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**20 March 2020**

*This is the second of a series of regular updates to general dental practices and community dental services regarding the emerging COVID-19 situation. An electronic copy of this letter, and all other relevant guidance from NHS England and NHS Improvement can be found here: [www.england.nhs.uk/coronavirus/primary-care/](http://www.england.nhs.uk/coronavirus/primary-care/).*

Dear colleagues

I would like to take this opportunity to thank you for your continued commitment to provide care for patients during this Coronavirus pandemic. I recognise the growing challenges and concerns around infection control, the availability and cost of PPE and impact on contract delivery. Whilst these are unprecedented times the impact on healthcare services including dental practices is fully appreciated. We have and continue to work with colleagues in other departments across NHS England and NHS Improvement, Public Health England, CMO's Office and DHSC to address the myriad of clinical, public health and contractual issues and risks. We are very grateful for your continuing efforts to maintain services and prevent the spread of COVID-19.

### **Moving to the delay phase**

The Prime Minister announced on Thursday 12 March 2020 that we have moved from the containment phase to the delay phase of managing COVID-19, followed by a further announcement on Monday 16<sup>th</sup> March 2020. Our letter on the implications of this, and next steps for the NHS can be found here:

<https://www.england.nhs.uk/coronavirus/publication/next-steps-on-nhs-response-to-covid-19-letter-from-simon-stevens-and-amanda-pritchard/>

In particular, there is a case definition of continuous cough and / or high temperature and the Prime Minister confirmed that the advice to self-isolate will now extend to the whole household where one member has such symptoms. He also announced the introduction of new social distancing measures, including the identification of a cohort of our patients who are most at risk the advice to whom will be to stay at home.

The new case definition has meant an update to all guidance which remains consolidated here:

<https://www.england.nhs.uk/coronavirus/primary-care/>

In summary:

- specific guidance on when to isolate for 7 days versus 14 days can be found here: <https://www.gov.uk/government/news/new-guidance-for-households-with-possible-covid-19-infection>
- travel history is now irrelevant
- anyone with these symptoms who is **WELL** can stay at home and does not need to engage with NHS111 or be tested.
- anyone with these symptoms who is **UNWELL** should go to NHS111 online first for advice, rather than approaching their GP practice or pharmacy
- this applies to staff as well as patients

In recognition of this we are today asking practices to:

1. Radically reduce the number of routine check-ups by cancelling patients from vulnerable groups (and offering cancellation to anyone else who wishes to do so) to reduce the need to travel and have close contact with others in waiting rooms and surgeries. This will also conserve supplies of PPE for urgent care and free up capacity for urgent and necessary care that cannot be delayed.
2. Agree local arrangements to consolidate, where necessary, the provision of any essential, routine NHS work that cannot be delayed and urgent dental problems. Services should not be delivered to those with potential covid symptoms or those in their households, following the current guidance. Information about this service should be available to all potential patients and at any point of referral.
3. Set up mechanisms to establish whether any potential patient or anyone in their household has symptoms, prior to any visit, by phone or text.
4. Consider the potential risk of asymptomatic cases attending in this delay phase and reduce exposure of staff and patients to infection by avoiding all aerosol generating procedures wherever possible.
5. Clearly display the materials on COVID-19 available on the website above
6. Use robust infection control procedures, wiping down surfaces between patients with extra vigilance to include door handles etc. and use standard PPE – We have set out new guidance on the use of full face visors as an alternative for certain situations to masks and eye protection.

We expect the profession to exercise clinical judgement in applying this guidance, no one will know your patients and your staff better than you.

Patients with urgent dental treatment needs that cannot be delayed, who have COVID symptoms should be referred to local services which are being set up who will have appropriate facilities and PPE for these patients.

Area	Contact
Cumbria, Northumberland, Tyne and Wear & Durham, Darlington and Tees	<a href="mailto:england.dentalcne@nhs.net">england.dentalcne@nhs.net</a>
Burnley, Pendle & Rossendale, Hyndburn & Ribble Valley, Blackpool, Fylde and Wyre, Lancashire North, Blackburn, Greater Preston and Chorley, West Lancs (Skelmersdale and Ormskirk)	<a href="mailto:England.lancsat-dental@nhs.net">England.lancsat-dental@nhs.net</a>
Greater Manchester	<a href="mailto:England.gmdental@nhs.net">England.gmdental@nhs.net</a>
Yorkshire & The Humber (including North Yorkshire and the Humber, South Yorkshire & Bassetlaw, West Yorkshire)	<a href="mailto:england.yhdentalreturns@nhs.net">england.yhdentalreturns@nhs.net</a>
Cheshire, Warrington and Wirral & Merseyside	<a href="mailto:England.cmdental@nhs.net">England.cmdental@nhs.net</a>
Staffordshire and Shropshire	<a href="mailto:england.rugeleyprimarycare@nhs.net">england.rugeleyprimarycare@nhs.net</a>
Derbyshire and Nottinghamshire	<a href="mailto:e.derbyshirenottinghamshire-dentistry@nhs.net">e.derbyshirenottinghamshire-dentistry@nhs.net</a>
Leicestershire and Lincolnshire	<a href="mailto:england.leiclincs-dental@nhs.net">england.leiclincs-dental@nhs.net</a>
Northamptonshire, Milton Keynes, Hertfordshire and Bedfordshire	<a href="mailto:england.dental-athsm@nhs.net">england.dental-athsm@nhs.net</a>
Birmingham, Sandwell, Dudley, Wolverhampton, Walsall, Solihull, Herefordshire, Coventry, Warwickshire, Worcestershire	<a href="mailto:ENGLAND.dentalcontractswm@nhs.net">ENGLAND.dentalcontractswm@nhs.net</a>
East Anglia & Essex (South & West Essex, Suffolk, North & Mid Essex, Norfolk, Cambridgeshire & Peterborough)	<a href="mailto:England.dentaleast@nhs.net">England.dentaleast@nhs.net</a>
Bath and North East Somerset, Swindon, Wiltshire and Gloucester	<a href="mailto:england.bgs-w-dental@nhs.net">england.bgs-w-dental@nhs.net</a>
Cornwall and isles of Scilly, Devon, Somerset, North Somerset, Bristol and south Gloucestershire	<a href="mailto:england.swdental@nhs.net">england.swdental@nhs.net</a>
Kent, Medway, Surrey, Sussex Berks, Bucks and Oxon, Thames Valley Southampton, Hampshire, Isle of Wight, Portsmouth, Bournemouth, Poole, Dorset	<a href="mailto:england.southeastdental@nhs.net">england.southeastdental@nhs.net</a>
London	<a href="mailto:england.lon-dental@nhs.net">england.lon-dental@nhs.net</a>

## Public health guidance

This link provides general public health guidance:  
<https://www.nhs.uk/conditions/coronavirus-covid-19/>

If you need any **COVID-19 specific public health advice** which is not already covered in published guidance, please contact your Local Health Protection Unit or your local commissioner: [www.gov.uk/guidance/contacts-phe-health-protection-teams](http://www.gov.uk/guidance/contacts-phe-health-protection-teams).

## **Infection prevention and PPE**

We recognise that there are concerns regarding the increasing numbers of patients affected by the outbreak, the means of spread, and the potential for contamination in the dental practice environment. We are working with our public health and infection prevention colleagues to ensure that we have the latest scientific evidence available and will respond to any changes in that evidence and understanding. Any changes to our operating model or procedures will be communicated through the systems outlined at the end of this letter.

COVID-19 Guidance for infection prevention and control in healthcare settings published by the 4 UK Public Health bodies including Public Health England sets out our understanding of the disease and appropriate prevention measures:  
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Our operating procedures for dental practices aim to ensure that we identify patients who are considered to have COVID-19 or have been asked to stay at home before any treatment takes place.

As such our PPE guidance is aimed at dental practices who are not expected to be treating COVID-19 patients or their household contacts. Should such patients get through our risk assessment procedures, unless they are symptomatic, they are considered to be low risk by Public Health England.

Following the publication of guidance by the CMO last week which referred to PPE for aerosol generating procedures there has been some concern and confusion about the application of this to dental care. This guidance was specifically for the care of patients with coronavirus. We do not expect these patients to be treated in routine dental practice but with enhanced PPE in a service equipped to deal with them. Evidence is still emerging about this disease and as a precautionary measure and to reduce exposure of staff and patients to infection we are advising avoiding all aerosol generating procedures wherever possible

## **PPE guidelines for routine dental practice (Not treating Covid-19 patients, Not treating Household contacts)**

For this scenario the principles guiding existing PPE recommendations are considered appropriate, namely that face masks and eye protection must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the face and eyes.

Evidence from Health Protection Scotland and accepted by NHS England’s Infection Prevention Control (IPC) team has identified that a full face shield can be used in place of goggles/visor and a fluid-resistant surgical face mask, for protection against droplet splash and spray.

And

Where aerosol generating procedures are undertaken (reducing the need wherever required), the dental team should wear a full face shield or goggles/visor, and in addition, a surgical face mask.

<i>For patients <b>not suspected of COVID-19</b> (i.e. asymptomatic and no requirement for self-isolation):</i>	
No aerosol	<ul style="list-style-type: none"> <li>• Full face visor</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Goggles/dental loupes WITH face mask</li> </ul>
Aerosol	<ul style="list-style-type: none"> <li>• Full face visor WITH face mask</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Goggles/dental loupes WITH face mask</li> </ul>

### **Decontamination procedures**

Decontamination procedures set out in HTM 01-05 are considered effective and particular attention should be paid to surface decontamination and points of contact with patient’s hands for example door handles.

### **Laboratory items**

Dental teams are encouraged to maintain good decontamination practice of laboratory items (e.g. impressions, prostheses and orthodontic appliances) in line with [HTM 01-05](#), as would usually be expected. This is the responsibility of dental practices before any such items are sent to dental laboratories, in order to prevent all types of cross-infection

### **PPE guidelines for patients who are symptomatic for Covid-19 or are a household contact.**

Building on existing flu pandemic plans we are working with commissioners to ensure that across our regions there are appropriate systems and facilities in place to deal with urgent dental care for COVID-19 patients and household contacts where

enhanced PPE and infection control protocols will be in place. We do not expect these patients to be treated as part of routine dental practice. The service will be focussed on providing urgent care that cannot be delayed

PPE required for these services will include

- Gloves
- Gown
- FFP3 respirator
- Eye protection

### **PPE supply**

We continue to recognise that the supply chain of PPE, in particular face masks for the safe delivery of dental care for non COVID-19 patients, is proving an issue for dental practices. Further stocks of masks were released into the dental supply system earlier this week and access to these remains as set out previously.

Contact details for each supplier are set out below; however there are order quantity restrictions to avoid any local stockpiling.

**To access this supply** telephone or e-mail any of the following suppliers, quoting or titling your email

**‘DHSC – face mask request’.**

**Henry Schein** [sales@henryschein.co.uk](mailto:sales@henryschein.co.uk)

**Wrights 01382 834557** [nhsorders@wright-cottrell.co.uk](mailto:nhsorders@wright-cottrell.co.uk)

**Dental Directory** 0800 585 586 [salesupport@ddgroup.com](mailto:salesupport@ddgroup.com).

### **Business continuity**

Within our SOP and the letter of preparedness we encouraged you to check your business continuity plans. I would like to stress the importance of keeping on top of these as the COVID-19 situation develops and any new guidance that is issued. It is important that you have arrangements in place with colleagues in the event that issues associated with the coronavirus affect your practice.

HEE can reassure NHS training providers that Dental Foundation and funding will continue through this time period. Although HEE and NHSE expect less patients to attend dental practices for non-urgent care the foundation Training team (to include dental nurse) will be expected to respond to local NHS demand from COVID-19 with leadership from their local TPD. This response will be assessed by NHS Regional teams and, where necessary, additional training and education will be provided. HEE will communicate separately with trainees on training progression.

## **Data Security and Protection Toolkit Submission 2019/20 - COVID 19**

It is critically important that the NHS and Social Care remains resilient to cyber-attacks during this period of COVID-19 response. However, we recognise that it may be difficult for you to complete the toolkit by the 31<sup>st</sup> March 2020. Where dental care providers do not fully complete or meet the standard because doing so would impact their COVID19 response this will be considered sufficient and they will be awarded 'Approaching Standards' status and will face no compliance action. It will be possible to upgrade from 'Approaching Standards' status to 'Standards Met' status through the year.

### **Ensuring you have the latest information**

You have a professional responsibility to maintain your awareness of the authorised, evidence-based PHE guidance for responding to COVID-19. It is critical that you revisit the links offered in the SOP and I reiterate the recommendation to bookmark key hyperlinks. As advised, urgent communications will be sent via the CAS (in full) system

Please ensure you have registered to receive CAS alerts directly from the MHRA:  
<https://www.cas.mhra.gov.uk/Register.aspx>

Please use a generic practice email account, not a personal one. For continuity of access, ideally use an nhs.net email account – it's more secure. Please register a mobile phone number for emergency communications.

If you don't yet have a practice nhs.net account, please go to the NHS Registration website where you will be guided through the short process.

<https://support.nhs.net/knowledge-base/registering-dentists/>

In the event of user absence, practices should ensure auto forward for emails to an alternative nhs.net account and designated deputy.

We will continue to send this letter and other communications via the BSA and NHS Commissioners

If you have further queries or questions, the BDA has agreed to consolidate these and pass them through to NHE England and Improvement

Thank you for your understanding and continuing support, it is very much appreciated.

Yours sincerely

**Sara Hurley** Chief Dental Officer  
NHS England and NHS Improvement



**Eric Rooney** Deputy Chief Dental Officer  
NHS England and NHS Improvement

**Carol Reece** Head of Dental and Optical Services Commissioning  
NHS England and NHS Improvement