

# Updated COVID-19 infection prevention and control guidance

New infection prevention and control guidance has been published by Public Health England (PHE). The UK-wide guidelines, applying to all healthcare settings, identify three distinct care pathways based on high, medium or low COVID-19 risk.

The guidance places primary care dentistry in the medium risk pathway, and where aerosol generating procedures (AGPs) are delivered in the high risk pathway.

For those caring for patients/individuals on the high or medium risk pathways, there is no change in the level of personal protective equipment (PPE) needed to protect staff and in effect this means that the existing IPC guidelines for dentistry remain as presently set out in appendix 1 of the Transition to Recovery Standard Operating Procedure.

The full guidance is available at: <https://bit.ly/32zP56k>.



©Ilya Lutichev/Stock/Getty Images Plus

## FROM THE ARCHIVE

### Dentistry at Chungkai POW Hospital camp, Thailand, 1944

*Dentist Pamela Ward writes to the BDJ: 'My father was a prisoner of war on the Burma (Death) Railway and during the recent VJ events I came across the attached item from the Secret Art of Survival art exhibition in Liverpool, hosted and curated by the Victoria Gallery & Museum in partnership with the Liverpool School of Tropical Medicine.'*



Fig. 1 The dental surgery at Chungkai POW Hospital camp, Thailand, 1944. By Driver Frederick Kenneth Elwell, Royal Corps Signals

This detailed pencil sketch (Fig. 1) was given to army dental officer, Captain David Arkush. In a report for the *British Dental Journal* in 1946, Arkush described his dental surgery:

'A special hut had been built and was partitioned off into various sections to be used as operating theatre, dispensary, laboratory and dental centre and I had the chair made for me. It was designed and constructed by Captain Spalding, Indian Artillery, on the model of a field dental chair. The material used was bamboo, cleverly jointed, with a seat made of rope. The back could be moved forward or backward and the headrest up or down. There was a movable bracket table attached to the chair... and a spittoon. The chair was very strong and was used until the camp closed in June 1945.'

Kenneth Elwell carefully documented the medical facilities at Chungkai, giving his sketches to medical staff before leaving the camp for Singapore in the spring of 1944. He died in the sinking of the ship, *Rakuyo Maru* (these POW transports were known as 'hellships'), taking FEPOW to Japan in September 1944.



Fig. 2 Vulcanised rubber denture made and repaired at Chungkai in Thailand by Capt. Arkush

At Chungkai during 1943–1944, Capt. Arkush made dentures, working with a POW who pre-war had worked in the rubber industry in Malaya and Singapore. Using latex tapped from rubber trees these men vulcanised it to make a rubber compound which could then be moulded into dentures, like the one above (Fig. 2). They were brittle and could easily break. Arkush repaired this one using silver wire.

In 1944, one grateful patient at Chungkai known only by his initials C. R., carved this excellent likeness of Capt. Arkush out of a precious tablet of soap, signing and dating it before presenting it to him (Fig. 3).



Fig. 3 Likeness of Capt. Arkush carved from a tablet of soap

All images courtesy of The Museum of Military Medicine.

See [www.captivememories.org.uk](http://www.captivememories.org.uk) for more about the FEPOW art project, and the book: *Captive Artists the unseen art of British Far East prisoners of war* (2019).