

## Joint Statement by BSP/FGDP with OCDO (England)

22 June 2020

This statement is issued by the BSP and the FGDP(UK) / CGDent with the OCDO to clarify and contextualise the differences in guidance issued relating to the provision of a dental prophylaxis under Level 4/3 COVID19 alert status.

The BSP guidance relates to prophylaxis as part of professional mechanical plaque removal (PMPR) in people with periodontitis. The FGDP guidance relates to the more general term of tooth “polishing”, which may not necessarily be undertaken for therapeutic reasons.

The international evidence-based S3-level treatment guidelines in periodontology strongly recommend PMPR (highest evidence level: 100% consensus) in managing periodontitis. Clinical harms may result in periodontitis patients if this is withheld.

A prophylaxis undertaken with a slow speed handpiece, with no water, reduced prophy paste and due diligence, is considered a Non-Aerosol Generating Procedure (Non-AGP) as defined by emergent particle sizes (WHO 2007) and can be safely undertaken with level 2 PPE (R11 mask, gloves, goggles/visor, plastic apron over scrubs). However, non-AGP procedures are not without some risk and polishing teeth for cosmetic reasons is not recommended until Level 2 alert status is reached. Prophylaxis does cause splatter which can travel in a ballistic manner between 15-120cm from patients’ mouths and which may contact the eyes, mouth and skin of the operator; hence the need for level 2 PPE. Teeth should be dried with gauze and high volume aspiration is recommended.

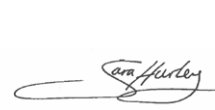
The BSP guidance provides a risk categorisation based on procedure. The FGDP(UK) CGDent guidance adopts a similar approach but uses the terms low and high-risk Aerosol Generated Exposure (AGE), to ensure additional factors are taken into consideration when considering exposure to risk. These include length of procedural exposure to splatter, risk of exposure to naturally generated aerosol (coughing, sneezing or breathing), and the potential to apply mitigation measures. These are different approaches and both have value and require professional judgement by clinicians on a case-by-case basis, whilst accounting for the COVID-19 risk of the operator and assistant.



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