reception, waiting rooms, staff rooms, links to mail and laboratories and so on.

There is a blizzard of information GDPs are required to digest. I do not pretend to have the answer but we need coherent policy in advance of reopening. To paraphrase the 7Ps: we need to Plan and Prepare (both Physically and Psychologically) our staff and our Patients, we need new Protocols and we need to Practise them. We cannot simply show up on the day of unlock. It is also to be hoped we are joined up with our medical and nursing colleagues in this new normal.

A. Mulford, Edinburgh, UK

References

1. U. S. Air Force website. Available at: http://www.af.mil/news/story.asp?storyID=123012084 (accessed May 2020).
2. FGDP(UK). Latest guidance news and resources. Available at: https://www.fgdp.org.uk/news/covid-19-latest-guidance-news-and-resources-gdps (accessed May 2020).
3. Coulthard P. Dentistry and coronavirus (COVID-19) - moral decision-making. *Br Dent J* 2020; **228:** 503-505.
4. Cochrane Oral Health. Personal protective equipment: a commentary for the dental and oral health care team. Available at: https://oralhealth.cochrane.org/news/personal-protective-equipment-commentary-dental-and-oral-health-care-team (accessed May 2020).
5. CEBM. Editor's commentary: Rapid reviews of PPE - an update. 14 April 2020. Available at: https://www.cebm.net/covid-19/editors-commentary-rapid-reviews-of-ppe-an-update/ (accessed May 2020).
6. Li R W K, Leung K W C, Sun F C S, Samaranayake L P. Severe Acute Respiratory Syndrome (SARS) and the GDP. Part II: Implications for GDPs. *Br Dent J* 2004; **197:** 130-134.

https://doi.org/10.1038/s41415-020-1724-2

Povidone iodine development

Sir, I write further to correspondence in your columns on reducing virus transmission. Commencing on 17 March, we at Povidien have been working on a solution to the problem and have been in communication with many academic and clinical groups including S. J. Challacombe *et al.*, with whom we shared our ideas to urgently produce a ready to use povidone iodine solution for front-line healthcare workers. During discussions we highlighted some potential pitfalls in the use of the commercially available povidone iodine solutions, and I feel compelled to do the same here.

Following an intensive exploration regarding the use of Videne as a potential product, we came to the conclusion that it is preferential to completely avoid phenol, a component of Videne, as this represents an unnecessary risk. We have therefore produced a product in partnership with a Pharmacy Specials NHS manufacturer, which contains no excipients apart from water. This has reduced the product expiration to 28 days, however this will be extended in due course as the solution is self-preserving. We have followed the S. J. Challacombe *et al.* dosing protocols as accurately as possible (to standardise the dosing), and we anticipate the that the product will be available mid-May, initially in a 5L presentation, primarily for dentists, while a nasal and throat spray will follow in late May primarily for pre-procedural use in the hospital setting. While it cannot now be claimed that my position is unbiased, I can claim my intention from the start of this project was to find a low cost intervention to potentially break the link of patient to healthcare worker transmission. It has been very pleasing to have one's research intention and findings validated by S. J. Challacombe *et al.*, amongst others, and it is these validations that have motivated and enabled the speedy provision of ready to use povidone iodine for dentists and for pre-procedural applications in the hospital setting.

J. O'Sullivan, Chief Scientific Officer Povidien, Dublin, Ireland

https://doi.org/10.1038/s41415-020-1725-1

Successfully protecting staff

Sir, I am the Chief of Dentistry at a tertiary care hospital in the biggest metropolis of Pakistan. The first documented case of COVID-19 in our country was reported in late February at our very own hospital. As cases in our population grew the dental clinic went on an emergency only protocol and to date we have provided dental care to almost 500 patients and performed approximately over 100 dental emergency procedures. During this period we also had 11 patients who subsequently underwent COVID-19 testing for various non-dental reasons; later, two patient visits were verified as confirmed COVID-19 cases.

Whilst the average infection rate for our surgery colleagues at the hospital was 20%, the dental clinic has had zero infections amongst 60 dental staff members including faculty and residents.[1] This fortuitousness can be attributed to strict administrative and engineering controls, and provision of adequate personal protective equipment (PPE) immediately after consulting recommendations which came out from national health services and the American Dental Association.

Special attention towards PPE and initiating a respiratory programme including fit testing for all our dental staff were key elements of our success.[2] Furthermore, donning and doffing measures for PPE were reinforced to all staff members; adequate training via online meetings and hands-on exercises were provided; and each staff member was asked to observe one another and provide constructive feedback to improve these procedures every day. I would also like to acknowledge the unwavering support from our leadership and department of infection control during this pandemic; the provision of an adequate supply of PPE was dynamically managed and stocked up, which went a long way towards uplifting staff morale.

As there is still limited understanding of the COVID-19 disease, it is important to share the learnings from our experiences to help build the evidence-base. Once any new guidelines come into place we can recalibrate our responses and adjust our priorities.

F. Umer, Karachi, Pakistan

References

1. Rana R, Ather M. Change in surgical practice amidst COVID 19; example from a tertiary care centre in Pakistan. *Ann Med Surg (Lond)* 2020; doi: 10.1016/j.amsu.2020.04.035.
2. Umer F, Haji Z, Zafar K. Role of respirators in controlling the spread of Novel Coronavirus (Covid-19) among dental health care providers: a review. *Int Endod J* 2020; doi: 10.1111/iej.13313.

https://doi.org/10.1038/s41415-020-1727-z

The future for dental events

Sir, social distancing measures are predicted to last for some time but networking and face-to-face contact have always been important in the world of dentistry. For example, picking up and trying on a pair of loupes at a trade show cannot be emulated over the internet. Ideally, the exhibition industry will return to its pre-COVID-19 status. Yet, social distancing may well become a way of life, and in that case it will be interesting to see the effect on the future of dental events.

N. Axiotis, L. Benson, Manchester, UK

https://doi.org/10.1038/s41415-020-1749-6

Altered exodontia techniques

Sir, we write to inform your readers about techniques for non-surgical exodontia we have adapted to at Liverpool University Dental Hospital during the COVID-19 pandemic. As part of the avoidance of aerosol generating