Strategic Programme for Primary Care
- 24/7 Model Work Stream

Primary Care Dental Services COVID-19 Toolkit

22 April 2020

Main content from:

All Wales Clinical Dental Leads COVID-19 Group – "Red Alert Phase Escalation" document (Final v1.01 03.04.2020). https://www.dental-referrals.nhs.wales/wp-content/uploads/2020/04/2020-04-03-Red-Alert-Phase-Escalation-PDF.pdf

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Executive summary

This toolkit compiles information that has so far been released and offers guidance and supporting information to enable the continuity of services by dentists at this unprecedented time of pressure. The bulk of the information used in this toolkit is contained in the "Red Alert Phase Escalation" document provided by the All Wales Clinical Dental Leads COVID-19 Group v1.01 03.04.2020 (available at: https://www.dental-referrals.nhs.wales/wp-content/uploads/2020/04/2020-04-03-Red-Alert-Phase-Escalation-PDF.pdf) which has been adapted into the toolkit format.

Whilst we hope that this toolkit will be useful in providing guidance, it is important to acknowledge that this should not be taken as a blueprint for the continuity of services for dentist. This information should be used in conjunction with each team's business continuity plan and should be seen as offering complementary or supplementary guidance only.

It should also be noted that the situation is very fast-moving, and plans are evolving at pace, so this document provides only a snapshot of the current situation (as of 22 April 2020). For the latest information please see the links below:

- Health Education and Improvement Wales: https://heiw.nhs.wales/covid-19/
- NHS Wales Dental Referral Management System: https://www.dental-referrals.nhs.wales/dentists/covid/
- Public Health Wales https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/

Introduction

On the 17th March a letter was sent to all dental practices in Wales from the Chief Dental Officer. It was becoming clear that providing routine dentistry 'as normal' was no longer sustainable given the 4 x UK CMOs issued a letter on 13th March stating that Aerosol generating procedures (AGPs) needed to be scaled back. AGPs are frequent daily occurrences in routine dental care and needed avoiding in the delay phase of COVID-19 infection. In addition, people in vulnerable groups (older people and those with underlying health conditions) needed to reduce close personal contact that would occur in waiting rooms and surgeries.

Dental practices and services were experiencing growing numbers of DNAs and cancellations. We needed to take action to protect the public and dental teams and moved to implementing the AMBER phase of the pandemic plan. There was also a need to establish, equip and staff Urgent Dental Care centres across Wales to cover every health board population. Amber is a key dynamic phase between green (normal working with identification of potential coronavirus cases) and Red (when only urgent dental care will be provided). In this earlier stage, practices were able to deliver some routine dental services to patients but were asked to focus on stabilising mouths to delay patients experiencing problems.

On 23rd March 2020, a further letter was sent from the Chief Dental Officer at Welsh Government declaring a 'COVID19 Red Dental Alert Level', meaning dental services need to contribute to the national effort to reduce the spread of COVID-19 and its impact on the population. 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.

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;
- Ensuring 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).

Using as a base the information contained in the Red Alert Phase Escalation document provided by the All Wales Clinical Dental Leads COVID-19 Group v1.01 03.04.2020 (https://www.dental-referrals.nhs.wales/wp-content/uploads/2020/04/2020-04-03-Red-Alert-Phase-Escalation-PDF.pdf), this toolkit provides guidance on the roles of general practice teams, Urgent/ Emergency Designated Dental Centre (U/EDDC) Teams and of health boards.

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 COVID-19[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.

[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.

[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).

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.

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 not be seen face-to-face in general dental practice are:
    - Patients with confirmed/symptoms of COVID-19 (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)
    - Routine dental problems

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

Minimising contact

- 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 (PPE)

- Personal protective equipment should follow the most up to date guidance (see section on PPE on page 12).

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 (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 are spaced in time (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/transmission-characteristics-and-principles-of-infection-prevention-and-control)
- Examples of higher risk individuals includes:
    - Older people
    - People with health conditions that put them at risk
    - Pregnant women
    - People living in institutions (e.g. residential care and prisons)
- Use recommended disinfection processes before and after care as appropriate to minimise risk (https://www.gov.uk/government/publications/decontamination-in-primary-care-dental-practices)
- 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. See box below for examples.
- 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.

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 hours
    - 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.

Referral process

- Patients can be referred through local pathways (Appendix 8). Please check the local referral information with your Local Health Board COVID lead.
- 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 for AGPs (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/transmission-characteristics-and-principles-of-infection-prevention-and-control)

- Recommended PPE should be used for all dental care (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe)
- Decontamination procedures should be carried out following the latest guidance (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 (https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures)
- Recommended personal protective equipment should be worn that are appropriate i.e. sessional FFP3 for dental surgeries which are used for AGP (See the section on PPE on page 12 of this document).

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.

Personal protective equipment (PPE) and reduction of risk

Personal protective equipment (PPE) 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 (https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures):
  - videos for donning: https://youtu.be/kKz_vNGsNhc
  - video for doffing: https://youtu.be/oUo5O1JmLH0
- Use of a spotter/ buddy for doffing.

Hand hygiene

- Correct use of hand hygiene is essential.
- Instructions on best practice for hand washing and use of alcohol rub are available (Appendix 7).
- Instructional videos have also been published by the World Health Organization:
  - Hand washing: https://youtu.be/3PmVJQUCm4E
  - Alcohol rub: https://youtu.be/ZnSjFr6J9HI

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;
- Ensure UDCs have appropriate and maintained supply of PPE for AGPs
- 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.

Staff well-being for all dental team members

- Risk assess dental staff who are in “at risk” groups and redeploy them to duties without patient contact.
- Examples of those who are deemed “at risk” include:
    - Elderly
    - Pregnant (Advice on pregnant healthcare workers 21.03.2020: https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-28-covid19-pregnancy-guidance.pdf)
    - Those with health conditions (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 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)
- Ensure staff inform the practice and follow guidance on self-isolation if they or a member of their household develop symptoms (https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection).
- Where possible, implement measures to support staff well-being (https://leadershipportal.heiw.wales/playlists/view/c0abd55e-92ee-44d2-bcd1-33dd0221d1e3/en/1?options=oHXU%252BPmvHPR07%252FdPJVyiI5sWo5wWqGQ3R4ZWrZU%252B9vn1fRQkuIHkJS3aCF%252F5pPA4NRIUrRdtEhtlc1jVmauiYg%253D%253D).

Financial support

Information taken from a letter titled “COVID-19 business continuity and financial support for dental practices providing NHS services” from the Welsh Government Chief Dental Officer dated 26 March 2020. Sent to Primary Care Dental teams, British Dental Association Wales, Health Board Directors of Primary Care, and Directors of Finance.

Financial support 2019-20

As outlined in my earlier correspondence, to support practices during the initial stages of the COVID-19 outbreak, the flexibility for the 2019-20 financial year is for up to 4% of activity being available if needed. Up to 4% (of UDA activity) can be credited where this flexibility is needed toward meeting 100% of the contract target.

The same flexibility is applied whether the practice has performed at 85% or 95% of contracted activity in 2019-20 - they get 4% added. If the 4% does not bring the practice to 95% then recovery of the under achieved amount is an option for the Health Board to consider. If a practice achieves say 98% of contracted activity then they would receive 2% to take them to 100%.

This flexibility is to recognise some practices will struggle to meet 100% activity targets due to the current COVID-19 situation through staff absences, cancelled appointments etc., to help provide assurance and support to practices, and ensure contractual payments take this into account.

We are working with NHS Business Services Authority on the detail of the year end reconciliation which will take into account the 4% flexibility. For contracts delivering between 95% and 100% in 2019-20, after the 4% ‘credit’ is taken into account, there remains the ability to carry forward activity to 2020-21.

Financial support 2020-21

To fund dental practices at an appropriate level during the disruption caused by the spread of COVID-19, a number of options and proposals were considered and evaluated to reach a fair and equitable agreement. This included the formula which forms part of the consideration of the Review Body on Doctors’ and Dentists’ Remuneration recommendations used in agreeing the uplift in contract values for General Dental Practitioners. This is reproduced below.

Income	53.3%
Staff Costs	18.3%
Laboratory Costs	6.5%
Materials	7.0%
Other Costs	14.9%
	100.0%

The final decision is to fund all practices at a level of 80% during the period of disruption to ensure all staff can be paid at previous levels while allowing an additional element for on-

going practice expenses. We will continue to make monthly payments to all practices equal to 80% of their current NHS annual contract value. Initially this is for 3 months (April to June 2020) but will be kept under review as the situation regarding the pandemic develops. We are aware of the range of contractual models and differing methods of payment to associates and other staff. However, there is a need to adopt a pragmatic 'once for Wales approach'.

Units of Dental Activity/Units of Orthodontic Activity monitoring will be suspended at this time. During this period Health Boards, NHS Business Services Authority and Welsh Government will also consider the position regarding reconciliation of payments to help inform the approach for the period from July 2020. This will include any adjustment to take account of 2019-20 year end performance but this would not be impact on any payments before July.

In terms of the Innovation Fund if the original bid was for taking on an additional member of staff, increasing/changing their roles, or increasing their time, then payment will continue.

It is acknowledged the funding support offered is not at full contract value but does reflect wider UK and Welsh Government support available. Although other expenses in the practices such as materials, heating and electricity bills will be reduced at this time we acknowledge that there will be a financial impact on practices. This is lower in comparison to some of the impacts experienced in other industries.

The collection of patient charges will be impacted by the disruption and the measures we have had to put in place to slow the spread of COVID-19. As the revenue from patient charges part funds NHS dentistry the reduction in charges needs to be considered as part of the total funding package.

Conditions and expectations of funding

In receiving this level of support during the initial three-month period, Welsh Government have agreed a set of principles that practices and services are required to adhere to. Provider compliance to these expectations will be monitored by Health Boards and the funding could be adjusted if the intended purpose is not followed.

Welsh Government recognises these circumstances are exceptional, and as such certain conditions are necessary for providing this funding:

- Payment representing 80% of the total NHS contract value will be made for the first 3 months of the 2020-21 financial year (April-June).
- This will be done on the understanding all staff in post in March 2020, including associates, non-clinical and others, will be retained and their pay will be protected at previous levels to reflect their NHS work, with no redundancies being made.
- Practices will remain 'open for contact' and will commit to providing Health Boards with details of activity every fortnight. Please provide a log on: the number of phone calls received; the number of occasions a dentist gave remote advice; the number of

prescriptions made; the number of referrals to the urgent/emergency centres; and the number of instances where a patient was assessed or treated.

- Practices need to ensure a dentist is available, during normal practice opening hours, to give telephone advice and direction to patients including remote prescriptions. Receptionists and/or DCPs can be utilised to triage general information calls and to arrange a call back from the dentist but they should not be used to give clinical advice to patients reporting dental problems. This telephone contact and advice can be organised with neighbouring practices to allow for staff absence and sickness in their households, including self-isolation.
- Practices may need to undertake certain urgent treatments for patients that do not have any symptoms of COVID-19 and that cannot be delayed but these should be kept to those which are absolutely essential and as few as possible. (The majority of urgent/emergency treatments will be in the special centres being set up).
- Practice staff may also be asked by their Health Board to assist in the provision of services at the Urgent/Emergency dental care centres or to undertake other tasks to assist the wider NHS.
- During April-June 2020 all contract holders will receive the same level of support - monthly payments based on 80% of the annual NHS contract value plus Innovation Fund payments where appropriate. However, there will be a need to consider adjustment to contract payments, to reflect end of year reconciliation and performance in 2019-20, in agreeing payments from July 2020 onward.
- Practices will cooperate to ensure sufficient cover for emergency work is provided to Health Boards. This will include staff and resources being shared between practices.
- Practices are advised to consider paying a stipend or retainer is paid to labs based in Wales that is proportionate to their level of supply of NHS lab work to the practice.

Practices benefiting from continued NHS funding will not be eligible to seek any wider UK or Welsh Government support which could duplicate the assistance outlined in this letter. However, it is acknowledged that practices may seek other sources of support to cover their non-NHS business.

Redeployment of the dental workforce in Wales in response to COVID-19

Background

- This section describes the key considerations and principles underlying redeployment of the clinical dental workforce in Wales.
- It has been prepared by the Welsh Government (Dental Branch) working in conjunction with Health Education and Improvement Wales.

Version: 1.0 20th April 2020

Changes from previous version: None

Principles of the Welsh model: The following describes the principles that underpin the Welsh response to redeployment for dental teams.

1. NHS dental practices across Wales are continuing to maintain remote telephone contact with patients and see triaged patients for urgent care that cannot be delayed involving non-Aerosol Generating Procedure (AGPs).

2. Each Health Board has established Urgent Dental Centres (UDCs) for COVID patients and all patient requiring urgent dental care that cannot be resolved with (Advice Analgesia and/or Antibiotics) and may involve AGPs.

3. This model provides Wales with the flexibility to draw on capacity in the dental workforce to continue to adapt to the changing requirements of the COVID response.

4. ***Redeployment for the clinical dental workforce is voluntary***, given the need to maintain the current service model in the NHS and the capacity to manage surge in UDC support, when required.

5. This model provides flexibility in the NHS response to COVID-19 and will help to mitigate pressures on NHS111, the UDCs and avoid attendance at A&E departments or admissions as hospital in-patients due to severe head/neck/floor of mouth swelling.

6. Prior to volunteering, dental team members from dental practices with NHS contracts should discuss their wish to redeploy with their practice owner. Their discretion should be based on their ability to deliver to the current service model provided across Wales detailed in #1 (this provision should not be put at risk).

7. Volunteers from other sectors and private/mixed dental practices will have sought approval from their line manager, as appropriate, to ensure current levels of service can be maintained (e.g. UDCs).

8. Redeployment of the clinical dental workforce will be managed (locally by their local Health Board). As such, induction, roles, the provision of PPE, contracting and payment

(where usual income is not maintained through NHS contract financial support) will be managed by the Health Board and will remain their responsibility.

9. A list of dental team members and potential clinical duties are provided in Appendix 9. This list covers the majority of the dental team, but there may be some staff that are not covered and these have been asked to complete one of the generic roles in the COVID HUB system.

10. Health Boards must ensure that volunteers work to the limits of their competency and training, in accordance with the General Dental Council guidance. The GDC is supportive of dental teams being redeployed and working in non-dental settings during the COVID crisis and further guidance can be found on their website.

11. Health Boards must ensure that redeployed volunteers have an Honorary contract in place to provide them with crown immunity.

12. Health Boards should discuss any financial arrangements with those who volunteer before commencement of their duties. It should be noted that those who work wholly for the NHS will already be financially supported as NHS dental contract holder is receiving 80% of their current contract value to ensure team member usual NHS income is maintained).

13. Health Boards can find further information on dental competencies and on-line training resources from Health Education and Improvement Wales (see https://dental.walesdeanery.org/).

COVID Hub Wales

- Redeployment across Wales is being managed by the COVID Hub.
- You can access the hub at www.covidhubwales.co.uk and the process is as follows:
  1. Use the search bar at the top of the page to search by either preferred travel distance, or job role;
  2. Choose a locality you want to work within (or a specific role - if advertised) and click on register your interest;
  3. Register as a user to create a profile;
  4. Complete the interactive registration form and submit (**please ensure that you indicate your role in the dental team in the on-line form**); and
  5. You will receive confirmation of your registered interest.
- Once you have submitted your form via the COVID-hub, your local Health Board will contact you directly for an interview.

Conclusion

Primary care dental services are faced with an unprecedented challenge to provide urgent dental care services in a fast-changing environment.

There is an expectation on primary care dental services, practices and clusters to work collaboratively to establish the best patient journey to achieve the best possible outcome for patients who are experiencing dental problems at this time.

This toolkit compiles information and guidance with supporting information to enable the continuity of contact for patients with primary care dental services and access to urgent dental care at this unprecedented time of pressure. Practical tips and templates have been included to help navigate through the process.

It should be noted that the situation is very fast-moving, and plans are evolving at pace, so this document provides only a snapshot of the current situation (as of 22 April 2020).

Planning for de-escalation (RED alert phase to heightened AMBER phase) of the pandemic plan for dentistry is already under consideration and will be available in preparation for lock-down relaxation. In addition, regard is also being given to challenges facing dental services going forward.

Appendices

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

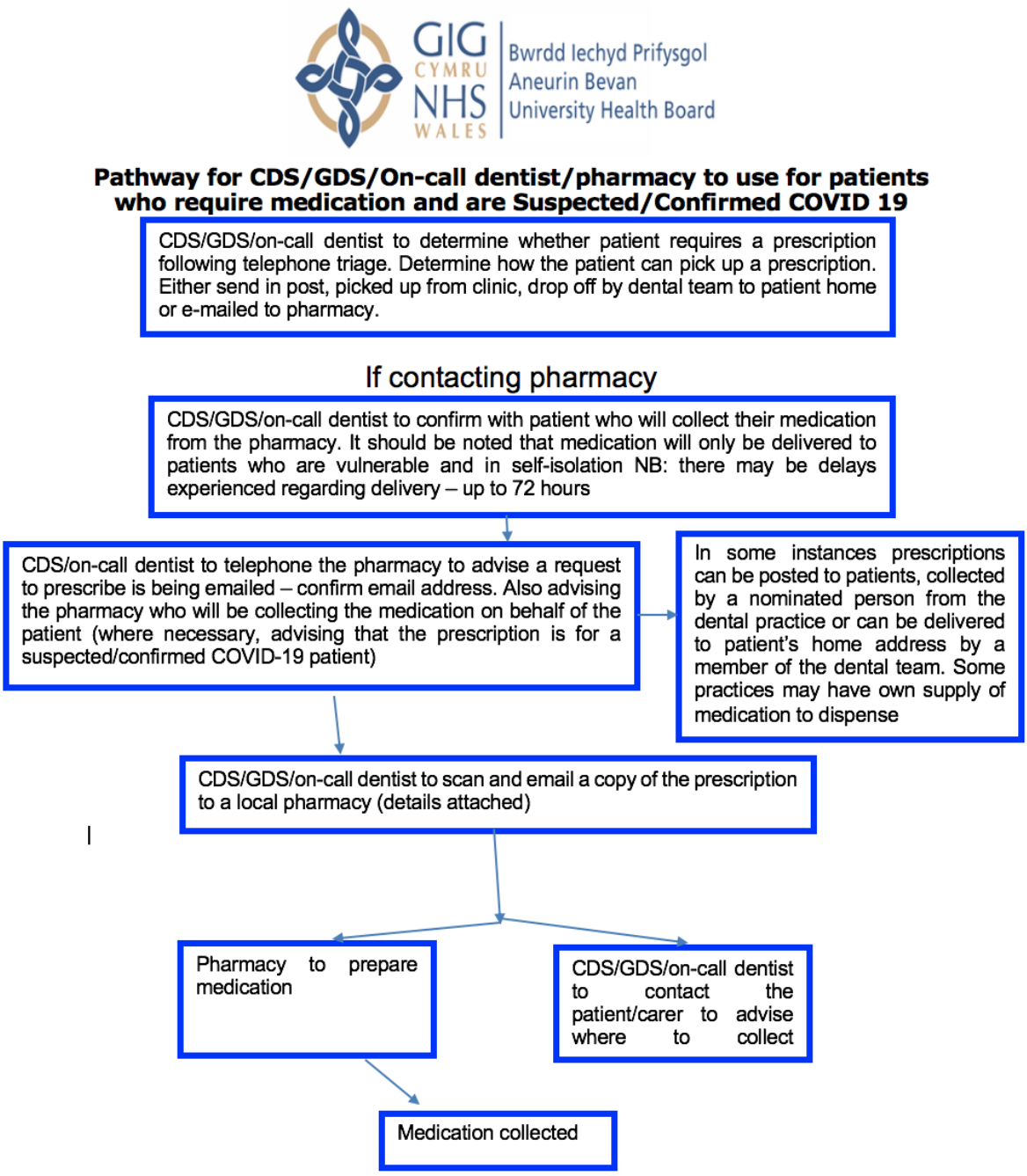
Resources explaining the reduction in available dental services and treatment are available from:

- 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 (https://bjgp.org/sites/default/files/advanced-pages/20Mar_COVID_VideoConsultations.pdf)
- Generic advice about video consultations produced by NHSX (https://www.nhsx.nhs.uk/covid-19-response/data-and-information-governance/information-governance/)

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: https://youtu.be/-WD3ForV06g

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 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878056/PHE_COVID-19_visual_guide_poster_PPE.pdf).
- 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).

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

(https://www.yumpu.com/en/document/read/63158133/aerosol-generating-procedures-v2)

- 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.

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:

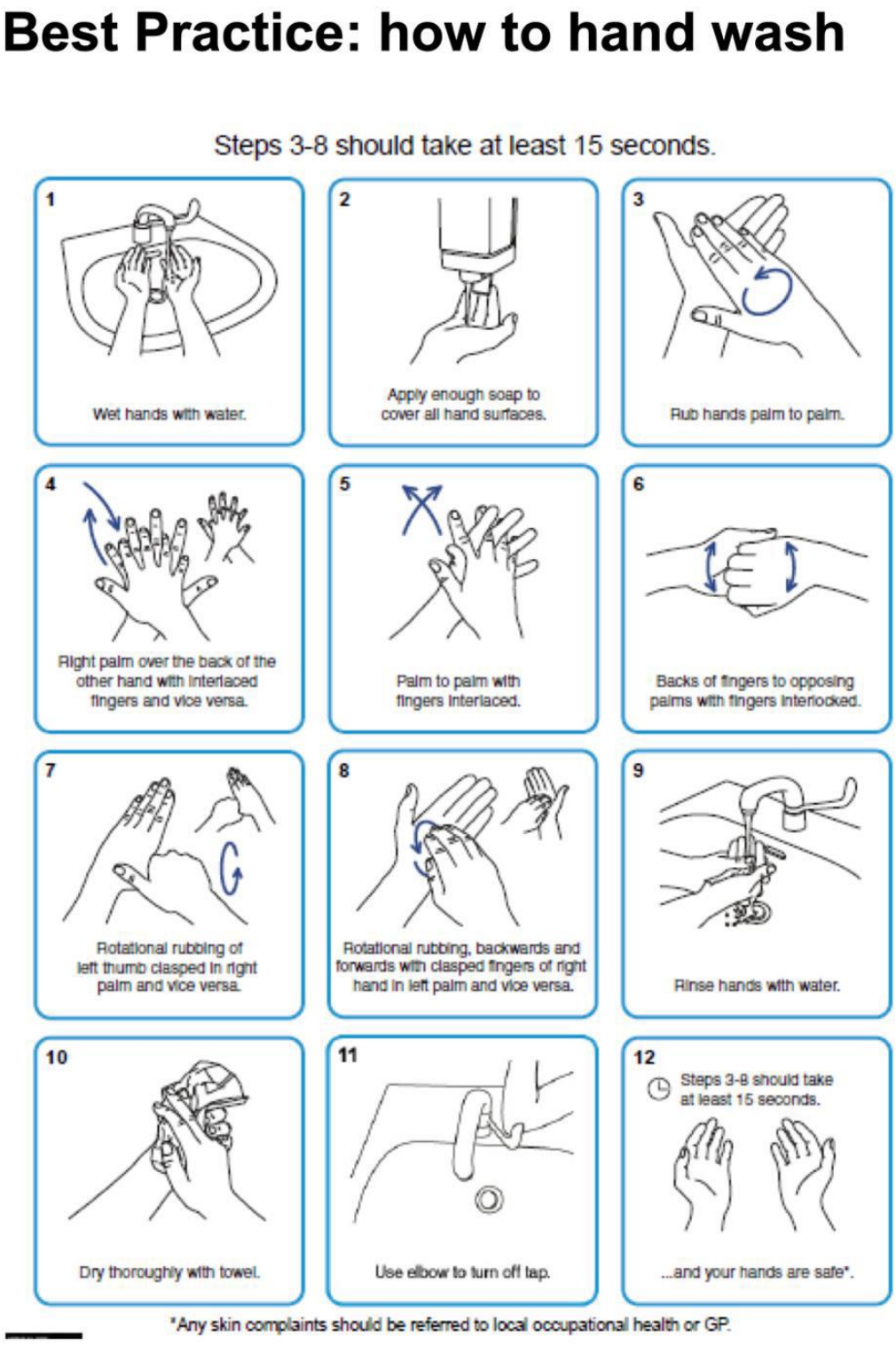
Single rooted anterior tooth (1-3) with a good prognosis in a healthy in-tact dentition.

(Molar endodontics will not be offered)

Appendix 7: Instructions for best practice in hand hygiene

Hand washing

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



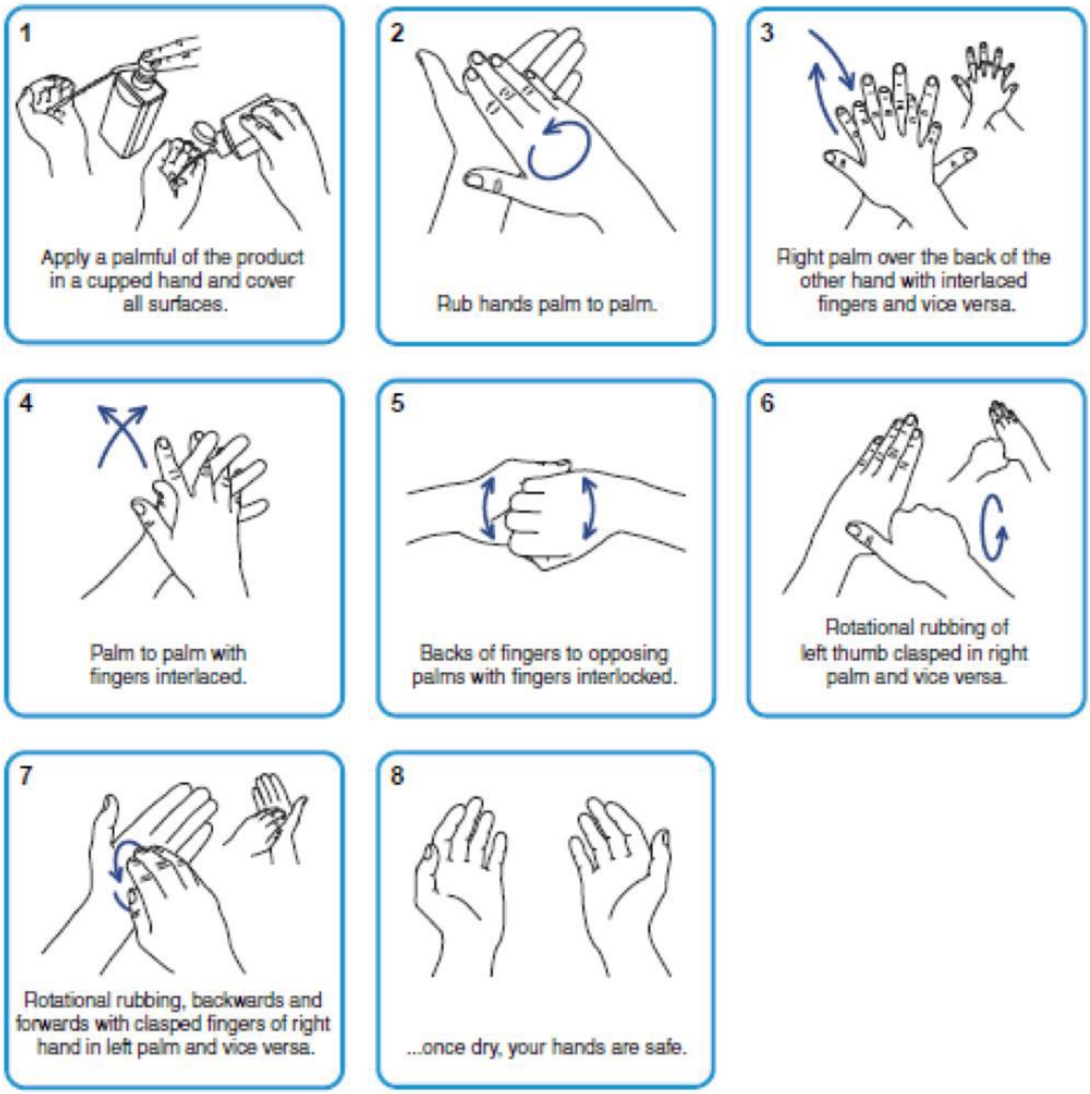
From: COVID-19. Guidance for infection prevention and control in healthcare settings

Alcohol rub

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

Best Practice: how to hand rub

Duration of the process: 20-30 seconds.



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

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

Appendix 9. Redeployment - dental team members and potential clinical duties

TABLE A: MEMBERS OF THE DENTAL TEAM

Working with the COVID-HUB, dental team members will tick one of four boxes, whose roles are detailed below:

Role entered into COVID-HUB	**Description of normal duties**
Dentist	Registered with the General Dental Council. Dentists train for six years and their main responsibilities include: diagnosing and treating dental problems; carrying out preventive dentistry and education to protect teeth and gums from decay; leading the dental team and managing a general dental practice; carrying out dental treatment (under local analgesia), such as fillings, extractions, minor oral surgery, crowns, bridges, dentures and dental implants. Can prescribe medications and radiographs under the Medicines Act and Ionising Radiation Regulations respectively. Trained in Basic Life Support. Some dentists have had experience of working in a secondary care setting as part of their experience or training. Some have additional skills in sedation and surgical management.
Dental Therapists / Dental Hygienists*	Both titles are registered with the General Dental Council. Dental therapists train for three years and their main responsibilities include: fillings; simple extractions (baby teeth), gum treatment (e.g. scaling and polishing); applying protective sealants and health promotion/education. Dental hygienists train for two/three years and their main responsibilities include: scaling and polishing teeth and applying protective sealants and health promotion/education. Both roles are trained in cross-infection control and Basic Life Support. Cannot prescribe medications and radiographs under the Medicines Act and Ionising Radiation Regulations respectively.
Dental Nurses*	Registered with the General Dental Council. Apprenticeship training and their main responsibilities include: welcoming patients and putting them at ease; preparing dental materials and providing chairside assistance; helping patients with all aspects of their treatment; application of fluoride varnish and health promotion/education. Trained in cross-infection control and Basic Life Support. Cannot prescribe medications and radiographs under the Medicines Act and Ionising Radiation Regulations respectively.
Dental Practice Managers / Dental Receptionists	Oversee the administrative aspects of high-street dental practices. Appointments, record keeping and filing of patient's notes. Handling confidential information and oversees financial transactions. Contributes to the clinical governance processes in each practice.

***referred collectively as Dental Care Professionals (DCPs)**

TABLE B: POTENTIAL CLINICAL DUTIES DURING REDEPLOYMENT

CLINICAL DUTIES		WHO COULD DO THIS?	TRAINING NEED	SUPERVISION?
HISTORY AND EXAMINATION	**Patient triage**	Dentist	Local rules instruction*	None
	Patient history taking	Dentist	Local rules instruction*	None
	Keeping medical records	Dentist and all DCPs	Local rules instruction*	None
	Sepsis identification	Dentist and all DCPs	HEIW training	None
PATIENT CARE (SPECIAL TESTS)	**Patient observations**	Dentist and all DCPs	Local rules instruction*	None
	Blood glucose	Dentist and all DCPs	HEIW training	None
	Urine dipstick	Dentist and all DCPs	HEIW training	None
PATIENT CARE (MANAGEMENT)	**Moving/handling patients**	Dentist and all DCPs	Demonstration	None
	Venepuncture & cannulation	Sedation dentist; dentist with hospital experience (<two years)	HEIW training	None
	Phlebotomy	Sedation dentist; dentist with hospital experience (<two years)	HEIW training	None
	Suturing (extra-oral)	Dentist with hospital experience (<two years)	None	Oversight**
	Wound dressings	Dentist and all DCPs	HEIW training	None
	Administration of prescribed drugs	Sedation dentist; dentist with hospital experience (<two years)	HEIW training	Oversight**
PATIENT CARE (MONITORING)	**Oxygen monitoring**	Dentist and all DCPs	HEIW training	None
	INR	Dentist and all DCPs	HEIW training	None
	Oral hygiene	Dentist and all DCPs	None	None
	Patient hygiene	Dentist and all DCPs	Local rules instruction*	None
EMERGENCIES	**Basic life support**	Dentist and all DCPs	Local rules instruction*	None
CROSS-INFECTION	**Cross-infection advice**	Dentist and all DCPs	None	None

*provided by each Health Board; **provided initially and competency reviewed as appropriate