Novel Coronavirus (C-19)

De-escalation Standard Operating Processes for

Primary Dental Care Settings in Wales

All Wales Clinical Dental Leads COVID-19 Group – Reports to CDO WG

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Executive Summary

This document has been developed to support primary dental care providers in Wales during a phase of de-escalation from escalated red alert phase in response to COVID-19 (C-19) towards restoration of dental services in Wales.

This document is to supplement the following documents:

- Restoration of dental services post covid-19: de-escalation of red alert pandemic plan;
- Plan for de-escalation of the dental response to C-19 for dental services in Wales.

  This de-escalation will cover the period following the red alert and will reflect the reducing transmission status of C-19 in the community. The plan for de-escalation is therefore dynamic. Re-escalation might be necessary should the R_0 value for C-19 rise giving risk to a second wave of infections. It may also be necessary to return some areas of Wales to operate at escalated red alert status in response to increased transmission.

This document seeks to provide advice to cover this dynamic phase with advice which:

- will apply throughout the de-escalation phases, and;
- applies while C-19 is still circulating in the community.

The document has links to key guidance and resources to assist dental teams in the process of screening patients for C-19, triage of calls and responding with advice, prescriptions, and treatment. It complements the team's business continuity plan. This document will be updated as guidance for healthcare and dentistry develops.

As indicated in the Welsh Government publication *Unlocking our society and economy: continuing the conversation* it is known that "*There is no 'quick fix'. Until there is a vaccine or effective treatments, we will have to live with COVID-19 and ensure we have measures to limit as far as possible the number of infections and deaths, while allowing our society and economy to function."*

To see the latest general information of relevance to dental teams see the links below:

- Welsh Government: https://gov.wales/dental-health-services-coronavirus;
- Health Education and Improvement Wales: https://heiw.nhs.wales/covid-19/;
- NHS Wales Dental Referral Management System: https://www.dental-referrals.nhs.wales/dentists/covid/;
- Public Health Wales: https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/ .

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Context

Who this guidance is for

This guidance is applicable in Wales. It is intended for ***all*** primary dental care settings including community dental services. Additional guidance and information will be available as required for Urgent/Emergency Designated Dental Centres (U/EDDCs) that are providing care for patients with confirmed/ symptoms of C-19 or aerosol generating procedures. Further documents will be developed in conjunction with SAFs for specific areas of service provision (e.g. paediatrics, orthodontics, special care dentistry, conscious sedation, shielding, and domiciliary care).

NHS primary care providers in the other UK nations should refer to guidance produced by their administrative bodies and regulators.

Background

The onset of symptoms after exposure (incubation time) to C-19 is currently estimated at between one and 14 days.[1] Patients may be infectious for one to two days before the onset of symptoms, they may be most infectious when they are symptomatic and it is estimated that they are infectious for up to two weeks. C-19 symptoms can vary in severity from no symptoms, to having fever≥37.8°C, flu like symptoms, persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing general fatigue and muscular pain. Anosmia (loss of the sense of smell) and the loss of the sense of taste and GI symptoms have also been reported. Severe cases can develop pneumonia, acute respiratory distress syndrome, sepsis and septic shock. These cases can deteriorate rapidly, often during the second week of disease and lead to death.[1]

Recent reports indicate that C-19 transmission is primarily transmitted between people through respiratory droplets and contact routes, this includes fomites on surfaces.[2] The amount of viable virus in aerosol has not yet been confirmed. At present the World Health Organisation, recommend airborne precautions for aerosol generating procedures in accordance with risk assessments. It also recommends frequent hand hygiene, respiratory etiquette, and environmental cleaning and disinfection.

The Welsh Government strategic approach as of late April 2020 is to reduce community transmission and the Test, Trace Protect tracing strategy for identification, isolation and containment (in Wales) was announced on the 13th May 2020.[3] Currently:

- Individual patient advice is being provided by NHS Direct Wales (online) and NHS 111 Wales (telephone);
- Public facing information is being managed by Public Health Wales (PHW);
- Members of the public who may have C-19 and are well enough, are being asked to self-isolate until a diagnosis is confirmed;
- For confirmed cases, isolation and treatment are being managed by health boards and care homes.

[1]European Centre for Disease Prevention and Control: Q and A on COVID-19 https://www.ecdc.europa.eu/en/covid-19/questions-answers

[2] Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations (29 March 2020) https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations

[3] Test Trace Protect: Our strategy for testing the general public and tracing the spread of coronavirus in Wales. https://gov.wales/test-trace-protect-html

De-escalation in Wales

De-escalation of the C-19 response covers the phase when community transmission is decreasing.

Aim

The aim will be to implement a phased, risk-based re-establishment of dental services to meet population needs.

Objectives:

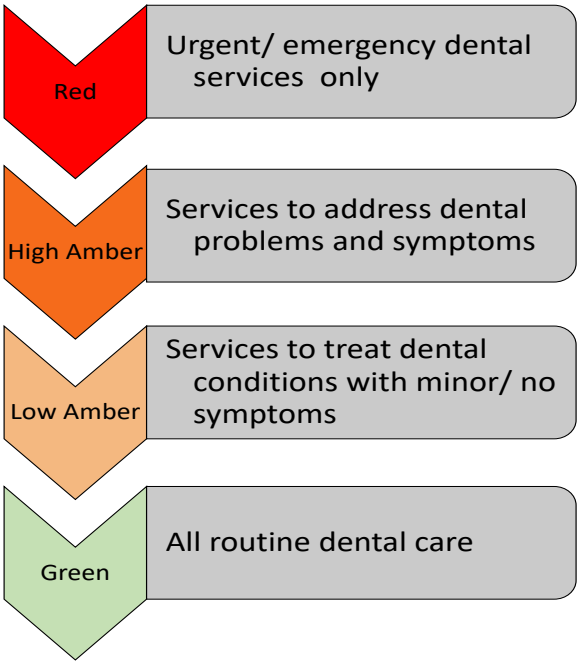
Prioritise dental care for at risk groups, and people with symptoms/ urgent routine dental problems.
Increase practice-based care dental provision to meet population's oral health needs.
Maintain emergency/urgent dental care provision (COVID and non-COVID) to meet requirements.

This approach will be based on risk, to minimise the possibility of transmission of C-19 to patients and the dental team within the dental care setting or during dental care procedures.

De-escalation principles

This approach aims to deliver dental services in a way that prioritises care for those most at risk of serious complications. A staged process will reintroduce dental care procedures.

De-Escalation Alert Levels and Dental Services



Relevant Guidance

This document should be considered alongside current advice, guidance and guidelines for dental care:

COVID-10 infection prevention and control (IPC)[4]

COVID-19 personal protective equipment (PPE)[5]

Advice on PPE guidance implementation COVID-19: infection prevention and control (IPC)[6]

There is also advice on aerosol generating procedures which should be read alongside the new guidance for primary dental care on personal protective equipment

Updates and information

Official guidance on C-19 is available from Public Health Wales (in some cases, where this is applicable to Wales, this will hyperlink to Public Health England advice). Dental teams are advised to keep up to date, regularly reviewing information and the latest updates on:

- Information for Health and Social Care Professionals – Wales (including PPE);
- Coronavirus (COVID-19): latest information and advice ;
- PHW COVID-19 interim guidance for primary care.

[4] https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

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

[6] https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-healthcare-workers-in-wales/advice-on-ppe-guidance-implementation/

Dental Services

Role of primary care dental teams during de-escalation

Dental practices are expected to remain open during existing contracted (normal) working hours to provide advice, analgesics, antimicrobials and appropriate preventive interventions, treatment and care in accordance with the phase of de-escalation.

Dental teams will provide a remote assessment and advice for all patients in advance of agreed appointments to keep contact time to a minimum.

This will include:

- Assessment;
- confirming medical and dental history details;
- providing professional advice;
- remote prescribing.

Although the use of AGPs is restricted there is much dental teams can do to support and assist patients experiencing dental problems. Dental teams can provide non-aerosol generating dental care procedures (using recommended PPE and decontamination) for their patients in accordance with the relevant de-escalation alert level to meet need.

Role of urgent/emergency designated dental centres during de-escalation

Until any restrictions on aerosol spray generation are lifted the Urgent/Emergency Designated Dental Care Centres (U/EDDCs) will be available to undertake care that is necessary and requires aerosol generation procedures (AGPs). In the interests of public health (minimising unnecessary infection risks from aerosol) aerosol generating procedures will be limited to health board designated U/EDDCs and where necessary, secondary care services.

Role of Secondary Care during de-escalation

Patients referred to secondary care will be assessed and managed appropriately. During de-escalation, the treatment offered may be emergency/urgent and may require modification to manage risk. In some cases, care may be delayed until the point where normal services can be provided. However, assessment of urgent referrals for suspected oral cancer will resume.

Preparing for De-escalation

Dental practices in Wales have remained active in triaging patients and performing limited urgent care. It is possible, however, that parts of larger practices or the whole of smaller practices may have been closed for some time.

To support the practice through the process of de-escalation of the C-19 response and to protect patients, practice staff and the public; the following practical steps are suggested:

Leadership, communication and information

Leadership

Practices should appoint a C-19 lead who should:

- Keep updated with the latest information relating to C-19 in dentistry in Wales;
- Act as a point of communication for the practice with the health board (keeping updated and disseminating updates);
- Ensure weekly submissions of practice activity to FDS and where required by health boards, submissions of issues, illness, workforce and redeployment;
- Act as a point of dissemination for updates;
- Co-ordinate practice activities to include training, preparation for 'new ways of working' and implementation of this guidance and any subsequent revisions to guidance;
- Lead development and implementation of practice policies and procedures;
- Maintain communication with health boards so that the practice can be kept up to date with areas of ongoing community transmission of C-19 (practices will be advised if there is a local outbreak in their area which means that a reduction in activity/ return to severe urgent and emergency only care will need to be actioned promptly);
- Direct queries to health board COVID dental leads in each area who will seek advice as required (e.g. from infection control teams and dental practice advisors (DPAs);
- Ensure PPE is available for the practice and liaise with Health Board to address issues with supply.

Practice policies

Practices should update policies for C-19 to include:

- Staff illness reporting and self-isolation;
- Risk assessments for vulnerable staff (Health or BAME);
- Cleaning and decontamination;
- Uniform and PPE;
- Social/ physical distancing;
- Safeguarding.[7]

Teams should be aware of issues e.g. domestic abuse[8] which may be more prevalent at this time.

Social distancing for staff

Risk assessments should be carried out and measures implemented to support physical distancing and minimise the possibility of the transmission of infection between staff members.

[7]Safeguarding Wales https://www.safeguarding.wales/
[8] Staying safe during COVID-19 A guide for victims and survivors of domestic abuse
https://safelives.org.uk/sites/default/files/resources/Safety%20planning%20guide,%20victims%20and%20survivors,%20COVID-19.pdf

Staff deployment and training

Practices should risk assess staff who are in "at risk" groups e.g. elderly, pregnant[9] and those with relevant health conditions[10] which put them at particular risk from C-19. [11] Redeploy at-risk staff to duties without patient contact such as supporting the 'remote contact' preparing patients prior to appointments.

Where there is capacity, team members may choose to volunteer for other roles in response to C-19. They can contribute to local urgent dental care arrangements during the C-19 period, providing telephone triage or care provision as is most appropriate. This should be encouraged and supported by practice owners.

Staff who are involved in the care of patients should ensure that they have appropriate knowledge on managing patients through this phase. This would include:

- Information about C-19, recognition, screening, and risk;
- Management of a person with symptoms entering the practice;
- Infection control;
- Donning and doffing personal protective equipment;
- Minimally invasive dentistry/ non AGP care.

Staff illness

Practices should ensure staff inform the practice and follow guidance on self-isolation if they or a member of their household develop signs of infection. [12] Practices should consider processes to check for signs of possible infection (this may include taking temperature to check for fever). Where possible, arrangements should be made for staff with symptoms to be tested. [13] Practices should follow the latest advice[14] and seek guidance if necessary from the health board.

Wellbeing for all dental team members workers

Where possible, implement measures to support staff well-being.[15]

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[9] Advice on pregnant healthcare workers 21.03.2020 https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-28-covid19-pregnancy-guidance.pdf

[10] any person aged 70 or older, aged under 70 with an underlying health condition (i.e. adults who should have seasonal flu vaccination because of medical conditions)

[11] https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

[12] https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection

[13] Key (critical) workers testing policy: coronavirus (COVID-19) Policy sets out a needs based approach testing criteria for NHS and non-NHS workers (key workers). https://gov.wales/critical-workers-testing-policy-coronavirus-covid-19-html

[14] COVID-19: management of exposed staff and patients in health and social care settings: https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings

[15] https://leadershipportal.heiw.wales/playlists/view/c0abd55e-92ee-44d2-bcd1-33dd0221d1e3/en/1?options=oHXU%252BPmvHPR07%252FdPJVyiI5sWo5wWqGQ3R4ZWrZU%252B9vn1fRQkuIHkJS3aCF%252F5pPA4NRIUrRdtEhtlc1jVmauiYg%253D%253D

Preparing the practice environment

It is possible that parts of larger practices or and some smaller practices may have been closed for some weeks. The following practical steps are recommended to prepare the practice environment:

Preparing waiting and communal areas

Minimise the risk of transmission by. [16]

- Providing handwashing facilities or hand gel on entry to the practice;
- Decluttering, removal of textiles that cannot be cleaned and all unnecessary items (including posters that cannot be wiped clean, toys and magazines) from waiting areas and surgeries;
- Spacing chairs in waiting areas to accommodate social distancing (as per guidance e.g. 2m);
- Placing bathroom notices to close the lid before flushing to reduce risk and consider making bathroom facilities for emergency use only while there is a risk of transmission ;[17]
- Ensuring that there is a schedule of regular cleaning for the environment with specific attention to areas and objects frequently used or touched by the public i.e. door handles, chair arms, tablet devices used for medical histories.

Preparing surgeries for re-use

The surgery should be decluttered, cleaned and decontaminated and waterlines should be flushed. WHTM 01 05[18] provides guidance for decontamination of treatment areas including:

- General hygiene principles (Chapter 6);
- Cleaning between each patient (6.62);
- Cleaning at the end of each session (6.61);
- Items of furniture to be cleaned each week (6.64);
- Actions to manage dental water lines (See 6.84-6.86 and 19.8-19.17).

Supply checks

Review date-limited items (e.g. emergency drugs) to make sure the practice is compliant and has all of the necessary items. Check supplies and place orders where necessary (as supply chains may be affected).

[16] Rapid Review of the literature: Assessing the infection prevention and control measures for the prevention and management ofCOVID-19 in health and care settings: https://www.hps.scot.nhs.uk/web-resources-container/rapid-review-of-the-literature-assessing-the-infection-prevention-and-control-measures-for-the-prevention-and-management-of-covid-19-in-healthcare-settings/

[17] Liu, Y., Ning, Z., Chen, Y., Guo, M., Liu, Y., Gali, N. K.,. & Liu, X. (2020). Aerodynamic analysis of SARS-CoV-2 in two Wuhan hospitals. Nature, 1-6.

[18]Welsh Health Technical Memorandum HTM 01 05: http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/WHTM%2001-05%20Revision%201.pdf

Patient Information

Information on practice websites, online booking, appointment reminders/texts, voice mail/ telephone appointment protocols should be up to date. Messages should be in line with the extant public advice produced by PHW to include:

- Information about the signs and symptoms of C-19;
- Advice stating that patients should not turn up to the practice without an appointment;
- Information and guides for hand hygiene on entry and exit;
- Information about wearing of facemasks and social distancing in the practice;
- Cough etiquette information (Catch it. Bin it. Kill It);
- Advice to use the bathroom before attending for an appointment;
- Attending alone or with one escort if the patient is a child/ vulnerable adult.

Information resources are available from Public Health Wales:

- https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/coronavirus-resources/;
- NHS Wales Public Information Posters;
- NHS Wales Social Media Assets;
- NHS Wales - patient facing Information .

Dental Information for patients is available from:

NHS 111 Wales Encyclopedia[19]

- Toothache https://111.wales.nhs.uk/encyclopaedia/t/article/toothache/ ;
- Swelling of the face and mouth https://111.wales.nhs.uk/encyclopaedia/s/article/swelling(mouthandface) ;
- Wisdom tooth problems https://111.wales.nhs.uk/encyclopaedia/w/article/wisdomtoothproblems ;
- Problems after tooth extraction https://111.wales.nhs.uk/encyclopaedia/p/article/problemsafteratoothextraction ;
- Mouth ulcers https://111.wales.nhs.uk/encyclopaedia/m/article/mouthulcer ;
- Dentures https://111.wales.nhs.uk/encyclopaedia/d/article/dentures(falseteeth) .

[19] https://111.wales.nhs.uk/encyclopaedia/

Patient Care

Remote assessment

Practices should offer remote assessment, advice and where appropriate, prescriptions for all patients.

Patients should be assessed by a dentist by telephone or video, gathering enough information to identify whether the individual has:

- A serious condition requiring urgent medical/dental attention to save life;
- A condition which could be self-managed with appropriate advice and possible prescription;
- An urgent dental condition which needs face-to-face assessment, diagnosis or treatment.

A number of resources have been developed to support those making these clinical judgements. Video consultation information is available in Appendix 1.

Remote assessment resources

Management of Acute Dental Problems During COVID-19 Pandemic[20]

Primary Care Dental Services COVID-19 Toolkit: Appendices 2 and 4: Appendices 1, 2 and 4[21]

British Endodontic Society: COVID-19[22]

COVID19 BOS Advice[23]

Conditions which require urgent medical/dental attention to save life

Patients with suspected life-threatening conditions should be immediately referred/ sent to the appropriate emergency medical services.

Advice on self-care

Some cases will only require advice to enable the patient to self-care.

NHS 111 Wales Encyclopedia[24] has 31 pages on dental topics which have been adapted to include self-care advice for the duration of the pandemic:

Remote prescribing

Dentists may prescribe pain relief and/ or antimicrobials in situations where it is clinically appropriate, following a clinical assessment and consultation (including medical history and where possible virtual assessment).

In situations where cases are best managed through advice and prescribed analgesics and/ or antimicrobials it is possible to prescribe remotely. Antimicrobials should be only be prescribed for conditions where these are effective. An appropriate history should be taken and recorded in the clinical notes along with the outcome of the telephone triage including details of prescribing.

Dentists are advised to introduce themselves to and work with local pharmacies in order to support social distancing and reduce travel. A flowchart example for prescribing remotely and other information relating to remote prescribing is available in Appendix 2.

[20] http://www.sdcep.org.uk/published-guidance/acute-dental-problems-covid-19/
[21] https://heiw.nhs.wales/files/covid-19-primary-care-dental-services-toolkit/
[22] https://britishendodonticsociety.org.uk/
[23] https://www.bos.org.uk/COVID19-BOS-Advice/COVID19-BOS-Advice
[24] https://111.wales.nhs.uk/encyclopaedia/

Clinical advice in relation to remote prescribing is available at:

- Drugs for the Management of Dental Problems During COVID-19 Pandemic;[25]
- Primary Care Dental Services COVID-19 Toolkit: Appendices 2 and 4;[26]
- FGDP COVID-19: latest guidance and resources for GDPs;[27]
- High level principles for good practice in remote consultations and prescribing.[28]

Urgent dental conditions which need face to face assessment, diagnosis or treatment

Patients should be assessed for signs and symptoms of C-19 at the stage of telephone consultation using the latest criteria. [29]

Suspected cases would include one or more of the following in the previous 14 days:

- Confirmed C-19 (tested positive);
- Symptoms consistent with C-19 i.e. new continuous cough and/ or high temperature ≥37.8°C, a recent loss of smell or taste (sore throat, shortness of breath, difficulty breathing, nasal discharge and GI symptoms are also possible symptoms);
- Contact with a confirmed case (tested positive).

Clinicians should also be aware of the possibility of other symptoms particularly in patients who are immunocompromised (including severe sore throat, loss of sense of taste).[30] Patients with suspected or confirmed C-19 should either defer treatment (routine and non- urgent) or should be referred to a U/EDDC.

Patients who do not have suspected or confirmed C-19 and those who have recovered from C-19 may be considered for treatment in practice depending on the stage of de-escalation alert and the risk assessment of the case.

Reducing risk for patients who are shielding/ in vulnerable groups

Patients who are shielding[4] or who have a higher risk of complications from C-19 should be assessed with regards to either providing treatment in the practice or a referral to a health board U/EDDC where domiciliary protocols will be used as required. If it is appropriate for the patient to be seen in primary care practice, then measures should be put in place to reduce the risk to the individual e.g. booking them as the first patient of the day with recommended decontamination processes[31] before and after care to minimise risk.

Examples of high-risk individuals include:

- Older people;
- People who are shielding or who have health conditions which put them at risk ;
- Pregnant women;
- People living in institutions e.g. residential care and prisons (these will be managed by U/EDDCs).

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[25] Drugs for the Management of Dental Problems During COVID-19 Pandemic: http://www.sdcep.org.uk/wp-content/uploads/2020/05/SDCEP-MADP-COVID-19-drug-supplement-update-110520.pdf

[26] Primary Care Dental Services COVID-19 Toolkit:https://heiw.nhs.wales/files/covid-19-primary-care-dental-services-toolkit/

[27] COVID-19: latest guidance and resources for GDPs: https://www.fgdp.org.uk/news/covid-19-latest-guidance-and-resources-gdps#Remote%20prescribing%20and%20advice

[28]High level principles for good practice inremote consultations and prescribing https://www.gdc-uk.org/docs/default-source/guidance-documents/high-level-principles-remote-consultations-and-prescribing.pdf

[29] COVID-19: investigation and initial clinical management of possible cases: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases

[30] https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

[31] Welsh Health Technical Memorandum 01 05 (2024) http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/WHTM%2001-05%20Revision%201.pdf

Principles for managing an examination and non-AGP dental care in primary dental care

Standard infection control procedures applying to dental practices are outlined in WHTM-01-05. In addition, the following measures to minimise the risk of C-19 transmission should also be in place:

Minimising contact time and maintaining social distance

Contact time should be minimised wherever possible during de-escalation while there is still evidence of community transmission and a need for social distancing. This can be achieved by:

- Remote telephone/video consultation (including medical history taking/ updates) should be used in advance of appointments/ follow ups to minimise the appointment time;
- Minimising contact and touching of areas (e.g. remote bookings and contactless payments);
- Ensuring a socially distanced patient journey e.g. where possible, the patient should wait in their car and be taken directly to the surgery, overlap on exit should be avoided;
- The patient should attend alone with no bags (if an escort is required (e.g. for a child) this should be one parent or carer);
- Keep all face-to-face appointments brief, prepare equipment and materials needed in advance (so that it is not necessary to open drawers);
- Make notes ahead of the patient entering the surgery.

Hand hygiene

Correct use of hand hygiene is essential and exposed arms should be also be washed. Instructions on best practice for hand washing and use of alcohol rub are available (Appendix 3).

Limiting Care to non-AGP treatment

Primary care teams should only offer non-AGP care during the red and amber phases of de-escalation. To minimise the risk teams should:

- Carry out risk assessments for C-19 as part of the assessment prior to care;
- Manage urgent/emergency issues as a key priority during red and amber phases;
- Plan treatment in accordance with the level of alert, taking in to consideration, the risk of transmission of C-19, risks of aerosol associated with procedures and treatment options to avoid aerosol generation (Appendix 4);
- Employ measures to reduce risk of aerosol e.g. high-volume suction wherever possible (Appendix 5);
- Use approaches to reduce contamination of the oral cavity and the working field e.g. the use of rubber dam and where appropriate, pre-procedural mouthrinses may be used (covering the mouth whilst spitting with tissue/blue roll and avoiding cuspidor use) (Appendix 5);
- Paediatric guidance should be used for children's dentistry (Paediatric Dentistry SOP);
- Recommended guidance and SOPs (e.g. Orthodontic[32], Domiciliary care, Sedation) should be followed when providing care in accordance with the level of alert.

[32] The AGP Question: Implications for Orthodontics: https://www.bos.org.uk/Portals/0/Public/docs/Advice%20Sheets/COVID19%20FACTSHEETS/Recovery%20Phase%20Advice/AGP%20BOS%20guide%20Version%20May%206th%202020%2016.30aw.pdf

Personal protective equipment (PPE)

Dental team members must wear appropriate personal protective equipment (PPE) in areas where patient contact may occur. This should follow the most up to date guidance (Appendix 6).

The following table summarises the current requirements for PPE for a primary care dental site (i.e. Non-AGP) during red and amber de-escalation.

Area	**Recommended PPE**
Waiting Areas	• Good Hand Hygiene • Fluid Resistant Surgical Mask (IIR)
Dental Surgeries non-COVID (non-AGP area)	• Good Hand Hygiene • Disposable Dental Gloves • Disposable Plastic Apron • Fluid Resistant Surgical Mask • Eye Protection (if possible, disposable goggles or face shield. Where reusable this should be cleaned following manufacturer recommended process)

Dental team members must wear recommended personal protective equipment for all clinical contact (in general dental practice this is PPE as recommended for clinical contact of less than one metre with no-AGP).[33] Gloves, masks and aprons should be single use.
There are contamination risks associated with the donning, doffing and use of PPE.[34] Dental team members should be suitably trained to use PPE. Guidance and information on donning and doffing personal protective equipment is available:

- Training and use of correct procedures for donning and doffing of PPE to prevent contamination;[35]
- Poster guide for donning and doffing (for use in the practice);[36]
- Videos for donning and doffing non AGP PPE.[37]

Doffing areas are at particular risk of contamination[38] and should be allowed to settle and then cleaned with care.

Cleaning and decontamination

Decontamination of equipment should follow the WHTM 01 05[39] guidance and should be in line with manufacturer's instructions.

[33]COVID-19: infection prevention and control (IPC): https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control
[34] Johnson I.G., Gallagher J.E., Verbeek J.H. Innes N. Personal protective equipment: a commentary for the dental and oral health care team | Cochrane Oral Health. Cochrane Oral Heal. 2020:https://oralhealth.cochrane.org/news/personal-protective-equipment-commentary-dental-and-oral-health-care-team (accessed 13 May2020).
[35]Personal Protective Equipment PHE https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures
[36]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster__.pdf
[37] Donning and doffing PPE: https://www.youtube.com/watch?v=-GncQ_ed-9w
[38] Liu, Y., Ning, Z., Chen, Y., Guo, M., Liu, Y., Gali, N. K.,. & Liu, X. (2020). Aerodynamic analysis of SARS-CoV-2 in two Wuhan hospitals. Nature, 1-6.
[39] Welsh Health Technical Memorandum 01 05 (2024) http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/WHTM%2001-05%20Revision%201.pdf

C-19 infection control guidance recommends cleaning with a combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.); or a general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm av.cl" [40]

Dental teams should ask for advice from health board dental COVID leads for signposting to guidance if they are unsure.

Environmental measures within the surgery

Measures should be employed to minimise the risks to staff and patients. Crowded, enclosed spaces may increase risk of transmission.[41] During red and amber phases of de-escalation where there is a risk of transmission, measures should be employed to reduce the risk of environmental contamination for all dental care:

During treatment:

- the surgery door should be closed;
- windows may be opened;
- air conditioning which recirculates air into the surgery should be switched off;
- air conditioning that removes air from the environment should be switched on.

On completion of treatment:

- Open the window (this may not be appropriate where closed environment, negative pressure systems are in place);
- Exit and close the door and leave the room, allow droplets to settle for 15 minutes before decontamination between patients[42] (for U/EDDCs this is period is one hour between AGPs for rooms without negative pressure based on infection control advice and current evidence[43]);
- Ensure that there is spacing and air clearance, settle and decontamination times between patients (Occasionally, where there is a short procedure or consultation, it may be appropriate to have a shorter time between patients);
- Consider using more than one surgery to support spacing;
- Seek advice in relation to air conditioning units and windowless surgeries.
- If air purifiers/ other devices or fogging techniques (with hypochlorous acid) are used, practices should continue to adhere to the guidance herein on air clearance and settle times (there is currently insufficient evidence in relation to C-19). In addition, care should be taken to ensure that contaminants are not recirculated.

Air clearance times can vary depending on factors including room size and temperature. Negative pressure rooms have faster air clearance. Advice on settle time can be obtained from local infection control teams.

[40] COVID-19: infection prevention and control guidance https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf

[41] Factors involved in the aerosol transmission of infection and control of ventilation in healthcare premises: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7114857/

[42] The airborne lifetime of small speech droplets and their potential importance in SARS-CoV-2 transmission: https://www.pnas.org/content/early/2020/05/12/2006874117

[43] Guidelines for Environmental Infection Control in Health-Care Facilities (2003): https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1

Staff Uniforms and laundry

Staff should wear appropriate clinical clothing within the dental surgery in accordance with WHTM 01 05.[44] They should change into uniforms at work and then transport them home in a disposable plastic bag or a reusable cloth bag that can be laundered. Uniforms must be washed daily. Plastic bags should be disposed of as household waste and cloth bags should be laundered with the uniform.

Uniforms should be laundered separately from other household linen, in a load less than half full at the maximum temperature given on the label. Uniforms should be ironed or tumbled-dried.[45]

Record keeping

Dental teams need to maintain accurate and contemporaneous records of telephone calls, advice, prescriptions, consultations and all treatment. Teams providing NHS dental services are also expected to provide weekly update submissions to FDS to indicate the numbers of patients who have called, received advice, prescriptions and treatment.

Actions in the event of a patient being identified with C-19 in the surgery

In the event of a patient attending at the practice who is then identified as having signs, symptoms or a contact history which indicates suspected C-19, the patient should be asked to leave the surgery. Patients should be signposted to care or sent home in accordance with procedures for C-19 patients. Environmental cleaning should then be carried out.[46]

Medical emergencies

Dental Practices should follow health board guidance for CPR where this is available. In the absence of local guidance, dental teams should follow Public Health England guidance[47]

"Where possible, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only".

Practices should provide defibrillation and should continue chest compression CPR until ambulance (or advanced care team) arrives. If there are concerns about COVID-19, the advice is to place a towel/ cloth over the patients' mouth[2]. Staff are advised to wear available PPE and staff should avoid delays in delivering this life saving intervention.

[44] WHTM 01-05: http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/WHTM%2001-05%20Revision%201.pdf

[45] Guidance: Reducing the risk of transmission of COVID-19 in the hospital setting https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/reducing-the-risk-of-transmission-of-covid-19-in-the-hospital-setting#staff-uniform

[46] (COVID-19) INTERIM Guidance for Primary Care Management of patients presenting to primary care: https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-healthcare-workers-in-wales/180320-interim-primary-care-guidance-covid19/

[47] Guidance COVID-19: guidance for first responders updated 18 May 2020: https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov

Health board team roles

Health boards should work with local dental practices and teams to identify and develop U/EDDCs network and capacity. Services will be arranged considering local geography, access, services and local emergency/ urgent care needs of the population. In time practices, where facilities (multi-surgery) allow, can be part of the U/EDDC network.

The health board role will involve:

- Working with local dental teams, as appropriate, to support and enable voluntary participation in the organisation, administration and delivery of care at a U/EDDC;
- Support redeployment of dental team members to support NHS services.

Health boards must ensure that 111, local dental helplines and telephone triage are fully operational and that all of the necessary bodies (including doctors, out of hours, NHS and private dentists, other health care professionals and hospital e.g. Maxillofacial and A and E depts) have the correct telephone numbers for dental care.

Dental Practice Advisors should be familiar with the de-escalation documents and will be able to provide prompt clinical advice to practice teams.

Referral to urgent/emergency designated dental centres

Urgent and emergency treatments for patients where aerosol generation cannot be avoided and for people with suspected/ confirmed C-19 will be from sites designated by the health boards; in time this will include suitable primary dental care practices.

To reduce risk of infection to the public, primary care dental teams must not carry out aerosol generating procedures during red and amber phases of de-escalation.[48] Patients should delay non-urgent AGP treatment until the de-escalation green phase. The U/EDDCs will continue to provide urgent and emergency dental care for patients with C-19 during the green phase of de-escalation until the point where this is no longer necessary.

Where PPE supplies are limited, dental teams should avoid unnecessary referral or use of FFP to ensure that supplies are maintained. Criteria for acceptance for AGP care at designated sites may be modified as the risk of transmission reduces and PPE becomes more available.

Advice and resources for managing urgent/emergency dental care conditions are listed (Appendix 7).

Figure 1: Examples of severe urgent/ emergency dental conditions

Situations where leaving the dental condition without a clinical intervention may endanger the health of the patient/ would be likely to result in admission to hospital.

- Diffuse swelling / lymphadenopathy without a discharging sinus
- Suspected cancer
- Bleeding that cannot be controlled with local measures

Cases that have not responded to local management following local advice, antibiotics and appropriate analgesia

- Severe pain that has not responded to painkillers used for 48 hrs
- Severe pain or diffuse swelling that has not responded to antibiotics after 72 hours of antibiotic use

A recent injury in a vital anterior tooth with pulpal involvement or a deranged occlusion that requires urgent attention.

Practices should work to support patients with dental care problems, managing patient expectations and minimising the burden of dental problems on other health care services (e.g. working to prevent unnecessary patients attending at General Medical Practices, other NHS teams and helplines). Dental teams should support other services by providing dental telephone/ virtual consultations when asked, by other healthcare professionals.

[48] It is possible that some AGP procedures may be reintroduced to primary dental care during the Amber phase. This would be in situations where the CDO/health boards deemed, with public health advice and evidence that there was no risk of transmission. E.g. AGP treatments in primary dental care for patients who have recovered from C-19 and or had evidence of effective NHS tests to prove they were immune/ non-infectious.

Referral Process

Patients can be referred through local pathways. Please check the local referral information with the health board C-19 dental lead.

Appendix 1: Guides, resources and applications for remote dental consultations

Here is:

- a guide written for doctors on how video consultations can be used
- generic advice about video consultations produced by NHSX

Video consultation applications

These should provide equivalent (or better) facilities for remote consultation than standard telephone. They will be similar in terms of GDPR to a regular telephone, provided that you do not record the call or retain images. If you wish patients to send you images on a platform that is not GDPR compliant, you should make the patient aware of this before they agree to use it.

It is important to explain to the patient in advance that:

- the consultation will not be recorded,
- this is being used because of the current circumstances
- this is being done in their best interests

This should be documented. Please do remember personal safety online and also do make a record of your clinical conversation, assessment and advice.

Attend Anywhere is currently being used by GPs and is being rolled out across Wales. Guides and resources explain how to use this are available from Technology Enabled Care Cymru. Further information about how to access and use this will be available for dentists.

Resources and information

Technology Enabled Care Cymru website https://digitalhealth.wales/tec-cymru/vc-service?section=30

Video introduction to Attend Anywhere: https://youtu.be/Z9k9q5awtB8

Clinician guides

Clinician guide, how to use Attend Anywhere: https://youtu.be/-WD3ForV06g

Toolkit information: https://digitalhealth.wales/tec-cymru/nhs-wales-video-consulting-service/video-consulting-toolkits

Full toolkit for clinicians: https://digitalhealth.wales/sites/default/files/2020-05/Using%20Video%20Consultations%20in%20Primary%20Care%20Toolkit%20for%20Clinicians%20v1.6%20010520_2.pdf

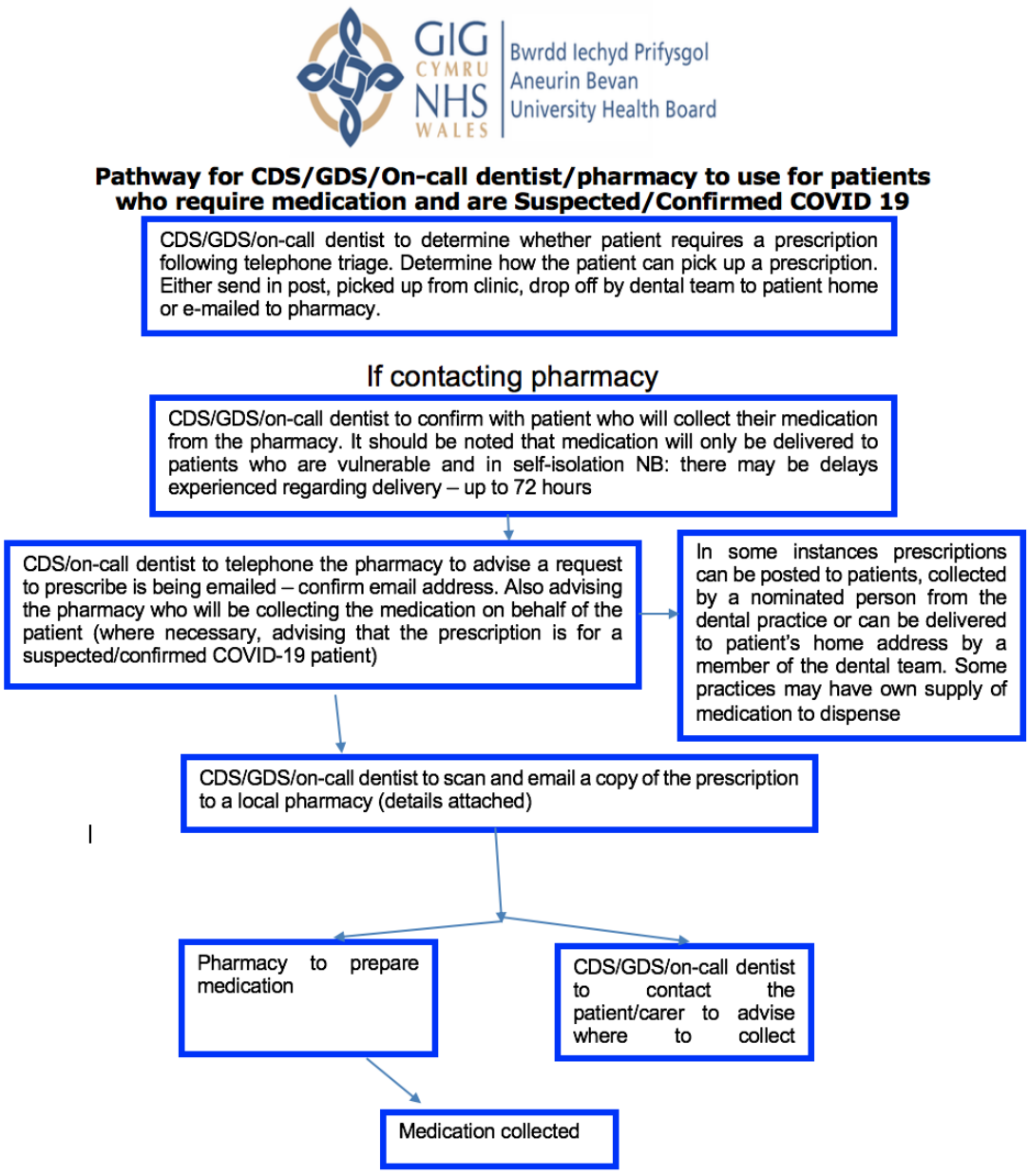
Patient guides

Clinician guide, how to use Attend Anywhere: https://youtu.be/QV_xEX2Izr0

Resources for patients can be downloaded from: https://digitalhealth.wales/tec-cymru/nhs-wales-video-consulting-service/patient-information

Remember, if making a video consultation call to ensure that you are not unwittingly displaying any sensitive information

Appendix 2: Prescribing Remotely

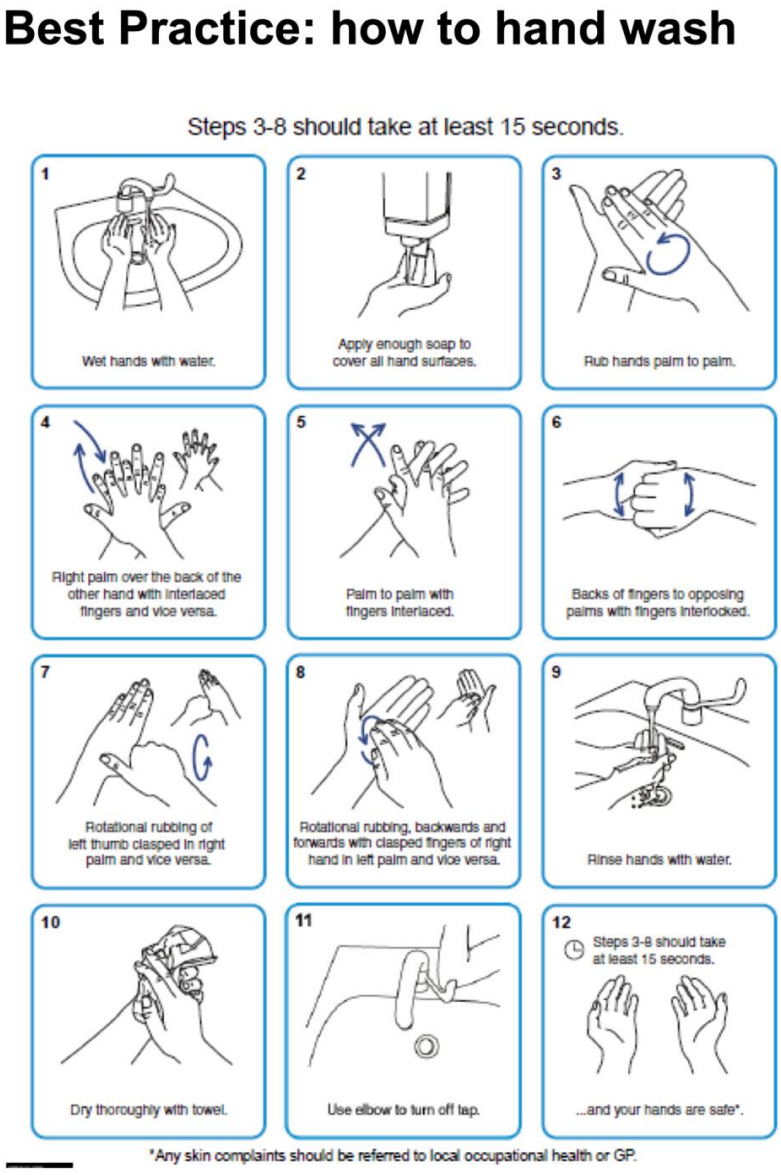


Guidance on best practices for prescribing are available from:

http://www.sdcep.org.uk/published-guidance/drug-prescribing/

Appendix 3: Hand hygiene

Hand washing[49]



From: COVID-19. Guidance for infection prevention and control in healthcare settings

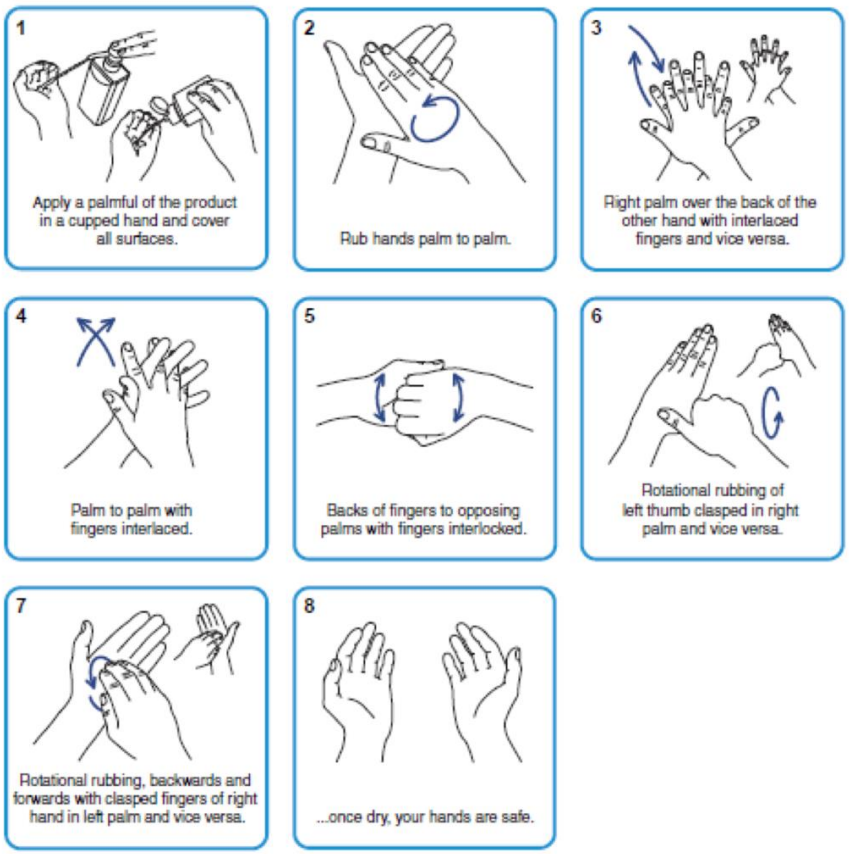
Video demonstration from WHO
https://www.youtube.com/watch?v=3PmVJQUCm4E

[49]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best_Practice_hand_wash.pdf

Alcohol rub[50]

Best Practice: how to hand rub

Duration of the process: 20-30 seconds.



From: COVID-19. Guidance for infection prevention and control in healthcare settings

Video demonstration from WHO https://www.youtube.com/watch?v=ZnSjFr6J9HI

[50] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877529/Best_Practice_hand_rub.pdf

Appendix 4: C-19 dental risk assessment considerations

Patients should be managed as if they may have COVID 19 while there is community transmission.

Some procedures which are not deemed aerosol generating may be more difficult than others and may lead to the need for an aerosol generating procedure. Patient related factors and procedural factors may also increase the risk of aerosol generation. It is therefore important to risk assess each procedure to minimise aerosol and transmission risk.

As an example, for a dental extraction factors that **may** be considered in this assessment include:

Dental Extraction	Simple Unlikely to become an AGP examples of considerations	More likely to require AGP
Periodontal Status of the tooth	Mobile tooth >50% bone loss	Non-mobile
Caries/ tooth loss	Complete coronal structure	< 10% crown Extensive caries of coronal area
Tooth	Deciduous tooth Single rooted tooth (incisor or premolar)	Canine or molar tooth
Patient related factors	Young person Dense bone structure	Older adult Dense bone structure Strong gag reflex Prone to/ likely to cough Significant behavioural issues which may increase risk. History of difficult extractions
Operator Skill and Experience	Highly skilled and experienced	Inexperienced dentist

Please note that this list is intended to support decisions and is not designed to be comprehensive or instructive.

If a tooth extraction is attempted, and fails, it may be appropriate to stabilise the area and leave remnants in situ (for retrieval as an AGP at a later date).

When assessing risk, for caries and other dental problems, consideration should be given to:

- location of the tooth
- oral health and dentition
- extent of the lesion and possible complications
- the time taken to carry out a procedure (this should be as short as possible)
- the likelihood of needing an AGP e.g. from pulpal exposure

Options to avoid AGP for the management of caries may include:

- Simple excavation, dressing/ temporisation to stabilise the tooth (potentially leaving caries in situ)
- Atraumatic Restorative Technique (ART)
- Extraction

Treatments offered at a U/EDDC will be limited to reduce risk (only necessary procedures with consideration of procedural and transmission risk). For example, pulp extirpation criteria are relevant to a single rooted anterior tooth (1-3) or a premolar (4-5) with a good prognosis in a healthy intact dentition (molar endodontics will not normally be offered unless there is medical justification e.g. bisphosphonate use).

Appendix 5: Risk reduction and aerosol generation in dentistry

Aerosols are generated in a number of routine dental procedures and though patient behaviours (coughing and sneezing). Measures should be taken to minimise the risks of transmission of C-19 associated with aerosols from all dental procedures.

Principles

- Primary care teams should avoid all aerosol generating procedures.
- Employ measures to remove aerosols which are generated, in particular four-handed dentistry, high-volume suction and use of rubber dam.
- Decontamination of the environment which must be carried out following recommended decontamination procedures and timings (allowing time for air clearance)[1]. It is essential for all members of the team to use recommended personal protective equipment PPE and ensure face protection during dental treatment care.[51]
- Employ measures/ techniques to reduce amount, duration and contamination of aerosol while carrying out all non-AGP care (and in the green de-escalation phase, AGP care)

AGP care and U/EDDCs

- Where aerosol generating procedures (AGPs) cannot be avoided (during red and amber phases of de-escalation) patients should be referred to U/EDDCs

Aerosol Generating Procedures [52,53]

These are procedures that create aerosols (air suspension of fine (≤ 5µm) particles).

- Handpieces (turbine);
- Air abrasion;
- Ultrasonic scaler;
- Air polishing;
- Slow speed handpiece polishing and brushing;
- 3 in 1 syringe.

Procedures that are not considered to be aerosol generating procedures AGP [54]

- Examinations;
- Hand scaling with HV suction;
- Simple extractions;
- Removal of caries using hand excavation;
- Using slow-speed (non-turbine) handpiece;
- Local anaesthesia.

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[51] COVID-19 Safe ways of working A visual guide to safe PPE: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877528/COVID-19_easy_visual_guide_to_PPE_poster.pdf

[52] Bentley CD, Burkhart NW, Crawford JJ. Evaluating spatter and aerosol contamination during dental procedures. J Am Dent Assoc 1994; 125: 579–584.

[53] Zemouri C, De Soet H, Crielaard W, Laheij A. A scoping review on bio-Aerosols in healthcare & the dental environment. PLoS One 2017; 12: e0178007.

[54] Aerosol generating procedures and COVID: https://www.yumpu.com/en/document/read/63158133/aerosol-generating-procedures-v2

Some non-aerosol generating procedures may increase the risk of aerosol (e.g. stimulate gag reflexes, saliva, sneezing and coughing). Procedures should be undertaken with care. Alternatives e.g. using extraoral instead of intraoral radiographs may be considered for patients who may be likely to gag or cough etc where this is deemed clinically appropriate.

Measures to reduce aerosols[55,56,57]

Technique/ measure	**Recommendation**
High volume suction	Essential
Personal protection PPE: Face masks, visors/goggles, gloves and protective outwear in accordance with guidance	Essential
Use of recommended techniques for donning and doffing PPE including the use of a spotter for doffing	Essential
Time and procedures for decontamination and air change between patients as per guidance[1]	Essential
Using 4 handed techniques for dentistry	Strongly recommended
Reduce any unnecessary use of and time spent on procedures that may generate aerosol	Strongly recommended
Dry field operating (rubber dam,* cotton wool rolls)	Recommended where clinically appropriate
Alternate procedures to reduce aerosol use via handpieces (e.g. ART/ Hall or chemotherapeutic caries removal)	Recommended as an option where clinically appropriate.
Resorbable sutures	Recommended as an option where clinically appropriate to reduce clinical contact
Extraoral radiographs (where appropriate)	Recommended as an alternative to intraoral radiographs
Pre-procedural mouthrinse	The use of hydrogen peroxide mouth rinse and Povidine Iodine as a mouthwash has been suggested as a potential method to reduce amount of virus in aerosols (but there is not direct evidence of the efficacy of this to reduce C-19 transmission and use should be balanced against the risk of an allergic reaction/ generation of aerosol with rinsing).

*Rubber Dam in combination with high volume saliva ejectors can significantly reduce the microbiological load in aerosol. Pre-treatment disinfection swabbing of isolated teeth isolated with rubber dam may also reduce the viral aerosol load.

[55] Harrel SK, Molinari J. Aerosols and splatter in dentistry: A brief review of the literature and infection control implications. J Am Dent Assoc 2004; 135: 429–437.
[56] Leggat PA, Kedjarune U. Bacterial aerosols in the dental clinic: A review. Int Dent J 2001; 51: 39–44.
[57] Ge Z yu, Yang L ming, Xia J jia, Fu X hui, Zhang Y zhen. Possible aerosol transmission of COVID-19 and special precautions in dentistry. J. Zhejiang Univ. Sci. B. 2020; : 1–8.

Appendix 6: Personal protective equipment and reduction of risk

Personal protective equipment must be worn in accordance with the latest guidance[58].

Dental practice

Area	Recommended PPE
Waiting Areas	○ Good Hand Hygiene ○ Fluid Resistant Surgical Mask (IIR)
Dental Surgeries non-COVID (Non-AGP area)	○ Good Hand Hygiene ○ Disposable Gloves ○ Disposable Plastic Apron ○ Fluid Resistant Surgical Mask ○ Eye Protection (Disposable goggles or face shield. Where reusable this should be cleaned following manufacturer recommended process)
Dental Surgeries (AGP)	○ Good Hand Hygiene ○ Disposable Gloves ○ Disposable Fluid Resistant gown (or non-fluid resistant gown and a Disposable plastic apron) ○ Filtering Face Piece respirator ○ Eye Protection (full face shield if FFP is not water resistant)

Environment Reduction of risk

Actions that may be taken to support decontamination and reduce risk include:

- Promotion of hand hygiene
- Clearing clutter waiting areas
- Spacing seating in waiting areas
- Regular cleaning with disinfectant of regularly touched areas
- Asking patients to use the bathroom before setting off from home to avoid contamination of areas
- Preparing clinical areas in advance (no opening of drawers)
- Not putting tips on the 3 in 1 to prevent accidental habitual use

Decontamination

- Training and use of correct procedures for donning and doffing of PPE to prevent contamination[59] (videos for donning and doffing)
- Use of a spotter/ buddy for doffing

Practices should be aware of counterfeit PPE products and should check PPE before use.[60,61]

[58] COVID-19 personal protective equipment (PPE) Updated 20 May 2020: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe
[59] https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures
[60] Counterfeit Respirators / Misrepresentation of NIOSH-Approval https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html
[61] Clamping down on risk of unsafe PPE https://www.gov.uk/government/news/clamping-down-on-risk-of-unsafe-ppe

Appendix 7: Resources and guidance for managing dental urgent/emergency conditions

Guidance for dealing with dental urgent/ emergency conditions is available from the Scottish Dental Clinical Effectiveness Programme team: http://www.sdcep.org.uk/published-guidance/acute-dental-problems-covid-19/

Definitions of Urgent and Emergency Dental Care

The terms urgent and emergency dental care refer to definitions developed by the Wales Emergency Dental Care Steering Group Urgent and Emergency Dental Care definitions V10.

	Emergency	Urgent (including acute dental conditions)	Routine
Definition	Conditions that could pose a significant threat to the patient's general health unless prompt treatment is provided	A condition resulting in severe or worsening pain which is unresponsive to analgesia, or a condition that could lead to significant deterioration in a patient's oral health	Conditions requiring dental treatment but not requiring emergency or urgent care
Recommended treatment location	Typically an Emergency Department ± Oral and Maxillofacial Surgery services	Dental clinic, dental practice, or urgent dental services	Dental clinic / practice

Condition		Emergency/ urgent/routine
Bleeding	Oral bleeding which patient/carer is unable to control with self-care measures	Emergency
	Oral bleeding which responds to self-care measures in a patient with a known coagulopathy or who is receiving anticoagulation therapy	Urgent
	Oral bleeding which patient/carer is able to control with self-care measures	Routine
	Gingival bleeding	Routine
Swelling and infection	Orofacial swelling worsening over a period of a few hours with: evidence of infection spreading towards the orbit or front of neck; or affecting the ability to swallow; or significant trismus; or with signs of systemic sepsis	Emergency *to be seen by Maxillofacial Surgery
	Orofacial infection, no evidence of spreading infection or systemic involvement but likely to exacerbate systemic medical conditions	Urgent
	Orofacial swelling with no evidence of spreading infection or systemic involvement	Urgent
Pain	Severe pain,***>48hrs*** not responding to self-care and appropriate doses and timing of OTC pain relief	Urgent
	Mild to moderate pain, responds to self-care and OTC pain relief	Routine

Condition		Emergency/ urgent/routine
Dental trauma	Dental trauma associated facial/oral lacerations or suspected bone fractures	Emergency *to be seen by Maxillofacial Surgery
	Avulsed permanent tooth (if they can locate tooth)	Urgent (acute)*
	Dental trauma, fractured permanent teeth where a substantial portion (normally a third or more) of the tooth has been lost	Urgent (advise unless involving pulp)
	Dental trauma, mobile or displaced deciduous or permanent teeth	Urgent
	Avulsed deciduous tooth (generally children 4 years of age and under)	Urgent (if not inhaled give advice)
	Dental trauma, no fracture or only a small chip	Routine
Fractured, loose or displaced restorations	Fractured, loose or displaced restorations; crowns, post-crown, bridges or veneers - severe pain, not responding to self-care and OTC appropriate pain relief for >48h	Urgent
	Fractured, loose or displaced crowns, post-crown, bridges or veneers - mild to moderate pain, responds to self-care and OTC pain relief	Routine
	Fractured, loose or displaced restorations, crowns, post-crown, bridges or veneers - no pain	Routine
Other	Dislocated lower jaw	Emergency *to be seen by Maxillofacial Surgery
	Oromucosal ulceration (>2 weeks duration (or with suspicious symptoms?))	Urgent
	Oromucosal ulceration (<2 weeks duration)	Routine
	Broken, fractured or loose fitting fixed orthodontic appliances causing soft tissue trauma or that could otherwise lead to deterioration in a patient's oral health that is not amenable to self-care measures	Urgent
	Fractured, loose fitting or lost dental appliances such as dentures or removable orthodontic appliance	Routine

Adapted from: Wales Urgent and Emergency Dental Care Steering Group Urgent and Emergency Dental Care definitions V10 - *Dr Anwen Cope and Dr Nigel Monaghan*