OCDO
OFFICE OF CHIEF DENTAL OFFICER ENGLAND

NHS

Standard operating procedure
Transition to recovery

A phased transition for dental practices towards the resumption of the full range of dental provision

This guidance is correct at the time of publishing but may be updated subsequently to reflect changes in advice as necessary.

Please use the hyperlinks to confirm the information you are disseminating to the public is accurate. The document is intended to be used as a PDF and not printed: weblinks are hyperlinked and full addresses not given.

The latest version of this guidance is available **here**.

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Section 1: Key Principles of Safe Practice

In the evolving context of the COVID -19 pandemic, the advent of population level vaccination and lifting of some public health measures the following principles of safe practice and risk management remain:

- **Robust infection prevention and control procedures** in line [with government advice](#) for healthcare settings.
  - See the [Dental Appendix](#) to COVID-19: Guidance for the remobilisation of services within health and care settings- Infection prevention and control recommendations including:
  - Use of social distancing, optimal hand hygiene, frequent surface decontamination and ventilation.
  - PPE protocols based on high/medium/low risk patient pathways and AGP/non-AGP care.
    - PPE remains (available for NHS dental care) via the PPE portal [here](#)
  - Use of face coverings in primary and community healthcare settings – [here](#), and hospital settings – [here](#).

Dental teams should continue to undertake remote risk assessment and triage of all patients, prior to patients attending the practice, to inform care planning.

Resources for Messaging to Patients and Staff

https://coronavirusresources.phe.gov.uk/

Section 2: Approaches for Service Planning and Delivery

Principles:

Continuing the safe and effective restoration of clinical activity and capacity. Delivery to include the full range of treatment options:

- o Urgent and Routine care
- o Primary dental care providers may carry out both non-Aerosol Generating Procedures (AGP) and AGP care, subject to availability of the appropriate PPE and in line with infection prevention and control guidance, including post-AGP downtime requirements.

All patients may be offered face-to-face dental care in the dental practice with:

- o All dental care providers prioritising the urgent dental care needs of their existing patients and accepting referrals/new patients seeking urgent dental care.

- o Prioritisation of patients with the greatest clinical need, attending to incomplete care plans and re-calling those with oral health needs that may have increased, developed or gone unmet during the pandemic eg children, high oral disease risk, those patients whose oral health impacts on systemic health and those who have been through stabilisation and need review.
  - o This includes actively reaching out to high needs dental patients and vulnerable groups most at risk of avoidable dental disease.

Dental practices should ensure patients have clear information about how to access dental services; this information should be made available in accessible formats to all patients, including those who do not have digital access and those for whom English is a second language.

Reduced access to dental care may disproportionately affect certain patient groups and this should be mitigated as far as possible; some examples of the impact on health inequalities and inclusion groups can be found in Section 4.

Receptions should be open to patients to come in and book appointments, while following social distancing measures. This is to avoid disadvantaging patients with poor access to phones or other devices.

If practices are aware that a patient/patient group has specific access needs, these should be addressed by the practice as far as possible and this information should be passed on in any referrals. If patients need extra support to access remote consultations (eg access to phone/IT), raise this with the local commissioner and/or local authority.

Dental teams should continue to undertake remote risk assessment and triage of all patients, prior to patients attending the practice, to inform care planning. The risk assessment should include determination of the following:

- o The patient's COVID-19 risk status and associated care pathway (high/medium/low risk), as described in the Dental Appendix to Government Infection Prevention and Control guidance
- o Whether the patient is at increased risk from COVID-19 or clinically extremely vulnerable (CEV)
- o Consideration should also be given to risk assessing persons who are accompanying patients to an appointment (e.g. parent/carer of a child patient).

Additional considerations:

- Treatment for **patients on the high-risk pathway** should be restricted to **urgent care only** (see the Dental Appendix to Government IPC guidance)**. Where necessary these patients may attend for face-to-face urgent care at any dental service but they must be separated in time or place from other patients.** Routine care should be deferred.

- **Patients who are clinically extremely vulnerable (CEV)** should be identified as part of remote risk assessment. They may be seen for dental care in the same way as other patients.

  - For most CEV the risk of COVID-19 infection (and therefore having a serious outcome) will now be considerably reduced as a result of the vaccine programme. However, some patients may still wish to continue to take extra precautions to keep themselves safe, even after they receive both doses of the COVID-19 vaccine.

  - Dental practitioners should ensure that the triage and risk assessment includes confirmation of vaccination status and patient wishes.

- The latest government guidance for clinically extremely vulnerable people is here, including information on supporting those that remain at higher risk, i.e. the immunosuppressed, some renal patients and those with haematological cancers.
  - Where clinical risk remains for this cohort of patients, without compromising the requirement for access to care in an appropriate timescale, additional physical and temporal separation measures should be taken for these groups.

- When care planning, shared decision making is important to weigh up the benefits of dental treatment against exposure risk, and plan care in the patient's best interests.

- The patient's GP or wider health and social care professional(s) may be consulted to plan care as necessary, taking into account overall care needs, medical history and exposure risk, as is usual practice.

Treatment Planning - face-to-face care

Treatment planning will need to be guided by care pathways outlined in the IPC Guidance Dental Appendix, with reference to the categorisation of dental procedures according to aerosol production which is available at SDCEP-Mitigation-of-AGPs-in-Dentistry Table 3.1 of section 3 page 10.

Treatment planning with a focus on stabilisation should be delivered in line with the principles outlined in the Avoidance of Doubt: Provision of Phased Treatments and complemented with a strong focus on prevention of disease progression, including periodontal management, oral health prevention including fluoride applications (ie Delivering Better Oral Health).

Further tools, information and guidance which dental teams may use to support the delivery of face-to-face dental care in line with this SOP and UK IPC guidance is available, for example:

- Via the Scottish Dental Clinical Effectiveness Programme's website – found here.
  - This includes a summary of currently available information on ventilation – found here. This document is not guidance but provides information about ventilation under several headings.

- Dental Fallow Time Calculator – found here.

Domiciliary dental services (including delivery in residential care settings)

For domiciliary dental care (e.g. care home, patient's own home), where the COVID-19 risk assessment for the care setting deems it appropriate, resumption of the full range of domiciliary dental services (including routine and urgent care) to all relevant settings is recommended, particularly to support groups at high risk of oral disease (e.g. care home residents, people shielding, people who are housebound).

Where possible AGPs should be carried out in the dental surgery. In domiciliary settings, AGPs should only be undertaken for patients identified as being on the low risk COVID-19 care pathway (care pathways defined in the Dental Appendix to UK Infection Prevention and Control (IPC) guidance). IPC guidance should be followed for all care undertaken in a domiciliary setting. Patients on the medium/high risk COVID-19 care pathway, who require care involving an AGP, should be supported to receive that care in an appropriate clinical dental setting.

In delivering domiciliary dental services, the following should be taken into account:

- Local policies and arrangements may vary depending on local transmission rates, outbreaks and wider COVID-19 recovery plans.

- Care should be provided in line with the care home COVID risk assessment (as the extent to which domiciliary care will be appropriate will vary from home to home)

- Undertake remote risk assessment of domiciliary patients, including determination of patient care pathway (high/medium/low risk) as per UK IPC guidance, to support care planning, appointment scheduling and PPE.

- Undertake pre-visit COVID-19 risk assessment and testing of dental teams

  - Visiting dental team members should not enter a domiciliary or residential care setting if they are COVID-19 positive, or awaiting a COVID-19 test result, or symptomatic, or isolating, or in quarantine.

  - As well as undertaking their own risk assessment, dental teams should be part of a risk assessment by the care home/home-care team.

  - The default position is that visiting dental team members should not enter a domiciliary or residential care setting without proof of a negative PCR test (or lateral flow test if it is in line with the testing regime for NHS staff) within the last 72 hours . In an emergency situation a rapid lateral flow test may be undertaken at the door prior to entry (in line with the appropriate risk assessments).See guidance on testing for professionals visiting care homes here.

- Further guidance on care home visiting to reduce the risk of COVID-19 transmission is found here

- Liaise with individuals and local teams for advisory and planning purposes as appropriate, such as: local Health Protection teams, local Dental Public Health/PHE, local commissioning team, Local Dental Network/Managed Clinical Network, residential care setting teams, patient and health and social care professionals involved in patient's care (e.g. GP, carer).

Urgent Dental Care (UDC)

Regional UDC systems are to be maintained in a way that is agile enough to respond to population need or any re-imposition of local containment measures.

All practices should be accepting urgent dental care presentations and/or referrals from NHS 111. In addition, some dental providers will have arrangements with their local commissioning team to provide additional UDC services for their locality (e.g. if they are operating as a designated Urgent Dental Care Centre). Local arrangements will vary, and practices should ensure that they are fully acquainted and complying with the local contractual expectations and/or pathways.

All practices are expected to provide additional support to the local UDC system if necessary, e.g. in the event of a local outbreak.

COVID-19 service continuity

Dental practices should review their business continuity plans to ensure arrangements are in place to minimise the impact of a local incident on services. This should include scenarios that could temporarily disrupt delivery of services from practice premises or disrupt staff availability (e.g. local outbreak; case(s) of COVID-19 in practice). Plans should consider high levels of staff sickness and self-isolation, call handling, staff and patient communication and, ultimately, denial of access to premises for staff and patients.

Business continuity arrangements should recognise the opportunities to maintain patient services through remote working, collaboration with other local dental providers, and integration with the local Urgent Dental Care system. Using clinical judgement and experience of recent months, dental teams may need to consider how to prioritise their workload to deliver the best possible care to their patients.

In the event of COVID-19 impacting the delivery of services, practices should:

- Inform their local commissioner in line with local reporting/escalation processes
- Be aware of, and follow, any local containment plans or additional precautions instituted by national direction or local systems (e.g. Local Authorities; Regional NHS England commissioning teams; Local Health Protection/PHE)
- Communicate service changes to patients

Section 3: Supporting the Dental Team

COVID-19 vaccinations

Since January 2021 all members of the dental team who have contact with patients, including both dental professionals and non-clinical staff (e.g. reception teams, domestic staff), have been eligible for the COVID-19 vaccination. Most dental staff will have been doubly vaccinated in line with the expectation that healthcare workers fulfil their duty of care towards their patients in taking all reasonable precautions to protect themselves and their patients from communicable diseases. For those who have not yet been vaccinated please book a vaccination appointment online here (or by calling 119 if online booking is not possible).

Maintaining Staff Risk Assessments

To safeguard the health of their staff and minimise the risk of infection, it is essential that all dental practices regularly review risk assessments for all their staff (clinical, administrative and domestic staff), recording discussion with team members and the agreed actions.

Further information is available in the Health and Safety Executive's working-safely-guide.

Further guidance is also available through:

- NHS Employers: risk assessments for staff – here
- Risk reduction framework for NHS staff at risk of COVID-19 infection – here.

Staff at increased risk from COVID-19

These staff, including Black, Asian and minority ethnic staff and pregnant women, should be risk assessed so that appropriate measures are put in place to minimise exposure to risk and support safe working. Risk assessments should be updated in light of changes to individual staff circumstances or local risk of COVID-19. Support from Occupational Health may be required.

- The government has published guidance for pregnant employees.

Staff with symptoms of or exposure to COVID-19

Staff with symptoms of COVID-19 should stay at home as per advice for the public. Staff who are well enough to continue working from home should be supported to do so. If staff become unwell with symptoms of COVID-19 while at work, they should put on a surgical face mask immediately, inform their line manager and return home.

Staff notified as contacts

The updated government guidance for healthcare workers (HCW) , includes information on staff exposure to COVID-19, testing, guidance on HCW identified as contacts, Test and Trace and return to work criteria. Advice is available on how and when staff should pause use of the NHS COVID-19 contact tracing app.

Staff testing

Symptomatic staff can access PCR testing via the GOV.UK website (or call 119) and should identify themselves as essential workers. Further information on how to arrange for a test can be found in the COVID-19: getting tested guidance.

Lateral flow antigen testing has been rolled out in primary care for **asymptomatic** staff delivering NHS services in England. The latest information and guidance on lateral flow antigen testing in primary care can be found here. Patient-facing primary care staff are asked to test themselves twice weekly and report their results to Public Health England (PHE), via the NHS Digital online platform. Please be aware that it is a statutory requirement to report all results, including negative, positive or void. FAQs for primary care are also available, as well as a brief guide for staff on how to self-administer the tests.

Information about the COVID-19 **antibody testing programme** can be found on the GOV.UK website.

Resilience: supporting the workforce

<mark>Despite the change in guidance for the general population, the dental practice remains a high-risk healthcare setting for COVID-19. To manage risk and prevent transmission there remains a necessity for social distancing measures in staff areas/facilities, consideration of measures such as staggering breaks and limited use of changing areas/rooms to single occupancy at any one time.</mark>

To ensure that staff are working safely, refer to COVID-secure guidelines and the Health and Safety Executive's working safely guide. The pace of the clinical day should be reviewed in order to accommodate regular breaks and rest periods.

The following **mental health and wellbeing resources** are available to staff:

- NHS Employers has resources to support staff wellbeing during the COVID-19 pandemic here and NHS Looking After You Too
- The World Health Organization has published WHO Mental Health Considerations During COVID-19.
- MIND UK and Every Mind Matters have published specific resources in the context of COVID-19.
- NHS Practitioner Health has developed frontline wellbeing support during COVID-19.
- BDA members can find further information about access to counselling and emotional support here.
- Domestic abuse helpline here.

Practice Team Responsibilities

Practices should **maintain** a COVID-19 lead (and deputies if necessary) to ensure:

- <mark>Practice has the latest information relating to COVID-19 through official updates, alerts and communications including:</mark>
  - <mark>CAS alerts from MHRA</mark>
  - <mark>NHS dentistry and oral health bulletin https://www.england.nhs.uk/email-bulletins/dentistry-oral-health-update/</mark>
  - <mark>Bulletins from local and national NHS Primary Care Commissioning</mark>
  - <mark>Updates to infection prevention and control guidance</mark>

- A single point of communication with Regional NHS England and NHS Improvement commissioning team (for information cascade), Local Dental Network and Local Dental Committee.

- The development and implementation of practice policies and procedures.

- Audit of COVID-19 cases and COVID-19 related significant events within the practice (staff and patients), log of lessons identified with documentation to evidence lessons learnt and implemented

- Queries are directed to local infection control teams and dental practice advisors (DPAs).

- The Regional commissioning team is informed of service status if operations are affected by the pandemic (e.g. in the event of a local outbreak) so the Directory of Services can be kept up to date.

- Contact and connections with the local UDC system are maintained

Health Education England e-Learning for Healthcare has maintained an e-learning programme in response to the COVID-19 pandemic that is accessible for the entire UK health and care workforce here.

Section 4: Health inequalities and inclusion health

Oral health inequalities remain a significant public health problem in England as reported by PHE (19 March 2021). PHE identify a range of barriers to NHS care at individual, societal and policy level which include costs, lack of availability of services and services not commissioned to meet local needs.

The existing oral health inequalities have been compounded by COVID-19. The pandemic continues to have a disproportionate impact on certain sections of the population: older people, people living in deprived areas, BAME groups and vulnerable groups. The long-term economic impact of the pandemic is likely to further exacerbate oral health inequalities.

At a practice level, an awareness of the need to target time and access at those in greatest need is an enduring tenet. However, during the pandemic some vulnerable/high needs patients may have been displaced out of area and/or relocated into your area due to measures applied by local authorities. These include homeless people, travellers, migrants/refugees and looked after children. Ensuring availability and flexibility in access to meet the needs of these patient groups is a continuing expectation. Advice on dental care for refugees and migrants has been published by PHE .

Dental practices continue to play an important role, working with voluntary and community organisations, to make sure those who are most excluded are signposted to their care. With flexible commissioning; practices are being encouraged to adopt a range of contractual options designed to increase access and deliver interventions focussed on the local oral health inequality needs.