

NHS England and NHS Improvement Ventilation and Filtration Survey Offer

Background

The ongoing COVID-19 pandemic has had a considerable impact on dental services and the availability of dental care. The long-term impact on oral health is as yet unknown but forms a key component of recovery and restoration work being undertaken by NHS England and NHS Improvement (NHSE/I).

A significant constraint, that has limited practices in their ability to offer increased patient access and treatment, has been the introduction of post AGP downtime – a period of time for which the surgery must be left empty following an aerosol-generating procedure (AGP). An AGP is a procedure that involves the use of high-speed drills or instruments and would include fillings, root canal treatment or surgical extractions. Surgeries require ‘downtime’ between patients to allow for air changes, and for droplets to settle, before cleaning and disinfection can commence. This has had a marked impact on the throughput of patients.

All enclosed workplaces must be ventilated by natural or artificial means as set out in the Workplace (Health, Safety and Welfare) Regulation. UK building regulations recommend whole building ventilation to be 10 l/s/person and current healthcare guidance for new buildings and major refurbishments specifies that a clinical/treatment room should have at least 10 air changes per hour (ACH).

In October 2020 [COVID-19: infection prevention and control dental appendix](#) was published. This official guidance was issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS), Public Health Scotland, Public Health England (PHE) and NHS England.

This official guidance incorporated the [Scottish Dental Clinical Effectiveness Programme \(SDCEP\) publication](#) detailing the mitigation of Aerosol Generating Procedures (AGP’s) in dentistry and the [Faculty of General Dental Practice FGDP\(UK\)’s practical guide for safe Covid-19](#) management within general dental practice and associated room [Fallow Time Calculator](#).

The [Public Health England COVID-19: infection prevention and control dental appendix](#) further reduced post AGP downtime advising the following for clinical/treatment rooms:

1. where there is ventilation but the number of ACH are unknown, or there are air changes of 1 to 5 ACH, a baseline post AGP downtime of 30 minutes is recommended with mitigation such as high-volume suction/ rubber dam
2. where there are 6 to 9 ACH, a baseline post AGP downtime of 20 minutes is recommended
3. where there are 10 or more ACH, a baseline post AGP downtime of 15 minutes is recommended

At present, a number of dental practices are not able to offer the full range of dental treatments due to ventilation challenges in the clinical treatment rooms/surgeries. Patients may be referred on, particularly if the referral to another service will offer treatment in a safer setting for the patient. This may involve travelling further than would usually be the case.

Next Steps and support from NHS England and NHS Improvement (NHSE/I)

A key input towards the restoration and recovery phase of NHS Dental services is the ability to increase patient access and treatment by reducing downtime by supporting NHS dental practices to understand their ACH and downtime whilst meeting the Workplace (Health, Safety and Welfare) Regulation.

NHSE/I recognise these challenges and as a result we are pleased to offer Dental Providers a contribution towards costs for practices to undertake a ventilation and filtration assessment within their premises.

Contribution of costs will be as follows:

Number of rooms (including clinical and non-clinical rooms)	Maximum Contribution of Cost
1-5 Rooms (Small Premises)	£300
6 to 10 Rooms (Medium Premises)	£450
11 plus Rooms (Large Premises)	£600

What does a good ventilation and filtration survey look like?

Within each practice the following areas/rooms MUST be assessed as a minimum with a report sheet produced for each area;

- Clinical/treatment rooms (dental or hygienist areas)
- Waiting rooms/areas
- Re-usable instrument cleaning rooms (minimum of 6 ACH)
- Re-usable instrument storage areas
- Staff rooms

For each room surveyed the following information should be recorded/provided;

1. Room dimensions in M and calculated room volume in M³
2. Number of openable windows (including dimension of maximum opening size in M²)
3. Orientation of windows (north, East, South, or West facing)
4. Height above ground level of opening both in terms of ground, first, or second floor etc and height of opening to finished floor level
5. An assessment and statement as to whether the practice meets building regulation requirements
6. A measurement of the current room pressure differential to the surrounding area(s) across all doorways is to be taken and the results shown in Pa with an indication of + or – airflow cascade.
7. Details of any forced ventilation present (including type, measured airflow performance in L/S)

8. A calculated air change rate based on natural ventilation potential or forced airflow performance detailed by means of the number of air changes per hour, by room, to inform the dental practice of required downtime between patients
9. Details of any air scrubbers/purifiers present (including type, setting, and measured airflow performance). If an airflow performance reading is not measurable then details of manufacturers stated airflow volume performance. A calculated air volume rate through the unit per hour and equivalent air cleaning rate.

The report MUST also include any recommendations or options to improve the current ventilation provision to achieve 10 or more air changes per hour for each clinical/treatment room assessed. These should include comments on the potential to install additional local extract ventilation or a tempered air supply/extract unit (air source heat pump) which could provide fresh air dilution.

An example of what a Ventilation and Filtration Survey may look like is attached below:



Key information required for payment by NHSE/I

Providers must make payment to the company/individual who has undertaken the ventilation and filtration survey before submitting a copy of the paid invoice to NHSE/I.

Both parts indicated below must be completed for processing of monies towards the cost of the Ventilation and Filtration survey that has been undertaken.

Part one

A copy of the report and paid invoice is to be submitted to NHSE/I via the following relevant email addresses:

Midlands (West): england.dental-westmidlands@nhs.net

Midlands (East): em-pcdental@nhs.net

Please state in the subject title of your email – Ventilation Survey: Practice Name / Contract Number

For example: Ventilation Survey: The Dental Practice / 1234560000

Part Two

Please complete the MS Forms link below:

>>[Ventilation and Filtration Survey](#)<<

Once the above information has been received and verified, payment will be made on the next available Compass payment run and you will be notified that this has been processed.