NHS Education for Scotland

Scottish Dental Clinical Effectiveness Programme

Resuming General Dental Services Following COVID-19 Shutdown

A guide and implementation tools for general dental practice

For Phases 2 and 3 of dental services remobilisation

Version 1.1

12 June 2020

This advice might change as new information becomes available. Please ensure that you are using the most recent version of this document by referring to www.sdcep.org.uk.

Version history

Version	Date	Summary of changes
V1.0	25/05/2020	First publication
V1.1	12/06/2020	• Phase numbering updated throughout guide following CDO letter of 8 June 2020 which included the renaming of phases of remobilisation of NHS Dental Services. • Addition of advice about appointing a COVID-19 Lead in Section 3. • Minor rewording about environmental cleaning in Section 7.1. • Clarification of description of examinations in Appendix 3.

Contents

1. Introduction

Coronavirus disease 2019 (COVID-19) is caused by the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), which was first identified in Wuhan City. It is highly infectious and transmitted through droplets and fomites.[1] Dental team members are considered to be at increased risk of COVID-19 as they work in close proximity to patients and because there is potential for spread through dental aerosol generating procedures.[2-4]

A letter from the Chief Dental Officer (CDO) Scotland on 17 March indicated that all aerosol generating procedures (AGPs) should cease, with a subsequent letter on 23 March announcing that all routine face-to-face dentistry should stop. Since then general dental practices have only been providing advice and care remotely, with a limited amount of urgent dental treatment being provided through local Health Boards' urgent dental care centres (UDCCs).

On 20 May 2020, CDO Scotland issued a letter[5] that described a phased approach to the remobilisation of NHS dental services after closure due to the COVID-19 pandemic. The naming of phases was changed on 8 June 2020 to align with those in the Scottish Government's COVID-19 framework.[6] Phases 2 and 3 include the provision of care in general dental practice using non-aerosol generating procedures.

> Phase 2: All dental practices to open for face-to-face consultation for patients in need of urgent care that can be provided using non-aerosol generating procedures;
>
> Phase 3: Face-to-face consultation to be expanded for patients that can be seen for routine care, including examination, and treatment that can also be provided using non-aerosol generating procedures.

During Phases 2 and 3, urgent dental care centres (UDCCs) will continue to see:

- patients on referral for treatments involving aerosol generating procedures; and
- patients with or suspected to have COVID-19 who require emergency or urgent dental care.

Primary care dental practices are not expected to provide face-to-face care for patients who have COVID-19 symptoms, who have swab-tested positive for COVID-19 or who have close contact with a COVID-19 case (i.e. in their household) and therefore should be self-isolating.

Purpose

The aim of this guide is to provide advice for primary care dental practices specifically concerning Phase 2 of remobilisation. As COVID-19 has only emerged in recent months, evidence to inform how to approach reopening is scarce or non-existent. Consequently, much of this advice is based on the latest information from NHS Scotland and other UK publications. As the same concerns exist across the world, it also draws on resources that were developed to support similar remobilisation activities in other countries. These resources were largely derived from expert opinion.[7] The priority in formulating this advice has been the protection of patients, the dental team and the wider community.

This resource has been prepared in a very short timescale and is intended to be a 'living document' that is subject to change as new information becomes available or as circumstances change. Therefore, it is important to ensure that the most recent version is used.

This guide provides advice on:

- practice organisation and planning, including risk assessment and facilitating physical (social) distancing;
- staff health, wellbeing, rotas and training;
- appointment scheduling and communication with patients;
- patient care, including assessment and management;
- infection prevention and control, including PPE.

The financial aspects of reopening dental practices are beyond the scope of this guide.

Supporting tools

Tools to support the implementation of this guide are provided and include:

- patient COVID-19 screening questions (Appendix 1);
- patient management flowchart (Appendix 2);
- aerosol generating procedures (Appendix 3);
- template notice for practice entrances (Appendix 4).

A checklist of actions for reopening a dental practice after extended closure due to COVID-19 is also available. Other tools, such as suggestions for patient information, will also be provided via the SDCEP website.

This guide is primarily directed at dental team members working in primary care practice but will also be of interest to the secondary care dental service, those involved in dental education and undergraduate trainees. Although developed for NHS Scotland dental services, the advice provided is likely to be of relevance elsewhere.

The development of this guide and implementation tools is described in Section 8.

2. Definition of Patient Groups and Setting for Care

Group	Patient Characteristic	Setting for Care
A	Individuals who are not currently suspected to be a possible or confirmed COVID-19 case (no symptoms, not living in a household with a symptomatic person, no positive swab test, not waiting for a test or test results). This includes patients who are at higher risk, though not necessarily shielding, or extremely high risk (shielding) of developing severe illness with coronavirus.* For more information, see NHS Inform.	**Triage and advice**: primary care practice by phone **Treatment** (if required): • Primary care for non-aerosol generating procedures • Designated urgent dental care centre for aerosol generating procedures (AGPs)
B	Individuals who have COVID-19 symptoms or who have swab-tested positive for COVID-19 or who have close contact with a COVID-19 case (i.e. in their household) and therefore should be self-isolating.	**Triage and advice:** primary care practice by phone **Treatment** (if required): • Designated urgent dental care centre for all treatment.

* These patients may be identified from their medical history or by asking if they have received a government 'shielding' letter. For current lists of conditions that place people at higher or extremely high risk of developing severe illness with coronavirus, see NHS Inform.

Someone who has recovered from COVID-19 infection or completed a period of self-isolation can be classified as a Group A patient. For more information, see NHS Inform.

See Appendix 1 for information on COVID-19 symptoms and the process for screening, Appendix 2 for information on patient management and Section 6 for advice on patient care.

3. Practice Organisation and Planning

This section details the actions required to reopen your practice and prepare it for seeing patients again. The general approach is for staff and patients to practise physical (social) distancing wherever possible and the practice set-up must facilitate this. Physical (social) distancing includes maintaining a distance of at least 2 metres (6ft) between people.

It may be useful to appoint a member of staff to be the practice's COVID-19 Lead (and to appoint deputies if required) to oversee and coordinate all COVID-19 related activities.

3.1 Risk assessment

- Update your practice's Health and Safety Risk Assessment to identify the measures required to minimise the risk of SARS-CoV-2 transmission. Further information is available in the Health and Safety Executive's Working safely during the coronavirus outbreak – a short guide.
  - A walk-through of the patient journey within the practice will inform your risk assessment

and identify practical modifications to current facilities and working practices. These might include the locations of additional hand hygiene facilities, patient chaperoning, physical (social) distancing measures etc.

3.2 Equipment and supplies

- Refer to the SDCEP Dental Practice Reopening Following COVID-19 Shutdown checklist for actions to consider regarding checking and testing equipment and ensuring adequate supplies of instruments and consumables.

3.3 Facilitating physical (social) distancing

- Clearly display visible instructions (see Appendix 4) at the practice entrance to state that:
  - only patients with appointments will be admitted;
  - patients who wish to make an appointment should do so by phone;
  - people making deliveries etc. should contact reception before entering the practice.
- Limit the entry points to the practice for patients and other individuals (e.g. deliveries, maintenance).
  - If the practice has more than one entrance, consider using only one of them for patients.
- Plan scheduling of appointments to limit the number of patients present in the practice at any one time and to allow enough time for thorough cleaning of clinical areas and more frequent cleaning of communal areas (reception, waiting room, toilets).
  - It is expected that in Phase 2,[†] most practices will be operating only one surgery to provide non-AGP urgent care. However, if it has been agreed that more than one surgery can operate in your practice, stagger the appointments to support physical (social) distancing.
- Put in place mechanisms to enable effective physical (social) distancing while patients are waiting for treatment and in communal areas. For example:
  - ask patients to wait outside the practice if they can (e.g. in their car) until called for their appointment;
  - take patients directly to the surgery to avoid them waiting in the practice;
  - space out chairs in the waiting area to facilitate two metre physical (social) distancing;
  - place markers (e.g. tape) on the floor to encourage two metre distancing between individuals.

3.4 Reception arrangements

- Ensure that the necessary PPE is available to reception staff, based on the risk assessment.
  - If you cannot ensure that a two metre distance is maintained between reception staff and patients and there is no glass/plastic screen at your reception desk, reception staff should wear fluid resistant surgical masks.[8]

[†] Phase 2 was formerly known as Phase 2(a). The phases were renamed on 8 June 2020.[6]

- Fluid resistant surgical masks should also be used if there is more than one receptionist present and physical (social) distancing cannot be maintained.

- Consider processes for patient paperwork and payment to facilitate physical (social) distancing.
  - Some practice software includes online tools for patients to update/confirm their medical history and provide payment that will minimise time at reception. However, as not all patients will be able to access this, consider what alternative arrangements you will put in place (see next points).
  - If your system needs you to use hard copy paperwork, consider asking patients to bring their own pen or have a stock of pens in the practice that patients can take away with them.
  - Encourage payment by card, using contactless or remote payment where possible. However, as some patients will need to use the keypad, a process for cleaning the card machine after handling is required.
- Keep a record of all individuals who enter the practice each day, to assist tracking and tracing.

3.5 Patient hand and respiratory hygiene

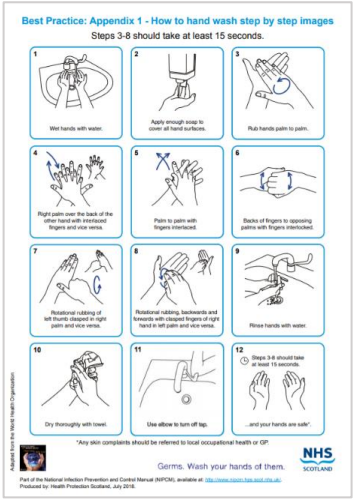
- Provide hand hygiene facilities for patients to use when they enter the practice.
- Clearly display throughout the practice advice on hand hygiene, respiratory hygiene and cough etiquette.
  - Instructions should include how and when to perform hand hygiene, to use tissues to cover nose and mouth when coughing or sneezing and to dispose of tissues and contaminated items in waste bins (lined and foot operated).

Poster available at https://news.sssc.uk.com/news/coronavirus-faqs

- Provide supplies for hand and respiratory hygiene, including alcohol-based hand rub (ABHR; 60-80% alcohol by volume),[9] tissues, and waste bins (lined and foot operated) for disposal, at the practice entrance, reception, waiting rooms, surgeries and any other identified contact points.
  - Be aware that some patients are unable to use ABHR and will therefore require access to handwashing facilities.

3.6 Patient toilet facilities

- Consider how to manage patient toilet facilities. For example:
  - keep the door to toilet facilities closed;
  - display a notice asking patients to request access to toilet facilities (to ensure environmental cleaning after each use);
  - display hand hygiene instructions;
  - provide paper towels for hand drying and waste bins (lined and foot operated) for disposal;
    N.B. Air hand dryers should not be used at this time.



Poster available at http://www.nipcm.hps.scot.nhs.uk/appendices/appendix-1-best-practice-how-to-hand-wash/

- clean and disinfect the toilet facilities after each use (refer to Section 7.1 for further advice on environmental cleaning).

3.7 Patient communication

- Update patient communications (answer machine, website, social media) to advise of reopening changes. Include details of the out-of-hours service.
  - Consider sending all patients a letter, email or text to advise of changes to practice (e.g. available treatment options, requirement to book appointments in advance etc.).
- Prepare advice for patients on what to do and expect when attending the practice for an appointment (see Section 5.2).

4. Staff

It is important to support the health and wellbeing of everyone who works in the practice, including measures to minimise the risk of SARS-CoV-2 transmission.

4.1 Staff health and wellbeing

- Ensure all team members understand the measures being put in place to minimise the risks associated with delivering dental services during the COVID-19 pandemic.
  - Consider how to conduct regular team meetings, to review practice processes and to allow staff to raise any concerns. Meetings could be held virtually or take place in the practice if physical (social) distancing can be maintained.
  - Provide staff training (see Section 4.4).
- Where members of practice staff have a medical condition that places them at higher risk, though not necessarily shielding, or extremely high risk (shielding) of developing severe illness with coronavirus (see NHS Inform for details of these conditions), discuss the arrangements for working at this time, based on advice from NHS Scotland.
  - For some of these individuals, it may be necessary to work from home or not work at this time.
- Where a member of staff lives with an individual who has a medical condition that places them at higher or extremely high risk of developing severe illness with coronavirus, discuss the advice from NHS Scotland on the extra infection control precautions and hygiene measures they can take to minimise the risk of SARS-CoV-2 transmission.
- Consider the impact that the current unprecedented circumstances could have on the wellbeing of everyone who works in the practice. Practice owners might be under particular pressure.
  - NHS support resources include the National Wellbeing Hub, and resources on mental health and wellbeing support from NHS Education for Scotland.
  - There is emerging evidence that people from Black, Asian and Minority Ethnic (BAME) backgrounds might be disproportionately affected by COVID-19. NHS Scotland has provided some interim guidance.

4.2 Staff COVID-19 status

- Ensure that all practice staff are aware of the symptoms of COVID-19 infection (currently defined by the UK government as a new continuous cough, a high temperature, loss of or change in sense of smell or taste; see NHS Inform for more details).
  - A recent overview of the evidence[10] suggests that temperature screening is ineffective for detecting infected persons and could be misleading.
- Devise a protocol for all practice staff to follow if they or someone they live with develops symptoms, including whether they should apply for a COVID-19 test.
  - If a member of staff develops symptoms of COVID-19, they should stay at home for 7 days from the onset of symptoms, or longer if they continue to have a high temperature. They can return to work on day 8 if they feel well enough and you have agreed that they are fit for work.
  - If a member of staff lives with a person who develops symptoms of COVID-19, the staff member should self-isolate for 14 days from the onset of symptoms. If they then develop symptoms, they should stay at home for 7 days from the date symptoms start, even if it takes them beyond the original 14 day period.
  - If a member of staff, or a member of their household, is tested for COVID-19, they should follow the advice provided with the test result.
  - For more information, see NHS Inform.

4.3 Staff rotas

- Assess the availability of dental team members to staff the practice. Factors to consider include:
  - possible increased sickness and absence rates;
  - staff with extra childcare requirements while schools/nurseries are closed;
  - staff scheduled to work in urgent dental care centres.
- Consider whether you can adopt the 'clinical bubble' approach.
  - This is where individual staff members always work with the same colleagues to limit contact between team members and, if required, to assist contact tracing and tracking.
  - Consider staggered start, break and finish times.
- When arranging rotas, take into consideration the altered demands on staffing that will result from amended working practices at this time, including extra environmental cleaning duties and patient communication and chaperoning.
- Keep records of the days staff have been working, the team members they worked with and which patients they saw, to assist contact tracing and tracking.

4.4 Staff training

Training is essential to ensure that staff are able to work safely at this time.

- Provide infection prevention and control (IPC) training to all staff which incorporates:
  - current guidance on COVID-19, for example physical (social) distancing;

- the principles of Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) (see National Infection Prevention and Control Manual);
- safe and effective environmental cleaning in the practice (see Section 7.1);
- effective hand hygiene (see Section 7.2);
- choice, use and donning and doffing of PPE (see Section 7.3).

IPC training resources are available via the NHS Education for Scotland Portal and from:

NHS Education for Scotland - Virtual Training Sessions

NHS Education for Scotland - Turas Learn COVID-19 resources

Health Protection Scotland - COVID-19 resources

- Rehearse the patient journey within the practice so that staff are clear about their roles and responsibilities in line with the risk assessment.
  - All staff need to be made aware of any subsequent refinements to procedures to maintain consistency.
- Ensure staff are familiar with CPR procedures modified for the COVID-19 situation.
- Provide additional training for staff including:
  - staff health and wellbeing, which could include training in mental health, resilience, self-care (see Section 4.1);
  - training in any new IT/software tools, for example for collecting patient medical histories online.

5. Appointments

Appointment times should be scheduled to minimise potential contact between patients and allow sufficient time for additional infection prevention and control procedures (see Section 7). This is particularly important when providing care for patients who are at higher risk, though not necessarily shielding, or extremely high risk (shielding) of developing severe illness with coronavirus. For more information, see NHS Inform.

All patients should have an appointment arranged in advance to allow for assessment of their COVID-19 status (see Section 6.1) and to communicate instructions for attending the practice.

5.1 Scheduling

- Schedule appointments by telephone.[11]
- Schedule and manage patients to limit the time they will spend in any common areas and to minimise their potential contact with others. For example, stagger appointments and ask patients to arrive as close as possible to their appointment time.
  - For patients with an underlying health condition that places them at higher risk or extremely high risk of developing severe illness with coronavirus, consider scheduling appointments at the start of clinical sessions.
- Prioritise patients on the basis of clinical need, taking into account that only non-AGP procedures can be provided.

5.2 Advance communication with patients

Advance communication with patients is required to determine their COVID-19 status. This will also provide an opportunity to advise on what to do and expect when the patient attends the practice for an appointment.

- Assess and record the patient's COVID-19 status (see Appendix 1).
  - Only Group A patients should attend the practice.
- Communicate the measures the practice is taking to minimise SARS-CoV-2 transmission risk. For example:
  - enhanced infection control measures, including patient hand hygiene;
  - patients attending the practice alone unless an accompanying person (parent, carer or comforter) is essential;
  - patients to avoid bringing personal belongings, where possible;
  - arrangements for use of the toilet facilities;
  - using online tools for patients to update medical history etc.;
  - asking patients to bring their own pen if hard copy paperwork is used;
  - entry to the practice.
- Advise patients that at present the practice is not able to provide a full range of dental procedures, which may influence treatment options.

5.3 Patient attendance at the practice

- On arrival at the practice, ask the COVID-19 screening questions again and confirm that the patient (and any essential accompanying person) is still Group A (see Appendix 1).
  - A recent overview of the evidence[10] suggests that temperature screening is ineffective for detecting infected persons and could be misleading.
- If either the patient or the essential accompanying person answers 'yes' to any of the COVID-19 screening questions, defer treatment or refer to UDCC as appropriate to their dental needs.
- Ask the patient (and any essential accompanying person) to perform hand hygiene on arrival at the practice and before leaving.

6. Patient Care

Phases 2 and 3[†] of the remobilisation of NHS dental services in Scotland include the provision of care in general dental practice using non-aerosol generating procedures.[6]

> Phase 2[†]: All dental practices to open for face-to-face consultation for patients in need of urgent care that can be provided using non-aerosol generating procedures;
>
> Phase 3[†]: Face-to-face consultation to be expanded for patients that can be seen for routine care, including examination, and treatment that can also be provided using non-aerosol generating procedures.

[†] Phase 2 was formerly known as Phase 2(a); Phase 3 was formerly known as Phase 2(b). The phases were renamed on 8 June 2020.[6]

This section is relevant to both Phases 2 and 3[†] with phase-specific actions identified.

6.1 Patient assessment (including COVID-19 screening)

Assessment should be initiated remotely (e.g. by telephone).

- Assess the patient, taking into account:
  - whether emergency, urgent or non-urgent care is required. Appendix 2 presents a flowchart for managing patient care;
  - whether or not an aerosol generating procedure (AGP) is likely to be necessary. Appendix 3 provides information on aerosol generating procedures;
  - the patient's COVID-19 status (Group A or B, as defined in Section 2). Appendix 1 details the questions for COVID-19 screening of patients.

6.2 Patient management

- Based on the patient assessment, decide on how the patient can be managed during the current remobilisation phase.

Phase 2[†]	Phase 3[†]
• For all patients in need of **non-urgent** care, provide self-help advice by phone and defer appointments for non-urgent and routine care until Phase 3[†] • For **Group A** patients in need of **emergency** or **urgent** care, treat those that can be managed using non-aerosol generating procedures in your practice. Refer those that require an AGP to UDCC. • For **Group B** patients in need of **emergency** or **urgent** care, refer to UDCC.	• For **Group A** patients in need of **non-urgent** care, provide care that does not require an AGP in your practice or defer treatment if an AGP is required. • For **Group B** patients in need of **non-urgent** care, provide self-help advice by phone and defer appointments until after their isolation period ends. • For **Group A** patients in need of **emergency** or **urgent** care, treat those that can be managed using non-aerosol generating procedures in your practice. Refer those that require an AGP to UDCC. • For **Group B** patients in need of emergency or **urgent** care, refer to UDCC.

Appendix 2 presents a flowchart for managing patient care during Phases 2 and 3.[†]

The SDCEP Management of Acute Dental Problems During COVID-19 Pandemic guide and its supplement Drugs for the Management of Dental Problems During COVID-19 Pandemic provide more advice on managing commonly presenting oral conditions during the COVID-19 pandemic.

[†] Phase 2 was formerly known as Phase 2(a); Phase 3 was formerly known as Phase 2(b). The phases were renamed on 8 June 2020.[6]

Most international guidelines recommend the use of pre-procedural mouthwashes to reduce levels of microorganisms, including viruses, in the oral cavity.[7] However, there is currently no direct evidence of the efficacy of mouthwashes to reduce the risk of SARS-CoV-2 transmission. Mouthwashes are also associated with a risk of allergic reaction and generation of aerosols with rinsing. Therefore, their use is not advised at present.

7. Infection Prevention and Control

In addition to standard infection control precautions (SICPs), transmission based precautions (TBPs) are required to reduce the risk of transmission of infectious agents such as SARS-CoV-2.

7.1 Environmental cleaning

- Follow SICPs and TBPs as described in the National Infection Prevention and Control Manual.
- Ensure any staff required to perform cleaning and disinfection are trained in the process and procedures, including safe use of personal protective equipment (PPE) and cleaning products (see Section 4.4).
- Remove all unnecessary items (e.g. toys, books, magazines, leaflets) from waiting rooms and work surfaces to aid environmental cleaning.
- Consider using readily cleaned chairs in the waiting areas and staff room at the current time.
- Ensure thorough environmental cleaning using robust infection prevention and control procedures between patients while wearing PPE (see Section 7.3).
  - Pay particular attention to cleaning any surfaces likely to be touched, or exposed to spray or splatter.
  - Check compatibility of cleaning and disinfecting agents with the items to be cleaned and disinfected.
- Clean and disinfect all hard surfaces and areas which may have become contaminated, such as counters, chairs, door handles, handrails, reusable non-invasive care equipment and sanitary fittings.
  - Use a product with bactericidal and viricidal activity and disposable cloths or paper roll. Ensure the product is compatible with the surfaces on which it is to be used.
  - A variety of products are available for cleaning and disinfection, either separately or in combination.
    - Cleaning requires a general purpose neutral detergent.
    - Disinfection products include those containing 1000 parts per million (ppm) available chlorine (av.cl.) or 70% alcohol. Products containing other suitable disinfection agents are also available.
  - Any reusable items such as mops should be cleaned and disinfected after each use and stored dry.
- Disinfect electronic equipment such as phones, laptops and keyboards after use.
- Encourage payment by card, using contactless where possible. Clean card machines, and any pens used by patients after handling.

- Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants.
- Use products compatible with furnishings for routine cleaning and disinfection of communal areas such as waiting areas, staff rooms, etc.

7.2 Hand hygiene

- Perform hand hygiene before and after all patient contact, after contact with potentially infectious material, and before putting on or after removing PPE (see Section 7.3), including gloves.
  - Clinical team members should perform hand hygiene by thoroughly washing hands with soap and water for at least 20 seconds or by using ABHR with 60-80% alcohol by volume. If hands are visibly soiled, use soap and water before ABHR.
  - Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
- Ensure hand hygiene supplies are readily available to all staff in every care location.
- Perform hand hygiene after using the toilet facilities, before preparing and eating food, and after coughing and sneezing.

7.3 Personal protective equipment

- When providing direct patient care, use PPE that meets the requirements for non-aerosol generating procedures in Group A patients. The latest UK guidance recommends:
  - single use disposable gloves;
  - single use disposable plastic apron;
  - fluid-resistant (Type IIR) surgical mask;
  - eye/face protection (single use or reusable face/eye protection/full face visor or goggles).

  The guidance states:

  Sessional use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.[12]

  Usual dental practice involves the disposal of face masks after each patient. Under the current circumstances, dental professionals should risk assess the frequency of changing surgical type IIR masks, including sessional use.
- Use PPE (i.e. apron, gloves, safety goggles etc. as per local policy)[13] for environmental cleaning throughout the practice.
- Ensure that the necessary PPE is available to reception staff, based on the risk assessment.
  - If you cannot ensure that a two metre distance is maintained between reception staff and patients and there is no glass/plastic screen at your reception desk, reception staff should wear fluid resistant surgical masks.[8]

- Fluid resistant surgical masks should also be used if there is more than one receptionist present and physical (social) distancing cannot be maintained.

- Ensure staff receive training in, and demonstrate an understanding of:
  - when to use PPE;
  - what PPE is necessary;
  - how to properly don, use, and doff PPE in a manner to prevent contamination of self and others.

  This is of particular importance for staff members who do not usually wear PPE or when introducing new types of PPE into the practice. See Section 4.4 for more information.

- Ensure reusable PPE (e.g. goggles, visors) is properly cleaned, decontaminated, and maintained after and between uses according to manufacturer's instructions.
- Remove PPE when taking breaks from clinical activities and maintain physical (social) distancing in staff rest areas.

7.4 Uniforms

NHS Scotland has provided a COVID-19 policy regarding laundering and uniforms.[14]

- Change into and out of uniforms at work.
  - Uniforms should not be worn outside the practice.
  - There should be a designated changing area in the practice.
  - Use designated practice footwear that is wipeable or able to be laundered.
- If uniforms are not laundered on site, take used uniforms home in a disposable plastic bag.
  - After placing the uniform in the washing machine, dispose of the plastic bag into the household waste stream and perform hand hygiene.
- Wash uniforms:
  - separately from other items;
  - in a load not more than half the machine capacity;
  - at the maximum temperature for the fabric, then ironed or tumble-dried.

7.5 Decontamination of instruments

- For decontamination of instruments after all treatment, follow SDCEP Decontamination Into Practice guidance, which remains applicable in the current circumstances.

8. Development of this Guide

The Scottish Dental Clinical Effectiveness Programme (SDCEP) operates within NHS Education for Scotland and aims to develop guidance that supports dental teams to provide quality dental care.

Methodology

For the majority of SDCEP guidance publications, the recommendations are informed by a systematic literature search and quality appraisal of the available evidence. As COVID-19 has only

emerged in recent months, evidence to inform how to approach reopening is scarce or non-existent. Consequently, much of this advice is based on the latest information from NHS Scotland and other UK publications. As the same concerns exist across the world, it also draws on resources that were developed to support similar remobilisation activities in other countries. These resources were largely derived from expert opinion.[7] The priority in formulating this advice has been the protection of patients, the dental team and the wider community.

Development of this guide and implementation tools has been coordinated by members of the SDCEP team with contributions from numerous expert and experienced dental professionals and input from patient representatives. Contributors are listed below. All contributors to SDCEP are required to declare their financial, intellectual and other relevant interests. No competing interests were identified.

To inform the scope of the toolkit, a rapid survey of dental professionals was conducted during 15-18 May 2020. Of over one thousand responses received, 80% were from Scotland and 90% from those who work within the general dental service. Main themes in the responses were identified by content analysis. A more in-depth analysis of the survey findings is underway.

A draft of the *Resuming General Dental Services Following COVID-19 Shutdown* guide, which included most of the implementation tools, was circulated to key stakeholders prior to publication. These included: Directors of Dentistry and Dental Practice Advisors in NHS Scotland Health Boards; Chief Dental Officer's team at Scottish Government; Chief Dental Officers of England, Northern Ireland and Wales; the British Dental Association; the Faculty of General Dental Practice (UK); the dental faculties of the Royal College of Physicians and Surgeons of Glasgow, the Royal College of Surgeons of Edinburgh and the Royal College of Surgeons of England; the British Association of Dental Therapists; The British Society of Dental Hygiene and Therapy; the British Association of Dental Nurses; the Association of Dental Hospitals; the Dental School's Council; the Association of Dental Administrators and Managers.

The views and preferences of patients were obtained via a patient representative focus group.

Comments received on this draft, the main themes identified through the survey and patient feedback were reviewed and considered to inform further development of the toolkit prior to publication.

This resource has been prepared in a very short timescale and is intended to be a 'living document' that will be subject to change as new information becomes available or as circumstances change. It may be amended to incorporate minor improvements following in-use feedback from the profession, as new information becomes available or as circumstances evolve in the weeks following publication. Therefore, it is important to ensure that the most recent version is used.

The potential impact of this advice on equality target groups was considered during development.

SDCEP is funded by NHS Education for Scotland (NES). The views and opinions of NES have not influenced the advice given in this document.

Contributors

The following individuals were directly involved in the development of this resource.

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Appendix 1 Patient COVID-19 screening

It is important to establish each patient's COVID-19 status before confirming an appointment. If it is essential that the patient is accompanied by a parent, carer or comforter, then that person should also be screened at this point.

The symptoms listed in the latest NHS case definition[15] of COVID-19 are:

- new continuous cough,
- new fever/high temperature,
- new loss of, or change in, sense of smell or taste (anosmia).

- Before scheduling an appointment, assess the patient (and any essential accompanying person) by asking the following questions, and record the response(s):

  - Have you tested positive for COVID-19 in the last 7 days?
  - Are you waiting for a COVID-19 test or the results?
  - Do you have any of the following symptoms:
    - New, continuous cough*;
    - High temperature or fever;
    - Loss of, or change in, sense of smell or taste?
  - Do you live with someone who has either tested positive for COVID-19 or had symptoms of COVID-19 in the last 14 days?

  * A new, continuous cough means coughing for longer than an hour, or three or more coughing episodes in 24 hours. If the patient usually has a cough, it may be worse than usual.

- If the patient answers **'NO'** to **ALL** of the questions, assign the patient to Group A.
- If the patient answers '**YES**' to **ANY** of the questions, assign the patient to Group B. Patients meeting Group B criteria should not attend your practice.

Note that a patient who has recovered from COVID-19, or who has completed a period of self-isolation, is classified as a Group A patient.

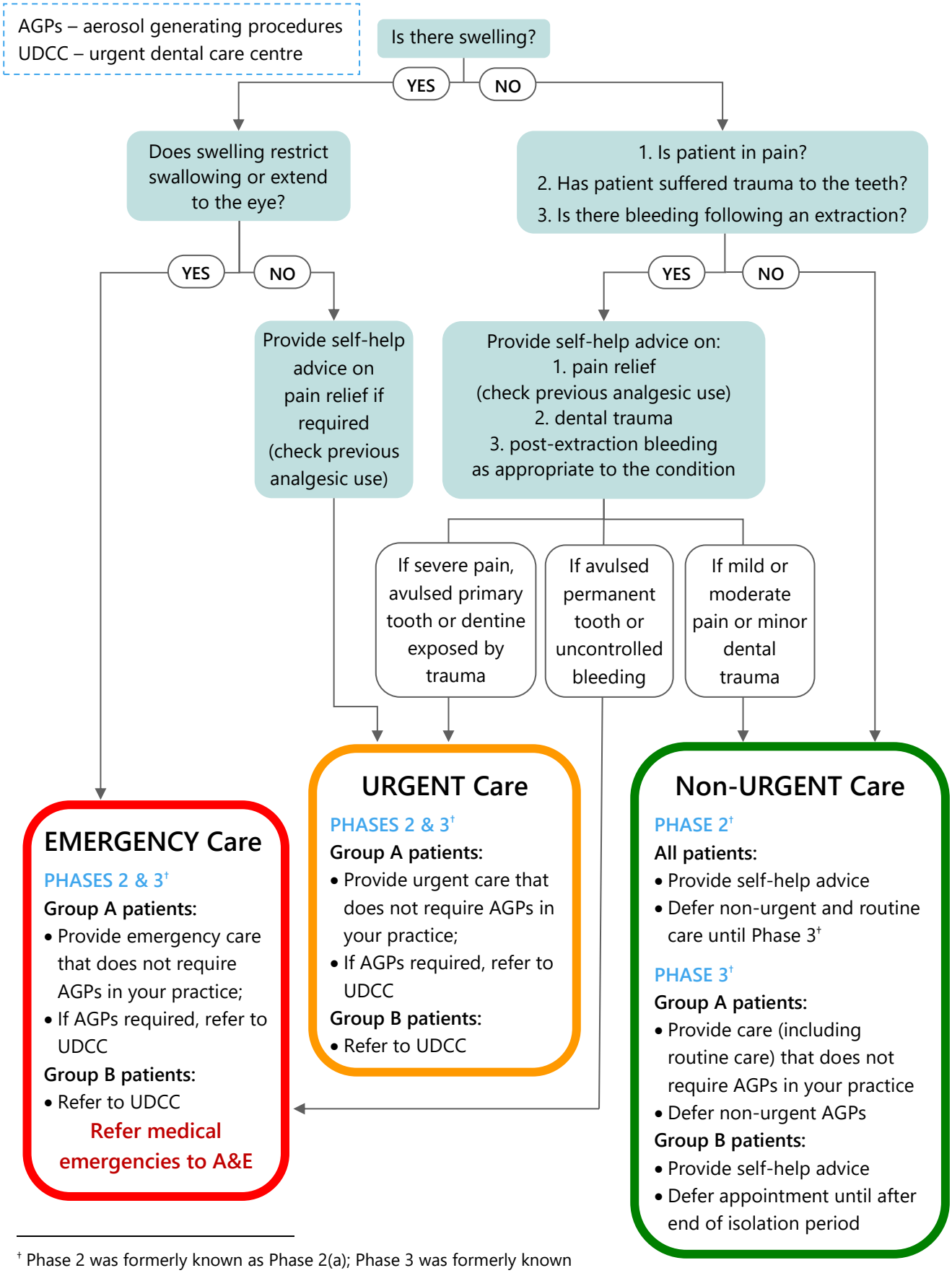
According to NHS Inform, a person is considered to be recovered from COVID-19 infection when they meet all of the following criteria:

- It has been at least 7 days since the onset of the COVID-19 symptoms;
- They no longer have a high temperature.

N.B. A cough may persist for several weeks in some people, even though the coronavirus infection has cleared. The loss of, or change in, sense of smell or taste may also linger. According to the CMO letter (18 May 2020) a person with a persistent cough and/or loss of sense of smell or taste but no other symptoms does not need to continue to self-isolate for more than 7 days.[15]

Appendix 2 Patient Management during Phases 2 and 3†

This diagram illustrates how to manage patient care, taking account of the patient's COVID-19 status (see Appendix 1).



† Phase 2 was formerly known as Phase 2(a); Phase 3 was formerly known as Phase 2(b). The phases were renamed on 8 June 2020.[6]

Appendix 3 Aerosol Generating Procedures

Guidance on aerosol generating procedures was originally provided as an annex to the letter from CDO Scotland on 18 March 2020. It has been amended here for Phases 2 & 3[†] of the remobilisation of dental services.

Aerosol generating procedures (AGPs) are defined as any medical or patient care procedure that results in the production of airborne particles (aerosols).

Aerosols contain two types of particle defined by their size:

- Droplets are larger and heavier particles (greater than 5μm). Droplets can travel up to 1 metre from the source and contaminate surfaces within that range.
- Droplet nuclei are smaller (1-5μm) and can stay airborne for long periods of time before landing and contaminating surfaces.

Both types of particle are relevant to SARS-CoV-2 transmission, since this may occur via both direct air-borne infection and indirect spread via contact with contaminated surfaces. Restriction of AGPs is, therefore, an important control measure.

Dental AGPs to be avoided include procedures that involve the use of:

- 3-in-1 syringe;
- high-speed handpieces;
- powered scalers (including sonic or ultrasonic).

Examples of non-AGPs are:

- Examinations that do not involve the use of 3-in-1 syringe;
- Non-surgical extractions;
  N.B. if this becomes a surgical extraction, stabilise and refer.
- Handscaling with suction;
- Removable denture stages;
- Removal of caries using hand excavation or, if necessary, slow-speed handpiece.

This list is not exhaustive. The risk to staff and patient safety for all dental procedures should be assessed with consideration of the generation of aerosols and relevance to SARS-CoV-2 transmission.

[†] Phase 2 was formerly known as Phase 2(a); Phase 3 was formerly known as Phase 2(b). The phases were renamed on 8 June 2020.[6]

Appendix 4 Template Notice for Practice Entrances

NHS SCOTLAND

COVID-19 (coronavirus)

If you, or anyone you live with, has a:

- new continuous cough
- high temperature or fever
- loss or change in your sense of smell or taste

DO NOT ENTER THIS PRACTICE

Please only enter this practice if you have an appointment

For deliveries, or to make an appointment, telephone the practice reception on:

Further information on COVID-19 can be found at www.nhsinform.scot

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