

'I have been able to reconnect with my patients'

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Reader panel members **Noor Alhelou**, a foundation dentist, and **Laura Marshall**, a dental hygienist and therapist, reflect on returning to work post-lockdown.

Noor Alhelou

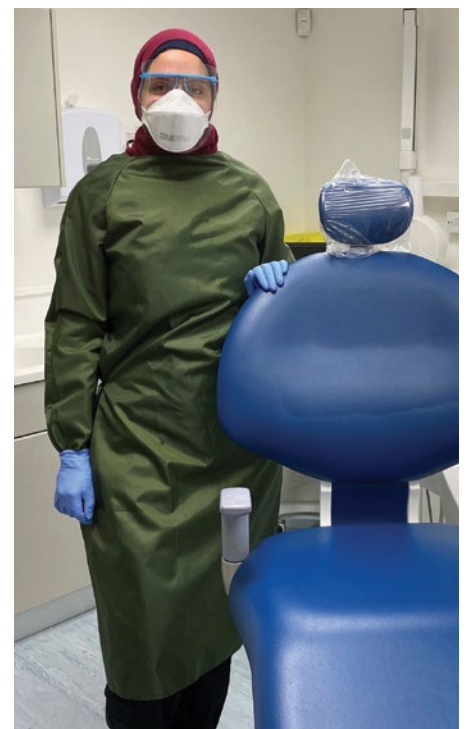
'Being able to see our patients again face to face has been extremely rewarding'

Like everyone in the dental profession in England, I found out quite suddenly that I was going back to work on 8 June, and that face-to-face care would resume. We had been triaging and referring patients to appropriate treatment centres throughout the lockdown period. However, face to face (F2F) appointments raised many challenges from availability of personal protective equipment (PPE), to staff training, to creating a safe environment for patients to be seen in. As safety is our priority, we decided that returning to F2F treatment in a phased approach would be the best option. This meant we limited our care to those who needed to be seen for urgent appointments. Due to the lack of availability of enhanced PPE, we were unable to carry out any aerosol generating procedures (AGPs). Therefore, we were limited to carrying out treatment such as extractions or placing simple temporary restorations. Many patients, understandably,

don't want these options, and therefore we are still referring to urgent dental care centres that are able to carry out AGPs in a limited capacity.

The way in which patients are seen has also changed dramatically. All patients are triaged prior to being offered an appointment, and we are currently running a one in one out system to limit interaction between patients. Patients have to jump through a variety of screening hurdles including a lengthy questionnaire and a temperature check before they make it into the surgery. Our patients have not minded this at all, and some actually said it made them feel more comfortable that we were doing these checks. As we only see patients with full PPE on, this has presented some challenges, such as being able to establish a rapport with anxious or paediatric patients. I have been more conscious of my body language as this is especially important when the patient is unable to see the friendly face behind the mask.

The next phase within our practice involves upscaling our services to be able to provide more appointments for non-AGPs, including routine check-ups, prevention and even some



Noor Alhelou

denture work. Many of the staff, including myself, are in the process of being fit tested for FFP3 masks. This will allow us to be able to carry out limited AGPs and provide an even wider range of treatments in a safe environment.

Throughout my return to work, the key message has been to protect the safety of our patients and staff, while still being able to deliver the appropriate care that many patients so desperately need. It has definitely been a learning experience and many procedures have had to be changed. In some instances, we have had to be retrained as an aspect has not worked as we expected it to. The ability of the dental profession to adapt to the ever-changing environment we work in is one of its greatest achievements. In my experience, being able to see our patients F2F again, although challenging, has been extremely rewarding.



Laura Marshall

‘The first night I heard that dental practices could reopen their doors, I didn’t sleep. I must have lapped my living room a hundred times over, thinking about the processes and procedures’

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‘With the overwhelming number of new documentations it was difficult to know where to turn first’

The first night I heard that dental practices could reopen their doors, I didn’t sleep. I must have lapped my living room a hundred times over, thinking about the processes and procedures that were necessary to ensure our safe return. One of the biggest fears I had as a professional was, with the reopening of practices and commencing treatment, would this result in a secondary peak of the virus?

It brought comfort reviewing shared posts on social media showcasing that many colleagues and peers had similar concerns and, like me, had many questions behind the practicalities to the return. We awaited guidance. The following ten days consisted of compiling knowledge surrounding government guidance and an overwhelming amount of information on the do’s, don’ts, shoulds, shouldn’ts and musts.

With the overwhelming number of new documentations and an array of dental talk it was difficult to know where to turn first. A

summary selection of the guidance that I feel helped me the most in gaining comfort and confidence to return to practice is included at the end of this article.

One of the practices I work at, like many, has struggled to gain the necessary PPE required for AGPs. We have begun a phased approach prioritising urgent care patients, using a phone consultation process with the dentist and implementing COVID-19 screening questions prior to any patient’s attendance. Due to the lack of appropriate PPE we have not yet begun routine care requiring AGPs. This has resulted in a lot of restrictions to my role as a dental hygienist and dental therapist, considering the majority of the role entails the use of AGPs. Therefore, like many of my peers, I have become an adaptable member of the team, feeling I was able to better support the urgent care in practice by sharing nursing responsibilities and reception duties. I have enjoyed it, feeling I am still a dependable member of the team. Being the first point of call for patients on the phone, I have been able to reconnect with my patients and get a real feel for their dental concerns in this pandemic.

Laura’s useful resources

- Remobilisation of NHS Dental Services in Scotland: <https://www.scottishdental.org/wp-content/uploads/2020/05/CDO-Letter-Remobilisation-of-NHS-Dental-Services-20-May-2020.pdf>
- Wales De-escalation Pandemic Plan for Dentistry: https://www.gdc-uk.org/docs/default-source/covid-19/2020-05-21-de-escalation-pandemic-plan-for-dentistry.pdf?sfvrsn=2837d509_2
- A Prompt to Prepare: https://www.gdc-uk.org/docs/default-source/covid-19/a-prompt-to-prepare-cdo.pdf?sfvrsn=3ebc4e7f_2
- College of General Dentistry & FGDP(UK) COVID-19 Guidance: <https://bit.ly/3ivse3i>
- Yorkshire and Humber Region Covid Guidance Webinar: <https://www.prodentalcpd.com/module1294/-an-update-on-udc-treatments-provided-and-resumption-of-dental-services-yorks-and-humber-region->
- Scottish Dental Clinical Effectiveness Programme Reopening Checklist: <https://www.sdcep.org.uk/published-guidance/covid-19-practice-recovery/>

Optimistically, as the COVID-19 risk level continues to fall, I look forward to the return of more routine care with less demanding restrictions, particularly in PPE. However, our cross infection procedures have heightened and perhaps it may be reasonable to reflect on keeping some of our new processes to ensure high quality care.

I hope to continue to work as a team. I feel the next progressive stages of dentistry are to integrate work and ensure the full effective use of the dental team. We will have many patients queuing for routine care and perhaps care that has been put off for many years due to inaccessibility. We need to be aiming to create processes that effectively use the entire team we have of highly trained professionals, so we are able to share responsibility and reduce the extensive waiting times for patients to access dental care.

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