5th May 2020 @ 17.00hrs (V03.5)

Standard Operating Procedure: Planning for Urgent Dental Care During the COVID-19 Pandemic

NHS England & NHS Improvement
East of England

For Reference

Infection Prevention & Control

- Latest guidance on infection prevention and control
- COVID-19: personal protective equipment use for non-aerosol generating procedures
- Coronavirus FAQs
- Cochrane Library

Antimicrobial Guidance

- National Dental Antimicrobials Guidance
- BNF Guidance
- FGDP Guidance
- SDCEP Guidance

Regulators

- GDC Guidance
- CQC Guidance

Office of Chief Dental Officer

- Issue 3 of the Chief Dental Officer guidance
- Issue 4 of the Chief Dental Officer guidance
- National Standard Operating Procedure

Obtaining NHS.net email address

- To request an nhs.net email address

Remote conferencing

- BMJ article on conferencing
- Information Commissioner's guidance
- GDC guidance

COVID-19 Assessment

- COVID-19 advice and information

Clinical Guidance

- FGDP
- SDCEP
- RCS FDS Recommendations for Paediatric Dentistry during COVID-19 pandemic

Specialist Societies

- British Endodontic Society
- British Society of Periodontology
- British Society of Restorative Dentistry
- British Society of Paediatric Dentistry
- British Association of Oral and Maxillofacial Surgeons
- British Association of Oral Surgeons
- British Orthodontic Society
- British and Irish Society for Oral Medicine
- British Association for the Study of Community Dentistry

Resuscitation Guidance

- Resuscitation Council (UK)

PHE

- Guidance on Mouthcare for hospitalised patients (including children) with COVID-19 or suspected COVID-19
- Guidance on CPR as an AGP

Contact Information

Enquiries & comments: England.dentaleast@nhs.net

Clinical Triage Service referrals: england.covid19triageeast@nhs.net

Data reporting sheet: england.Covid-19dataUDCeast@nhs.net

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Introduction

This is the second Standard Operating Procedure (SOP) released by NHS England and NHS Improvement East of England. This document supersedes that released on 30th March 2020. It incorporates the learning made to date from systems analysis.

In these unprecedented times, dental professionals are asked to act together and work as a collaborative group, both within dental care services and out into the wider healthcare services.

With this in mind, this version of the Standard Operating Procedure sets out the provision of dental services to be implemented from the above date. In addition, there is further information available in Issue 3 of the Chief Dental Officer guidance found here, Issue 4 found here and national guidance on a standard operating procedure found here. This document is prepared in order to implement the same across NHS England & NHS Improvement East of England.

As our understanding and response to the pandemic develops, it is expected that more widespread virus testing and contact tracing will take place.

Headlines for operational information:

It is strongly recommended that the entirety of this document is read to be able to operate within this system. However, the following is set out as the headline output from operational analysis thus far.

- For information on how to manage a patient in primary care see here.
- For information on how to refer a patient see here and Appendix 16 and Appendix 4.
- For information on how to manage complex cases requiring the input of a Managed Clinical Network see here and Appendix 24
- For information on antimicrobial prescribing see remote prescribing at Appendix 1, indicative prescribing at Appendix 2 and updated antimicrobial prescribing advice at Appendix 21.
- For information on domiciliary, residential and care home and other care for shielded patients see here and Appendix 23.
- For information on operational structure of an Urgent Dental Care Centre see Appendix 6.
- For information on managing emergency care see here.
- For information on NHS111 and Out Of Hours services see here.
- For information on data collection and reporting see here.

Aims and Objectives

The **aim** of the Urgent Dental Care service (UDC) for East of England is to provide an accessible and equitable pathway for residents (including temporary residents) that need to access urgent and emergency dental care in and out of regular service hours. The service will ensure that all callers are assessed, triaged and dispositioned to the most appropriate service or offered appropriate advice.

The **objectives** are to:

- ensure appropriate access to UDCs across East of England
- ensure high quality service to residents
- ensure consistent and appropriate disposition of residents who call the triage service
- provide management information and data recording to ensure the Service is meeting the needs of the population
- ensure that the UDC works within a 'whole system' approach to providing access routes to emergency and urgent dental care by ensuring effective interfaces and consistent protocols with NHS 111 and clinical services in particular in and out of hours clinical services commissioned by NHS England and NHS Improvement
- foster innovation and continuous improvement in all aspects of delivery of the Service
- reduce the number of inappropriate referrals to Emergency Departments and Urgent Care Centres.

Key Principles:

1. Flexible arrangements, rapidly developing
2. Care limited to Emergency and Urgent dental care
3. Best interests of patients
4. Protecting the population and dental team
5. Protecting NHS frontline staff
6. Dental teams to keep up to date with current guidance
7. All patients who will benefit from treatment will be able to access it and those who will not benefit will not access it

Key Aims in Current Circumstances

1. Dental Treatment in Primary Care

All routine care in primary care dental services is to be stopped and deferred until otherwise advised. All urgent care provision is to be managed as per the guidance which follows below under Urgent Dental Care service.

All practices, either individually or collaboratively, are to establish a remote urgent dental care service, providing triaging by telephone or other appropriate means for their patients with urgent needs during usual working hours and, wherever possible, treating with:

- Advice
- Analgesia
- Antimicrobial means where appropriate (see also Appendix 2)

In NHS England and NHS Improvement East of England, to provide the best urgent care service needs to our patients in this unprecedented time, we would like to remind practices that they are to remain open during normal working hours to offer a priority first tier triage for their practice patients as set out above. This can be arranged either individually or by local arrangement.

2. Urgent Dental Care services

Please read this section very carefully as any referral information not correctly completed will be returned to the referring clinician for their attention which would delay onwards referral of the patient.

For Urgent Dental Care, an email should be sent to:
england.covid19triageeast@nhs.net

When sending this email, complete the MS Word document Patient Care Record at Appendix 16 with as much appropriate information as possible to assist with ongoing assessment and diagnosis. It is imperative that, if antimicrobials have been prescribed, this is fully set out, including start date, dose and duration within this document.

Please note, in addition, it is imperative that the Referral Form at Appendix 16 is fully completed, following the directions provided within the same. Please refer to the notes at the head of the spreadsheet and the additional information provided under the tab marked *Information*. There are directions for formatting of certain cells, such as date and time that appear when that cell is entered. Please follow this format, for example date is 01/05/2020 and not 01.05.20 and time is 13:23 and not 13.23. There are areas of the spreadsheet that are locked. This means you can only complete those cells which open and allow input. As indicated above, please ensure all fields are appropriately and fully completed. A failure to do so will result in the form being returned for adequate completion which would result in delay for patient care. All data fields have

been carefully considered and included to ensure that information is gathered to inform the Urgent Dental Care system going forward. Your diligence in assisting with this is appreciated.

Please send via secure NHS.net email whilst keeping a copy for your own records as this will constitute part of the patient records. If you do not already have an nhs.net email account, please access: https://portal.nhs.net/Registration#/dentistry

For further information, please also see Appendix 16

The Managed Clinical Networks will be engaged to provide assistance in their respective disciplines to the Urgent Dental Care (UDC) system. Any care requiring assistance from members of a specific Managed Clinical Network will be engaged through the assistance of the 3rd Tier Triagers at the Clinical Triage Service. Please refer to Appendix 24 for the pathway to engage care.

For further information on the triaging workflow, see Appendix 4.

For further information on triage assessment and dental care provision, please refer to FGDP or SDCEP.

It is recognised that contacting patients from onward referral can be complicated through many factors. It is expected that 3 attempts will be made to contact the patient at any stage of the onward referral process using a combination of telephone calls, texts and email messages over a period of 6 hours or extended into the following day depending upon when the initial contact attempt is made. It is recognised that multiple forms of contact will be required as some forms may be blocked at the point of contact depending on personal permissions. If after 3 attempts, as set out above, no contact is achievable, then the patient will be referred backwards to the previous referrer to confirm contact details or otherwise advise accordingly.

Please also remember to complete the COVID-19 Reporting Form on COMPASS which is required by NHS BSA in addition to the requirements within this Urgent Dental Care system when making contact with a patient.

Volunteering and Deployment

For those wishing to volunteer to provide premises as an Urgent Dental Care centre or deployment of dental professionals to a centre, please send an email to: england.dentaleast@nhs.net

Indicative Treatment

This is an indicative and not exclusive list of emergency and urgent primary dental care to achieve the treatment of the following conditions:

A. Emergency (to be referred into Emergency Dental Care where appropriate):

- Life threatening emergencies, e.g. airway restriction or breathing/ swallowing difficulties due to facial swelling
- Uncontrollable dental haemorrhage following extractions that cannot possibly be dealt with within the Urgent Dental Care Centres;
- Rapidly increasing swelling around the throat or eye which causes immediate threat to life;
- Trauma to head and neck to include dental arches that requires maxillofacial services.

For all the above emergencies, follows the route shown below for Emergency Dental Care.

B. Urgent: (see triage information at Appendix 3)

- Trauma such as dento-alveolar injuries or avulsion of a permanent tooth
- Oro-facial swelling that is significant and worsening but does not present realistic threat to life
- Post extraction haemorrhage that is not controllable by local measures but does not present realistic threat to life
- Dental conditions that have resulted in acute and severe systemic illness
- Severe dental and facial pain: that is pain that cannot be controlled by the patient following self-help advice or the use of appropriate antimicrobials. For further information see Appendix 2.
- Fractured teeth or tooth with pulpal exposure
- Dental and soft tissue infections without a systemic effect
- Oro-dental conditions that are likely to exacerbate systemic medical conditions

Possible list of treatments which could be provided include:

Assessment and Diagnosis

- examination, assessment and advice;
- radiographic examination and radiological report;

Interventive Treatments

- dressing of teeth and palliative treatment;
- re-implantation of a displaced permanent tooth following trauma with any necessary endodontic treatment being delayed until aerosol generating procedures (AGP) can be achieved with appropriate PPE;
- extraction of teeth with appropriate management of any aerosol, including PPE;
- provision of post-operative care including treatment of infected sockets;

- urgent treatment for acute conditions of the gingivae or oral mucosa, including treatment for pericoronitis or for ulcers and herpetic lesions, and any necessary oral hygiene instruction in connection with such treatment;
- incising an abscess;
- other treatment immediately necessary as a result of trauma;

3. NHS 111 and Out of Hours

NHS 111

Patients accessing NHS 111 during normal surgery hours will be disposed in the following ways:

- If the patient has a GDP, they will be directed to contact the same.
- If the patient has no regular GDP, they will be advised to locate a primary care dental service using their postcode via NHS service search at https://www.nhs.uk/service-search/find-a-dentist or to carry out an internet search using appropriate search engines.
- If the patient presents with a dental emergency, they will be signposted to the relevant emergency service

Out of Hours

Patient access to Out Of Hours Services will also be via NHS 111. The patient journey will depend upon the time of contact:

Monday- Thursday outside of normal opening hours:

- If a patient does not require urgent dental care, they will be provided with appropriate advice
- If the patient requires urgent dental care, they will be advised to contact a dental practice, as set out above, at the start of the next working day
- If the patient presents with a dental emergency, they will be signposted to the relevant emergency service

Friday evening- Monday morning

- If a patient does not require urgent dental care, they will be provided with appropriate advice
- If a patient does require urgent dental care and the NHS111 service has sufficient capacity with dentists within their triaging team, the patient will be provided with 3A's or referred on to the Clinical Triage Service as deemed appropriate
- If a patient does require urgent dental care and the NHS111 service does not have access or capacity to a dentist within their triaging team, the patient will be signposted to Out Of Hours services to be triaged by a dentist and disposed by provision of 3A's or onward referral to the Clinical Triage Service as deemed appropriate

- If a patient requires urgent dental care and this is outside of the normal working time for all Out Of Hours services, then the patient will be advised to contact NHS111 at the start of the next day
- If the patient presents with a dental emergency, they will be signposted to the relevant emergency service

If, upon referral to the Clinical Triage Service the patient is deemed to require urgent dental care, the patient will be referred to an Out Of Hours Service able to provide the appropriate treatments set out above either with or without generating an aerosol.

4. Dental Treatment in Secondary Care

Limited only to emergency situations that cannot be treated in primary care and would benefit from assessment by secondary care colleagues as posing a realistic immediate threat to life. Further for information see here. In addition, secondary care continues to provide a 2-week wait service in relation to cancer assessment, diagnosis and treatment. For further information please refer to Appendix 14 where this a spreadsheet used by Secondary Care Services in Essex to assess risk factors in relation to the same.

5. Orthodontic Services: Limited to urgent care. (See BOS Covid-19 Orthodontic Emergencies Protocol at Appendix 12)

6. Prison Services: linked to established medical procedures – arrangements to be confirmed.

7. Care in Residential and Nursing Homes, Domiciliary Care and Shielded Patients

For full information on the provision of care in residential and nursing homes, domiciliary care and that for shielded patients, see here.

Key priorities in current circumstances

- Switch to “total triage” and remote consultation in primary care dental services – phone/video utilizing Emergency Care and Urgent Care triaging teams. For further information see BMJ article: BMJ article and https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance/health-care-professionals
- Stop routine care
- Follow Office of Chief Dental Officer guidance (as updated)
- Initiate an appropriate referral system to manage patients requiring urgent dental care
- If treatment is deemed as required, this will require care at a designated Urgent Dental Care centre. The attending clinician is to assess situation and determine the risk of generating an aerosol at any point during the procedure. Where possible, care should be identified that avoids the generation of an aerosol. However, if treatment deemed an aerosol generating procedure (AGP) as set out in the guidance at Section 8.1 here, then appropriate PPE will be used.

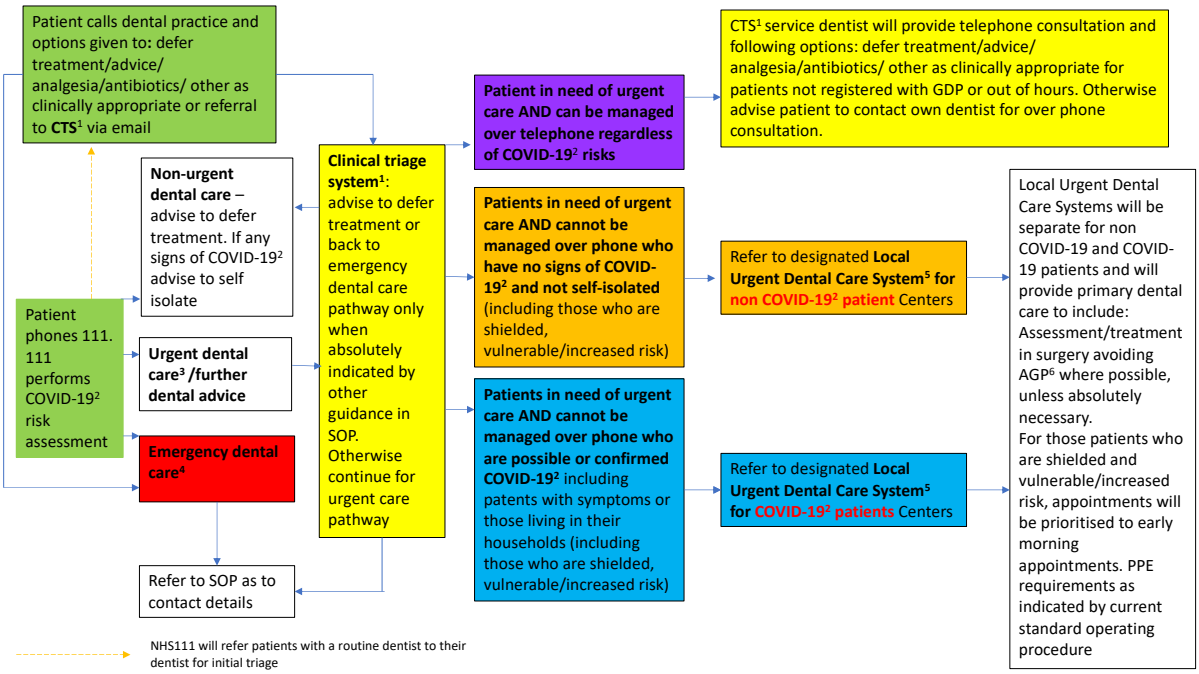
1. Triaging

General Dental Practices are responsible for triaging any patient who makes contact with them, this includes a COVID-19 assessment of the patient, either individually or by local arrangement. A COVID-19 assessment for patients will be completed at 1st stage triage (either NHS 111 or by a General Dental Practitioner), at 2nd stage triage with the Clinical Triage System and prior to any clinical assessment in the Urgent Dental Care practices. Please refer to the following guidance for details on this – note this may be subject to change: https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/ Please also see Appendix 5.

For triaging Out Of Hours, please see the information above.

For any patient who, after triaging by their GDP or NHS111, is considered to require urgent or emergency care which cannot realistically be treated remotely must be referred on to the Clinical Triage Service as set out above or directly in to Emergency Care.

The Clinical Triage Service will further assess the patient, including a full medical history and COVID-19 assessment, to determine whether the patient requires urgent dental care. At this stage, the patient will either be passed to the Urgent Dental Care service or, if the Clinical Triage Service considers that the patient does not require urgent dental care, this will be recorded, and appropriate advice given to the patient. If a patient at any stage requires emergency dental care, they must be referred to the appropriate service using the details below.



(Algorithm and key available at Appendix 4)

The patient will be categorised by the Clinical Triage Service into one of four groups shown below:

Patient Groups

For further information on Patient Groups, please see Issue 3 Preparedness Letter from the Office of the Chief Dental Officer

a) Patients who are possible or confirmed COVID-19 patients- including patients with symptoms, or those living in their household.
b) Patients who are shielded- those who are at most significant risk from COVID-19
c) Patients who are vulnerable/at increased risk from COVID-19
d) Patients who do not fit one of the above categories

All patients who are referred to an Urgent Dental Care (UDC) centre by the Clinical Triage Service will have the following information recorded and sent in advance to the Urgent Dental Care centre:

- COVID-19 assessment
- **Full** and **thorough** history of patient complaint
- Updated **comprehensive** medical history. This may be attained from their general dental practitioner.
- This information is to be emailed using a secure nhs.net account to the Urgent Dental Care system.

This information must be provided in both the Referral Form and Patient Care Record as described here.

2. Choice of Urgent Dental Care centre for patients to be seen

Patients will be directed to an Urgent Dental Care centre appointed by NHS England depending on their COVID-19 assessment and their patient group (as detailed above). Thus, patients in group a) will be spatially and temporally separated from those in other groups. The time of appointment will also be considered for each patient. For example, patients in groups b) and c) will be offered appointments at the beginning of the day, prior to any patient in group d) or, as appropriate, group a). From experience it is evident that currently group a) UDCs have additional capacity whereas which is much less the case for the other groups of UDCs. It is anticipated that with the expected growing workload the group a) UDCs will also be able to accommodate asymptomatic patients, both spatially and temporally by arranging for symptomatic patients to be seen as the last patients of the day.

Patient group a) Practices

Sites across East of England identified by NHS England and NHS Improvement for the delivery of urgent dental care for those who are possible or confirmed COVID-19 patients- including patients with symptoms, or those living in their household as set out above. All sites/staff trained, fit tested and using FFP3 masks, where appropriate for delivery of dental care in line with current guidance. Details about recommended equipment and materials for each site can be found in Appendix 6.

Patient appointments to be of sufficient time to allow appropriate time to don/doff PPE; normally 3 patients per session with time at the end of the session to clean down. Practice to be of sufficient size and location to ensure safe passage for patient and supporting dental team. Team to be made up of 3 appropriately trained and equipped members; one dentist and 2 DCPs.

Patient group b) c) and d) Practices

General dental practices appointed by NHS England as non-COVID Urgent Dental Care Centres in line with the guidance at Issue 3 Preparedness Letter of CDO guidance.

As with group a) practices, All sites/staff trained, fit tested and using FFP3 masks, where appropriate for delivery of dental care in line with current guidance.

3. Out of Hours Services

For information on patient care outside of normal hours, please refer to here.

4. Emergency Care

If a General Dental Practitioner, NHS111 or the Clinical Triage Service triage a patient who is deemed to require emergency dental care that is presenting a realistic

or immediate threat to life, the patient should not be referred to the Urgent Dental Care system.

For patients requiring emergency dental care that presents a realistic or immediate threat to life please contact:

Essex:	Broomfield Hospital, Chelmsford (24/7 Service)– Tel: 01245 362000 and ask to be put through to Maxillofacial Department On Call
East Anglia	Addenbrookes Hospital, Cambridge (24/7 Service)– Tel: 01223 245151 and ask to be put through to Maxillofacial Department On Call
	Norfolk and Norwich Hospital (24/7 Service)- Tel 01603 286286 and ask to be put through to Maxillofacial Department On Call
	Peterborough Hospital, Peterborough (24/7 Service)- Tel: 01733 678000 and ask to be put through to Maxillofacial Department On Call
	Queen Elizabeth Hospital King's Lynn (Service running normal working hours) Tel 01553 613613 and ask to be put through to Oral & Maxillofacial on-call
	James Paget Hospital (Service running normal working hours) Tel 01493 452452 and ask to be put through to Oral & Maxillofacial on-call
Herts BLMK	Luton and Dunstable Hospital (24/7 Service)- Tel 01582 491166 and ask to be put through to Maxillofacial Department On Call or through the electronic referral management system in the normal fashion

Latest IOMS guidance is located in Appendix 13 along with the 2-week wait referral triaging spreadsheet in Appendix 14 supplied by Essex Oral Surgery MCN. Please use this spreadsheet to indicate the relative risk assessment of patients before referring in to the 2-week wait system. This is to be used as an indicative guide, not to make a definitive decision.

5. Infection Prevention and Control

Principles of infection control will be followed in accordance with latest guidance:

- Latest guidance on infection prevention and control
- COVID-19: personal protective equipment use for non-aerosol generating procedures
- Coronavirus FAQs
- Cochrane Library

6. Data Collection and Reporting

The Urgent Care Dental service will supply data reporting as required by NHS England and NHS Improvement to support service delivery, future planning and patient benefits and continuity.

Data requirements, data reporting sheets and routes for data returns will be analysed through the sending of data to: england.Covid-19dataUDCeast@nhs.net by the Clinical Triage Service and the Urgent Dental Care centres on a regular basis.

7. Care in Residential and Nursing Homes, Domiciliary Care and Shielded Patients- Standard Operating Procedure

Introduction

With development of the provision of urgent dental care founded in the setting up of Urgent Dental Care systems, there is clear indication that guidance is required for the care of patients who require care in residential and nursing homes or other domiciliary care and this may include those who are shielded patients.

However, there will be a number of patients in the shielded group who would not normally fit the domiciliary criteria as set out below. However due to the high risk posed by COVID-19, these patients will require a more thoughtful and joined up provision of care presently and possibly for a longer term.

Criteria for domiciliary care:

This service is to be delivered to adults and children who are:

- Resident in a nursing/residential care home and have lack of mobility, long term and/or progressive medical conditions; mental illness or dementia, causing disorientation and confusion in unfamiliar environments; or increasing frailty who are not able to travel to a dental surgery.
- Housebound, i.e. at a patient's place of residence – to be eligible for this service, patients must be housebound due to lack of mobility, a phobia, i.e. agoraphobia, long term and/or progressive medical conditions; mental illness or dementia, causing disorientation and confusion in unfamiliar environments; or increasing frailty and are not able to travel to a dental surgery.
- In the Shielded category care in a surgery may be deemed inappropriate following an appropriate risk assessment where it is considered the risks to the patient are significantly reduced by them being treated in their own home weighed against the benefits in being treated in an equipped facility.

In some areas the domiciliary service also provides care to hospitalised in-patients. In most cases emergency treatment for hospital in-patients will be met by the Oral and Maxillofacial Surgery team. However, there may be certain circumstances where expertise from a Special Care Dentist may be required, particularly in view of the long-term effects of COVID-19 requiring extended provision of only urgent dental care and how this may evolve.

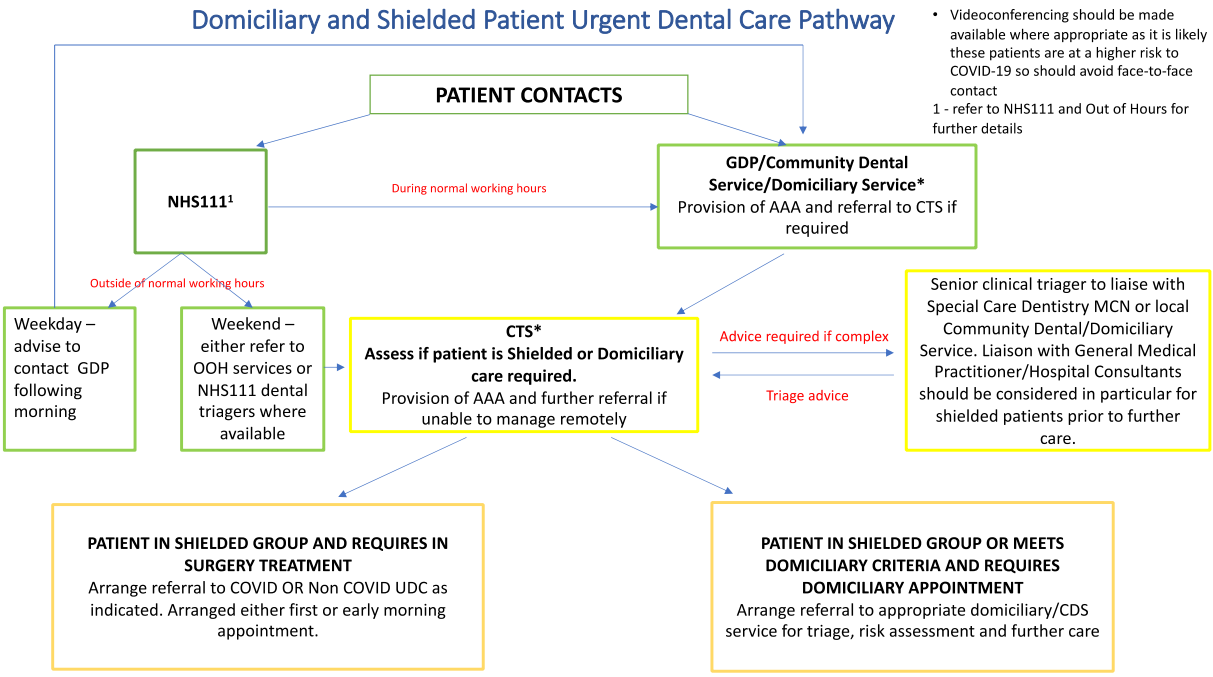
Please refer to the route of referral for Urgent Dental Care centres as this applies in respect of patients deemed to meet the criteria set out above also.

Pathway for Urgent Dental Care for Domiciliary and Shielded Patients

For patients in the Shielded and wider domiciliary group, as with other urgent care provisions, the following care providers will be involved in the pathway for urgent dental care:

1. Primary dental services
2. NHS111
3. Out Of Hours (OOH) services
4. Clinical Triage Service
5. Community Dental Services/Domiciliary Services
6. Urgent Dental Care services
7. Emergency Dental Care- immediate referral to relevant services

The following flow diagram integrates these areas of care also at Appendix 23.



In addition, for patients requiring domiciliary care or who meet the shielded group criteria, it is important to consider the use of remote consultation (to include telephone, photographic and video consultations) to minimise those requiring face-to-face intervention in this high-risk group. For further information on video consultation see BMJ article: BMJ article and https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance/health-care-professionals and further guidance contained within the SOP for NHS England And NHS Improvement East of England.

In circumstances when the first stage triager is either the Community Dental Service or Domiciliary Provider, if the patient is advised to come back into this service for

urgent dental care, this must be clearly stated on the referral to CTS so this patient can be triaged effectively and efficiently back to Community Dental or Domiciliary Services as appropriate. The email to the CTS should include the following title in the subject line: '*Referral for shielded/domiciliary care; referral back into service'*. The CTS will review the case and complete the relevant section of the Referral Form and, as appropriate, refer back to the respective service.

- **NHS111 and Out Of Hours Services**

NHS111 and Out Of Hours services will follow similar patterns to that included in the SOP for NHS England And NHS Improvement East of England.

- **Clinical Triage Service and Urgent Dental Care Provision**

The Community Dental Services and Domiciliary Service Providers may be involved in the initial triage pathway, providing telephone/video consultations and the 3As as a primary pathway of care. The same will provide referral into the Clinical Triage Service.

The Clinical Triage Service also have support from Special Care Dental Services and Paediatric Specialists, through their Managed Clinical Networks. MCNs are able to offer remote support and advice if required, prior to onward referral to appropriate UDCs through discussion with senior triagers who link with the relevant Managed Clinical Network. It may be relevant to also liaise with the patients General Medical Practitioner and/or Hospital Consultants if further care in a UDC centre or domiciliary visit is proposed.

Once the patient has been triaged, the CTS will complete the Referral Form and a Patient Care Record, as appropriate, having also completed a COVID risk assessment. This will be sent to the relevant, appropriate UDC centre.

At this stage, the Referral Form and Patient Care Record should provide the following information:

a. COVID risk assessment
b. **Full** and **thorough** history of patient complaint
c. Updated **comprehensive** medical history.
d. All relevant **radiographs/photographs**
e. Any discussions with **Special Care Dental Services or Paediatric Specialist or Medical Practitioner** is documented.
f. All efforts are attempted to provide a **video consultation** and this has been documented.

If the CTS deems further treatment is required at either UDC centre or a domiciliary appointment this should be discussed carefully with the patient so all options are

pursued and the COVID-19 risks for further care discussed. The risk of attending a UDC centre must be weighed against the benefit of the visit and discussions with a Special Care Dental Service or Paediatric Specialist may be required. The CTS should then refer to the most appropriate service provider which in many cases will be the Community Dental Services or Domiciliary Services who will carry out a further triage as above. The patient will be supported for an appointment and prior to the appointment will receive further contact from the treating dentist or Special Care/Paediatric Dental Specialist or both.

The designated UDC centre should follow the received referral with a call/video consultation with the patient as far as practicable. There may also be a need to extend this discussion to others living in their household. The most appropriate appointment should be provided to the patient at the most appropriate time to reduce patient exposure time as far as reasonably possible. Appointments should bear in mind the need to separate shielded patients both spatially and temporally. For all patients in the shielded group, the first appointment of the day or an early morning appointment should be considered. An appointment for an asymptomatic shielded should not follow after a patient having attended with COVID in the same day.

Domiciliary care will be provided by current providers. Therefore, it is expected that they will work to their existing Standard Operating Procedure and guidelines, whilst considering these in relation to the SOP for NHS England And NHS Improvement East of England.

It is recommended each provider reviews their SOP and takes into account the following factors relevant to COVID-19.

Cross Infection Prevention and Control for Domiciliary Care

The same principles of in-surgery infection control described above will be also followed for domiciliary care, with addition to the following guidance specific to care homes and residential homes:

- PPE recommendations for care home staff in the context of sustained COVID-19 transmission in the UK: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881329/COVID-19_How_to_work_safely_in_care_homes.pdf

Please also refer to cross infection prevention and control measures reviewed in the section below in “Indicative Domiciliary Pathway” for each stage of the appointment

a. Before the domiciliary appointment
b. At the domiciliary appointment
c. Arrival back to clinic

There may be circumstances where additional PPE maybe thought necessary, e.g. patients with learning disabilities and behavioural issues, and it would therefore be appropriate to risk assess each case to determine the appropriate PPE for each visit whilst taking into account the effect this has on current PPE resources.

Indicative Domiciliary Pathway

For patients requiring domiciliary care, it is important to recognise care provision on a domiciliary visit is limited depending on the patients' medical history, their co-operation, the environment and the type of treatment required.

a) <u>Before the domiciliary appointment:</u>

- Check referral form has a full medical history, full history of patient complaint, COVID-19 status, information from Specialist Dentist if relevant, radiographs, photos and information from video consultation where possible.
- It is important to confirm if there are other residents with COVID-19 symptoms within the patient's home or care home. If so, ask how the residents are being isolated and if the patient has had their temperature taken recently.
- Complete Domiciliary Risk Assessment (see below) over the phone prior to entry into the home (this may, in part, be required to be completed at the care home).
- Discuss best area to see the patient (this should be a clean, well ventilated areas, preferably not a bedroom, easily accessible to the dental team allowing the least possible contacts within the home).
- If a patient requires to be seen in their bedroom ensure the room is well ventilated prior to arrival and discuss options of best access to the patient to avoid other residents/carers.
- Any ceiling or floor fans should be turned off during examination to prevent potential spread of aerosols and droplets.
- Confirm the patient should not have another member of staff or family present in the room during treatment unless the patient has a complex care need e.g. learning disability, dementia that means they require a carer present.
- If a carer is present, request that the carer is wearing appropriate PPE during the visit. (Dental team will bring a fluid resistant face mask, apron and gloves with them if these are not available at the property).
- Confirm the most appropriate contact telephone number, and advise the dentist will phone once outside the property.
- Discussion of case between dentist and nurse due to attend the visit (one dentist and one nurse will attend the domiciliary visit).
- Agree equipment required, this should be kept to a minimum and placed in a sealed plastic container and placed in the car. See below for full list of possible equipment.

- Agree PPE requirements for each individual domiciliary case
- The dentist and nurse should change from their clinic scrubs into clean domiciliary scrubs and perform hand hygiene before leaving clinic.
- Both members of staff should travel separately if possible, depending on appropriate car insurance being in place.
- The home should be provided with an approximate time of arrival so they are ready and waiting. Also advise they will need to open doors and direct you to the appropriate consultation area.
- If key safe access then ensure the dental team member uses gloves; once inside the house, place gloves in clinical waste bag. Do the same on the way out.
- An appropriate and relevant patient charge should be considered and, where applicable, collected prior to the visit.

b) At the domiciliary appointment

- Upon arrival, the previously agreed phone number should be telephoned to advise that you have arrived at the property.
- Don all required PPE in the most appropriate place (this should have been discussed and risk assessed over the phone before entering the home).
- Clean hands with alcohol gel for 20 seconds and put on a pair of latex free gloves.
- Where available, ask a member of staff to open the door and direct you to the consultation area adhering to social distancing. If they are unable to adhere to social distancing advise or provide correct PPE for the carer (the dental team should take spare fluid resistant face masks, apron and gloves with them in case these are not available at the property)
- Have your photographic ID in a sealed transparent bag to avoid unnecessary surface contacts. The bag can be disposed of along with PPE after the visit.
- If a staff member needs to be present with the patient, ensure they wear appropriate PPE prior to entering the patient's room.
- Patient should be sitting in the pre-arranged consultation area.
- The dental team will use alcohol gel for 20 seconds and then put on their 2nd pair of treatment gloves, if considered appropriate.
- If the patient has sufficient co-operation, the dental staff should put alcohol gel into the patient's hands and ask the patient to apply it all over their hands for 20 seconds

  CAUTION; if patient is on continuous home oxygen, alcohol gel should not be used near the oxygen source.
- The patient's medical history should be confirmed.
- The dental nurse should set out all equipment that may be required onto a clear surface, prior to commencing treatment.

- Once treatment has been finished, the dental nurse should place all equipment and instruments in a sealed transportation box.
- The dental staff should put alcohol gel into the patient's hands and ask the patient to apply it all over their hands for 20 seconds **(CAUTION; if patient is on home oxygen or unable to cooperate with this)**
- The 2nd pair of treatment gloves, if worn, should now be removed and placed in the clinical waste bag.
- Where available, care home staff should be asked to open all doors upon exit if possible.
- The dentist and dental nurse should leave the property and then remove PPE into a second clinical waste bag. A clean pair of gloves should be worn to place clinical waste bags, red box and instrument transportation box in the car.

c) Arrival back to clinic

- Take all equipment back into the clinic from the car
- Wipe down any surfaces that have been touched in the car with an antibacterial wipe
- Once inside clinic, change out of domiciliary scrubs and perform hand hygiene
- Write up all clinical records, Referral Forms and Patient Care Records, where appropriate.
- All data should be submitted to the relevant email address.

Suggested Risk Assessment for Domiciliary Appointments

This form is to be filled prior to attending a domiciliary visit. Every effort should be made to complete the form over the phone with the patient/care team/care team manager. Any details not filled in should be checked when at the residence.

Domiciliary Visit Risk assessment	
Patient name	
Address	
Phone number	

No. of persons living in the premises	
Understanding and Communication Can the patient understand and communicate to an acceptable level/are additional communication needs required? – if so please comment	
Possible Treatment Problems e.g. medical history, behavioural issues	
Support and Aftercare Is there an appropriate level of social support and aftercare?	
Others Present Will a carer, relative, support worker etc be present?	
External Access Hazards e.g. access via alley, poor paths, stairs, lift out of action	
External Lighting Hazards e.g. lack of or inadequate street lighting, poorly lit access	
Internal Access Hazards e.g. Steep/narrow stairs, trip hazards	
Fire hazards e.g. smokers on premises, potable gas heaters	
Slip, Trip and Fall e.g. slippery floors, items on floor, wires	
Electrical Hazards e.g. frayed cables, damaged plugs, extension cables	
Animal Hazards Will there be any pets on the premises or within the treatment area?	
Furniture Hazard e.g. blocking pathways or access to patient	
Space Hazard e.g. Will there be sufficient space to enable the treatment of the patient in an appropriate manner and with privacy and dignity?	
Additional Comments	
Assessment Outcome Green – no significant issues, Amber – comments must be read before visiting patient or Red – anyone visiting the patient or premises must contact patent/care team to discuss hazards in advance of visit	Green - ☐ Amber - ☐ Red - ☐
Name of assessor	

Date of Completion	
Signature	

Suggested Domiciliary equipment list

This is meant to be a useful guide and is not prescriptive. Other items may be included according to individual need and preference.

All equipment should be carried in an appropriately labelled, hard container with a secure lid. A separate box should be used for any contaminated equipment with an appropriate label warning that the contents are contaminated. And a separate secure sharps box should also be carried.

The dentist should also carry the necessary equipment to deal with medical emergencies that may arise during the visit. Please review current resuscitation guidelines here. Wherever possible, use disposable items. Only items considered necessary by prior assessment and triage should be taken to limit associated risks.

General Kit

This is likely to include:

- Portable light
- Portable suction
- Examination instruments for initial assessment visits e.g. mirror and probe
- Finger Guard
- Infection control items and equipment:
  - Gloves
  - Masks/face visors
  - Protective clothing for dentist and nurse e.g. plastic aprons
  - Sharps disposal
  - Alcohol gel
  - Plastic over-sheaths/cling film
  - Disinfection wipes
  - Waste bags
  - Paper towels, rolls, tissues
  - Dirty instrument-carrying receptacle with secure lid
- Protective spectacles/bib for patient
- Relevant PPE for dentist and support staff
- Laerdal resuscitation pocket mask
- Emergency equipment/ drugs kit / oxygen
- A Portable X-ray machine (compliant with IRR 1999) is desirable but not essential.

Administrative Items

The following items are useful:

- Identification badge
- Prescription pad
- Mobile phone
- Pen
- Satellite Navigation system
- Change for parking
- Laminated Post-op instruction leaflets

Conservation kit

Portable unit (motor and suction)
Handpieces and burs
Light source
Syringes
Mirrors
Conservation instruments and tray

Materials

Temporary dressing materials
Restorative materials
Matrix bands
Gauze
Suture materials
Haemostatic agents
Bite packs
Dry socket medicament e.g. Alvogyl
Local anaesthetic cartridges
Topical anaesthetic cream/spray
Oraqix local anaesthetic plus applicator
Cotton wool rolls and pellets
Vaseline

Periodontal kit

Hand scaler

Surgical kit

Syringes
Mirrors
Forceps
Elevators
Instruments for suturing

Appendix 1 – Remote Prescribing for Patients

All prescriptions sent remotely should only be sent to a pharmacy agreed with the patient and from the list of pharmacies provided here:

To obtain an NHS.net email address, follow this link. Alternatively, dental teams should consider a local approach that is agreed between themselves and in collaboration and agreement with local pharmacies whilst considering any relevant guidance, such as that by the GDC.

Information for Dentists:

- Complete prescription as normal, sign and scan. Attach a copy to the patient's clinical records.
- Contact pharmacy via phone or by other appropriate means to advise them you will be emailing scanned prescription.
- Send scanned version from secure NHS email address to secure NHS pharmacy email address.
- Keep your own log of the scanned prescription you have sent.
- Post the original signed prescription WITHIN 72 hours to the pharmacy.
- Contact the pharmacy to confirm receipt of original prescription and record.
- If you don't have access to a scanner, download free app 'cam scanner' on smart phone to scan prescription into a PDF format and send prescription from secure NHS.net email address to secure NHS.net pharmacy email address
- If you require further guidance around prescribing contact your local maxillofacial colleague or Oral Surgery Managed Clinical Network.
- Please refer to the Standard Operating Procedure: Planning for Urgent Dental Care during the COVID19 pandemic document for further guidance.

Details are as follows:

REMOTE PRESCRIBING	
Step 1 →	• Complete prescription and sign • Scan copy and email securely to pharmacy email address • Attach copy to patient's clinical records
Step 2→	• Send original signed copy to pharmacy postal address within 72 hours • Log all sent prescriptions, confirming receipt with pharmacy

Information for patients:

- Patients with COVID – 19 symptoms or those who are living in a household with anyone with COVID -19 should be advised **not to attend** the pharmacy.

- Ask patients if they have a friend/relative/volunteer (not with COVID-19 symptoms or living in a household with anyone with COVID-19 symptoms) to collect the dispensed medication.
- Record in the notes what arrangements the patient has made to have the prescription collected.

We value your support and hope that this healthcare collaboration and sharing of information will improve the experiences for both patients and healthcare staff.

Appendix 2- Indicative Antimicrobial Prescribing

Please refer to national guidance as to the prescribing of analgesics or antimicrobials. This can be obtained from FGDP or SDCEP. Included below is indicative guidance from such bodies. In addition, please refer to the guidance links at the first page of this document for complete information.

Please also refer to the National Dental Antimicrobials Guidance: https://www.gov.uk/guidance/dental-antimicrobial-stewardship-toolkit

- For dental infection in **adults**, either:
  - **amoxicillin**, 1 x 500 mg capsule **3 times daily**,

    or
  - **phenoxymethylpenicillin**, 2 x 250 mg tablets **4 times daily**,

    or
  - **metronidazole**, 1 x 400 mg tablet **3 times daily**.

N.B. For severe infections (e.g. extra-oral swelling, eye closing or trismus), the dose of amoxicillin and phenoxymethylpenicillin can be doubled.

- For dental infection in **children**, either:
  - **amoxicillin** (250 mg capsules, or Oral Suspension* 125 mg/5 ml or 250 mg/5 ml) dose depending on age (see below); **three times daily**,

6-11 months	125 mg	5-11 years	500 mg
1-4 years	250 mg	12-17 years	500 mg

    For severe infection in children aged 6 months to 11 years, increase the dose of amoxicillin up to 30 mg/kg (max 1 g) three times daily.
    For severe infection in children aged 12-17 years, double the dose of amoxicillin.

    or
  - **phenoxymethylpenicillin** (250 mg tablets, or Oral Solution*, 125 mg/5 ml or 250 mg/5 ml) dose depending on age (see below); **four times daily**,

6-11 months	62.5 mg	6-11 years	250 mg
1-5 years	125 mg	12-17 years	500 mg

    For severe infection in children up to 11 years, increase the dose of phenoxymethylpenicillin up to 12.5 mg/kg four times daily.
    For severe infection in children aged 12-17 years, increase the dose up to 1 g four times daily.

    or
  - **metronidazole** (200 mg tablets, or Oral Suspension, 200 mg/5 ml) dose depending on age (see below) **three times daily unless indicated below**

1-2 years	50 mg	7-9 years	100 mg
3-6 years	100 mg (**2 x daily**)	10-17 years	200 mg

*Sugar-free preparation is available.

Please note the BNF can be accessed at www.bnf.org.

Appendix 3- Triage Information

Due to the coronavirus outbreak and in accordance with instructions the Chief Dental Officer, only patients with severe symptoms of infection, bleeding or trauma will be seen for emergency or urgent dental treatment at the present time. If you are experiencing severe pain, you may be asked to take medication for 48hrs and to phone back if symptoms persist. Dentists should operate on the basis of providing Advice, Analgesia and Antimicrobials where possible.

PAIN

Are you able to manage the pain with pain relief?

Yes: Continue over the counter analgesics as appropriate.

No: Consider whether there is an indication for antibiotic prescription (although this is not a conventional treatment pathway for pain, if symptoms are suggestive of an infection, consider antibiotics as treatment modality).

Ask the patient to phone back if symptoms do not improve after 48 hours or if a swelling appears - then follow the swelling guidance below.

If patient is unable to manage pain with over the counter analgesics and there is no other feasible method of controlling the pain, then consider referral to Clinical Triage Service.

POST EXTRACTION BLEEDING

Give initial normal post-operative instructions.

Blood stained saliva is normal, and a slight ooze may be present for up to 24hrs after an extraction.
Patients should apply constant, direct pressure for a minimum of 20 minutes over the extraction site with swab/gauze/clean handkerchief.

Patients who are experiencing a post extraction bleed, and had the extraction within the last working day, should contact their general dental practitioner for advice.

If, despite multiple attempts to achieve haemostasis with direct pressure, this is not successful and the extent of bleeding does not present a realistic threat to life (patient feels systemically well, generally fit and healthy), then refer to the Clinical Triage Service.

If there is uncontrollable bleeding following dental extractions (mouthfuls of blood) refer to the emergency dental service or A&E (out of hours) as set out at Emergency Care.

Assess the patient's medical history for any underlying condition that could predispose to bleeding. Consider the duration of the bleed and possibility of infection. Have a low threshold for onwards referral of a long duration bleed or any relevant medical conditions.

SWELLING

Does the swelling extend to your eye/neck?

Attempt to examine by video call if possible

Yes: Does the swelling affect vision, mild difficulties in swallowing/breathing or mouth opening? (Limited mouth opening if patient cannot open wider than 2 fingers width). If yes, then refer patient to the Urgent Dental Care system.

If swelling presents a realistic threat to life such as; bilateral neck swelling, voice changes, difficulty breathing, swallowing or drooling then refer to the emergency dental care pathway.

No: Prescribe appropriate antimicrobials taking the usual precautions around allergies and consider referral to local Urgent Dental Care system.

In cases of cellulitis or mild swellings, the patient can be asked to outline the swelling with marker, in order to review and re-assess for any improvement.

SOFT TISSUE LESIONS / ULCERS

Examine by video call if possible

Take a detailed history which includes; Size, shape, site, number, duration, frequency, pain, precipitating/relieving factors, other potential surfaces involved (eyes/genitals/skin)

Attempt to manage conservatively with appropriate medication. If lesion/ulcer has been present for 14 days with no obvious cause refer to the clinical triage system.

If there are clear signs of oral cancer after initial assessment, refer to clinical triage system.
Some signs of oral cancer include but are not limited to: Paraesthesia/anaesthesia along a particular nerve distribution, persistent ulcer, persistent red/white patch, bleeding, fixation.

TRAUMA

If patient has experienced facial trauma, refer to the Clinical Triage System if appropriate.

If patient has experienced trauma with loss of consciousness/vomiting/nausea/stiffness of neck/ or blurred/double vision, refer to the emergency dental care system.

Patients who have avulsed a permanent tooth should be instructed to replant it if possible and be seen for management as soon as possible.

- Pick it up by the crown
- If dirty wash briefly (10 seconds) under cold running water
- Re implant the tooth if possible
- If the tooth is to be transported to the clinic it should be placed in a small container of the patient's own saliva or milk

Patients with other dental trauma requiring management (according to dental trauma guidelines) such as luxation/intrusion/extrusion injuries or fractured with teeth pulpal exposure, should be referred to the Clinical Triage System.

The range of conditions provided for by local Urgent Dental Care (UDC) systems will be found in this current SOP – please refer here as it is subject to change which the current evolving situation.

ALL PATIENTS REFERRED TO THE LOCAL URGENT DENTAL CARE SYSTEMS WILL NEED:

1. COVID-19 risk assessment
2. **Full** and **thorough** history of patient complaint
3. Updated **comprehensive** medical history. This may be attained from their general dental practitioner and connected in to the Urgent Dental Care system.

Please go to following website for up-to-date COVID-19 symptoms and advice.
https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/

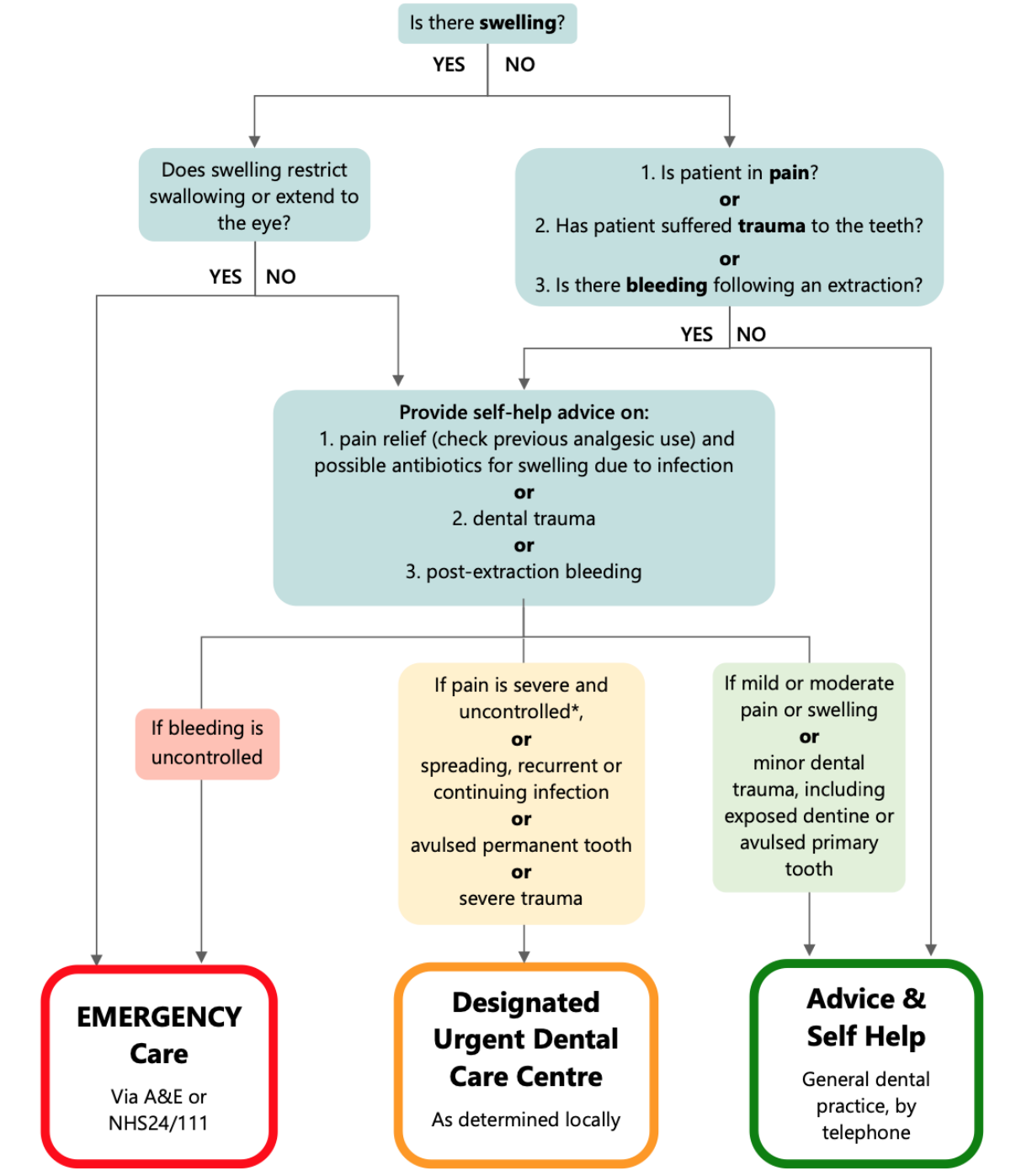
a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)

If you have symptoms of coronavirus, you'll need to self-isolate for 7 days.
After 7 days:
- if you do not have a high temperature, you do not need to self-isolate
- if you still have a high temperature, keep self-isolating until your temperature returns to normal

You do not need to self-isolate if you just have a cough after 7 days. A cough can last for several weeks after the infection has gone.

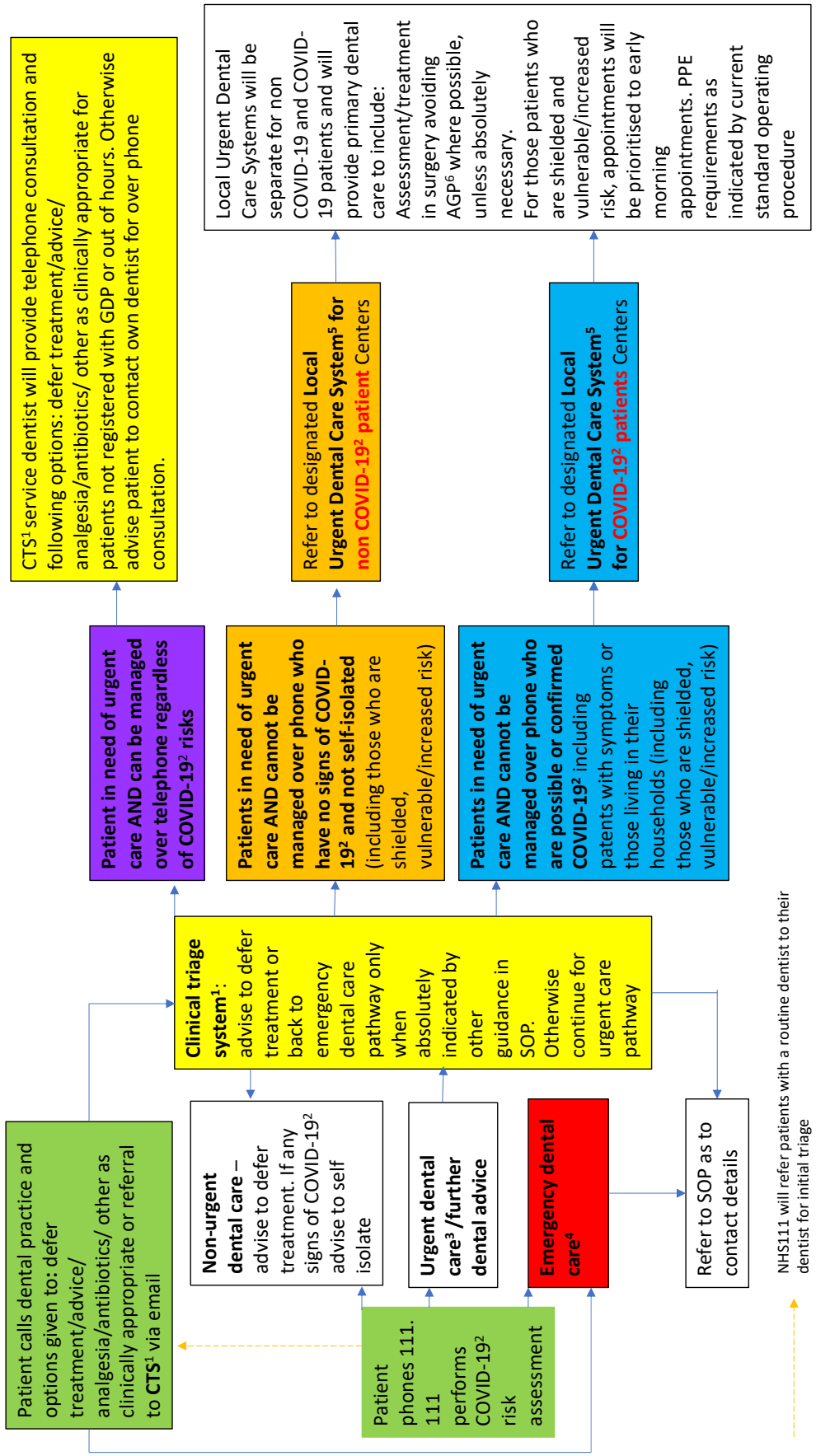
If you live with someone who has symptoms
If you live with someone who has symptoms, you'll need to self-isolate for 14 days from the day their symptoms started. This is because it can take 14 days for symptoms to appear.
If more than 1 person at home has symptoms, self-isolate for 14 days from the day the first person started having symptoms.
If you get symptoms, self-isolate for 7 days from when your symptoms start, even if it means you're self-isolating for longer than 14 days.
If you do not get symptoms, you can stop self-isolating after 14 days.

Alternatively, attached here is the guidance from SDCEP for the management of acute dental problems during COVID-19 pandemic



* Severe and uncontrolled pain is pain that cannot be controlled by the patient following self-help advice.

Appendix 4 -Triaging Algorithm



Appendix 4 - continued

Algorithm for triaging key

1. Clinical Triage Service
2. A new continuous cough or high temp > 37.8oC
3. Urgent Dental Care:
    i) Severe dental and facial pain not controlled by over-the-counter preparations;
    ii) Dental and soft tissue acute infection
4. Emergency Dental Care –
    i) Uncontrollable dental hemorrhage following extractions
    ii) Rapidly increasing swelling around the throat or eye
    iii) iii)Trauma to head and neck to include dental arches.
5. Details of Local Urgent Dental Care Systems will become available in the East of England
6. Aerosol generating procedures

Appendix 5 – Coronavirus Symptoms

Please go to following website for up-to-date COVID-19 symptoms and advice.
https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/

a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)

If you have symptoms of coronavirus, you'll need to self-isolate for 7 days.
After 7 days:

- if you do not have a high temperature, you do not need to self-isolate
- if you still have a high temperature, keep self-isolating until your temperature returns to normal

You do not need to self-isolate if you just have a cough after 7 days. A cough can last for several weeks after the infection has gone.

If you live with someone who has symptoms
If you live with someone who has symptoms, you'll need to self-isolate for 14 days from the day their symptoms started. This is because it can take 14 days for symptoms to appear.
If more than 1 person at home has symptoms, self-isolate for 14 days from the day the first person started having symptoms.
If you get symptoms, self-isolate for 7 days from when your symptoms start, even if it means you're self-isolating for longer than 14 days.
If you do not get symptoms, you can stop self-isolating after 14 days.

Appendix 6 – Suggested arrangements for Urgent Dental Care centres

PROPOSED STAFFING

- Each session will be comprised of 3 staff members, each with a specific designated role
    1. `The treating dentist
    2. The ‘dirty’ nurse in surgery assisting the dentist
    3. The ‘clean’ nurse in surgery, to assist with opening drawers etc to prevent unnecessary direct contamination of surfaces and to develop radiographs and retrieve emergency drugs if necessary or retrieve any equipment / materials outside of the surgery that were not planned for

PATIENT TRAVEL THROUGH THE PRACTICE

- Only one patient to enter the practice at any given time. Any additional attendees should be asked to wait outside, potentially in their car
- Consider taking the patient’s temperature at the point of entry
- No doors should be touched by the patient to enter / leave the building / rooms
- Minimise the distance the patient will travel through the practice
- A treating surgery will ideally be located in close proximity to the main entrance / exit as well as designated patient toilet facilities
- The patient should not travel through any unnecessary areas within the practice
- If the patient is accompanied, the companion is to be asked to wait outside in a suitable environment such as a car.

DENTAL TEAM TRAVEL THROUGH THE PRACTICE

- Avoid any air conditioning wherever possible
- Designated rooms / areas should be identified as DON and DOFF areas and these remain fixed. The DON area is for dressing in appropriate Personal Protective Equipment (PPE). The DOFF area is to remove PPE. Please see guidance below for Donning and Doffing at Appendix 7.
- Ideally two treatment rooms should be allocated, in order to allow any aerosol to settle between patients, and the use of these two rooms is to be alternated. For current guidance on aerosol management in the environment please follow the guidance at section 3.3 and further throughout the document here. In essence, a minimum of 2 air changes is considered pragmatic.
- The team travels from a treatment room (after treating a patient) to the designated DOFF room in order to de-gown
- From this room, the team travels to the designated DON room in order to gown-up
- The team then travels to the next treatment room

Recommended PPE in general

- Scrubs
- Surgical gown
- Surgical gloves
- FFP3 mask
- Ear loop / hand tie face mask
- Wrap around goggles
- Hair net (as available)
- Protective shoe covers (as available)
- In addition, a fluid resistant mask can be used over the FFP3 mask which can then be discarded after each contact to allow the FFP3 mask to remain in situ.
- **For all PPE, please keep updated as to current guidance here or Appendix 8.**

Suggested Protocol for Developing Radiographs

For wet film and phosphor plate radiographic films:

- 'Dirty' nurse places cleaned radiographic film in a sealed box held by 'clean' nurse
- 'Clean' nurse passes this box to nurse outside of surgery who develops radiograph

For CCD's proceed as usual with barrier protection

With the above in mind, below are lists of the proposed materials / instruments to be made available within the clinics.

Proposed Materials	Proposed Instruments
Glass Ionomer Cement, e.g. Fuji XI or equivalent	Mirror
Articulating paper	Straight probe
Floss	BPE probe
Gauze	Tweezers
Scalpels	Hand excavator
Monojet irrigation syringes	Carver
Ledermix or equivalent	Flat plastic
Non-setting Calcium Hydroxide	Ball burnisher
Calcium Hydroxide lining for pulp capping	Plugger
Cotton pellets	Spatula
Post-operative XLA bite packs	Hand scaler
Post-operative XLA instructions	Scissors

Surgicel or equivalent	Rubber dam sheet
Alvogyl or equivalent	Rubber dam clamps
Chlorhexidine mouthwash	Rubber dam frame
Saline	Rubber dam forceps
Patient bibs	Radiograph films and barrier envelopes
Cotton wool rolls	Radiograph holders
Safety needles, long and short	Extraction forceps
Local Anaesthetic plungers	Suction tips
Local anaesthetic, e.g. Articaine, Lidocaine, Scandonest	Cotton rolls
Topical anaesthesia	Endodontic files (if extirpation can be completed without AGP)
Micro brushes	Prescription
	Patient short visor frame and shield

Guidance on Treatment

There is growing guidance on how to best manage patients during treatment and use of the various guidance evidence bases identified at the start of this document on a regular basis is recommended. In addition, review of the treatment options set out at Appendix 9 is also useful.

Of note is when operative care is required:

- Limit AGPs as far as practicable.
- Where possible, the use of rubber dam is recommended when providing operative care to cover mouth and nose where possible whilst assuring normal breathing can continue
- Use of a pre-operative 1% hydrogen peroxide or 0.2% povidone-iodine mouthwash
- Decontamination of the whole operative field, to include rubber dam and tooth, with sodium hypochlorite
- Access the pulp chamber only without instrumentation of the root canal system where appropriate.
- Removal of caries with hand excavator or slow handpiece

Indicative Triaging and Treatment Guide Within a UDC

1. The Tiers of Triaging

2. Clinician Roles in Practice

3. Clinician Pathway: Tier 1

4. Clinician Pathway: Tier 3

5. Start/End of Day Procedures: Tier 1

6. Start/End of Day Procedures: Tier 3

7. Managing the USB

8. Oral Surgery Pathway

9. Orthodontic Emergency Pathway

10. Restorative Emergency Pathway

11. Paediatric Emergency Pathway

12. Community Dental Services Pathway

13. Tier 1 Triage Form

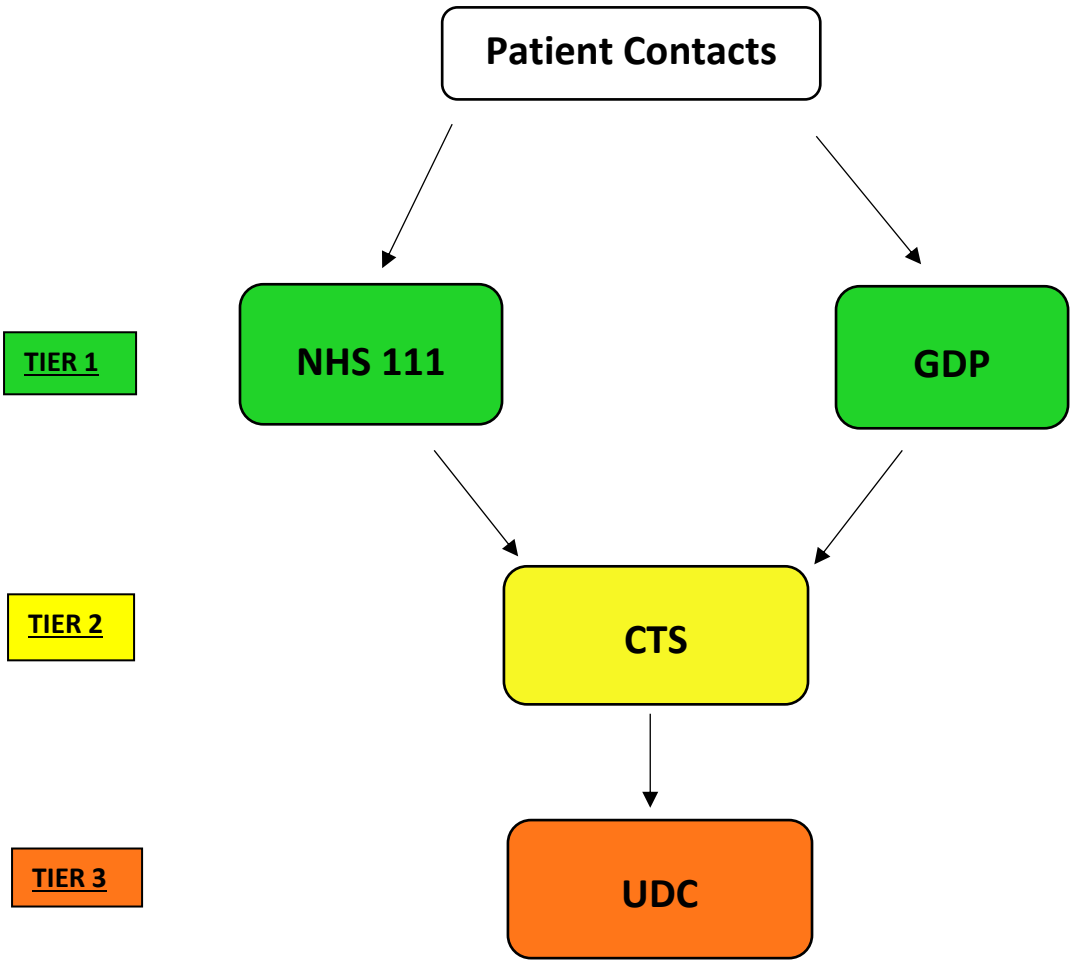
14. Tier 2 Triage Form

Indicative Tiers of Triaging

Tier 1: GDP or NHS 111 or Community Dental Services (CDS)

Tier 2: Clinical Triage System (CTS)

Tier 3: Local Urgent Dental Care System (UDC)



Indicative Clinician Roles

Tier 1 Clinician:

- **Triaging:** as GDP (or on behalf of NHS 111 if service is unavailable)
- **Treatment <u>remotely only</u>**: through advice, analgesia or antimicrobial means
- **Referral:** to CTS for those requiring urgent treatment with full and accurate completion of the Patient Care Record and Excel Spreadsheet

Tier 3 Clinician:

- **Triaging:** of referred patient
- **Treatment**: remotely or in surgery only where necessary

Primary Clinician:

A tier 3 clinician who is appointed each day. They are responsible for:

- Delegating UDC referrals to Tier 3 clinicians on duty
- Collecting and collating data
- Reporting data at the end of each day

<u>Clinician Pathway: Tier 1</u>

1. Patient contacts the practice

2. Reception books patient in the respective clinician's appointment book as 'phone triage'

3. Reception completes patient details on Tier 1 triage form

4. Tier 1 triage form is given to Tier 1 clinician on-duty

5. Clinician telephone triages patient:

- If patient answers: mark as attended
- If patient does not answer: make a record of your attempt and repeat by telephone, text and email on 2 further occasions. If no contact made, return to GDP

6. Record log of conversation in patient notes - use of 'Phone Triage' template or similar.

7. If no prescription/urgent treatment required: Proceed to number 10.

8. If prescription required:

- Complete and sign paper prescription
- Scan prescription and import onto patient notes under 'Contacts' section
- Confirm local pharmacy and their secure NHS email address
- Email copy to pharmacy
- Follow up phone call with pharmacy to confirm they have received the email
- Inform patient of collection
- Record in patient notes of confirmation of pharmacy receipt
- Send paper copy within 72 hours

9. If urgent treatment required:

- Complete Patient Care Record **and** Referral Form
- Send to: england.covid19triageeast@nhs.net
- Record referral in patient notes and upload PCR/RF to Practice Management System

10. Record Tier 1 Triage is complete

Clinician Pathway: Tier 3

1. Referral from CTS is forwarded to clinician on-duty

2. Check Patient Care Record is completed

- If completed: proceed to number 3
- If incomplete: Confirm attachments and return by email specific to CTS triager to return referral to GDP for necessary details.

3. Check Referral Form:

- If completed: proceed to number 3
- If incomplete: Email specific CTS triager for further details from GDP
- If inaccurate/older version completed: Transfer details to newest version. Ensure the details are recorded in the first box below the titles on Referral Form.

4. Clinician adds patient to Practice Management System patient list – query reception for help if needed

5. Clinician telephone triages patient:

- If patient answers: mark as attended
- If patient does not answer: make a record of your attempt and repeat by telephone, text and email on 2 further occasions. If no contact made, return to GDP/CTS

8. Record log of conversation in Patient Care Record and update Excel Spreadsheet

9. If no prescription/urgent treatment required: Proceed to number 14.

10. If prescription required:

- Complete and sign paper prescription
- Scan prescription and import onto patient notes under ‘Contacts’ section
- Confirm local pharmacy and their secure NHS email address
- Email copy to pharmacy
- Follow up phone call with pharmacy to confirm they have received the email
- Inform patient of collection
- Record in patient notes of confirmation of pharmacy receipt
- Send paper copy within 72 hours

11. If urgent treatment required:

- If routine non-COVID: confirm suitable time with clinicians

- If routine COVID: confirm on-call clinician/nurses and suitable time with clinician. Ensure fit-testing of FFP3 has been carried out. Import PCR/RF into Practice Management System

- If complex non-COVID: co-ordinate with MCN lead for suitable day/time with MCN. Ensure fit-testing of FFP3 has been carried out. Import PCR/RF into Practice Management System for new clinician

- If complex COVID: co-ordinate with MCN lead for suitable day/time with MCN.
Confirm nurse availability.
Ensure fit-testing of FFP3 has been carried out.
Import PCR/RF into Practice Management System for new clinician.

12. Contact patient to confirm appointment and book under UDC appointment book

13. Carry out treatment – Band 1 Urgent COT

14. Complete Patient Care Record and Referral Form

15. Import into Practice Management System.

16. Email completed PCR and RF to GDP and specific CTS triager NHS.net email address

17. Complete Tier 3 Triage Form

Internal Tier 1 Triage Form

PATIENT NAME:			
PCO (please include as much detail as possible eg. Site of problem, when it started etc):			
			Further Details
Swelling present?	Yes	No	
Painkillers taken? If so, which painkillers	Yes	No	
Trauma?	Yes	No	
Bleeding?	Yes	No	
	TICK ONCE COMPLETE	Staff Initials	
CONFIRM TELEPHONE AND ADDRESS			
MEDICAL HISTORY UPDATED ON SOE			
COMPLETE MEDICATION LIST ON SOE			
COVID-19 SCREENING - NOTE MADE ON PT RECORDS			
BOOK PATIENT INTO DIARY FOR TELEPHONE TRIAGING			
CLINICIAN TRIAGED - called patient			
IF PRESCRIPTION REQUIRED - REMOTE PRESCRIBING			
SCAN PRESCRIPTION ONTO NOTES			
CONTACT PHARMACY TO CONFIRM NHS EMAIL			
CONTACT PHARMACY TO CONFIRM RECEIPT			
CONTACT PATIENT TO COLLECT PRESCRIPTION			
IF REFERRAL REQUIRED			
REFERRAL FORM COMPLETED			
PATIENT CARE RECORD COMPLETED			
DOCUMENTS SENT TO TRIAGE CENTRE via nhs.net			

Internal Tier 3 Triage Form

PATIENT NAME:			
	TICK ONCE COMPLETE	STAFF INITIALS	FURTHER INFORMATION
CHECK REFERRAL FORM			
CHECK PATIENT CARE RECORD - contact details and history			
BOOK PATIENT INTO DIARY FOR TRIAGING			
DOES THE PATIENT REQUIRE A FILE? (not registered at a Dental Practice)	YES	NO	
CREATE PATIENT FILE IN PRACTICE MANAGEMENT SYSTEM			
CLINICIAN TRIAGED - called patient			
IS AN APPOINTMENT REQUIRED?	YES	NO	
BOOK APPOINTMENT IF REQUIRED			
IS A PRESCRIPTION REQUIRED? - REMOTE PRESCRIBING	YES	NO	
SCAN PRESCRIPTION ONTO NOTES			
CONTACT PHARMACY TO CONFIRM NHS EMAIL			
CONTACT PHARMACY TO CONFIRM RECEIPT			
CONTACT PATIENT TO COLLECT PRESCRIPTION			
HAS THE PATIENT BEEN DISCHARGED?	YES	NO	
COMPLETE REFERRALL FORM			
COMPLETE PATIENT CARE RECORD			
RETURN RF AND PCR TO DATA COLLECTION			

STAYING SAFE AT URGENT CARE CENTRES

A new day in the life of a dental team

BDA
British Dental Association

Getting to work

1. Wear clean clothes
2. Put your phone in a plastic bag
3. Pack two pillowcases and use a washable bag like a rucksack

At work

1. Change into clinical work wear
2. Put your home clothes into one pillowcase
3. Prior to clinical activity put on appropriate PPE, including doffing and donning procedures as appropriate

Leaving work

1. Shower if possible
2. Put your work clothes in the other pillowcase
3. Change into the clothes you had on in the morning

Arriving home

1. Clean down your car where your hands came into contact with it
2. Enter your home with minimal contact with the premises
3. Wipe down the door
4. Dipose of the bag your phone is in
5. Place pillowcases and all work clothes in washing machine separately from other household items
6. Wash on a < ½ load at max temp on labels. Either line-dry, tumble dry or iron
7. Wipe down the machine
8. Wash your hands
9. Shower and dress in clean clothes

Decompress

1. Relax and recharge
2. Go for a walk
3. Phone a friend
4. Don't forget our counselling and emotional support hotline for members bda.org/healthassured

Appendix 7- Guidance for Donning and Doffing PPE

COVID-19

Public Health England

Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs) – Gown version

Use safe work practices to protect yourself and limit the spread of infection

- keep hands away from face and PPE being worn
- change gloves when torn or heavily contaminated
- limit surfaces touched in the patient environment
- regularly perform hand hygiene
- always clean hands after removing gloves

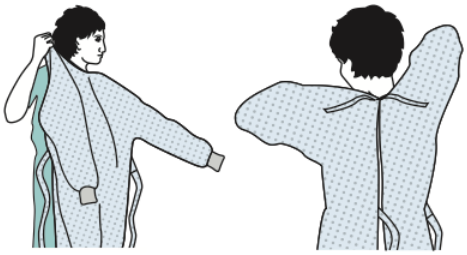
Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Putting on personal protective equipment (PPE). The order for putting on is gown, respirator, eye protection and gloves. This is undertaken outside the patient's room.

Perform hand hygiene before putting on PPE

1 **Put on the long-sleeved fluid repellent disposable gown** - fasten neck ties and waist ties.



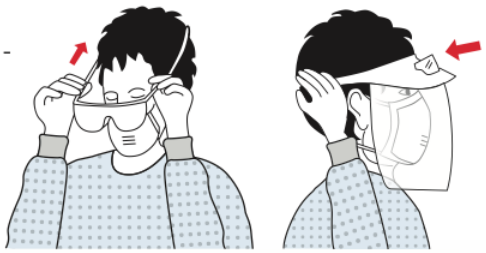
2 **Respirator.**

Note: this must be the respirator that you have been fit tested to use. Where goggles or safety spectacles are to be worn with the respirator, these must be worn during the fit test to ensure compatibility

Position the upper straps on the crown of your head, above the ears and the lower strap at the nape of the neck. Ensure that the respirator is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit. If a good fit cannot be achieved **DO NOT PROCEED**

Perform a fit check. The technique for this will differ between different makes of respirator. Instructions for the correct technique are provided by manufacturers and should be followed for fit checking

3 **Eye protection** - Place over face and eyes and adjust the headband to fit



4 **Gloves** - select according to hand size. Ensure cuff of gown covered is covered by the cuff of the glove.

Public Health England

Removal of (doffing) personal protective equipment (PPE) for aerosol generating procedures (AGPs) – Gown version

PPE should be removed in an order that minimises the potential for cross contamination. Unless there is a dedicated isolation room with ante room, PPE is to be removed in as systematic way before leaving the patient's room i.e. gloves, then gown and then eye protection.

The FFP3 respirator must always be removed outside the patient's room.

Where possible (dedicated isolation room with ante room) the process should be supervised by a buddy at a distance of 2 metres to reduce the risk of the healthcare worker removing PPE and inadvertently contaminating themselves while doffing.

The FFP3 respirator should be removed in the anteroom/lobby. In the absence of an anteroom/lobby, remove FFP3 respirator in a safe area (e.g., outside the isolation room).

All PPE must be disposed of as healthcare (including clinical) waste.

The order of removal of PPE is as follows:

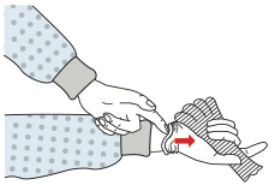
1 Gloves – the outsides of the gloves are contaminated

Firstly:

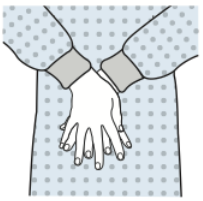
- grasp the outside of the glove with the opposite gloved hand; peel off
- hold the removed glove in gloved hand

Then:

- slide the fingers of the un-gloved hand under the remaining glove at the wrist
- peel the remaining glove off over the first glove and discard



Clean hands with alcohol gel



2 Gown – the front of the gown and sleeves will be contaminated

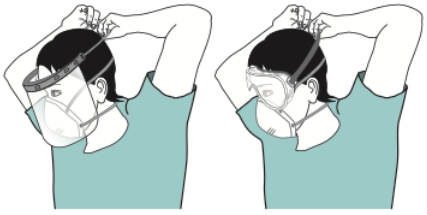
Unfasten neck then waist ties

Pull gown away from the neck and shoulders, touching the inside of the gown only using a peeling motion as the outside of the gown will be contaminated

Turn the gown inside out, fold or roll into a bundle and discard into a lined waste bin

3 Eye protection (preferably a full-face visor) - the outside will be contaminated

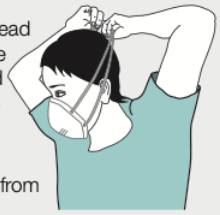
To remove, use both hands to handle the retraining straps by pulling away from behind and discard.



4 Respirator – In the absence of an anteroom/lobby remove FFP3 respirators in a safe area (e.g., outside the isolation room). Clean hands with alcohol hand rub.

Do not touch the front of the respirator as it will be contaminated

- lean forward slightly
- reach to the back of the head with both hands to find the bottom retaining strap and bring it up to the top strap
- lift straps over the top of the head
- let the respirator fall away from your face and place in bin



5 Wash hands with soap and water

Appendix 8- Recommended PPE for Primary Care Setting- related to Sustained Transmission Phase

Public Health England | Academy of Medical Royal Colleges | GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales | Health Protection Scotland | HSC Public Health Agency | NHS

Additional considerations, in addition to standard infection prevention and control precautions,

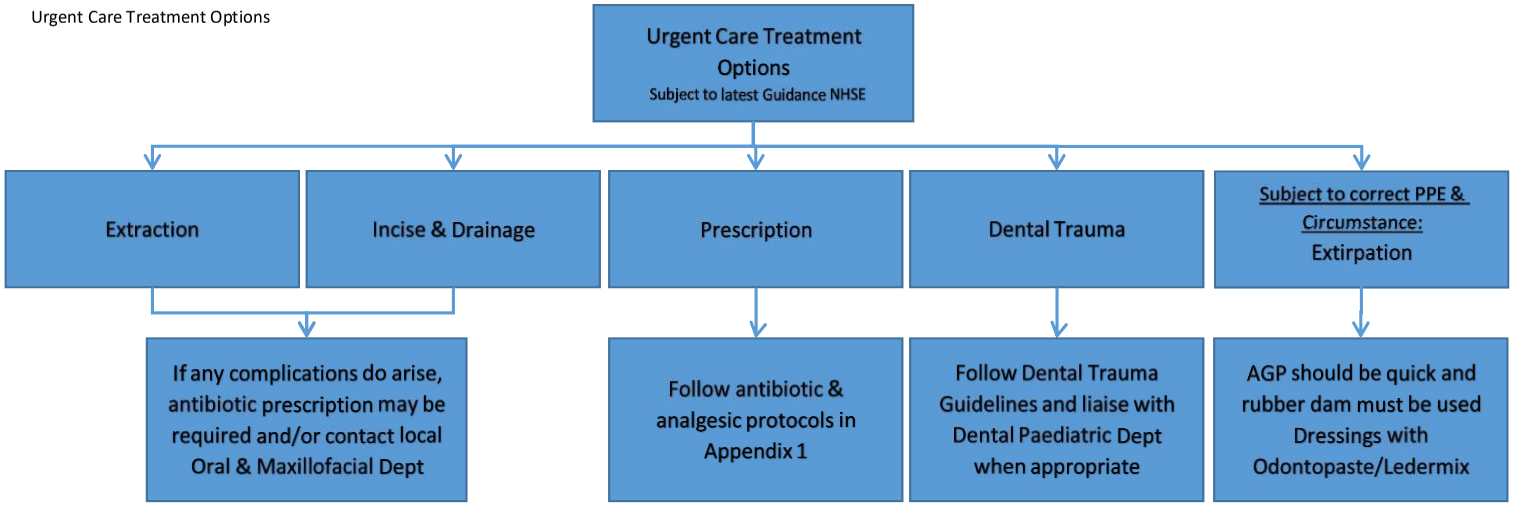
where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/ gown	Surgical mask	Fluid-resistant (type IIR) surgical mask	Filtering face piece respirator	Eye/face protection[1]
Any setting	Direct patient/resident care assessing an individual that is not currently a possible or confirmed case[2] (within 2 metres)	✓ single use[3]	✓ single use[3]	✗	✗	✓ risk assess sessional use[4,5]	✗	✓ risk assess sessional use[4,5]
Any setting	Performing an aerosol generating procedure[6] on an individual that is not currently a possible or confirmed case[2]	✓ single use[3]	✗	✓ single use[3]	✗	✗	✓ single use[3]	✓ single use[3]

Table 4

1. This may be single or reusable face/eye protection/full face visor or goggles.
2. A case is any individual meeting case definition for a possible or confirmed case: 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
3. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
4. Risk assess refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. **Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.**
5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. 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.
6. The full list of aerosol generating procedures (AGPs) is within the IPC guidance (note APGs are undergoing a further review at present).

Urgent Care Treatment Options



Circumstances to Extirpate & Evidence Base:

- Patients who are medically compromised
  - Anticoagulated[1] patients or Congenital Bleeding Disorder patients[2]
    - If patient has unstable INR, INR >4 or has not skipped the morning dose of NOAC
  - Bisphosphonates and monoclonal antibodies[3,4]
    - Patients who have had or are receiving Intravenous bisphosphonate medication and Anti-TNF treatments (Rheumatoid Arthritis) and therefore at high risk of osteonecrosis.
    - Patients on oral bisphosphonates with other immunosuppressives such as steroids or chemotherapeutic agents who are at a high risk of osteonecrosis
    - Patients on oral bisphosphonates who smoke or are diabetics
  - Oncology patients[5]
    - Patients at risk of Osteoradionecrosis. (patients with a history of head and neck radiotherapy)
- Tooth where there is a substantial increased risk of damage to adjacent anatomical structures if extracted
  - Pneumatisation of sinus, close proximity to Antrum or Inferior dental nerve
- Teeth with root resorption and/or ankylosis
  - Depending on the type of resorption; extirpation may be indicated.[6]
- Patients with aesthetic concerns/anterior teeth displaying symptoms
  - This could be due to existing pathology or previous/current trauma[7]
- Unsuccessful attempts at extraction and symptoms remain
- Abnormal root morphology likely to compromise the ease of extraction
  - In such cases, extirpation may be possible - to at the very least decrease the pressure within the pulpal system[8]

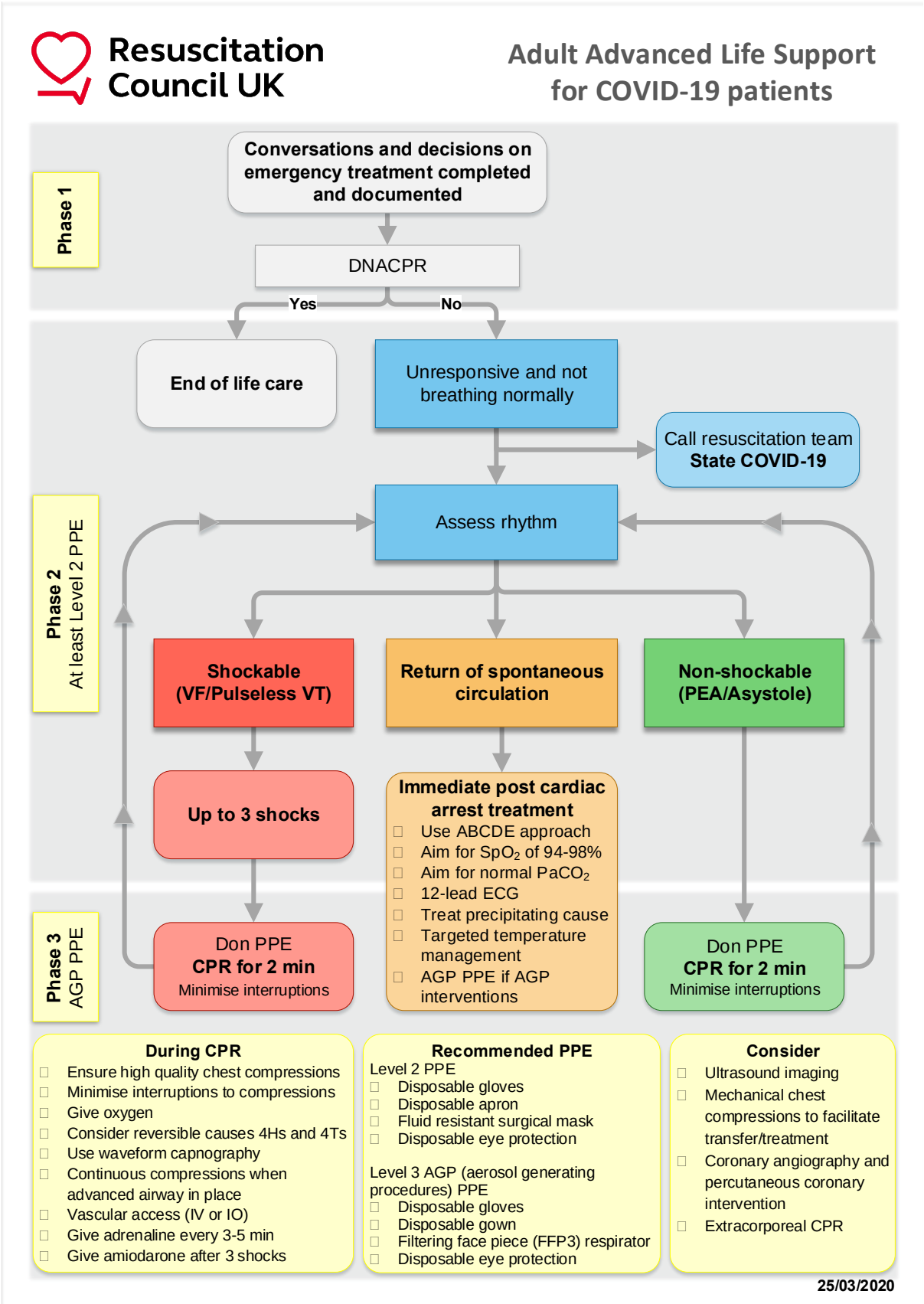
Ajmal Zubair

1- http://www.sdcep.org.uk/wp-content/uploads/2015/09/SDCEP-AntioagulantsGuidance.pdf
2- Anderson, J., Brewer, A., Creagh, D. et al. Guidance on the dental management of patients with haemophilia and congenital bleeding disorders. Br Dent J 215, 497–504 (2013). https://doi.org/10.1038/sj.bdj.2013.1097
3- Guidance Scottish Dental Clinical Effectiveness Programme March 2017 http://www.sdcep.org.uk/published-guidance/medication-related-osteonecrosis-of-the-jaw/
4- NICE Guidance Feb 2018 https://www.nice.org.uk/guidance/ta464
5- Kumar, N. (2019). Updated clinical guidelines on the oral management of oncology patients. Faculty Dental Journal, 10(2), 62–65. https://doi.org/10.1308/rcsfdj.2019.62
6- Darcey, J., Qualtrough, A. Resorption: part 2. Diagnosis and management. Br Dent J 214, 493–509 (2013). https://doi.org/10.1038/sj.bdj.2013.482
7- Andreasen, J.O., Lauridsen, E., Gerds, T.A. and Ahrensburg, S.S. (2012), Dental Trauma Guide: A source of evidence-based treatment guidelines for dental trauma. Dental Traumatology, 28: 345-350. doi:10.1111/j.1600-9657.2011.01059_1.x
8- Carrotte, P. Endodontics: Part 3 Treatment of endodontic emergencies. Br Dent J 197, 299–305 (2004). https://doi.org/10.1038/sj.bdj.4811647

Appendix 10- Suggested Protocol if a Patient becomes unwell during an appointment in a UDC

If COVID-19 is considered possible when an appointment is already in progress, assess a suitable and safe point to bring any treatment to a close.

1. Isolate patient in surgery you are treating away from other patients. Provide mask and gloves for the patient and chaperone to put on. Provide bottle of water and tissues. Advise others not to enter the area. Put out isolation notices to prevent entry
2. If the patient is critically ill or requires emergency medical care, an ambulance should be requested, and the 999-call handler informed of COVID-19 risk. Normal medical emergency training is appropriate especially oxygen and asthma care if appropriate. Support breathing as primary concern.
3. Otherwise withdraw from the area, wash hands thoroughly with soap and water. Change PPE and discard in clinical waste. Don new PPE and apron.
4. If they are so unwell they cannot leave ask them where they have been in the building and clean all touched surfaces, open all doors, and windows. Turn up heating. Recruit help for other duties, such as reception.
5. Send all other patients home after updating their contact numbers/details. Once patients gone, shut practice. Put up PRACTICE CLOSED sign on front door.
6. Advise patient to contact NHS111 from their mobile in designated isolation area: –patient will need to state where they are calling from and provide contact details for the practice. If no patient mobile, staff to call on practice phone and relay responses to NHS111.
7. While waiting for advice from NHS111, communicate with the patient from outside area to check status. If you need to enter the area, wear personal protective equipment (PPE) in line with standard infection control precautions, gloves, disposable apron and surgical mask and keep exposure to a minimum. All PPE should be disposed of as clinical waste.
8. If a healthcare professional is required to enter the area to offer assistance, they should wear disposable gloves, disposable aprons and fluid-resistant surgical face masks.
9. When patient has left the building, clean surgeries thoroughly and ALL communal areas down to front door and time allowed for aerosols to settle.



Please note this is indicative guidance from acute settings. As such, not all equipment is readily available in primary care settings. Therefore, this is to be used as guidance for procedures as applicable.

Resuscitation Council UK

Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in Paediatrics

This statement is for healthcare professionals who are performing CPR in a healthcare setting and members of the public who are performing CPR in a community setting.

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival. However, for those not trained in paediatric resuscitation, the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation.

In-hospital resuscitation

The Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in healthcare settings advice for in-hospital cardiac arrest is relevant to all ages. Mouth-to-mouth ventilations should not be necessary as equipment is available for bag-mask ventilation/intubation and must be immediately available for any child/infant at risk of deterioration/cardiac arrest in the hospital setting.

Out-of-hospital resuscitation

For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur. Therefore, if there is any doubt about what to do, the guidance in the Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings should be used.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

resus.org.uk
enquiries@resus.org.uk
020 7388 4678

5th Floor, Tavistock House North
Tavistock Square, London WC1H 9HR
Registered Charity Number 1168914

Appendix 11- Indicative Advice for Telephone Translation Services- please refer to local arrangements as services vary across NHS England and NHS Improvement East of England region

D.A. Languages Ltd. is your provider for telephone interpreting.

D.A. Languages Limited
Interpreting & Translation Services

Make a note of your 'Department PIN' here:

Step 1 – Call **0330 088 2443** direct from your phone.

Step 2 – Enter your 'Department's PIN', followed by the # key; you can then enter the PIN of the language you require (see alphabetised list below). Press 1 for an interpreter, or 4 to speak to a specific interpreter (see next step).

Step 3 – Once connected, take note of the interpreter ID number (you can use this to connect to the same interpreter for future calls). To connect to any third parties, dial 9 and then the number you wish to connect to.

Step 4 – Leave feedback on interpreter at the end of the call. You will have 8 seconds to do this. From 1 (lowest rating) to 5 (highest rating).

Language	Code	Language	Code	Language	Code
Afghan Pashtu	216	Indebele	049	Portuguese	077
Afrikaans	211	Indonesian	129	Punjabi	033
Albanian	065	Italian	008	Romanian	029
Amharic	004	Japanese	122	Russian	074
Arabic	013	Kannada	203	Sanskrit	092
Armenian	035	Khassonke	099	Seraiki	128
Azeri	006	Khmer	232	Serbian	108
Bambara	087	Kibaluli	086	Sesotho	206
Bassa	223	Kibembe	204	Shona	207
Belarusian	037	Kikongo	096	Sinhalese	016
Bengali	076	Kinyarvanda	053	Slovak	018
Bosnian	100	Kirundi	054	Slovenian	230
Bravanese	241	Kituba	127	Soninke	238
Bulgarian	040	Konkani	224	Somali	063
Burmese	231	Korean	071	Spanish	038
Catalan	213	Kosovan	210	Swahili	041
Chinese Cantonese	061	Krio	011	Swedish	042
Chinese Mandarin	046	Kurdish Bahdini	021	Sylheti	111
Congolese Swahili	201	Kurdish Kurmanji	059	Tagalog	212
Croatian	106	Kurdish Sorani	025	Taiwanese	102
Czech	024	Lari	088	Tamil	051
Danish	217	Latvian	079	Telugu	125
Dari	043	Lingala	026	Thai	120
Dioula	007	Lithuanian	020	Tigre	036
Dutch	104	Luganda	010	Tigrinya	022
Estonian	228	Macedonian	031	Tswana	208
Ewe	064	Malay	205	Turkish	066
Farsi	012	Malayalam	123	Turkish- Cypriot	209
Filipino	202	Malinke	055	Turkmen	229
Finnish	233	Mandinka	053	Twi	219
Flemish	103	Mashi	056	Ukrainian	060
French	048	Mauritian Creole	235	Urdu	014
Fulla/Fulani/Poular	062	Mina	069	Uzbek	242
Georgian	080	Mirpuri	101	Vietnamese	034
German	002	Moldovan	073	Welsh	220
Greek	027	Mongolian	218	Wolof	057
Gujarati	084	Nepalese	030	Xhosa	094
Hausa	121	Norwegian	227	Yiddish	236
Hebrew	221	Oromo	090	Yoruba	132
Hindi	032	Pahari	052	Zaghawa	225
Hungarian	019	Pashto	015	Zulu	028
Italian	131	Patwa	107		
Igbo	240	Polish	075		

If you have any issues, please press # to connect to the operator. If you are unable to connect to the telephone interpreting line, please call the switchboard on 0161 928 2533

Please note that this SOP refers to DA Languages as the provider of telephone interpreting, however, to confirm this provider does not cover Essex, therefore our Essex based dental providers should refer to the local arrangements not to DA Languages.

Appendix 12 –BOS Covid-19 Orthodontic Emergencies Protocol (25th March 2020)

In light of the most recent evidence on the spread of covid-19 in relation to AGP's, the PEE available and to prevent transmission of the disease, we have created an emergency orthodontic protocol to deal with all but the most urgent orthodontic problems.

Most orthodontic appliances can be left in situ for some months without detriment to the patient if the patient continues with the usual after care instructions;

- **Exemplary oral hygiene** – brushing 3 times a day with their standard toothbrush, followed by interproximal brush use. As an adjunct, use of a fluoride mouthrinse eg. Fluoriguard (225ppm), once a day.
- **Low sugar diet** - Where possible avoid all snacking on sugars and drinks with ADDED SUGAR. Fizzy drinks should be avoided in particular.
- **Avoid hard, sticky and hard foodstuffs** that could break the brace wire or fracture brackets (debond) off a tooth.

Patients may ring in the coming weeks with pain, problems and loose wires. At present, the best advice is to avoid all but the most essential mouth procedures to limit spread of the disease to the wider population.

In the event of a patient needing to attend with an orthodontic emergency, the following protocol has been put together to help best treat the patient and keep staff members safe.

Upon receiving a call it would be wise to have a member of the orthodontic team speak to the patient or parent (either immediately or at a later agreed time) to identify the problem and determine if a visit to the practice is essential;

1. Are they in pain?
2. What is the problem?
3. Identify if it is something the patient can deal with at home?
4. Verify that they have an acute orthodontic problem that is affecting lifestyle?

If the practice/unit member contacting the patient is not a clinician and is in doubt about the triaging of the urgency a suitably qualified health care professional (HPC) should be informed to assist the decision making.
The following information should be obtained

1. A summary of the issue
2. Any medical issues that may impact on the decision making
3. Photos of the problem taken on a smartphone and sent to the team by the route determined by that unit.

Once the appropriate information is received
1. Advice should be given over the phone (+/- video calling) where possible
2. Arrangements made to see patients where necessary (see justifiable issues below)

Please refer to your local area arrangements regarding emergency care. This may be local or in secondary care units.

Common 'emergency' brace problems and solutions:
If you are an orthodontic patient following the advice contained here PLEASE where possible contact your orthodontic HCP first to ensure that you are carrying out procedures safely and not impacting on other aspects of your orthodontic appliance
If you are a dental health practitioner seeing a patient please consider these guides for safe practice

- Full PPE is advised (see link here)
- Patients only attend at the time of their appointment
- Patients must not bring other family members with them
- Patients should wait outside the practice until their appointment can commence
- Patients should leave the unit immediately after their appointment
- Units must make all emergency appointments long enough to ensure there is adequate time for cleaning and management of clinical waste
- Patients should wash their hands or use of hand sanitiser on entering the unit.

Wires digging in
Home advice

- If a thin wire, it may be possible for the patient or family member to use tweezers to replace wire in the tube/band or tweezers and a nail clipper/scissors to shorten the long end
- It may be that a thin wire is the correct size but may have rotated round the teeth so that it is short on one side and long on the other. Using tweezers a pencil with a rubber on the end or a teaspoon, it may be possible to push the wire back round to prevent the long end digging in.
- If the wire is very thick and stiff (discuss with your HCP) it may not be possible to cut the wire with home instruments. If this is the case it may be necessary to cover the wire to prevent it being sharp. Relief wax/silicone may be sent to you or you can buy it online (Orthodontic Wax) Failing that using a wax covering from hard cheese (baby-bell, cheddar), Blue tack or even chewing gum may help

In clinic advice

- Trim and adjust as simply as possible. (Distal end cutter if available – wire cutters and forceps to hold the loose end if not)

Broken bonded retainers
Home advice

- Push wire back down towards the tooth as much as possible. (Fingers or tweezers)
- Cover with best medium available (Ortho wax, Cheese wax, Blu tack, chewing gum)
- Cut the exposed unbonded wire using tweezers and nail clippers/scissors
- Gently pull the wire to remove the whole retainer
- Advise greater use of removable retainers if present

In clinic advice

- Trim wire
- Remove wire
- Advise greater use of removable retainers if present

Lost Retainers

Home advice

- Contact HPC – it may be that your unit has access to your final moulds and can make a new retainer remotely which can be posted out to you
- If it is not possible to get a replacement retainer you could consider ordering online a 'boil in the bag' (heat mouldable) gumshield to use and wear at night to reduce the risk of relapse (unwanted tooth movement). It should be noted that these appliances aren't specifically designed to hold teeth in position so the manufacturer cannot be held responsible for any relapse. Please contact your HCP before investing in this strategy to ensure all aspects of this compromise for retention are understood

● In clinic advice - Do not visit unit

Gold Chains

Home advice

- If the gold chain was recently place and is now dangling down, it may be possible to cut it short. Gold is quite a soft metal and it may be possible to cut the chain using some nail scissors or nail clippers. Always hold the loose end with tweezers or similar item. If possible, leave at least 5 links through the gum so it can used later by your orthodontic team
- If you have a none dissolvable coloured stitch discuss with your HPC about the feasibility of removing it at home using nail scissors to prevent a minor infection in the gum.

In clinic advice - Do not visit unit

Orthognathic Post-Op

Home advice

- Discuss with your local hospital team your specific concern/problems for the best advice
- Consult yourjawsrugery.com for general post op advice (Here)
- Stop or reduce post surgery elastic wear as advised by your HPC.

In clinic advice

- Ensure patient doesn't have acute infection/swelling/infected plate.
- Stop or reduce post op elastic wear as you see fit.
- Reassure patient about continuity of treatment at next visit.
- Do not provide any active orthodontic tooth movement

Aligner therapy
Home advice

- If your current aligner is in good order keep wearing it as much as possible
- If your current aligner is broken or ill fitting, step back to your previous aligner
- If neither option is open to you, ring you HPC for advice.
  It may be possible to have a new aligner at the correct stage made for you and sent out to you
- Or with advice from your HPC a 'boil in the bag' (heat mouldable) gumshield to use and wear at night to reduce the risk of relapse (unwanted tooth movement). It should be noted that these appliances aren't specifically designed to hold teeth in position so the manufacturer cannot be held responsible for any relapse. Please contact your HCP before investing in this strategy to ensure all aspects of this compromise for retention are understood

In clinic advice - Do not visit unit

Bracket off
This is not urgent unless it is causing trauma to the soft tissues.
● Home advice

- ○ It may be possible your HPC can guide the you on how to remove the bracket from the wire via video if it is causing trauma.
- ○ It may be the possible to leave the bracket if it is not causing any problems at present. Consider contacting your HPC for advice.

In clinic advice -○ Do not visit unit

Elastic Bands
● Home advice

- At this time if you run low or out of elastics your HPC may either send you a some more out via the post or advice cessation of wear.

In clinic advice - Do not visit unit

Band off
Home advice

- If band is very loose your HPC may be able to talk you through removal of the band and trimming of the wire depending upon your stage of treatment.
- It may also be also be the case your HPC advises you to leave the band in place. If this occurs please ensure you adhere to good oral hygiene and a low sugar diet to prevent decay under the band and around your tooth.

In clinic advice

- Remove band and trim any excess wire to the distal aspect of the last back tooth with a bracket or band on.

Band off Quadhelixes, RME, TPA +/- Nance
Home advice

- Discuss with your HPC about the nature of the looseness and take advice accordingly.
- **Push band back onto tooth if it will locate and** ensure you adhere to good oral hygiene and a low sugar diet to prevent decay under the band and around your tooth.
- Remove appliance

In clinic advice Do not visit unit

Removable/Functional appliances
Home advice
- Check for comfort and retention
- If unsure about how much to continue to wear the appliance discuss with your HPC
- If fractured or ill-fitting do not wear the appliance
-

In clinic advice - Do not visit unit

Separators
Home advice
- These should be removed at the earliest opportunity - Attempt removal with end of safety pin, small paper clip or wooden tooth pick

In clinic advice - Do not visit unit

Lost module(s)
Home advice
- No action required – try and make wire where the module has been lost secure with dental wax, cheese wax or blu tack and chewing gum

In clinic advice - Do not visit unit

Temporary anchorage Devices TADS
Home advice
- HPC may assist you in removing and springs or elastic chain moving the teeth
-

In clinic advice - Remove

Headgear
Home advice - Stop wear
In clinic advice ○-Do not visit unit
•

Lost spring
Home advice - No treatment required
In clinic advice - Do not visit unit

Fractured/Frayed power chain
Home advice

- Accept situation– most power chain will denature in 4-6 weeks and become passive
- Remove power chain with tweezers if necessary
- Cut fayed end as short as possible to improve comfort

In clinic advice - Do not visit unit

•

Exposed end of wire tie – long ligature or short ligature.

Home advice

- Re-tuck sharp end under wire/bracket using tea spoon or tweezers
- Remove wire if broken with tweezers if possible
- Cut fayed end as short as possible to improve comfort with nail cutters or scissors
- Cover for comfort using Ortho wax, Cheese wax, Blu tack, chewing gum

•

In clinic advice - Do not visit unit

Appendix 13- IMOS Guidance

Advice for IMOS services under the current nationwide lockdown as produced by the Oral Surgery Managed Clinical Network.

Collating BDA/BAOMS/BAOS guidance for dentists and for oral surgical procedures and utilising a common-sense approach with the primary intent of the government's guidance

1. Decrease footfall of patients, reduce travel
2. Stop spread of COVID-19
3. Protect patients and staff

We are advising all IMOS services to cancel all but absolute emergencies. Please go through your lists and cancel all routine appointments. Merely symptomatic teeth is not an absolute indication. Contact patients and rationalise and advise. Where possible non-interventive advice medical management and symptom control should be first choice. Where intervention is deemed absolutely essential (and these will be the exception not the rule) in order to manage the patient outside the hospital services to minimise pressure on what will soon be an overwhelmed hospital service, proceed with appropriate PPE/FFP3/Visors etc. There is no pathway to upstage to Level 3 unless life threatening. Level 3 staff are being retrained to provide help with potential surge of ITU cases.

Reduce the number of clinicians assigned on a daily rota to minimise exposure.

Ensure adequate slot time (up to 60 minutes) is given to each contact with a patient to ensure no crowding and maintain distancing.

Telephone clinics to ensure a quiet environment and to encourage social distancing amongst staff members. Telephone clinics to rationalise attendances. As far as possible defer any surgical intervention

Where possible each clinician will be limited to one session of patient exposure per day.

Clinics to be booked 1-2 weeks in advance only to account for potential staff shortages.

In the exceptional case where surgical intervention is deemed necessary and a potential AGP is planned, please use appropriate protective devices as prescribed and try to schedule procedures for the end of the day to allow extended deep cleaning after.

Entry into and out of the room being used for procedures should be restricted.

Encourage patients to attend alone or with one attendant in the case of the elderly. Avoid bringing children to the appointments.

Limit paperwork that is out in the open.

There should be a pen for patients and a pen dedicated for clinical use.

Deep cleaning after every patient contact.

Keep a record of all telephone and face to face contacts. Register all cancellations.

Where feasible follow up telephone calls to reassure and reassess at appropriate interval after first contact is advisable.

Arrange rebooking prioritisation exercise as Low, Medium and High-Risk cases and rebook in order from high to low; only when lockdown has been completely lifted.

Assign clinician time to triage cases.

The Managed Clinical Network (MCN) does not have the remit to procure PPE/FFP3 masks for the Level 2 Service providers and performers. These will need to be sourced directly by the provider through NHS supply chain or otherwise as previously advised.

These are very tough times requiring tough decisions and tough measures. Let us support the government in restricting this pandemic.

The LDC, LDN and PHE and BDA have made the appropriate representation to NHSE and Government Agencies to consider the financial issues that will ensue. Providers should receive notification in this regard soon.

Appendix 14 – OMFS 2-Week Wait Telephone Spreadsheet

Attached is a spreadsheet provided by Essex Oral Surgery Managed Clinical Network to assist in determining relative risk in respect of cancer and, thereby inform a referral for an opinion:

Worked example of spreadsheet:

ID	Demographics		General			Voice	Airway	Swallowing				Oral		Misc			Outcomes					
	Age	Gender	Smoking	Alcohol	Unintentional weight loss	Hoarseness	Stridor	FOSIT	Sore Throat	Odynophagia	Dysphagia	Oral swelling	Oral ulcer	Unexplained unilat otalgia	Neck lump	Skin lesion	Calc result	Clinician override	Patient choice	Triage outcome	OPD	Follow up
Patient ID	Age	Gender	Do you smoke?	Do you drink alcohol?	Have you lost any weight without trying?	Do you have a hoarse voice?	Do you have noisy breathing?	Do you have a feeling of something stuck in your throat?	Do you have a pain in your throat?	Do you have pain when you swallow?	Do you have any difficulty swallowing?	Do you have a new swelling in your mouth?	Do you have a new sore in your mouth?	Do you have any new ear pain?	Do you have any new lumps in your neck?	Do you have a new growth on your skin on your H&N?	Outcome	Patient advised for review?	Patient agrees to preferences review?	OPA arranged?	Outcome of review	Cancer at 6 months?
Example	*45*	*Male*	*No*	*≤14 units/week*	*No*	*No*	*No*	*No*	*No*	*No*	*No*	*No*	*No*	*No*	*No*	*No*	*Low risk*	*No*	*Yes*	*Urgent appointment offered*	*Investigated*	*Yes*

Appendix 15- Safeguarding

Members of the urgent dental care team are in a position where they may identify the signs of abuse or neglect or hear something that causes them concern.

The following sites may be useful

- **Safeguarding resources for primary care**

https://www.gov.uk/report-domestic-abuse

https://www.gov.uk/government/publications/safeguarding-in-general-dental-practice

Free NHS Safeguarding App
http://www.myguideapps.com/projects/safeguarding/default/ which has local safeguarding contacts

COVID-19 and safeguarding overview
https://elearning.rcgp.org.uk/pluginfile.php/149180/mod_resource/content/2/COVID-19%20and%20Safeguarding%20%286%29.pdf

- **E-learning**

- **Child/adult course links to level 4**

https://elearning.rcgp.org.uk/mod/page/view.php?id=8755
https://portal.e-lfh.org.uk/Catalogue/Index
https://portal.e-lfh.org.uk/Catalogue/Index

- **Safeguarding guidelines**

https://elearning.rcgp.org.uk/mod/page/view.php?id=9382

- **Support for domestic abuse victims**

There is now a freephone, 24 hour National Domestic Abuse Helpline number – 0808 2000 247 – run by @RefugeCharity #YouAreNotAlone
Campaign assets can be accessed here
https://www.dropbox.com/sh/2ldeo76tr71n7uv/AACN1t1dDsXb1wb2coyQvLIOa?dl=0

https://www.nationaldahelpline.org.uk/

Appendix 16- Patient Care Record and Referral Form

Patient Care Record:

Referral Form:

Information on Referral Form

As indicated within the Referral Form and as above, all sections should be fully completed. The completed form should be sent from the referring practitioner onto Clinical Triage Service: england.covid19triageeast@nhs.net

When triaged in the Clinical Triage Service, the yellow section of the same Referral Form will be completed fully in similar fashion:

- If all care is completed at this stage, then a copy of this Form will be retained in that Triager's own closed folder within the CTS email system. The Triager will also send a completed Patient Care Record and Referral Form to the referring GDP to update their records accordingly.
- If care is deemed necessary at a UDC, then the Triager will send the further completed Patient Care Record and Referral Form onward to the chosen UDC, whilst copying in the referring GDP, by nhs.net email.

When treatment is complete at a UDC:

- The UDC will complete the final (orange) section of patient's original Referral Form
- The UDC will complete a new Patient Care Record in addition to their own clinical record on their Practice Management System or similar.
- Copies of both the Referral Form and Patient Care Record will be sent by the UDC by nhs,net email to the referring GDP and the personal nhs.net of the CTS Triager
- A completed copy of the Referral Form must be sent to the following email address at the end of each day: England.Covid-19dataUDCeast@nhs.net

Information on MS Word Patient Care Record

This Patient Care Record will be used to pass information in respect of patient care when any clinical advice or intervention takes place. Thus, the Patient Care Record can then be provided to the patient's General Dental Practitioner, (where applicable) to be inserted within their clinical records. It is, therefore, important to maintain this

Patient Care Record and all other associated forms in secure fashion and complete and pass on contemporaneously. All forms to be disseminated only by secure email using nhs.net.

Each completed form is to be saved with an appropriate file name, to include the patient's name, date of birth and date of care provided before being sent onwards.

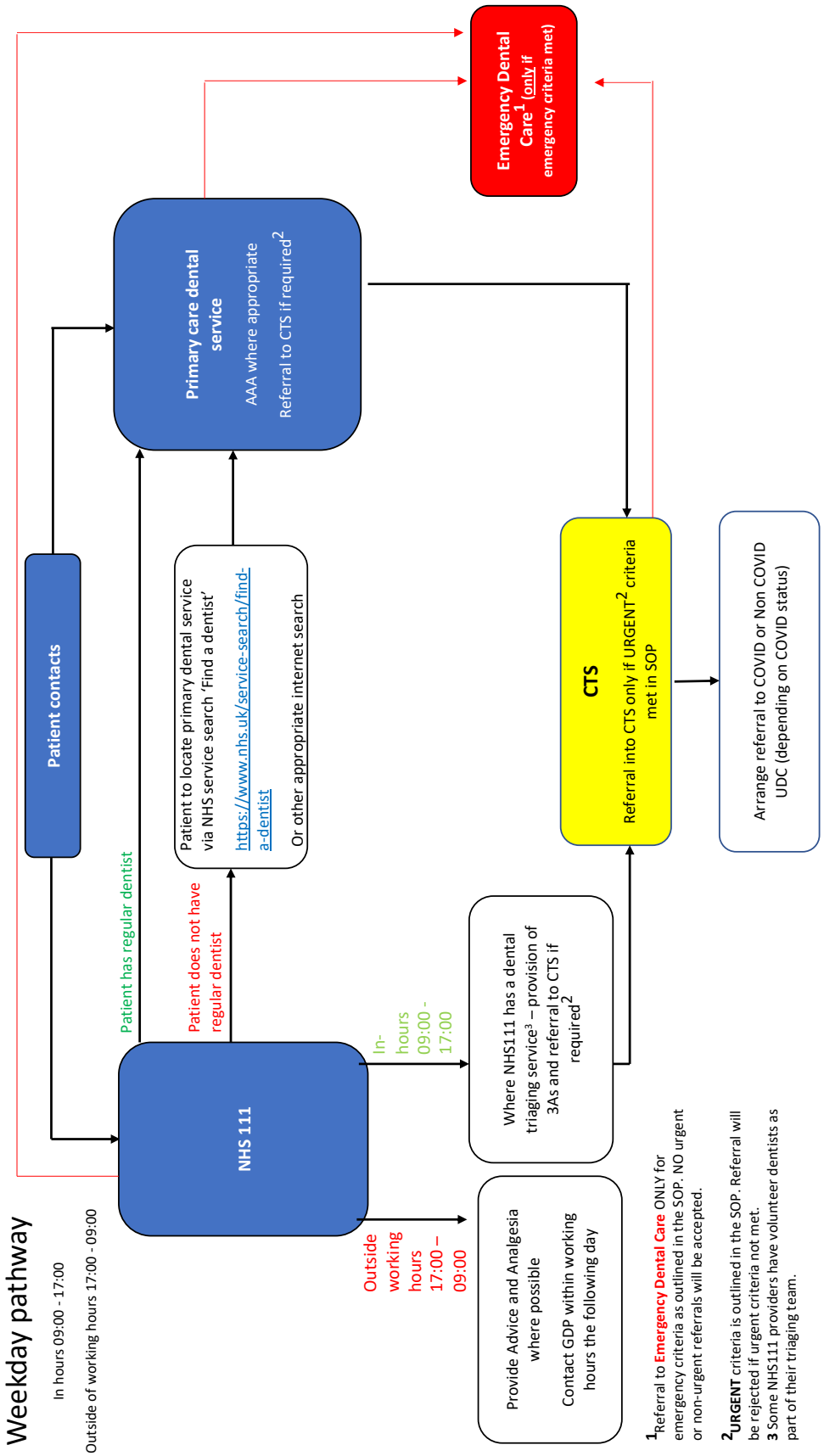
It is expected that only some sections will be completed, depending on circumstances. For example, a telephone consultation will result in limited details, whereas a video consultation will provide more information that can be appropriately sent onwards. If there are relevant radiographic images that can be included within this record, they should be attached appropriately within the body

It is expected that, if the patient has been provided advice and care within the Urgent Dental Care Service, this record will be more complete. It is important that all relevant information is captured, such that it can be conveyed on to the General Dental Practitioner (where applicable).

All records should also be saved by the treating clinician at each stage.

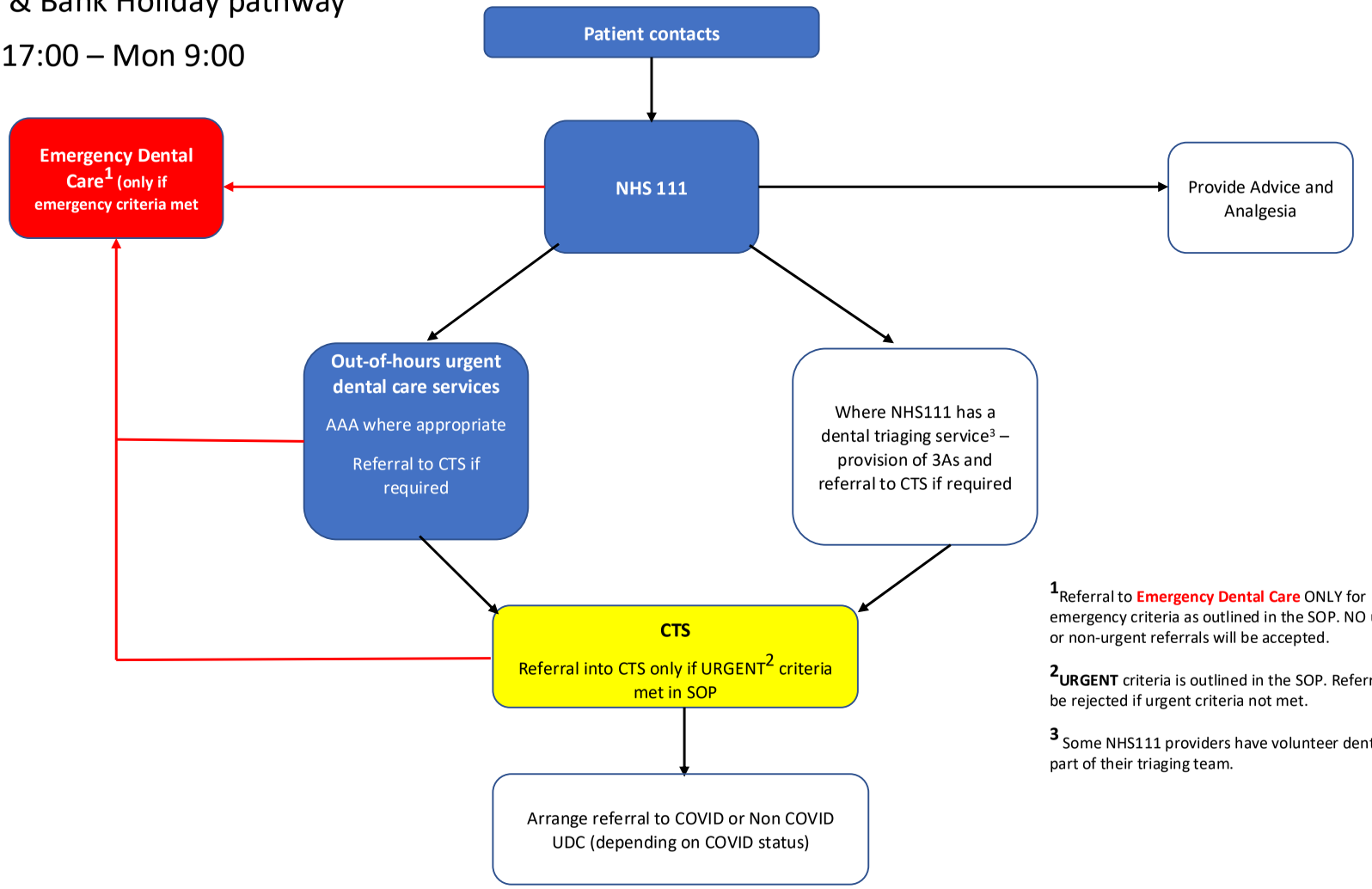
Where the patient does not have their own General Dental Practitioner, the Clinical Triager or Urgent Dental Care clinician is to retain this record within their own dental practice records and advise the patient that this has been done in the event that they then attend a dentist.

Appendix 17- NHS111 and Out Of Hours services



Weekends & Bank Holiday pathway

Fri 17:00 – Mon 9:00



[1] Referral to **Emergency Dental Care** ONLY for emergency criteria as outlined in the SOP. NO urgent or non-urgent referrals will be accepted.

[2] **URGENT** criteria is outlined in the SOP. Referral will be rejected if urgent criteria not met.

[3] Some NHS111 providers have volunteer dentists as part of their triaging team.

Appendix 18- Guides, Resources and Applications for Remote Dental Consultations

Please refer to:

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

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

Appendix 19- Aerosol Generating Procedures 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.

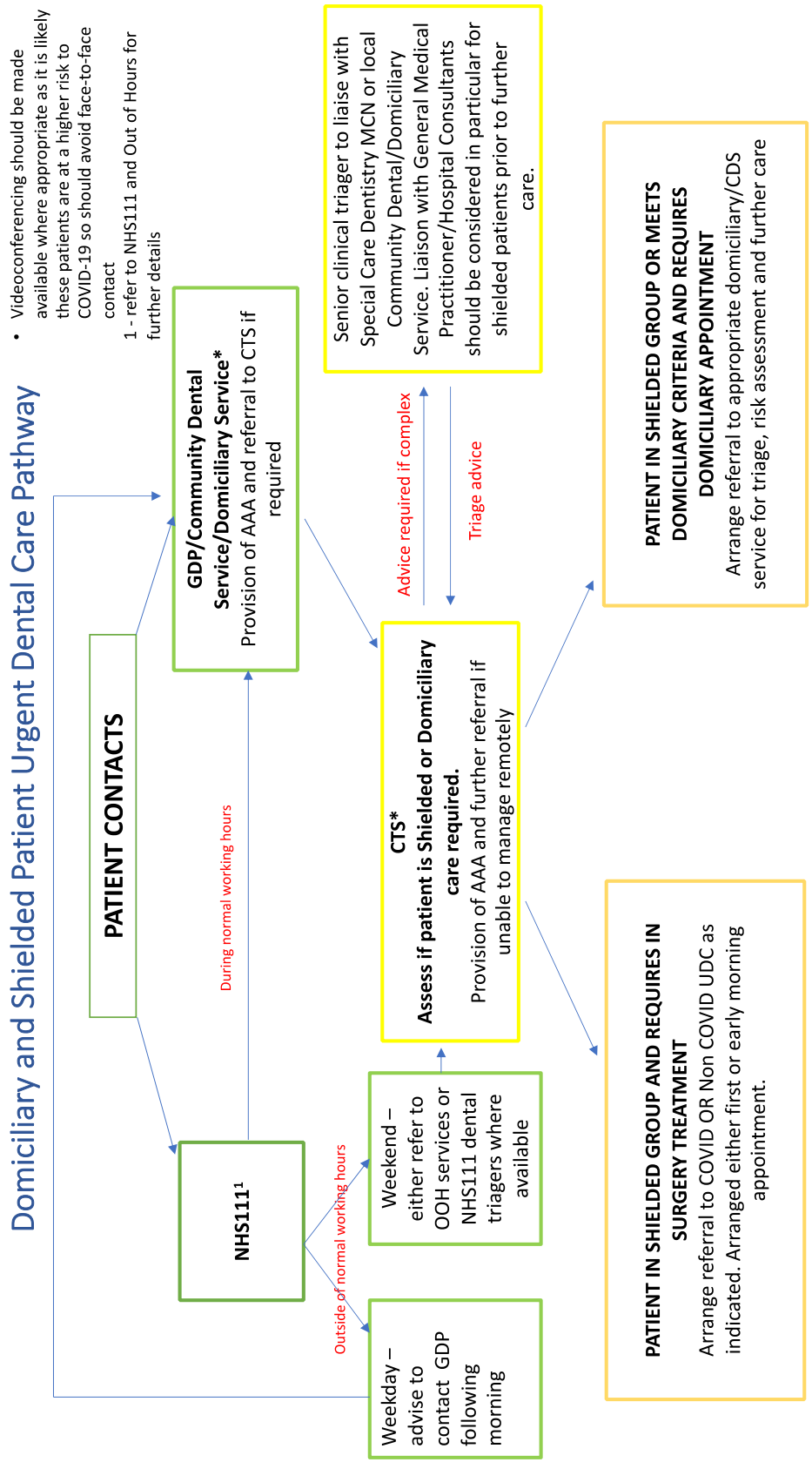
Procedures that are not considered to be aerosol generating procedures AGP

(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 20- Pathway for Urgent Dental Care for Domiciliary and Shielded Patients



Appendix 21- Updated Antimicrobial Advice

The advice is still that general dental practitioners (1st level triage) should follow the Chief Dental Officer's advice that, when remote triaging due to the COVID-19 lockdown, the 3A's are followed before active treatment is sort wherever appropriate. This reduces the risk to patients and staff as it will limited the number of face to face appointments that are necessary in general dental practice.

The 3A's are

- Advice
- Analgesics
- Antimicrobial prescribing, when clinically appropriate (FGDP)

It is important that Level 2 Triagers consider that, now we have established Urgent Dental Care centres (UDCs), appropriate referrals are made through from CTS to the UDCs.

Therefore, it may now be deemed appropriate to refer on to a UDC in certain cases where the 3A's may not have not been fully carried out by the referring GDP.

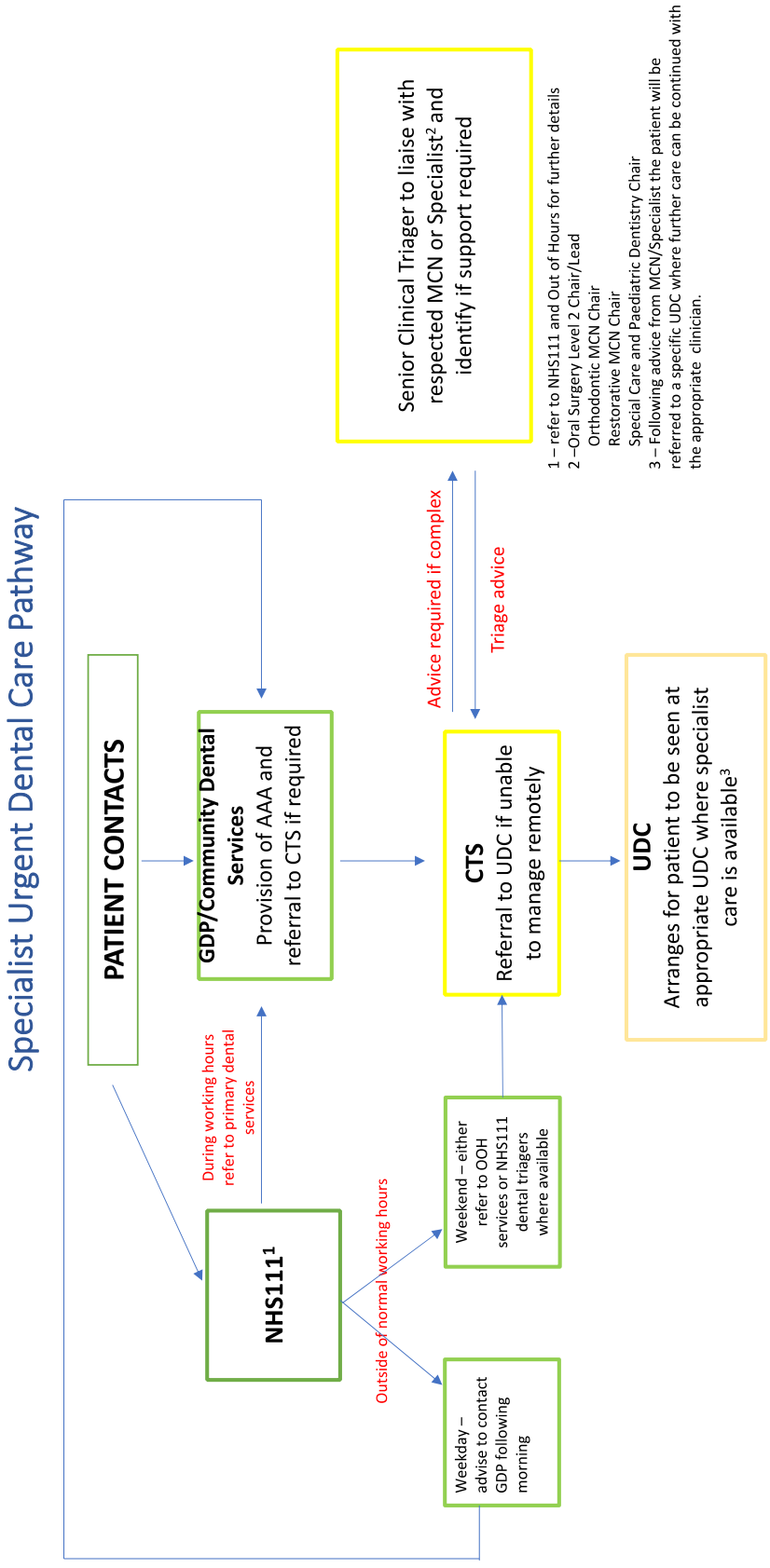
However, If the level 2 triager is of the clinical opinion that the patient could benefit from antimicrobials at this stage, the triager has two options

1. Refer back to the GDP for them to consider antimicrobials.
2. Prescribe the antimicrobials to the patient if the referral has come from NHS111, as NHS111 are often unable to prescribe. Please do not refer to a UDC and ask them to prescribe.

Examples of cases where a direct referral from CTS to a UDC may now appropriate without a further return to the referring GDP would include;-

- Cases of clear irreversible pulpitis that are not responding to analgesics. This would rely on a clear history of pulpitis being obtained by the Level 2 triager following a direct conversation with the patient (phone/video)
- Cases in need of urgent dental care where severe dental pain has not responded to recent antimicrobials that have been prescribed on more than 1 occasion (dates of prescribing should be provided by the GDP). It would be expected that an appropriate amount of time will have been allowed by the prescribing clinician for the symptoms to respond to the antimicrobials.
- It is expected that all referring GDPs will be following the FGDP guidelines when prescribing antimicrobials in primary care. This means in practice; the appropriate antimicrobial having been prescribed along with appropriate dose and the appropriate duration.
- It will also be expected that patients comply with the advice concerning the antimicrobials prescribed. It is important that, when antimicrobials are justified and therefore prescribed, the patient follows the instructions given by the dentist. If there is non-compliance by the patient, they may not be able to access care in a UDC. This is for the patient's own safety and the safety of the dental team at the UDC and is in line with the lock down restrictions of COVID 19.

Appendix 22- Patient Pathway Flowchart for Involvement of Managed Clinical Networks



Acknowledgements

This Standing Operating Procedure has been produced in collaboration with:

NHS England & NHS Improvement – East of England (NHSEI)
Public Health England (PHE)
Essex, East Anglia and Herts BLMK Local Dental Networks (LDNs)
Essex and East Anglia Managed Clinical Networks (MCNs)
Local Dental Councils (LDCs)
The Dental Defence Union
National Association of Dental Advisers
General Dental Practitioners across East of England (NHSEI)
Health Education England Midlands and East

Professor Nick Barker	Chair, Essex LDN
Tom Norfolk	Chair, East Anglia LDN
Ganga Allen	Chair, Essex and East Anglia Special Care and Paediatric Dentistry
David Barter	Head of Commissioning, NHS England and NHS Improvement – East of England
Jessica Bendon	Senior Dental Contract Manager, NHS England and NHS Improvement – East of England
Vyomesh Bhatt	Chair, Essex Oral Surgery Managed Clinical Network
Amiras Chokshi	Secretary, Cambridgeshire LDC
Steven Claydon	Clinical Dental Adviser, NHS England & Improvement- East of England
Tony Clough	Secretary, Essex LDC
Veni Cochrane	Clinical Leadership Fellow, Essex
Rachel Doogan	Senior Clinical Leadership Fellow, Essex
Clint Foreman	Assistant Secretary, Essex LDC
Andrew Furniss	Dental Adviser, NHS England and NHS Improvement – East of England
Ravi Goel	Secretary, Bedfordshire LDC
Bryan Harvey	Chair, Essex LDC
Simon Hearnshaw	Chair, North Yorkshire and Humber LDN
Issar Hussain	Clinical Leadership Fellow, East Anglia
Simon Jackson	Chair, Essex Orthodontic Managed Clinical Network
Charlotte Klass	Consultant in Dental Public Health, Public Health England- East of England
Nick Lamb	Dental Adviser, NHS England and NHS Improvement – East of England. Secretary NADA
Richard Lawson	Clinical Dental Adviser GDC
Dr.Alistair Lipp	Medical Director – Professional Standards & Responsible Officer, NHS England and NHS Improvement – East of England
Prem Nair	Chair, East Anglia Oral Surgery Managed Clinical Network
Hiten Pabari	Chair, Essex Restorative Managed Clinical Network
Paul Rolfe	Secretary, Suffolk LDC
Bola Soyombo	Secretary, Milton Keynes LDC

Nick Stolls	Chair, Norfolk LDC
Peter Tatton	Secretary, Hertfordshire LDC
Asha Thomson	Senior Clinical Leadership Fellow, East Anglia