record of your clinical conversation, assessment and advice.

Software/ App	Links
Skype	https://www.centrallondonccg.nhs.uk/media/24178/CLCCG-Cavendish-Skype-pilot-interim-report.pdf
Microsoft teams	https://products.office.com/en-gb/microsoft-teams/group-chat-software
Flemming Accurx (must have NHS email address)	www.accurx.com/covid-19
Whatsapp for business (please note this discloses the phone number you are using)	https://www.whatsapp.com/coronavirus/healthcare/
Zoom	https://zoom.us/
Attend Anywhere	This is currently being used by GPs in Wales and is being rolled out and may become available. demonstration

Remember, if making a video consultation call to ensure that you are not unwittingly displaying any sensitive information

Appendix 5: Risk reduction and aerosol Generation in Dentistry

Aerosols are generated in routine dental procedures and though patient behaviours (coughing and sneezing). Measures should be taken to reduce minimise the risks of transmission of Coronavirus associated with aerosols from all dental procedures.

Principles

- Avoid all aerosol generating procedures.
- Where aerosol generating procedures (AGPs) cannot be avoided take it is essential to take measures/ employ techniques to reduce amount, duration and contamination of aerosol
- It is essential to use recommended personal protective equipment PPE and ensure face protection (e.g. FFP3 mask and visor and appropriate outer garments) when generating aerosols[16].
- Employ measures to remove aerosols which are generated, in particular four-handed dentistry and high-volume suction.
- Decontamination of the environment which must be carried out following recommended decontamination procedures and timings (allowing time for air clearance)[1].

Aerosol Generating Procedures

These are procedures that create aerosols (air suspension of fine(≤5µm) particles)

- Handpieces (turbine);
- Air abrasion;
- Ultrasonic Scaler;
- Air polishing;
- Slow speed handpiece polishing and brushing.
- 3 in 1 syringe.

Procedures that are not considered to be aerosol generating procedures AGP[17]

- Examinations;
- Handscaling with suction;
- Simple extractions;
- Removal of caries using hand excavation;
- Using slow-speed handpiece;
- Local Anaesthesia.

Some non-aerosol generating procedures may increase the risk of aerosol (e.g. stimulate gag reflexes, saliva, sneezing and coughing) and should be either undertaken with additional care with patients who may be prone to this. Alternatives can be considered e.g. using extraoral instead of intraoral radiographs.

[16] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877528/COVID-19_easy_visual_guide_to_PPE_poster.pdf

[17] https://www.yumpu.com/en/document/read/63158133/aerosol-generating-procedures-v2

Appendix 6: COVID Dental Risk Assessment Considerations

All patients should be managed as if they may have COVID 19.

Some procedures which are not deemed aerosol generating may be more difficult than others and may lead to the need for an aerosol generating procedure. Patient related factors and procedural factors may also increase the risk of aerosol generation. It is therefore important to risk assess each procedure to minimise aerosol and transmission risk.

As an example, for a dental extraction factors that **may** be considered in this assessment include:

Dental Extraction	Simple Unlikely to become an AGP examples of considerations	More likely to require AGP
Periodontal Status of the tooth	Mobile tooth >50% bone loss	Non-mobile
Caries/ tooth loss	Complete coronal structure	< 10% crown Extensive caries of coronal area
Tooth	Deciduous tooth Single rooted tooth (incisor or premolar)	Canine or molar tooth
Patient related factors	Young person Race without dense bone structure.	Older adult Race with dense bone structure Strong gag reflex Prone to/ likely to cough Significant behavioural issues which may increase risk.
Operator Skill and Experience	Highly skilled and experienced	Inexperienced dentist

Please note that this list is intended to support decisions and is not designed to be comprehensive or instructive.

If a tooth extraction is attempted, and fails, it may be appropriate to stabilise the area and leave remnants in situ (for retrieval as an AGP at a later date).

When assessing risk, for caries and other dental problems, consideration should be given to:

- location of the tooth
- oral health and dentition
- extent of the lesion and possible complications
- the time taken to carry out a procedure (this should be as short as possible)
- the likelihood of needing an AGP e.g. from pulpal exposure

Options to avoid AGP for the management of caries may include:

- Simple excavation, dressing/ temporisation to stabilise the tooth (potentially leaving caries in situ)
- Atraumatic Restorative Technique (ART)
- Extraction

Treatments offered at a U/EDDC will be limited to reduce risk.

For example, extirpation criteria:

Single rooted anterior tooth (1-3) with a good prognosis in a healthy in-tact dentition.
(Molar endodontics will not be offered)

Appendix 7 Personal Protective Equipment and Reduction of Risk

Personal protective equipment must be worn in accordance with the latest guidance. Dentists and dental nurses working in surgeries in U/EDDCs where AGPs are being carried out should wear FFP3 for the session. Wherever possible, AGPs should be carried out at the end of a treatment session.

Dental practice

Area	Recommended PPE
Waiting Areas	○ Good Hand Hygiene ○ Fluid Resistant Mask
Dental Surgeries non-COVID (Non-AGP area)	○ Good Hand Hygiene ○ Disposable gloves ○ Disposable Plastic Apron ○ Fluid Resistant Surgical Mask ○ Eye Protection (Disposable Goggles or face shield. Where reusable this should be cleaned following manufacturer recommended process)
Dental Surgeries (AGP Area)	○ Good Hand Hygiene ○ Disposable gloves ○ Disposable Fluid Resistant gown (or non-fluid resistant gown and a Disposable plastic apron) ○ Filtering Face Piece (FFP3) respirator ○ Eye Protection (full face shield if FFP3 is not water resistant)

Environment Reduction of risk

Actions that may be taken to support decontamination and reduce risk include:

- Promotion of hand hygiene
- Clearing clutter waiting areas
- Spacing seating in waiting areas
- Regular cleaning with disinfectant of regularly touched areas
- Asking patients to use the bathroom before setting off to avoid contamination of areas
- Preparing clinical areas in advance (no opening of drawers)
- Not putting tips on the 3 in 1 to prevent accidental habitual use

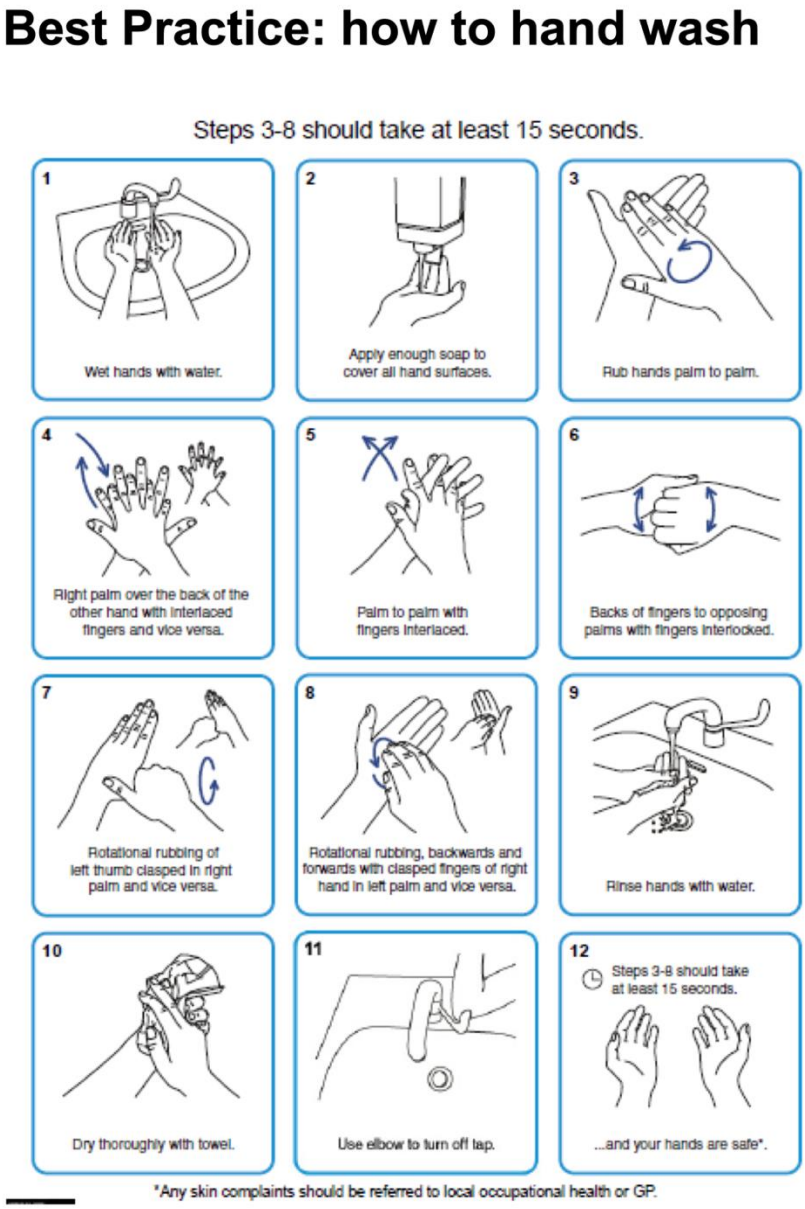
Decontamination

- Training and use of correct procedures for donning and doffing of PPE to prevent contamination[18] (videos for donning and doffing)
- Use of a spotter/ buddy for doffing

[18] https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

Hand Hygiene

Correct use of hand hygiene is essential.[19]

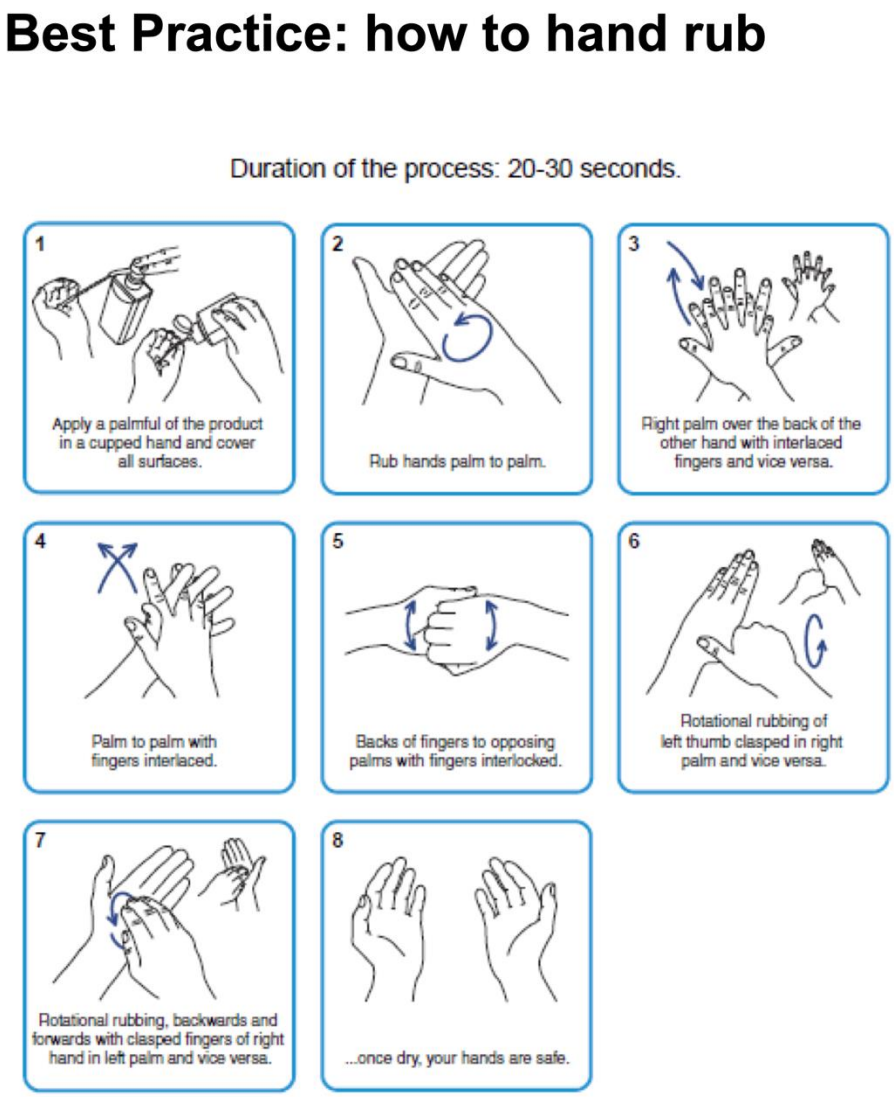


From: COVID-19. Guidance for infection prevention and control in healthcare settings

Video demonstration from WHO
https://www.youtube.com/watch?v=3PmVJQUCm4E

[19]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best_Practice_hand_wash.pdf

Alcohol rub[20]



From: COVID-19. Guidance for infection prevention and control in healthcare settings

Video demonstration from WHO https://www.youtube.com/watch?v=ZnSjFr6J9HI

[20]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877529/Best_Practice_hand_rub.pdf

Appendix 8: Designated Dental Site locations

Area	**How to access triage**
Hywel Dda UHB	Electronic referral 111
Powys	Electronic referral 111
Swansea Bay	Electronic referral 111
Aneurin Bevan	Electronic referral Dental Helpline for in hours and OOH patient contact 01633 744387 GDS dentists to contact 01633 488736 weekdays
BCUHB	Electronic referral 111 0845 4647
CTM UHB	Electronic referral **Rhondda Cynon Taf & Merthyr Tydfil patients** Patients only Weekday 01443 680166 and 01443 680168 Out of Hours: 0300 1235060 **Bridgend patients** 111 Daytime & Out of hours
Cardiff and Vale	Electronic referral Out of hours and via hub. 02920444500