

# Mitigation of Aerosol Generating Procedures in Dentistry - A Rapid Review

## Post-publication update - 19 April 2021

SDCEP published *Mitigation of Aerosol Generating Procedures in Dentistry – A Rapid Review* in September 2020. It was noted at the time of publication that this was a living document and that the Working Group would continue to assess emerging evidence to maintain its currency in the following months. Since publication, the Working Group have met twice, on 13 January 2021 and 23 March 2021, with several new Group members present.

The literature search used for the Rapid Review has continued to be updated and the results screened for relevance to the review questions. Appraisal is complete to the beginning of March 2021 and a separate report of the evidence identified is available on the SDCEP [website](#). In summary, to date, no new higher certainty evidence has been identified that changes the conclusions of the Rapid Review. Consequently, the strategy for maintaining the currency of the Review will be reconsidered to determine whether to continue to periodically update the literature search and appraisal and, if so, how to achieve this in an efficient manner.

In January, the Working Group considered the implications of the substantial increase in prevalence of COVID-19 infections in recent months, the emergence of more transmissible variants of SARS-CoV-2, the absence of any reports of transmission associated with dental care, the greater availability of testing and the vaccination programme that had recently commenced. In March, the prevalence of COVID-19 infections had decreased substantially<sup>1</sup> and around 50% of the UK adult population had received the first dose of a vaccine. Consequently, considering the current situation and the lack of new higher certainty evidence, the agreed positions and other conclusions within the Rapid Review remain unchanged.

The Working Group remains keen to re-emphasise the importance of staff and patients continuing to adhere to the precautions specified in current national guidance, including:

- Regularly reviewing all stages of the patient journey to assess adherence to procedures and any improvements required.
- Rigorous use of face coverings/masks and application of social distancing measures in clinical and non-clinical areas, including staff rooms.
- Use of the correct level of PPE as identified in the PHE Infection Prevention and Control (IPC) guidance.<sup>2</sup>
- Individual patient risk assessment to determine the appropriate COVID-19 care pathway as described in the PHE Infection Prevention and Control (IPC) guidance.<sup>2</sup>
  - The IPC guidance describes High, Medium and Low risk care pathways. For a patient to be in the Low risk pathway, a negative PCR test is required, and the patient *must* have followed self-isolation advice. A lateral flow test is not sufficient unless the patient is part of a regular formal NHS testing plan and remains negative and asymptomatic.

<sup>1</sup> The prevalence in the UK based on test data on 13 January 2021 was estimated to be 485 cases per 100,000 of population. On 23 March 2021, this figure had reduced to 56.6 cases per 100,000. <https://coronavirus.data.gov.uk/details/cases>

<sup>2</sup> <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

- While vaccination will provide protection for the vaccinated individual, this is not 100% and it is also unknown whether vaccination prevents onward transmission. Therefore, the same precautions are required for both vaccinated and unvaccinated patients and staff.
- Screening questions should be consistent with current triage criteria, including quarantine requirements following international travel.<sup>3</sup>
- Effective ventilation in both clinical and non-clinical areas.

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<sup>3</sup> For example, see [www.nipcm.hps.scot.nhs.uk/scottish-covid-19-infection-prevention-and-control-addendum-for-acute-settings/#a2702](http://www.nipcm.hps.scot.nhs.uk/scottish-covid-19-infection-prevention-and-control-addendum-for-acute-settings/#a2702)