

## COVID-19

### Lee Savarrio - Chief of Dentistry Update (31-3-2020)

Our main aim, as an Oral Health Service, is to provide the best care possible to our patients, whilst balancing the need for social distancing in order to protect staff and patients from a surge in infection that might lead to increased numbers of patients with severe disease or death, and will overwhelm our NHS services locally.

**The single most important thing we need to do is to treat those most in need of urgent emergency dental care within our services so that no patient attends ED Departments in our Acute Services, unless clinically indicated and absolutely necessary.**

I am immensely grateful to GDS colleagues for their continued professionalism and positive response and attitude in triaging these patients. By avoiding dental attendances in the first instance you are keeping many of these patients and our staff, as safe as possible. I am also proud that in the Oral Health Directorate, we are doing our bit to help the NHS in its greatest time of need. The majority of our PDS and HDS colleagues are going above and beyond in order to ensure, in difficult circumstances, patients who need our help, receive interventive treatment, where this is unavoidable.

For these teams it is useful to remember the General Dental Council's guidance on the issue;

***"From a regulatory perspective, the central question is again whether an appropriate risk assessment has been made. If treatment is offered, it will be important to record the specific precautions in place to ensure that the risk is appropriately managed for the particular treatment envisaged."***

Simply put this means for every patient you see, a description of the risk to the individual patient and the dental team from the procedure (with appropriate PPE) should be recorded and also the risk to the patient from any treatment you might be withholding. This needs to take into account the new SDCEP guidance (attached) and the relevant SOP's agreed within your departments. You must also take into account the evidence based, and constantly updated advice, on infection prevention and control from Health Protection Scotland and Public Health England which is reflected in the Board Policy to which we must all adhere.

Remember we are changing the management of our patients, within the context of emergency care, in order to reduce demand to assist in protecting patients and staff by social distancing. We have been instructed by Scottish Government to ensure provision of an adequate Emergency Dental Service, to allow patients that cannot be treated in any other way to access care, and to whom we all have a duty of care.

We also must be aware of our actions (or lack thereof) on colleagues elsewhere. If treatment is withheld we may be extending the patient journey unnecessarily, lengthening the time they are in pain and discomfort, and ultimately passing on the responsibility for delivery of care that could be safely undertaken by ourselves to someone else, whether that be another dental colleague or indeed other medical colleagues. I am sure you would agree, this would not be acceptable.

This being said, however, I am certain that our teams are rising to this challenge and will continue to act in a professional and caring way as I know we do at all other times in less anxiety provoking times.

On a separate note, a COVID-19 staff support line is now available for staff working across NHS Greater Glasgow and Clyde Board areas which offers psychological support to those working with the impact

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of COVID-19. The support line is open Monday to Friday from 8am to 6pm, and staff can contact it by phoning 0141 303 8968.

**GDS**

While we have capacity, we are in the process of making contact with practices to arrange collection of any supplies/PPE you have offered. Once again my thanks for these, although we do not need them straight away, they will be stored for the coming weeks ahead.

Our Acute colleagues have asked us for visors for their use owing to a lack of these coming through to the front line. I would specifically ask that practices that have good stocks of visor frames and shields consider offering these up to our medical colleagues.

<p><b>Any practices with PPE and implant kits including surgical gowns please contact <a href="mailto:GDSadmin@ggc.scot.nhs.uk">GDSadmin@ggc.scot.nhs.uk</a> with the subject as PPE and include the following details along with your practice address and mobile number</b></p>					
<b>Nitrile Gloves</b>		<b>No.</b>	<b>Face Masks</b>		<b>No.</b>
XS			Type II		
S			Type IIr		
M			FFP1		
L			FFP2		
XL			FFP3		
			<b>Others</b>		
			Surgical/implant gowns/kits		
			Alcohol wipes		
			Detergent wipes		
			Visor shields		
			Hand sanitiser		

As we look to increase the number of PDS sites where triaging is taking place, we will be contacting some of you over the next few days to arrange to come in for orientation.

As mentioned, we continue to rely on colleagues within GDS to ensure their telephone triage is as robust as possible. As we have said the use of telephone triage and AAA is vital to ensure we maintain social distancing for patients as well as our staff wherever possible. We have updated the triaging guidance (attached) to reflect a route into OMFS for patients with orofacial swelling.

Can I remind GDS colleagues that they should not be issuing either the contact number for the PDS Special Care Hub or the Covid Control Centre at GDH directly to patients nor should these numbers be on practice answer machine messages. The contact numbers for the Covid Control Centre at GDH are for existing patients who have been attending for specialist dental services and have an emergency in relation to this treatment. It should not be used as an alternative to a referral to the PDS Special Care Hub.

As alluded to previously SDCEP has modified its guidance on management of commonly presenting oral conditions for use during the COVID-19 pandemic. The new *Management of Acute Dental Problems during COVID-19 Pandemic* guide is available now on:

<http://www.sdcep.org.uk/wp-content/uploads/2020/03/SDCEP-MADP-COVID-19-guide-300320.pdf>

This guide is for use by dental teams involved in triaging and managing patients during the current situation. It should be used in conjunction with our local procedures that have been established for managing patients based on their COVID-19 status.

We are working with pharmacy colleagues looking at how we can facilitate a process where prescriptions can be emailed direct to a pharmacy nearest the patient. We hope to be able to provide more details in the next few days, in line with GDC guidance on remote prescribing.

We identified a potential gap with the PDS triaging service which closes at 4.30pm. Therefore as of Monday 5 April 2020 we are looking to change the start time for GGEDS to 5.30pm in liaison with NHS 24.

**Please continue to monitor your practice NHS mail account daily. We are now also issuing all communications to individual NHS.net accounts via our LDC colleagues.**

### **PDS**

The issues we had previously identified with accessing the PDS Special Care Hub via the contact number have now been resolved.

We are progressing well with setting up 'Attend Anywhere' (a teledentistry option) and hope to have this operational by the end of the week. This will help support even more effective triage, reduce risk and ensure only those most in need attend for hands on care.

***Be kind to one another,***

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