

## COVID-19

### Lee Savarrio - Chief of Dentistry Update (15-1-2021)

Firstly may I wish you and yours a Happy New Year since this is the first CoD Update of 2021. Little did I expect that I would still be required to produce these updates 10 months on..... I only hope that for the best possible reasons, they will not be required for much longer. There is light at the end of the tunnel, with the vaccination programme well underway and new vaccine supplies becoming available; we can only hope that after a very long, hard 2020 that 2021 will see us being able to get back to something that resembles 'normal'.

I want to thank you all for your continued support and commitment to providing the best care you can for your patients in the safest way possible.

A couple of things to update on:

#### ➤ Covid Vaccination Programme

You will have been receiving the emails each week with the link for appointments for a covid vaccination. The link below is for clinics for the week of the 25<sup>th</sup> January. **Please note we have been advised this will be the last week of clinics for staff and contractor groups.** Going forward there will be some additional clinics for people returning from absence or those who are allergic to the Pfizer vaccine.

<https://www.nhsggc.org.uk/jan4covidvaxx2021>

In response to questions raised about the delay in the second dose of the vaccine, the CDO has confirmed that the Academy of Medical Royal Colleges firmly supported the decision of the four UK Chief Medical Officers to prioritise the delivery of the first Covid vaccine dose and to delay the second dose up to 12 weeks. They stated:

*"We recognise the concerns of those who have had a first vaccination and were expecting their second dose. However, with rapid spread of infection, particularly the new variant Covid-19, the policy of getting the vaccine to as many people as possible in the shortest possible time is, in the public health terms, absolutely right"*

In addition, the following excerpt from the President of the Royal College in Glasgow's most recent update contains good information for those that want to read more. I have appended the FAQ's alluded to for convenience.

*“We are in a race to vaccinate as many of the priority groups as possible, as quickly as possible.*

*Subsequently the Joint Committee on Vaccination and Immunisation (JCVI) in the UK has revised the scheduling of the vaccinations, delaying the second vaccination for up to 12 weeks, aiming to provide more people with the protection of a first dose of available vaccine as soon as possible. I understand how disappointed and let down some colleagues are feeling, but this will have a very rapid impact and as a public health strategy I am convinced it is the right thing to do. Communication explaining the change in approach has been slow to appear, this is why Scottish Academy produced a [statement here on 4 January](#) and Academy of Medical Royal Colleges has [issued reassurance on 11 January](#). I also welcome the [statement published by the British Society for Immunology](#) last week which notes that “although we would prefer the original dosing schedules tested in the trials to be used clinically, we recognise that a pragmatic approach in the short-term is needed, and accept the rationale for the change in dosing schedule for the Oxford/AstraZeneca and for the Pfizer/BioNTech vaccine that has been recommended”. There are also some very helpful FAQs [here](#). There is a very useful paper from the [COVID-19 Actuaries response group](#) which highlights that we only have to vaccinate 20 care home residents to save one life. By vaccinating JCVI Priority groups 1 and 2, two thirds of COVID-19 deaths could be prevented. All the more reason for vaccination programmes to work at pace. You can find more information on this in the letter from the UK’s four Chief Medical Officers [sent to the profession](#) on 31 December, and on our website [here](#).”*

➤ **Assisting at Covid Vaccination Clinics**

I appreciate that a number of you have already undertaken the training and registered with the staff bank to assist with the Covid vaccination programme. I know there have been some initial frustrations and problems with this process which we have highlighted on your behalf. I am assured that the education and registration process has now been streamlined and that FAQs will be distributed once you receive your log on for the staff bank.

There is also a payment available for **PDS/HDS** staff who wish to become involved with the vaccination programme. We would however ask, at this stage, that you only book shifts at weekends or evenings rather than daytime during the week, given that we are continuing to remobilise our own services.

➤ **Ongoing Provision of Dental Services**

I have become aware there may be some concerns among dental practitioners regarding the continuation of NHS GDS dental services provision amid the current wave of the COVID-19 pandemic.

The CDO has stated we should continue with remobilisation, albeit with vigilance in accordance with current guidance

(<https://www.scottishdental.org/wp-content/uploads/2020/10/SOP-Guide-COVID-19.pdf>).

Practices should:

- focus on the delivery of urgent care and treatments necessary to secure and retain oral health
- refrain from delivery of aesthetic treatments, such as Botox, fillers and tooth whitening
- continue the delivery of dental care through a risk-assessment approach to patients being aware that some patients, including those who are shielding, may be less willing to attend due to the requirement for increased vigilance
- Face-to-face care for shielding patients should be avoided if possible
- If a shielding patient requires urgent care you must take a risk-assessment approach and consider such factors as the patient journey to and from the practice, avoiding all contact with other patients and minimising patient exposure to practice staff beyond those providing direct clinical care

Since the start of the pandemic dental teams in the Urgent Dental Care Centres, HDS and GDS have been involved in significant amounts of patient contact and due to our effective infection control measures and use of appropriate PPE we have minimised any risk of patient transmission in a dental setting and indeed healthcare as a setting is very low down the list of settings where transmission is occurring.

However now more than ever, both within the dental setting and outside the workplace we need to continue to be vigilant with social distancing and environmental decontamination in all areas. This will help to minimise the risk of transmission, but also to ensure dental teams remain adequately staffed to deliver safe and effective dental care to our patients.

The SOP COVID-19 guide for dental teams provides a comprehensive process for ensuring your practice is COVID-safe. If you have increased the number of surgeries you are providing care from, you should have revisited your protocols to ensure they remain robust and consider the increased numbers of staff working from the premises, particularly in relation to staff areas and facilities.

Wishing all health and happiness for 2021.

***Lee Savarrio, Chief of Dentistry***