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Private and Confidential

To all Clinical Teams

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Dear Colleagues

Note to NHSGGC dental teams treating patients during Covid-19 outbreak

Firstly, I'd like to thank everyone who is continuing to work in the delivery of front line services to our patients in these extraordinary times. I have been struck by the willingness to work as a team through GGCEDS, GDS, PDS and HDS in order to best serve our patients at this time of national crisis. Much work has been done to define pathways at very short notice and completely redesign services quickly; often at a day's notice. The resilience shown by our teams is worthy of commendation.

I understand there are still some concerns from those delivering care to patients in all sites around the adequacy of PPE. I enclose a letter from the CMO / CNO in relation to this, providing a good picture of what the national position is. You will see this confirms the HPS guidance that we are adhering to as a Board is considered best practice and independently verified by WHO.

I am not an expert in virology, epidemiology, infection prevention and control or the study of aerosol generating procedures. Therefore, I have considered advice produced from expert health organisations such as HPS, PHE and WHO to inform decision making regarding best practice. In addition I did seek further clarification on guidance available from a dental specific point of view by commissioning a panel of experts (oral microbiology, infection prevention and control, dental public health, clinical dentistry, defence organisation and expert in medical ethics) to discuss the literature independently. I was personally reassured that they came to the same conclusion, that the HPS guidance is correct taking into account the current available evidence.

Please be reassured that the HPS / PHE guidance is based on continual rapid reviews of literature that is emerging during the COVID-19 crisis and this has been the basis of Board decision making up until now.

I enclose the link to the most up to date (02/04/2020) guidance that should be used in conjunction with the CDO Scotland guidance for aerosol generating procedures previously circulated.

You will see that the new HPS / PHE guidance has changed in light of the increased risk of healthcare workers coming into contact with asymptomatic but infected patients. I am pleased to say that as a Board we have been applying these principles since the start of the outbreak; AGP's have been covered with appropriate PPE including FFP3 masks whether the patient is asymptomatic or not.

I am also often asked about the need for hot and cold pathways when there are high numbers of patients infected in the community but not showing symptoms. In common with all parts of the NHS this is to ensure patients describing symptoms associated with the case definition of COVID-19 or isolating with someone in that situation need to be identified as possible "positive patients". Clearly if we have waiting areas of patients that are negative they cannot be mixed with patients that we think to be positive for the disease. Thus the pathways are purely to separate out probable positive patients from probable negative ones. Social distancing in a healthcare institution.

I want to talk a bit about dental extractions. In the guidance from the CDO and elsewhere it is clear that routine dental extractions, use of high volume suction or use of three-in-one irrigation without air are NOT considered aerosol generating procedures. This means that routine dental extractions SHOULD be carried out with the appropriate PPE for non-aerosol generating procedures. However, I am acutely aware via a variety of sources that there is real anxiety that this guidance might fall short of the protection required to keep staff safe despite lack of evidence to the contrary. Even the thought of this is abhorrent to me. It is with this in mind and considering the lack of knowledge regarding transmission of this novel pathogen that I suggest that, until we know more, we reconsider the PPE for dental extractions. In collaboration with my clinical leadership colleagues we suggest a move to allow clinicians to augment the agreed PPE with additional use of FFP3 masks and surgical gowns where utilisation of this additional protection would produce peace of mind.

In these cases, an operator may decide (in collaboration with the team treating the patient) to start the procedure with FFP3 mask protection and indeed may wear a mask for the entire session. This may require an additional level of clinical triage to risk assess the complexity of the procedure and allocate a patient to an appropriately trained and PPE protected member of staff and clinic. This allows us to optimise the use of PPE. I see no discernment in the guidance whether treating paediatric or adult patients for extraction.

I now would like to move away from extractions and back to the generalities of providing dental treatments of all kinds. In anxious times like these it is tempting to avoid risk by not undertaking procedures. Please keep in mind the need to balance any decision not to undertake treatment with the duty of care you have to a patient. Referring the patient on to a colleague also breaches the duty of care you have to them by then requiring them to put themselves at risk. Additionally, keeping in mind the need to minimise social contact, the treatment should be undertaken, where appropriate, there and then to minimise the need for patient travel via reattendance or onward referral.

I enclose the "COVID-19 Guidance: Ethical Advice and Support Framework" document from Scottish Government that is useful and, although aimed at doctors, has sound messages for any healthcare professional with a duty of care to a patient. I would particularly pick out the statement immediately below and the list of principles on which to base decision making.

"Doctors should be assured that decisions taken in good faith, in accordance with national actions and guidance to counter COVID-19, will not be held against them." Clearly if a healthcare provider veers from national guidance that is a different matter.

Respect

- All patients should be offered good quality and compassionate care.

Fairness

- Patients should be treated as individuals, and not discriminated against.

Minimising harm

- Where there is a decision that a treatment is not clinically appropriate there is not an obligation to provide it, but the reasons should be explained to the patient and other options explored.

Working together

- Clinicians should act with honesty and integrity in their communication with patients and should communicate clinical decisions and the reasoning behind them transparently. **This should be documented appropriately.**

Flexibility

- As the clinical situation evolves both at the individual and population level, decisions will need to be kept under review with clear guidance at the national level.

Reciprocity

- Wherever clinicians are expected or asked to take increased risks, they must be supported in doing so.
- Where there are resource constraints, patients should receive the best care possible, while recognising that there may be a competing obligation to the wider population.

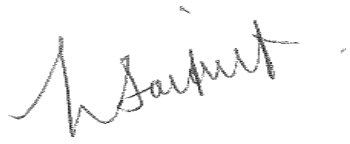
In relation to above we must ensure there is a documentation of risk. Fundamentally the documentation of the patient encounter you have comes down to explaining why you are unable to provide the usual standard of care based on risk assessment as per GDC requirements. This should include risk to the population, risk to the individual patient, risk to the treating team as well as risk to the NHS in general.

Finally I would like to reiterate my thanks to the teams working very hard in difficult circumstances to keep our patients pain and infection free whilst balancing the need for social distancing as well as being ever mindful of the wellbeing of our staff.

Summary

- Current measures for AGP's are in place and appropriate and the same for COVID risk and non-COVID risk patients.
- Additional clinical triage after telephone triage may be required to risk assess and allocate to appropriate teams for dental extractions to optimise the use of PPE considering the need to be sparing of resources to help the wider NHS family.
- Masks are only one part of the infection prevention and control techniques that are required to protect patients and staff. Staff MUST adhere to HPS / PHE to protect themselves and their team. Detailed process for donning and doffing of PPE will follow in the next days.
- If additional protection above that of the national guidance is felt helpful for dental extractions FFP3 masks may be worn, preferably for a full session. Decision making around any additional PPE should include the whole team treating the patient. This does not mean that dental extractions are being considered as AGP's.
- In general whether it be telephone triage in practice or in PDS or indeed treatment planning decisions in any location full risk assessment must be documented especially for the deviance from best practice during the pandemic (especially where treatment is being withheld).
- Rapid reviews of the evidence continue and we expect further information from NERVTAG and PHE /HPS around the definition of dental aerosol generating procedures. As further evidence and guidance emerges that is dentally specific the guidance issued here may, of course, be subject to change.

Yours sincerely



Lee Savarrio
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COVID-19 Guidance: Ethical Advice and Support Framework
CNO CMO Letter 2nd April 2020: Revised PPE guidance
COVID-19 Safe ways of working: A visual guide to safe PPE

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe

https://www.hps.scot.nhs.uk/web-resources-container/covid-19-advice-for-dental-teams/