

A comparison of UK return-to-practice guidance and standard operating procedure documents

19 June 2020

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In recent weeks, a number of key return-to-practice guidance and standard operating procedure documents have been produced for the various countries of the UK (England, Scotland and Wales) as well as by two UK-wide organisations, the BDA and the FGDP. This comparison of the five main documents was developed following a request from SDCEP. It has been produced with the agreement and involvement of the source organisations and has already informed subsequent updates of these resources.

However, these are not the only documents that are available, with additional resources being provided by, for example, the British Endodontic Society, British Orthodontic Society, British Periodontal Society, Faculty of Dental Surgeons, Royal College of Surgeons of England and the Oral Health Foundation.

While the five main documents may appear to be different, their content is remarkably similar. Differences in the documents are mainly related to the way in which they have been structured and the level of details provided rather than any significant factual disagreements. For example, the FGDP document is based around a risk matrix approach, the BDA document provides additional information around staffing, financial and contractual issues, and the document from the Office of the Chief Dental Officer of England provides additional information on clinical management.

The key areas covered by the documents are summarised in the table below (a more detailed table is available on request). Areas coloured green are covered in all of the documents while those in yellow are noted in a majority. The level of agreement across the documents should provide reassurance to dental professionals in every area of the UK.

| Theme | Subtheme | Brief overview |
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| Practice organisation | Supply chain | All sources mention the potential for supply chain issues e.g. checking PPE and other date limited stocks. |
| | Enable physical distancing | All sources discuss facilitating physical (social) distancing within the practice. |
| | Reception arrangements | All sources address elements to improve physical distancing and amend procedures to improve infection control arrangements. |
| | Waiting arrangements | All sources provide information about improving waiting arrangements to reduce waits and facilitate infection control. |
| | Toilet arrangements | Details on managing patient toilet facilities and infection control in these areas are mentioned in all sources. |
| | Patient Communication | All sources highlight the need for good levels of patient communication using a range of media options. |
| Staff | Risk assessment | All sources highlight the need for a staff risk assessment. |
| | Health & Well-being | All sources highlight the importance of staff well-being. |
| | COVID-19 status | All sources cover the need to assess staff COVID-19 status. |
| | COVID-19 testing | All sources provide some discussion of staff COVID-19 status. |

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| | Rotas (clinical bubble) | The BDA, English OCDO, SDCEP and Welsh sources advise the need to consider staff groupings and rotas, with the SDCEP document suggesting adopting a 'clinical bubble' approach. |
| | Training | The need for relevant and on-going staff training is noted in all sources. |
| | COVID-19 Roles | The BDA, English OCDO, FGDP and Welsh CDL sources recommend having a designated COVID-19 lead |
| Patient Care | Appointments | All sources refer to remote consultations/assessment and careful scheduling of patients. |
| | Patient groups | All sources specify patient groupings e.g. healthy vs. shielded etc. |
| | Face coverings | The BDA, English OCDO and FGDP documents recommend the use of face coverings or masks for patients. |
| | Patient prioritisation | The BDA, English OCDO, SDCEP and Welsh CDL sources recommend patient prioritisation based on recent dental problems. |
| | Treatment permitted | All sources discuss the types of treatment provided. However, there is some variation in the provision of AGPs/non AGPs treatments across the sources, with no AGPs in Scotland. |
| | Treatment aids | With the exception of the SDCEP document (no AGPs permitted), the use of high-speed suction and rubber dam is highlighted to mitigate AGPs when these are provided. |
| Infection Prevention & Control | Environmental cleaning | All sources mention existing standard cleaning and infection control measures processes but recommend increased frequency. |
| | Fallow time | With the exception of the Scottish document (no AGPs permitted), a 60 minutes fallow period is recommended following an AGP. |
| | PPE | All sources are essentially consistent with the UK PHE recommendations. The BDA and FGDP link this to the use of a risk-based system and also mentions the use of a PAPR hood. |
| | Uniforms | All sources provide advice on uniforms, which varies in level of detail. |
| | Hand hygiene | All sources have standard recommendations for patients and staff, in line with UK recommendations. |
| | Decontamination | All sources refer to pre-existing standard precautions following existing country recommendations. |
| | Transmission based precautions (TBPs) | The BDA, English OCDO, SDCEP and Welsh CDL sources specifically mention cough hygiene measures as part of TBPs. |
| Other items | COVID-19 questions | The BDA, English OCDO, SDCEP and Welsh sources provide COVID-19 screening questions or risk assessment as one of their appendices. |
| | AGP definitions | All sources provide some information on the definitions of AGP but there are some variations. |
| | Cardiac arrest | All sources suggest following the Resuscitation Council (UK) recommendations. |
| | Record keeping | The English OCDO, FGDP and Welsh CDL sources make specific mention of the need to maintain records. |
| | Additional tools | The sources provide various supporting tools with the documents e.g. definitions of emergency/urgent /routine care, UDC referrals, practice poster. |

Note:- The comparisons in this document were correct as of 10 June 2020 and subsequent updates to the source documents may have brought them further into agreement.

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Main Sources

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