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## **BRIEFING NOTE**

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18<sup>th</sup> March 2020

**For the attention of:**

**All North West Primary Care General Dental Practitioners,  
All North West Urgent Dental Care Out of Hours Providers,  
All North West Community Dental Service Providers**

### **Covid-19 – Dental Briefing Note from North West Dental Commissioning and Consultants in Dental Public Health**

#### **Information as of 18<sup>th</sup> March 2020 and is subject to change**

In light of the escalation of COVID 19 this briefing note has been produced to share current information and considerations across dental services in the North West of England (Greater Manchester, Cheshire & Mersey and Lancashire & South Cumbria).

We are expecting national guidance but are aware of the significant enquiries being received from dental services. This briefing note is intended to support practices in managing their local arrangements to maintain services where possible and safeguard patients and staff.

It is becoming clear that providing routine dentistry ‘as normal’ is no longer sustainable. Not least because aerosol generating procedures (AGPs) are frequent daily occurrences in routine dental care and should be avoided in this delay phase of Covid-19 management. Furthermore, in accordance with national guidance, people in vulnerable groups (older people and those with underlying health conditions) need to stay at home and reduce close personal contact that would occur in waiting rooms and surgeries. We are also aware that practices and services are experiencing growing numbers of DNAs and cancellations.

The following considerations are therefore presented for your support, recognising that national guidance may supersede this document.

#### **Force Majeure for contractual performance**

- GDS/PDS contracts already have a clause within them that details Force Majeure – this does include pandemics.
- By now, we are aware that Practices will be seeing a down-turn of patients accessing services, therefore where delivery of services are now being compromised then you need to be gathering as much information to associate the underperformance with the pandemic. Some practical suggestions to help you maintain a good audit trail would be:

- maintain records of staff and dentist absence, both for illness and caring for dependants. Week by week records will help to demonstrate the varying impact of the pandemic
- identify days when the practice is unable to open as a result of insufficient staff
- record the number of patients attending the practice and, if possible, identify the types of treatments provided. This information can then be compared with a typical working day, if necessary
- maintain records of other work carried out within the practice as a result of patients not being seen (updating policies and undertaking audits, for example) to demonstrate that time spent not seeing patients was used constructively and contributed to the improvement of patient services
- maintain records of any other work undertaken at the request of the Regional team
- Underperformance relating to the pandemic will be considered only if there is a drop in activity during the last quarter of the year (December 2019 – March 2020)
- Practices need to make sure that they review their business continuity plans, they will need to work with other practices locally to ensure patients and the public who are well can access urgent care and advice in normal opening hours.
- Please ensure that you have an NHS Mail account

If your Practice is affected by Covid-19. let us know as soon as possible and definitely before the end of March 2020, by email to [england.gmdental@nhs.net](mailto:england.gmdental@nhs.net) This information will then be saved within your contract file against this year's contractual performance and delivery.

Please find attached the force majeure template for your use.

As previously noted, the above advice is provided to be supportive at this time of uncertainty. We do not anticipate that this will be significantly misaligned to any national guidance will may be published.

### **Problems with PPE equipment and supplies**

We have already shared information that we received from the NHS England National Team regarding the 3 identified suppliers you should be able to get supplies from.

These suppliers are:

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

*Wrights Medical 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)

### **When ordering please entitle your email – DHSC – Face mask request**

We are aware that some practices have experience some problems and there appears to have been some restrictions on orders regardless of Practice size. This matter has been raised nationally. Any clarification or update will be shared. Until further notice practices are advised to: :

- Triage all patients who are booked in for appointments and any that are purely re-call/check ups should be rearranged for later in the year
- Only see patients who require treatment, are in pain, or in mid-treatment.
- Contact LDCs and local Practices to see if they have any spare stock that can be shared.

### **What to do if a patient/member of staff has either tested positive, or shows signs and symptoms of Covid-19 ?**

**NB This guidance for those who have had contact with a patient or colleague who develops symptoms, or who is positively tested for COVID-19 is based on the ‘stay at home guidance for households’ published on 16/3/2020 which we believe the most appropriate at the current time <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>**  
**This may be updated if more specific guidance is released:**

- Patients who have COVID-19 symptoms or diagnosis should not be treated in the practice and where possible patients with symptoms or a positive diagnosis should be identified before they attend the practice for treatment.
- Commissioners are working to identify suitable estate and a plan for provision of emergency dental care for COVID-19 positive and people in self-isolation
- If a patient who, following a dental appointment, subsequently develops symptoms within 7 days of visiting the practice, the staff members who have treated and been in direct contact with the patient or been in close contact (less than 2m) should self-isolate for a period of 14 days.
- Where Staff members are required to go into self-isolation: Any colleagues who have been in close contact with the member would need to self-isolate for 14 days.

### **What precautions should be taken for staff who may fall into the more vulnerable groups?**

As at 17<sup>th</sup> March 2020 this group includes those who:

- are 70 years of age or over
- have a long-term condition
- are pregnant
- have a weakened immune system

Staff who are in one of these groups should take particular care to:

- wash their hands with soap and water often – do this for at least 20 seconds
- always wash hands when they get home or into work
- use hand sanitizer gel if soap and water are not available
- cover their mouth and nose with a tissue or your sleeve (not your hands) when they cough or sneeze
- put used tissues in the bin immediately and wash your hands afterwards
- avoid close contact with people who have symptoms of coronavirus

- only travel on public transport if strictly necessary
- avoid social activities, such as going to pubs, restaurants, theatres and cinemas
- avoid events with large groups of people
- use phone, or apps to contact GP surgeries or other NHS services

Staff who are in one of these groups should **NOT**

- touch your eyes, nose or mouth if hands are not clean
- not have visitors to your home, including friends and family

*It is likely that further guidance will be published very soon regarding whether these groups should now self-isolate. In the meantime, and in the light of this advice, practices will have to undertake their own risk assessment of these staff and determine if the member of staff is able to continue to attend the workplace, or not.*

### **Provision of routine dental care:**

- Based on the current guidance (which may be updated), risk assess the care required, considering the potential need to use aerosol generating procedures and whether this treatment can be postponed at the current time.
- To re-iterate the previous point, patients who have COVID-19 symptoms or diagnosis should not be treated in the practice and where possible treatment should be postponed until their period of isolation is finished.

### **Clarification note: Definition of routine, urgent and emergency dental problems are as follows:**

**Routine dental problems** include the following conditions for which self-help advice is needed and/or access to an appropriate service within seven days if required:

- Mild or moderate pain: that is, pain not associated with an urgent care condition and that responds to pain-relief measures
- Minor dental trauma
- Post-extraction bleeding that the patient is able to control using self-help measures
- Loose or displaced crowns, bridges or veneers
- Fractured or loose-fitting dentures and other appliances
- Fractured posts
- Fractured, loose or displaced fillings
- Treatments normally associated with routine dental care
- Bleeding gums

<https://www.england.nhs.uk/wp-content/uploads/2019/07/commissioning-standard-for-urgent-dental-care.pdf>

**Urgent dental problems** include the following conditions, which should receive self-help advice and treatment within 24 hours:

- Dental and soft-tissue infections without a systemic effect
- Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice

- Fractured teeth or tooth with pulpal exposure

<https://www.england.nhs.uk/wp-content/uploads/2019/07/commissioning-standard-for-urgent-dental-care.pdf>

**Dental emergencies** include the following conditions, which require contact with a dentist or other appropriate clinician within one hour and are treated in a timescale appropriate to the severity of the condition:

- Trauma including facial/oral laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth
- Oro-facial swelling that is significant and worsening
- Post-extraction bleeding that the patient is not able to control with local measures
- Dental conditions that have resulted in acute systemic illness or raised temperature as a result of dental infection
- Severe trismus
- Oro-dental conditions that are likely to exacerbate systemic medical conditions such as diabetes (that is lead to acute decompensation of medical conditions such as diabetes)

<https://www.england.nhs.uk/wp-content/uploads/2019/07/commissioning-standard-for-urgent-dental-care.pdf>

*A model for provision of urgent care for those with a positive diagnosis or symptoms of COVID-19 is currently being developed.*

Please note that national guidance issued by the British Dental Association may include useful information, for example on payment to staff. This has been attached.

**Please note:** this is local guidance developed on behalf of the North West, has been developed by your local Dental Commissioners and the Consultants in Dental Public Health and will be subject to change.

**March 18<sup>th</sup> 2020**

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