

On the 28th of August the CDO for England, Sara Hurley, announced some slight changes in the way Dental Practices are managed during the COVID-19 pandemic.

The Urgent Dental Care and Transition to Recovery Standard Operating Procedures updates include:

- Changes in the COVID-19 screening questions to be asked - possible COVID-19 and isolation requirements, including quarantine advice for those entering or returning to the UK (following the latest Government guidelines)
- Remote consultations remain an essential triage step for high-risk vulnerable Patients and children
- Public Health England have confirmed that the requirement for fallow time is still in place for AGPs
- A reminder that fallow time is calculated from the point that the AGP ceases, not the end of the Patient appointment time

Dental Practices are encouraged to perform a review of their current ventilation processes. If you are unsure of the air changes and capacity of ventilation-filtration systems in your Practice, professional advice must be taken from the manufacturers of your ventilation systems to confirm current ACH capacity.

Further information and advice should be sought from your local Environmental Health Teams.

Regarding fallow time, the letter states the following:

- The length of the fallow time is determined by the room's ventilation parameters
- Windows in neutral pressure rooms should be opened, or extractor fans that vent to the exterior should be used, as air passing externally will be highly diluted and is not considered to be a risk
- It is recommended that the room is left vacant for one hour for a neutral pressure room after cessation of the AGP before cleaning is carried out
- Dental surgeries with ventilation systems should be set to provide the maximum amount of fresh air and the maximum number of air changes
- In a treatment room with 10-12 air changes per hour (ACH), a minimum of 20 minutes post AGP is considered pragmatic. In a single room with 6 ACH this would be approximately one hour

Dental Practices must still continue to undertake risk assessments when coordinating care for clinically vulnerable Patients who have previously been shielding.

Dental staff who have been shielding are now able to return to work. It is recommended to undertake individual risk assessments. Returning team members are advised to have a discussion with their specialist consultant before returning to work.