each and every time they don the equipment they are personally satisfied that it works adequately. We then use a qualitative method of testing in which the wearer is asked to perform a series of standardised exercises while wearing a dosing hood over their RPE and PPE. The doses are specifically tailored to each individual. The wearer is instructed to breathe through their mouth and over their tongue. If at any point the wearer can taste the dosing solution the indication is that there is an incompetent seal being achieved by the respirator and therefore it is not going to provide sufficient protection to the wearer. The process takes approximately 40 minutes per individual, as long as they pass the test at the first attempt. With our carefully selected workforce working in parallel simultaneously, most dental practices can have all their staff tested and trained within a half-day.

Currently, the biggest obstacle to opening a dental surgery has been finding correctly fitting respirators for enough members of the team to make it operational. The supply of disposable RPE is limited and the sizes are rarely adaptable to each face shape. Collectively working with the local London Dental Network and regional leads we managed to improve the pass rates of fit-tests and even managed the initial disparity of successful tests related to gender, with women passing a fit test less frequently than their male counterparts. Furthermore, being extremely mindful of the limited and changing supply of RPEs and to minimise wastage we used our collective dental knowledge of skeletal assessment, anthropometric measurements and 3D scanning of the lower anterior face height in the selection of RPEs prior to their checking and testing.

Working with UDCs to understand how to prepare the surgery for opening also involved designating AGP rooms: often those with the best ventilation, and close to additional areas selected for donning of PPE and doffing (removing) of RPE. It is local measures like these that teams needed to come together and discuss following fit-testing once they were aware of which staff members were able to perform AGPs. The collective experience of each UDC with the guidance provided by our team ensured that primary care UDCs in London were operational within such a short time from the closure of general dental practices.

The future for dentistry is dependent on the progression of the response to COVID-19 and the limitations we face through all phases of managing the pandemic. The use of respirators on an ongoing basis may not be indicated in the distant future, but they will be required for some time. The good news is that preparing for the eventuality that respirators will be required as a routine will be relatively easily managed with a collective effort, local coordination as well as the right resources and teams, as was achieved in our early response to opening UDCs in London. An RPE programme, with a well-structured quality assured fit testing process, aims to raise awareness and helps to ensure the maximum protection is available to the wearer, while also ensuring the suitability and adequacy of the RPE being used. Adopting this approach means that opening up practices may not be as difficult as initially anticipated.



BADN RELEASE PODCAST TO ANSWER DENTAL NURSES' LOCKDOWN QUESTIONS

Jane Dalgarno, Chairman of the British Association of Dental Nurses (BADN), released a podcast on 1 May through *Scottish Dental* magazine. Jane recorded this podcast on behalf of BADN President Jacqui Elsden, who is currently recovering from the virus.

In the podcast, Jane – who works for Community Dental Service CIC – answers many of the questions dental nurses have been calling the BADN offices to ask, covering the furlough scheme, redeployment, support from BADN, and where to go for up to date, accurate information.

Jane also stressed, as did England CDO Sara Hurley in her webinar last month, that misinformation, speculation and rumour circulating on many social media platforms is causing high levels of anxiety and distress. She encouraged dental nurses to get their information only from reliable sources publishing official information, such as the BADN website www.badn.org. uk, rather than from various Facebook or other social media groups, and to stop sharing misinformation posted there, which she described as the equivalent of 'hearsay or gossip'.

In the podcast Jane outlines the support offered to dental nurses by BADN, the new email address set up specifically for queries - enquiries@badn.org.uk - and the further support available such as the Legal Helpline, Health & Wellness Hub and BADN Rewards, which offers a variety of special offers and discounts to BADN members. BADN has temporarily lowered its membership fee to £30, to allow those members whose renewal is now due to continue their BADN membership, and their access to membership services, and to encourage those dental nurses who have not in the past supported BADN, their professional association, but are now in times of difficulty turning to it for assistance, to join.

The podcast can be accessed via the BADN website or at https://bit.ly/ badnpodcast.

BDIA Dental Showcase moves to March 2021

Amidst ongoing uncertainty around future government restrictions and health advice, MA Exhibitions and their industry partner the BDIA (British Dental Industry Association) have taken the decision to move BDIA Dental Showcase from October 2020 to 27-28 March 2021.

The organisers hope that this move will alleviate growing concerns that an October event would be too soon for the dental profession and an industry battling all the pressures brought on by the current crisis.

A March event gives dental professionals more opportunity to re-open practices and treat a much-neglected patient list with oral health issues.

To register your interest in BDIA Dental Showcase in March 2021 at ExCeL London, visit https://www.dentalshowcase.com/ register-your-interest.

