Dental Fallow Time Calculator launched

A new free-to-use Fallow Time Calculator has been launched to enable dental professionals to determine, justify and record the fallow period necessary following dental procedures carrying a higher risk of exposure to potentially-infectious aerosols.

Built by digital consent platform Flynotes, supported by Practice Plan and Wesleyan, and endorsed by the Chief Dental Officer for England, the new tool complements the COVID-19 guidance published by the Faculty of General Dental Practice UK (FGDP[UK]) and the College of General Dentistry (CGDent), the recent update of which incorporates the Scottish Dental Clinical Effectiveness Programme (SDCEP) recommendations on fallow time.

Public Health England guidance currently recommends a fallow period of 60 minutes in a treatment room with less than ten air changes per hour from the point that an aerosol-generating procedure is completed. The FGDP-CGDent guidance recommends that practitioners justify any decision to stray from this, record factors which allow reduction of the time, and include details in the clinical record for each patient.

The Fallow Time Calculator is designed to facilitate this process, and is based on SDCEP's multifactorial approach to determining fallow time. Set out in its recent publication, *Mitigation of aerosol generating procedures in dentistry - a rapid review*, this sets a 'benchmark' time of 15–30 minutes, which will vary dependent on the type and length of procedure, the employment of procedural mitigations such as high-volume suction and rubber dam, and the availability of environmental mitigations such as air ventilation.

Available at www.myftc.co.uk, the Fallow Time Calculator also offers a full audit trail, updated regularly in accordance with the guidelines, which practices can use to aid diary planning, allowing efficient patient treatment flows whilst ensuring necessary fallow periods are implemented.

New COVID guidance update reduces fallow times

The Faculty of General Dental Practice UK and the College of General Dentistry have updated their guidance[1,2] on the implications of COVID-19 for the safe management of general dental practice, incorporating the reduced 'fallow' times recommended by the Scottish Dental Clinical Effectiveness Programme.

The guidance, first published on 1 June, supports dental professionals to take a risk-based approach to providing safe care, whatever the national COVID-19 threat level, at each step of the patient journey.

Among the distinguishing features of the document was its consideration of the risk of exposure to potentially-infectious aerosols arising from dental procedures as being on a continuum, rather than defining some procedures as 'non-AGPs' and treating all 'AGPs' as if they carry equal risk.

Members of the guidance task group felt compelled at the time to accept the 60-minute fallow period recommended by Public Health England following higher risk procedures. However, they also felt it would be more appropriate to adopt a more nuanced approach which also considered the length of procedure, as well as the potential to employ procedural and environmental risk mitigations, and suggested that reduced fallow times based on such factors might be justified.

The SDCEP review of aerosol-generating procedures in dentistry,[3] published at the end of September, takes just such factors into account in recommending context-specific fallow periods of between ten and 30 minutes. While the FGDP-CGDent guidance has been thoroughly reviewed in light of the latest evidence and the experience of dental practices over the last four months, the most significant change is therefore the adoption of SDCEP's fallow time recommendations, which have also been incorporated in the accompanying Fallow Time Calculator (www.myftc.co.uk).

SDCEP's review also divides dental procedures into groups according to their potential to generate aerosols, and to avoid any confusion over which procedures require fallow time, the FGDP and CGDent have ensured that those they classify in their guidance as posing a 'higher exposure risk' correspond to SDCEP's highest-risk 'Group A' categorisation.

The revised document, which is provided free of charge, also provides additional detail and updated guidance on:

- Air ventilation and air cleaners
- The use of the 3-in-1 syringe
- The risk of aerosolisation from dental handpieces
- Decontamination of the surgery
- The relevance of the r number and prevalence rate
- The protection of vulnerable staff.

References

1. FGDP(UK). Implications of COVID-19 for the safe management of general dental practice - a practical guide. 2 October 2020. Available at: https://www.fgdp.org.uk/implications-covid-19-safe-management-general-dental-practice-practical-guide (accessed 12 October 2020).
2. College of General Dentistry. Implications of COVID-19 for the safe management of general dental practice: a practical guide. 2 October 2020. Available at: https://cgdent.uk/standards-guidance/#!form/GuidanceAlerts (accessed 12 October 2020).
3. Scottish Dental Clinical Effectiveness Programme. Mitigation of Aerosol Generating Procedures in Dentistry - A Rapid Review. 25 September 2020. Available at: https://www.sdcep.org.uk/published-guidance/covid-19-practice-recovery/rapid-review-of-agps/ (accessed 12 October 2020).